African Journal for the Psychological Study of Social Issues

EDITORIAL

Though the African Journal for the Psychological Study of Social Issues was meant to come out twice in a year, we have, from the last edition, been constrained by some problems. Among these are finance and poor subscription from readers, and this has forced us to combine the two volumes in one issue. In addition, we have so many articles coming from contributors that there is no other way to clear the backlog than to come out with two volumes in one issue. One thing was sure however, that is the quality of manuscripts that were considered, and being considered, for publicaton in the journal. In this edition, we have endeavoured to bring diverse areas of our lives, be it in organizations, schools, religion together, even interpersonal relationships in all facets, in as much as all have social implications for us all. We wish to acknowledge the support of the contributors in this edition. Without their support in term of the manuscripts, there would have been no journal to publish. The success of the journal is theirs also. We also want to acknowledge the financial support of those people who, though preferred to be anonymous, answered our call to clear the backlog of articles that were ready for publication. We say a big thank you, and hope that you would continue to support the journal.

Editor.

AFRICAN JOURNAL FOR THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES

IS ABSTRACTED AND INDEXED

IN THE

AFRICAN URBAN AND REGIONAL SCIENCE INDEX

NAIROBI   KENYA

CONTENTS

SOME PSYCHOSOCIAL CORRELATES OF RELAPSE AMONG DRUG DEPENDANTS IN NIGERIA

OLLEY; B.O.
DEPARTMENT OF PSYCHOLOGY,
UNIVERSITY OF IBADAN
IBADAN. NIGERIA

ABSTRACT
This study tried to find out some psychosocial correlate of relapse among drug dependants in Nigeria. The subjects were 67 in and outpatient drug dependants of the Neuro-psychiatric Hospital Aro, and its annex at Lantoro, Abeokuta, and the Psychiatric Hospital, Yaba, Lagos. They were 65 males and 2 females with the mean ages of 26.3 and 22.5 years respectively who fulfilled the criteria for inclusion in the study. Fifteen were dependent on cocaine/heroine, 16 on alcohol, and 36 on cannabis. A questionnaire containing some socio-demographic items and questions designed to measure the degree of difficulty encountered in some daily living activities/conditions, was used. Subjects, case files were also used. Result showed that difficulty experienced in daily living activities/conditions and the duration of illness significantly and positively varied with relapse rate. Age and type of family (polygamous/monogamous) did not show any significant relationship with relapse rate. It is therefore concluded that the degree of difficulty experienced in daily living activities/conditions and duration of illness can be used to predict the subjects who stand a high risk of relapsing after hospital treatment. This would help in the proper utilization of the Limited mental health manpower and facilities available in the Nigeria- especially as far as rehabilitation of drug dependants after treatment is concerned.

INTRODUCTION
This study tried to find out some psychosocial variables that could be used to predict high-risk relapses (i.e. those who are most likely to relapse) among some drug dependents receiving hospital treatment in Nigeria. A lot has been published from hospital-based

drug abuse studies in Nigeria (e.g. Lambo, 1965; Asuni 1974; Akindele, 1974; Anumonye, 1976; Makanjuola, 1985; Pela, 1982 Ihezue, 1988; Odejide and Akindele, 1978; Odejide, Ohaeri, Adelekan, and Ikuesan, 1987; Olatawura, 1974; Oshodi, 1973; and Uzoka, 1981; Gureje and Olley; 1992). Most of these studies described the nature and variety of the hospital clientele and the trend of the problem. Some of them also described the clinical, social and psychological correlates of drug abuse in the country.

The issue of relapses among psychiatric patients (generally) in Nigeria has been well reported too - (Sijuwola, 1979, Awa and Uzoka, 1982 and Ogunmoyero, 1988, among others). And all these point out the fact that there is a high rate of relapse among psychiatric treated patients in Nigeria. But none of the above reviewed literature dealt directly with psychosocial variables that could be used to predict high-risk relapses among drug dependents receiving treatment in Nigerian hospitals. This present study is called for at this stage of development of the country. On one hand, there is evidence of high relapse-rate among drug dependents, but on the other hand, the mental health professionals available to handle the treatment of drug dependents and rehabilitation of already-treated drug dependents are still few. For example, the clinical psychologist in Nigeria were said not to have exceeded 50 (Ebigbo, 1984). So that as far as rehabilitation after treatment is concerned, there is need to know in advance drug dependents that stand at a high risk of relapsing. The little mental health manpower available would then channel their efforts more towards such clients.

METHOD
Subjects:
A total number of 67 drug dependents receiving treatment at Neuropsychiatric Hospital, Aro, and it's annex at Lantoro, Abeokuta, and the psychiatric Hospital, Yaba, Lagos, at the time of this study, were used. The criteria below were used for their selection:

(a)   Subject must have been diagnosed as drug dependent by the hospital   medical team and must be receiving treatment as in or outpatient of the   hospital.

(b)   He/She must have no evidence or record of organic brain disorder to endocrine dysfunction.

(c)   Subject must not be suffering from any other illness except drug dependence and its related symptoms.

(d)   Subject must have relapsed at least once after hospital treatment, since the onset of the illness.

(e)   first treatment of the illness in a hospital must have been up to one year prior   to the time of this study.

(f)   He/She must be a Nigerian who understands English.

All who met the criteria were chosen for this study.

The subjects were made up of 65 males and 2 females; their age ranges were 19 - 50 and 21 - 24, with the mean ages of 26.3 and 22.5 years respectively.   The 2 females were dependents on cocaine, while among the males, 13 were dependent on cocaine or/and heroine, 16 on alcohol and 36 on cannabis.   The 2 females were unemployed, 38 of the males were also unemployed while 25 males were employed.   The 2 females and 48 males single, 12 males were married, and 5 males were divorced.   One female and 31 males came from monogamous families, while 1 female and 34 males came from polygamous families   Ten completed primary education, 48 completed secondary education and 9 had a university education.   The duration of the illness of the 2 females and 30 males were less than 5 years, while that of 35 males were 6 years or more.   Within the previous one year (from the time of this study) the 2 females and 35 males relapsed once after hospital treatment of the same illness, while 30 males relapsed more than once after hospital treatment of the same illness.

Instrument:

Questionnaire and the case-files or the patients were used.   The first section of the questionnaire dealt with the following socio-demographic variables: age, sex, marital status, family type (polygamous or monogamous), employment status, type of drug abused, duration of illness, and number of relapses within past one year (from the day of the interview).   The second section contained a total of 15 items which were designed to measure the degree of

difficulty encountered in the following daily living activities or conditions, social life, public transportation, money, public utilities, taking care of home and relations, living accommodation, intimate relationship with family members, relationship with relatives, relationship with friends, self confidence, realistic self-perception, good mood, physical well-being sleep, and household chores (e.g. cooking, cleaning). Answers to the item were grouped into 4 levels of difficulty, ranging from No (0) to three (3). No difficulty is 0, little difficulty is 1 moderate difficult is 2, and severe/much difficulty is 3.

The case file of each patient was also used for confirmation of the information given under the first section of the question i.e. the socio-demographic variables.

The reliability and validity of the questionnaire have been established in a related study (Ogunmoyero, 1989). It had a test retest reliability and validity coefficients of .76 and .80 respectively.

Procedure:

With explicit permission from the Management of the hospital used, the study was carried out within the periods of August/September 1997 at the Neuro-Psychiatric Hospital, Aro and its annex at Lantoro Abeokuta, and October/November 1997 at the Psychiatric Hospital Yaba, Lagos. The nurses and doctors in charge of the patients helped one of the researchers in going through the case files in order to select the patients who met the criteria listed above (under subjects) for inclusion in this study. A nurse then brought such patients to their consulting room one after the other, and one of the nurses interviewed the patients using the questionnaire. The nurse also filled in their response in the questionnaire. It took about 20 minutes to complete each questionnaire. Each patient was interviewed once, and all took place in the daytime during the working hours and in English language. After each interview, the case file of the patient was used to crosscheck the answers given in the first section of the questionnaire. Any discrepancy was clarified with the patient before letting him/her go back to the word (in the case of inpatients). The outpatients were interviewed and thereafter

the medical team went on with their treatment package. All the subjects cooperated very well.

RESULT

The result of this study is presented in the tables below:

Table I

Person's Product Moment Correlation of Number of Relapses Subjects Had Within Past One Year and Total Raw Scores on Difficulties Experienced in Daily Living Activities/Difficulties Experienced in Daily Living Activities/Conditions

Subject	Number of relapses within past one year	Total raw scores or difficulties experienced in daily living activities/conditions
1	2	12
2	3	13
3	2	10
4	1	5
5	1	6
6	2	8
7	2	8
8	2	5
9	3	17
10	1	5
11	1	8
12	1	10
13	1	9
14	1	8
15	1	9
16	3	11
17	1	6
18	1	8
19	3	1
20	2	6

21	7	11
22	1	12
23	1	9
24	2	2
25	1	3
26	2	14
27	1	9
28	2	8
29	1	7
30	1	12
31	2	12
32	1	5
33	2	19
34	1	4
35	2	13
36	4	16
37	2	10
38	3	6
39	1	8
40	3	20
41	3	20
42	1	22
43	1	2
44	1	18
45	2	9
46	1	19
47	1	8
48	4	24
49	1	10
50	5	8
51	2	8
52	2	12
53	1	19
54	1	10
55	1	11

56	1	10
57	1	5
58	1	9
59	1	19
60	1	10
61	2	6
62	1	7
63	1	11
64	2	10
65	1	11
66	1	4
67	1	0
Total=	115	672
Mean=	1.716	10.02
SD=	1.10	5.072
r=	P.005	

Table I shows that there is a significant positive relationship between the number of relapses experienced by subjects within past one year and difficulties experiences in daily living activities/conditions.

Table II

Chi-Square Test of Difference in Frequency of Relapses with Past One Year Between Younger Adults and Older Adults

AGE CATEGORIZATION FREQUENCY OF RELAPSES			
	Once	More than Once	Total
Younger Adults (age: below 25 yrs)	11	9	20
Older Adults (Age: 25 years and above)	27	20	47
Total	38	29	67

X^2 = 4.4, DF =, p< .05

Table II shows that there is no significant difference between the frequency of relapses of younger and older adults within past one year.

Table III

Chi-Square Test of the Difference in Frequency of Relapses Within Past One year Between Subjects from Monogamous and Polygamous families

Duration of Illness	Frequency of Relapses		
	Once	More than Once	Total
Polygamous Monogamous	19 19	16 13	35 32
Total	38	29	67

$X^2 = 2.92$, DF = 1, P.005

Table III shows that there is no significant different in frequency of relapses within past one year between subjects from monogamous and those from polygamous families.

Table IV

Chi-Square Test of the Difference in frequency of Relapses within Past One Year Between Subjects with Long-Term Duration of illness and those with short-term Duration

Duration of Illness	Frequency of Relapses		
	Once	More than Once	Total
Short Term (less than 5 years)	28	4	32
Long Term (5 yrs and above)	10	25	35
Total	38	29	67

$X^2 = 20.1$, DF = 1, P.005

Table IV shows that subjects with long-term duration of illness have significantly more frequent relapses than those with short-term duration.

DISCUSSION

The main findings of this study are that increase difficulties experienced in daily living activities and conditions, and long term duration of illness are significantly associated with increase in relapse rate among our subjects. Age and type of family

(polygamous/monogamous) has no significant relationship with relapse rate among the subjects.

The clinical implication of the above findings is that a Nigerian drug dependent that is currently receiving hospital treatment is very likely to relapse (after treatment) if he/she is experiencing much difficulty in daily living activities/conditions and has a long-term duration of the same illness.

This forecast or pre-knowledge of the patients who stand a high risk of relapsing after treatment would help in determining where the very limited mental health manpower and resources in the country (Ebigbo, 1984) should be channeled more to as far as rehabilitation of drug dependents after treatment is concerned. However, it does not in any way imply that other drug dependents that stand a low risk of relapsing after treatment should be totally neglected.

Similar to our own finding, Ogunmoyero (1988) also found a significant positive correlation ($r+64$, p.005) between the degree of difficulties experienced by schizophrenics in their daily living activities/conditions and their relapse rate after hospital treatment. This can be understood from the point of view of the fact that our subjects and the subjects she used have certain thing in common they were all psychiatric patients; she also used one cut of the two hospitals we used as study site; the socio-economic and cultural variables of both subjects are also similar.

The result of this study suggests that there is no significant difference between the relapse rate of the younger and that of the older adult subjects. One would have expected the younger subjects to relapse more because of influence of peer group after treatment. One would have also expected subjects from polygamous families to relapse more than those from monogamous families because of intra family crisis, loose social network support, sibling rivalries and parental deprivation association with polygamy (Adesina, 1987, and Brown, Carstairs and Topping 1958).

Subjects with long-term duration of illness had a higher relapses rate than those with short-term duration. Such patients with long term duration of illness have been associated with feelings of inadequacy, self worthlessness, low self esteem, despair and general unresolved

conflicts which could lead them into a permanent refuge in the world
of drug use (Goldstein, 1971, and Jones, 1969).

This study, however, has some limitations. The criteria used in
selecting the subjects eliminated some drug dependents that could
have influenced the result of the study in one way or the other. It
would have been ideal for the subjects to fill-in the questionnaires
themselves but this would have not been possible for some who
were physically and psychologically not disposed, at that moment, to
read and write. More hospitals in Nigeria could have been used for
the study so as to increase the external validity of the findings of the
study so as to increase the external validity of the findings of the
study. More psychosocial variable could have also been considered
in this study.

CONCLUSION:

From this study, we conclude that increase difficulties experience in
daily living activities and conditions, and long term duration of
illness are significantly related to increase in relapse rate among our
subjects. These two variables therefore could be used to predict
those subjects whose stand a high risk of relapsing after hospital
treatment. The limited mental health manpower and facilities in
Nigeria can then be channeled more to such patients - when it comes
to rehabilitation after treatment. This would add to proper utilization
of limited resources for the benefit of the patients and the nation as a
whole.

REFERENCES

Adesina, O. (1987). Socio-Economic Determinants of Drug Usage
Among the University of Ibadan Students. Unpublished B.Sc.
Thesis, University of Ibadan.

Akindele, O. (1976). Alcohol and Drug Uses in Youths. In:
Tongue, E., and Graz, I. (Eds), Proceedings of the 6th. International
Institute on Prevention and Treatment of Drug Dependence
Hamburg: ICAA, Publications, 45-46.

Asuni, T (1974). Pattern of Alcohol Problem as seen in the Neuro-Psychiatric Hospital, Aro, Abeokuta, 1964 - 73. Proceedings of the 1974 Workshop of the Association of Psychiatrists in Africa on Alcohol and Drug Dependence Kenya, September (1984).

Awa, E.A. and Uzoka, A.F. (1982). Relapse Rate of Psychiatric Patients in Aba Psychiatric Hospital. Nigerian Journal of Clinical Psychology 1,51-56.

Brown, G.W., Carstairs, G.M. and Topping, G. (1958). Post Hospital Adjustment of Chronic Mental Patients. Lancet, II. 685-689.

Ebigbo, P.O. (1984). The Psychologist Among Doctors. The U.N.T.H. Experience. A paper Presented to the Enugu Medical Society, College of Medicine, Enugu, at a Symposium on: Psychology in Medicine, May 11th, 1984.

Goldstein, J.W. (1971) motivation in High School: The meaning of adolescent drug usage. Paper Presented at the meeting of the American Educational Research Association, New York.

Gureje, O. And Olley, O. (1992). Alcohol and Drug Abuse in Nigeria: A review of he Literature contemporary Drug Problems Vol. 19, No. 3, 491-504.

Uzoka, U.H. (1988): Alcohol and drug taking among medical students at a Nigerian University Campus: Part 2, Socio-demographic factors of etiologic significance. Journal of the National Medical Association 80(2), 191-195.

Jones, A.P. (1969) Self Reported and Judged Personality and attitude patterns: A comparison of users and non-users of LSD. Paper presented at the meeting of the Rocky Mountain Psychological Association: Albuquerque, U.S.A. May

Lambo, T.A. (1965), Medical and Social Problems of drug addition with emphasis on Psychiatric aspects. Bulletin-Narcotic. 17 (1): 2-13.

Makanjuola, R.O. (1985): Clinical and Socio-Cultural Parameters in Nigerian Psychiatric Patients: A Prospective Study. Acta Psychiatric Scand. 72:512-521.

Odejide, A.O. and Akindele, M.O. (1978): Use and abuse of sleep inducing drugs in Ibadan. African journal of Psychiatry 4, 91.

Odejide, A.O. Ohaeri, J.E. Adelekan. M.F. and Ikuesan, B.A. (1987) Drinking behaviour and social change among Youths in Nigeria. Drug and Alcohol Dependence. 20,3, 227.

Olatawura, M.O. (1974): Nigerian Privileged Youths. Some aspects of their problems. East African Medical Journal 5, 656-658.

Oshodi, C.O. (1973), Drug dependence and Addition in Kaduna 1970-72, Paper presented at the Annual Conference of the Assocation of Psychiatrist in Nigeria.

Ogunmoyero, C.O. (1988): Psychosocial correlates of Relapse in Schizophrenic Patients, Unpublished masters thesis. University of Ibadan.

Pela, O.A. (1982) Dynamics of Drug use in Nigeria British Journal for Addictions. 77(2): 29, 275-279.

Sijuwola, A.O. (1979). Incident of relapse among schizophrenic patient in Aro Village, Nigeria Medical Journal, 4. Pp. 38-45.

Uzoka, A.F. (1981. Psychological aspects of drug abuse. In Ebie, J.C. and Tongue, E.J. (Eds) Handbook of the Nigerian Course and Drug dependence. Lausanne. ICAA.