



Drug Dependence among a sample of Nigerian Undergraduates: Self-downing Belief and Self-disclosure as Predictors.

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Abstract

Drug dependence among Nigerians, particularly the youth is becoming rampant despite its health implications. This study investigated self-downing belief and self-disclosure as predictors of drug dependence among a sample of Nigerian students. Three hundred and fifty-two (352) participants, draw from Nnamdi Azikiwe University participated in the study. A total of 155 males (39.5%) and 195 (60.5%) were females. They were selected for the study using the purposive sampling technique. Their age ranged from 18-50 years, with a mean age of 26.44 and a standard deviation of 6.53. The instruments used were Drug Abuse Screening Test (DAST), the self-disclosure Questionnaire, and General Attitude and Belief Scale (GABS). The study adopted a predictive design; hence Multiple Regression analysis was employed as the statistical tool for data analysis. Three hypotheses were tested, and the results showed that self-downing belief significantly and positively predicted drug dependence among undergraduate students at ($\beta=.49$, $t=10.11$, $p<.05$). The study also found that self-disclosure did not significantly predict drug dependence among undergraduate students at ($\beta =.48$, $t=1.02$, $p>.05$). The results further revealed that self-downing belief and self-disclosure jointly and significantly predicted drug dependence among undergraduate students at ($R^2=.213$, $F(2,349)=47.86$, $p<.05$). The researchers, therefore, recommended that there should be adequate enlightenment on the consequence of drug dependence in Nigeria with regards to its health, and psychosocial implications.

Keywords: Drug dependence, undergraduates, Self-downing belief , self-disclosure

Introduction

Substance use disorder is one of the major problems that are perhaps threatening the social, psychological, and economic development of young people across the globe. In Nigeria, it is common to observe youths engaging in one form of substance abuse or the

other despite its negative implications (Kazeem, 2019). Research has shown that chronic use of substances can cause serious, sometimes irreversible damage to an individual's physical and psychological development (Sambo, 2008). Also, the World Health Organization (2019) reported that nearly 70% of the total death tolls among people aged 25-39 years were related to opiates and alcohol use. Furthermore, the United Nations Office on Drug and Crime (UNODC, 2015) reported about 187,100 drug-related deaths in 2013. Of particular importance, the reports indicated that cannabis use disorder is more dominant in several regions of the world. However, the drug use survey conducted in Nigeria in 2018 shows that an estimated rate of 14.3 million people aged 15 to 64 years is suffering from substance use disorders (2018). Some of the commonly used psychoactive substances include cannabis, opioids, alcohol, tobacco, and sedatives (Jatau et al., 2021).

Currently, over 40% of the Nigerian population is believed to be users of illegal drugs (Jatau et al., 2021). Globally, 35 million people are estimated to suffer from substance use disorders that required immediate treatment attention (UNODC, 2018). Indeed, the trend of more youths using drugs (with the age of drug users getting younger) is becoming rampant in Nigeria (Adamson, Onifade, Ibikunle & Ogunwale, 2010). Hence, the rising occurrence of drug abuse in Nigeria has facilitated the need to address the problems of drug dependence as well as identify some pertinent factors that could be a precursor to the problem.

Substance/drug dependence is defined as a dysfunctional way of using drugs that are characterized by the improvement of drug tolerance and the presence of withdrawal syndromes (APA, 2013). This pattern of behaviour leads to poor ability to alleviate one's drug use. It could be seen as maladaptive behaviour that evolves from continuous use of a substance that comes with withdrawal effects (Robison & Nestler, 2011). The United Nations Organizations on Drug Council (UNODC) (2010) argued that drug dependence is a global challenge with detrimental effects on the health, wealth, and security of nations. As noted by Baconi et al. (2015), drug dependence usually involves the following process which is psychological dependence - this is impaired psychological control over drug use that often occurs as a result of the interaction between pharmaco-psycho-social factors.

Physical dependence - these manifests in the form of withdrawal syndrome at the interruption of the chronic consumption, on long periods, or a reduction of the doses. Tolerance – this is the reducing sensitivity to a substance after its repeated administration; is manifested by the need to increase the dose to achieve the same effect. Finally, psychotoxicity – this is a serious behavioural change of psychotic grade, following prolonged use of high doses (obvious to alcohol, barbiturates, cocaine, LSD, amphetamines).

In this respect, chronic drug dependence is a major gateway to crime and this may undermine development by eroding social and human capital development. This degrades the quality of life and negatively impacts the functioning and productive ability of youths (Gureje et al., 2007). Indeed, chronic drug dependence is becoming increasingly widespread in Nigeria and various reports of rapid situation assessments of drug abuse and addiction in the country have shown a picture of widespread consumption of cannabis (10.8%), followed by psychotropic substances (mainly the benzodiazepines and amphetamine-type stimulants) 10.6% and to lesser extent heroin (1.6%) and cocaine (1.4%) in both the urban and rural areas (Makanjuola et al., 2014).

There is empirical evidence that a large number of students or youths are suffering from drug dependence especially alcohol and other substance-related disorder. (Kaynak et al., 2013). However, people who abuse drugs tend to exhibit an irrational tendency to make global evaluations (i.e., overgeneralize) about themselves, others, and the world (David, 2006b; Ellis, 1997). This tendency or belief makes them see the world in a negative view. For example, they tend to draw a global conclusion about events or things in their lives (David, 2006b; Ellis, 1997). It is noteworthy that alcohol and drug abuse is characterized by excess demand and a deficit in an individual's psychological resources. It has been suggested that globally, only a minority of individuals who need treatment for chronic alcohol and or drug use disclose their problems for help and most of them are trapped into an overall irrational pattern of thinking that is referred to as self-downing belief (Cartwright & Solano, 2003).

Self-downing, according to Ellis (2001), is an aspect of irrational beliefs that may cause substance abuse and addiction. Ellis described this relationship by presenting four patterns of irrational thinking and addictive behaviours. The abstinence and Low Frustration Tolerance (LFT) pattern explain that drinking occurs after experiencing discomfort anxiety caused by LFT's irrational beliefs (Ellis & Ellis, 2011). When clients abuse alcohol to avoid problems, they follow the Intoxication coping pattern. The "Intoxication equals worthlessness pattern" predicts that irrational beliefs of self-downing (for example, I am worthless) and dichotomous thinking (for example, I cannot stop) will result in substance abuse. Also, it is believed that sensation seeking coupled with irrational thinking (for example, I must never be bored) can result in a pattern of substance abuse (Diguiseppe, Doyle, Dryden & Backx, 2014).

Another variable of interest in this study is self-disclosure, which is assumed to play a role in the maintenance of positive mental health. As an important aspect of interpersonal communication, self-disclosure has continued to stimulate research interest. According to Esere, Omotosho, and Idowu (2012), self-disclosure is a valuable approach for revealing information about oneself to others to strengthen interpersonal relationships. It could also be seen as a way of sharing personal information with others that they would not normally know or discover.

Self-disclosure theory and research indicated that people engage in self-disclosure when they reveal intimate information about themselves to others (Vogel & Wester, 2003). Self-disclosure incorporates all forms of information regarding individuals' life experiences, current and previous conditions, emotions, dreams, and perspectives, etc. Most importantly, self-disclosure entails telling the truth about one's reaction to others and the current situation. It implies hazard and weakness concerning the discloser. However, people that are alcohol and drug addicts often find it difficult to disclose the important part of their lives to others who might be of help. Research has suggested that disclosing openly to another person in the context of a trusting relationship is an integral part of coming to understand oneself and thereby becoming more fully functioning (Rogers, 2016; Sleater & Scheiner, 2020). Overwhelming data from therapy, self-help groups, and research

laboratories suggested that sharing our emotions improves our health, prevents disease, and lessens our psychological-interpersonal problems (Abiama, 2015).

Theoretically, the rational choice theory by Cornish and Clark (1986) was employed as the theoretical framework for the study. The theory proposed that individuals use rational calculations to make rational choices and achieve outcomes that are aligned with their objectives. The theory further assumes that one of the central elements of drug dependence is the fact that individuals have impaired control over their use of the substance. This may manifest itself in continued use despite a wish to reduce or stop the use of the drug, to use greater amounts of the drug than intended, or to use the drug for longer periods than intended (APA, 2000). This difficulty may be greater in certain contexts - for example, if an alcohol-dependent person has not had a drink for some time and walks past a bar. Some would argue that this represents a form of “weakness of will”: that addiction is an example of behaving against one’s own better judgement (Davidson, 1980). The theorists are of the view that drug-dependent persons have a choice of two options, both of which may be evaluated in terms of their future consequences. They realize that one option is superior yet choose the other. For instance, an individual may have decided to stop drinking and yet accept a drink from someone even though the individual knows, at that particular time, that he or she should not. Based on this premise, this study filled the lacuna in the literature on the possible causes of drug dependence in Nigeria.

Empirically, several studies reviewed in this study have reported a link between self-downing beliefs (irrational belief), self-disclosure, and substance use disorder. For example, in an addiction study conducted on 239 adults, Nolan and Jenkins (2019) examined whether irrational beliefs (IB) are associated with Food addiction (FA) such as substance use disorder and emotional eating (EE) like overweight and obesity. The findings showed that IB was significantly positively correlated with FA and EE respectively. Similarly, Denoff (1987) examined irrational beliefs as predictors of adolescent drug abuse and running away. The findings showed that specific belief systems (drug use and running away) were differentially associated with each disorder. Also, gender differences along 2 belief dimensions of the RBI were found in the drug abuse population. Hutchinson, Patock-

Peckham, Cheong, and Nagoshi (1998) in a college-based study examined irrational beliefs and behavioral misregulation in the role of alcohol abuse among college students. The result revealed that irrational beliefs are significant predictors of alcohol use problems.

Similarly, Carson, Kai, and Jeffrey (2013) in their phenomenological study evaluated the lived experiences of recovering substance abuse counsellors regarding their use of self-disclosure of their personal histories of addiction with clients in counselling for substance abuse-related issues. The result showed that recovering counsellors lived experiences were related to self-disclosure.

Furthermore, Yamashita and Yoshioka (2016) investigated the resilience associated with self-disclosure and relapse risks in patients with alcohol use disorders in Tottori, Shimane, and Okayama prefectures (Japan). The results of the findings indicated Innate/acquired resilience had a mutually reinforcing relationship, and, compared with the low resilience group, the high resilience group had significantly reduced risks for relapses and resulted in deeper self-disclosure. Observations from the empirical studies reviewed above show that limited literature has explored the connection between self-downing belief and substance use disorder. Thus, there is a deficiency of experimental literature linking self-downing belief and self-disclosure with drug dependence in Nigeria. Consequently, we proposed the following hypotheses.

Hypotheses

- Self-downing belief will significantly predict drug dependence among undergraduate students.
- Self-disclosure will significantly predict drug dependence among undergraduate students.
- Self-downing belief and self-disclosure will jointly predict drug dependence among undergraduate students.

Method

Participants

Three hundred and fifty-two (352) undergraduates participated in this study. The ages of the participants ranged from 18-40 years, with a mean age of 26.44 and a standard deviation of 6.53. They comprised 206 males (58.5%) and 146 females (41.5%). They were sampled from the population of Nnamdi Azikiwe University, Awka, through the use of the purposive sampling technique. The inclusion criterion for participation is that the participant must volunteer willingly to participate in the study. The demographic information on religious affiliation revealed that 90 (56.3%) of them were Catholics, 65(40.6%) were Pentecostals, and 5(3.1%) were of Judaism. The marital status details showed that 130 (81.3%) of the participants were single and 30 (18.8%) were married. The academic level of the participants showed that 30(18.8%) of the participants are in their first year, 75(46.9%) are in their second year, 35(21.9%) third year, and 20(12.5%) are in their fourth-year academic level 12(12.5%).

Instruments

Three instruments employed for data collection in this study were: Drug Abuse Screening Test (DAST) (Gavin, Ross, and Skinner, 1989), General attitude and belief scale (Bernard, 1998), and Self-disclosure Questionnaire (Jourard, 1971).

Drug abuse screening tests consist of 20-item designed to identify individuals who have a drug abuse problem (excluding alcohol). It contains some features of the dependence syndrome such as inability to abstain, withdrawal symptoms, and a range of social and emotional problems associated with drug misuse. Respondents are required to tick either "YES" or "NO" to each of the items. It was scored by adding the number of items indicating drug use problems. "No" responses to items 4 and 5 indicate problems with drug use and are scored 1. Gavin, et al. (1989) reported a high degree of internal consistency (coefficient alpha = .92). The present study obtained a Cronbach alpha of .71.

The general attitude and belief scale consists of seven subscales: Rationality (9 items), Self-Downing (9 items), Need for Achievement (9 items), Need for Approval (7 items), Need for Comfort (9 items), Demands for Fairness (9 items), and Other-Downing (3 items). However, this study adopted only a self-downing subscale for data collection. Each item is scored using a 5-point Likert-type format ranging 1 = strongly disagree, 2 = disagree, 3

= neutral, 4 = agree, and 5 = strongly agree. Total scores are obtained by adding all the 9 items to the scale together. Lindner, Kirkby, Wertheim, and Birch (1999) reported the Cronbach alpha of .84 for the Self-downing subscale. The current study obtained a Cronbach alpha of .87 for the self-downing subscale.

The self-disclosure questionnaire consists of 30-item designed to assess people's willingness to disclose their feelings or emotions to others (Jourard, 1971). It covers such aspects of personal life as attitudes and opinions, tastes and interests, sexuality, and financial matters. It is scored using a 5-point Likert-type scale ranging from 1= "would definitely not self-disclose" to 5 = "would definitely self-disclose". All the items are scored positively. The total score is obtained by summing all the responded items on the scale. Thus, high scores indicate a greater tendency to self-disclose whereas lower scores indicate a lesser tendency to self-disclose. Sample items on the questionnaire include "My attitude to religion," "My personal views on drinking," and "The facts about my sexual life". Jourard and Lasakow (1958) reported a split-half reliability coefficient of .95 for samples of Black American, White American, and Latino individuals. In Nigeria, Ifeagwazi and Ugwueze (2007) recorded a split-half reliability coefficient of .78 among 40 undergraduates, while the present study reported a Cronbach alpha of .89.

Procedure

The approval to conduct the study was solicited from the Faculty of Social Sciences, Nnamdi Azikiwe University, Awka. After the establishment of rapport, the researchers disclosed the purpose of the study to the participants in their lecture halls. Purposive random sampling was employed in the selection of the participants. This was done after obtaining their consent to participate in the study. After the diligent briefing, a total of 360 copies of the questionnaire were randomly distributed, but only 352 questionnaires that were properly filled were analyzed. The rest were not used as a result of improper completion.

Design/Statistics

The study was a survey that adopted a predictive design. Multiple regression analysis was employed for data analysis through the medium of SPSS version 25.

Results

TABLE 1: Table of Means, Standard Deviations and Correlation Coefficients

Variables	M	SD	1	2	3
Drug Dependence	4.38	3.31	1		
Self-downing belief	18.37	6.10	.46**	1	
Self-disclosure	50.92	34.32	.04	-.05	1

** $p < .01$

The result in the table above showed that self-downing belief correlated significantly with drug dependence at $r = .46, p < .01$, level of significance. This indicated that a positive linear relationship exists between self-downing belief and drug dependence. On the contrast, self-disclosure did not correlate with drug dependence at $r = .04, p > .05$.

Table 2: Table of Multiple Regression Analysis of self-downing belief and self-disclosure on drug dependence

	R ²	Df	F	Beta	T	Sig
Model 1	.22	2(349)	48.80**			
Self-downing belief				.47	9.85	.000
Self-disclosure				.06	1.22	.225

Note: ** = the test is significant at the .01 level.

The result in the table above showed that self-downing belief positively and significantly predicted drug dependence among undergraduates at ($\beta = .47, t = 9.85, p < .001$). Thus, hypothesis one was accepted. Also, self-disclosure did not predict drug dependence ($\beta = .06, t = 1.22, p < .01$). Hence, Hypothesis 2 was rejected. Furthermore, the table showed that self-downing belief and self-disclosure jointly, positively, and significantly predicted drug dependence among undergraduates at $R^2 = .22, F(2, 349) = 48.80, p < .001$. Thus, the two variables contributed 22% variation in drug dependence. Therefore, hypothesis 3 was accepted.

Discussion

This study tested three hypotheses. The first hypothesis which stated that self-downing belief will significantly predict drug dependence among undergraduate students was accepted. This finding was consistent with the study of Nolan et al. (2019) who found that irrational beliefs such as self-downing were significantly positively correlated with substance use disorder. In the same vein, the finding is in congruence with the empirical result of Denoff (1987) who found that irrational belief is a significant predictor of drug abuse among adolescents.

Furthermore, the second hypothesis which stated that self-disclosure will significantly predict drug dependence among undergraduate students was rejected. This means that students who disclose their problems with others (e.g., lecturer, guidance, and so on) are less likely to be abuse drugs than students who do not disclose their problems. This finding was consistent with the study of Carson et al. (2013) that evaluated the role self-disclosure plays in recovering from substance abuse and found through an interviews base assessment that recovering counsellors' lived experiences were related to self-disclosure. This was also in consonance with the study of Yamashita and Yoshioka (2016) who found that innate/acquired resilience had a mutually reinforcing relationship and compared with the low resilience group, the high resilience group had significantly reduced risks for relapses and resulted in deeper self-disclosure. They further found that patients with high resilience had a lower risk of alcohol relapse and deeper self-disclosure.

Similarly, the third hypothesis which stated that self downing belief and self-disclosure will jointly significantly predict drug dependence among undergraduate students was accepted. This indicated that self-defeating thoughts and self-disclosure have a predictive relationship with drug dependence. However, this finding was not supported by Katsiki, Minnaert, and Katsikis (2017), who found a weak significant linear correlation between self-downing beliefs and academic math performance. However, the present study also was not in line with some other empirical work.

Implications of the study

This study has various implications. Since it was found that self-downing belief is a predictor of drug dependence, it implies that students could develop a drug dependence lifestyle if they harbour self-downing beliefs. Based on the second finding, self-disclosure is a great asset in a relationship that can mitigate abnormal behaviours such as drug dependence, cultism, and antisocial problems among others. Hence, encouraging adequate self-disclosure among students will not only aid them in the pursuit of their academics but will facilitate them to avoid self-destructive activities such as drugs abuse. Furthermore, the result implies that promoting adequate self-disclosure would reduce the chance of drug dependence among undergraduates.

Recommendations

In line with the findings of this study, the researcher hereby recommends the following:

1. Teachers and parents should enlighten students on the consequences of irrational beliefs and drug dependence.
2. There should be adequate enlightenment on the consequence of drug dependence in Nigeria with regards to its health, and psychosocial implications.
3. There should be a need for proper sensitization and possible restructuring of the irrational beliefs of students with particular reference to their lifestyle and academic pursuit.
4. Students should endeavour to disclose their problems to their lecturers, guidance, parents, and significant others for deliberation and proper solution. This is because a problem shared is a problem solved.

Conclusion

This study investigated self-downing belief and self-disclosure as predictors of drug dependence among undergraduate students: testing three hypotheses. The findings of the study showed that self-downing belief predicted drug dependence. Self-disclosure also did

predict drug dependence, but self-downing belief and self-disclosure jointly and significantly predicted drug dependence.

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