

## Assessing Hospitality Services in Addiction Recovery Centers in 6<sup>th</sup> of October City

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### Abstract

**Aim:** Addiction recovery centers help to promote a healthful lifestyle to accompany substance abuse patients' recovery. Important aspects of self-care include food services programs, accommodation facilities and proper sleep, and devoting time for entertainment activities.

#### Objectives of the study:

1. To evaluate and discuss the accommodation and workforce services in addiction recovery centers.
2. To assess the food services and eating patterns for addicts.

Survey questionnaires observation and interviews were used. The study gathered recorded and analyzed data in 6 selected public and private addiction recovery centers. Eighty (80) questionnaires were distributed to patients (recovered ones) and staff.

### Literature Review

#### Drug Use in Egypt

Meray *et al.*, (2016) clarified that "in Egypt, drug dependence is considered one of the serious problems that worry both people and government; however, epidemiological data on drug dependence are still few. Miscellaneous studies have reported the incidence of abuse and dependency on substances among university students population. Young adults aged 15-24 years constituted about 20% of the Egyptian population in 2000. Specific attention is needed for the younger age of drug users and the progressive increase of some of drugs abuse and the changing pattern of poisoning over years."

#### Addiction, Addicts, and Related Concepts

Walton-Moss, (2013), described Addiction as a chronic relapsing brain disease that is characterized by compulsive behavior. *Karasaki et al.*, (2013), stated that "the concept of 'addiction' has long been used to explain alcohol and other drug consumption considered to be 'excessive' ". More recently, the term has also become popular in academic and everyday discourse in relation to activities such as eating, gambling, sex, Internet use and shopping. Despite, or perhaps because of, this widespread use, 'addiction' remains an ambiguous concept; what is meant by addiction depends on the context in which it is used.

#### Medication Tourism for Addiction

Everyone has probably heard the term medical tourism. This is not travel for peace of mind and cultural experience; instead it is travel to another country for medical care at a lower price or to gain access to medical treatments not available in their home country (Baker, 2014).

Bennie (2014) listed six reasons people seek medical care abroad: (1) to receive specific medical treatments not found in their own countries; (2) to obtain more immediate surgery or other medical care; (3) to receive lower-cost dental and medical services; (4) to get treatment not covered by their health insurance; (5) to purchase cheaper prescription drugs; and (6) to shop for medical procedures not approved by regulatory bodies in their home countries, such as the Food and Drug Administration.

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### **The Workforce in Addiction Centers**

Szydlowski and Amato (2017) Stated that the path to recovery for those dealing with drug and alcohol addiction requires a person's willingness to become sober, change lifestyle and behaviors, and develop new coping skills. Support services are needed to supplement this individual commitment. The main goal of treatment and rehabilitation of drug addicts is to avoid physical and psychological dependency on drug. Towards that end, two approaches are implemented; firstly, termination of drug dependency through rehabilitation in the institution and supervision in the community and secondly, prevention of relapse (Adams *et al.*, 2011). Addictions treatment is facing a workforce crisis. High turnover rates, worker shortages, an aging workforce, inadequate compensation, insufficient professional development, lack of defined career paths and stigma currently challenge the field. These deficiencies have a direct impact on workers and the patients/clients under their care (Whitter *et al.*, 2006). Addiction recovery centers should help to promote a healthful lifestyle to accompany substance abuse patients' recovery. Important aspects of self-care include physical activity, proper sleep, and devoting time for pleasurable activities. These activities may help to keep patients positive, improve health, establish new routines, and reduce idle time that may lead to relapse (Salz, 2014).

### **Eating Patterns and Food Service in Addiction Home Care**

King *et al.*, (2012), stated that “despite the importance of diet and nutrition to human health, the overall volume of research investigating the nutritional status and dietary habits of heroin users is small. Studies have, however, been undertaken in many countries and point repeatedly to malnutrition, low bodyweight and essential nutrient and vitamin deficiencies”. Neale *et al.*, (2011), found that “the dietary behaviors of heroin users are a fundamental but often overlooked area of research and treatment. Irregular eating patterns and missed meals, poor appetite, consumption of foodstuffs with low nutritional value, elevated levels of caffeine intake, low interest in food as a social or pleasurable activity and eating disorders are widespread. Good nutrition, relaxation, and exercise all play an important role in successful detoxification from alcohol and drugs abuse. Learning to make healthy food choices is important to achieve a healthy lifestyle. Because they have neglected their diet for a long time, addicts experience gastrointestinal disorders such as diarrhea, constipation and an inability to digest foods properly, along with a poor appetite (Grotzkyj-Giorgi, 2009). Van Zyl (2011), found many interactions between drugs and nutrition. In many instances drugs and nutrients use similar sites for absorption, and are metabolized and excreted through the same organs. Poor nutritional status can impair drug metabolism. People who are at higher risk for drug–nutrient interactions include those who:

- Have impaired hepatic, renal or gastro-intestinal function.
- Are nutritionally compromised due to chronic disease.
- Have recent weight loss or dehydration.
- Are on multiple and prolonged drug therapy.
- Are at the extremes of age with changes in lean body mass, total body fluids and plasma protein concentration.

Alcohol and food absorption are affected by multiple factors including: concurrent consumption, sex, hormones, pregnancy, and/or disease status. While food intake can, in the short term, exert a protective effect against the toxic effects of alcohol consumption, alcohol consumption over time can adversely affect the quality and quantity of proper nutrient supply and energy intake. Dietary intake among heavy drinkers is generally considered poor (May *et al.*, 2014). Grant *et al.* (2004) have stated “the addiction common nutritional deficiencies are:

**Carbohydrate Deficiency:** Usually addicts consume too many simple carbohydrates, and less complex carbohydrates which result in severe malnourishment.

**Protein Deficiencies:** Drugs and alcohol affect liver and small intestine resulting in problems with amino acids processing and absorption. **Fat Deficiencies:** Deficiency in Omega-6 and Omega-3 fatty acids.

**Zinc:** Over consumption of caffeine, sugar, alcohol, drugs and unbalanced meals decreases zinc stores. Caffeine intake should be monitored, as it triggers the same reward centers of the brain as

do substances and can markedly influence anxiety and sleep. Low caffeine intake and smoking cessation have been shown to improve long-term sobriety for all addictions (Salz, 2014).

**Methodology**

The study involved the administrators, program facilitators and addicts. The private rehabilitation centers in 6<sup>th</sup> October City are selected. In selecting the participants the research conducted an initial survey wherein the following criteria were considered: (1) approval of the administrators of the selected rehabilitation centers; and (2) accessibility to the program facilitators and some clients. Survey questionnaires, observation and interviews were used in the study. The interview supplemented the data collected from the survey questionnaires. Eighty (80) questionnaires were distributed to patients (recovered ones) and staff. Six private drug rehabilitation centers were involved:

1. Dar El-Shefaa for Recovery and Rehabilitation Center;
2. Dar El-Hadaba for Recovery;
3. Clinic of Psychological Therapy;
4. Nour Zeyada Center for Change and Recovery;
5. Pure Life Rehabilitation Center;
6. Brain Care Hospital for Recovery.

**Validity of the Questionnaire**

The questionnaire was presented in its preliminary form to a group of nine (9) specialists in the field of therapeutic and health tourism and resorts to identify their opinions on the appropriate nature of the questions of the subject of the study (hospitality services in addiction homes). Then Cooper equation was calculated for the proportions of the agreement.

**Reliability of The Questionnaire**

**Cronbach's Alpha**

The stability of the questionnaire was calculated by Cronbach's Alpha method on a sample consisting of thirty (30) persons (Table. 1).

**Table (1): Cronbach's Alpha**

Section	Cronbach's Alpha	No. of Items
Addiction and therapy services	.785	6
Accommodation and entertainment services	.730	6
Total	.797	12

**Digital appreciation for each question**

$$\frac{(\text{Not prefer red at all} \times 1) + (\text{prefer red} \times 2) + (\text{Highly prefer red} \times 3)}{\text{Number of sample members}}$$

$$\text{Approval level} = \frac{n - 1}{n}$$

(n) Indicates the number of responses = 3 and the following table (2) shows the level and extent of approval for each question response.

**Table (2): The Level and Extent of Approval for Each Question Response**

Availability	Range	Approval level
Low	From 1 to (0.66+1.34) =1.66	All
Medium	From 1.67 to (0.66+1.67) =2.33	Most
High	From 2.34 to (2.33+1) =3	No

The response results of the questionnaire and its dimensions are arranged according to the relative weight to determine availability. Table (3) shows the two sections of the study and their average relative weight.

**Table (3): Average Relative Weight**

Section	Average Relative Weight	Availability	Ranking
Addiction and Therapy Services	1.90	Medium	1
Accommodation and Entertainment Services	1.76	Medium	2
Questions	1.83	Medium	

Table (3) shows the level of services provision in both two sections of the questionnaire (addiction and therapy services and accommodation and entertainment services) was medium. The relative weight of all the questions of the questionnaire was (1.83)

**Section (1) Work Situation**

**Work Field**

Table (4) shows that 75% of the sample working in the field of addiction, and 25 % of the sample are recuperated (recovered). Keane *et al.*, (2014) ensured that staff and service education is a necessity to facilitate recovery. There are role models such as former service users in recovery who could be shown to people in clinics. This is a missed opportunity to recycle recovery. The language and culture of recovery should be embraced and promoted by professionals. Services should be motivational with information, education and support apparent. Cycle of addiction for service users, Drug free options should be promoted.

**Table (4): Work Experience**

Work Field	No.	%
Form working in the same field of addiction	60	75
Recuperative (recovery addictions)	20	25
Total	80	100

**Skills of staff in addiction recovery center**

According to table (5) the relative weight of staff skills is 1.85 meaning that the categories of staff skills in recovery addiction center is medium.

**Table (5): Skills of Staff**

Response		Skilled	Semi-Skilled	Non-Skilled	Relative Weight	Availability
Staff Skills	R	24	18	38	1.85	Medium
	%	30.0	22.5	47.5		

**Section 2: Accommodation and Entertainment Services**

**Response Rate and Relative Weight:**

**Accommodation services in the recovery center**

According to table (6) the accommodation services in recovery centers were in the scope of the medium where the relative weight reached (2.03) and that means that accommodation services in recovery center is in a good range. Davidson and White (2010) stated a selective list of recovery support services:

- Recovery mentoring, guiding or coaching and case management.
- Transportation to and from clinical, rehabilitative, and other recovery-oriented, community-focused activities.
- Sober and supported housing options such as transitional housing and recovery houses.
- Social support and community engagement services, such as recovery community centers and mutual support.

**Table (6): Accommodation Services in Recovery Center**

Response		Excellent	Good	Poor	Relative Weight	Availability
Accommodation services	R	31	20	29	2.03	Medium
	%	38.75	25.00	36.25		

**Food services in recovery centers**

It is noted from table (7) that food services in the recovery centers were in the scope of the low

, where the relative weight reached (1.59) and that means that food services in recovery center is poor.

**Table (7): Food Services in Recovery Center**

Response		Excellent	Good	Poor	Relative Weight	Availability
Food services	R	12	23	45	1.59	Low
	%	15.00	28.75	56.25		

**Spiritual exercises and practices**

From table (8) we can observe that spiritual exercises and practices in the recovery center is low where the relative weight reached 1.40. *Mohamed and Marican (2018)* indicated that the inclusion of religion and spirituality into drug treatment has been found to have positive effect on preventing relapse among residents and clients.

**Table (8): Spiritual Exercises and Practices**

Response		Excellent	Good	Poor	Relative Weight	Availability
Spiritual exercises and practices	R	9	14	57	1.40	Low
	%	11.25	17.50	71.25		

**Entertainment and relaxation programs**

From table (9) it is observed that entertainment and relaxation programs in recovery center are medium. Where the relative weight reached (1.84) i.e. entertainment and relaxation programs are in medium range.

**Table (9): Entertainment and Relaxation Programs**

Response		Excellent	Good	Poor	Relative Weight	Availability
Entertainment and relaxation programs	R	26	15	39	1.84	Medium
	%	32.50	18.75	48.75		

**Problems in recovery center**

Table (10) shows that 17.5% of the sample indicates that the recovery center face problems in applying programs related to escaping and absenteeism of patients, 51.25% of the sample face problems in non-skilled staff. Finally, 31.25% of the sample faces problems in applying accommodation and food services.

Keane *et al.*, (2014) clarified the basic organizational requirements like good care planning and case management need to be properly and consistently applied to facilitate service user continuity through the system. There is a requirement here for staff and services to be properly trained and co-ordinate to support clients in recovery. Service users in recovery need to be more assertive, both individually and collectively. As they become educated about recovery, they in turn will educate others in addiction recovery.

**Table (10): Problems in Recovery Center**

Problems in recovery center	No.	%
Escaping and absentism of patients	14	17.50
Non-skilled staff	41	51.25
Accommodation and food services	25	31.25
Total	80	100

**Specialized Dietitians**

It is noted from table (11) that recruitment of specialized dietitian was Low, where the relative weight was (1.65). Dependence on alcohol and other drugs strongly influences the nourishment and nutritional status of individuals, both biologically (as it affects appetite, adequate ingestion of nutrients, and the nutritional status) and socially (interfering in eating habits, self-care, and adequate food choices). Both malnutrition and obesity and episodes of compulsive eating have been reported by patients who use drugs or who are undergoing treatment for dependence (Ribeiro and Carvalho, 2016).

**Table (11): Recruitment of Specialized Dietitian**

Response		Yes	Sometimes	No	Relative Weight	Availability
Specialized dietitian	R	16	20	44	1.65	Low
	%	20	25.00	55		

**Statistical relation**

It is noted from table (12) there is a statistically significant correlation between therapy services and accommodation and entertainment services at a level of significance = 0.01.

**Table (12): correlation between the two sections**

Therapy Services	N	correlation	Sig
Accommodation and Entertainment Service	80	0.659**	0.01

There is no statistically significant difference between length of work experiences and all of questions responses.

**Table (13): correlation between length of work experiences questions' responses**

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
length of work experiences	Between Groups	41.364	2	20.682	0.774	0.465
	Within Groups	2058.186	77	26.730		
	Total	2099.550	79			

**Conclusion**

The main findings of this study indicate that training and working in a specialist setting have a significant positive influence on staff attitudes. In terms of the patients' perception of the services implemented in the rehabilitation center, the patients perceived that the center have a very high extent of compliance with the physical facility, that gives them privacy and comfort. Also, it contributes to their immediate treatment. Effective services and supports pay attention to the whole person and all of her / his various needs—not just the substance use. Evidence suggests that the most successful residential programs are focused on accommodation, food and beverage services, and entertainment programs.

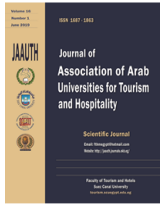
**Recommendations**

- The recovery industry would have better outcomes, if all the staff takes specialized training on hospitality services and communication skills.
- The need to the recovered staff is a necessity in recovery centers to assist new patient and delivering experience.
- The food and beverage employees should have good knowledge about menu engineering for patients and their nutritional needs.
- Continuous maintenance and improvement of the entertainment facilities are suggested.
- Special accommodation, facilities, fixtures, and equipment are highly recommended for patients according to their needs.
- It is recommended to have a relaxation programs such as SPA, recreational halls, and GYM in addiction centers.

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## مجلة اتحاد الجامعات العربية للسياحة والضيافة (JAAUTH)

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### تقييم خدمات الضيافة بمراكز التعافي من الإدمان بمدينة السادس من أكتوبر

نها سعد الدين اسماعيل الشاعر

قسم إدارة الفنادق، كلية السياحة وإدارة الفنادق، جامعة 6 أكتوبر

#### المخلص

أسهم العقد الماضي في تطوير علاجات أكثر نجاحًا لإدمان المخدرات، لكن العديد من الأفراد الذين يعانون من الإدمان لا يزالون بدون علاج، ولا تزال توقعات العلاج الأفضل جودة تتصاعد. ولقد ركزت الدراسة على فعالية خدمات الإقامة والأغذية والمشروبات وكذلك مهارات القائمين على الخدمة ومقدميها. أيضاً تشمل الدراسة تحليل الجوانب المهمة للرعاية الذاتية للنشاط البدني والنوم المناسب وتخصيص الوقت للأنشطة؛ فقد تساعد هذه الأنشطة على الحفاظ على إيجابية المرضى وتحسين الصحة.

#### أهداف الدراسة

1. تقييم خدمات الضيافة كإقامة والعنصر البشري (العمالة المؤهلة) في مراكز التعافي من الإدمان.
  2. تقييم خدمات الأغذية والمشروبات والوجبات الصحية الملائمة.
- منهج الدراسة:** تحديد خدمات الضيافة في مراكز التعافي من الإدمان بمدينة السادس من أكتوبر. تم استخدام طريقتي الاستبيان والمقابلة الشخصية لجمع بيانات الدراسة، كذلك استخدام الطريقة الوصفية التي تهتم بعملية تسجيل وتحليل وتصنيف وتفسير البيانات المجمعة باستخدام الطرق الإحصائية.
- نتائج الدراسة:** تبين من الدراسة أن المتعافين في مركز الشفاء يحتاجون إلى مزيد من الاهتمام بخدمات الضيافة كبرامج الأغذية، الإقامة، الترفيه وكذلك العمالة المؤهلة.
- التوصيات:** أوصت الدراسة بضرورة وضع برامج فندقية علاجية لخدمة المتعافين باعتبارها أحد أنماط السياحة العلاجية.

#### معلومات المقالة

#### الكلمات المفتاحية

مراكز التعافي؛  
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