Self Efficacy of Drug Addicts at Menoufia University Hospital Regarding Relapse Prevention

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Abstract: **self-efficacy is the belief that one has the ability to implement the behaviors needed to produce a desired effect. Addiction is a major problem in Egypt, due to rapidly growing and changing patterns of substance use. The aim of the present study was to assess self efficacy of addicts at Menoufia University Hospital regarding relapse prevention. Design: A descriptive correlational research design was utilized. Setting and Sample: The study was conducted at addiction outpatient clinic at forensic Medicine Technical Toxicology Department (poisoning and addiction control unit) at Menoufia University Hospital, in Shebin El kom. Addicts were selected (122) to participate in the study. Tools: first tool: an interviewing questionnaire composed of two parts ;first part was designed to assess demographic and occupational characteristics of the addicts, and The second part was designed to assess pattern of substance abuse including: route & administration, age of starting abuse, duration and motives for abuse. Second tool: Self-efficacy Questionnaire: It was included 16 questions. The main results: the current study showed that, The majority of the studied addicts (96.7%) were male. The highest percentages of the studied addicts were abused tramadol. There was statistical positive correlation between relapse and total self efficacy of studied addicts. Conclusions: The highest percentages of the studied addicts were had poor self-efficacy. Recommendation: Effective implementation of relapse prevention program to increase addicts' self-efficacy to live without drugs.**

Keywords: **Abuse, addicts, addiction, self-efficacy, prevention and relapse.**

I. INTRODUCTION

Drug abuse and addiction is a major global problem that destroys economy health, relationships and career and has several complications including relapse that often remain untreated (Abdollahi, Hamzehg, Ardeshi and Bahramzad, 2014). People who inject drugs (PWIDs) are vulnerable to infection with HIV and other blood borne viruses from shared use of injection equipment and drug solutions as well as through unprotected sexual practices. One in 10 new HIV infections worldwide occurs in a PWID (UNAIDS, 2012).

The number of relapses is very high among the addicts who quit and almost 80% of subjects who were discharged with recovery from addiction treatment centers, returned to the substance (Heydari, Dashtgard, and Moghadam, 2014).

Social cognitive theory is based on a tripartite model of the environment and the individual. Social cognitive theory is based on a tripartite model of the behavior, environment and the individual. This model emphasized the relationship between behavior, environmental effects and personal factors (cognitive, emotional and biological factors) which refers to perception of psychological functions. According to this theory, people in a tripartite causal system affect their behavior and motivation (Bandura, 1993).

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The past studies showed that there is strong relationship between self-efficacy with addiction relapse (Ibrahim, Kumar and Samah, 2011). One of the most important factors that influence the rate of relapse is not enough self-efficacy in drug addicts. Self-efficacy is derived from social cognitive theory of famous psychologist that refers to beliefs or judgments of individual about his capabilities to perform the duties and responsibilities (Bandura, 1999).

Self-efficacy is not related to a skill or skills, but also refers to belief in ability to work in different job situations. Self-efficacy theory predicts that treatment will be effective when increase the client's reasonable expectations of what can be achieved and continue (Bandura, 1999). Sense of self-efficacy is an individual's judgment about their ability to perform an action that can enable people to adopt healthy behaviors and leave harmful ones (Bandura, 1999).

Statistics of international organization, especially World Health Organization(WHO) showed an increase in drug use worldwide (United Nations Office on Drugs and Crime, 2012). The WHO reported that the prevalence of drug abuse in individuals between 15 and 64 years of age in Egypt was 0.8% (0.64 and 1.3% of drug abusers were found to be in the female and male population, respectively) (WHO, 2014).

As pharmaceutical treatment is not sufficient solely and the recurrence rate of clients referred to addiction centers is high, finding proper strategy against addiction recurrence is one of the basic challenges in nursing. Community health nurse could be of great help in prevention and treatment of drug abuse based on his role and tasks and his crucial role in compiling preventive programs across the community. According to the literatures, successful preventive education programs are conducted based on well-known models (Juhnkz and Hagedorn, 2006).

Significant of the Study

Egypt has one of the highest death rates due to road accidents and tramadol abuse is associated with 18.7% of these accidents (Fawzy, 2010). The National Survey report stated that 9.6% of Egyptians used drugs at least once during their lives (Hamdi, Gawad, Khoweiled, and Loza, 2013).

Nurses can play an important role in the problem of drug addiction through primary prevention to prevent non users from initiating use and to prevent individuals who are experimenting with substance from progressing to chronic and abusive use of substances (Sullivan, 1995).

Community health nurse plays a key role in the identification of drug abuse and planning proper interventions for management of addiction (Marcia and Jeanette, 2011).The effective role of community health nurses in prevention and helping to treat undesirable behaviors across the community and no study has been done on the effect of relapse prevention program based on Bandura's Self efficacy theory for addiction in Egypt.

Aim of the Study:

To assess self efficacy of addicts at Menoufia University Hospital regarding relapse prevention**.**

Research questions:

To fulfill the aim of the study, the following research questions were formulated:-

Q1: What is the pattern of substance abuse, withdrawal and relapse rate?

Q2: What is the self-efficacy of addicts about relapse prevention?

Q3:Is there a relation between self-efficacy and relapse prevention?

2. METHODOLOGY

Research Design

 A descriptive exploratory, correlational research design was utilized in the current study.

Research Setting

 The study was done in addiction outpatient clinic at forensic Medicine Technical Toxicology Department (poisoning and addiction control unit) at Menoufia University Hospital.

Participants and Sample size Calculation:

Sample: the sample size was estimated to fulfill the aim of the study, with a 95% level of confidence (error=5 %) and a study power of 80% (error=20%). Using the Epi-info computer software program the required sample size was 122 subjects.

Inclusion criteria

The target population of this study was the patient who attended to the addiction outpatient clinic at Menoufia University Hospital, able to communicate and willing to participate in the study and patients 19 years or older.

Tools of Data Collection

To achieve the aim of the study, data collected by the following tools:

I Interviewing Questionnaire: it was developed by the researcher after reviewing the literature to collect the necessary data from addicts and include the following:

A- The first part was designed to assess demographic and occupational characteristics of the addicts patients such as (age, level of education, occupation, marital status).

B- The second part was designed to assess pattern of substance abuse including: route & administration, age of starting abuse, duration, motives for abuse, effects and number of previous treatment trials.

- The Validity; Instruments were reviewed and tested for validity by 3 experts in the field of Family and community health nursing (one professor of Forensic Medicine Technical Toxicology Department, one assistant professor of Psychiatric Health Nursing and one assistant professor of Community Health Nursing) ,modification were done accordingly to ascertain relevance and completeness. Reliability: The internal consistency of the questionnaires was calculated using Cronbach's alpha coefficients. Test-retest was used. The Cronbach's alpha of the questionnaire was 0.80 indicate good reliability.

Instrument II:

Self efficacy questionnaire It was developed by Martin, Wilkinson and Poulos (1995) and it was used to assess the self efficacy among addicts with assessment of 16 items, each was seven points Likert scale $(1 – 7)$ as (1) for Certainly No ,for (2) for Very likely no, (3) for Probably No,(4) for Really can't say, (5) for Probably yes, (6) for Very likely yes, and (7) for Certainly yes. The assessment of the self-efficacy (SE) was done by giving a score of 16 -112. The total score of each addict was categorized into "poor SE" when he/she achieved <50% of the total score , "Fair SE" was considered when the addict achieved from 50%-≤ 75% points of the total score, and was considered as " good SE" when he/she achieved >75% of the total score. Accordingly, addicts who had 16-56 points were considered as "poor SE", addicts who had 57-84 were considered as "fair SE" , and those who had 85 - 112 points were considered as "good SE".

• The validity and reliability of the self-efficacy questionnaire was tested and confirmed by Martin (1995) and Bramson (1999), that Cronbach's alpha coefficient in Martin study was 0.91 and in Bramson was 0.87.

• The Validity: Instruments were reviewed and tested for validity by 3 experts Family and community health nursing, modification were done accordingly to ascertain relevance and completeness.

• *Reliability:* The internal consistency of the questionnaires was calculated using Cronbach's alpha coefficients. Test-retest was used. The Cronbach's alpha of the questionnaire was 0.82 indicate good reliability.

3. METHOD

Approval

- An official permission was obtained from the director of Menoufia University Hospital to carry out this study, after submitting official letters from the Dean of the faculty of Nursing, Menoufia University about the purpose of the study.

- Oral consent obtained from every participant and the researcher explained the purpose of the study. Approval from the ethics committee also was obtained to carry out this study.

Ethical consideration

-    The study was conducted with careful attention to ethical standards of research and rights of participants. Oral consent was taken from each patient to participate in this study. During the initial interview, the purpose of the study and the procedures were explained to the patients. The subjects were assured that all information would be confidential and used for the research only to assure the confidentiality of the participants. The participation in the study was voluntary and that they can withdraw from the study at any time and can refuse to participate in the study.

Data Collection Procedure:

-    An individual interview was conducted for the study group, the instrument was filled by the researcher and explain the aim of the study to each patient to gain their cooperation to share in the study.

-    *Tools developments*: tools were developed by the researcher after reviewing the literature to collect the necessary data from patients. Tool validity test was done through three experts. and necessary modifications were done. Cronbach's alpha test was used to measure the internal consistency reliability of the questionnaire (0.82).

-    **Pilot study:** A pilot study was carried out on 10% (12 patients) to test the content of the questionnaire as well as to estimate the time needed for data collection and the necessary modifications was done. Those who shared in the pilot study were excluded from the study sample.

-    The researcher initiated data collection by interviewing each participant for assessing patients socio-demographic data, and working characteristics by using a structured interviewing questionnaire. Also, each patient was asked about pattern of substance abuse including: route & administration, age of starting abuse, duration, motives for abuse, effects and number of previous treatment trials.

-    The researcher complete the Self-efficacy Questionnaire from the participants.

Statistical Analysis:

Data was coded and transformed into specially designed form to be suitable for computer entry process. Data was entered and analyzed by using SPSS (Statistical Package for Social Science) statistical package version 22. Graphics were done using Excel program. Quantitative data were presented by mean (X) and standard deviation (SD). It was analyzed using student t- test for comparison between two means. Qualitative data were presented in the form of frequency distribution tables , number and percentage. It was analyzed by chi-square ($\chi2$) test. However, if an expected value of any cell in the table was less than 5, Fisher Exact test was used(if the table was 4 cells) , or Likelihood Ratio (LR) test (if the table was more than 4 cells). Level of significance was set as P value <0.05 for all significant tests.

4.   RESULTS

Table (1) showed the distribution of socio-demographic characteristics of the studied addiction participants. It illustrated that, the highest percentages of addicts were found among age group between 20-40 years (75.4%), male (96.7%). Also it showed that, more than half (51.6 %) of the studied addicts were living at urban setting and the highest percentages of addicts were married (49.2%). More than half (61.5%) of the studied addicts were secondary education and technical diploma, (64.8%) of the studied addicts were working . Regarding occupation before addiction, it showed that more than half (55.7%) of the studied addicts were worker. More than half (58.2%) of the studied addicts incomes were not enough.

Figure (1): illustrated that, the majority of the studied participants (92.6%) were smokers, while 7.4% of them non smokers.

Table (2): presented distribution of the studied addicted participants according to their smoking status. It illustrated that the majority of the studied addicts were smoker (92.6%).

Table (3): presented distribution of the studied addicted participants according to their pattern of substance abuse. It illustrated that, the main age group of drug abuse initiation of the studied addicts was 15 - < 20 years. Regarding duration of drug abuse, three quarter (75.4%) of the studied addicts had abused drug > 10 years. More than half (52.5%) of the studied addicts motives for drug abuse were peer pressure. Near to half of the studied addicts (49.2%) were abused tramadol and more than half (52.5%) of the studied addicts were taken drugs orally. The majority of the studied addicts

(91.8%) were taken drug dose per day and more than three quarter (75.4%) of the studied addicts were bought drugs from traders.

Table (4): presented distribution of the studied addicted participants   according to their withdrawal and relapse data. It illustrated that near to half (49.2%) of the studied addicts were had severe withdrawal symptoms and more than half (54.9%) of them were had all of the withdrawal symptoms. More than half (66.4%) of the studied addicts had relapse after last treatment and they had once treatment before relapse (33.6%). The highest percentages of the studied addicts were had desire for best change (45.9%) and (70.4%) of the studied addicts had regular follow up.

Table (5): showed groups of total of self-efficacy score among studied addicts. It illustrated that, the highest percentages of the studied addicts were had poor self-efficacy (64.8%).

Table (6): presented that correlation between relapse of studied addicts and total self efficacy. The results of current study showed that, There was statistical positive correlation between relapse and total self efficacy of studied addicts. p 0.041.

Figure (2): showed that, There was statistical positive correlation between relapse and total self efficacy of studied addicts.

Table (1): Socio-demographic characteristics of studied participants (N = 122).

Socio demographic characteristics	Frequency (n=122)	Percentage
Age (Years):		
<20	17	13.9
20 – <40	92	75.4
40 – 60	13	10.7
Sex: Male	118	96.7
Female	4	3.3
Residence: Urban	63	51.6
Rural	59	48.4
Marital status: Single	59	48.4
Married	60	49.2
Divorced / widow	3	2.5
Educational Level :		
Illiterate	16	13.1
Elementary (Basic) education	17	13.9
Secondary school or technical diploma	75	61.5
University	14	11.5
Current job: Work	79	64.8
Not work	43	35.2
Job before addiction : Employer	19	15.6
Worker	68	55.7
Student	17	13.9
Unemployed	18	14.8
Income: Enough	48	39.3
Not enough	71	58.2
Enough and save	3	2.5
Total	**122**	**100**

Table (2): Distribution of the studied participants according to their smoking status (N = 122).

Smoking status	Frequency (n=122)	Percentage%
Smoking: Yes	113	92.6
No	9	7.4
Smoking type: Cigarettes	87	71.2
Goza	8	6.6
Mixed	18	14.8
Non smoker	9	7.4
Smoking amount / day: Mild –Moderate (< 20 cigarettes)	70	57.4
Heavy ($\geq$ 20 cigarettes)	43	35.2
Non smoker	9	7.4
Total	122	100

Fig (1): Participants smoking status (N=122).

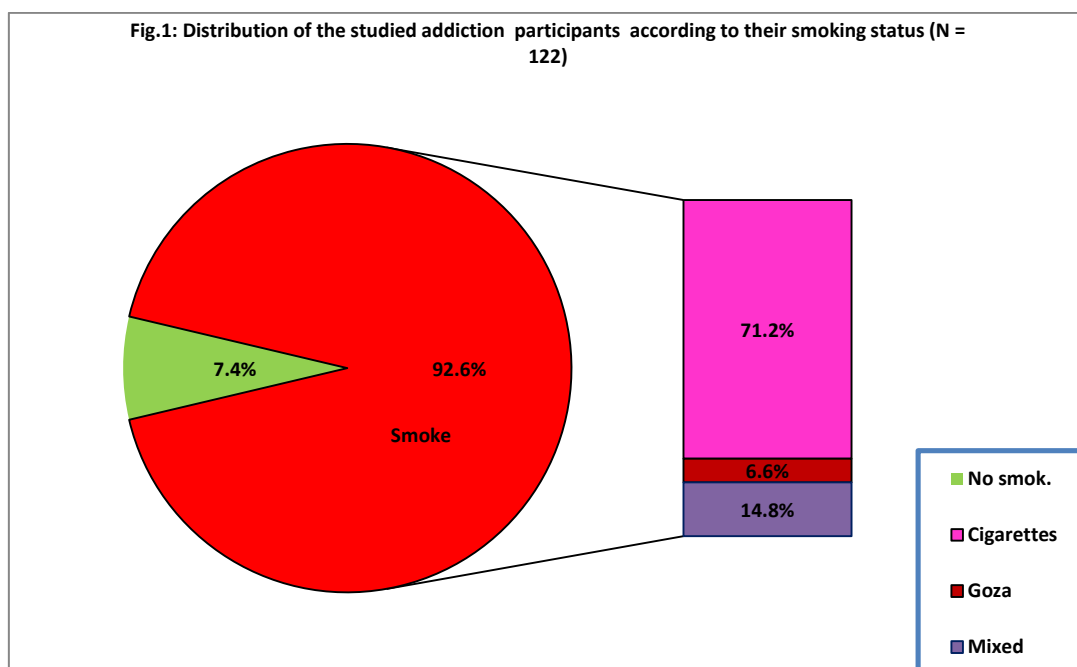Fig.1: Distribution of the studied addiction participants according to their smoking status (N = 122)

Table (3): Pattern of substance abuse of participants (N = 122).

Pattern of substance abuse	Frequency (n=122)	Percentage%
Age of drug abuse initiation (Y) <15	48	39.3
15 – <20	51	41.8
$\geq$ 20 Y	23	18.9
Duration of drug abuse: <10 year	92	75.4
10 – 20	29	22.9
>20 years	1	1.7
Motives for drug abuse: Peer pressure	64	52.5

Seeking pleasure	8	6.6
Improve mood	11	9
Curiosity	22	18
Others*		13.9
Type of current drug abused: Cannabis (hashish)	38	31.1
Volatile substances (heroin)	16	13.1
Analgesics (tramadol)	60	49.2
#Others	8	6.6
Rout of use drug: Oral	64	52.5
Inhalation	13	10.7
Injection	12	9.8
Smoking	33	27
Dose amount Per day	112	91.8
Per week	10	8.2
Drug availability: Friends	27	22.1
Dealers	92	75.4
Others	3	2.5
Total	**122**	**100**

Table (4): Withdrawal and relapse data of participants (N =122).

Withdrawal and relapse data	Frequency (n=122)	Percentage%
Severity of withdrawal: Mild	20	16.4
Moderate	42	34.4
Severe	60	49.2
Symptoms of withdrawal: Headache	20	16.4
Irritability	10	8.2
Insomnia	13	10.7
Vomiting& Diarrhea	12	9.8
All of the above	67	54.9
Relapse after last treatment: Yes	81	66.4
No	41	33.6
Causes of relapse: Friends	41	33.6
Substance craving	36	29.5
Others	5	4.1
No relapse	40	32.8
Frequency of treatment before relapse: Once	41	33.6
Twice	22	18
> twice	21	17.2
No relapse	38	31.2
Reasons for treatment: Family troubles	34	27.9
Financial troubles	6	4.9

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Health troubles	18	14.8
Desire for best change	56	45.9
Others	8	6.5
Pattern of follow up: Regular	86	70.4
Irregular	28	23
No follow up	8	6.6
Total	**122**	**100**

Table (5): Groups of total of self-efficacy score among studied groups (N=122).

Groups of self-efficacy total score	Frequency (n=122)	Percentage%
Poor (16 – 56)	79	64.8
Fair (57 – 84)	41	33.6
Good (85 – 112)	2	1.6
Total	122	100

Table (6): Pearson Correlation between relapse and total self efficacy of studied participants

Items	Total self efficacy	
	R	P –value
Relapse after the last treatment	.185*	.041

NB: *= (p<0.05)   ** =(p<0.001)

Fig (2): Pearson Correlation between relapse and total self efficacy of studied participants.
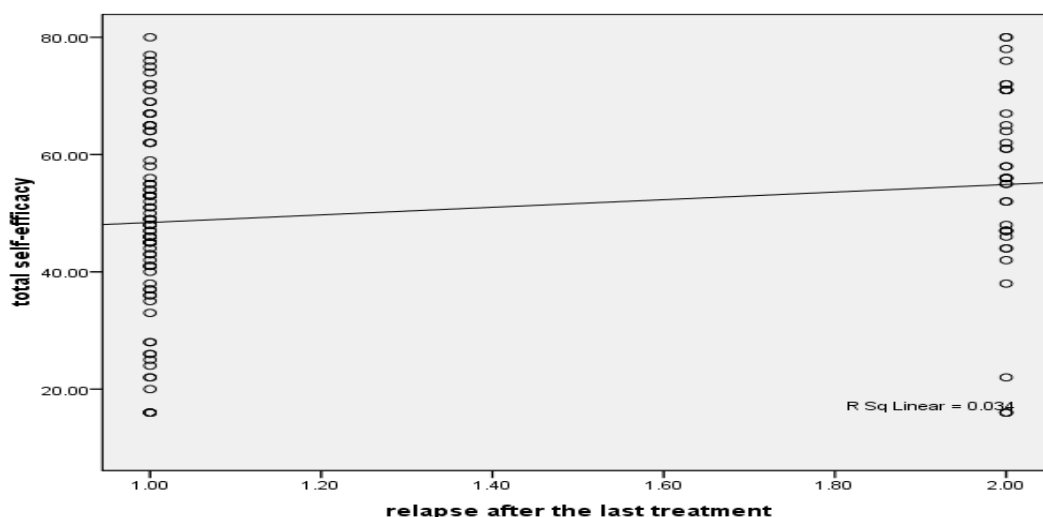
5.   DISCUSSION

Drug addiction is one of the serious problems that worry the Egyptian people, as it deals with young people within the age of work and productivity. It may lead to many problems such as bad social adaptation, decreasing productivity at work or dismissing from job (El-Sawy, Abdel Hay and Badawy, 2010). The literature review showed that there was a relation between self-efficacy and addiction relapse (Ibrahim, et al., 2011). So the aim of the current study was to assess self efficacy of addicts at Menoufia University Hospital regarding relapse prevention. The study was conducted on (122) addicts at addiction outpatient clinic at forensic Medicine Technical Toxicology Department (poisoning and addiction control unit).

Research question (1): What is the pattern of substance abuse, withdrawal and relapse rate?

The current study showed that, the main age group of drug abuse initiation of the studied addicts was 15 - < 20 years. This finding came on the line with the study conducted in Egypt by Hamdi et al., (2013) who studied " lifetime prevalence of alcohol and substance use in Egypt: a community survey". They revealed that individuals between 15 and 19 years of age showed the highest onset of substance use and cannabis is the drug mostly misused in Egypt. This similarity could be due to the socioeconomic status of individuals in some districts, which leads to the easier attainment of substances at an earlier age.

On the other hand, This result is inconsistent with the findings of previous study conducted in Nigeria by Ibrahim et al., (2017) who studied "tramadol abuse among patients attending an addiction clinic in North- Eastern Nigeria: outcome of a four year retrospective study". They showed that the average age of onset of Tramadol abuse is 28.24 years and over two-thirds of the users were between 18 and 37 years of age. This differences might be because the age selection criterion adopted for this study that stipulated the ages of the respondents to be in the 18 to 65 years age bracket.

The finding of the current study presented that, more than half of the studied participants motives for drug abuse were peer pressure. This result came on the line with the outcomes of previous studies conducted by Simons-Morton and Farhat, (2010) who studied "recent findings on peer group influences on adolescent substance use" and in Nigeria by Ibrahim et al., (2017). They reported that peer group influence and curiosity were the commonest reasons for initiation.

During the past decade there has been a growing body of empirical research on tramadol in Egypt. According to a 2012 national survey report in Egypt, cannabis is the most common drug of abuse in the country. The survey found that around 9.6% of the population used other illicit drugs (a large proportion of which were tramadol users)(Hamdi, Gawad, Khoweiled, 2013). This finding represents a dramatic increase in the number of patients illicitly using tramadol in Egypt in the last 10 years (Abolmaged, Kodera, Okasha, Gawad and Rawson, 2013).

The finding of current study revealed that, the highest percentages of the studied participants were abused tramadol. This finding is consistent with the study conducted in Mansoura by El-Awady, Elsheshtawy, Elbahaey and Elboraie, (2017) who studied " impact of familial risk factors on the severity of addiction in a sample of Egyptian adolescents". They reported that tramdol was the most frequently used substance. Also, the finding of the present study is supported by Nazarzadeh, Bidel and Carson, (2014) who studied "the association between tramadol hydrochloride misuse and other substances use in adolescent population: phase I of a prospective survey". They reported that the prevalence of tramadol use among Iranian adolescents was high. This similarity could be due to tramadol availability without prescription and its cheap prices. Further, youth beliefs about tramadol was easier to hide, the effects last longer, and they would be less likely to get in trouble if caught.

The finding of current study revealed that, the highest percentages of the studied participants were relapsed due to contact with their friends. This finding is consistent with the study conducted by Sau et al., (2013) who reported that the clients told that drug abuse was not curable and most common cause of relapse was peer pressure.

In addition, the highest percentages of the studied participants were had desire for best change and had regular follow up. This result is similar with the study conducted by Sau et al., (2013) who found that relapse cases wanted to quit drugs to return to normal life and they wanted to support their family.

Regarding the frequency of treatment before relapse, The highest percentages of the studied addicts were had once treatment. This result supported by Seraji et al., (2010) who studied " the investigation of factors affecting dependence on narcotics and appearance of drug usage in narcotics anonymous population in Khom". They reported that near to half of mans have addiction relapse within first 4 month after quitting. While, this finding is inconsistent with the study conducted by Mirzaei et al., (2011) who studied " the addicts' perspectives about factors associated with substance abuse relapse". They revealed that the highest percentages of addicts have 2-3 time unsuccessful treatment. The difference between our results and those of another study might due to the sample characteristics differences.

Q2: What is the self-efficacy of addicts about relapse prevention?

The finding of current study revealed that, the highest percentages of the studied addicts were had poor self-efficacy to prevent relapse. Given the low level of self-efficacy in this study and its relationship with relapse, specifies the need for interventions to increase these variables in addicts. This result is consistent with the finding of a study conducted by

Ibrahim et al., (2011) who studied "self efficacy and relapsed addiction tendency: An empirical study". the results suggest that self-efficacy factor is an important factor towards relapsed addiction amongst addicts (Ibrahim et al., 2011).

This result came on the same line with study conducted by Miller, McCrady, Abrams, and Labouvie, (1998) who made "comparison between two self-efficacy scales in maintenance of smoking cessation". They stated that higher self-sufficient people could quit cigarette smoking more successfully, because they were confident of themselves for quitting smoking.

Q3: Is there a relation between self-efficacy and relapse?

The current study revealed that, There was statistical positive correlation between relapse and total self efficacy of studied addicts. This finding is similar to the study conducted in Sari, Iran by Abdollahi et al., (2014) who studied " the relationship between addiction relapse and self-efficacy rates in injection drug users referred to maintenance therapy center of sari". They concluded that there was a significant difference between relapse and self-efficacy as well as other related factors.

In addition, This finding is congruent with study conducted in Iran by Heydari, Dashtgard and Moghadam, (2014) who studied "the effect of Bandura's social cognitive theory implementation on addiction quitting of clients referred to addiction quitting clinics". They reported that, there was a significant improvement between self-efficacy scores before and after the intervention in the test group.

6. CONCLUSION

The majority of the studied addicts were men. the highest percentages of addicts were found among age group between 20-40 years. More than half of the studied addicts motives for drug abuse were peer pressure and near to half of them were abused tramadol. The highest percentages of the studied addicts were had desire for best change. The highest percentages of the studied addicts were had poor self-efficacy. there was positive significant correlation between total self efficacy and relapse of studied addicts.

7. RECOMMENDATION

- Effective implementation of relapse prevention program to increase addicts' self-efficacy to live without drugs. It means that serious efforts should be done to restructure weak self-efficacy to enable the addicts to be stronger when facing life challenges after their release.

- Large population-based longitudinal studies in young adults are needed to estimate the prevalence, risk factors and consequences of drug abuse in Egypt.

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