

Determinants of relapse of rehabilitated substance abuse patient in neuropsychiatric hospital, Aro, Abeokuta, Ogun state, Nigeria

Ogungbesan J. O^{1,*}, Maitanmi B¹, Aroyewun Oluwayemisi² and Maitanmi Julius O¹

¹ School of Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria.

² Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria.

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Abstract

Substance use is a societal and an important public health concern in this 21st century. The number of substance use cases and relapse are increasing generally, thus slowing down the progress made in the care and treatment of individuals with substance abuse disorders. The study identified determinant of relapse among the rehabilitated substance use patients in Neuropsychiatric hospital, Aro, Abeokuta.

The study adopted cross-sectional, selected 125 relapse substance use patients and their primary informal caregiver on the wards and clinics at neuropsychiatric hospital, Aro, Abeokuta. An interviewer-administered structured questionnaire was used to obtain data on determinants of relapse among the rehabilitated substance use patients and the retrieved data was analysed using SPSS version 21 for descriptive statistics.

The findings shows that nearly half (44.4%) of the respondents were below 20 years, majority (64.5%) were male, 40.3% married. Most (69.4%) of the respondents agreed that the patient have friends who use drugs, 71.0% of the patients were currently relapsed, though majority (72.5%) of the patients were on treatment either outside or/and in-ward under control compliance.

Conclusively, higher proportion were currently relapsed and had varied factors correlating the relapse; male, under 20years. Hence the client needs be proactively managed to prevent relapse through prompt therapy / care of psychotic patients lengthy to lead a high quality of life.

Keywords: Relapse; Rehabilitated; Substance Use; Patient; Substance abuse

1. Introduction

Substance abuse is a foremost societal and important public health concern. Generally, is a mental illness due to the nexus of mental and behavioural disorders. Often time, substance use is used in replace of substance abuse, as substance abuse means using of substances (drugs) for purposes other than it is intended, and characterized with maladaptive pattern of substance uses with a propensity of resulting in to significant impairment in functioning (Sampson et al., 2017). An individual continues using substances despite cognitive, behavioural, and physiological symptoms (Hamdi et al, 2013).

Literally, substance abuse is also a drug abuse as it is a harmful, hazardous or excessive use of psychoactive drugs or substances such as alcohol, pain medication, and other drugs in which the user consumes in amount that is different from the prescribed dosage or for purposes other than that which is prescribed but solely for the aim of creating a

* Corresponding author: Ogungbesan J. O
School of Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria.

pleasurable effect (Leikin, 2017; WHO, 2015). Thus with the potential to cause physical, social and emotional harm to the abuser. More so, the World Health Organisation (WHO) conceptualizes substance use as a chronic and relapsing disease confronting the global community in the 21st century due to its relapsing propensities (Mandal, 2021). Subsequently, substance abuse relapse is a gradual or sudden stop or disappearance of abstinence or sobriety status after drug abuse. However, the burden of substance abuse relapse is very high among individuals, family and the society of people abusing substance. As those who are not involve in doing substance are more affected by the behaviour of those doing substances. More so it constantly draining available resources for wellbeing as he might become a danger to self or/and others in the society by causing crisis. In literature, there are evidences that substance abuse related relapse across all age groups but more common among the adolescents and young adult that indulge in substance intake, dependent and a chronic addictive doping/taking of substances. Thus, place severe burden on the informal and formal caregivers managing them especially in the acute phase.

The prevalence of chemical dependence relapse among substance abusers had been estimated to be 75 – 90 % within the first year of treatment (Iqbal, 2008). Additionally, the national survey on drug use and health in USA revealed that 23.5 million Americans aged 12years and older required treatment for illicit drug and alcohol abuse problem. Of this number, an estimated 2.6million (11.2 %) individual receives treatment at a specialty facility (SAMHSA, 2009). According to Mohammed (2009) revealed that urge, craving, and drug temptation, negative or positive emotional state, negative physical state, testing of personal control, family or others relationship conflicts, social and peer pressures to use substances, and treatment related are correlate with relapse. Predominantly, relapse is one of the most severe problems of mental illness especially among individual with substance use disorder. Despite the current trend in modern treatment, the rate of relapse is alarming. Relapse is estimated as 40 – 75% between three (3) to twenty-four (24) weeks after substance use disorder treatment globally (Hasin et al, 2013; Maehira et al, 2013; Hubbard et al, 2001). Consequently, relapse reduces the chances of substance use disorder individuals from living a productive and responsive life thereby making them not to live up to personal and societal expectation and fulfil life goals.

Nevertheless, relapse could occur at any time or stage of treatment; for instance, relapse occur as soon as clients discharge home, on trial discharge, at admission, and/or after successfully avoiding substance use for some period of time as well establishing a routine of substance abstinence. Studies have identified various factors contributing to relapse including; non-adherence to medication regimen and flagrant disregard for relapse prevention strategies (Kabisa, Biracyaza, Habagusenga, *et al.*, 2021). According to Murmane and Howell (2011), reinstatement of drug use after a period of non-use or abstinence is typically initiated by one or a combination of the three main triggers as stress, re-exposure to the drug priming and environmental cues. Although, people of all ages use and abuse substances for a variety of reasons including sensation seeking, peer group pressure, emotional stress, cognitive enhancement, the desire to relieve depression and anxiety and the need to cope with physical illness (Baghurst& Kelley, 2013; Barnett, 2017; Cho et al., 2015). Similarly, there are regional variations in the prevalence rates of substance use in Nigeria. In Nigeria, studies have identified young adults and middle-aged males, less educated individuals, individuals working in technical or commercial jobs, people with marital home, urban areas dwellers and individuals from broken homes are more associated with substance uses (Hamdi et al 2016). In general, several social vices are associated with substance use notably, people with criminal tendencies and antisocial behaviours are often under the influence of substances or drugs (Ksir, Oakley and Charles (2011).

Objectives of the Study

The aimed to determine the factors associated with relapse among rehabilitated substance use patients in Neuropsychiatric hospital, Aro, Abeokuta.

- To identify the biological determinants of relapse among the rehabilitated substance use patients
- To identify the social determinants of relapse among the rehabilitated substance use patients
- To identify psychological determinants of relapse among the rehabilitated substance use patients

2. Methodology

2.1. Research Design

The study utilized a hospital-based descriptive cross-sectional survey to identify determinants of relapse among rehabilitated substance abuse patients at the Federal Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria. The study targeted at the rehabilitated substance abuse patient currently in relapse at the Federal Neuropsychiatric Hospital Abeokuta, Ogun State.

Table 1 Biological Determinants of Relapse among the Rehabilitated Substance Use Patients

Variables	Frequency	Percentage %
Age of patient in years		
Below 20years	55	44.4
21-30years	36	29.0
31-40 years	20	16.1
41and above	13	10.5
Sex of patient		
Male	80	64.5
Female	44	35.5
Marital status of patient		
Single	48	38.7
Marriage	50	40.3
Divorced	16	13.0
Widowed	10	8.0
Has any of the patients' family members ever abused drugs in the past		
Yes	90	72.5
No	34	27.5
Specify relationship with patient		
Parents	45	36.3
Sibling	30	24.2
Brother	27	21.7
Sister	22	17.8
Does the patient suffer from any other chronic infection/illness		
Mental confusion	50	40.3
Brain damage	36	29.0
Lung disease	22	17.7
Increase stain on the liver	16	13.0
Specific drug(s) is the patient abusing most		
Skunk	52	42.0
Cannabis	30	24.2
Crystal meth	27	21.8
Colorado	15	12.0
Age did the patient start educing the drugs?		
Below 1 years	50	40.3
2-4 years	41	33.0
Above 5 years	33	26.7
For how long has the patient been abusing drugs?		
Below 6 month	58	46.7
6-12 month	40	32.3
13-18 month	26	21.0

A total sample size of 125 relapse patients were conveniently selected. The data was collected with the aid of questionnaire. The caregivers of patient were met at the different wards and clinics, introduced and explained to gain the consent of participants. The collected data was analysed with SPSS version 25 for descriptive statistics.

Table 2 Social Determinants of Relapse Among The Rehabilitated Substance Use Patients

Variables	Frequency	Percentage %
Does the patient have friends who use drugs?		
Yes	86	69.4%
No	38	30.6%
What is the patient's educational level?		
None	42	33.9%
Primary	36	29.0%
Secondary	30	24.2%
Post-secondary	16	12.9%
What is the patient's occupation?		
Employed	50	40.3%
Unemployed	40	32.2%
Schooling	34	27.5%
How accessible are the drugs that the patient commonly abuses?		
Readily Accessible	68	54.8%
Rarely Accessible	30	24.2 %
Never Accessible	26	21.0%
How affordable are the drugs that the patient commonly abuses?		
Readily Affordable	52	42.0%
Rarely Affordable	48	38.7%
Never Affordable	24	19.3%
How often does the patient do drug with friend?		
Very often	60	48.3%
Rarely often	42	33.9%
Never	22	17.8%
How often does the patient engage in social vices such as fight, rape or scatter the house?		
Very often	70	56.4%
Rarely often	36	29.0%
Never	18	14.6%
How often does the patient get arrested by the law enforcement agent such as Police or NDLEA?		
Very often	66	53.3%
Rarely often	48	38.7%
Never	10	8.0%
How often have you tried to stop the patient from doing drug?		
Very often	80	64.6%
Rarely often	36	29.0%
Never	8	6.4%

Table 3 Psychological Determinants of Relapse among the Rehabilitated Substance Use Patients

Variables	Frequency	Percentage %
For how long has the patient been ill (current relapse episode)?		
Below 4 weeks	88	71.0%
1-2 month	22	17.7%
3 month and above	14	11.3%
On average how many times in a year does this illness (relapses) usually occur to the patient after successful treatment?		
Two	80	64.5%
Three or more	44	35.5%
Does the patient comply to the prescribed medication when his/he recondition is under control (compliance)?		
Yes	90	72.5%
No	34	27.5%
Does the patient belong to any support group therapy		
Yes	100	80.6%
No	24	19.4%
In the last one year, has the patient felt the need to stop drinking or any other substance?		
Yes	104	83.8%
No	20	16.2%
In your own opinion, do you think frequent family conflict contribute to patient frequent relapse?		
Yes	98	79.0%
No	26	21.0%
Does the patient ever use any of the following maladaptive coping tactics e.g. smoking, drinking alcohol, chewing Mira, aggression/fights, etc when faced with negative life events and stress?		
Yes	88	71.0%
No	36	29.0%
Does the patients have any Personality problem (e.g. introvert, extrovert, impulsive behaviors ,tendency to violence, quarrel some, shyetc		
Yes	99	79.9%
No	25	20.1%
Does the patient often have any negative thoughts		
Yes	100	80.6%
No	24	19.4%
Are the generative life events that are associated with the present condition of the patient?		
Yes	94	75.8%
No	30	24.2%
Does the patient exhibit positive coping mechanisms when faced with stressful events?		
Yes	88	71.0%
No	36	29.0%

Table 1 shows that nearly half 44.4% of the respondents were below 20 years, and 10.5% 41 and above. Majority 64.5% were male, about 38.7% were single, 40.3% were marriage, 13.0% were divorced, while the 8.0% were widowed. The informal caregivers included; parents 36.3%, 24.2% siblings. About 42.0% of the respondent took Skunk, 24.2% Cannabis, 21.8% Crystal meth, while the remaining 12.0% used Colorado. Majority 40.3% started drug 1 years, 33.0% between 2-4 years, and 26.7% above 5 years. Majority 46.7% claimed that they had been on a specific drug below 6 month, 32.3% between 6-12 month, and 21.0% 13-18 months.

Table 2 shows that 69.4% of the respondents had friends who used drugs, about 33.9% of the respondents had no formal education, 29.0% had primary, and 24.2% secondary. Two-fifth 40.3% were employed, 32.2% unemployed, and the remaining 27.5% were schooling. Majorly 54.8% of the drug claimed to be readily accessible and about 42.0% were quite affordable. About half 56.4% of the respondents often engaged in social vices such as fight, rape or scatter the house, 53.3% of the respondents had been arrested by the law enforcement agents such as Police or NDLEA, two-third 64.6% of the respondents had tried to stop doing drugs before but finds it hard.

Table 3 shows that 71.0% of the respondents had current relapse episode of less than four weeks, few 11.3% had it in 3 month and above. About 64.5% of the respondent said that relapse occurred twice to the patient after successful treatment, majority 72.5% of the respondents claimed that the patient comply to the prescribed medication when his/her condition is under control. About 80.6% of the respondents said that the patient belong to a support group therapy. Most 79.0% of the respondent agreed that the frequent family conflict contributed to patient relapse, and 71.0% of the respondent claimed that the patient ever used maladaptive coping tactics e.g. smoking, drinking alcohol, chewing Mira, aggression/fights, etc when faced with negative life events and stress. Most 79.9% of the respondents agreed that the patients have personality problem (e.g. introvert, extrovert, impulsive behaviors ,tendency to violence, quarrel some, shyetc, while 20.1% did not agreed with the patients have any Personality problem. Majority 80.6% of the respondents agreed that the patient often had negative thoughts, 75.8% of the respondents agreed that the generative life events that are associated with the present condition of the patient. Two-third 71.0% of the respondents agreed that the patient exhibit positive coping mechanisms when faced with stressful events.

3. Discussion

This present findings is in conversely with Carson et al. 2016, in a study conducted in Canada found that, older patients have a lower relapse rate as compared to young patients. The study associated the difference as due to other age-related factors which impact positively on abstinence post treatment such as higher self-efficacy, greater motivation and social networks among adults. Also, Farkhondeh et al. 2015, agreed that marital status and addiction relapse bear a sufficient relationship. The highest frequency of addiction relapse is observed in single persons, people who have lost spouse through death and those who are divorced

3.1. Social determinants of relapse among the rehabilitated substance use patients

The present study finds that majority of the respondent agreed that the patient have friends who use drugs, and one-third. One-third of the respondents had no formal education and others had formal education at various levels, 40.3% of the respondent were employed, 32.2% of the respondent were unemployed, while the remaining 27.5% were schooling, Thus, contrary to Swanepoel, Stephen, and Gretel, (2016) that found poverty, unemployment and community adversity been a major contributing factors to relapse in substance abuse people. Half of the respondents readily access drugs that commonly abuses. Most of the respondents have tried to stop the patient from doing drugs and few never tried. This goes with Campbell and Ettore (2011) that social support is a major factor influencing relapse to drugs in males and females. The researchers found that men are more supported from home and in their working environment. Women on the other hand tend to be cut off and secluded from the community and their partners tend to be unfriendly. Also Swanepoel, Stephen, and Gretel, (2016). Poverty, unemployment and community adversity have been major contributing factors to relapse in substance misuse

3.2. Psychological determinants of relapse among the rehabilitated substance use patients

In this study, the findings showed that majority of the patients had current relapse episode, and one-tenth had it in the last three month and above, 64.5% of the respondent agreed that he usually occur to the patient after successful treatment, while the remaining 35.5% were three or more, 72.5% of the respondents agreed that Does the patient comply to the prescribed medication when his/he recondition is under control compliance while 27.5% did not support the patient comply to the prescribed medication. Most of the respondents agreed that the patients have personality problem (e.g. introvert, extrovert, impulsive behaviors ,tendency to violence, quarrel some, shyetc, while 20.1% did not agreed with the patients have any Personality problem (e.g. introvert, extrovert, impulsive behaviors ,tendency to violence, quarrel some, shyetc, likewise most patient often have negative thoughts. About two-third of the respondents

said the patient exhibit positive coping mechanisms when faced with stressful events, this goes in line with (Hames 2013). In a study of untreated heavy drinkers in Britain and their readiness to change, the investigators found that, stress is among the leading causes of relapse among drug addicts. They noted that though all forms of stress can't be avoided, setting priority changes in lifestyle and relationships helps a recovering patient to avoid incidences that spark tension and other negative emotions associated with relapse. Also, Scott, Hemphill, Sampat, Bhaven (2011) shows that, emotional devastation of drug addiction is experienced by the addicts themselves, spouses, children and close friends and the emotional reactions range from pain, stress, discouragement, shame and self-guilty.

4. Conclusion

This study was carried out on relapse among the rehabilitated substance use patient in Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State. Relevant and related literatures were reviewed. Purposive sampling technique used for this study. The study sampled 125 respondents out of 160 that constituted the population. Instrument used for data collection was self-administered questionnaire which was divided into four sections. The analysis done using descriptive statistics such as simple percentage while the presentation will be done using tables and graphs.

Recommendations

The following are the recommendations from this study.

- The therapy / care of psychotic patients must be lengthy if they are to have a high quality of life. In order to prevent the factors linked with relapse, the researcher suggests involving the patient's health care provider/professionals, family/relatives, community, and religious body in the care of the patient.
- Non-governmental organisations and affluent members of society should be encouraged to become more involved in the care of psychotic patients in order to lessen the burden and cost of treatment, which includes the purchase of medication and the transportation of the patient and their family members.
- Government should establish hospitals/clinics that are cheap for both poor and wealthy mentally ill individuals in order to lessen the burden/cost of treatment, which includes the purchase of medication and the emigration of the mentally sick and their relatives.

Limitation

Due to descriptive nature of the study, some importance social demographic data, personal factors, social factor and clinical factors such as, level of income were not recorded.

More so, not all factors associated with relapse are considered in the study, factor such as family relationship, genetic factor/hereditary. Generalization of the study should be done with caution as some of the psychotic relapse cases might not be reported

Implication of the Findings for Nursing

Practicing psychiatric nurses should always consider the influence of patient's demographic-personal characteristics on health decisions as well as treatment adherence when caring for any patient as this will help identify some of the factors that might be contributing to silment and treatment. They need to improve their knowledge on treatment adherence and personal factors that can devoid frequent relapse of patients. The findings of the study would help patients and their relatives to know more about the association between the personal, social and clinical factors that associated with relapse of psychotic illness.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest.

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