



Parental Involvement and Treatment Process in Drug Users at The Blue Cross Reception Center: Case of Therapeutic Injunction Challenges in Ivory Coast.

Ange-Mathieu ADOU

Doctor of Psychology, specialization : Differential Genetic Psychology, Félix Houphouët Boigny University

Kouakou Alain KOUADIO

Doctor of Psychology, specialization : Differential Genetic Psychology, Félix Houphouët Boigny University

Abstract

The medical, psychological, and social care of drug users is a current topic of discussion in our society. This public health concern has prompted much reflection in the fields of health and justice. As a result, several public health measures have been implemented, such as court-ordered treatment, which compels individuals to undergo medical examinations and a treatment program in specialized centers like the Blue Cross Reception Center. It is a leading hospital facility in the field of rehabilitation and treatment for individuals addicted to substance abuse. However, the treatment process for people with substance use disorders admitted under a court-ordered treatment mandate at the Blue Cross Reception Center is sometimes subject to disruptions and interruptions. Thus, our analysis focuses on the factors that influence the treatment process for people with substance use disorders admitted under a court-ordered treatment mandate at the Blue Cross Reception Center. The methodology of this study is based on the variables under investigation, the characteristics of the participants, and the research materials (a survey to assess parental involvement and each patient's medical record). Eighty patients were surveyed. The results revealed that patients whose parents are actively involved are less likely to discontinue treatment than their counterparts whose parents are uninvolved. This study could help policymakers better define the parameters of court-ordered treatment to develop more effective treatment policies. The findings of this study will help patients admitted under court order achieve better reintegration into family and professional life.

Key words: Parental involvement, Treatment process, Therapeutic injunction, Drug addicts

Received 07 Oct., 2026; Revised 16 Oct., 2026; Accepted 18 Oct., 2026 © The author(s) 2026.

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I. INTRODUCTION

Drug use is a growing concern in today's society. This concern has aroused a great deal of interest in the fields of health and justice. A number of researchers have looked into the impact of illicit substance use on health and society (Musshoff and Madea, 2006; Quickfall and Crockford, 2006). According to some neuroimaging studies, regular drug use leads to global changes in brain activity in the cortex (Ashton, 2001; Harvey and al., 2007). This consumption of substances can lead drug users to deviant behaviour (theft, aggression, rape, etc.).

Despite being banned by the courts in Ivory Coast, drug use continues to raise questions about its causes and how to reduce its spread. As a result, the Ivorian authorities have introduced a new health policy to combat drug trafficking and use. Law No. 2022-407 of 13 June 2022 on the fight against trafficking and the illicit use of narcotics, psychotropic substances and their precursors in Côte d'Ivoire, relating to health measures to combat drug addiction and the repression of trafficking, introduced the possibility of considering drug addicts as sick people. They benefit from an alternative to prosecution in the form of a therapeutic injunction by undergoing medico-psychosocial monitoring. According to the regional health agency (2020), a therapeutic injunction is a binding legal measure that requires the defendant to submit to medical examinations and medico-psychosocial treatment. It is therefore a judicial response that complements existing measures. It is intended for people who

have used drugs.

The aim is to make the accused aware of the risks associated with their drug use and to refer them to specialist center such as the Blue Cross Drop-In Centre for treatment. The Blue Cross Reception Center is a public hospital facility staffed by specialists in the care of patients addicted to psychoactive substances and enrolled in a treatment program. The aim of the center is to help over-users and drug-dependent people recover by weaning themselves off drugs, through a voluntary, personal, free and, above all, assisted process. This care involves the collective and committed action of volunteer activists, most of whom have themselves experienced the effectiveness of the Blue Cross method. The treatment process at the Blue Cross Reception Center is based on an accompanying process, the main actions of which consist of a commitment to the deprivation of psychoactive substances, respect for the patient's commitment and the reduction of risks and harm. Explicitly, the center aims to help alcoholics and drug addicts get off drugs; to rehabilitate patients; to ensure their family, professional and social reintegration; to train those involved in dealing with alcoholism and drug addiction; to educate and raise awareness among the general public through presentations and public conferences on the dangers of drugs.

To this end, several studies have been carried out to gain a better understanding of the difficulties of the treatment process in some users of psychoactive substances (Kouakou, 2018; Diboh et al., 2022; Dje bi and Coulibaly, 2017). The study by Diboh et al. (2022) shows that selective attention has an impact on the processing process. However, for Dje bi and Coulibaly, (2017), individual characteristics influence the treatment process of drug addicts. The study involved 83 female patients from the Blue Cross Reception Center Ivory Coast, aged between 14 and 67. The results underline the importance of treating young girls for drug-related problems. However, in the study by Kouakou (2018), family support varies the treatment process. Indeed, his study focused on sixty (60) alcoholics (men and women) aged between 15 and 60 at the Blue Cross Reception Center in Abidjan. The results showed that patients with strong family support did not relapse after treatment.

These studies explain the treatment process for substance users. They are based on individual characteristics, selective attention and family support. However, these studies do not clearly show the contribution of parental involvement in the treatment process for substance abusers. Parental involvement is a polysemous concept (Epstein, 2001). It includes educational practices in the home (operating rules), the degree of family communication, parental supervision in the home, participation in decision-making and collaboration with the community. According to Hoover-Dempsey and Sandler (1995, 1997), parental involvement refers to parents' beliefs about what they can do for their child. Parents are likely to be more involved in their child's education if they realize that this involvement is an integral part of their parental role. This understanding of parental involvement will determine the type of activities that the parent will consider important. Parental involvement is likely to evolve, since it is the beliefs that parents have about their child's development and education, such as beliefs about the appropriate support roles at school and at home, that underpin this variable (Deslandes and Bertrand, 2004). Parenting is said to be influenced by the groups to which parents belong, such as family, school and workplace. This understanding of parental involvement is therefore of particular importance, as it is responsible for the type of activities that parents feel are necessary for their child's education. Furthermore, parents who develop an active perception of their parental role tend to be more involved in their child's education and support than parents who have a more passive perception of their role (Green et al., 2007). In other words, parental disinterest could have a negative influence on the treatment process and lead to interruptions. This is why several studies have shown the importance of family support in the treatment process for drug addicts.

Studies by (Baumrind, 1991; Dorius and al., 2004; Munk, 2008) provide an explicit understanding of the influence of parental input in the treatment process. These studies have shown that parental guidance, described as parents' supervision and knowledge of the adolescent's output, is effective in supporting treatment. A number of other studies support this assertion, stating that the quality of family relationships promotes good supervision (medication use) and good treatment (Parker and Benson, 2004; Schmidt, Liddle and Dakof, 1996). For Griffin and al, (2000), people from two-parent families are more likely to follow treatment completely. Ledoux et al, (2002) go even further by examining three parental structures (two-parent, single-parent, blended) and concluding not only that two-parent families are a protective factor, but also that it is the blended families that are most at risk of having their adolescents interrupt the treatment process.

The studies reviewed show that the treatment process for drug addicts varies according to individual characteristics, the type of family, the quality of the family relationship and family support. However, none of the studies reviewed looked at the impact of parental involvement in the treatment process for patients admitted under a therapeutic injunction at the Blue Cross Reception Center in Ivory Coast. However, at the Blue Cross Reception Center, some patients admitted under a therapeutic restraining order stop treatment. We are therefore entitled to ask what the relationship is between parental involvement and the treatment process for drug addicts admitted under a therapeutic injunction at the Blue Cross Reception Center. A study based on this problem could provide new insights into the role of parental involvement in the implementation of the therapeutic restraining order program. This study could help decision-makers to better define the contours of the injunction

for a balanced therapeutic policy. Carrying out this study will help drug users admitted for treatment to achieve better family and professional reintegration.

The aim of this study is therefore to analyze the relationship between parental involvement and the treatment process of patients admitted under a therapeutic injunction at the Blue Cross Reception Center. This objective can be broken down into an operational hypothesis: patients whose parents are involved interrupt treatment less than their counterparts whose parents are disinterested.

II. METHODOLOGY

The study examines the relationship between parental involvement and the treatment process in Blue Cross patients. It is therefore important to specify in this section the variables under study, the characteristics of the subjects and the research material.

1- Study variables

1-1. Independent variable

The independent variable in this study is parental involvement. It takes into account the parents' presence at appointments, the parents' control and knowledge of the patient's outings, the parents' emotional contribution, the parents' compliance with medical and psychological instructions, good medical-parental collaboration, compliance with appointments and good parent-child relations. This variable is therefore subdivided into two modalities: involved parents and disinterested parents.

1-2. Dependent variable

This study proposes to explain the difficulties observed during treatment as a function of parental involvement. The treatment process is therefore the dependent variable. The treatment process is defined as a sequence of treatments. Each stage produces a specific contribution (Anaes, 2004). By treatment process, we mean a concept that is studied on the basis of two modalities: treatment interrupted and treatment followed. Interrupted treatment refers to a care process stopped before the first control test. Ongoing treatment, on the other hand, refers to a care process carried out after the first control test.

2- Method

2-1. Participants

The investigation focused mainly on drug addicts admitted on a therapeutic injunction to the blue Cross drop-in center. The Blue Cross Reception Center is, by reference, a treatment center for the withdrawal of psychotropic substances. As such, it is part of the treatment process for drug-addicted patients. The average length of follow-up for the patients surveyed was three months. This period begins as soon as the prosecutor's a be-transmitted is received. Eighty (80) patients, mainly men aged between 18 and (42) admitted under a therapeutic injunction, took part in the study.

2-2. Measuring instruments

Two instruments were used to gather information from subjects: a questionnaire and each patient's medical file.

2-2-1. Medical file

The medical files of the Blue Cross Reception Center contain information entered by the specialists (doctors, psychiatrists and psychologists) at the center, relating to the medical diagnosis and the results of examinations. The medical files also contain summaries of interviews carried out by social workers and information about the patients' family, work and living environment, their origin, the number of the public prosecutor's office, the number of the report and the name of the responding parent. This is therefore very important data, enabling us to give a more precise trajectory to the investigations.

The medical file therefore brings together all the information that has been formalized and that has contributed to the development of the diagnosis, treatment or any other preventive action that has been the subject of written exchanges between health professionals. Examination of the medical records enabled us to obtain information relating to compliance with treatment, the history of the disease, the diagnosis, the nature of the medical care, the results of the first toxicology test and the results of the various controls.

2-2-2. Questionnaire

The questionnaire is a data collection technique that takes the form of a series of questions asked in a specific order. It is a tool regularly used in the social sciences (sociology, psychology, marketing). It can also be used to

gather a large number of testimonials or opinions. Our questionnaire is divided into three parts. The first provides information on the identity and origin of the patient, the second on parental control and parent-child collaboration, and the third assesses medical-psycho-parental collaboration.

2-3. Data collection procedure

The instruments used to collect the data began with consultation of the medical records, followed by the questionnaire. We administered the questionnaire ourselves. The study questionnaire took 20 minutes to complete. In practice, once the patients had been selected on the basis of the 'a be-transmitted', informed consent was sought from them and from the responding parent, and obtained by signing a consent form. This form explains the aims of the study and emphasizes the confidentiality of personal data.

Two variables are highlighted in this study. An independent variable (parental involvement) and a dependent variable (treatment process). The independent variable is subdivided into two modalities: involved parents and disinterested parents. The dependent variable, which is the treatment process, also has two modes: treatment interrupted and treatment continued. The question here is whether there is a relationship between these two variables. The appropriate statistical technique for testing this relationship between the variables in this study is Pearson's Chi-Square calculated using SPSS statistical software.

III. RESULTS

Table 1: Parental involvement and treatment process

Parental involvement	Treatment interrupted	Treatment continued	Total
Parents involved	12	38	50
Parents disinterested	20	10	30
Total	32	48	80

Of the patients surveyed, 50 had involved parents. Of these, 12 discontinued treatment compared with 36 who did not. There were 30 patients whose parents were not involved. Of these, 20 were interrupted during treatment compared with 10 whose treatment was continued. The result of the $X^2 = 14.22$ and the p value = 3.84 read in the table of critical values at 1 degree of freedom and at the .05 probability threshold shows a significant link between parental involvement and the treatment process. The Cramer V Test $V = 0.42 \geq 0.30$ shows a strong relationship between parental involvement and the treatment process. Thus, we can conclude that patients whose parents are involved interrupt treatment less than their counterparts whose parents are disinterested. This operational hypothesis is therefore confirmed.

IV. DISCUSSION

Our results show that there is a relationship between parental involvement and the treatment process of patients admitted to the Blue Cross Reception Center for therapeutic injunctions. More specifically, patients whose parents are involved interrupt treatment less than their counterparts whose parents are disinterested. Referring to previous work, we can say that the results of our study have points of convergence with those of several other authors (Baumrind, 1991; Dorius et al., 2004; Munk, 2008; Parker and Benson, 2004; Schmidt, Liddle and Dakof, 1996). In general, these studies have shown that the treatment process for patients under therapeutic restraint is affected by the type of parental involvement. The results of the Baumrind study (1991) indicate that parental promptness and demandingness are strong predictors of follow-up and non-interruption of the therapeutic process. This study attests to the idea that having parents who are committed has a positive influence on patients' behavior and perceptions of treatment.

She relies on the demanding and highly reactive nature of parents as essential components of parental involvement to explain the high rate of interrupted treatment in patients with disinterested parents. Although our study is in line with the results of Baumrind's study (1991), this work was not carried out on patients admitted for a therapeutic injunction. The same is true of the studies by Dorius et al (2004), which confirm the value of conceptualizing certain family characteristics as distinct variables. Although they agree on the idea that there is a relationship between parental involvement and the patient's treatment process, there are divergent points, unlike ours. This study is based on the responses of a representative sample of 4987 adolescents. Unlike our study, it was conducted on a sample of eighty (80) patients aged between 18 and 38. The studies by Munk (2008), although along the same lines, are based on different samples and a different field of study from ours.

In the same vein, studies by Parker and Benson (2004) and Schmidt, Liddle and Dakof (1996)

emphasize the quality of the parent-child relationship as a determining factor in the continuity of treatment, confirming the hypothesis that there is a link between parental involvement and the treatment process for patients admitted under a therapeutic injunction. However, although these studies explain the relationship between the two variables of parental involvement and the treatment process, their approaches and data collection procedures differ from those of our study. Other studies such as (Griffin et al, 2000; Ledoux et al, 2002) have shown that living in a conflictual family climate and the lack of family cohesion leads some patients to interrupt the treatment process. These same family factors have also been associated with the use of psychotropic drugs by adolescent girls (Denton and Kampfe, 1994; Measelle, Stice, and Springer, 2006). It is therefore possible that a lack of parental support is at the root of psychotropic drug use.

These studies confirm the existing relationship between having parents who are committed and the interruption of the treatment process. These studies explaining the obstacles linked to the care process were carried out outside the Ivory Coast. Our study, on the other hand, took place in an Ivorian hospital. As a result, it takes into account environmental and health constraints (temperature, distance travelled for care, etc.), highlighting the country effect. This work attests to the significance observed in this study of parental involvement and the treatment process of patients admitted under a therapeutic injunction at the Blue Cross Drop-In Centre. As such, it confirms the hypothesis that patients whose parents are involved interrupt treatment less than their counterparts whose parents are disinterested.

V. CONCLUSION

At the end of the study, it should be noted that the ideas underlying the research proved to be true. The treatment process for patients admitted under a therapeutic injunction at the Blue Cross Reception Center is influenced by parental involvement. This involvement includes the parents' presence at appointments, the parents' control and knowledge of the patient's outings, the parents' emotional contribution, compliance with the parents' medical and psychological instructions, good medical-parental cooperation, compliance with appointments and good parent-child relations. Under these conditions, it is important to take parental support into account in order to provide better care for drug addicts admitted to the Blue Cross Reception Center under a therapeutic injunction. To achieve this, it would be useful to involve the parents in the treatment process, on the one hand, and to encourage them to make greater efforts and encourage their children to follow the medical and psychological recommendations effectively, on the other.

ETHICAL PRINCIPLES:

Human studies: This research followed the ethical principles of the Blue Cross Reception Center. The research was approved by the competent institutional body.

BIBLIOGRAPHICAL REFERENCES

- [1]. Anaes. (1999). Principles for evaluating health networks. Paris: Anaes.
- [2]. Ashton, CH (2001). Pharmacology and effects of cannabis: a brief overview. *The British Journal of Psychiatry*, 178 (2), 101-106.
- [3]. Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The journal of early adolescence*, 11(1), 56-95.
- [4]. Denton, RE and Kampfe, CM (1994). The relationship between family variables and adolescent substance use: a review of the literature. *Adolescence*, 29 (114), 475.
- [5]. Deslandes, R., & Bertrand, R. (2004). Parents' motivation to participate in monitoring their child's academic progress in primary school. *Journal of Educational Sciences*, 30(2), 411-433.
- [6]. Diboh, E., Marc, O. G., Jean-Claude, N., Sébastien, K., Bienvenu, K., Samedi, D. B., Luc, G. K., Antoine, I. B., and Antoine, T. N. (2022). Assessment of Selective Attention in Alcoholics Admitted for Treatment at the Centre de la Croix Bleue (Ivory Coast).
- [7]. Dje bi, G., and Coulibaly, C.O. (2017). Profiles of women with problematic drug use in Côte d'Ivoire. *European Scientific Journal*, 13 (29), 306.
- [8]. Dorius, CJ, Bahr, SJ, Hoffmann, JP, & Harmon, EL (2004). Parental practices as moderators of the relationship between peer relationships and marijuana use among adolescents. *Journal of Marriage and Family*, 66(1), 163-178.
- [9]. Epstein, JL (2001). Introduction to special section. New directions for school, family, and community partnerships in middle and high schools. *NASSP Bulletin*, 85 (627), 3-6.
- [10]. Facy, F., Brochu, S., & Simon, F. (1996). Therapeutic injunctions for drug addicts: a comparison of the French and Quebec systems. *Criminology*, 29(2), 115-140.
- [11]. Green, CL, Walker, JM, Hoover-Dempsey, KV and Sandler, HM (2007). Parental motivations for involvement in their children's education: an empirical test of a theoretical model of parental involvement. *Journal of Educational Psychology*, 99 (3), 532.
- [12]. Griffin, R. (2000). And it's changing too! The fascist pedigree of the New Right. In *The development of the radical right in France: from Boulanger to Le Pen* (pp. 217-252). London: Palgrave Macmillan UK.
- [13]. Harvey, M. A., Sellman, J. D., Porter, R. J., & Frampton, C. M. (2007). The relationship between non-acute adolescent cannabis use and cognition. *Drug and Alcohol Review*, 26(3), 309-319.
- [14]. Hoover-Dempsey, KV and Sandler, HM (1995). Parental involvement in children's education: why does it make a difference? *Teachers College Record*, 97 (2), 310-331.
- [15]. Hoover-Dempsey, K. V., & Sandler, H. M. (1997). Why do parents become involved in their children's education? Review of educational research, 67(1), 3-42.
- [16]. Kouakou, O. (2018). Study of addictive alcohol behaviour: individual and socio-familial characteristics and alcohol detoxification treatment of Croix-Bleue patients. Unique thesis. Félix Houphouët Boigny University, Abidjan Cocody.

- [17]. Ledoux, S., Miller, P., Choquet, M. and Plant, M. (2002). Family structure, parent-child relationships and alcohol and other drug use among adolescents in France and the United Kingdom. *Alcohol and Alcoholism*, 37 (1), 52-60.
- [18]. Measelle, JR, Stice, E. and Springer, DW (2006). A prospective test of the negative affect model of substance abuse: moderating effects of social support. *Psychology of Addictive Behaviours*, 20 (3), 225.
- [19]. Munk, C. (2008). Portfolio and consumption choice with stochastic investment opportunities and habit formation in preferences. *Journal of Economic Dynamics and Control*, 32(11), 3560-3589.
- [20]. Musshoff, F., & Madea, B. (2006). Review of biological matrices (urine, blood, hair) as indicators of recent or ongoing cannabis use. *Therapeutic Drug Monitoring*, 28(2), 155–163.
- [21]. Parker, J. S., & Benson, M. J. (2004). Parent-adolescent relations and adolescent functioning: Self-esteem, substance abuse, and delinquency. *Adolescence*, 39(155), 519.
- [22]. Quickfall, J., & Crockford, D. (2006). Brain neuroimaging in cannabis use: a review. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 18(3), 318-332.
- [23]. Schmidt, S. E., Liddle, H. A., & Dakof, G. A. (1996). Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology*, 10(1), 12.