



Funded by the
Erasmus+ Programme
of the European Union

ESWOCHY

SOCIAL WORK PRACTICE IN THE REHABILITATION OF YOUNG PEOPLE WITH DRUG ABUSE PROBLEMS IN SIERRA LEONE

Author

Gibrilla Henry

Erasmus Mundus Master's Programme in Social Work with Children and Youth

Supervisor

Assoc. Prof. Dr. Tomas Butvilas

ISCTE-University Institute of Lisbon, 2026









Acknowledgement

I would like to sincerely appreciate the Almighty God for His divine sustenance and guidance throughout this journey. My sincere appreciation goes out to the European Union through the Erasmus Mundus (ESWOCHY) scholarship for granting me the opportunity to pursue my studies in Europe. I also sincerely appreciate the ESWOCHY coordinator, Doc. Dr Raminta Bardauskiene and all the coordinators and professors from the program's coordinating institutions (Mykolas Romeris University in Lithuania, Riga Stradins University in Latvia, Catholic University Ruzomberok in Slovakia, and ISCTE-University Institute of Lisbon, Portugal). For their relentless effort in sharpening my research abilities and knowledge in the field of social work with children and youth.

Special thanks and gratitude go to my supervisor, Assoc. Prof. Dr Tomas Butvilas, for his timely and active supervision throughout the process of writing this thesis. Your concrete feedback and encouragement contributed immensely to the completion of this work.

I want to acknowledge my beloved mother, Mrs. Marie Henry, for her encouragement and phone calls throughout this journey, and to the rest of the Henry Family in Sierra Leone.

Finally, I would like to extend my gratitude to my classmates; meeting them was a blessing for me, both academically and in building lasting networking relationships. And to all those who, in either way, both directly and indirectly, contribute to this work, you are acknowledged, especially the social workers in Sierra Leone.

I.

Abstract

Title: Social Work Practice in the Rehabilitation of Young People with Drug Abuse Problems in Sierra Leone

Author: Gibrilla Henry

Keywords: Sierra Leone, Social workers' roles, Drug abuse, Young People, and Rehabilitation.

The study explored the social work roles, the challenges they face and their suggestions to improve rehabilitation services with young people addicted to drug abuse in Sierra Leone. The research questions focused on social workers' roles, the challenges they face in practice, and the improvements they suggest to enhance rehabilitation services.

A qualitative, exploratory research design was used, involving semi-structured interviews, using purposive sampling to select 15 social workers from government institutions, NGOs, and CBOs involved in rehabilitation. Thematic inductive analysis was used to identify patterns and themes related to social work with drug abuse rehabilitation.

The key findings from this study indicated that social workers perform multiple roles in rehabilitation, including performing comprehensive assessments, developing individual care plans, providing counselling and psychosocial support, promoting client empowerment and participation, providing case management and referrals, and supporting recovery and reintegration into the community. Their practice, however, is affected by many challenges, which include funding limitations, staff shortages, high workloads, policy issues, stigma and discrimination, cultural views on addiction, and little family and local community support. Participants' suggestions to improve their practice include policy changes, decentralisation of rehabilitation centres, increased funding, professional training, greater cooperation between institutions, community-based awareness programs, youth empowerment, and mentorship.

In conclusion, the findings suggest that social workers actively contribute to the rehabilitation of young people with drug abuse problems in Sierra Leone, although structural, social, and institutional barriers constrain their practice. However, strengthening policy and development of professional capacity, expansion of rehabilitation services, and the promotion of family and community participation are key to better rehabilitation practices with young people's sustainable recovery from drug addiction in Sierra Leone.

List of tables

Table 1: Demographics of participants (Social workers)..... 49

List of figures

Figure 1: Conceptual Framework 15
Figure 2:Ecological system influencing social work rehabilitation practice among young people 19
Figure 3: Biopsychosocial factors guiding holistic social work rehabilitation practice 20
Figure 4: Strength-based perspective in youth rehabilitation 22
Figure 5: Initial Coding 41
Figure 6: : Sub-themes 42
Figure 7: Main- Themes 43
Figure 8: Overview of theme one: Assessment and Treatment Planning Role 51
Figure 9: Overview of Theme two: Therapeutic and Psychosocial Support Role 54
Figure 10: Overview of Theme three: Empowerment and Client-Centered Practice Role 57
Figure 11: Overview of Theme Four: Case Management and Recovery Coordination Role 58
Figure 12: Overview of Theme One: Structural and Institutional Challenges 62
Figure 13: Overview of Theme Two: Psychosocial and Professional Strain 65
Figure 14: Overview of Theme Three: Socio-Cultural and Community Barriers 67
Figure 15: Overview of Theme Four: Client, Family and Community Challenges 70
Figure 16: Overview of Theme One: Policy and System Strengthening 72
Figure 17: Overview of Theme Two: Professional Development and Workforce Support 74
Figure 18: Overview of Theme Three: Community and Family Engagement in Rehabilitation . 76
Figure 19: Overview of Theme Four: Youth Empowerment and Sustainable Recovery Support 78
Figure 20: Integrated Model of Youth Drug Rehabilitation Practice in Sierra Leone. Created by the author based on qualitative data from social workers (2026) 80

List of abbreviations

BERA- British Educational Research Association

BPS- Biopsychosocial

BSA- British Sociological Association

CBO -Community-Based Organisation

EU- European Union

GDPR-General Data Protection Regulation

IFSW-International Federation of Social Workers

NASW-National Association of Social Workers

NGO- Non-Governmental Organisation

SRA-Social Research Association

SW-Social Worker

UN-United Nations

EUDA- European Union Drug Agency

UNESCO-United Nations Educational, Scientific and Cultural Organisation

UNODC-United Nations Office on Drugs and Crime

WHO -World Health Organisation

Table of Contents

Acknowledgement……..……i
Abstract……ii
List of tables……iii
List of figures……...iv
List of abbreviations……v
CHAPTER ONE 1
1.1 Introduction 1
1.2 Scientific Problem 2
1.3 Objectives and Research Questions 3
1.4 Significance of the study 4
1.5 Operational Definitions of Terms 5
1.6 Structure of the master's Thesis 5
CHAPTER TWO 6
LITERATURE REVIEW 6
2.0 Introduction 6
2.1 Global and Regional Overview of Drug Abuse Among Young People 6
2.1.1 Global Review 6
2.1.2 Regional Review (Sub-Saharan Africa) 8
2.1.3 Sierra Leone 9
2.1.3.1 Kush Crisis 10
2.2 Social Work Professional Status and Rehabilitation Models in Sierra Leone 12
2.3. Theoretical/Analytical Framework 13
2.3.1 Conceptual framework 13
2.3.1.1 Drug Abuse 13
2.3.1.2 Rehabilitation 13
2.3.1. 3 Social Work Practice 14
2.3.1.4 Critical Reflection 14
2.3.2 Theoretical framework 15
2.3.2.1 Ecological Systems Theory 15

2.3.2.2 Biopsychosocial Theory 19
2.3.2.3 Strengths-Based Perspective 21
2.4 Empirical Framework 22
2.4.1 Roles of Social Workers in Rehabilitation 22
2.4.1.1 Global Empirical Studies 22
2.4.1.2 Regional Empirical Studies 24
2.4.1.3 Sierra Leone Studies 25
2.4.2 Challenges Social Workers Faced in Practice 25
2.4.2.1 Global Empirical Studies 25
2.4.2.2 Regional (Africa) Empirical studies 27
2.4.2.3 Sierra Leone Studies 29
2.4.3 Suggested Improvements for Social Work Practice and Rehabilitation: A Cross-Context Synthesis 30
2.4.3.1 Capacity Building in Training, Education, and Professional Development 30
2.4.3.2 Supervision and Peer Support 30
2.4.3.3 Work Environment and Infrastructure 31
2.4.3.4 Policy Inclusion and Systemic Recognition 31
2.4.3.5 Cultural Competence and Family Involvement 31
2.4.3.6 Decriminalisation and Stigma Reduction 31
2.4.4 Summary and Conclusion of the Empirical Framework 32
2.4.5 Gaps in Literature 32
CHAPTER THREE 33
METHODOLOGY 33
3.1 Introduction 33
3.2 Research Design 33
3.3 Theoretical Justification of Methodology 34
3.4 Study Area 34
3.5 Population and Sampling Strategy 35
3.6 Data Collection Method 36
3.6.1Secondary Data 37
3.6.2 Interview Guide 38
3.6.3 Pilot Testing 38

3.7 Data Saturation 38
3.8 Data Analysis 39
3.8.1 Thematic Data Analysis Process 40
3.9 Ethical Considerations 44
3.10 Trustworthiness of the Study 46
3.10.1 Credibility 46
3.10.2 Transferability 47
3.10.3 Dependability 47
3.10.4 Confirmability 47
3.11 Positionality and Reflexivity 48
3.12 Limitations of the Methodology 48
CHAPTER FOUR 49
RESULTS AND DISCUSSIONS 49
4.1 Profile of Participants 49
4.2 Role of Social Workers in the Rehabilitation Process in Sierra Leone 50
4.2.1 Theme 1: Assessment and Treatment Planning Role 50
4.2.1.1 Sub-theme 1: Conducting Comprehensive Assessments 51
4.2.1.2 Sub-theme 2: Developing Individualised Treatment Plans 52
4.2.2 Theme 2: Therapeutic and Psychosocial Support Role 53
4.2.2.1 Sub-theme 1: Counselling and Treatment Delivery 54
4.2.2.2 Sub-theme 2: Emotional and Developmental Support 55
4.2.3 Theme 3: Empowerment and Client-Centred Practice Role 57
4.2.3 1 Sub-theme 1: Promoting Client Participation and Autonomy 57
4.2.4 Theme 4: Case Management and Recovery Coordination Role 58
4.2.4.1 Sub-theme 1: Referral and Professional Collaboration 59
4.2.4.2 Sub-theme 2: Supporting Recovery and Reintegration 60
4.3 Challenges Faced by Social Workers in the Rehabilitation Practice in Sierra Leone 62
4.3.1 Theme 1: Structural and Institutional Challenges 62
4.3.1.1 Sub-theme 1: Resource and Capacity Constraints 62
4.3.1.2 Sub-theme 2: Policy and Security Limitations 63
4.3.2 Theme 2: Psychosocial and Professional Strain 64

4.3.2.1 Sub-theme 1: Emotional and Occupational Stress 65
4.3.2.2 Sub-theme 2: Impact of Stigma on Professional Practice 66
4.3.3 Theme 3: Socio-Cultural and Community Barriers 67
4.3.3.1 Sub-theme 1: Stigma, Discrimination and Criminalization 67
4.3.3.2 Sub-theme 2: Cultural and Awareness Gaps 68
4.3.4 Theme 4: Client, Family, and Community-Related Challenges 70
4.3.4.1 Sub-theme 1: Family and Community Support Deficit 70
4.3.4.2 Sub-theme 2: Client Resistance and Low Motivation 71
4.4 Proposed Suggestion for Improving Rehabilitation Practice in Sierra Leone 72
4.4.1 Theme 1: Policy and System Strengthening 72
4.4.1.1 Sub-theme 1: Policy and Governance Reforms 72
4.4.1.2 Sub-theme 2: Service Expansion and Decentralization 73
4.4.2 Theme 2: Professional Development and Workforce Support 74
4.4.2.1 Sub-theme 1: Capacity Building and Training 74
4.4.2.2 Sub-theme 2: Supervision and Professional Support 75
4.4.3 Theme 3: Community and Family Engagement in Rehabilitation 76
4.4.3.1 Sub-theme 1: Collaborative and Inclusive Approaches 76
4.4.3.2 Sub-theme 2: Stigma Reduction and Awareness 77
4.4.4 Theme 4: Youth Empowerment and Sustainable Recovery Support 77
4.4.4.1 Sub-theme 1: Youth Development and Mentorship 78
4.4.4.2 Sub-theme 2: Addressing Relapse and Reintegration 79
4.5 Integrated Conceptual Model of Social Work Practice in Youth Drug Rehabilitation in Sierra Leone 79
CHAPTER FIVE 81
CONCLUSION AND RECOMMENDATIONS 81
5.1 Introduction 81
5.2 Summary of Findings 81
5.3 Implications for Social Work Practice 82
5.4 Limitations of the Study 83
5.5 Suggestions for Future Research 83
5.6 Recommendations 84
5.6.1 Policy Level 84

5.6.2 Institutional Level 84
5.6.3 Rehabilitation Centres 85
5.6.4 Practice Level 85
5.7 Conclusion 86
REFERENCES 87
ANNEXES 101
A. Non-Plagiarism Declaration 101
B. Declaration of informed consent for fieldwork 102
C. Inform Consent to Conduct the Interview 103
D. Interview Guide 104
E. Use of Artificial Intelligence 106

CHAPTER ONE

1.1 Introduction

Drug abuse among young people has grown into a public health and social concern globally. During adolescence and early adulthood, these stages are characterised by substantial brain development and, at the same time, the highest risk of engaging in risk-taking behaviours (United Nations Office on Drugs and Crime (UNODC, 2024). At this stage of development, exposure to psychoactive substances may have long-term effects on cognition, emotion regulation, and social skills. From the World Drug Report (2025), drug abuse has continued to increase over the past decades. Findings reported 316 million people aged 15 – 64 used drugs in 2023, almost one out of every 18 people globally (UNODC, 2025). The result of gender disaggregation indicated male domination over women(ibid). Showing the need for gender specific interventions.

Sub-Saharan African countries have encountered serious problems relating to drug abuse, compounded by increased youth unemployment, poverty, and weak social protection systems, which increase youth vulnerability to drug abuse (Marsiglia et al., 2024). Ebrahim et al. (2024) findings show that over a quarter of the region's youth have used only one substance in their lives, supporting the UNODC (2025) report of higher rates among males than females. Their study also shows that the pattern of drug abuse differs throughout regions. A high rate is reported in both Southern and Eastern Africa, especially for lifetime and 12-month usage(ibid). Supporting their findings, from 2001 to 2016, past meta-analyses reported an increase of 42% range of psychoactive substance use among 10 to 19-year-olds in sub-Saharan Africa, with large sub-regional differences, with a rate of 55.5% in Southern Africa and only 37% in other regions (Olawole-Isaac et al., 2018). Studies reported the higher use of alcohol, tobacco products, khat, and cannabis (Olawole-Isaac et al., 2018; Belete et al., 2023). These trends and prevalence clearly show the need to formulate targeted prevention and rehabilitation programs for young people.

In this regional setting, Sierra Leone, as one of the Sub-Saharan African countries, is currently at the crossroads regarding problems of drug abuse within its largely youthful population. With a median age of 19 years and almost 75% of the population below the age of 35, the country is witnessing a rapid increase in the use of both traditional and synthetic drugs among the young people (Baldeh et al., 2024). The spread of Kush, a synthetic drug which was allegedly made with a mixture of cannabis, other harmful substances and human bones (Bangura et al., 2024; BBC News, 2024). Reports link Kush production to the desecration of

graves for human bones, leading to social breakdown and moral panic among people (BBC News, 2024). Apart from this, cannabis, tramadol, and alcohol abuse have also been prevalent among the school-going age group. Osborne et al. (2024) report that cannabis use among students is 5.1%, an increase to 6.6% in those aged 15 years and above. Compared with secondary school students, the rate is 10.3%, and boys have a higher rate of 6.4%. These statistics have pointed out the growing and widespread concern about drug abuse among youths in Sierra Leone.

Nevertheless, beyond the health concerns drug abuse presents to the youths, there are also extensive psychosocial and developmental issues for young people, which include school drop-out, family conflict, criminal activity, mental health issues, unemployment, and social exclusion (UNODC, 2024). These issues not only need medical treatment but also holistic interventions. In that light, social workers play a key role in prevention, early identification, counselling, rehabilitation, reintegration, advocacy, and community mobilisation of youth with substance issues, and social work practice is at the core of building up formal and informal support structures, which in turn protect young people and encourage recovery and social inclusion(Masombuka & Mathibela, 2025; Social Workers Can Help with the Substance Use Crisis, NASW, 2024). This shows the crucial role of social workers in the field of drug abuse, especially in prevention, rehabilitation, and reintegration.

1.2 **Scientific Problem**

Drug addiction among young people in Sierra Leone has grown into a serious public health and social issue, which has created more complex issues for health institutions, the social support system, and community well-being. In March, 2024, the Human Rights Commission of Sierra Leone (HRSCL), in a joint report with the Ministry of Health in Sierra Leone, reported on the mass burial of 32 unidentified youths (25 men and 7 women) who were alleged victims of Kush intoxication (Lahai et al., 2025). BBC reports show an increase of 4,000 Kush-related cases at the Sierra Leone Psychiatric Hospital (BBC News, 2024). Showing the crisis's prevalence.

The Kush crisis has exposed major weaknesses in the country’s health and social support systems. This is because the current rehabilitation centres are few, centralised, and not well equipped to meet the needs of affected youth, particularly in rural areas (Baldeh et al., 2024). As a result, many young people experiencing drug addiction are left out, with poor access to effective prevention, rehabilitation, and reintegration services.

Although youth drug abuse in Sierra Leone has received both public and policy attention, there are still limited empirical findings on the professional practices and experiences of social workers who are at the front line in dealing with youth substance abuse. This gap limits the development of rehabilitation policies and practice frameworks relevant to the local setting.

Filling this research gap is important for improving professional practice and research, strengthening support structures, and informing policy development. Thus, this study explores the roles of social workers in the rehabilitation of young people affected by drug addiction in Sierra Leone, the challenges they face, and suggestions for improving their intervention practices. By doing so, the study will present rich data that will contribute to protecting youth well-being and strengthening sustainable social work practice in the country.

Research object: Social Work Practice in the Rehabilitation of Young People with Drug Abuse Problems.

Aim: This study explores social work practice in the rehabilitation of young people with drug abuse problems in Sierra Leone. By examining the roles and challenges faced in practice and offers suggestions for improving their practice.

1.3 Objectives and Research Questions

Objectives

1. To examine social workers' roles in the rehabilitation of young people with drug abuse problems
2. To identify the challenges social workers face in rehabilitation practice
3. To identify social workers' suggestions for improving rehabilitation practices for young people with drug abuse problems

Research Questions

1. What roles do social workers play in rehabilitating young people with drug abuse problems in Sierra Leone?
2. What challenges do social workers face in their rehabilitation practices with young people who abuse drugs?
3. What suggestions do social workers propose for improving rehabilitation practices for young people with drug abuse problems in Sierra Leone?

1.4 **Significance of the study**

This study would make several contributions at the policy, research, and practice levels, consequently strengthening the body of research on social workers' roles in youth drug abuse in Sierra Leone.

First and foremost, **at the policy level**, the study shows empirical, highly context-based evidence that, in turn, informs the development and revision of youth-oriented drug prevention and rehabilitation policies. By presenting the lived experiences of frontline social workers, the study draws attention to issues policymakers may be unaware of, like resource scarcity, coordination challenges, and low levels of professional support. Presented in a way that is culturally and institutionally relevant to Sierra Leone and offers solutions that fit within those realities, hence contributing to more inclusive and impactful national substance abuse strategies.

Moreover, **at the research level**, this study fills a significant gap: to date, in Sierra Leone, most research has focused on prevalence rates, risk factors, and health outcomes, with little attention to what social workers do in terms of responding to youth drug addiction. In that light, by putting social workers' perspectives front and centre through a qualitative approach, the study would present original empirical data and, in doing so, lay the basis for further research, comparative studies, and theory development related to social work interventions in under-resourced and post-conflict settings like Sierra Leone.

Finally, **at the practice level**, the study presents actionable ways to improve social work's intervention with young people affected by drug abuse. Looking at what is working and what is not in terms of rehabilitation approaches, supervision structures, and capacity development initiatives. The study would also help bring together social work professionals, professional associations, government agencies, non-government organisations, and community groups, therefore supporting more integrated and holistic service delivery.

Overall, this study sets out to understand how social workers respond to youth drug abuse in the real world. By showing the important role of the social work profession in the rehabilitation of young people with drug addiction. The findings would also be more relevant to both local and global issues surrounding youth drug addiction. Additionally, added to the strength of social work practice in Sierra Leone and to the larger international debate on youth substance abuse interventions in other low-resource countries.

1.5 **Operational Definitions of Terms**

The section provided a brief explanation of some of the operational terms employed in this study to promote clarity and help readers understand what the author seeks to research.

Social work practice

Social work practice encompasses the methods and strategies social workers use to provide services to their clients. For this study, the focus would only be centered on the rehabilitative roles social workers perform in dealing with substance abuse among young people.

Drug abuse

According to the World Health Organization (2024), drug abuse is the use of harmful or hazardous patterns of psychoactive substances, like illicit drugs. Such use harms individuals and society. In this study, the focus is on psychoactive substances such as Kush, tramadol, and cannabis, which are most used by youths in Sierra Leone.

Young people

Two global bodies, the United Nations and UNESCO, define young people as those aged 15-24. In this study, the same age group is used because they are the most vulnerable when it comes to drug addiction in Sierra Leone. However, the young people are not the primary target, but the social workers who provide services to them, aiming to investigate what roles, challenges, and possible improvements could enhance their practices in addressing drug abuse among young people.

Rehabilitation

Smith (2023) defines drug rehabilitation as a process of assisting individuals to overcome addiction. It includes methods such as support groups, counseling, medication-assisted treatments, and other drug treatments. This study concentrates on the social worker's rehabilitative roles that help young people in Sierra Leone recover from addiction. These roles can be either inpatient or outpatient rehabilitation.

1.6 **Structure of the master's Thesis**

This master's thesis covers the following chapters: Chapter one (1) introduces the problem area. Chapter two (2) reviews the literature and foundation of knowledge and explains the theoretical, conceptual, and empirical frameworks (Respectively: i.e., main theories guiding the study; key concepts and their interactions; application of existing research findings to inform this thesis). Chapter three (3) outlines the research methodology. Chapter four (4)

presents results, findings, and discussion. Chapter five (5) concludes with conclusions and recommendations. The Bibliography/References and Appendix (including the interview guide, consent letter, and ethical approval letter) follow.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presented a review of drug abuse, from global, regional and Sierra Leone, identifying the trends of drug usage among young people. The concepts are described, including social work practice, drug abuse, and rehabilitation. Theoretical frameworks, including the ecological, biopsychosocial and strength-based perspectives, were analysed and discussed. The empirical section reports on the roles, challenges, and possible improvements through the lens of previous studies in this field. Gaps were identified, which formed the basis of this study.

2.1 Global and Regional Overview of Drug Abuse Among Young People

This section presents an overview of both the global and regional review of substance abuse among young people.

2.1.1 Global Review

The United Nations Office on Drugs and Crime (2025) indicated that drug abuse has increased over the past decades. In considering ages, the reports show that the global estimate of people who used a drug in the past year is 316 million aged 15 to 64, and almost 1 in 18 people used a drug in 2023, with men having a higher percentage than women (UNODC World Drug Report 2025). This global gender disparity, therefore, shows that drug prevention use programs should incorporate gender specific risk factors, social norms, and help-seeking differences. Critically, the low percentage of women's drug abuse may arise due to underreporting, stigma, and insufficient access to treatment.

While UNODC provides a global perspective, the World Health Organisation Regional Office for Europe (2024) reported that adolescents' use of all substances increased sharply across countries and regions. Supporting male dominance, the statistics show that boys have a

higher substance use rate than girls at age 11 years, while the gender gap narrows or disappears at age 13 years (WHO, 2024). Adolescents' drug addiction has been reported at a high rate, especially at 15 years old. The report indicates that 15% and more than 30% of adolescents at age 15 have either smoked once in 30 days or used electronic cigarettes, while 57% have consumed alcohol, and cannabis is still prevalent among these adolescents (ibid). Showing a different pattern of drug addiction among youths.

In contrast to the WHO statistics, the European Survey Project on Alcohol and Drugs (2025) for schools in Europe shows a decline in the use of illicit drugs to 14% among 15- 16-year-olds. This contrast may suggest that in some European settings, prevention policies are beginning to see success, but at the same time, the rise in e-cigarette use shows a shift in what is chosen as a substance rather than a total reduction in risk behaviour.

Taking this discussion on the European Union, while ESPAD shows results of drug and alcohol use among schools in Europe, the European Union Drug Agency (EUDA, 2025) still reported a high rate of illicit drug use, especially cannabis (15%) and cocaine (2.5%). Clearly contradicts the ESPAD report of a decline in illicit drugs. This, therefore, reinforces the global dominance of cannabis as the primary illicit substance in young people's lives, which is also true in Sub-Saharan Africa and Sierra Leone. Critically, one may say the low prevalence of cocaine use might be because of the cost, market access, etc., as compared to cannabis.

From the perspective of the Office for Health Improvement and Disparities (2024) in England, the number of young people aged 18 years who seek drug and alcohol services in the last 10 years has increased to 12,418. This indicates that while there is an increasing need for these services, health care systems may still be catching up from earlier disruptions (COVID-19). They are having a hard time keeping up with the needs of growing youth drug abuse issues.

Beyond the prevalence statistics, previous studies have also pointed out that youth drug addiction is an interaction of different factors, such as personal, familial, and structural issues, which include peer pressure, family history of drug use, economic hardship, trauma, and mental health issues(Alhammad et al., 2022; Iranpour et al., 2025; Azagba et al., 2021; Horigian et al., 2021). This suggests the need for comprehensive interventions that emphasise not only changing the individual but also addressing the social issues surrounding them, such as social exclusion, poverty, and weak psychological health support systems.

Summary and Analytical Reflections

The global review reported a global trend increase in young people's substance use, which is increasing across sexes and age groups. The gender gap is closing in early adolescence, which may be due to changing social norms and greater exposure, a trend we are seeing globally. While these reports provide good information, they mostly report on trends and how services are used, which is great, but there is limited focus in terms of treatment and psychosocial intervention. There is a great need for us to adopt a more multi-sectoral approach, one that is developmentally based and considers the social context of young people. From this, there is a great need for social work-led interventions that address not only prevention but also rehabilitation and reintegration of young people.

2.1.2 **Regional Review (Sub-Saharan Africa)**

According to 2018 reports from the African Union Member States' offices, substance abuse has grown in all five (5) regions. The reports stated that there is a new increase in the use of cocaine, tramadol, amphetamine type stimulants (ATS), and new psychoactive substances (NPS), with a rise in transmission of HIV and hepatitis among drug injectors, which in turn includes women and young people (African Union, 2019). This continental trend in substance use is clearly pointing to the progression from a pattern of traditional drugs to highly potent synthetic drugs. The increase in HIV and hepatitis transmission among young people who inject drugs indicates that the use of drugs reflects broader public health issues related to unsafe injection practices.

In Sub-Saharan African countries, three major studies were selected for synthesising youth drug addiction in the region. Ebrahim et al. (2024), Marsiglia et al. (2025) and Olawole-Isaac et al. (2018), respectively. These studies all agreed that there is an increase in young people's drug addiction in sub-Saharan countries. Ebrahim et al (2024) mentioned that over a quarter of youths in the region used drugs, whereas Olawole-Isaac et al. (2018) pointed out that there is a high increase in the use of psychoactive drugs to 42% among young people aged 10-19 years. While Marsiglia et al. (2025), with their survey of over 60 studies, and intergovernmental reports, local partners' insights, and demographic and other health surveys from 29 countries from 2014-2024, also show a high prevalence of drug abuse among young people.

In comparing these studies based on the regional youth drug addiction in sub-Saharan countries. These studies revealed different patterns of drug abuse within these regions. Ebrahim et al. (2024) mentioned the high prevalence of youth drug addiction in Eastern Africa, Southern

Africa and Western Africa. In contrast, Olawole-Isaac et al. (2018) mentioned a high prevalence of youth drug addiction in Southern Africa (55.5%), whereas other regions have a lower prevalence (37%). Notwithstanding, Marsiglia et al. (2025) agree with Ebrahim et al. (2024) reports, indicating Eastern Africa has a higher percentage of youth drug addiction (50.2%). Southern Africa (44.6%), Western Africa(31.2-32.9%) and Central Africa, with the lowest. Critically, these regional inequalities show that substance use among youth in Sub-Saharan Africa is a product of different contextual variations because of urbanisation, conflict exposure, cultural norms, trafficking routes, and access to prevention services. Also, the lower prevalence in both West and Central Africa may sometimes occur as a result of underreporting, differences in research methods, or stronger informal community control structures that aren't present in other regions. This comparison also highlights that substance use among youth in Sub-Saharan Africa is best not viewed through a region-wide lens but rather requires a context-specific approach.

Finally, looking at the types of drugs these young people abuse, these studies supported that they used both traditional and other synthetic drugs such as alcohol, tobacco products, khat, tramadol, and cannabis (Ebrahim et al. 2024; Marsiglia et al. 2025; Olawole-Isaac et al. 2018). In comparing this with the WHO, ESPAD, and EUDA reports, there is clear agreement that some drugs are universally used. Though in sub-Saharan Africa, the use of e-cigarettes is not yet reported.

Summary and Analytical Reflections

The reviewed regional studies in Sub-Saharan Africa show substantial variation in substance use, resulting from geographical, cultural, and socio-economic factors. Also, men made up the highest in terms of substance abuse intake, which also calls for gender sensitive interventions. The variation across these regions also raises questions about whether the same prevention and rehabilitative methods are ineffective in these countries. Nevertheless, the review presented good data on prevalence rates, but research into what is available in terms of treatment structures, professional practices, and support systems for youth is very limited. These gaps in research point to the need for very specific, multi-sectoral responses that include social work, family involvement, and community-based rehabilitation that is adapted to each region's particular issues.

2.1.3 **Sierra Leone**

Youth drug addiction is prevalent in the country. Studies conducted by Osborne et al. (2024) & Eze et al. (2024) in the country show the different types of drugs and substances these

young people use. Both studies are consistent in the ages; for instance, Osborne et al. (2024) mentioned that there is a high prevalence of drug intake among school-going adolescents aged 15 years and above. According to Eze et al. (2024), at age 16 years and above, mostly students in secondary school and universities. Based on the types of drugs, Eze et al. (2024) in their findings pointed out: alcohol 47%, cannabis 47%, tramadol 11% and cocaine 5.6%. Compared to Osborne et al. (2024), who reported that cannabis was 5.1% and alcohol was 10.7%, the lower percentages in these statistics come from schools in the country, not the general statistics presented by Eze et al. (2024). To clearly explain the situation in schools within the country, Osborne et al(2024) went further to show the categories of students who are vulnerable to using drugs: school bullies, those involved in sexual behaviour, students without peer support, truants at school and those without parental guidance. Critically, this shows the need to offer actionable support programs in schools to ensure a safe school environment.

Comparing both the global and regional reviews, there are clear similarities in most drugs taken by youths; while some drug, like the e-cigarette, is not reported in the country. The school environment plays a greater role in young people's drug addiction in the country. This points to the importance of school social work, family strengthening, and peer-based prevention interventions.

2.1.3.1 **Kush Crisis**

The Kush problem in Sierra Leone is a current public health concern. This illicit drug is made from a concoction of Cannabis indica and synthetic substances (Bangura et al., 2024). Also, one of the drug's many ingredients is human bones. As a result, security has been strengthened in cemeteries to stop people with addiction from digging up skeletons from graves (BBC News, 2024). In addition to this, McMakin (2024) in his report indicated that the main ingredients contained in the kush drug in Sierra Leone are synthetic opioids and cannabinoids (McMakin, 2024). Kush is also categorized in the group of depressant drugs; this is because it leaves the user senseless and with high symptoms of severe soreness to psychosis, which can cause problems to the liver, kidney, and respiratory systems, making it more deadly (Apawu, 2024). The government of Sierra Leone has declared a public health emergency concern on April 4, 2024 (BBC News, 2024). Also, there is a massive rise in patients in hospitals with a Kush addiction; for example, the Sierra Leone Psychiatric Hospital reports that Kush-related cases increased by nearly 4,000% (BBC News, 2024). Kangbai et al. (2024) pointed out that what triggers these youths to engage in drugs is a result of peer pressure, lack of a support

system, poverty and psychological stress. Ofovwe and Lewis (2025) report that male students are the main users and that the drug they use is mostly kush.

The increase in Kush-related hospitalisations has led to a national public health emergency, showing that Sierra Leone's drug problem has advanced from being a general issue to a serious national crisis. Also, unlike previous studies in Sierra Leone that reported on cannabis and alcohol use among youth, today's Kush epidemic reports a different, deadlier shift toward synthetic and far more toxic drugs, which has also impacted public health, mental health infrastructure, and national economic productivity.

Furthermore, according to Lahai et al. (2024), a study shows that young people are among the vulnerable population, leading to the government declaring a national emergency. The Ministry of Health & Sanitation established a National Task Force on drugs and substances to identify treatment and enhance mitigation measures to combat Kush addiction among those affected individuals (Lahai et al., 2024). Baldeh & Bah (2024) also added that kush had wreaked havoc among Sierra Leone's young people. Women face many challenges in accessing treatment, as reported by Apawu (2024) in Sierra Leone, as they face stigma. This is in line with the (UNODC) global report, indicating that only eighteen (18) women with drug use disorder receive treatment compared to one in seven (7) men (IAS Gyan, 2024).

The rising gender barrier in Sierra Leone corresponds with the UNODC, that is, women have less access to treatment for drug addiction. This points out that stigma, cultural values, and service structure may be why young women are excluded from care, drawing attention to the case for gender sensitive rehabilitation and social work interventions. The impact of Kush on the development of Sierra Leone is negative, as the young people who are supposed to be the backbone of development and assume responsibility are ravaged by this Kush drug, leaving them hopeless. The country is reviving from the aftermath of past events (Civil war, Ebola, mudslides, and COVID-19), which have seriously affected economic and infrastructural development. The rise of the Kush again has also contributed to putting more burden on the economy. This is, therefore, an urgent call for global bodies to intervene and help salvage this situation so that young people will fully exercise their potential and contribute towards national development.

Summary and Analytical Reflections

In Sierra Leone, young people are seen at the center of drug abuse intake, which is made worse by problems such as bullying, lack of support from parents and peers, and school truancy. Also, the rise of Kush has become a serious social issue, overloading the country's limited health and

rehabilitation resources. Although the government has declared a state of public health emergency and put in place a national task force, access to treatment is still very limited, where women in particular face stigma and structural issues. Also, there is a lack of research, especially on what works in rehabilitation programs and on the role of social workers in this crisis. This gap, therefore, calls for in-depth practice-based research that will help us to identify social workers' roles in the rehabilitation of young people with drug addiction.

2.2 Social Work Professional Status and Rehabilitation Models in Sierra Leone

Social work is a practice-based profession that promotes social justice and the empowerment of poor and marginalised communities (IFSW, 2014). In Sierra Leone, social workers work in various organisations, including government, nongovernmental, and community-based organisations. Where they support issues related to mental health, poverty, child protection, substance abuse, etc., the formal entry into the profession is through a structured education requirement, starting with a certificate, diploma or degree levels.

However, the professional standing of social work in Sierra Leone is evolving, and work is ongoing. In 2025, the Sierra Leone Parliament passed the Professional Social Work Regulatory Act. By setting up standards for registration, licensing, and ethical practice (Concord Times, 2025). Though full implementation is still in progress. An in-depth look at current practice shows that what is required is full implementation of the legislative Act on social work, legislative enforcement, better professional training, and greater public recognition, which are prerequisites for good practice, especially in growing fields like youth drug rehabilitation.

The public perception of social work is still in its infancy. This is because the profession is not well understood or valued, and public awareness of the social work profession remains limited, largely confined to colleges and universities, abandoning communities behind. In practice, this affects social workers' authority in interprofessional settings and their influence on policies and related matters. This confirms the literature that describes the dilemmas in international social work practice, where the profession is termed as emerging, especially in the Global South countries (Gray, 2005).

Rehabilitation Models for substance abuse in Sierra Leone include government, non-government, and community groups/organisations. Main hospitals like the Sierra Leone Psychiatric Teaching Hospital provide medical and counseling services. International and local

NGOs, such as Partners In Health, help increase access to mental health care in the community (World Health Organisation, 2021). Many programs focus on short-term medical care like detox, but there is a gap in support for returning to society, family help, and job training. Community approaches present promise but are hindered by challenges, for example, inadequate training, limited resources, and a lack of standardised assessment and treatment. To summarise, the rehabilitation system in Sierra Leone suffers from a lack of trained workers and poor teamwork. More social support and better coordination are needed.

2.3. **Theoretical/Analytical Framework**

2.3.1 **Conceptual framework**

This part introduces the main concepts of the study and clearly helps us to understand the social work practices in the rehabilitation of young people with drug abuse problems. The conceptual framework presented guides data collection, analysis, and interpretation, including the core concepts of Drug Abuse, Rehabilitation, and Social Work Practices, which were explained through the theories that inform these practices.

2.3.1.1 **Drug Abuse**

In defining drug abuse, both these two words are very useful: “harmful or hazardous” use of psychoactive substances that can be either prescribed or illicit, causing negative effects on the individual, the family, and society (World Health Organisation, 2024; UNODC, 2000). As opposed to the wider term of substance abuse, which includes alcohol and tobacco, drug abuse, in this study, the emphasis is on cases of misuse of drugs, i.e., whether prescribed or illicit, in large doses or over long periods.

Theoretical integration: Integrating the biopsychosocial theory, drug abuse is the interaction between biological factors, psychological factors such as trauma and anxiety, and social factors like peer pressure and family breakdown (Horigian et al., 2021; Alhammad et al., 2022). Therefore, this indicates that social work interventions must consider the full picture of the individual, families, and the community’s roles.

2.3.1.2 **Rehabilitation**

Rehabilitation is a program or service designed to help individuals recover from addiction and return to a normal daily life (Smith, 2023). It includes inpatient and outpatient treatment, counselling, medication-assisted therapy, and support services, which are designed for the type of substance the youth is using and to the needs of the youth(ibid). Inpatient rehabilitation is when the youth stays in a treatment facility for an extended time, which provides very intensive,

individual-based therapy. Whereas outpatient rehabilitation, on the other hand, has the youth living at home but still gets organised intervention to manage addiction, build up coping skills, and increase resilience (Smith, 2023).

Theoretical integration: Ecological theory examines the many systems that influence youth (e.g., family, school, community, etc.) and plays a vital role in understanding the rehabilitation perspective. This also shows that for sustained recovery, social work interventions should involve all these systems, from the micro (family, peers) to the macro (society, policy).

2.3.1. 3 **Social Work Practice**

Social work practice guides the interventions in the rehabilitation and prevention of drug abuse. These areas of social work practice in drug rehabilitation are summarised as follows: assessment and intervention planning that use evidence-based practices, empowerment and skill-building to promote self-determination, cultural competence and ethical commitment, multidisciplinary collaboration to strengthen recovery support, etc. These key areas are guided and contained within the updated version of the National Association of Social Workers (2020, pages 10-17).

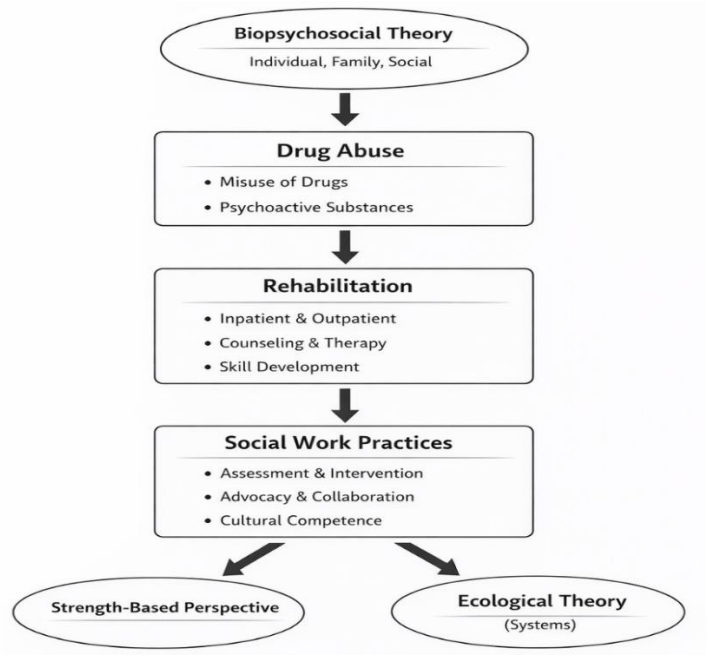
Theoretical integration: The strength-based perspective focuses on the youth's assets, abilities, and strengths rather than what is missing or their inabilities. By paying closer attention to youth's strengths, we can engage them more in the rehabilitation process and prevent relapses, thereby complementing the biopsychosocial and ecological models.

2.3.1.4 **Critical Reflection**

The conceptual framework indicates that social work is effective in the rehabilitation of young people with drug abuse problems. There is a need for a multi-dimensional approach. Through integrating biopsychosocial, ecological, and strength-based perspectives, it helps address the complicated interaction of individual, family, and communal factors and the degree to which the youth's strengths can be leveraged. This system is also consistent with the study's research aim, as it guides discussion of social workers' roles, the challenges they face, and ways to improve rehabilitation.

To sum up, through these conceptual lenses, they greatly contributed to laying a structured and evidence-based foundation for this study of how social workers can better support young people with substance use issues in Sierra Leone.

***Figure 1**: Conceptual Framework*



Source: Master's thesis Researcher's explanation,2026.

2.3.2 **Theoretical framework**

This section explains the study's theoretical framework in analytical form, not only descriptively but also by showing how it helps in the development of the interview guide and thematic analysis. This study considers social work practice for the rehabilitation of young people with drug abuse problems in Sierra Leone by examining the roles and challenges faced in practice and highlighting suggestions for improvement. The Ecological Systems Theory, the Biopsychosocial Theory, and the Strengths-Based Perspective inform and interpret social workers' practices, challenges, and improvement strategies, which were explored and interpreted.

2.3.2.1 **Ecological Systems Theory**

Overview of the theory

This theory has been famously used to describe multidimensional and interconnected environmental systems that influence the behaviour of individuals within society. It was founded by Urie Bronfenbrenner in 1979 in his landmark work, "The Ecology of Human Development." It is widely regarded as a framework to describe a child's development based on different environmental systems that influence it. Hughes (2019) describes "The Ecology of Human Development", describing the person and the environments in which they exist,

grow, behave, and develop (Hughes, 2019). There is a difference between ecosystemic and ecological approaches. Though both advocate focus on systems in which individuals exist, ecological theory delivers a greater understanding of a person's environment than the ecosystemic approach (Hughes, 2019). In supporting the ecological theory, Ayers et al. (2000) also pointed out that society comprises embedded systems that mutually influence each other. Gitterman & Germain (1976) also stated that the ecological perspective deals with the transactional processes between human beings and their environment. Notwithstanding, Bronfenbrenner referred to other scholars whose works contributed considerably to the development of the ecological perspective. Some of these scholars are Jean Piaget, Lev Vygotsky, Kurt Lewin, and Sigmund Freud, as they contributed considerably to the formulation of a model encompassing the micro-, meso-, exo, macro, and chrono systems (Bronfenbrenner, 1979; 1988).

Key Ecological Systems and Their Relevance to this Study

Micro system

The microsystem entails the development of a pattern of activities, roles, and relationships that a growing person experiences in a specific setting with certain physical and material features (Bronfenbrenner, 1979; Yntema, 2022). This setting is a place where people can easily interact face-to-face, such as at home, in a daycare centre, on a playground, or at school (Bronfenbrenner, 1979). Activities, roles, and relationships are the main parts of the microsystem (ibid). The microsystem is also known as a person's immediate environment, where they have direct contact with family, teachers, and friends. Bronfenbrenner (1979) emphasised that one of the most important aspects of the microsystem is how it is 'experienced.' This means that the microsystem is not simply about the physical features of these environments, but more importantly, about how the individual perceives and feels in them.

How it is used in this study: In rehabilitation contexts, social workers engaging at the micro level primarily focus on counselling, family involvement, community, peer group work, and psychosocial support**. In the present study,** the microsystem informs both the interview design and the interpretation of findings through facilitating an examination of social workers' daily roles, client engagement, and motivation strategies.

Mesosystem

The mesosystem is a system made up of several microsystems. It develops or grows when a person enters a new environment (Bronfenbrenner, 1979). The mesosystem focuses on how

two or more settings interact, such as a child's connections with home, school, friends, or neighbours. For adults, it involves family, work, and social life (Bronfenbrenner, 1979). These connections can take many forms, including people who belong to both settings, social networks, communication, or even the attitudes people in one setting have about another (Bronfenbrenner, 1979). In social work, professionals use these connections to help people. Social workers often bring together parents, teachers, and peers to create support, encourage positive communication, and build links through programs and community services to help with long-term rehabilitation**.**

How it is used in this study: In rehabilitation settings, social workers work with different stakeholders to make sure interventions are ongoing and effective**. In this study,** the meso system guides the interview design and the way findings are interpreted by looking at how agencies collaborate, how families are involved, and what coordination challenges impact rehabilitation results.

Exo system

The exosystem includes settings in which individuals are not directly involved, but events in these settings can still affect them (Bronfenbrenner, 1979). For example, a parent's workplace, an older sibling's school, the parents' friends, or the local school board can all influence a child (Bronfenbrenner, 1979). In social work, professionals advocate for better services to address external systems that impact a client's well-being.

How it is used in this study: In rehabilitation, social workers rely on the resources and policies available to them, which strongly affect the quality of care they can offer. **In this study,** the exo system guided the design of the interview questions and the interpretation of results by looking at how resources, organisational support, and policies shape social workers' practices and rehabilitation outcomes.

Macro system

This may be defined as the outermost layer of Bronfenbrenner's ecological system, encompassing the cultural, political, societal, and economic systems that define and support the environment in which the individual lives. Bronfenbrenner (1979) refers to the macro system as consisting of subcultures, cultures, and the belief systems or ideologies that shape individuals within their environments. This macro system is shaped like the micro, meso, and exo systems. In social practice within the macro system, social workers help to influence

ideologies, norms, policies, and values that regulate and guide the activities of families, schools, and communities.

How it is used in this study: In rehabilitation settings, social workers operate within environments shaped by many social issues that may either support or hinder their work. **In this study**, the macro system also helps in the design of the interview questions and interpretation of the results by examining cultural and social issues related to stigma and policies.

Chronosystem

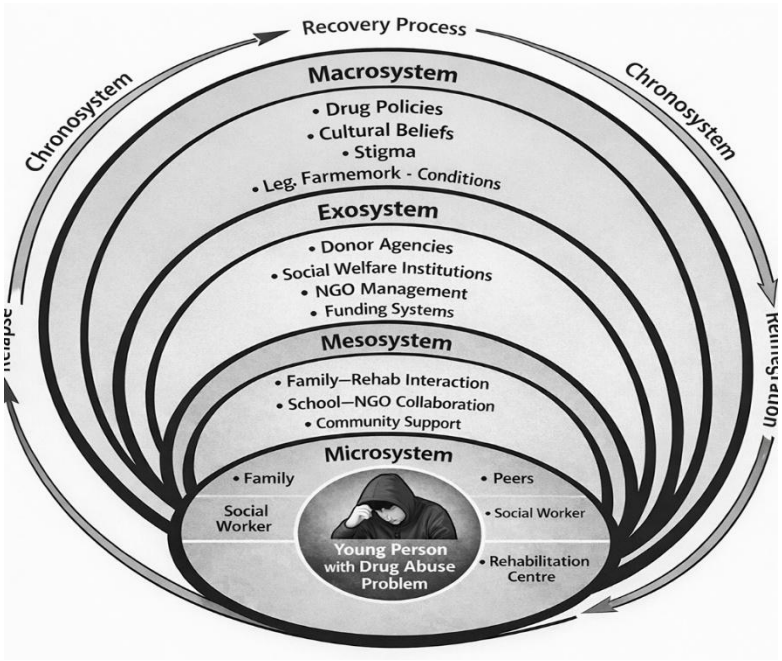
This system explains the transitions that happen among individuals within the environment. Bronfenbrenner (1979) described ecological transition as both a consequence and an instigator of developmental processes. Whether the individual moves into a new setting, takes on a new role, or the environment changes immensely. Social workers enable and strengthen these progressions.

How it is used in this study: In rehabilitation settings, social workers support young people through all stages of recovery, re-entry into education or work, and the development of long-term follow-up strategies**. In this study**, the chronosystem helps both in designing the interview questions and in interpreting the findings by examining post-rehabilitation support suggestions for efficient rehabilitation practice and progressing social work practice.

Critical reflection of the Ecological system theory

From a critical point of view, while this ecological model provides a holistic environmental framework, criticisms indicate that it fails to emphasize the internal psychological drivers of behaviors, which in fact could limit the understanding of individual vulnerability factors to drug abuse.

Figure 2:Ecological system influencing social work rehabilitation practice among young people



Source: Master's thesis Researcher's explanation,2026.

2.3.2.2 **Biopsychosocial Theory**

Overview of the theory

American psychiatrist George Engel introduced the biopsychosocial theory in 1977. This theory has had a significant impact on medicine (Lakhan, 2006). It highlights how biological, psychological, and social systems are connected in the body. The theory shifted the focus from just treating disease to supporting health by showing that characteristics like beliefs, relationships, and stress can help people recover from illness more quickly (Lakhan, 2006).

George Engel argued that the biomedical model is too reductionist because it focuses mainly on biological causes of illness and overlooks psychological and social factors (Engel, 1977). Ketty also points out that while the biomedical model can treat diseases like diabetes and schizophrenia, it does not provide complete care. To fully understand and treat diseases, a medical model should consider the patient's social context and the systems created by society (Engel, 1977). This shows the importance of a model that includes biological, psychological, and social elements for holistic treatment. Engel (1977) explained that the biopsychosocial model considers all factors that help cause a patient's illness. He advised practitioners to consider social and psychological factors, along with biological ones, when examining a patient's illness or disease (Engel, 1977). This approach assists explain why some people experience illnesses that others see as normal life problems, such as emotional reactions or physical symptoms (ibid). According to Engel, social workers using the biopsychosocial theory

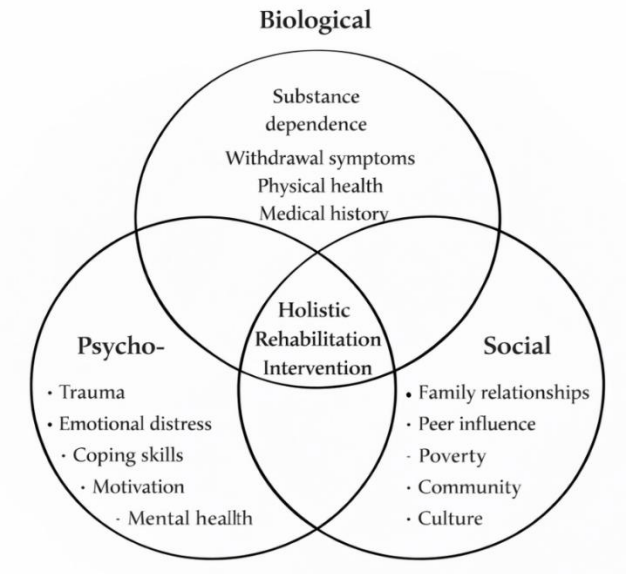
should: recognize the client's feelings of helplessness; assess the problem as a whole, including biological feautures like physical health and medical history, psychological factors like behavior and emotions, and social factors like family, school, and culture; identify whether the problem is a mental health condition, psychosomatic issue, or a normal response to life; use professional judgment to make decisions; work with other professionals when needed; and always treat the person as a whole, respecting their self-determination and experiences(Engel, 1977).

How it is used in this study: In rehabilitation contexts, social workers conduct several assessments within the rehabilitation centres to diagnose mental health, physical health, past trauma, family dynamics, and social setting. The BPS model follows a multidimensional approach and supports person-centred care. **In this study,** biopsychosocial theory contributes immensely to the development of interview questions and interpretation of the findings by examining assessment and screening, collaboration, and challenges in multidisciplinary interventions.

Critical reflection of the Biopsychosocial Theory

Nevertheless, the major criticism of this theory, as mentioned by Ghaemi (2009 is that the BPS model is conceptually attractive but often reduced to a checklist of symptoms and factors, without deep engagement with the person's meaning-making or environment (Ghaemi, 2009).

Figure 3: Biopsychosocial factors guiding holistic social work rehabilitation practice



Source: Master's thesis Researcher's explanation,2026.

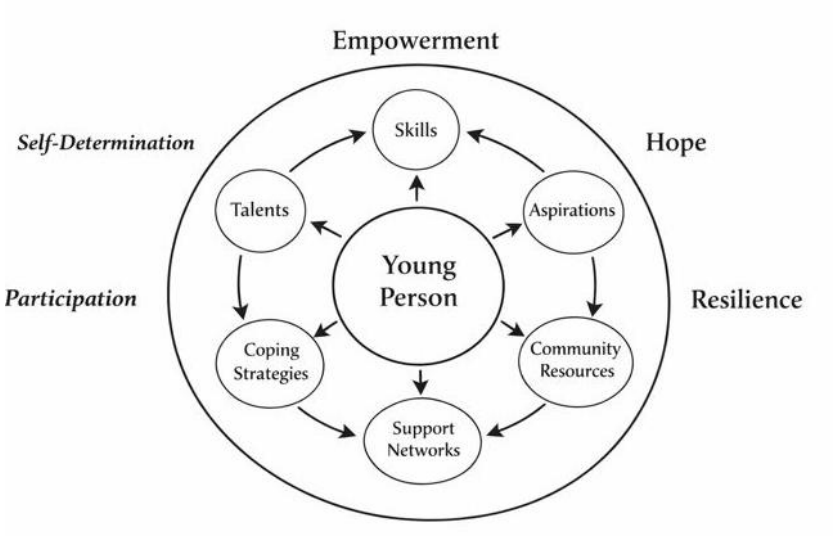
2.3.2.3 **Strengths-Based Perspective**

Overview of the theory:

The strengths-based perspective began with Weick et al. (1989), who, drawing on mental health practice and frustrated by deficit-focused approaches (Kam, 2021), influenced Dennis Saleebey's work in 1992 (Kam, 2021). Weick et al. (1989) states that everyone has unique talents, skills, resources, and goals. People possess untapped mental, emotional, social, and spiritual abilities that can be further developed. They emphasise that social workers should assess clients' strengths and ambitions in all areas of life and identify individual and community resources to help clients meet their goals (Weick et al., 1989). Saleebey (1996) noted that the strengths perspective must address individuals, families, and communities. This approach focuses on what people know and can do (Saleebey, 1996). Saleebey (1996) emphasised key elements, including language, using positive, respectful words to motivate and support clients. Strengths are personal qualities or abilities that often appear during trauma, illness, abuse, or oppression (ibid). These are unique and can be identified even in difficult times. Empowerment is about helping families, individuals and communities recognise and use their own strengths, resources, and abilities to take control of their challenges and make choices that affect their lives(ibid). Resilience means the ability to recover from or adapt to adverse situations by drawing on personal skills, knowledge, and experiences; it enables people to deal with difficulties and persist in spite of challenges (Saleebey, 1996).

How it is used in this study: In rehabilitation contexts, social workers try to identify and strengthen young people's coping mechanisms, support systems, and innate abilities, and encourage them to plan and set goals after post-rehab. This approach is centred on the client, participatory, and focused on empowerment. **In this study,** the strength-based perspective also helped in designing the interview questions and in interpreting the findings by examining youths' motivation and engagement, their participation in decisions affecting their recovery, and their strengths.

Figure 4: Strengths-based perspective in youth rehabilitation



Source: Master's thesis Researcher's explanation,2026.

2.4 **Empirical Framework**

This section reports on a set of empirical studies on drug abuse and rehabilitation that also examined social work practice. Looking at Global, Regional (Africa), and Sierra Leone-based studies, which were analysed for trends, results, and research gaps, and connecting them to the present study.

2.4.1 **Roles of Social Workers in Rehabilitation**

This section presents empirical evidence from Global, Regional (Africa), and Sierra Leone studies on the roles of social workers in rehabilitation settings:

2.4.1.1 **Global Empirical Studies**

International studies in this field also agreed that social workers played a great role in drug rehabilitation. These roles are categorized according to the study as follows:

Micro-Level Roles

From the analysis of previous studies, micro social workers' roles in the rehabilitation were seriously emphasised: A study conducted by Saadi et al (2024) pointed out some of these roles to include assessment and early intervention as key roles; supporting their findings, Ufere et al. (2022) & Kievišienė (2022) report that social workers provide psychosocial assessment, individual assessment, substance use screening, and relapse prevention. While also supported by the work of El-Nahhas (2021), who mentioned that social workers play a significant role in the monitoring of relapse prevention. These roles stated above were described by Kibria (2018)

as direct service roles of social workers. Critically, Saadi et al. (2024) fail to address professional training to increase social workers' effectiveness as a recommendation, thereby leaving serious gaps in professional preparation. For Ufere et al. (2022), the lack of in-depth analysis limits confidence in the study's results. Showing the need for engaging in in-depth analysis to understand the social worker's roles in rehabilitation. Kibria's (2018) findings align perfectly with the broader body of studies, but the descriptive research design used does not allow generalisation of these results.

Mezzo Level Roles

As another important spectrum of the social work field in drug abuse rehabilitation. The review shows limited studies conducted under this significant aspect in social work. Notwithstanding, the few studies reviewed show that, according to Riaz and Sahar (2019), their study expands the roles of social workers in rehabilitation to include family and community engagement. Supported by Kievišienė (2022), who mentioned that family support was a key role performed by social workers in the rehabilitation process. Moving further, Freymüller, Knoop, and Meyer Feil (2024) also pointed out case management and resource mobilisation as key mezzo-level roles social workers perform. Despite these findings from studies, arguably, Riaz and Sahar (2019) in their findings fail to examine the professional competencies that social workers may need to engage with the family and community, thereby reinforcing the need for more research in that area.

Macro Level Roles

As part of the broader social workers' roles in drug abuse rehabilitation, there are still limited reviews on this area. Ufere et al. (2022) emphasised that social workers engage effectively to strengthen multidisciplinary collaboration with other agencies within their practice. Beyond this macro function, Freymüller, Knoop, and Meyer Feil (2024) pointed out that social workers effectively support advocacy actions to support their work. This review shows the gaps, especially in the macro roles of social workers in drug abuse rehabilitation.

Synthesis of findings: Overall, these studies have pointed out the roles of social workers in drug rehabilitation, forming, therefore, a foundation for the current study. It is also evident from the review that most studies focus more on the micro level of social workers' roles than both the mezzo and macro levels, therefore calling for more research in these areas.

2.4.1.2 **Regional Empirical Studies**

This section presents some of the regional studies on social work and drug abuse rehabilitation. The role of social workers was clearly presented through the lens of the three social work practice levels:

Micro-level Roles:

Studies from Ethiopia, South Africa, and Nigeria analyse the micro-level roles performed by social workers in the rehabilitation process. Hailu (2020), Ethiopia, presents a holistic picture of what social workers are doing, including conducting assessments, facilitating therapeutic and recreational activities and providing psychosocial education. Supporting this, Onalu, Obi-Keguna, and Eya (2017) in Nigeria present similar roles, a comprehensive assessment of client needs, plan programs, and psychosocial counselling. However, the lack of practitioner data in Onalu, Obi-Keguna, and Eya's (2017) study limited their findings, especially in showing how these roles are practised in real settings. In addition, in South Africa and Nigeria, respectively, the studies from Shadung, Mbedzi, and Skhosana (2024), Singwane and Ramoshaba (2023) and Archibong, Ogana, and Ekpeyoung (2018) all pointed out that social workers conduct counselling to prevent relapse. Critically, most of these studies use secondary data and focus on a single institution, which limits the wider picture of social work interventions, especially professional practice.

Mezzo-level Roles

On the mezzo level, the role of social workers, Hailu (2020) presents that apart from working with the client, the social workers also work with the family by offering family support, especially in the treatment and reintegration process, as most of the clients have broken relationships with their families. Another complementary perspective from Diraditsile and Mabote (2019) in Botswana, social workers also work with schools to foster reintegration and treatment services. This is what Mohamed and Bashir (2024) from Somalia referred to as case management. In another perspective, Shadung, Mbedzi and Skhosana (2024); Singwane and Ramoshaba (2023) and Onalu, Obi-Keguna and Eya (2017) all pointed out the interdisciplinary role social workers perform, especially through referral coordination and working with other health professionals. Critically, most of these studies reported role confusion within social work, especially in rehabilitation settings working within interdisciplinary teams, where social workers perform multiple roles. This indicates that social workers should work within their domain of competencies to ensure effective service delivery.

Macro-level Roles

Limited studies focused on the macro-level roles; the main roles mentioned in these studies are advocacy to influence policy change and strengthening access to resources for their clients (Onalu, Obi-Keguna and Eya, 2017 & Mohamed and Bashir, 2024). These are key functions performed by social workers, especially in the regional Sub-Saharan Africa, where structural challenges obstruct the effective delivery of services to clients.

Synthesis of findings: Overall, the review has clearly shown that social workers play key roles in assessment, counselling, coordination, and advocacy. The gaps in these studies pointed to the need for more research on the training required for these roles and on how they are carried out in practice to improve the efficacy and sustainability of rehab interventions throughout diverse settings.

2.4.1.3 Sierra Leone Studies

In the field of post-conflict and substance abuse rehabilitation in Sierra Leone, social workers' roles are described by studies below:

Fasuan Sikeoye Adetola and Fasuan Emmanuel Olawale (2025) presented a mix of micro, mezzo and macro roles performed by social workers, such as trauma counselling, family reunification, vocational training support, and economic empowerment, especially during the post-conflict reintegration. Nevertheless, reliance on secondary data limits the study.

Finally, due to the limitations of studies that mainly focus on social work drug abuse rehabilitation, most of the studies conducted in the country focus on triggers, trends, etc. This, therefore, shows the need to conduct this research to fill the gap.

2.4.2 Challenges Social Workers Faced in Practice

This section also presented Global, Regional, and Sierra Leonean studies on the challenges social workers faced in practice.

2.4.2.1 Global Empirical Studies

Policy and legal frameworks are among the major barriers identified in these studies that affect social workers' work in rehabilitation. For instance, a study by Saadi et al. (2024) presented that legal and policy systems affect clients' disclosure of important information due to fear of legal sanctions. This shows how rigid and unfavourable legal systems impact the work of social workers, especially by affecting trust between the social worker and client, a key element in social work intervention and effective service delivery. Supporting this, Richert

et al. (2023) in Sweden mentioned that **strict discharge policies and low thresholds** often do not support client stability. These policies place greater emphasis on organisational structure rather than client-centred care, thereby affecting empowerment, especially for trauma-informed and client-centred approaches. In a critical position, though these studies provide rich information, they failed to recommend advocacy policy reforms, which should have provided stronger grounds for action.

Moreover, in 2022, Kievišienė's research in Lithuania found that **service fragmentation, poor institutional cooperation, client resistance**, and a **lack of motivation** result in inefficient service delivery. Likewise, in North America, Zuchowski & McLennan (2023) and, in Canada, Kourgiantakis et al. (2023) reported that social workers in health care settings faced organisational resistance and difficulties with referrals to specialised services. This lack of interdisciplinary cooperation has negative consequences for receiving help from other organisations. This prompts questions about the studies' focus on leadership and accountability to understand who is to be blamed for the institutional gaps between organisations, which should have provided depth to these studies.

Furthermore, studies have also highlighted that the **environment** in which social workers work and the **security** they enjoy in rehabilitation centres are issues. The findings from Vilakazi & Nkomo (2023), Unegbu (2020), and Jackson et al. (2014) emphasise that the challenges of working in an unsupportive and dangerous workplace limit social workers' effectiveness. There are challenges coming from single staffing during high-risk night shifts to inadequate safety during outpatient visits. These studies highlighted the urgent need to implement measures that create a better, more secure work environment for social workers. Prioritising employees' well-being is a key component of guaranteeing that the organisational culture is achieved and also benefits clients. A limitation of these studies is that they fail to bring out sufficient best practices to ensure staff safety at the organisational level.

In addition, **burnout, emotional exhaustion, and work pressure** are challenges that impact social workers' professional performance. As reported in the research by Saadi et al. (2024), Kievišienė (2022), Pacher (2019), and Masombuka (2024), large caseloads, high levels of emotionality in the work, and work overload are issues that lead to occupational burnout. The field of drug addiction is a demanding one. These studies show a trend throughout regions, showing the importance of implementing emotional and well-being programs to promote staff health.

However, some studies indicated that a **lack of specialisation in addictions** and mental health is reported as another barrier social workers face in practice. Studies by Jackson et al. (2014) from Canada, Zuchowski & McLennan (2023) from Australia, and Unegbu (2020) from the U.S. reported training gaps and inconsistent education. Supporting this by Kourgiantakis et al. (2023) brings out the issues of weak screening and assessment tools for youth cannabis use post-legalisation in Canada. These reports also present that social workers' confidence and competency are impaired, especially in the interprofessional environment. Richert et al. (2023) and Hailu (2020) described such a situation as role confusion that social workers face in rehab settings. Most of these studies report the knowledge gap among social workers, but at the same time, there is limited research on how certain reforms, like continuous professional development, may play a role in increasing social workers' competence as they intervene in the care of people with substance abuse issues.

Finally, another important challenge reported from studies is that **stigma i**s a very large barrier that affects not only the people who are users of drugs but also the service providers. Studies from Saadi et al. (2024) and Pacher (2019) found that society's stigma towards addiction not only affects clients but also social workers whose roles are often not valued or are misinterpreted. All this results from a lack of awareness of the social work profession, which Zuchowski & McLennan (2023) and Diraditsile & Mabote (2019) presented as a major challenge affecting social worker identity; this affects collaboration and resource support. Underscoring the need for public awareness programs to convey social workers' identity and role in addiction treatment centres. Apart from this, People also think of addiction as a moral flaw and not a health issue, which is the basis of this stigma, which affects both the client and the worker. In conclusion, although these studies do address stigma, they mostly present it as a static issue and fail to capture how advocacy may help change it.

2.4.2.2 **Regional (Africa) Empirical studies**

The regional(Africa) studies conducted by Mohamed & Bashir (2023) in Somalia, Hailu (2020) in Ethiopia, Shadung et al. (2024) in Ethiopia, and Viljoen (2020) in South Africa found that **resource scarcity, limited funding, shortage of staff, transportation,** basic supplies and and infrastructure weaknesses are common challenges facing the work of social workers in drug rehabilitation settings. They argue that substance abuse services indeed receive low priority in policy agendas. Critically, Hailu's (2020) work could have gone deeper if he had included a comparative element to examine different countries and regions, thereby showing the importance of structural investment and its impact on rehabilitation. Supporting this,

Madisha & Skhosana (2022) from South Africa reported service fragmentation and poor institutional interaction, which led to poor service delivery. In line with Kievišienė's (2022) findings in Lithuania. Masombuka (2024) in South Africa also reported emotional burnout due to heavy workload, as reported by Saadi et al. (2024), Kievišienė (2022) and Pacher (2019). The study by Diraditsile & Mabote (2019) reports that inadequate training in addiction and mental health is a challenge for social workers, supporting the findings of McLennan (2023) and Unegbu (2020).

Moreover, **supervision and support** challenges are often left out, a phenomenon widespread in countries without strong supervision practices. In such settings, it affects social workers' growth and the expansion of their knowledge. Studies similar to those by Madisha & Skhosana (2022), Shadung et al. (2024) and Viljoen (2020) in South Africa report inconsistent supervision, lack of mentorship and institutional apathy toward worker support. This affects social workers' reflection on practice and competencies to deal with complex cases that require greater expertise and training. Thus, it is important to provide supervision to support social workers' emotional strength in practice. The works of these authors are great, but none of them presents a framework for what effective supervision looks like in the substance abuse services centres, which is a limitation.

Furthermore, the study by Hailu (2020) from Ethiopia reports **role confusion and poor interprofessional communication as barrier**s. Social workers at times lack legitimacy in medical settings and are burdened with client expectations, as the client may not be ready for behaviour change. This study calls for clarification of the role social workers play within treatment settings, because without it, the profession diminishes in respect when working in multidisciplinary teams. It also argued that if social workers limit their advocacy, it will damage the profession's image.

In addition, **client resistance and lack of motivation** are also challenges. Clients in rehabilitation centres sometimes appear offensive, and most clients lack the will to heal. Studies conducted in South Africa, including Madisha & Skhosana (2022), Viljoen (2020), and Vilakazi & Nkomo (2023), found that client non-compliance, reluctance, and denial are barriers to treatment. This can be tied to poor self-awareness, lack of readiness to change and the forced nature of service entry. Indeed, resistance and unwillingness have often been linked to recovery from drug addiction, which the studies verify. This is a call for workers in the drug addiction field to adopt a peer-led approach to intervention to reduce defensiveness and to promote client-centred approaches backed up with motivational interviewing during treatment, harm reduction

outreaches to increase the motivation of drug users to seek help. Critically, these studies frame the client as the problem without examining system-level barriers that cause this resistance and lack of motivation. This all-encompassing approach should have looked at more interventions.

In another development, the family is a great support to social workers in drug addiction recovery and rehabilitation, but challenges are normally encountered when the **family withdraw** support, leaving social workers unable to do a comprehensive assessment. In support of this, for example, the work of Masombuka (2024), Shadung et al. (2024), and Hailu (2020) details how parents' refusal, denial, and absence significantly undermine rehabilitation. Vilakaz & Nkomo (2023), on the other hand, bring to light that family prohibitions against social workers' intervention and emotional distance contribute greatly to drug addiction relapses. What these studies suggest is the importance of parent counselling and a family-centred approach to intervention, where social workers should target families to get more involved in the treatment, consequently strengthening drug addiction recovery and rehab. Arguably, families play a primary role in the recovery from drug addiction in these studies, but little effort is made to look at the role of culture and its influences.

Finally, the **changing trends of drug abuse** within society pose a great concern for workers in drug addiction centres. A change in the pattern of drugs brought about by innovation and traditional manufacturing results in a more negative impact on the users. Studies also point to this issue, as Mohamed & Bashir (2023) highlight the fluid nature of the drug market, constituting a challenge for traditional interventions. Supporting this, Masombuka (2024) reports how clients play games with information given about drug use, reflecting trust issues and survival behaviour. What is recommended from these studies is the need for social workers to be in constant professional development to be able to keep up with the changes in drug abuse patterns. There is an urgent call for more collaboration between social workers in responding to this trend, in which illegal drugs are on the rise. However, the analysis of the role of social media and digital media platforms amid this evolving trend is limited, calling for new research to examine the influence of these factors on changes in drug use patterns.

2.4.2.3 **Sierra Leone Studies**

Structural challenges in rehabilitation practice. Magnusson, Kebbie, and Jerwanska (2022) report issues of stigma, financial constraints, long distances, inadequate infrastructure, limited specialised services, and a lack of training for rehabilitation personnel. Supporting this, Allen et al. (2022) found poor transport, high service fees, rural-based issues, lack of government support, funding shortfalls, and a shortage of skilled staff, which affect access to rehabilitation

services. In conclusion, while these studies shed light on very important issues, they do not focus on youth substance abuse or the role of social workers in rehabilitation, which constitutes a gap.

2.4.3 **Suggested Improvements for Social Work Practice and Rehabilitation: A Cross-Context Synthesis.**

Research in global, regional, and Sierra Leone settings reports on some strategies that improve rehabilitation services and social work practice.

2.4.3.1 **Capacity Building in Training, Education, and Professional Development**

From studies by Madisha & Skhosana (2022) and Singwane & Ramoshaba (2023), these studies emphasised the need to include substance use in social work curricula and to implement capacity development programs. On the other hand, Pacher (2019), Unegbu (2020), and Magnusson, Kebbie & Jerwanska (2022) also show the importance of social worker engagement in continuous education, workshops, and journal engagement, as this will keep the social workers up to date with the latest trends in the field of drug abuse.

Supporting this, Kievišienė (2022) prioritises the value of developing professional skills in motivational interviewing; Riaz & Sahar (2019) argue that for that to happen, formal training programs should be put in place with better supervision in rehabilitation centres. Finally, Delucia (2023) recommends that social workers pursue up-to-date training and ensure caseloads are manageable in order to ensure quality service delivery. Showing the need for social workers to advance their competencies through continuous education and other training in the drug addiction field.

2.4.3.2 **Supervision and Peer Support**

Authors like Saadi et al. (2024) report that peer support groups and reflective spaces should be put in place for practitioners to share in. Also, Shadung et al. (2024) report on the importance of having more supervisors, a particular issue in the substance use disorder field, and Vilakaz & Nkomo (2023) stress the development of supervision policies to support consistent and structured mentoring within rehabilitation centres. This indicates the important role of supervision in the social work field, especially when working with vulnerable populations like young people with drug addiction.

2.4.3.3 **Work Environment and Infrastructure**

As a major contribution of these studies, the improvement of social workers' work environment and infrastructure is highlighted. Delucia (2023) recommends fostering an encouraging work environment and stimulating innovation to empower social workers, address many issues, and offer unique solutions. This is supported by Viljoen (2020, who pointed out the need for allocating more resources and attention to transgender clients' living arrangements. Finally, Jackson et al. (2014) stressed the importance of the development of housing for people who use drugs. These studies have critically analysed the importance of providing a conducive working environment for social workers, which positively impacts sustainable recovery.

2.4.3.4 **Policy Inclusion and Systemic Recognition**

This is a crucial aspect in social work with drug addiction. This will contribute to effective delivery service. Riaz & Sahar (2019) and Singwane & Ramoshaba (2023) argue that social workers should be included within policy-making tables and that their roles in addiction management policies should be defined. Kibria (2018) recommends changing the public's perception and integrating social workers within the structure of developed countries' health care systems. These studies illustrate the macro practice of social workers, where policies and systems play a greater role in effective service delivery. If social workers are included, they would be able to advocate for policies that will help to promote social change and ensure that young people with addiction are empowered for a better society.

2.4.3.5 **Cultural Competence and Family Involvement**

The National Association of Social Workers (NASW) pointed out that the development of cultural sensitivity and family participation in addiction is central to rehabilitation services. Kourgiantakis et al. (2023) emphasised the need for social workers to develop their cultural competencies to respond in service delivery, whereas Masombuka (2024) recommends a family-inclusive approach that includes parents from the start. These studies have highlighted key areas to ensure service efficiency. Social workers developing their cultural competencies help them gain clients' trust, which contributes to sustainable recovery. On the other hand, family involvement is key in the recovery process. Social workers should ensure they involve family members, as their involvement will support client recovery and reduce the rates of relapse.

2.4.3.6 **Decriminalisation and Stigma Reduction**

In terms of wider system-level changes, Zuchowski & McLennan (2023) identify drug use criminalisation and stigma reduction as central. The focus should be placed on the

decriminalisation model and not criminalisation. Other countries, like Portugal, have done this and achieved positive results. Efforts should also be made to reduce stigma and protect both the victims and the workers. To conclude, the recommendations from these studies are key to supporting social workers' intervention in drug addiction.

2.4.4 **Summary and conclusion of the Empirical Framework**

Previous social research studies in this field have highlighted the effective roles social workers play. Studies across global, regional, and local settings. presented that social workers provide assessments, counselling, referrals, case management, and family support. Also, they report that social workers' main challenges are inadequate training, burnout, weak supervision, stigma, poor infrastructure, and fragmented services. While many of these studies report on social work roles and the system-level barriers, what is missing is an in-depth study of how these interplay in day-to-day practice.

In Sierra Leone, present research is mostly on substance use trends and the service access challenges that social workers face, which pays little mind to what social workers themselves do in terms of their roles in rehabilitation, especially for young people. In that light, there are still research gaps regarding social worker roles, challenges they face, and suggestions to improve their practice. This study, therefore, examines in depth social work practices in youth substance abuse rehabilitation in Sierra Leone.

2.4.5 **Gaps in Literature**

After conducting this literature review, the following are some of the gaps identified in the literature:

- There are no specific studies conducted targeting social work practices in addressing substance abuse among young people in Sierra Leone. Specifically looking at the roles, challenges and suggestions for improving rehabilitation practice.
- Limited studies focus on the long-term evaluation of social work interventions among young people in recovery from addiction.

These gaps underscore the need for this study. The study will look at the roles, challenges, and possible strategies for social workers in the rehabilitation of young people with drug abuse problems in Sierra Leone.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section presents the methodology used in the study to explore social work practice in the rehabilitation of young people with drug abuse in Sierra Leone. The chapter began with a presentation of the philosophical foundation of the study, including research design, study area, population, sampling, data collection, analysis, trustworthiness of the study, ethical considerations, limitations to the methodology, and positionality statement. The methodology has its grounds in a qualitative explorative framework, suitable to explore the lived experiences, practices, and perceptions of social workers in the rehabilitation of young people with drug abuse problems in Sierra Leone.

3.2 Research Design

A qualitative explorative design was selected to investigate the roles, challenges, and suggestions for possible improvement of social workers in addressing drug abuse among young people in Sierra Leone. The choice of this design is because qualitative designs help to understand the perceptions, experiences, feelings, and other aspects of the population being studied. In support of this, Patton (2001) emphasized that qualitative data, as collected in a qualitative study, involves direct quotations from people about their experiences, feelings, opinions, and knowledge. This justifies the use of this design in this study. The experiences, feelings, opinions, and knowledge of social workers regarding their practice in responding to drug abuse among young people are cardinal to this research.

The exploratory nature of the study is crucial because the topic is under-researched within the case study area and aligns perfectly with exploratory designs. Where the focus is on topics that have limited research or no prior research conducted. Stebbins (2001) described exploratory studies as those with little or no scientific knowledge about the group, process, activity, or situation they aim to examine. Flexibility and open-mindedness were identified as key approaches to utilising this design (Stebbins, 2001). The researcher approached this study with flexibility and open-mindedness to get insights from social workers regarding the phenomenon that has been studied

In conclusion, the qualitative explorative design was utilized to understand social workers' experiences and challenges in responding to drug abuse among young people in an under-researched area.

3.3 **Theoretical Justification of Methodology**

Three theories were used in this study to understand both the external and internal factors. They are biopsychosocial, ecological and Strength-based theories.

Building on this, the biopsychosocial theory informs the decision to use a qualitative design for this study. Substance abuse stems from intricate interactions among biological, psychological, social, individual, and environmental factors. To examine these dynamics, qualitative methods are better equipped to capture subtle explanations and lived experiences than quantitative approaches.

In addition, ecological theory emphasises multi-layered influences, including family, community, and societal structures that shape social work responses (Bronfenbrenner, 1979). This multi-level approach justifies the use of purposive sampling. The author recruits social workers from various levels of rehabilitation institutions, including government, NGOs, and community centre-supported rehabilitation programs. This helps gather diverse, context-specific experiences from social workers at these institutions.

The strength-based perspective helps us understand the study's view on both challenges and improvements. This lens demonstrates that the study not only addresses obstacles but also fosters resilience and coping strategies (Saleebey, 2013). As a result, this underpins the qualitative design, which uncovers a range of perspectives from success to effective practices that may shape policy.

Additionally, employing an inductive thematic analysis is warranted. Major themes emerged from the participants' responses. This approach clarifies both theoretical and empirical insights.

Ultimately, these theories shaped the methodology. In the discussion chapter, the theoretical framework is rigorously applied to analyse the findings and link them to pertinent literature and constructs.

3.4 **Study Area**

This study was conducted in Sierra Leone, with a population of 8,819,794; the median age was 19.7 (Worldometer, 2025). 75% of the entire population is younger than 35 years. (Baldeh

et al., 2024). The country has faced a lot of social issues, which have contributed to its underdevelopment. The long decade civil war that lasted for eleven (11) years, the Ebola pandemic, mudslides, and COVID-19 have all brought with them serious economic breakdown. Unemployment has affected young people, and most of them seek refuge by indulging in drugs (African Development Bank, 2024). These events constituted a significant connection between traumatic experiences and substance abuse, therefore making Sierra Leone a case study significant to explore what social workers are doing to address drug abuse among young people in the country.

3.5 **Population and Sampling Strategy**

The study's population was social workers. These social workers are selected from diverse areas of work within Sierra Leone. The author included social workers working in governmental, non-governmental and community-based rehabilitation centres. The researcher selected fifteen (15) participants from government, non-government and community-based organisations involved in youth rehabilitation in the country to participate in the study. The reason for selecting social workers is their frontline duties in addressing drug abuse among young people in Sierra Leone; therefore, gaining insight from their professional lived experiences is crucial to understanding and strengthening social work practices in the country. Consequently, it helps achieve the study's objectives.

A purposive sampling design was used in this study to select the participants. The reason for choosing this method was that it allows the author to deliberately select participants who have the knowledge and can provide rich information to support the study's aim of investigating the role, challenges and possible improvement to social work practices with young people in drug addiction. In support of this, the researcher examined certain criteria based on the principle of purposive sampling to select participants. In the study, the researcher considered the following criteria:

1. Participants should be practising social workers with one (1), two (2), or more years of working experience. This ensures recruiting active social workers who have served for at least 1, 2, or more years, thereby providing practical perspectives and insights.
2. Must have experience in providing services to youth drug abuse interventions, which means social workers who have been working in either counselling or rehabilitation programs with direct experience in these settings.

By choosing these criteria, the researcher aligns with the work of Patton (2002), who describes purposive sampling as the selection of participants purposefully based on specific criteria to permit in-depth inquiry into understanding a phenomenon. Nevertheless, from a critical perspective, an in-depth understanding of the phenomenon may also raise concerns about biases in participant selection. In this study, the author approaches the selection of participants with an open mind, which limited the bias. Similarly, Creswell & Clark (2011) described this sample as one that involves selecting participants or groups that are knowledgeable and experienced in a particular phenomenon of interest. In a critical lens, these may at times limit getting diverse perspectives on other topics. In support of this, Palinkas et al. (2015) also described this sample as a technique used to choose information-rich cases related to the phenomenon of interest. Nonetheless, there is a need to carefully justify the transparency and rigour of the methodology to achieve concrete results, particularly how participants are believed to provide rich information to support a research study. In that light, the researcher ensured every step during conducting this research was transparency which included the participants selection.

To summarize this, the study used purposive sampling to deliberately select social workers with relevant experience in youth drug abuse interventions. Despite potential limitations, transparency and clear criteria helped to select participants who could offer valuable insights into the research.

3.6 **Data Collection Method**

To get rich and informative data supporting the objectives of the study from the participants. The researcher employed semi-structured interviews to achieve this, ensuring flexibility during data collection to cover all areas that support the study's objective. The semi-structured interview was selected because it is well-suited for qualitative studies, such as this study, that aim to get insights into the role of social workers, challenges and possible ways of improving their practice in responding to drug abuse among young people. This is supported by Kvale and Brinkmann (2009), who described this type of interview as the knowledge-producing potential of dialogues, where the interviewer has a greater influence in shaping the conversation to focus on issues deemed important to the research project. In the study, interviews were conducted conversationally between the researcher and participants, using an interview guide that directed the conversations to maintain focus. Similarly, Galletta and Cross (2013) referred to semi-structured interviews to offer considerable latitude in data collection. Nevertheless, from a critical perspective, the interactive nature of the semi-structured interview

between the researcher and participants has the potential to yield disjuncture in meaning and intent (Galletta & Cross, 2013). However, in responding to this challenge in the study, the researcher ensures a high level of reflexivity regarding the transaction between the researcher and participants during the interview.

Since the participants are far away, the interviews were conducted through an online platform called **Zoom.** The duration of each interview per participant was between **45 and 60 minutes.** Zoom helps in capturing the tone and facial expressions by mirroring in-person conversations within synchronous interactions (Archibald et al., 2019). In support of this, Gray et al. (2020) show both the advantages and disadvantages of using Zoom for interviews; they are time-saving, convenient, easy to use, etc., and the main challenge is accessibility, internet connectivity, and knowledge to use the device. Nevertheless, all the participants who participated in the study were well-grounded in using Zoom, which made it easy for the interviews to be conducted. Rubin & Rubin (2011) referred to this type of interview as internet interviews, describing them as particularly useful for communicating with people who are difficult to contact.

Using Zoom to conduct semi-structured interviews was borne out of the geographical location of the researcher in Europe, where the participants were based in Sierra Leone. Zoom provided a flexible, cost-effective, and time-efficient medium for data collection. During the Zoom session, the researcher ensured that respectful conversations and interactive sessions were maintained despite being online.

3.6.1 Secondary Data

This study also used secondary data to support the primary data collected through semi-structured interviews. Secondary data refers to information previously collected and published by other researchers and institutions (Creswell,2018).

Secondary sources used in the study were retrieved from peer-reviewed journal articles, books on social work and substance abuse, government policy documents, NGO reports, and publications from organisations such as WHO and the UNODC.

The purpose of using secondary data was to provide a theoretical background, define key concepts, understand the context of drug abuse among young people in Sierra Leone, and support the interpretation of findings from the interviews. Only credible and relevant academic and institutional sources were used to ensure reliability.

3.6.2 **Interview Guide**

To promote focus during the collection of data using the semi-structured interview, the researcher developed an interview guide for the interviews conducted with participants of the study. The interview guide was crafted using open-ended questions that bear the objectives of the study, taking into consideration the roles of social workers (rehabilitative), challenges, and possible suggestions for improving practice. The interview is broadly divided into two sections. Section A contained the background information of participants, and Section B contained themes generated from the objectives of the study. Using the interview guide works in line with the work of Galleta & Cross (2013) as an instrument that allows the researcher to focus on specific topics generated from themes to guide the process. Creswell & Poth (2018) also posit that flexibility allows the participants to express their views to produce rich data. The researcher used many probing questions to get concrete data during the interviews. Patton (2002) emphasized the use of probing to help elicit meanings to get in-depth information from the responses of the participants. This document is attached to the appendix section.

3.6.3 **Pilot Testing**

After the review and confirmation from my supervisor about the interview guide, the researcher used a pilot test of the interview guide with social workers to ensure clarity and confirmability with the objective of the study. The pilot interview was conducted with two (2) social workers who had direct experience with drug abuse, working with youths. After the interview, adjustments were made to the feedback, and at the same time, some rewordings were done to ensure clear comprehension and connection to the objective of the study. This supports the recommendations made by Kallio et al. (2016), signifying the importance of carrying out pre-tests for interview guides to support the validity and reliability of a research study.

In summary, the semi-structured interviews were conducted to gather rich and meaningful data that support the study's objectives. The pilot refinement and development provide clarity and reliability to address the role of social workers, their challenges, and the improvement of social work practice in Sierra Leone.

3.7 **Data Saturation**

Data saturation is defined as the point in qualitative research at which no new themes, patterns, or relevant insights emerge from additional data collection (Barney G. Glaser & Anselm L. Strauss, 1967). It is achieved when further interviews no longer contribute new information to the study (Mark Saunders et al., 2018). In this study, 15 social workers were interviewed. Initial repetition of themes began around Participant 10, and by Participant 12, no

substantially new information or themes were identified. This was when the researcher realized that data saturation had been achieved. The final three interviews confirmed and reinforced the existing categories related to social workers' roles, challenges, and suggested improvements in addressing drug abuse among young people in Sierra Leone. Therefore, data saturation was considered to have been reached at Participant 12, while the remaining interviews strengthened the credibility and depth of the findings

3.8 **Data Analysis**

After the data was collected from the interviews. The researcher used thematic analysis with inductive analysis to analyse and make meaningful interpretations from the data collected, supporting the objectives of the study in responding to the roles of social workers in rehabilitation, challenges they faced, and possible improvements to their practice in addressing drug abuse among young people in Sierra Leone. The inductive approach was utilized as the form of analysis, where the major themes and sub-themes that emerged are grounded in the participants' responses, followed by an inductive style, where the author approaches the data with an open mind, allowing themes to emerge from the analysis without preconceived ideas or frameworks. This is supported by Braun & Clarke's (2006) description of this method, where the data is coded not to fit into the preexisting coding frame or the researcher's preconceptions.

The critical perspective of the thematic analysis method, the thematic analysis method is often used in qualitative data analysis to identify, analyse, and report patterns(themes) within data (Braun & Clarke, 2006). This process minimally organises and describes the dataset in (rich) detail (ibid). Nevertheless, critics have argued that, though this method has been widely used in qualitative studies, there is still a gap because there is no explicit agreement or structure about what thematic analysis is and how to go about doing it (see the works of Attride-Stirling, 2001; Boyatzis, 1998; Tuckett, 2005 etc.). Braun & Clarke (2006) also agreed that this method is often branded as an inferior method that does appear to exist as other analysis methods like narrative and grounded theory. Attride-Stirling (2001) furthered his argument by stating that if researchers do not clearly explain how they analysed their data or the assumptions behind their analysis, it becomes hard to evaluate or compare their work with other studies. This lack of transparency can also hinder future related research efforts(ibid). In responding to this, Braun & Clarke (2006) stated that for these reasons alone, clarity on the process and practice of the method is vital, hoping that their guidelines would lead to more clarity around thematic analysis. That is why the researcher wholly followed the guidelines from the Braun & Clarke

framework in 2006 to ensure clarity in the analysis to enable the results from this study to be compared with other studies, as argued by Attride-Stirling (2001).

Finally, the researcher chose the thematic analysis over the content and grounded theory analysis due to the flexibility and link with the qualitative design, which allows the interpretation of participants' meaning-making within their social settings, as seen from the research aim, which is trying to investigate the role of social workers, challenges, and possible ways of improving their practice in responding to drug abuse among young people. In contrast, content analysis emphasizes frequency (Elo & Kyngäs, 2008), whereas grounded theory builds on a new theory (Charmaz, 2006), and this does not support the aim of this research.

3.8.1 **Thematic Data Analysis Process**

This section presented a detailed explanation of how the data were analysed using the thematic inductive analysis process, following the six stages of Braun and Clarke (2006) using MAXQDA Software. This is to demonstrate credibility, transparency, and a rigorous presentation of results that reflect the lived experiences of social workers.

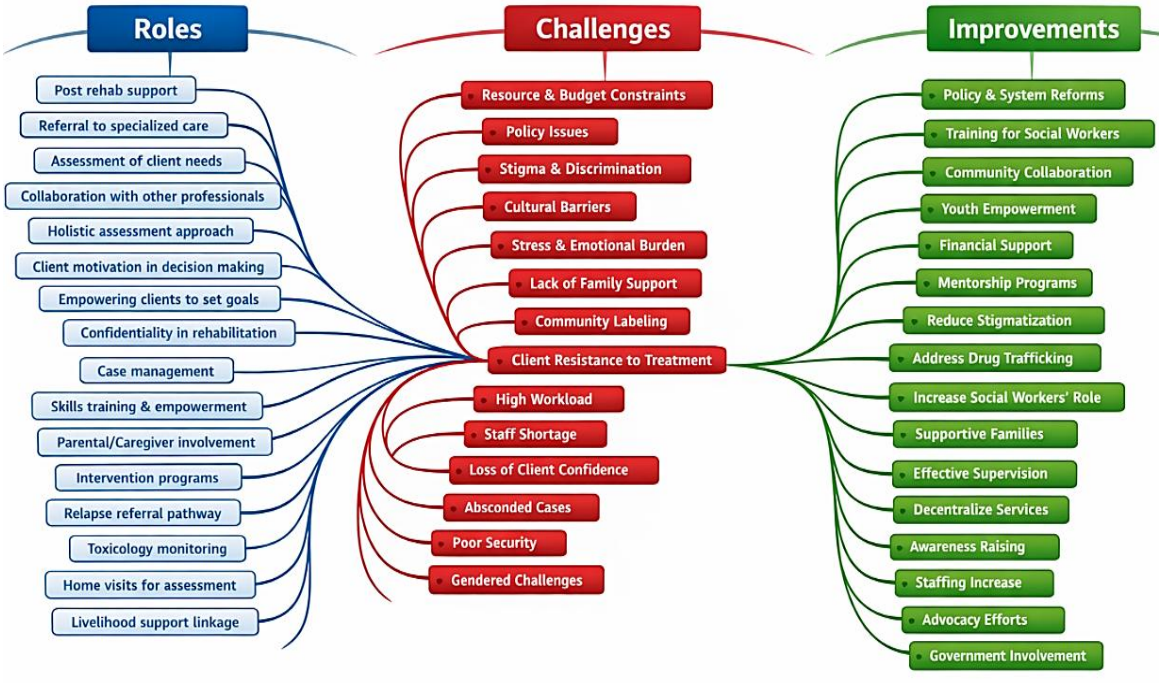
Step 1: Familiarisation with the Data

Under this stage, after transcribing the 15 interviews using Ottai. AI, and carefully listened and followed up to see if the transcriptions exactly capture the participants' perspectives. The researcher read the already transcribed and cleaned transcripts several times to become familiar with the content to respond to the interview guide and the study's research questions. The researcher recorded initial notes and reflections to identify key ideas and patterns from the transcripts. After that, the 15 transcripts were uploaded into the MAXQDA Software to generate initial codes.

Step 2: Generating Initial Codes

Next, meaningful data segments were highlighted and assigned codes in MAXQDA, following a color-coded scheme for clarity. The table below indicates the initial code generated from each section.

Figure 5: Initial Coding

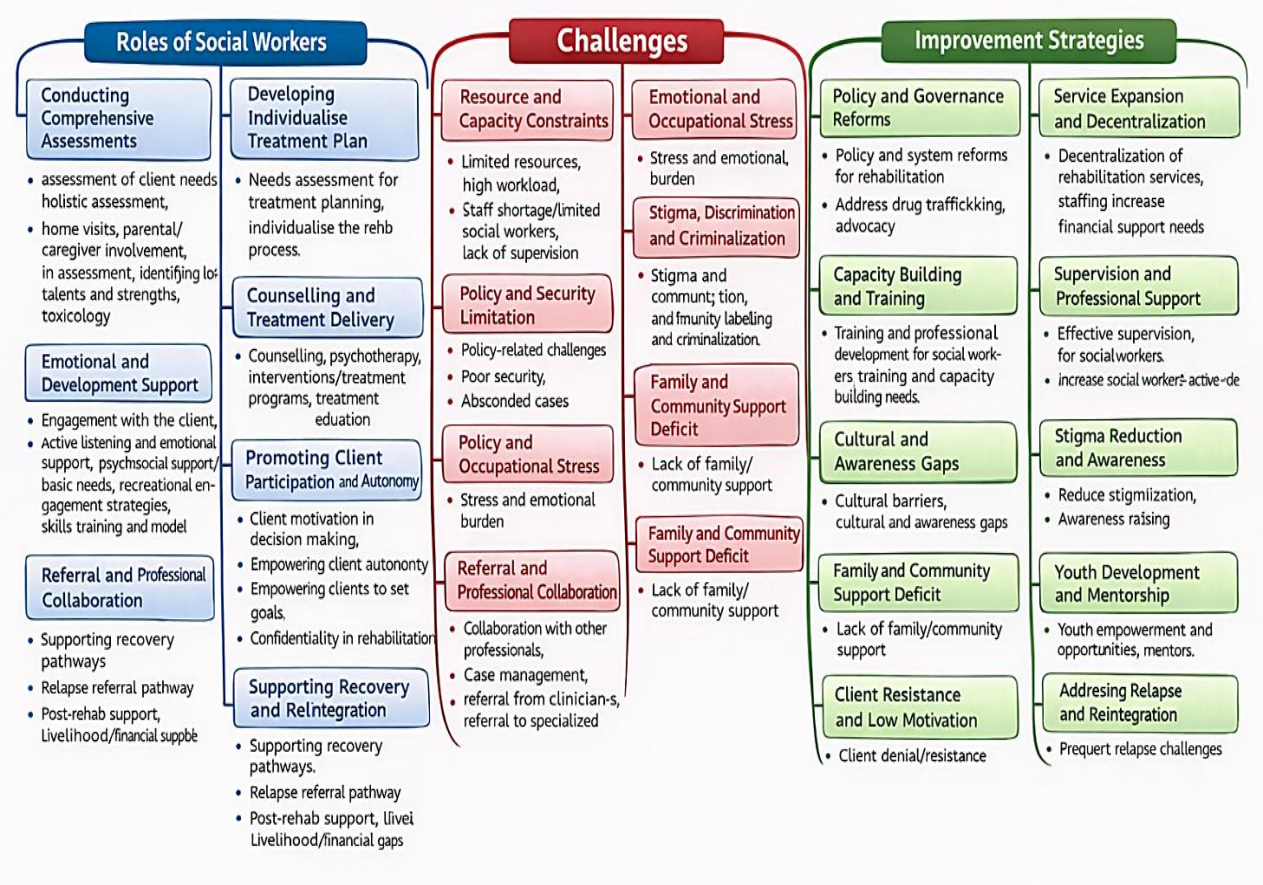


Source: Master's thesis Researcher's explanation,2026.

Step 3: Searching for Sub-Themes

The initial codes were put into sub-themes that had similar concepts:

Figure 6: : Sub-themes

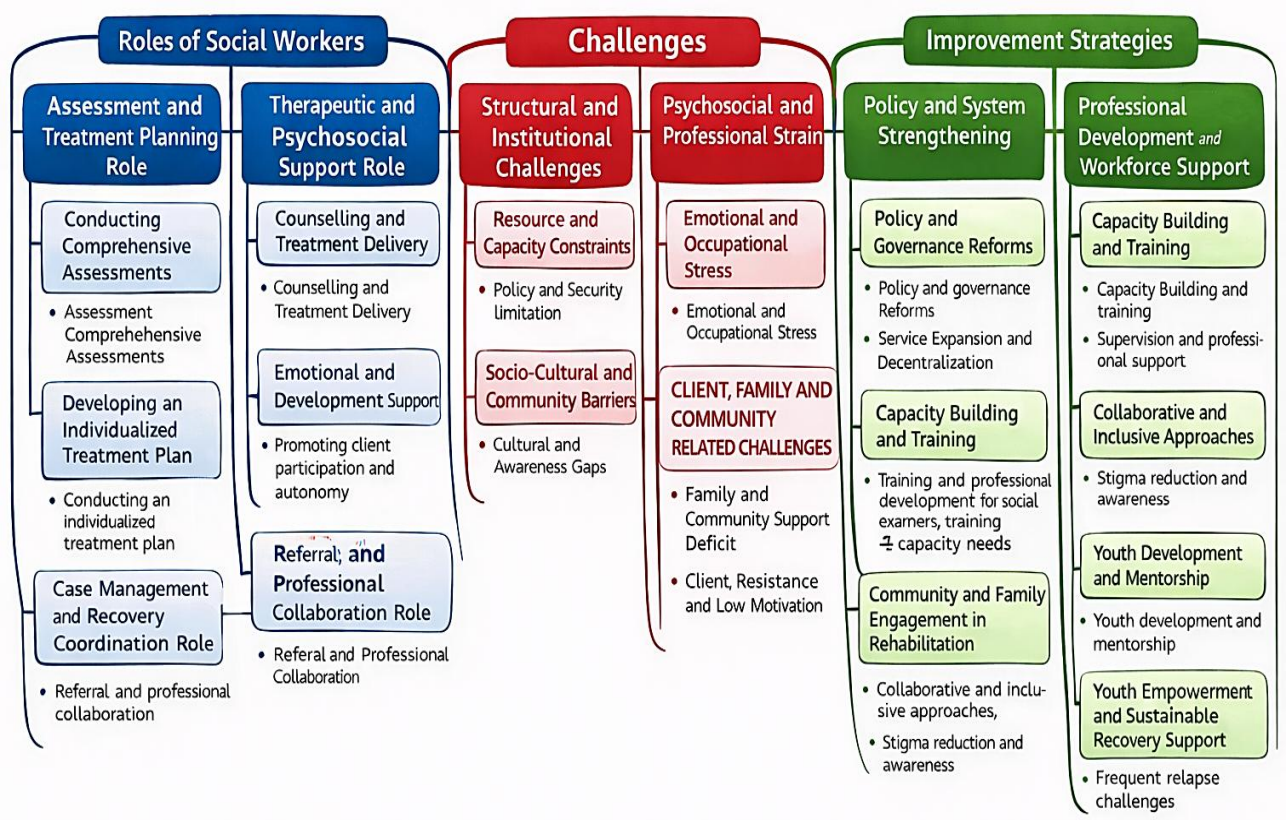


Source: Master's thesis Researcher's explanation,2026.

Step 4: Developing Main Themes

Sub-themes were combined into main themes, which present the core elements of social work in youth drug rehabilitation:

Figure 7: Main- Themes



Source: Master's thesis Researcher's explanation,2026.

The colour scheme in this study was used to distinguish professional roles (blue), challenges (red), and improvement strategies (green), thereby facilitating the interpretation of complex relationships in practice.

Step 5: Creation of the Comprised Conceptual Model

The researcher identified the main themes, roles, challenges, and improvement strategies to form a comprehensive conceptual model that shows the primary roles of social workers in (blue): assessment, therapeutic support, empowerment, and case management, etc. Challenges (Red): limited resources, stigma, low family/community support, staff shortages, etc. Improvement strategies (Green): Policy reforms, decentralisation, capacity building, community engagement, etc. The model also presents the dynamic interplay among roles, challenges, and strategies, and later shows how these elements together shape client empowerment, sustainable recovery, and reintegration into society.

Step 6: Reporting of Results: In this final step, the author imported the results into a Word document that included participants' own word extracts, main themes, sub-themes, etc.

Finally, using a 6-step process and MAXQDA's analysis tools, the researcher was able to present a rigorous study, from raw data to meaningfully, methodically sound results, and to present an evidence-based conceptual model.

3.9 Ethical Considerations

The study was anchored and built on international ethical research principles, social research ethics, and social work values, guiding the study of human participants, especially in conducting a sensitive topic like this that aimed to investigate the roles, challenges, and possible ways of improving social work practices in responding to drug abuse among young people with addictions. Below, therefore, explains in detail how ethical considerations were highly followed during the conduct of this study:

First and foremost, the study adhered to International Ethical Standards guiding the conduct of research, particularly when dealing with human subjects. Borrowed from some foundational ethical documents, the study adheres to the Belmont Report (1979) principles and the Helsinki (VMA, 2013) ethical guidelines that argue and emphasise the upholding of participants' autonomy, harm reduction, information confidentiality, and justice for research participants. On the social science research category, the study was also in alignment with the Social Research Association (SRA, 2003), the British Sociological Association (BSA, 2017) and the British Educational Research Association(2018) also argued and pointed out the importance of upholding informed consent, keeping confidentiality, and harm reduction by protecting participants' wellbeing, especially in such a sensitive topic like drug abuse.

Considering this background, to ensure the researcher followed the laid-down principles for researching humans, an ethical approval letter was received from the Research Ethics Committee at Riga Stradins University in Latvia. During the process of seeking out this ethical approval letter, the study's research design, data collection procedures, and the recruitment of participants' strategies were thoroughly reviewed to ensure that the study adhered to ethical standards fitting to work with humans as subjects, especially in connection to professional responsibility, power dynamics, sensitivity, etc.

After getting the ethical approval letter, the researcher seeks informed consent and voluntary participation from the participants of the study, adopting the guidelines promoted by the National Association of Social Workers (NASW, 2021) and the Global Social Work statement of the ethical principles by the International Federation of Social Workers (IFSW, 2018). Each of the participants of the study received a written informed consent letter that was

sent through their emails, which clearly stated the study's aim, objectives, and their rights as participants, which involved voluntary participation without coercion and withdrawal. After several days of sending emails containing the written informed consent letter, the researcher received feedback from the participants who are practising social workers with positive remarks about consenting to participate in the study to share their insights and experiences in the study. A sample of the written informed consent letter is attached to the Appendix section of this study.

Following this, the researcher duly follows data protection by strictly adhering to the principles of confidentiality and anonymity. The use of pseudonyms was highly utilised in both the transcription stage and the final report. Acronyms were used to describe the participants to prevent disclosure of the institutions they represented or other geographical information. This is supported by the General Data Protection Regulation (EU GDPR, 2021), supported also by BERA (2018), Diener & Crandall (1978, and Berg & Lune (2017), whose studies argued the necessity of upholding confidentiality and keeping participants' anonymity. At the start of each interview, the participants were fully informed that their responses would be recorded, and the records would be discarded after transcription. All recorded interviews, informed consent letters, and interview transcripts were protected by a password accessible only to the researcher. These were kept for six (6) months following the analysis process and the writing of the final report, and at the end, they were discarded permanently to promote data protection issues.

However, considering that the participants are professionals, the researcher was acutely aware of the issue of power dynamics between the researcher and participants. That is why efforts were made by the author to ensure a participatory approach, which is also part of the constructivist paradigm, where knowledge is co-created and mutual respect (Creswell & Poth, 2018). Apart from this, the researcher also has a reflective journal to ensure awareness about the author's potential biases; power dynamics were checked, which supports ethical awareness and helps reduce potential bias or assumptions (Etherington, 2004).

In addition to this, as a social work researcher, the author ensured that effort was also made to help manage emotional risk and promote cultural sensitivity when dealing with the participants of the study. Even though the participants were not the ones directly affected by drugs, there were tendencies for them to have witnessed young people's traumatic experiences, such as overdose and other systemic neglect. Hence, the researcher ensured that care was taken to create a safe space for the interview, where participants were reminded about skipping any

questions that may lead to stress or other emotional responses; at the same time, support was also planned in the form of peer consultation networks in cases where the participants showed some form of emotional constraints. This work is in line with Sieber & Stanley's (1988) guidelines on sensitive research, and care was taken to create a psychologically safe interview space. Regarding cultural sensitivity, the researcher is a Sierra Leonean, and emphasis was placed on designing a study that is culturally appreciated, reflecting the respect and dignity of participants.

Finally, since the researcher conducted the interviews via Zoom, the ethics guiding digital data collection were also followed according to Hewson & Buchanan (2013), where participants were assured that interviews were recorded with consent, stored securely, and that confidentiality was maintained in virtual environments. Before the commencement of each of the online interviews, participants were briefed to confirm their informed consent.

3.10 **Trustworthiness of the Study**

Lincoln and Guba (1985) established methods for assessing the reliability and validity of qualitative studies. The researcher ensures that the study adheres to these criteria. These criteria are as follows: credibility (in place of internal validity), transferability (in place of external validity), dependability (in place of reliability), and confirmability (in place of objectivity) (Lincoln & Guba, 1985). In applying these criteria to this study, the steps the researcher followed to ensure that these criteria were visibly implemented during conducting this study:

3.10.1 **Credibility**

To ensure that the findings of the study are credible and truthful, and to enable readers to put more confidence in the findings. The researcher follows some of the criteria to enhance credibility as established by Lincoln and Guba (1985). Such as member checks, triangulation, prolonged engagement, peer review, etc.(ibid). In the application, the author ensures that the findings of the study during the preliminary stage were sent to the participants of the study to check whether the findings represent their perspectives and their interpretations. This was done to ensure accuracy and validate the findings. Following this, the author also ensures prolonged engagement with the data in the analysis stage, especially in the transcription, as the author repeatedly listened to recorded interviews to ensure the transcription represents the participants' interpretations and meanings, as well as in the coding and theme development. Nevertheless, in the triangulation process, the participants were selected from diverse organizations in Sierra Leone. The researcher compared the responses from these various organizations; this comparison later strengthened both the validity and consistency of the themes that emerged in

the analysis. Finally, in the peer review criterion, the researcher got feedback from the supervisor at every stage of the research process, and also among lecturers and colleagues through the master thesis workshops that have been conducted throughout.

3.10.2 **Transferability**

This has to do with the replicability of the study in other contexts, different from the current study area. In facilitating this, the researcher followed the criteria by Lincoln and Guba (1985) that pointed out how a qualitative study can be applied in other contexts. One of these criteria is thick description. In the study, the researcher provides a detailed description of the entire process and steps, including the study area, participants and their characteristics, data collection, etc. This insightful description would help other researchers to replicate this study.

3.10.3 **Dependability**

As mentioned above, dependability refers to how reliable, stable, and consistent a study is, especially a qualitative study. The researcher has employed many strategies to ensure that the study is dependable, inspired by Lincoln and Guba's (1985) criteria of assessment. This criterion is auditing. In applying this, the researcher maintained an audit trail document that logs every step of the research process, like notes taken from the meetings with the supervisor, ethical approval process, interview guide, saved interview transcripts, coding files, files containing coded themes, and a reflective journal, trying to limit potential biases to promote external validity.

3.10.4 **Confirmability**

Confirmability ensures that a study captures the participants' perspectives rather than the author's interest or biases. To promote this, the researcher followed Lincoln and Guba's (1985) criteria, including maintaining a reflective journal throughout the research process. The researcher secured and kept a reflective journal to check his positionality during the research process. During the study effort was made by the researcher to reflect and keep a record of the methodological process, emotional responses, meaning the author was sensitive not to allow any emotions that arise from the interviews to hinder the transparency of the findings, analysis, and decision-making, especially in the coding and theme development. These steps ensure that the findings were grounded in the participants' perspective rather than the author's interests.

To summarise this section, the criteria stated above indeed help promote truthfulness, robustness, and transparency during the research process, ensuring the findings are rooted in participants' realities and experiences, as noted and supported by Nowell et al. (2017) and

Shenton (2004). As such, by upholding these standards, the findings contribute to the credibility and transferability of knowledge to the social work field and practices for addressing drug abuse among young people.

3.11 **Positionality and Reflexivity**

In my capacity as a primary researcher, I present that my identity as a Sierra Leonean social work student with a background in youth advocacy played a role in how the research transpired. I shared a cultural and social background with the participants, which in turn facilitated connection and open dialogue, but also brought into play issues of bias, including presupposed shared points of reference. To that end, I practised continuous reflexivity, which included journaling, peer debriefing, and member checking, which in turn helped to root the analysis in the perspectives of the participants. Also, I was aware of power dynamics and promoted voluntary, respectful participation. However, being an insider and an outsider at the same time added value to the study, although it also required me to put in place constant strategies to maintain objectivity and ethical integrity.

3.12 **Limitations of the Methodology**

The section discusses the limitations of the methodology of the study that aims to investigate the roles, challenges, and possible improvements of social work practices in addressing drug abuse among young people in Sierra Leone. Despite the strengths of the methodology, there were identified limitations from the study, and the following are discussed:

First and foremost, the study only included 15 social workers as the sampling population from specific regions in Sierra Leone, excluding other areas; therefore, the results cannot be generalised to represent the entire perspective of social workers in the country. This served as a limitation to the methodology.

Moreover, the reliance on self-reported data from the participants during the data collection process may have also created some social desirability bias on the side of the participants, where they may be more favourable to present their roles within their institutions, which may potentially affect the authenticity of their responses.

Furthermore, online data collection may also pose challenges for the researcher to create enough rapport with the participants and limit the researcher's ability to observe some non-verbal cues, which would have been possible during face-to-face interviews.

Finally, the current study is context-specific, and it was rooted in the socio-cultural realities of Sierra Leone; as a result, the findings may not be transferable to other contexts that have different social work systems, institutional capacities, and drug policies as compared to Sierra Leone.

In conclusion, despite these limitations of the methodology, the findings from this study have offered relevant contributions to understanding social work responses to youth drug addiction in Sierra Leone and, at the same time, offered a foundational approach for further research on youth drug addiction.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

This study explores social work practice in the rehabilitation of young people with drug abuse problems in Sierra Leone. It examines the roles and challenges encountered in practice and offers suggestions for improvement. Below are the findings from this study, the interpretation in relation to previous studies, and a theoretical explanation using the Biopsychosocial, Ecological system theory, and Strength-Based Perspective**.**

4.1 Profile of Participants

This section presented the participants' demographics information as shown below:

Table 1: Demographic of participants (Social workers)

Participant ID	**Age**	**Gender**	**Year of Experience**	**Type of Rehabilitation /Organization**
SW-1	33	Male	5	NGO
SW-2	36	Male	12	NGO
SW-3	37	Male	8	NGO
SW-4	33	Male	3	Government
SW-5	30	Male	2	Government
SW-6	29	Female	3	Government
SW-7	35	Male	2	Government
SW-8	25	Female	3	Government
SW-9	35	Male	5	Government

SW-10	35	Male	4	CBO
SW-11	30	Male	5	Government
SW-12	31	Female	1	NGO
SW-13	24	Female	1	Government
SW-14	35	Female	1	NGO
SW-15	30	Female	5	NGO

Source: Master's Thesis Researcher's explanation,2026.

The study recruited 15 social workers from government institutions, NGOs, and a CBO, providing a range of perspectives from which to draw our results. The participants' ages were mostly young (24 – 37 years), which indicates an active and young workforce in the field of substance abuse intervention. Based on gender, 9 males and 6 females were in the study, which was slightly male dominated. In terms of work experience, most participants reported 1-5 years; they are mostly junior to mid-level professionals. There is also a very senior professional with over 10 years of experience. The participants were selected from diverse institutional backgrounds and experience levels, which adds to the study's credibility.

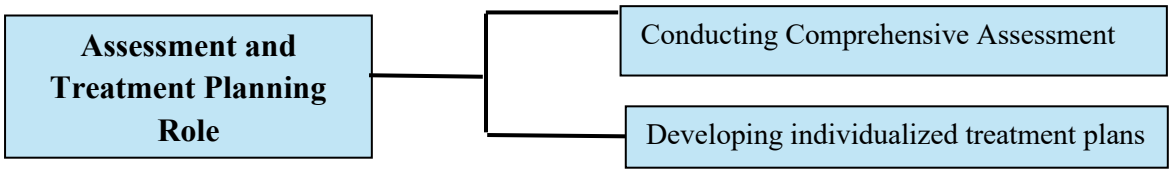
4.2 Role of Social Workers in the Rehabilitation Process in Sierra Leone

This section presents the roles of social workers in the rehabilitation process in Sierra Leone. The result is presented with main themes followed by sub-themes and participants' extracts. The main themes are *"Assessment and treatment planning role*, *"Therapeutic and Psychosocial Support Role, "Empowerment and Client -Centered Practice Role, and "Case Management and Recovery Coordination Role".*

4.2.1 Theme 1: **Assessment and Treatment Planning Role**

This theme presents the social worker's key role, as reported by the participants in this study, in responding to drug abuse among young people. Assessing clients' needs and developing individualised treatment plans are crucial in rehabilitative work among social workers in Sierra Leone. From this, we confirmed that assessment and treatment planning are related practices that support effective interventions (Saleebey, 1996; Tsai et al., 2016)

Figure 8: Overview of theme one: Assessment and Treatment Planning Role



4.2.1.1 Sub-theme 1: **Conducting Comprehensive Assessments**

The interview findings indicated that social workers in Sierra Leone conduct comprehensive assessments with their clients to understand the client's situation better during the rehabilitation process. Participants consistently emphasised a holistic approach to assessment*: SW-1 stated that we "survey to know exactly what triggers their drug intake,"* and *"we always look at family perspective, individual perspective, and community perspective". While SW-4 also mentioned that "…we do focus on their personal history, family background, social environment… we inquire about employment, social stressors, community influences." Finally, SW-3 emphasised that we"…observe their behaviour…identify strengths and weaknesses…tailor interventions accordingly…use directive or non-directive counselling depending on self-esteem.* These responses from participants align with the biopsychosocial model, which focuses on understanding the biological, psychological, and social elements (Engel, 1977), while the ecological theory emphasises examining microsystem, mesosystem, and macrosystem influences, such as families, peers, and community. Similarly, the strength-based perspective supported identifying the client's strengths, as in SW-3's response, who said that interventions are tailored to clients' strengths (Saleebey, 1996). Several participants highlighted the use of structured tools and forms for assessment: SW-4 mentioned that *"…we hear them through what we call a psychosocial form which consists of… biological components, psychological aspects, and also social aspects."* Similarly, SW-6: *"…we deal with the biopsychosocial model…we look at all of these aspects to get to know what the real problem is."* While SW-7 and SW-8 emphasised *"background history, social stressors, and peer/family influences".* These responses support studies that pointed out the relevance of including a multidimensional approach in rehabilitation centres to look at the social environment, family, and peer pressure as primary factors leading to substance abuse (Alhammad et al., 2022; Ebrahim et al., 2024). The participants during the interview also stressed family involvement as a critical practice during assessment and treatment: SW-2 points out that we sometimes *"Involve parents/caregivers for information… identify needs together with them."* While SW-4 mentions that we do normally have *"…family group therapy… amend broken relationships to improve support."* Supporting this, SW-5 also stated that *"involving families on how to assist*

their loved one…educate patient and relatives to know the need for coming to the hospital." This practice is supported by previous research indicating that family-based interventions are more effective (Esteban et al., 2023). Also, according to the ecological model, which supports the concepts of microsystem and mesosystem interaction, family engagement is a key component of successful rehabilitation.

Moving further, the participants also stated practical strategies for understanding clients' lives, such as home visits, career assessments, and toxicology tests: SW-6 mentioned that *"Visiting their homes gives us a broad picture of how or what is really the problem."* Where a, SW-6 show that *"...we are constantly doing a test called toxicology, which tests the patient's system to know if there's any drug related in their system."* These reports support the need for in-depth, evidence-based studies that examine both what subjects report and objective data (Ufere et al., 2022). From a critical point of view, while the present study results show a deeper and multidimensional approach practised by social workers in Sierra Leone, the literature identifies gaps in professional training for staff and raises concerns about differences in assessment practices across substance-use services (Jackson et al., 2014; Saadi et al., 2024). Where most social workers used personal judgment and informal methods, this poses serious problems in the quality of the assessment. Also, while toxicology is raised by SW-6, the broader social work literature has little discussion of medical/biological testing in relation to psychosocial assessment, which may, in fact, be a new practice emerging in Sierra Leone and, in time, complement present models. The implications for social work practice emphasise the need for clearer ethical frameworks and guidelines to ensure the best and appropriate use of biomedical tools, especially during psychosocial intervention.

4.2.1.2 Sub-theme 2: **Developing Individualised Treatment Plans**

Social workers in Sierra Leone develop individualised treatment plans after gathering relevant information about the client through the comprehensive assessment session. These findings from the participants support the literature on client-centred and personalised interventions in substance abuse rehabilitation and reflect practices reported in regional social work contexts (Kievišienė, 2022). (Saleebey, 1996; Kievišienė, 2022). Participants described the step in treatment planning as beginning with a detailed risk and needs assessment: **SW-4** highlighted that *"We take a look at the risk and a whole lot of other social needs at the facility, and also even when they will be possibly discharged into their various communities."* While **SW-8** also emphasised that *"We have to do a risk assessment."* **SW-10** added that *"One of our roles there, one we do assessment and planning."* Finally, **SW-14** clarified that

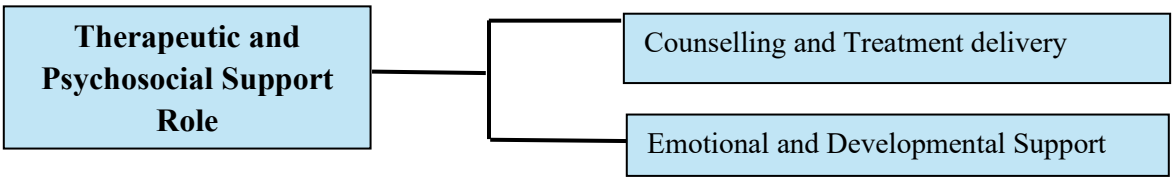
"Assessment…to know drugs and all of that, we need to know the causes, what is leading them to get involved in taking drugs." These responses illustrate how social workers develop their treatment plan by firstly identifying risks, social needs, and root causes of drug abuse, which is in agreement with biopsychosocial and ecological models (Engel, 1977; Bronfenbrenner, 1979). Previous studies also support this approach, showing that for treatment to be effective, it must include an analysis of individual risk factors, environmental factors, and personal triggers, in turn producing tailored interventions (Ufere et al., 2022; Madisha & Skhosana, 2022).

Moreover, participants also emphasised that they tailored their interventions focusing on individual strengths, weaknesses, and personality: **SW-3** mentioned that we: *"Tailor interventions according to strengths, weaknesses, and personality…guide them in decision-making…allow active participation in care.* "Supporting this, **SW-1** highlighted that *"We use those data to offer individual treatment."* This aligns with the strength-based perspective, supporting the idea that clients should be empowered to identify what they are doing well and be included in decision-making (Saleebey, 1996). Also, these responses supported the literature, which explains that care plans tailored to the person do, in fact, increase engagement, adherence, and rehabilitation, as seen in youth with substance use issues (Horigian et al., 2021; Myers et al., 2025). Other literature confirmed the relevance of risk assessment tools and individual care plans as best practices in social work interventions for substance abuse (Alhammad et al., 2022). In contrast, although the participant reported a tailored intervention, the literature recommends the use of structured frameworks and formal protocols to guide treatment (Jackson et al., 2014). We do not see in the quotes that these protocols are, in fact, what is done in practice in Sierra Leone, which may, in turn, point to variable treatment quality. Also reported is the fact that continuous monitoring and adjustment of care plans are a must (Viljoen, 2020), but we do not see the participants actually reporting doing so; this may be a practice or reporting gap. This suggests variability in practice, which may sometimes affect the consistency and effectiveness of social work intervention, especially in tracking young people's recovery.

4.2.2 Theme 2: **Therapeutic and Psychosocial Support Role**

This section explained the role of social workers in Sierra Leone in the treatment and psychosocial support of young people with substance abuse problems. Participants highlighted that counselling, emotional support, skill development, and basic needs assessment were primary activities they performed in their response to youth addiction.

Figure 9: Overview of Theme two: Therapeutic and Psychosocial Support Role



4.2.2.1 Sub-theme 1: **Counselling and Treatment Delivery**

The findings indicate that the participants consistently emphasised providing counselling and psychosocial support as a core part of their work. **SW-2** highlighted that *"Over the past three, four years now, I've been involved actively in counselling, running psychotherapy, counselling and also rehabilitation,"* and **SW-5** added that *"I do counselling to patients one-on-one…providing psychosocial support by counselling.* "This supports the idea of the Biopsychosocial Model, which includes the biological, psychological, and social elements in the approach to drug abuse. By capturing personal history, family dynamics, and social environment, social workers are better positioned to provide a comprehensive assessment and treatment aligned with the model.

Participants also highlighted group therapy, psychoeducation, and motivational activities: SW-3 mentioned that in *"Therapeutic interventions…we use cognitive behavioural therapy to change their behaviours and thoughts….use group therapy to identify strengths and inspire participation."* Though the participant mentioned Cognitive Behaviour Therapy, the focus on group dynamics and social interactions was central to the Ecological Perspective, which shows that the experiences a person derives from family, peer groups, and broader community structures sometimes constitute the main influences on that person's behaviour. That is why, in practice, social workers always seek to introduce interventions that enhance positive environmental factors, thereby helping to mitigate negative influences. Occupational therapy and skill-building activities were also mentioned by **SW-6:** *"We offer occupational therapy, which simply means we do like games and sports, music, dance,"* and **SW-11** added: *"Occupational therapy has to deal with training them, for them when leaving the hospital, for them to do something better, something creative on their own."* The responses pointed to the Strengths-Based Approach, which identifies clients' assets, talents, and resources to foster self-efficacy, resilience, and recovery. By identifying clients' strengths and developing practical skills, social workers help clients manage life's challenges and prevent relapse. Aligning the participants' responses with previous studies, there is a clear indication that social workers in Sierra Leone use a multimodal counselling approach comprising individual, group, psychoeducational, and cognitive-behavioural approaches. These approaches align with social

work's international best practices for substance abuse (Boness et al., 2023; López et al., 2021; Ray et al., 2020). Occupational and recreational therapies help clients engage in more creative or productive activities that support psychosocial rehabilitation, thereby defining this as a holistic person-centred approach (Alageel, 2022; Winther Hansen et al., 2021). Nevertheless, there is disagreement regarding intervention standardisation, while the literature recommends aligning structured protocols and evidence-based manuals for counselling (Viljoen, 2020). What is evident from participants' responses is that they are flexible and context-dependent in their approach, which consequently may result in variable results based on social workers' experience or preference. Also, there's little discussion of monitoring and evaluation. Although the interventions are in-depth, we don't see enough focus on the systematic assessment of how therapy is going, which the literature says is very important to evidence-based practice (Jackson et al., 2014). Showing the need for clearer practice frameworks for evaluating social work intervention outcomes to ensure consistency and effectiveness in practice.

4.2.2.2 Sub-theme 2: **Emotional and Developmental Support**

Participants persistently mentioned that by building trustful and supportive relationships with young people is a foundational approach to their work: SW-2 mentioned that *"the first thing they are is to be with them… go close to them"*, Supporting this, SW-3 also pointed out that, *"I have open-ended conversations…not judging…go through their history…share personal stories…acknowledge that we are all vulnerable…build trustful relationship."*. This practice supports the strength-based perspective that when people live in an environment that fosters trust, empathy, and validation, it promotes positive change and motivation (Saleebey, 199 which). Similarly, SW-4 noted, *"introduce yourself… explain your roles and responsibilities as a professional at the facility… you create that kind of supportive, friendly and working environment"*, and SW-5 described conducting *"one-on-one patient engagement to know their problems through interacting to share issues relating to their intake of drugs."* This practice supported the biopsychosocial approach, emphasising that getting to understand the client's histories, contexts, and psychosocial difficulties have greater impact on the addiction recovery of the client (Engel, 1977). Thus, by providing this safe space and guidance, social workers in Sierra Leone were able to promote emotional well-being and build trust with young people with drug addiction.

Moreover, the participants show the importance of listening and offering encouragement. SW-2 said, *"Give them listening ears to their cries and challenges, stories and their struggles… give words of encouragement and hope,"* while SW-5 said, *"We use active listening to show*

genuine interest in their concerns and goals." The responses from these participants resonate with the literature, which points out that active listening and empathetic engagement are core elements of social work practice for the development of youth resilience and self-efficacy (Horigian et al. 2021).

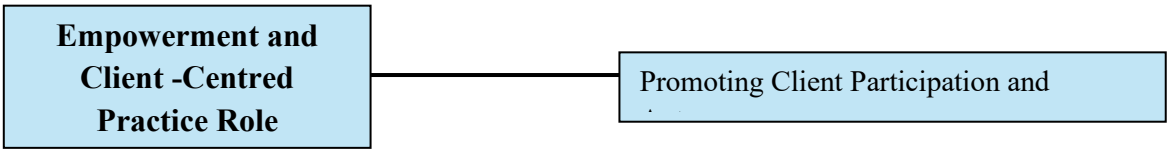
Beyond emotional support, participants described providing basic needs and social support. SW-9 stated that, *"We make requests if they need, like, they need clothes, in terms of hygiene, they need to wash. We make sure we provide them with basic social needs, and so on… we ensure that we connect them with their families."* SW-11 similarly noted, *"Some of our roles have to do with providing their primary needs… clothing, food, electricity, and also their basic amenities."* These interventions are based on ecological systems theory, which suggests that individual behaviour and well-being are shaped by environmental and systemic forces (Bronfenbrenner, 1979). By considering the basic needs of young people and the support of family relationships, social workers in Sierra Leone foster emotional and social growth. The data also showed a strong emphasis on recreational and skill-building activities. SW-6 stated, *"We do like games and sports, music, dance,"* while SW-11 reported, *"Playing football… basketball… doing music, doing tailoring… bead making… some are doing information technology also."* Additionally, SW-4 and SW-10 emphasised vocational and life skills, saying, *"Connecting them with skills training"* and *"We also do what we call skill development… to bring them far off from taking these drugs."* These strategies support global studies that emphasise the benefits of youth engagement in meaningful activities as a protective factor against relapses and a promoter of personal growth (Kibria, 2018; Riaz & Sahar, 2019*).*

Finally, sharing recovery stories was identified as a motivational tool. SW-7 mentioned that, *"I bring stories that people who were addicts like them… the steps they use to build themselves… to bring them to light."* These responses also support the finding from previous research that peer-influenced learning and motivational interviewing lead to hope and behavioural change (Shadung et al., 2024). However, the point of argument and the stand with the participant responses was that, despite mentioning a whole lot of supportive practices, previous studies show that many such interventions sometimes lack systematic evaluation, especially for long-term effectiveness (Saadi et al., 2024; Ofovwe & Lewis, 2025). The sustainability of these interventions required further research. Pointing out the need for a structured evaluation and monitoring framework to inform evidence-based social work practices.

4.2.3 Theme 3: Empowerment and Client-Centred Practice Role

This section presents the role of social workers in Sierra Leone in promoting Empowerment and Client-Centred Practice. The participants mentioned that promoting client participation through shared decision-making, trust-building, and active client input is key to rehabilitation. The result is analyses using the Biopsychosocial Model, Ecological Systems Theory, and the Strengths-Based Perspective, which help present client-centred practice in the context of care, and the value of seeing young people as active agents in their recovery journey.

Figure 10: Overview of Theme three: Empowerment and Client-Centered Practice Role



4.2.3 1 Sub-theme 1: **Promoting Client Participation and Autonomy**

Promoting client participation and autonomy is pointed out as another central role of social workers in Sierra Leone, played in responding to young people with addiction. Involving the client in all decision-making in rehabilitation processes, rather than having social workers think they know it all, is best practice. For instance*, SW-1 mentioned that "I provide solutions with the clients…we do not offer solutions to the client alone," while SW-6 also added, "They always have a say. We do not decide on their behalf…the whole idea of rehabilitation is for them to find what works for them."* This practice is consistent with the Strengths-Based Approach, which emphasises the need to recognise clients' capacities and empower them to play an active role in their recovery (Rapp & Goscha, 2012). Bringing in the biopsychosocial, which also points out that social workers should not only consider psychological factors but also social and environmental factors, as they play a great role in shaping client decision-making and autonomy.

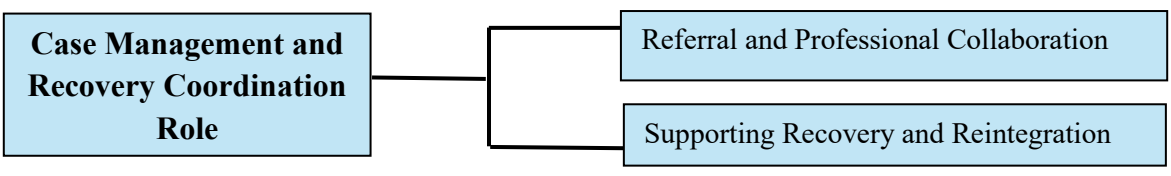
Empowering client autonomy was also highlighted as a central role of social workers in Sierra Leone. SW-2 stated that, *"They take the issue on their own. We are just there to guide them…we tell them to see themselves as champions, capable individuals with values and purpose,"* and SW-3 added, *"Encourage them to take back their powers…if mistakes happen, I correct gently…always be present…serve as a solace."* This practice also supports the Ecological Perspective, which shows how the environment, family, peers, and community play a role in the development of behaviour. In practice, social workers should act as guides, not

directors, supporting clients in navigating their social environment, thereby supporting their autonomy and self-efficacy. The literature also supports that autonomy-supportive interventions are key to bringing about sustainable behaviour change (Deci & Ryan, 2000). Participants also noted that this relates to supporting clients in setting personal goals. SW-3 stated that I, *"Help them set personal goals…help them regain daily life skills,"* and SW-8 noted, *"You should not force the clients...You allow them to bring up the solution first, then you guide them on the path."* This practice corresponds to the Strengths-Based Perspective, which emphasises clients' strengths, resilience, and self-directed growth. The Biopsychosocial Model emphasises the simultaneous development of psychological skills and social reintegration. Confidentiality was recognised as a key mechanism for building trust. SW-1 said, *"Confidentiality is key…they want people who really do not speak about them,"* and SW-13 added, *"First, I think you have to build confidentiality…so they can be able to open up and know exactly what is wrong with them."* These practices are in accordance with the ecological perspective that states that building trust with the client helps them to connect effectively with their environment. In the strength-based perspective, clients are enabled to open up about issues and to play an active role in addressing problems. While, in general, a large portion of the results agree with previous literature, some issues have been identified. For example, previous research noted that as we give more autonomy to young people, we also need to provide guidance, which, if they do not have it, increases the risk of relapse (Horigian et al., 2021). Also, we see that while goal setting works best in a structured setting with regular feedback, participants in this case did not fully report it. Pointing out the necessity to promote clearer practice frameworks for supporting clients' autonomy, thereby supporting effective actualisation of empowerment approaches in social work practice.

4.2.4 Theme 4: **Case Management and Recovery Coordination Role**

This section examined the social workers' roles in Sierra Leone in case management and recovery coordination. Through referral systems, professional collaborations, follow-up, relapse prevention, and reintegration planning have formed as a central practice in responding to youth drug addiction.

Figure 11: Overview of Theme Four: Case Management and Recovery Coordination Role



4.2.4.1 Sub-theme 1: **Referral and Professional Collaboration**

Participants emphasise that referral and professional collaboration were central practices, supported by multi-sectoral involvement, to ensure holistic care. For example, SW-1 stated that, *"We have experts…we refer to psychiatric hospitals…we engage families, schools, and communities,"* while SW-4 also mentioned that, *"It's a multi-sectoral involvement… medical doctors, nurses, clinical psychologists, addiction specialists, social workers…they all perform roles collaboratively…for biomedical intervention, medical doctors and nurses administer treatment…social workers, clinical psychologists, addiction specialists help provide the specialized care needed."* These practices support the Biopsychosocial model, which emphasises looking at biological, psychological, and social elements of drug abuse intervention (Engel, 1977; Horigian et al., 2021). By collaborating with medical officers, psychologists, and social professionals, social workers implement a whole-person approach, which qualifies as a best practice for integrated care. Moreover, referral practices were also central when cases exceeded social workers' expertise. SW-2 stated, *"Connect them with people that will help them, maybe connect them with their medical treatment centers…established relationship with doctors in Sierra Leone Teaching Psychiatric Hospital…diagnose, sometimes refer for hospital lab tests,"* and SW-1 added, *"We refer some cases that are beyond our control to the Kisi Psychiatric Hospital."* These answers also support the Ecological Perspective, which emphasises the value of connecting our clients to larger systems of support, including health care systems, law enforcement, families, and communities, to promote recovery (Bronfenbrenner, 1979; Ufere et al., 2022). Also, the author viewed the use of referrals as a Strengths-Based Approach, which helps clients access external resources that support their recovery while, at the same time, not extensively relying on the social worker's individual resources (Saleebey, 1996*).* Furthermore, case management was a key component mentioned by participants. SW-4 highlighted that *"We help to coordinate the plan, the care, the healthcare plan for the patient when they are at the triage and also even when they are at the rehabilitation center,"* and SW-10 also added that *"For case management…we coordinate and do other individual…community engagement."* This corresponds to and supports research indicating that structured multidisciplinary collaboration is of great importance for effective treatment results and continuous care (Jackson et al., 2014; Horigian et al., 2021).

However, some findings show there is debate as divergent views from the literature; this is because while collaboration is stressed by participants, in practice, there are as yet no fully

standardised protocols; instead, we see an ad hoc approach. SW-9 reported that *"Whenever the clinicians need…they call a social worker…we want you to intervene,"* This participant response here disagrees with studies that argue that formal referral methods and integrated care pathways promote timely, efficient, and evidence-based interventions (Viljoen, 2020; Madisha & Skhosana, 2022). Also, it is always a problem when we rely on professional contacts and personal networks for referrals, as this may lead to variable care quality, especially when social workers have large caseloads or little institutional support.

Finally, although referrals to mental health institutions and other specialists are seen as an asset, the literature draws attention to the need for follow-up and coordinated feedback systems to track client outcomes (Kibria, 2018). Though the participants did not report on post-referral monitoring, this shows a gap in fully aligning practice and evidence-based recommendations. At the same time, what we did see from social workers in Sierra Leone was that their practices do, in large part, agree with what the literature revealed about multi-disciplinary collaboration, engaging the ecological system, and using client strengths through professional support, as an integrated and client-centred approach (Rapp & Goscha, 2012; Ufere et al., 2022). Showing, therefore, a gap in structured collaboration in practice. This illustrates the need for a more consistent and collaborative approach to strengthening social work practice.

4.2.4.2 Sub-theme 2: **Supporting Recovery and Reintegration**

Supporting recovery and reintegration were also mentioned by social workers in Sierra Leone as the cardinal roles they performed in the rehabilitation of young people with drug addiction. The Participants stressed the need to guide clients through individualised recovery pathways. For example, SW-6 mentioned that *"To help them to find a loophole wherein they can use towards their healing journey.* "This practice supports the Strengths-Based Perspective, which emphasises the need to identify clients' internal resources and growth opportunities in spite of challenges (Saleebey, 1996). By helping young people identify their personal paths to recovery, social workers play a central role in building their fortitude, agency, and hope. This supports the literature, which indicates that individualised recovery plans are key to long-term rehabilitation (Rapp & Goscha, 2012). Also, the research indicates that it is important to have structured, evidence-based recovery models (Viljoen, 2020), which the participants didn't report, denoting a gap in how we are developing recovery paths. Moreover, relapse management and referral pathways were also highlighted. SW-4 explained, *"We create the enabling environment for a quick referral pathway… when our patient gets relapsed… they should be brought to the facility."* This is in agreement with the Biopsychosocial Model, which

states that relapse is a result of biological vulnerability, psychological triggers, and social stressors (Engel, 1977; Horigian et al., 2021). As a result, putting in place accessible referral pathways will greatly help in intervening in all these dimensions. Also, the results agree in line with prior studies that show that early intervention systems help prevent the risk of relapse(Jackson et al., 2014). However, while participants raised issues with quick referrals, nothing was measured regarding structured relapse prevention models and standardised risk assessment tools, which are considered key components of in-depth relapse management (Kibria, 2018).

Furthermore, participants also stressed post-rehab support: SW-1 said, *"We also check on them…after giving them the tools…we try to stop stigma and discrimination,"* while SW-2 noted, *"Follow-ups at rehab centers…monitoring progress."* Similarly, SW-12 explained, *"We monitor them, we do a follow-up, check in,"* and SW-14 added, *"We follow up…to ensure…they have a stable mind not to go back into drug addiction."* These practices support the Ecological perspective, which emphasises the importance of interaction with family, community, and institutional systems (1979). The participant also mentioned that reintegration planning further illustrates this, as SW-4 described developing a *"patient reintegration plan…consulting family members…monthly follow-up calls…confirming with family members to see progress."* This is confirmed by studies that revealed that the inclusion of family and community in the inclusion process functions as a protective factor against relapse (Collinson & Best, 2019; Zhou et al., 2022). Moreover, psychoeducation and stigma reduction were central components. SW-3 mentioned, *"Help integrate them in society…encourage families and communities to understand addiction is an illness…be non-judgmental…serve as mentor and elder,"* and SW-11 also added, *"We give psycho education to both patients and patient relatives."* These results agree with the Biopsychosocial Model by dealing with social stigma, family dynamics, and psychological adjustment simultaneously. Also, this supports research studies that revealed that stigma reduction and family psychoeducation improve reintegration outcomes and therapy adherence (Hogue et al., 2020; Crapanzano et al., 2018). In addition, participants indicate that livelihood and financial support linkages are key for sustainable reintegration. SW-4 highlighted, *"Partners in Health…help with the provision of maybe little stipend…for some that want to continue basic Petit grading, they help them with the fiscal cash."* This supports the Ecological Perspective, which sees clients in relation to their environment, and the Strengths-Based Approach, which promotes monetary independence and practical empowerment. The results also support studies that emphasise that economic empowerment and vocational support are key elements of recovery, helping to reduce socio-economic

stressors, consequently reducing relapse risk (Rapp & Goscha, 2012; Rumrill & Bishop, 2023). However, there is some disagreement with the literature regarding participants' responses. While participants highlighted follow-up and reintegration plans, no effort was made to clearly state how to implement systematic outcome evaluations or standardised monitoring frameworks, as evidence-based practice recommends (Jackson et al., 2014; Viljoen, 2020). Nonetheless, there are still gaps in practice, especially in formal evaluation, standardised relapse prevention tools, and systemic-level interventions, as recommended by international best practices. This indicates an area that social workers in Sierra Leone need to strengthen.

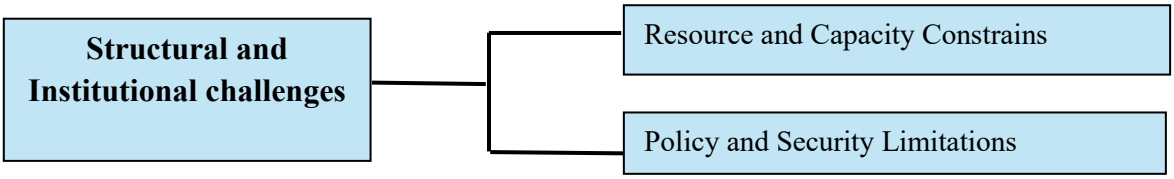
4.3 Challenges Faced by Social Workers in the Rehabilitation Practice in Sierra Leone

This section presents the challenges social workers faced in the rehabilitation practice in Sierra Leone. The result is presented with main themes followed by sub-themes and participants' extracts. The main themes are "Resource and institutional constraints, "Psychosocial and Professional Strain, "Socio-Cultural and Community Barriers, "Client, Family and Community Related challenges".

4.3.1 Theme 1: **Structural and Institutional Challenges**

This part presents the structural and institutional barriers facing social workers in Sierra Leone in responding to youth drug addiction in the rehabilitation process. It identified resource and staff shortages, poor supervision, weak policy support, and security issues that affect practice.

Figure 12: Overview of Theme One: Structural and Institutional Challenges



4.3.1.1 Sub-theme 1: **Resource and Capacity Constraints**

Participants highlighted that resource and capacity issues came out as key structural barriers, affecting the rehabilitation process with young people with drug abuse problems in Sierra Leone. Participants mentioned severe budgetary limitations. SW-1 said, *"We have limitations with budget constraints…mental health is the most underfunded area of health…monetary constraints…you don't get paid…some clients even need food…makes it difficult,"* while SW-2 also noted that, *"Financial and supply constraints…lack of human resources, logistics challenges…mobility."* Similarly, SW-11 explained, *"We don't have all the*

resources required for us to maintain the hospital and also to give the proper medication to the patients." These responses strongly support the Ecological Perspective, which holds that service delivery is a product of macro-level systems such as policy, funding structures, and institutional capacity (Bronfenbrenner, 1979). There is also agreement in the literature that, in low-income settings, mental health services face major challenges resulting from limited access, underfunding, and consequent shortages of medication, logistics, and rehabilitation infrastructure (Horigian et al., 2021; Madisha & Skhosana, 2022). Thus, this explains why systemic barriers often go beyond what an individual practitioner can handle. Moreover, participants highlighted high workload and staff shortages as recurrent challenges. SW-4 cited that, *"Workload is high…over 100 cases per month,"* and SW-6 also stated, *"One person has to have about hundreds of patients…we have very little staff based…just six social workers with all those numbers."* Additionally, SW-9 acknowledged, *"We have staffing problem."* From an Ecological and biopsychosocial perspective, indicate that large caseloads may affect the quality of individualised psychosocial assessment and the provision of a holistic care plan (Engel, 1977). Also, high caseloads are reported to affect the efficacy of the therapeutic relationship and increase burnout among social workers (Jackson et al., 2014). Thus, the results support the literature's findings that staff shortages affect service quality and sustainability.

Finally, participants also mentioned lack of supervision further worsened these problems. SW-3 noted, *"Lack of formal supervision is a challenge,"* and SW-11 added, *"It happens one or twice within the year."* This response partially supported the Strengths-Based Perspective, which explains that professional support systems enable practitioners to sustain effective practice. There is also an agreement with previous studies that supervision plays a key role in preserving ethical standards, fostering reflective practice, and improving worker well-being (Viljoen, 2020). The participant's response indicated a gap in practice due to limited supervision. However, while supervision is emphasised in the literature as structured and regular, in practice, it is not always the case; this therefore creates a gap in fully complying with evidence-based workforce support models. This shows the need to strengthen organisational support to guarantee sustainable social work practice.

4.3.1.2 Sub-theme 2: **Policy and Security Limitations**

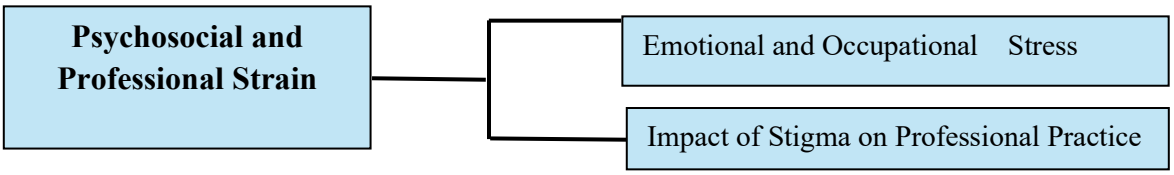
The participants also mentioned policy and security concerns as major barriers to their work with these young people during rehabilitation. They expressed their concerns about the weak policy surrounding the promotion of mental health issues due to the government's lack of support: *SW-1 said, "Policy…because policy guides practice…we have a big problem with*

that," and SW-2 also explained, "Lack of government attention." This response reflected the work of Bronfenbrenner (1979), especially at the macro system level, where public policy performs a role in funding, institutional structure, and regulation. This is also supported as shown by studies that indicated that for effective substance abuse interventions, the focus is on the development of coherent national drug policies and sustained government investment (Ufere et al., 2022). These arguments pointed to the fact that most of the time, when policies do not receive attention, it weakens service coordination and sustainability. Moreover, security concerns were highlighted by participants as a barrier to their rehabilitative work: SW-13 explained, *"Security isn't that tight. They jump over the fence, scatter the place…especially on Saturdays and Sundays,"* and further noted, *"The challenges are the absconded cases…16 patients absconded due to poor security."* These responses can be related to the biopsychosocial view, which points out that absconding and relapse stemmed from psychological instability, environmental triggers, and institutional weakness that interact simultaneously (Engel, 1977). Also, from an Ecological standpoint, unsafe physical settings and weakened institutional systems lead to a lot of problems and poor rehabilitation outcomes. This is also in agreement with previous studies that recommend the value of a secure, organised environment to support treatment and help prevent relapse (Horigian et al., 2021). This pointed to the fact that environmental insecurity leads to a large extent to the disruption of the recovery process. However, there is a gap between best practice and actual practice, while the literature lays emphasis on risk management strategies, structured relapse prevention, and secure infrastructure standards (Jackson et al., 2014; Viljoen, 2020). The responses from the participants do not refer to any risk management strategies, which shows a gap in practice. This indicates the importance of having a strong policy and improved security management to secure efficient service in social work practices.

4.3.2 Theme 2: **Psychosocial and Professional Strain**

This section highlighted the challenges social workers go through in terms of psychosocial and professional strain in their work with young people with addiction. It clearly discusses how social workers experience emotional stress, and how stigma plays a great role in burnout, motivation issues from social work, and how that impacts the overall performance.

Figure 13: Overview of Theme Two: Psychosocial and Professional Strain



4.3.2.1 Sub-theme 1: **Emotional and Occupational Stress**

In this part, lamenting the emotional and occupational stress that puts a heavy burden on their professional roles and work with these young people. The participant said that their work is *"Very stressful… some abuse you"* (SW-2). Saadi et al. (2024) argue that professionals who provide services to people with drug addiction seriously face emotional burnout and exhaustion. This is because most of these patients have aggressive and traumatic stories, often because of relapse cycles, which often lead them to behave in that manner. Similarly, the findings from Masombuka (2024) correspond to participants' responses, where the result shows that compassion fatigue, burnout and psychological distress are common to social workers who are working with addiction problems. Also, in abuse, the participant mentioned supports the findings of Pacher (2019), which he terms as "occupational vulnerability", where mostly frontline staff faced a lot of threats, verbal hostility, and emotional manipulation from clients who are experiencing trauma, withdrawal or psychological breakdown.

Interpreting this result through the lens of the theories, according to the Biopsychosocial Model (Engel, 1977), substance abuse is pictured as a result of biological dependency, psychological trauma and social instability. When connecting this to the client, this is a case for most clients who are experiencing unresolved trauma, withdrawal symptoms, or psychiatric comorbidities, who often act aggressively toward their service providers. It is also good for us to note the gap in the biopsychosocial model, because while the model only emphasises client behaviour, it does not provide enough on the emotional impact on service providers; this supports Ghaemi's (2009) argument that the model pays too little attention to system-wide and professional health issues. Furthermore, in Bronfenbrenner's Ecological Systems Theory (1979), occupational stress may be linked to the consequences of interactions among systems. For instance, at the micro level, social workers are at the frontline working with vulnerable and sometimes aggressive clients. While at the Meso level, there are challenges with institutional caseloads with limited supervision, at Macro, for example, in Sierra Leone, lack of funding, and weak rehabilitation supports increase stress. Supporting the work of Zuchowski as well as McLennan (2023), who stated that such settings with structural problems often

increase workload and reduce professional support, thereby resulting in burnout. Finally, in the Strengths-Based Perspective (Saleebey, 1996), which supports the strength and empowerment of the client and service provider. But actual practice does not always support and can sometimes strain when the worker lacks a structure of emotional support. Kourgiantakis et al. (2023) report that without reflective supervision and peer support, social workers are at great risk of compassion fatigue. This shows a difference between theoretical ideas of empowerment in the strength-based perspective and day-to-day practice. Showing the relevance of having stronger organisational support systems that promote staff well-being for effective social work practice.

4.3.2.2 Sub-theme 2: **Impact of Stigma on Professional Practice**

In this section, another participant also mentioned that: *"Clients will be plunged into more abuse… stigma and discrimination… affects social workers' motivation"* (SW-1). Diraditsile and Mabote (2019) support that stigma not only affects the client, but it also creates secondary stigma for the professional. This is also supported by the study by Saadi et al. (2024), which shows that societal discrimination against drug users reduces institutional support. This seriously affects practitioner motivation.

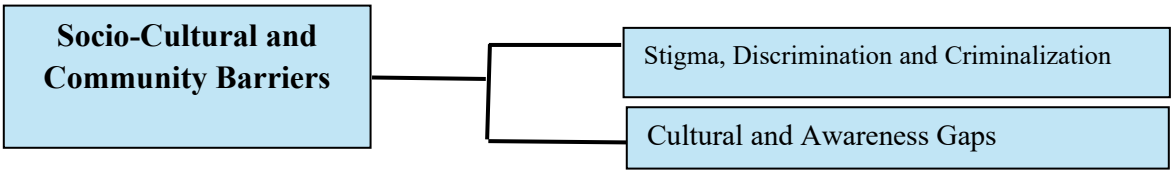
Relating the participant's response to the Ecological Systems Theory, it points out that stigma interacts at the macro system level through culture, policy, and public opinion. When society presents substance use as an ethical shortcoming instead of a health issue, it sometimes shapes institutional responses (exo system) and goes on to affect practitioner identity (micro system). The study's results show how macro-level discrimination affects professional identity and morale. Also, this is consistent with Pacher's (2019) study, which states that social workers in addiction services usually feel undervalued compared to other health professionals. The Biopsychosocial theory describes addiction as a health issue made up of many interacting factors. Stigma sometimes reduces addiction to questions of moral failings, instead of considering it as biological, psychological and social factors. As a result, clients may be plunged into further abuse, as presented by SW-1. This also plays into the work done by Ufere et al. (2022), which states that stigmatising attitudes reduce treatment seeking and increase relapse risk. When clients internalise this stigma, the result is worse rehabilitation outcomes. Therefore, it puts emotional strain on professionals. Finally, through the lens of the Strengths-Based Perspective, stigma goes against the grain of that which is centred around dignity, resilience, and client strength. What we see is that community discrimination against rehabilitated youth makes reintegration hard, which leads to relapses or continued

marginalisation. Shadung et al. (2024) report that community rejection greatly weakens rehabilitation sustainability. Also, it is reported from the report of SW-1 that stigma "plunges clients into more abuse". Also, when social workers see their efforts going against them due to society's discrimination, it decreases their motivation, as Jackson et al. (2014) also show, linking organisational and social undervaluation to reduced professional commitment. This draws attention to the need for promoting anti-stigma and advocacy interventions to ensure increasingly inclusive and sustainable social work practices.

4.3.3 Theme 3: **Socio-Cultural and Community Barriers**

This section presents the socio-cultural and community barriers that impede social workers in Sierra Leone in their rehabilitation work with young people with addiction. It discussed how stigma, discrimination, criminalisation, cultural misperception, and lack of mental health education affect the lives of clients and social workers.

Figure 14: Overview of Theme Three: Socio-Cultural and Community Barriers



4.3.3.1 Sub-theme 1: **Stigma, Discrimination and Criminalization**

The findings from the study show that the participants highlighted stigma and discrimination, and this seriously affected both young people and the social workers. One participant said: *"Stigma and discrimination… even your family members will discourage you… mental health is not for you."* (SW-1). Another added: *"The stigma that facilitates or hinders the ability to support young people is that fear of being labelled or misunderstood may stop young people from seeking help."* (SW-5). Similarly, participants described labelling and criminalisation: *"People see them as criminals, thieves… clients hide…"* (SW-2). *"Patients have been stigmatised in their communities… called 'mad people'."* (SW-4). *"They will tag them as being a thief…"* (SW-6). These responses agreed with the literature reported in the field of addiction and stigma. For instance, according to the study conducted by Diraditsile and Mabote (2019), their findings stated that people with drug addiction were sometimes labelled as morally weak and criminal, which often leads to social exclusion and reduced engagement in treatment. In support of this, Saadi et al. (2024) show that stigma reduces help-seeking behaviour and increases relapse risk. Ufere et al. (2022), on the other hand, reported that criminal justice involvement narratives cause patients to hide their condition, thereby

increasing the cycles of marginalisation. From these arguments, it is evident that stigma is a social and structural hindrance to effective rehabilitation practices in Sierra Leone.

From the point of view of Ecological Systems Theory (Bronfenbrenner, 1979), stigma is exhibited within the macro level, such as social beliefs that present addiction as a moral fault instead of an illness. These beliefs, if not properly handled, play a role in meso-level family and community relations and, ultimately, shape the micro-level experiences of social workers and young people. This is the reason why some global studies report that global campaigns have tried to decrease stigma by reframing addiction as a health problem (Jackson et al., 2014). However, the participants' responses contradict the literature that assumes progressive normalisation of addiction as a health issue, whereas, from the words of the participants, labelling and criminalisation are highly entrenched. This disagreement shows that there is always a difference in practice when it comes to global experience across socio-cultural contexts. Also, from a Biopsychosocial Model (Engel, 1977), it is presented that addiction is an interaction of factors such as biological, psychological and social. Participants' responses show a different understanding of community opinions; instead of a multi-dimensional understanding, they still frame addiction as a moral issue and use criminal terms. Kourgiantakis et al. (2023) found that global mental health awareness has improved public views on addiction. Participants' responses contradict this, showing a discrepancy between academic models and what is in the field.

Finally, from the Strengths-Based Perspective (Saleebey, 1996), it is also pointed out that the community is a great source of empowerment and reintegration. But the participants' responses contradict this, as they mentioned it was hard for young people due to labelling and criminalisation. In short, stigma and criminalisation challenges, even though a lot has been done to reframe addiction and public involvement, there is still a gap in practice in Sierra Leone. This pointed to the need for promoting community-based anti-stigma interventions to ensure successful reintegration and integrative social work practice.

4.3.3.2 Sub-theme 2: **Cultural and Awareness Gaps**

Moving further, the participants also mentioned that cultural views and low awareness raising in communities served as a challenge to their work: One participant highlighted that: *"Culture… most people think mental illness is the devil… they go to traditional medicine."* (SW-1). Others also mentioned that: *"People attribute addiction or mental health disorders to witchcraft…"* (SW-4). *"Most communities do not have awareness about mental illness…"* (SW-8). These data from the participants support the literature that found that the use of

spiritual and supernatural framing to explain mental illness and substance abuse in many African settings (Ebrahim et al., 2024). Also, this confirms the World Health Organisation report on low mental health literacy and the use of customary beliefs as a barrier to health care systems. While the study's participants noted that families prefer traditional medicine, which supports the literature on the role of culture in health care seeking.

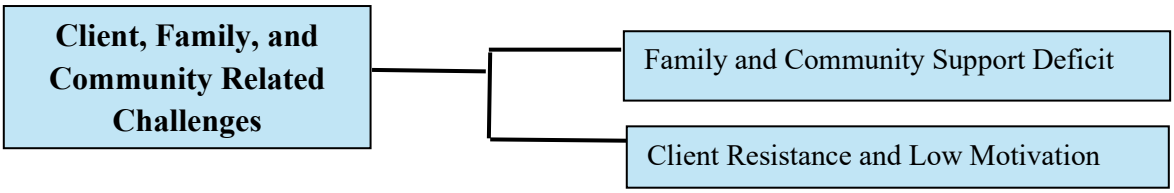
Through the explanation from the Ecological Systems Theory, culture-based beliefs in the macro system influence family decisions and community responses. Some scholarly work also shows that traditional belief systems may coexist with biomedicine when cultural mindfulness is present (Zuchowski & McLennan, 2023). In contrast, the participants in the study reported that traditional interpretation impeded their practice in providing rehabilitative treatment for young people. From this, the study shows that structured integration strategies and culture-based interpretation may instead compete rather than complement formal rehabilitation. The Biopsychosocial theory also shows that social and cultural settings are key to health. While this supports the idea that culture plays a role in addiction outcomes, what the researcher found from the participants' responses is that the findings show that too much inclusion of traditional interpretation in rehabilitation would affect clinical judgment, thereby causing serious problems in rehabilitation. Finally, taking this argument using the Strengths-Based Perspective, culture is pointed out as a source of identity and resilience used in recovery. Instead of the participants' response, culture plays a role in abuse, delay in treatment, and, in fact, reinforced stigma. In conclusion, the study finds that without awareness-raising and anti-stigma-supported initiatives, culture will promote misunderstanding rather than empowerment.

In addition to this, gendered challenges were reported. One participant said that: *"As a female social worker… they will say counsel yourself…"* (SW-12). While research has reported on gender bias in career settings (Jackson et al., 2014), the focus has been more on institutional issues than on community-based hostilities. The findings from this study expand the literature by showing that gender-based disrespect occurs directly during community participation. This shows that gender-based violence happens at all levels of communities. Also, what we see from the participant is that patriarchal thinking is still a major problem for female social workers in rehabilitation settings. Finally, the findings show a more complex picture: while there has been great progress, social and cultural barriers are firmly rooted in some communities and will need tailored, local solutions beyond theoretical frameworks.

4.3.4 Theme 4: **Client, Family, and Community-Related Challenges**

This section presents the challenges social workers faced in their work with young people in Sierra Leone, stemming from a lack of family involvement, community attitudes, client resistance and low motivation.

Figure 15: Overview of Theme Four: Client, Family and Community Challenges



4.3.4.1 Sub-theme 1: **Family and Community Support Deficit**

The findings under this sub-theme reveal that the lack of family and community support significantly affects rehabilitation practice. What the participants had to say is described below: SW-2 mentioned, *"lack of family/community support makes work very hard,"* while SW-3 added, *"lack of community encouragement increases relapse risk."* Similarly, SW-4 emphasised *that families sometimes fail to follow through with treatment processes and may even withdraw support,* and SW-6 also *noted "that many communities have not yet joined the fight against substance abuse. "*The responses from the participant support studies in this field, such as Masombuka (2024), Shadung et al. (2024), and Hailu (2020), point out that, at times, parental rejection, client denial, and absence contribute immensely to ineffective rehabilitation outcomes. Supporting this argument is the work of Vilakazi & Nkomo (2023), who also found that family prohibition and emotional distance are significant factors leading to relapse. This critically tells us that though rehabilitation is an individual process, family and community play a great role in increasing effectiveness, especially among young people. The participants' responses can be linked to the Ecological Systems Theory, pointing out that microsystem breakdowns (family relationships) and mesosystem failures (interactions among family, community, and rehabilitation centres) contribute to failed outcomes. Also, the Strength-Based Perspective (Weick et al., 1989; Saleebey, 1996) noted that using family and community resources was an asset to recovery. As a result, the withdrawal of this support demotivated the youths to build their resilience as well as empowerment. From a biopsychosocial perspective, George Engel suggested that at times, family withdrawal may also be a result of psychological stress, stigma or socioeconomic hardship and not a result of deliberate neglect. Finally, while the findings supported the view that family and community deficits impede social workers'

work with young people, the study recommended a closer look at structural and psychosocial realities rather than simply viewing their reluctance or unwillingness. Showcasing the need for promoting family and community approaches of intervention to enhance young people's recovery results in the social work rehabilitation process.

4.3.4.2 Sub-theme 2: **Client Resistance and Low Motivation**

The findings uncovered that client resistance and low motivation pose serious challenges. Participants described denial, aggression, refusal of medication, and unwillingness to accept specialised information. For instance, SW-4 and SW-5 "*referred to denial of addiction and resistance to treatment",* while SW-11 and SW-*13 "described clients as aggressive or refusing medication"*. The participants' responses can also be compared with regional African studies such as Madisha & Skhosana (2022), Viljoen (2020), and Vilakazi & Nkomo (2023), which also found that client noncompliance, denial, and reluctance are common challenges experienced in substance abuse rehabilitation centres. This also brought up the argument that, most times, client resistance stemmed from either a lack of self-awareness, a lack of will to change, or those forced into rehabilitation. Comparing participants' responses to the Biopsychosocial Theory (George Engel), it explained resistance as a multifaceted interaction of the following: for example, addictive behaviours change the brain functioning (bio), while at the same time it affects the motivation and emotional control (psycho), and at times a result of peer pressure or poverty(social). This is also supported by Kangbai et al. (2024), who emphasise that resistance is not just stubbornness but a manifestation of multidimensional vulnerability. From an Ecological Systems Theory view, resistance is described as a product of negative peer groups (microsystems), at the same time, broken health care systems (mesosystem), or weak policies (exosystem). From here, we can conclude that resistance represents societal issues rather than being an individual cause. The Strength-Based Perspective here emphasises building the client's strengths rather than seeing them as the problem; effort should be made to look at what is right with them, even with resistant clients (Saleebey, 1996). Supporting this, Kievišienė (2022) described an enabling environment for working with these young people, including practical, motivating interviewing and harm reduction peer-led interventions to improve engagement. This raises the question of whether participants create an enabling environment for these young people or just report on their resistance. Pointing out the need for the frequent usage of participation strategies and activities to boost youth motivation in social practices.

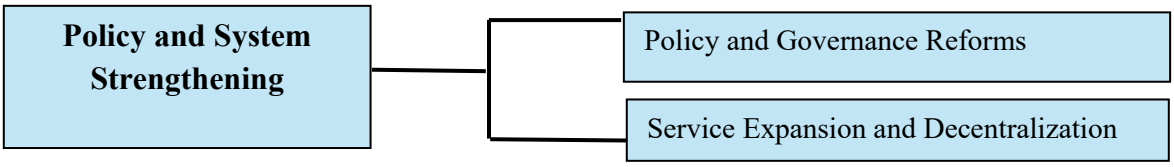
4.4 Proposed Suggestion for Improving Rehabilitation Practice in Sierra Leone

This section presents the proposed suggestion for improving rehabilitation practice in Sierra Leone. The result is presented with main themes followed by sub-themes and participants' extracts. The main themes are "Policy and System Strengthening, "Professional Development and Workforce Support, "Community and Family Engagement in Rehabilitation, "and "Youth Empowerment and Sustainable Recovery Support".

4.4.1 Theme 1: **Policy and System Strengthening**

This section presents how policy and governance reforms, as well as service expansion and decentralisation, may affect the quality of substance abuse rehabilitation for young people in Sierra Leone. During the findings, the social workers highlighted that they are hindered by weak policies, poor implementation and a centralised model of rehabilitation service.

Figure 16: Overview of Theme One: Policy and System Strengthening



4.4.1.1 Sub-theme 1: **Policy and Governance Reforms**

Participants emphasised that weak policies and governance negatively affect rehabilitation efforts. SW-1 mentioned that: "*Policy reforms…1902 Lunacy Act…urgent, needful,"* and SW-14 added: *"There should be a policy that stops the accessibility, easy access, of drugs within the country."* SW-9 also noted that: "*Through advocacy…I think the government will hear our cry so that this problem will be improved.*" Studies supported the participants' suggestion that policy and governance reforms are important. For instance, regional studies in Africa by Mohamed & Bashir (2023), Hailu (2020), Shadung et al. (2024), and Viljoen (2020) found that limited funding, few resources, and weak policy structures impeded effective rehabilitation outcomes. This limits social workers' total care and support. While in some contexts the policies are in existence, their application is a challenge. For instance, Madisha & Skhosana (2022) report that poor collaboration between institutional messaging and service fragmentation reduces the outcomes of those policies. Also, Hailu (2020) reports that the roles social workers play are unclear and that insufficient multidisciplinary collaboration affects the results. This all goes to show that although policy change is a must, it must come with organised effort, enough

resources, and professional support for us to see change. From a theoretical perspective, Ecological Systems Theory contributed to this complex picture. For example, policies at the macro and exo system levels shape the environment in which social workers work. But what is identified in these systems, meso and micro systems, is that these are the systems where the direct work with the clients and families takes place. In these areas, there are gaps in policy, which interrupt communications and thereby reduce the effectiveness of rehabilitation outcomes. Also, from a Biopsychosocial perspective, it is argued that policy intervention alone is not sufficient to address the bio, psycho, and social needs of youth; what is required are methods that address the full scope of the client's needs. Finally, the Strengths-Based perspective draws attention to the role of advocacy for social workers in influencing policies that result in more youth being engaged and using their strengths, but broader systemic issues may still limit that. This illustrates the need to strengthen advocacy efforts to support policy reforms and implementation for effective social work practice.

4.4.1.2 Sub-theme 2: **Service Expansion and Decentralization**

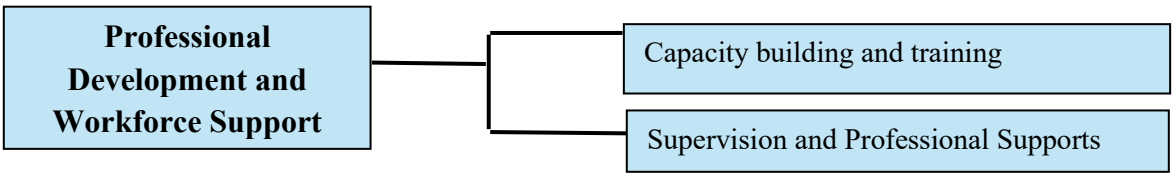
Participants pointed out the concentration of rehabilitation centres in Freetown and limited staffing as major barriers. SW-4 highlighted that: "*Regional towns should have rehab centres, not only Freetown,"* while SW-11 also pointed out the need to*: "Employ more professionals… social workers and the rest.*" These responses supported the data that found that staff shortages and infrastructure deficiencies impede service delivery (Masombuka, 2024; Madisha & Skhosana, 2022; Hailu, 2020; Viljoen, 2020). This affects access to rehabilitation, especially for youths in rural areas of Sierra Leone. Other authors argued that having more facilities or increasing funding does not in itself bring better results. In support of this argument, Masombuka (2024) reports that high workloads and burnout do, in fact, reduce social workers' performance, although services are present. In the same manner, Madisha & Skhosana (2022) report on service fragmentation and poor coordination, which they say undermine rehabilitation. This therefore supports the participants' suggestion that the breakdown of services must be accompanied by a support structure and specialised guidance to be effective. From an Ecological Systems Theory standpoint, expanding services do play a role in the micro and meso system level issues of family, peers, and local health centres, but if these services are not available at the exo and macro level in terms of resource support, staff, and policy coordination, then it will be difficult to get successful rehabilitation outcomes. From a biopsychosocial standpoint, in order for expanded services to be successful, they must meet the needs of the bio, psycho, and social needs all at the same time; that is to say, if we put more centres without at the same time addressing youth's mental health, family involvement, and

community context, it still limits rehabilitation successes. Finally, from the Strengths-Based Perspective, social workers do, in fact, perform their functions to empower young people, nurture their resilience, and support their clients. But in the presence of burnout and poor coordination, it diminishes the effect of these functions. That is why participants' suggestions for service expansion must go hand in hand with macro-system improvement.

4.4.2 Theme 2: **Professional Development and Workforce Support**

The section presented examines how professional development, supervision, capacity building, and training support play a key role in the success of social work in substance abuse rehabilitation in Sierra Leone. The study found that effective service delivery is hampered by limited training opportunities, poor supervision, and a lack of professional recognition.

Figure 17: Overview of Theme Two: Professional Development and Workforce Support



4.4.2.1 Sub-theme 1: **Capacity Building and Training**

Participants emphatically pointed out the need for continuous training and professional development to support social workers with the skills required for working with children, youth, and individuals struggling with drug abuse and mental health issues. SW-1 mentioned that: *"Training social workers for children and mental health…more scholarships and professional development opportunities."* Similarly, SW-5 highlighted that: *"Better training and capacity building provide ongoing education in addiction counselling, harm reduction, trauma-informed care and mental health support, professional skills like interviewing, case management and problem solving."* A previous report stated that, in terms of social workers' performance in dealing with drug abuse and mental health issues, their competence is a result of formal education, continuous professional development, and access to specialised resources (Hailu, 2020; Madisha & Skhosana, 2022; Viljoen, 2020). Training increases social workers' confidence and professional identity and their implementation of research-based practices, particularly in high-risk settings like Sierra Leone, which faces structural problems and limited resources. Also, professional training must be an ongoing and relevant element of practice; once-off workshops or broad training programs do not address in depth the issues raised by complex cases (Masombuka, 2024; Shadung et al., 2024). From a theoretical standpoint, the

Strengths-Based Perspective equips social workers with the information and skills they need to build capacity and identify and leverage clients' strengths, empowering youth to overcome issues related to substance abuse. Also, the Biopsychosocial Theory asserts that career development must include the bio, psycho, and social aspects of clients' issues. Finally, the Ecological Systems Theory notes that structured training, which affects many systems from the micro level (direct practice) to the mesosystem level (family and community interventions), positively affects client outcomes. Pointing out the necessity of continuous career development for improving social workers' capacity and competencies.

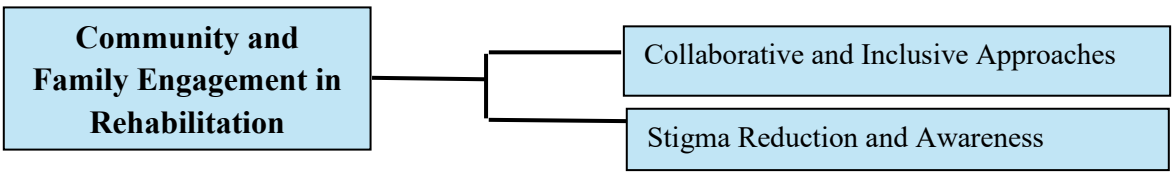
4.4.2.2 Sub-theme 2: **Supervision and Professional Support**

Participants also highlighted the critical role of effective supervision and professional support in enhancing social work practice. SW-3 highlighted: *"Supervision for social workers,*" SW-11 pointed out that: *"We are craving for us to have supervision like in a monthly session or within a weekly session.*" Furthermore, participants underscored the importance of social workers taking a more active and recognised role in prevention and rehabilitation. SW-2 stated: "*See social workers to play a more active role in prevention and rehabilitation,*" and SW-6 also added: *"When people understand the importance of social workers, they will know the impact social workers have in a society."* Studies also pointed out that supervision improves practice, reduces burnout, enhances accountability and ensures that ethical standards are met (Hailu, 2020; Madisha & Skhosana, 2022). Also, supervision is an asset for emotional and professional growth, especially of social workers who work with trauma-exposed clients, thereby decreasing the chance of secondary traumatic stress (Viljoen, 2020). From the findings, participants in Sierra Leone, a low-resource setting, report that supervision is variable and at times completely absent, thereby limiting its use for staff development and client outcomes. From a theoretical standpoint, Ecological Systems Theory posits that supervision and support functions at the exosystem level play a role in social workers' micro-level interactions. Proper supervision strengthens the mesosystem by improving the work that social workers do with families, communities, and institutions, leading to better overall interventions. Also, the Strengths-Based Perspective believes that supervision's role is to empower social workers to bring client strengths into play and foster resilience. From the biopsychosocial theory perspective, which emphasises that supervision enables social workers to incorporate biopsychosocial factors into practice, thus providing a more complete and holistic approach. This also highlights the importance of regular and structured supervision and professional recognition to ensure effective social work practice.

4.4.3 Theme 3: **Community and Family Engagement in Rehabilitation**

This section looks at the role that community and family play in the successful rehabilitation of young people with drug abuse problems. From the findings, we noted that schools, religious groups, NGOs, families, and community members were identified as more effective partners in promoting successful rehabilitation. Also noted the importance of reducing stigma and running awareness campaigns.

Figure 18: Overview of Theme Three: Community and Family Engagement in Rehabilitation



4.4.3.1 Sub-theme 1: **Collaborative and Inclusive Approaches**

Participants emphasised the need for collaboration and inclusive practices in supporting rehabilitation for young people struggling with drug abuse. SW-1 said that*: "Collaboration with schools, churches, mosques…peer school clubs."* SW-4 highlighted*: "Better collaboration between institutions…effective partnerships with government agencies and NGOs… improves post-recovery support."* SW-8 also pointed out that: *"It should be a collaborative and inclusive one."* The literature supports the participants' finding that multi-stakeholder collaboration improves rehabilitation outcomes, encourages resource sharing, and thereby provides whole-person care (Hailu, 2020; Viljoen, 2020). Also, the benefits of collaborative approaches were explained: they promote accountability and consistency in services, especially in poor resource settings like Sierra Leone (Madisha & Skhosana, 2022). Other scholars argued that collaborative approaches have some issues. The literature points out that collaborations sometimes face concerns from bureaucratic issues, organisational goals differences, committment there by hindering effective implementation (Khatib et al., 2025). Also, while inclusive strategies are very much in vogue, we also see that without proper coordination and standard operating procedures, inclusion may just be a token that is not very productive (Masombuka, 2024). The Ecological Systems Theory presents a picture of collaborative approaches that examine interactions across micro, meso, and exo systems. Also, the Strengths-Based Perspective emphasises the use of family and community resources to build resilience. Therefore, careful planning is needed to avoid over-reliance on community players who may not have the necessary training. The Biopsychosocial Theory also emphasises

the value of integrated interventions, but it also notes that these must be carefully structured to avoid systemic inefficiencies. Highlighting the importance of having strong interagency collaboration to promote effective social work practices.

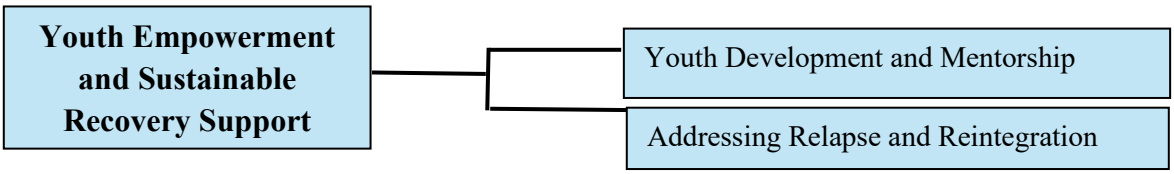
4.4.3.2 Sub-theme 2: **Stigma Reduction and Awareness**

Participants highlighted stigma as a major obstacle to effective rehabilitation and emphasised awareness-raising as a key intervention strategy. SW-2 and SW-12 noted: *"Reduce stigmatisation,"….."Reduce the stigma."* SW-6 and SW-7 emphasised the significance of education and advocacy: "*When many people know and understand what mental health is, then they will know how to avoid getting mental illness."…."I've also done a lot of awareness raising…We tell them about the use of drugs, the effect of drugs…It's also a very good thing for the country."* The participants' responses reflected the research findings that stigma influences help-seeking behaviours and recovery (Hailu, 2020; Viljoen, 2020). As a result, awareness efforts and education programs contribute immensely to improving social acceptance and post-rehab support. Other studies argued that some studies present a more complex picture. For example, Corrigan et al. (2020) report that although public stigma reduces following outreach campaigns, individual internalised stigma does not always show the same effect. Also, some research findings bring up awareness initiatives that sometimes reinforce stigmas if not properly handled, for instance, instead of a focus on structural problems, portrayals of drug users as high-risk or moral outcasts, which in turn play into the stigmatising stereotypes (Barry et al., 2014). Ecological Systems Theory explains stigma at the social, community, and family levels and, consequently, supplies a framework for interventions. The Strengths-Based Perspective holds that when power is in the hands of communities and families, it does, in fact, mitigate stigma; however, structural and cultural beliefs within society sometimes limit this. Finally, the Biopsychosocial Theory, which examines the issue from a social and psychological perspective, also stresses the complexity of reducing stigma.

4.4.4 Theme 4: **Youth Empowerment and Sustainable Recovery Support**

This section explained the participant's suggestion of how youth empowerment and long-term recovery support work can promote effective rehabilitation work with young people with drug addiction in Sierra Leone. It shows that what worked best was in the areas of skill development, education, mentorship, and relapse management to promote resilience and sustainable reintegration.

Figure 19: Overview of Theme Four: Youth Empowerment and Sustainable Recovery Support



4.4.4.1 Sub-theme 1: **Youth Development and Mentorship**

Most of the participants suggest the importance of providing opportunities for skill development, education, and mentorship as a strategy for preventing drug abuse and promoting sustainable recovery. SW-1 explained: *"Young people should be given opportunities to study more and develop their skills."* SW-10 said: *"If skills and job training have been provided or are available… young people will have the mindset not to go and take those kinds of bad drugs."* Additionally, mentorship programs were mentioned as a key support mechanism*: "Mentorship programs* (SW-10)." The participants' responses support that empowerment is a core instrument for increasing resilience and reducing youth drug use (Kangbai et al., 2024; Lahai et al., 2024; Ebrahim et al., 2024). The suggestions from the participants show that when social workers are empowered with vocational training and community-based support, they improve the youth's social networks and coping skills (Fasuan Sikeoye Adetola & Fasuan Emmanuel Olawale, 2025). At the same time, the literature presents limitations, though the emphasis is on empowerment programs; we don't have a lot of studies that go in-depth into what these programs do, or reduce substance abuse or seek to prevent relapse, particularly in Sierra Leone (Osborne et al., 2024; Ofovwe & Lewis, 2025). This is a large-scale issue between what is recommended and what works in the real world. Also, from a theoretical standpoint, the Ecological Systems Theory suggests that, for youth development, we must pay attention to the microsystems (family, school) and the mesosystems (community programs, mentoring), which together can create a supportive environment (Bronfenbrenner, 1979). Also, the Strengths-Based Perspective emphasises that we should look at what young people already have, including their talents, coping skills, and resilience (Saleebey, 1996). Finally, the Biopsychosocial Theory effectively argues that we must consider bio, psycho, and social issues simultaneously to achieve true change (Engel, 1977; Horigian et al., 2021). This shows the need for supporting youth development initiatives to ensure sustainable recovery and prevention of substance abuse intake.

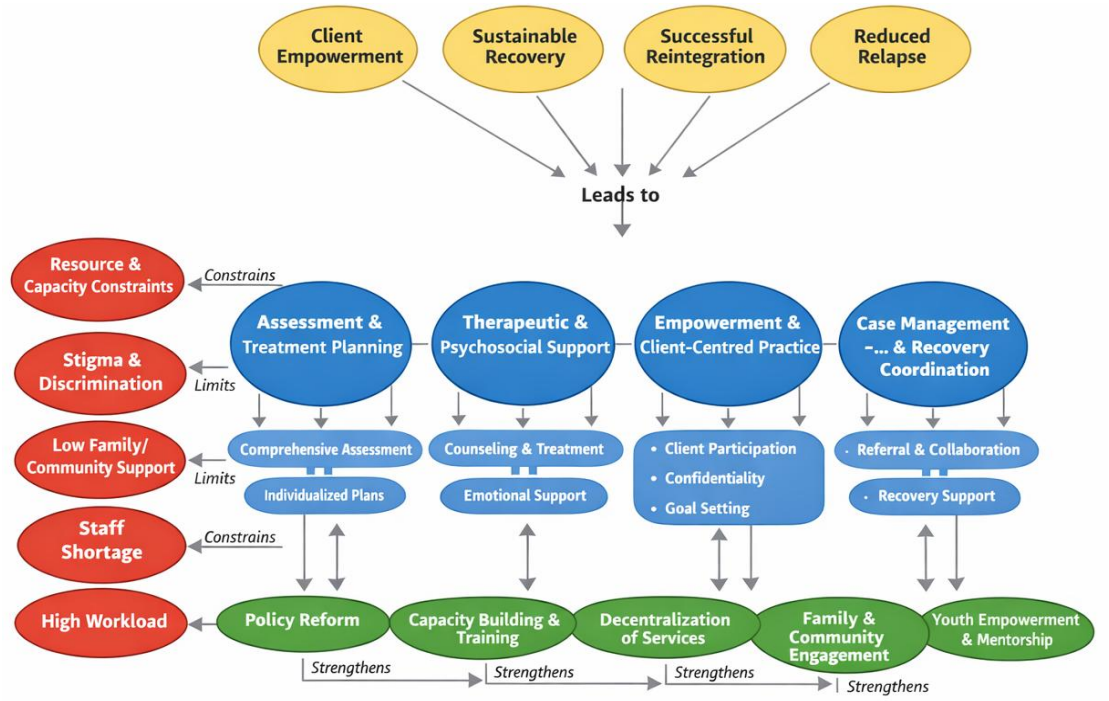
4.4.4.2 Sub-theme 2: **Addressing Relapse and Reintegration**

The participants suggested the need for addressing relapse and reintegration; they pointed out that most of the challenges they faced were due to frequent relapses, which complicate recovery. SW-5 highlighted that: *"Social workers faced so many challenges, mine especially in the area of frequent relapses. Relapses can be discouraging and emotionally draining."* The participants' responses were also found in the literature, which emphasises that relapse is a significant issue for young people's sustainable recovery. The literature points out that limited post-rehab support, low family involvement, and poor coping skills (Fasuan Sikeoye Adetola & Fasuan Emmanuel Olawale, 2025; Ofovwe & Lewis, 2025; Kangbai et al., 2024) are key issues. Also, these issues contribute to social workers' stress and burnout (Masombuka, 2024; Hailu, 2020). Also, we see some studies that do not report in detail on what works best for relapse prevention. For example, while community and family-based programs are often seen as solutions (Osborne et al., 2024; Kangbai et al., 2024), we do not have sufficient data from the Sierra Leonean context on which programs work. This is a research practice gap that, if addressed, may greatly inform social work interventions. Ecological Systems Theory holds that relapse results from interactions among the individual, family, community, and society (Bronfenbrenner, 1979). Also, the Strengths-Based Perspective holds that relapse should be seen as a chance to build resilience rather than a failure (Saleebey, 1996). Finally, the Biopsychosocial Theory holds that, to support long-term recovery, we must address bio, psycho, and social factors together (Engel, 1977; Horigian et al., 2021). This points to the need for promoting both community and family-based reintegration participation to support recovery outcomes in social work practices.

4.5 **Integrated Conceptual Model of Social Work Practice in Youth Drug Rehabilitation in Sierra Leone**

This section presents a comprehensive theoretical model of social work practice in the rehabilitation of young people with drug abuse problems in Sierra Leone. It presents results from qualitative research conducted with social workers, which builds a picture of their roles, challenges, and suggestions for improving their work. It created a visual representation of the interactions among what professionals do, the challenges they face in their work environments, and the strategies they use to improve. The model presented a clear picture of how social work interventions unfold, consequently empowering the client, supporting sustainable recovery, and ensuring successful reintegration into society. Also, this model represents the study's results and serves as a tool to improve youth drug rehabilitation practices in the Sierra Leone context.

Figure 20: Integrated Model of Youth Drug Rehabilitation Practice in Sierra Leone. Created by the author based on qualitative data from social workers (2026)



Source: Master's thesis Researcher's explanation,2026.

Figure 20 shows an integrated conceptual model of social work practice for young people with drug abuse problems in Sierra Leone.

At the base are the activities social workers do, such as assessment and treatment planning, therapeutic and psychosocial support, empowerment and client-centred practice, and case management and recovery coordination, which, in turn, guide what social workers do with the clients. Surrounding these roles are the challenges they faced, including resource constraints, stigma, and low family or community support, which may affect the delivery of social work services. What is also present in this model is what we should improve upon, such as policy reforms, capacity building and training, decentralisation of services, family and community engagement, and youth empowerment and mentorship. The model also shows how professional practice, challenges, and improvement strategies improve interactions that affect outcomes, as seen in the client's empowerment, sustainable recovery, and reintegration into society. This is based on the researcher's own research, which synthesises what social workers practice in Sierra Leone and presents it as an **original contribution to the field**, serving as a practical tool for improving youth drug rehabilitation practice.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The summary of the key findings, implications for social work practice, recommendations for policymakers, social work institutions, rehabilitation centres, and practitioners, future research, and conclusions were discussed in this chapter.

5.2 Summary of Findings

The study examined social work practices in the rehabilitation of young people with drug abuse problems in Sierra Leone, taking into consideration the roles of social workers, challenges faced in practice, and strategies for improving practice.

Roles of Social Workers: The findings show that social workers play a significant role in youth rehabilitation through holistic assessment and treatment planning, therapeutic and psychosocial support, client empowerment and autonomy, and case management and recovery coordination. In holistic assessments, we see that social workers consider the client's family background, social environment, psychosocial needs, and personal strengths. Therapeutic support includes counselling, psychoeducation, life skills training and recreational activities. Empowerment is reflected in social workers' efforts to involve clients in decision-making, goal setting, and treatment planning. Case management is about coordinated referrals, follow-ups and working with families, medical professionals and community institutions.

Challenges in Practice: Social workers encountered many barriers to effective practice, including structural and institutional issues such as limited resources, high workload, staff shortages, and poor supervision. Also, there are socio-cultural barriers, which are stigma, discrimination, cultural misconceptions and low family/community support. These present a complex picture of what it takes to run effective youth drug rehab services in Sierra Leone.

Improvement Strategies: Based on the study, the proposed strategies to strengthen practice include policy reform, workforce capacity building, service decentralisation, community engagement, and interprofessional collaboration. If these are implemented, they will improve service delivery, support sustainable recovery, and facilitate young people's

reintegration into society.

Finally, an integrated conceptual model was generated from the results, which brings together the roles social workers play, the challenges they face, and the strategies for improvement. This model was presented as a practical framework to guide interventions and enhance youth drug rehabilitation in Sierra Leone.

5.3 **Implications for Social Work Practice**

The findings from this study indicate that for social workers who will be working in the field of addiction, especially with young people with drug addiction. There is a need to do more holistic assessments and individualised treatment plans in youth drug rehab. From the findings, social workers in Sierra Leone reported that they consider the client's family background, social environment, psychosocial needs, and personal strengths. This is a client-centred approach, and we see that social work training should place greater emphasis on assessment, psychosocial evaluation, and tailored intervention planning.

Secondly, we see that therapeutic and psychosocial support is at the core of practice. That is counselling, psychoeducation, life skills training, and recreational activities which help young people manage challenges and build resilience. There is also a reminder that social workers working in rehabilitation settings collaborate with medical and psychological professionals to provide comprehensive, multidisciplinary care.

Moreover, client empowerment and autonomy were identified as very important, with clients involved in decision-making, goal setting, and treatment planning, which strengthens self-efficacy and trust. Also, we see that maintaining confidentiality and using non-directive guidance gives a safe environment for recovery.

In addition, structural and socio-cultural barriers, such as limited resources, stigma, and cultural misconceptions, are seen as part of the challenges faced in rehabilitation work; as a result, social workers need to promote advocacy, policy reform, and community sensitisation. We also see the need to develop cultural competence to work within social and cultural beliefs.

Finally, case management and collaboration are essential for sustainable recovery. Coordinating referrals and follow-ups, and working with families, medical professionals, and community institutions, are key to practice. Workforce capacity building through training, supervision, and mentorship plays a large role in practice quality and social workers' effectiveness. Also, the study's integrated conceptual model is viewed as a practical framework that links social workers' roles, challenges, and improvement strategies. This should therefore

be used as a practice guide for interventions to enhance youth drug rehabilitation in Sierra Leone.

5.4 Limitations of the Study

Beyond methodological limitations, the researcher's also identified other limitations that affect the study's overall scope and applicability:
Firstly, generalizability, the study's findings are from certain rehabilitation centres and NGOs in Sierra Leone, which may not be true of all social workers or regions in the country.

Secondly, perspective Bias, since the study is based on social workers' perspectives, which does not give us a full picture of what is going on with young clients, their families or other professionals involved in rehabilitation.

Moreover, context-specific factors, such as the differences in culture, local policies and resource availability, may affect the study's findings when applied in other countries.

Finally, time constraints: this study provides only a cross-sectional snapshot and does not show changes in social work practices or rehab outcomes over time.

In conclusion, despite the limitations of the study, the findings added value to policy and practice and provided a path for future research in the field of youth drug rehabilitation in Sierra Leone.

5.5 Suggestions for Future Research

1. The researcher suggests that future researchers conduct longitudinal studies to identify the long-term sustainability of youth drug rehabilitation programs.
2. Suggestions for carrying out comparative studies across regions in Sierra Leone or other West African countries to see what is specific to the context and what the best practices are.
3. Suggestions for also looking at young people's perspectives in rehabilitation programs to improve client-centred approaches.
4. Finally, suggestions to investigate the use of digital tools and innovative interventions (like online counselling, mobile support apps, virtual peer groups) to improve access and support.
5. A larger sample of social workers is needed for future studies to ensure generalisation.

5.6 **Recommendations**

Based on the findings of this study, the study presented SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) recommendations to improve youth drug rehabilitation systems in Sierra Leone at the policy, institutional, rehabilitation, and practice levels.

5.6.1 **Policy Level**

First and foremost, the researcher recommends that the Ministries of Health and Social Welfare should increase their annual mental health budget to 10-15% within 2 years (2026 – 2028). That should include staff, medication and facility improvements.

Secondly, to increase service availability, thereby reducing the client-to-social worker ratio from approximately 100:1 to 40:1 within 3 years.

Moreover, efforts should also be made to revise the 1902 Lunacy Act within 18 months by a modern Mental Health Act, which will put in place a rights-based, standardised care approach, thereby improving access to services nationwide.

Furthermore, expansion of national drug control enforcement units in at least 3 high-risk districts within 2 years, to reduce youth drug availability and use by 20% within 3 – 5 years. In addition, the government should establish functioning interagency collaboration guidelines within 12 months to achieve a 30% reduction in service waiting times.

Finally, the government should launch national anti-stigma campaigns that reach at least 60% of districts within 2 years, aiming to improve public awareness and increase help-seeking behaviour among youth.

5.6.2 **Institutional Level**

Firstly, the researcher recommends that social work institutions, NGOs, CBOs and universities support annual training of at least 40 hours per social worker in trauma-informed care and addiction counselling to improve professional competence and service quality.

Moreover, efforts should be made to implement formal supervision systems with bi-weekly or monthly sessions within 1 year to reduce burnout and increase staff retention by 25% within 2 years.

Furthermore, structured mentorship programs with a minimum 6-month duration are needed to improve decision-making and professional confidence among junior social workers.

In addition, institutions are to set aside at least 5% of their annual budgets for research and data collection to enable evidence-based interventions.

Finally, advocacy should be strengthened through quarterly stakeholder engagement forums that aim to improve policy responses and achieve at least 2 policy changes within 3 years.

5.6.3 **Rehabilitation Centres**

Firstly, the researcher recommends that rehabilitation centres continue to implement standard biopsychosocial assessment tools within 6 months to ensure that 100% of clients receive comprehensive assessments.

Secondly, efforts should also be made within 2 years to strengthen multidisciplinary teams to reduce relapse rates by 15–20%.

Furthermore, rehabilitation centres should introduce structured post-rehab follow-up (monthly for 6–12 months), which should be strengthened to reduce relapse rates by at least 25% within 2 years.

In addition, they should also integrate vocational training programs in at least 70% of centres within 2 years to enhance employability and support reintegration.

Finally, confidentiality and client participation frameworks should be strengthened to increase trust and engagement in rehabilitation programs, especially when working with young people who are hard to trust.

5.6.4 **Practice Level**

First and foremost, the researcher recommends that social workers apply client-centred care in 100% of cases, ensuring active client participation in decision-making and improving empowerment and treatment adherence.

Secondly, there is also a need for social workers to attend at least 2 professional development trainings, especially in the field of drug addiction, per year.

Moreover, the researcher recommends that social workers should organise monthly family sessions to strengthen support systems and improve reintegration outcomes.

In addition, the researcher recommends monthly supervision and peer support sessions to reduce burnout among social workers.

Finally, the researcher pointed out the need to implement the integrated rehab model within 6 months to achieve structured, consistent, and measurable intervention outcomes.

In conclusion, these recommendations aim to improve youth drug rehabilitation systems, strengthen institutional capacity, and enhance long-term recovery outcomes.

5.7 **Conclusion**

This study examines the roles, challenges and improvement strategies of social workers in the rehabilitation of young people with drug abuse problems in Sierra Leone.

The finding shows that social workers play a large role through holistic assessment, individualised treatment planning, therapeutic and psychosocial support, client empowerment and case management. What they do is very important in promoting recovery, resilience and successful reintegration into society.

Moreover, it is evident from the findings that social workers face great challenges, including limited resources, high workload, stigma, cultural misconceptions, and low family or community support. We see these as integral to the issue, underscoring the need for supportive policies, capacity-building, and community engagement.

The findings further outlined that social workers propose suggestions for improving practice, including policy change, workforce training, service decentralisation, and working with families, communities, and other professionals. The study's findings developed an integrated conceptual framework that presents these results, displays the social workers' roles, the challenges they face, and the improvement strategies serving as a practical model for social workers to improve rehabilitation outcomes. Also, this research adds to youth drug rehabilitation in Sierra Leone, and at the end, the study presents recommendations to policymakers, social work institutions, rehabilitation centres, and practitioners with research-based input. By using the outlined strategies, stakeholders can improve their work, empower young people, reduce relapse, and support sustainable recovery.

Finally, the study provides a basis for future research examining long-term outcomes, client perspectives, digital interventions, and interprofessional collaboration in youth drug rehabilitation**.**

REFERENCES

Adu, M. K., & Allen, K. A. (2021). Substance use prevention interventions for children and young people in sub-Saharan Africa: A systematic review. *Addictive Behaviors, 122*, 107037. https://doi.org/10.1016/j.addbeh.2021.107037

African Development Bank. (2024). *Sierra Leone country diagnostic note: February 2024*. African Development Bank Group.

Allen, A. P. T., Bolton, W. S., Jalloh, M. B., Halpin, S. J., Jayne, D. G., & Scott, J. D. A. (2022). Barriers to accessing and providing rehabilitation after a lower limb amputation in Sierra Leone: A multidisciplinary patient and service provider perspective. *Disability and Rehabilitation, 44*(11), 2392–2399. https://doi.org/10.1080/09638288.2020.1836043

Apawu, M. (2024, April 5). As women in Sierra Leone battle addiction to a powerful synthetic drug, they also face stigma. *AP News*. https://apnews.com/article/d8f8d03e4b7e7899adfac15808e42ba8

Alageel, A. (2022). *A narrative review of the usage of creative solutions to enhance disabled patients' quality of life and wellbeing by occupational therapists.* PubMed. https://pubmed.ncbi.nlm.nih.gov/36419547/

Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using Zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods, 18*, 1–8. https://doi.org/10.1177/1609406919874596

Archibong, E., Ogana, J., & Ekpeyoung, J. U. (2018, November). Social worker rehabilitation and counselling roles: Implication for the prevention of relapse among the mentally ill at the Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. *International Journal of Social Science and Economic Research, 3*(11), 6367–6382. https://ijsser.org/more2018.php?id=446

African Union. (2019). *African Union plan of action on drug control and crime prevention (2019–2025).* African Union. https://au.int/sites/default/files/documents/43469-doc-AUPA_on_Drug_Control_2019-2025_-_English.pdf

Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research, 1*(3), 385–405.

Ayers, H., Clarke, D., & Murray, A. (2000). *Perspectives on behaviour*. David Fulton Publishers.

Baldeh, M., & Bah, A. J. (2024). Drug use among young people in Sierra Leone. *The Lancet, 404*(10449), 238.

Baldeh, M., Williams, S. A., & Baha, A. J. (2024). Drug use among young people in Sierra Leone. *The Lancet, 404*(10449), 238.

Bangura, R. A., Mayei, A., Fatoma, P., Bunting-Graden, J. A., Kaisam, J. P., & Ansumana, R. (2024). Beyond the smoke: A phenomenological study of health and social implications of kush use among Sierra Leonean youths. *medRxiv*. https://doi.org/10.1101/2024.04.24.24306083

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services, 65*(10), 1269–1272. https://doi.org/10.1176/appi.ps.201400140

BBC News. (2024, April 4). Sierra Leone's "kush" crisis: The drug destroying young lives. *BBC News*. https://www.bbc.com/news/world-africa-68742694

Belete, H., Mekonen, T., Espinosa, D. C., Ambaw, F., Connor, J., Chan, G., Hides, L., Hall, W., & Leung, J. (2023). Cannabis use in sub-Saharan Africa: A systematic review and meta-analysis. *Addiction, 118*(7), 1201–1215. https://doi.org/10.1111/add.16170

Bird Ruiz-Benitez de Lugo, L., & de Bruijne, K. (2025, February 25). Kush in Sierra Leone: West Africa's growing synthetic drugs challenge. Global Initiative Against Transnational Organized Crime. https://globalinitiative.net/analysis/kush-in-sierra-leone/

Boness, C. L., Votaw, V., Schwebel, F. J., Moniz-Lewis, D. I., McHugh, R. K., & Witkiewitz, K. (2023). *An evaluation of cognitive behavioral therapy for substance use disorder: A systematic review and application of the Society of Clinical Psychology criteria for empirically supported treatments.* Clinical Psychology: Science and Practice, 30(2), 129–142. https://doi.org/10.1037/cps0000131

British Educational Research Association. (2018). *Ethical guidelines for educational research* (4th ed.). https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018

British Sociological Association. (2017). *Statement of ethical practice*. https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Sage.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*(6), 723–742. https://doi.org/10.1037/0012-1649.22.6.723

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage Publications.

Collinson, B., & Best, D. (2019). Promoting recovery from substance misuse through engagement with community assets: Asset-based community engagement. *Substance Abuse: Research and Treatment, 13*, 1178221819876575. https://doi.org/10.1177/1178221819876575

Concord Times. (2025, May 7). Parliament enacts Professional Social Workers Regulatory Council Act, 2025. *Concord Times*. https://sierraleoneconcordtimes.com/parliament-enacts-professional-social-workers-regulatory-council-act-2025/

Conteh, A. (2024). SSHAP West Africa Hub: Addressing the kush epidemic in Sierra Leone. *Social Science in Humanitarian Action (SSHAP)*.

Crapanzano, K. A., Hammarlund, R., Ahmad, B., Hunsinger, N., & Kullar, R. (2019). The association between perceived stigma and substance use disorder treatment outcomes: A review. *Substance Abuse and Rehabilitation, 10*, 1–12. https://doi.org/10.2147/SAR.S183252

Creswell, J. W., & Clark, V. L. P. (2011). *Designing and conducting mixed methods research*. Sage Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

Daley, D. C. (2013). Family and social aspects of substance use disorders and treatment. *Journal of Food and Drug Analysis, 21*(Suppl. 1), S73–S76. https://doi.org/10.1016/j.jfda.2013.09.038

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

DeLucia, M., & Solano, K. (2023). *Support for social workers treating adolescent substance abusers* (Master's thesis, California State University, San Bernardino). CSUSB ScholarWorks. https://scholarworks.lib.csusb.edu/etd/1568

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research* (4th ed.). Sage Publications.

Diener, E., & Crandall, R. (1978). *Ethics in social and behavioral research*. University of Chicago Press.

Diraditsile, K., & Mabote, O. (2019). Children, substance abuse and the role of social work. *Southern African Journal of Social Work and Social Development, 31*(1), Article a3083.

Drug Enforcement Administration. (2017). *Drugs of abuse: A DEA resource guide*. U.S. Department of Justice. https://www.dea.gov/sites/default/files/2018-06/drug_of_abuse.pdf

Eze George O, Onyishi Nnaemeka T, Nnaji Francis C, Jalloh Abdul, Kpallu Kromba K, & Kinie Goba. (2024). *Pattern of psychoactive substance use in Sierra Leone: A descriptive retrospective study*. *Sierra Leone Journal of Medicine, 1*(2), 90–96. https://doi.org/10.69524/sljm.v1i2.85

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*, 1328318. https://doi.org/10.3389/fpsyt.2024.1328318

Esteban, J., Suárez-Relinque, C., & Jiménez, T. I. (2023). Effects of family therapy for substance abuse: A systematic review of recent research. *Family Process, 62*(1), 49–73. https://doi.org/10.1111/famp.12841

El-Nahhas, A. S. A. (2021). The professional role of a social worker in dealing with problems facing drug addiction survivors. *International Journal of Halal Research, 3*(2), 73–87.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107–115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*(4286), 129–136.

Etherington, K. (2004). *Becoming a reflexive researcher: Using ourselves in research*. Jessica Kingsley Publishers.

European Union. (2021, January 7). General Data Protection Regulation (GDPR): Summary of Regulation (EU) 2016/679. *EUR-Lex*. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=legissum:310401_2

European Union Drugs Agency. (2025). *European drug report 2025: Understanding Europe's drug situation – Key developments*. https://www.euda.europa.eu/publications/european-drug-report/2025/drug-situation-in-europe-up-to-2025_en

European School Survey Project on Alcohol and Other Drugs. (2025). *ESPAD report 2024: Results from the European School Survey Project on Alcohol and Other Drugs*. Publications Office of the European Union. https://www.euda.europa.eu/publications/data-factsheets/espad-2024-key-findings_en

Fasuan Sikeoye Adetola, & Fasuan Emmanuel Olawale. (2025). The role of social work in post-conflict community rehabilitation and reintegration: Insights gained from Sierra Leone. *Journal of Public Administration and Social Welfare Research, 10*(6), 15–28. https://doi.org/10.56201/jpaswr.v10.no6.2025.pg15.28

Freymüller, N., Knoop, T., & Meyer-Feil, T. (2024). Social work practice and outcomes in rehabilitation: A scoping review. *Frontiers in Rehabilitation Sciences, 5*, 1348294. https://doi.org/10.3389/fresc.2024.1348294

Galletta, A., & Cross, W. E. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York University Press.

Ghaemi, S. N. (2009). The rise and fall of the biopsychosocial model. *The British Journal of Psychiatry, 195*(1), 3–4. https://doi.org/10.1192/bjp.bp.109.063859

Gray, M. (2005). Dilemmas of international social work: Paradoxical processes in indigenisation, universalism and imperialism. *International Journal of Social Welfare, 14*(3), 231–238. https://doi.org/10.1111/j.1468-2397.2005.00363.x

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Transaction.

Gitterman, A., & Germain, C. B. (1976). Social work practice: A life model. *Social Service Review, 50*(4), 601–610.

Govindharaj, Y., & Kareem, A. A. (2024). Economic, social, and legal consequences of drug abuse and illicit trafficking: Employment, labour, corruption, and crime—A global macroeconomic assessment. *ResearchGate*. https://www.researchgate.net/publication/377335842

Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report, 25*(5), 1292–1301.

Guba, E. G., & Lincoln, Y. S. (1985). *Naturalistic inquiry*. Sage Publications.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods, 18*(1), 59–82.

Hailu, S. (2020). *Social work practice: Roles and challenges of social workers in mental health illness rehabilitation center in the case of Gefersa Mental Health Rehabilitation Center* (Master's thesis, St. Mary's University). St. Mary's University Institutional Repository.

Hewson, C., & Buchanan, T. (Eds.). (2013). *Ethics guidelines for internet-mediated research* (INF206/1.2013). British Psychological Society. https://oro.open.ac.uk/42132/

Hogue, A., Becker, S. J., Wenzel, K., Henderson, C. E., Bobek, M., Levy, S., & Fishman, M. (2021). Family involvement in treatment and recovery for substance use disorders among transition-age youth: Research bedrocks and opportunities. *Journal of Substance Abuse Treatment, 129*, 108402. https://doi.org/10.1016/j.jsat.2021.108402

Horvath, T., Misra, K., Epner, A., & Cooper, G. M. (2019). Recovery from addiction: Social support. *CenterSite*. https://www.centersite.net

Hughes, L. (2019). *Interpretative phenomenological analysis and ecological theory: A combined approach to understanding disruptive student behaviour* (Doctoral thesis,

Canterbury Christ Church University). CCCU Research Space Repository. https://repository.canterbury.ac.uk/item/8vwzv

International Federation of Social Workers. (2014). *Global definition of social work*. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

International Federation of Social Workers. (2018, July 2). *Global social work statement of ethical principles*. https://www.ifsw.org/global-social-work-statement-of-ethical-principles/

IAS Gyan. (2024, June 29). Global drug use trends: UNODC report. *IAS Gyan*. https://www.iasgyan.in/daily-current-affairs/global-drug-use-trends

Jackson, L. A., McWilliam, S., Martin, F., Dingwell, J., Dykeman, M., Gahagan, J., & Karabanow, J. (2014). Key challenges in providing services to people who use drugs: The perspectives of people working in emergency departments and shelters in Atlantic Canada. *Drugs: Education, Prevention and Policy, 21*(3), 244–253. https://doi.org/10.3109/09687637.2013.870534

John, M. L., Otene, I. J. J., & Antenyi, G. E. (2023). An overview of drug abuse: Causes, effects, and control measures. *Asian Journal of Medicine and Health, 21*(11), 263–268. https://doi.org/10.9734/AJMAH/2023/v21i11945

Kam, P. K. (2021). From the strengths perspective to an empowerment–participation–strengths model in social work practice. *The British Journal of Social Work, 51*(4), 1425–1444. https://doi.org/10.1093/bjsw/bcaa184

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954–2965. https://doi.org/10.1111/jan.13031

Kangbai, J. B., Thomas, H., Heroe, P., Sesay, U., & Lansana, P. (2024). Understanding substance abuse and addiction among youths and adolescents in Western Sierra Leone: Risk factors, challenges, and prevention strategies. *Annals of Medical and Health Sciences Research, 14*(1), 905–910. https://doi.org/10.5281/zenodo.14287215

Khanyi, V., & Malesa, K. J. (2022). Challenges faced by social workers in rendering services to nyaope substance users. *Social Work/Maatskaplike Werk, 58*(1).

Khatib, M., Shah, R., Mendhe, S., Whisner, C., & Buman, M. (2025). Bridging the divide: Barriers and facilitators to equitable community–academic partnerships in health research. *Frontiers in Public Health, 13*, 1617908. https://doi.org/10.3389/fpubh.2025.1617908

Kibria, A. (2018). Substance abuse and rehabilitations: Role of a social worker. *UITS Journal of Humanities and Social Sciences, 6*(1), 103–112.

Kievišienė, J. (2022). Social work with individuals having alcohol usage problems: Overview of the situation in Lithuania. *Socialinė teorija, empirija, politika ir praktika, 24*, 54–68. https://doi.org/10.15388/STEPP.2022.37

Kourgiantakis, T., Lee, E., McNeil, S., Craig, S., Chandrasekera, U., Sur, D., Tekirdag Kosar, A. K., Ashcroft, R., Tait, C., Lau, C. K. Y., Williams, C. C., Goldstein, A. L., & Henderson, J. L. (2023). Youth cannabis use in Canada post-legalization: Service providers' perceptions, practices, and recommendations. *Substance Abuse Treatment, Prevention, and Policy, 18*(36). https://doi.org/10.1186/s13011-023-00550-1

Kuyini-Abubakar, A., Alhassan, A. R. K., & Mahama, F. K. (2011). The Ghana community-based rehabilitation program for people with disabilities: What happened at the end of donor support? *Journal of Social Work in Disability & Rehabilitation, 10*(4), 247–267. https://doi.org/10.1080/1536710X.2011.622981

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Sage Publications.

Lahai, M., Vandy, A., Turay, A., Kolipha-Kamara, M., & Conteh, E. (2024, August 28). *Synthetic cannabinoids in Sierra Leone: Understanding the use of kush among youths and its socioeconomic impact in Sierra Leone and subregion* [Preprint]. Authorea. https://doi.org/10.22541/au.172486772.20253507/v1

Lahai, M., Vandy, A., Turay, A., Kolipha-Kamara, M., & Conteh, E. (2025). Synthetic cannabinoids in Sierra Leone: Understanding the use of "kush" among youths and its socioeconomic impact in Sierra Leone and sub-region. *Public Health Challenges*. https://doi.org/10.1002/puh2.70031

Lakhan, S. E. (2006, February 15). The biopsychosocial model of health and illness. *Brain Blogger*. http://www.brainblogger.com/2006/02/15/bps-the-biopsychosocial-model-of-health-illness/

Lemahieu, J.-L. (2023). Promoting evidence-based prevention strategies to mitigate the harms of drug use: The role of the United Nations Office on Drugs and Crime. *UN Chronicle*. https://www.un.org/en/un-chronicle/promoting-evidence-based-prevention-strategies-mitigate-harms-drug-use-role-united

López, G., Orchowski, L. M., Reddy, M. K., Nargiso, J., & Johnson, J. E. (2021). A review of research-supported group treatments for drug use disorders. *Substance Abuse Treatment, Prevention, and Policy, 16*(1), 51

Lune, H., & Berg, B. L. (2017). *Qualitative research methods for the social sciences* (9th ed., global ed.). Pearson Education Limited.

Myers, B., Da Silva, N., McLaughlin, S., Purnomo, J., Shumskaya, D., Koume, K., Suhartono, S., Campello, G., & Busse, A. (2025). *The relationship between patient-centred care for substance use disorders and patient outcomes: A scoping review. International Journal of Drug Policy, 139*, 104770. https://doi.org/10.1016/j.drugpo.2025.104770

Magnusson, L., Kebbie, I., & Jerwanska, V. (2022). Access to health and rehabilitation services for persons with disabilities in Sierra Leone: Focus group discussions with stakeholders. *BMC Health Services Research, 22*, 1003. https://doi.org/10.1186/s12913-022-08366-8

Madisha, R. M., & Skhosana, R. M. (2022). Are we ready yet? Social workers' preparedness to render social support to persons with substance abuse challenges. *Social Work/Maatskaplike Werk, 58*(4). https://doi.org/10.15270/58-4-1075

Manurung, L. (2024). The impact of drug abuse on families and society: A literature review. *Majority Science Journal, 2*(2), Article 168. https://doi.org/10.61942/msj.v2i2.168

Marsiglia, F. F., Huang, C. K., Williams, J. H., Munyuwiny, S., Makunyane, L., Molobe, D. I., Freeman, R., Kulis, S. S., Ogbonnaya, I., & Lightfoot, E. (2024). Substance use among adolescents in sub-Saharan Africa: A narrative review of epidemiological data. *African Journal of Alcohol and Drug Abuse, 12*(1), 81–112. https://doi.org/10.4314/ajada.v12i1.5

Masombuka, J. (2024). Challenges of social workers in involving parents in the intervention process of young persons misusing substances. *African Journal of Inter/Multidisciplinary Studies, 6*(1), 1–11. https://doi.org/10.51415/ajims.v6i1.1597

Masombuka, J., & Mathibela, F. (2025). Community work strategies and support needs of social workers in providing substance use services to young people. *Health SA Gesondheid, 30*, Article a3022. https://doi.org/10.4102/hsag.v30i0.3022

McMakin, W. (2024, March 12). The main ingredients in Sierra Leone's kush are synthetic opioids and cannabinoids, report finds. *AP News*.

Mohamed, S. A. M., & Bashir, A. M. (2024). Voices of change: Stakeholders' roles in the fight against substance abuse in Mogadishu, Somalia. *Substance Abuse and Rehabilitation, 15*, 1–7.

National Association of Social Workers. (2020). *NASW standards for social work practice with clients with substance use disorders*. https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/NASW-Standards-for-Social-Work-Practice-with-Clients-with-Substance-Use-Disorders

National Association of Social Workers. (2024, August). Social workers can help with the substance use crisis. https://www.socialworkers.org/Practice/Tips-and-Tools-for-Social-Workers/Social-Workers-Can-Help-with-The-Substance-Use-Crisis

National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). U.S. Department of Health and Human Services, National Institutes of Health. https://archives.nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1), 1–13. https://doi.org/10.1177/1609406917733847

Otter.ai note transcript. (n.d.). Otter.ai. Retrieved February 2026, from http://otter.ai/note/2LHNYXX7I3A5YJ7D

Office for Health Improvement and Disparities. (2024, January 25). Young people's substance misuse treatment statistics 2022 to 2023: Report. *GOV.UK*. https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report

Ofovwe, C. E., & Lewis, J. S. (2025). Psychosocial characteristics of patients with substance use disorder seen at the Sierra Leone Psychiatric Teaching Hospital (USLTHC), Kissy,

Freetown. *Sierra Leone Journal of Medicine, 2*(2), 21–26. https://doi.org/10.69524/sljm.v2i2.99

Olawole-Isaac, A., Ogundipe, O., Amoo, E. O., & Adeloye, D. (2018). Substance use among adolescents in sub-Saharan Africa: A systematic review and meta-analysis. *South African Journal of Child Health, 12*(Special Issue), 1–7. https://doi.org/10.7196/SAJCH.2018.v12i2.1524

Onalu, C., Obi-Keguna, C., & Eya, O. (2017). Rehabilitation in social work practice. In U. Okoye, C. Chukwu, & P. Agwu (Eds.), *Social work in Nigeria: Book of readings* (pp. 124–134). University of Nigeria Press.

Osborne, A., Aboagye, R. G., Olorunsaiye, C. Z., James, P. B., Bangura, C., Seidu, A.-A., Kangbai, J. B., & Ahinkorah, B. O. (2024). Alcohol use among in-school adolescents in Sierra Leone. *BMJ Open, 14*, e080222. https://doi.org/10.1136/bmjopen-2023-080222

Osborne, A., James, P. B., Olorunsaiye, C. Z., Bangura, C., & Lebbie, A. (2024). Cannabis use and its psychosocial correlates among school-going adolescents in Sierra Leone. *BMC Public Health, 24*, Article 491. https://doi.org/10.1186/s12889-024-18491-0

Osborne-Leute, V., Pugatch, M., & Hruschak, V. (2019). Social work: Addressing substance use in the 21st century. *Substance Abuse, 40*(4), 435–440. https://doi.org/10.1080/08897077.2019.1690090

Pacher, C. (2019). *Social workers' perceptions of barriers to substance abuse treatment in Mississippi* (Doctoral dissertation, Walden University). Walden Dissertations and Doctoral Studies.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage Publications.

Paul, F. A., Saikia, P., Dangroo, A. A., & Ganie, A. U. R. (2024). Societal and individual impacts of substance abuse: A comprehensive exploration. In *Encyclopedia of the UN Sustainable Development Goals*. Springer. https://doi.org/10.1007/978-3-030-68127-2_430-1

Richert, T., Stallwitz, A., & Nordgren, J. (2023). Harm reduction social work with people who use drugs: A qualitative interview study with social workers in harm reduction services

in Sweden. *Harm Reduction Journal, 20*(1), Article 84. https://doi.org/10.1186/s12954-023-00884-w

Ray, L. A., Meredith, L. R., Kiluk, B. D., Walthers, J., Carroll, K. M., & Magill, M. (2020). *Combined pharmacotherapy and cognitive behavioral therapy for adults with alcohol or substance use disorders: A systematic review and meta-analysis.* JAMA Network Open, 3(6), e208279. https://doi.org/10.1001/jamanetworkopen.2020.8279

Riaz, S., & Sahar, M. (2019). Role of social workers in the rehabilitation of addiction at correctional facilities centers in Karachi, Pakistan. *Journal of Economics and Sustainable Development, 10*(11).

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.

Rumrill, S. P., & Bishop, M. L. (2023). The role of employment status, change, and satisfaction for people who have completed substance use disorder treatment. *Work, 74*(2), 355–369. https://doi.org/10.3233/WOR-236012

Saadi, A. I. N., Almayez, M. A. A., Alrashdi, F. M. K., Alanazi, A. J. K., Alrashdi, B. F. J., Alanazi, A. M. H., Altamimi, B. A. B., Alhubayshi, S. R. A., Alanazi, A. N. O., & Al-Baaj, A. K. (2024, August). The role of social workers in substance abuse treatment programs. *Letters in High Energy Physics*.

Saunders, M., Lewis, P., & Thornhill, A. (2018). *Research methods for business students* (7th ed.). Pearson Education Limited.

Shadung, M. M., Mbedzi, P. R., & Skhosana, R. M. (2024). "Please help me, I am drowning!": The cry of parents of adolescents with a substance use disorder. *Health SA Gesondheid, 29*, Article a2498. https://doi.org/10.4102/hsag.v29i0.2498

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 and Social Science, 12*(2), 170–176.

Smith, R. (2023, May 30). What is rehabilitation? Addiction rehab definition. *The Hader Clinic*. https://www.rayhaderclinic.com.au/resource-centre/rehab-meaning-what-is-rehab

Rapp, C. A., & Goscha, R. J. (2012). *The strengths model: A recovery-oriented approach to mental health services* (3rd ed.). Oxford University Press.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296–305. https://doi.org/10.1093/sw/41.3.296

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63–75.

Sieber, J. E., & Stanley, B. (1988). Ethical and professional dimensions of socially sensitive research. *American Psychologist, 43*(1), 49–55. https://doi.org/10.1037/0003-066X.43.1.49

Tsai, K. H., Moskowitz, A. L., Lynch, R. E., Daleiden, E. L., Mueller, C., Krull, J. L., & Chorpita, B. F. (2016). Do treatment plans matter? Moving from recommendations to action. *Journal of Clinical Child & Adolescent Psychology, 45*(6), 837–849. https://doi.org/10.1080/15374416.2016.1204922

Teru, S. P., Peter, A. I., Girei, A. A., & Vakkai, D. A. (2013). Economic implications of drug abuse among the youths. *ResearchGate*. https://www.researchgate.net/publication/316878446

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse, 19*(1–2), 75–87. https://doi.org/10.5172/conu.19.1-2.75

Ufere, N. N., Hinson, J., Finnigan, S., Powell, E. E., Donlan, J., Martin, C., Clark, P., & Valery, P. C. (2022). The impact of social workers in cirrhosis care: A systematic review. *Current Treatment Options in Gastroenterology, 20*(4), 160–176. https://doi.org/10.1007/s11938-022-00381-2

Unegbu, R. O. (2020). *Exploring the role of social workers in substance abuse treatment* (Doctoral dissertation, Walden University). Walden Dissertations and Doctoral Studies Collection.

Vilakazi, T. H., & Nkomo, T. (2023). Exploration and description of challenges experienced by social workers when providing out-patient treatment services to individuals with substance use disorders in Gauteng Province, South Africa. *Journal of Substance Use and Addiction Treatment.*

Viljoen, C. (2020). *Challenges faced by social workers rendering services to adult homeless individuals* (Master's thesis, Stellenbosch University). Stellenbosch University SUNScholar.

Winther Hansen, H., Møller, L., & Rasmussen, K. (2021). *A concept analysis of creative activities as intervention in occupational therapy.* PubMed. https://pubmed.ncbi.nlm.nih.gov/32552240/

Walter, C. (2007). *The story of Matthew: An ecological approach to assessment.* https://core.ac.uk/download/568421419.pdf

Weick, A., Rapp, C., Sullivan, W. P., & Kisthardt, W. (1989). A strengths perspective for social work practice. *Social Work, 34*(4), 350–354. https://doi.org/10.1093/sw/34.4.350

Yntema, C. (2022, November 10). The embodied and relational self in context. Chele Yntema. Retrieved April 17, 2025, from https://cheleyntema.com/the-embodied-and-relational-self-in-context/

Zhou, H., Zhu, J., Liu, H., Li, F., Fish, A. F., & Sun, X. (2022). The effect of family functioning on relapse tendency among individuals with substance use disorder: The mediating role of resilience and social support. *Frontiers in Psychiatry, 13*, 815118. https://doi.org/10.3389/fpsyt.2022.815118

Zuchowski, I., & McLennan, S. (2023). A systematic review of social work in general practice: Opportunities and challenges. *Journal of Evidence-Based Social Work, 20*(5), 686–726. https://doi.org/10.1080/26408066.2023.2202665

Zaidi, U. (2020). Role of social support in relapse prevention for drug addicts. *International Journal of Innovation, Creativity and Change, 13*(1), 915–926. http://www.ijicc.net

ANNEXES

Funded by the Erasmus+ Programme of the European Union

A. Non-plagiarism declaration

Submitted to the Erasmus Mundus Master's Programme in Social Work with Child and Youth:

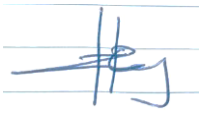
• Has not been submitted to any other Institute/University/College

• Contains proper references and citations for other scholarly work

• Contains proper citation and references from my own prior scholarly work

• Has listed all citations in a list of references. I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade in the programme.

Date: 28th May 2026

Signature: .....

Name (in block letters): .....GIBRILLA HENRY .....





Funded by the
Erasmus+ Programme
of the European Union

B: Declaration of informed consent for fieldwork

Informed consent

The following is a presentation of how I will use the data collected in the interview.

In order to ensure that projects meet the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether they will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and helps me in the continuing work with the project. In my analysis, some data may be changed so that no interviewee will be recognized. After finishing the project, the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

Student name & e-mail

Gibrilla Henry

gihenry@stud.mruni.eu

Supervisor name & e-mail

Assoc. Prof. Dr. Tomas Butvilas

tbutvilas@mruni.eu

Interviewee…….

C: Inform consent to conduct the interview

RIGA STRADINS UNIVERSITY
FACULTY OF PUBLIC HEALTH AND SOCIAL WELFARE
Welfare and social work department

Informed Consent

Date: 30 June 2025

By this I certify that **Gibrilla Henry** is the 2nd -year full-time student in Erasmus Mundus European Joint Master Social Work with Children and Youth (ESWOCHY) program at Riga Stradins University (RSU) and is carrying out her research for her Master thesis on the topic "**Social Work Practices in the Rehabilitation of Young People with drug abuse problems in Sierra Leone**". Aim of the research:

- Examine the roles of social workers in rehabilitation efforts related to drug abuse among young people.
- Explore the challenges social workers face in this field; and
- Identify possible improvements for more effective intervention.

I hereby confirm that he is acknowledged about the research ethics in social science and social work ethics in his research activities, including the following principles:

- Interviewees will be given information about the purpose of the research project.
- Interviewees have the right to decide whether they will participate in the research project, even after the interview has been concluded.
- The collected data will be handled confidentially, including data analysis and presentation, and will be kept in such a way that no unauthorised person can view or access it.
- It is kindly asked for your cooperation so that the data gathering as part of an ongoing research project can be completed.
- The recorded interviews will be used only for this research purposes and will be deleted after finishing the research.

ESWOCHY is implemented by the universities of the Consortium that is Mykolas Romeris University (Lithuania), Riga Stradins University (Latvia), The Catholic University in Ruzomberok (Slovakia) and ISCTE University Institute of Lisbon (Portugal).

ESWOCHY program director
Dr. Phd in Social Work
Riga Stradins University

Anna Broka

Welfare and Social Work department
E-mail: anna.broka@rsu.lv, +371 67061541, +371 27222201

D: Interview Guide

Background information

Gender……
……

Age:……

Educational Qualification:……. (Master's, Degree, Diploma)

Years of Experience as a Social Worker (working specifically with young people with drug abuse problems) …….

Type of Organization/rehabilitation center: ☐ Government agency ☐ NGO ☐ Community-based organization ☐ Other (please specify)
……

Section 1: Roles of Social Workers in Rehabilitation

1. ***What are your primary roles and what are your responsibilities in the rehabilitation of young people with drug abuse problems?***

Follow-up questions

- Tell me about the process you go through when you first meet a new client (young people)?
- How do you work with other professionals (e.g., health officers, counsellors, psychiatrists, family members)?
- What kind of interventions or programs do you use during the rehab process?
- What do you do to support young people in staying sober post-rehab?

2. ***How do you determine the needs of young people during the rehab process?***

Follow-up questions

- What tools or approaches do you use in your assessments?

- Do you focus on their personal history, family background, or social environment to understand their situation? (Yes or no), If yes, can you share how you go about it?
- How do you make sure that the rehab process meets the unique needs, circumstances, and strengths of each young person?
- How do you involve the young person in identifying their own needs and setting goals?

3. ***How do you keep young people motivated and engaged throughout the rehabilitation process?***

Follow-up questions

• What strategies do you use when a client becomes uncooperative or loses motivation?

Section 2: Challenges Faced by Social Workers in Practice

4. ***What is it that you mainly face in the rehabilitation of young people with drug abuse problems?***

Follow-up questions

- Are these issues related to the clients, the community, institutional policies, resources, or workloads?

5. ***How do cultural beliefs, stigma, or community attitudes influence your work with young people who abuse drugs?***

Follow-up questions

• Do these societal factors make your work easier or more difficult?

Section 3: Improving Rehabilitation Practices

6. ***What, in your view, can be done to improve the effectiveness of rehab programs for young people with drug abuse problems in Sierra Leone?***

Follow-up questions

- Which policy, funding, training, and community support areas do you think need the most attention?
- How do you think we could see better collaboration between different institutions?

7. ***What kind of professional or institutional support would help you work more effectively in rehab?***

Follow-up questions

- Would more training, supervision, resources or policy changes make a difference?
- What do you think government agencies or NGOs should be doing?

8. ***.Looking to the future, what changes would you like to see in the way rehab services are provided to young people in Sierra Leone*****?**

Follow-up questions

- How do you think social workers could play a more active role in this?

E. Use of Artificial Intelligence

The researcher used AI-assisted tools, especially Otter AI, a transcription service (not generative AI), to transcribe the interview audio. The researcher also made an effort to listen to and verify the data after transcription. Grammarly was also used to help with grammar, structuring and revision. Furthermore, the author used AI generation tools to support the visual explanation of theories and the conceptual framework derived from the study's empirical results and data (not fabricated by generative AI). In conclusion, all the AI outputs were reviewed, and the researcher's exact ownership of the final output was confirmed.