



## **Prevalence of Drug Relapse among Clients in Rehabilitation Centres in North Central Nigeria: Implications for School Counsellors**

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### ***Abstract***

Despite sufficient research studies in the field of drug abuse, drug relapse remains one of the salient aspects that has received less attention among research experts. This study thus investigated the prevalence of drug relapse among clients in NDLEA (National Drug Law Enforcement Agency) rehabilitation centres in North Central, Nigeria. A descriptive survey design was adopted for this study. Censors sampling method, that is, only the available clients or respondents (during the conduct of the study) at the rehabilitation centres in the North Central region participated in the study. A researcher-designed questionnaire on "Prevalence of Drug Relapse" was used to collect the relevant data. The instrument had a reliability co-efficient of 0.69 using the test re-test method. All hypotheses were tested using t-test and Analysis of Variance (ANOVA) statistics at a 0.05 level of significance. The main findings of the study revealed that drug relapse is moderately prevalent among clients in NDLEA rehabilitation centres in North Central, Nigeria. In view of this, it was recommended that NDLEA and other stakeholders should intensify efforts in identifying more addicted individuals so that they can go through the rehabilitation process and adjust effectively to their environment and avoid returning to drug/substance use after treatment.

**Keywords:** prevalence, drugs, relapse, NDLEA, rehabilitation centres, Nigeria

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## ***Introduction***

Universally, drug misuse has been one of the most widely contended issues with research being conducted on people from across different stratas. In terms of age groups, those who are classified as youths in particular, have been identified. Drugs are chemicals that change the physiological, psychological and emotional functioning of the users. In other words, drugs can affect one's mood, behaviour and state of mind. Once addicted, many cannot live without the intake of drugs. According to the Nigeria Drug Law Enforcement Agency (2014), ingredients that influence the functionability of the mind and body (i.e. the way someone feels, thinks, sees, tastes, smells, hears or behaves) is a drug. This implies that the meaning of a drug transcends medical boundaries.

When drugs impact an individual's normal functioning and well-being, the user turns into an abuser. Fraser and Moore (2008) described an abuser as an individual who has relinquished control over his/her life to psychoactive substances. This condition produces altered neurological functions and changed perceptions, moods, consciousness and energy levels (King, 2008). It is essential to note that misuse of a drug can lead to addiction in users (World Health Organization, 2003). The American Society of Addiction Medicine (ASAM, 2011) defined addiction as a primary, chronic disease of the brain. Dysfunction in these circuits can lead to biological, psychological and social manifestations of addiction. This means that a drug addict usually craves intensely for drugs. Like other chronic diseases, addiction often involves cycles of relapse and remission (American Society of Addiction Medicine, 2011).

A 'relapse' is the return to abusing a substance regularly and sometimes uncontrollably. Marlatt and Donovan (2005) explained that there is a difference between the terms 'lapse' and 'relapse'. A onetime slip into substance use is referred to as 'lapse'. For example, if an individual drink one beer or takes drugs on one occasion, the person has had a 'lapse'. But if he/she is abusing regularly and it is causing negative consequences on any aspect of their life, then such an individual is having a 'relapse' and needs professional help. Melemis (2015) suggested that a 'relapse' is a gradual process where a person in recovery returns to drug abuse.

## ***Prevalence of Drug Relapse***

Relapse following drug treatment is prevalent among people who use drugs. This has been reported globally even in countries with high rates of completion of inpatient treatment. For example, 33% individuals in Nepal (Niraula, Chhetry, Singh, Negash & Shyangwa, 2006) and 55.8% in China (Tang, Zhao, Zhao & Cubells, 2006) relapsed into drug use between one month and one year after being discharged from a treatment program. Drug relapse rates vary widely in clinical studies. One study showed that people who received treatment, experienced short-term remission but were estimated to relapse in the long-term (Moos & Moos, 2006).

On average, Fiorentene (1999) indicated that most rehabilitated persons are likely to re-

turn to substance abuse within two years of receiving treatment. Moreover, Habil (2001) asserted that about 70 per cent visit the rehabilitation centres as a result of a relapse. Reid, Kamarulzaman and Sran (2007) added that within the first year, about 70 to 90 per cent of addicts who were rehabilitated and discharged were likely to return back to the centres. Bidnas (2015) reported that 40-60 per cent of all people who enter a rehabilitation facility will fall back into some level of substance abuse.

A relapse is the return of addicts to the use of substances after a limited period (Manejwals, 2014). The Drug Demand Reduction Directorate of NDLEA, Kwara State Command, in their 2015 report observed that between 50 to 70 per cent of those treated and counselled returned to drug use after treatment. Therefore, this study investigated the prevalence of drug relapse among clients in NDLEA rehabilitation centres in North-Central, Nigeria.

### ***Problem***

The once peaceful traditionally conservative way of living of the people in Northern Nigeria is being threatened by the upsurge or increase in the number of youth who are into drug abuse and addiction which may have serious implications in the future if not immediately addressed. The boys take hard drugs like cocaine, heroin, cannabis (wee-wee), tramadol and get *safer* and *soft* drugs like cough syrup with codeine. Stopcof, Coffin, Totalin, and Emzolyn is common among females (Suleiman, 2016).

Drug relapse has a devastating psychological effect on significant others like parents, children, spouse, siblings, friends, and relations. Watching a loved one losing control of his/her life to drugs and relapsing in and out of drugs against their expectations and plans create a great psychological problem for the family. Equally, each treatment episode is very costly and time-consuming. When a drug addict who undergoes treatment relapses, it puts the therapeutic team into confusion and burnout after exhausting all their counselling and clinical skills in assisting the drug addicts with their problems.

Relevant studies have been carried out by different researchers in the realm of drug relapse, however, studies in this area are scarce in Nigeria and particularly, in the North Central zone. For example, Greene (2014) studied relapse among recovering addiction professionals including prevalence and predictors. The findings revealed high prevalence rates of relapse among the addicts. Respondents who relapsed had shorter histories of sobriety at the start of their careers and shorter periods of sobriety while in recovery. Jone, Sells and Reh fuss' (2009) study focused on the prevalence of relapse among addicted counsellors in recovery from alcohol and other drugs. The study concluded that the overall relapse rate was approaching 38 per cent among the respondents.

Few studies exist in Nigeria on drug abuse relapse among addicts. According to Umoru (2017), the northern geographical zone has the highest prevalence rate of drug abuse in Nigeria. Also, in a report, the NDLEA indicated that addicts in North Central Nigeria have the highest rate of relapse. These form part of the reasons why this study examined the prevalence of drug abuse relapse among clients in NDLEA Rehabilitation centres in North Central, Nigeria.

### ***Research Question***

The main research question raised in the study was:

1. How prevalent is relapse among clients in NDLEA Rehabilitation Centres in North Central, Nigeria?

### ***Research Hypothesis***

The null hypothesis stated that:

1. There is no significant difference in the prevalence of drug relapse among clients in rehabilitation centres in North Central Nigeria based on parental occupational status.
2. There is no significant difference in the prevalence of drug relapse as expressed by clients in rehabilitation centres in North Central Nigeria based on age.
3. There is no significant difference in the causes of drug relapse as expressed by clients in rehabilitation centres in North Central Nigeria based on educational attainment.

### ***Methodology***

The appropriate method used for this study was descriptive design. The population for this study comprised all clients present in the NDLEA rehabilitation centres in North Central, Nigeria at the time this study was carried out and those within a 3 to 6 month follow-up. In view of this, censor sampling was used to select the study sample.

### ***Instrumentation***

The Prevalence of Drug Relapse Questionnaire (PDRQ) that was used in this study consisted of two sections, A and B. Section A of the questionnaire covered the introduction and parental occupational status of the respondents. Section B contained items on the prevalence of drug abuse relapse. The instrument was patterned along the Four Point Likert-type rating scale format of: Very Often = VO; Often = O; Less Often = LO, and Not at All = NA. The questionnaire was validated by five experts in counselling, two medical experts in mental health and drug-related issues, as well as three NDLEA specialists. The instrument has 0.82 reliability coefficient using Cronbach Alpha statistics.

In determining the prevalence of drug abuse relapse among the respondents, percentages were used. The highest score is 80 (4 \* 20 items); while the lowest score is 20 (1 \* 20 items); hence, scores between 60-80 was regarded as high prevalence of drug relapse, scores between 41-59 was rated as the moderate prevalence of drug relapse; while scores between 20-40 was

considered low prevalence of drug abuse relapse among clients in NDLEA rehabilitation centres in North Central, Nigeria. The data collected was analyzed using descriptive statistics (percentages). The hypotheses postulated were tested using inferential statistics of student and t-test to compare the two mean scores of respondents. Hence, the hypothesis was tested at a 0.05 level of significance.

## Results

**Table 1: Percentage Distributions of Respondents' Parental Occupational Status**

N	Variables	Frequency	Percentage %
1	Parental Occupational Status	Employed	99
		Unemployed	60
		Total	159
2	Age (in years)	13-22	21
		23-32	75
		33-42	54
		43 & above	9
		Total	159
			100.0
3	Educational Attainment	Primary	34
		Secondary	54
		ND/NCE	35
		HND/B.Sc	28
		Postgraduate	8
		Total	159
			100.0

Table 1 shows that 159 respondents took part in the study. The respondents' parental occupational status indicated that 99 (62.3%) of their parents were employed; while 60 (37.7%) have unemployed parents. This means that more than 50% of parents of the victims of drug abuse relapse were working-class individuals. The age distribution of the respondents indicated that 21 (13.2%) were between 13-22 years, 75 (47.2%) were between 23-32 years, 54 (34.0%) were within 33-42 years age range; while 9 (5.7%) were 43 years and above. This showed that the majority of people with drug abuse relapse in this study were youth (within the age range 23-32 years). The educational attainment of the respondents showed that 34 (21.4%) of them were primary school certificate holders, 54 (34.0%) have secondary school certificates, 35 (22.0%) were ND/NCE certificate holders, 28 (17.6%) have HND/First Degree certificate; while 8 (5.0%) were postgraduate certificate holders.

**Research Question 1**

How prevalent is relapse among clients in Rehabilitation Centres in North Central, Nigeria?

**Table 2: Percentage Distribution of Prevalence Rate of Drug Relapse among Clients in Rehabilitation Centres in North Central, Nigeria**

Sore range	Frequency	Percentage %	Remark
1-40	63	39.6	Less prevalence
41-59	94	59.1	Moderately prevalence
60-80	2	1.3	Highly prevalence
	159	100.0	

Table 2 shows that out of the 159 respondents, 63 (39.6%) scored between 1-40 score range on the prevalence of drug abuse relapse scale, 94 (59.1%) scored between 41-59 score range on the prevalence of drug abuse relapse scale; while 2 (1.3%) scored between 60-80 on the same scale. This indicated that drug relapse is moderately prevalent among clients in rehabilitation centres in North Central, Nigeria.

***Hypothesis One:***

*There is no significant difference in the prevalence of drug relapse among clients in Rehabilitation centres in North Central, Nigeria based on parental occupational status.*

**Table 3: Mean, SD and t-test Comparing Respondents' View on Prevalence of Drug Relapse Based on Parental Occupational Status**

Variable	N	Mean	SD	df	Cal. t	Crit. t	p-value
Employed	99	25.92	5.40	157	0.60	1.96	0.259
Unemployed	60	26.98	6.26				

Table 3 shows that for a degree of freedom (df) of 157, the calculated t-value of 0.60 is less than the critical t-value of 1.96 ( $p = 0.259 > 0.05$ ). This indicates that there is no significant difference in the prevalence of drug abuse relapse as expressed by clients in NDLEA rehabilitation centres in North Central, Nigeria based on parental occupational status, hence, the hypothesis is retained. Therefore, parental occupation does not influence respondents' expression on the prevalence of drug relapse.

### ***Hypothesis Two:***

*There is no significant difference in the prevalence of drug relapse as expressed by clients in rehabilitation centres in North Central, Nigeria based on age.*

**Table 4: ANOVA Result Comparing Respondents' Expression on Prevalence of Drug Relapse Based on Age**

Source	Sum of Squares	df	Mean Squares	Cal. F	Crit. F	p-value
Between-group	138.652	3	46.217	1.41	2.60	0.242
Within-group	5079.989	155	32.774			
Total	5218.642	158				

Table 4 shows that for a degrees of freedom (df) of 3 and 155, the calculated F-value of 1.41 is less than the critical F-value of 2.60 ( $p = 0.242 > 0.05$ ). This indicates that there is no significant difference in the prevalence of drug abuse relapse as expressed by clients in Rehabilitation centres in North Central, Nigeria based on age, hence, the hypothesis is also retained. Therefore, the difference in age range does not influence respondents' expression on the prevalence of drug relapse.

### ***Hypothesis Three:***

*There is no significant difference in the prevalence of drug relapse as expressed by clients in Rehabilitation centres in North Central, Nigeria based on educational attainment.*



**Table 5: ANOVA Result Comparing Respondents' Expression on Prevalence of Drug Relapse Based on Educational Attainment**

Source	Sum of Squares	df	Mean Squares	Cal. F	Crit. F	p-value
Between-group	255.535	4	63.884	1.98	2.34	0.100
Within-group	4963.106	154	32.228			
Total	5218.642	158				

Table 5 shows that for a degrees of freedom (df) of 4 and 154, the calculated F-value of 1.98 is less than the critical F-value of 2.34 ( $p = 0.100 > 0.05$ ). This indicates that there is no significant difference in the prevalence of drug abuse relapse as expressed by clients in NDLEA rehabilitation centres in North Central, Nigeria based on educational attainment; hence, the hypothesis was retained. Therefore, the difference in educational attainment does not influence respondents' expression on the prevalence of drug relapse.

### ***Discussion***

This study revealed that drug relapse is moderately prevalent among clients in NDLEA rehabilitation centres in North Central, Nigeria. This means that drug abuse relapse is not extremely widespread in the society, indicating that the rehabilitation program of NDLEA in North Central, Nigeria is functioning as more victims of drug addiction were able to overcome drug relapse and adjust effectively to their respective environment. The moderate level of prevalence of drug abuse relapse could have resulted from the fact that great effort has been put in place by the NDLEA in offering counselling services across the state and special area commands. The finding of this study is in contrast with that of Reid, Kamarulzaman and Sran (2007) who discovered that about 70 to 90 per cent of drug users who undergo rehabilitation would return to the habit within the first year after been discharged. Also, the NDLEA (2015) report showed that there is a high prevalence of drug abuse relapse among the youths, where 50 to 70 per cent of those treated and counselled returned to drug use after treatment in Nigeria. Reid, Kamarulzaman and Sran's (2007) research was based on the fact that the society in which the study was conducted is different and the categories of respondents in the previous study were not the same as those used in this study. Also, the NDLEA report represents the larger picture of drug abuse relapse in Nigeria, while the current study presents the picture of drug relapse in the North Central region of the country.

The first null hypothesis tested revealed that there was no significant difference in the prevalence of drug abuse relapse among clients in NDLEA rehabilitation centres in North Central, Nigeria based on parental occupational status. This means that the view of the respondents was similar to the prevalence of drug relapse despite the differences in their parental

occupational status. The finding of this study is in contrast with the finding of Ibrahim and Kumar (2009) which revealed that there is a significant difference in the addicts' perception of the prevalence of relapse irrespective of variations in their parental occupational background. However, the similarity in the respondents' perception could have resulted from the fact that drug addiction is a severe condition that is very difficult to navigate irrespective of parental occupational status of the victims or clients. Therefore, drug relapse could be prevalent among people either with employed and non-unemployed parents.

The second null hypothesis showed that there was no significant difference in the prevalence of drug relapse as expressed by clients in NDLEA Rehabilitation centres in North Central, Nigeria based on age and educational attainment. This implies that respondents' expression was similar to the prevalence of drug relapse irrespective of the differences in their age range and educational attainment. The finding of the study contradicts the finding of Kassani, Niazi, Hassanzadeh and Menati (2015) which showed that drug relapse prevalence varied among respondents with a different age range. Also, the finding of this study is in tandem with that of Greene (2014) which revealed that differences in the educational background of the addicts did not influence their expression on the prevalence of drug relapse. It is important to note that drug addicts with varying educational levels can return to drug abuse after being treated from rehabilitation centres as a result of some of the identified reasons for relapse.

### ***Implications for School Counsellors***

The findings of this study have some relevant implications on the counselling profession. Most of the clients in NDLEA are students who are in one institution of learning or the other. Counsellors should help students in schools who relapse with drugs with appropriate counselling interventions. The use of different counselling techniques such as cognitive restructuring, behaviour rehearsal, modelling, in-vivo therapy or systematic desensitization can help reduce all forms of temptation towards returning to drug/substance abuse. Counsellors can, as well, through group guidance or psycho-educational programs expose students to effective problem-solving strategies, as well as decision-making skills that can help clients sustain the positive adjustments that they have attained in the course of rehabilitation programs.

### **Recommendations**

1. NDLEA should constantly intensify efforts to identify clients who needs helps so as to assist them to effectively adjust to their environment and avoid going back to substance use after treatment.
2. The government through NDLEA and other drug prevention agencies should intensify efforts in providing adequate rehabilitation programs and follow-up activities that help reduce the level of drug abuse relapse among clients after the rehabilitation process.
3. The follow-up services should be more intensive in order to provide necessary supports that can prevent clients from returning to drugs/substance after treatment.

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