

Psychosocial Factors associated with relapse in alcohol abuse among young adults in Lusaka, Zambia

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Abstract:

Aims: The aim of study was to explore the psychosocial factors related to relapse of alcohol use in young adults in Lusaka, Zambia.

Study design: The study utilized phenomenological design to elicit descriptions of factors related to relapse of alcohol use.

Place and Duration of Study: Department of Psychology, School of Humanities, The University of Zambia, between July 2019 and November 2019.

Methodology: Young adults (eight males and seven females) aged nineteen to thirty-five years were recruited from Chainama Hills hospital alcohol detox ward and the University Teaching Hospital psychiatry outpatient clinic. In-depth interviews were used for data collection. Themes and sub-themes were derived through content analysis of the transcribed interviews.

Results: Feelings of rejection, loneliness, dealing with negative emotions and poor psychosocial support from family and friends were associated with alcohol relapse.

Conclusion: In addition to pharmacological therapy, psychotherapy and social support could be considered for treatment of alcohol abuse relapse among young adults in Zambia.

Keywords: Relapse of alcohol abuse, young adults, psychological factors, Zambia.

I. Introduction

Alcohol consumption accounted for approximately 3 million of all global deaths in 2016 and responsible for about 5.1% of Disability-Adjusted Life Years (DALYs) deaths [1]. Alcohol dependence is the leading cause for high alcohol intake globally due to its marked course of repeated relapse [1]. Resumption of alcohol use in the first year after one's hospitalized detoxification remained high among the sub-Saharan young adults and other parts of the world. [2,3,4]. Alcohol use in Zambia is high and the world drug report also states that the abuse and relapse of alcohol use is increasing in Zambia [5,6].

Re-admissions rate into treatment centers due to relapse after previous in-patient or outpatient treatment for alcohol abuse is also on the increase in Zambia [7,5]. It was also reported that 58% of alcohol addicts are more prone to relapse after two weeks from the end of rehabilitation and treatment [7]. Relapse in this period is often associated with stressful situations and not having adequate coping skills and social support [6,7].

Negative emotional state increases the likelihood and severity of relapse for alcohol [8]. Individuals who attribute relapse to their own personal failure are more likely to experience guilt and negative emotions, which in turn, give rise to increased drinking as a way to elude the feelings of guilt and failure [9,10]. Negative emotions associated with relapse include anger, loneliness, boredom and fatigue [11,8]. Individuals who

experience marital distress and spousal criticism are also likely to have worse outcomes in treatment-seeking for alcohol addiction [1,3]. Spousal conflict is frequently associated with alcohol relapse in males [6].

Enhancing an alcoholic's social support increases likelihood of treatment success [12,11]. Supportive family and friends improve alcohol rehabilitation and treatment outcomes and enhanced psychological functioning [10,7]. Stigma towards former alcohol addicts have an effect on their self-confidence, young adults report stigma from the community as a justification for alcohol relapse [7]. A positive correlation between support from friends and relapse among addicts is prevalent [13,14]. Stereotyping and rejection from the communities can cause relapse of alcohol abuse in young adults [14,15]. Loneliness and social connection influences substance use and relapse in young adults [12,16,17]. However, when treating alcohol abuse, the detrimental effects of social isolation and loneliness and mental health are rarely considered [18,19,20].

There is no consensus on causes for alcohol use relapse. Some international trends include; genetic, metabolic, learned behavior, low self-worth, self-medication for psychological or physical problems, and lack of family or community support for positive functions [21]. Although treatment for addiction to alcohol has advanced in Africa and Zambia in particular, relapse of alcohol use remains a common problem especially in young adults [6]. There have been many studies on the causes for alcohol abuse among the young adults in Zambia [21,5,22], however there is limited information on factors associated with relapse of alcohol use in Zambia. The aim of paper is to explore the psychosocial factors related to relapse amongst young adults who abuse alcohol in Lusaka, Zambia.

II. Material And Methods

This study utilized phenomenological approach to elicit descriptions of factors related to relapse of alcohol use. In this paper, we present the psychosocial factors related to alcohol use relapse. Participants (N=15) were enrolled from Chainama hospital alcohol detox ward and at the University Teaching Hospital psychiatry outpatient clinic. The sites were chosen for their longstanding histories of alcohol abuse treatment and care, and to facilitate access to participants who met the following inclusion criteria: aged 18 to 35 years, previously underwent treatment for alcohol abuse, relapsed after previous treatment and were currently receiving treatment or in rehabilitation at the selected facility.

The participants were purposely recruited, they were informed about the study in writing and verbally. Participation was voluntary and an informed consent form was signed before the first interview. The interview guide facilitated the participants to discuss the factors in their daily life that were related to relapse in alcohol use.

Interviews were in English, audio recorded and transcribed. Two members of the research team using thematic content analysis coded each interview transcript independently. Discrepancies were discussed and resolved by two coders. No qualitative analysis software was used as data were managed manually. The study received ethical approval from the University of Zambia, Zambia. Additional administrative approvals were obtained from the National Health Authority, and local health authorities in Zambia.

III. Results And Discussion

Fifteen men and women participated in the in-depth interviews (Table 1). All participants spoke English, more than half of them were unemployed and single.

Three themes emerged from the findings: 1) Use of alcohol to combat with feelings of rejection, loneliness and boredom 2) Use of alcohol to cope with negative emotions and 3) Lack of psychosocial support

Table 1: Characteristics of Participants

		Male	Female	Total
		8	7	15
Age (years)	19 - 25	3	5	8
	26 - 35	5	2	7
Education levels	Below grade 12	5	4	9
	Tertiary education	3	3	6
Employment status	Employed	4	2	6
	Unemployed	4	5	9
Marital status	Single	3	5	8
	Married	3	1	4
	Widow/Widower	2	1	3

3.1 Use of alcohol to combat the feelings of rejection, loneliness and boredom

Throughout the interviews, all participants expressed being overwhelmed by feelings of loneliness. Majority of participants described using alcohol to coping with loneliness and boredom associated with it. Interestingly, more male participants described loneliness as a reason for relapse of alcohol use. Some participants also perceived being rejected and not understood by family and friends and attributed it to their alcohol relapse.

I am very lonely to the point that it overwhelms me and the only way I manage to get over it is by going back to the same alcohol. Am tired of being looked down and rejected by everyone in the society. Many times, I feel alone in the world and nobody understands how I feel including my family. (27 years old male participant)

For me returning back to the bottle was the only true-life companion I would afford to have since everyone else seems to be too busy for me ... (30 years old male participant)

Majority of participants considered living alone as a facilitator for alcohol relapse. Alcohol intoxication was considered to give them freedom, without having to explain their action to others.

Being alone at home with no one to talk to and do things with, has always left me thinking about drinking alcohol.....I find it easy to just return to drinking without any shame of what will people say or look at me since am all alone in this world. (29 years old female participant)

One male participant labelled alcohol as a ‘medication’ for loneliness and overcome it through engaging with people heighten his courage to interact with people.

I can't handle loneliness hence in order to fill the void, I self-medicate myself with alcohol which helps me to feel and have courage to talk to a lot of people. (25 years old male participant)

3.2 Use of alcohol to cope with negative emotions

Participants reported experiencing stress and negative emotion that challenged abstinence from alcohol usage, 11 out of the 15 participants reported stress and negative emotions having an impact on alcohol use relapse. A few participants also described alcohol use in order to rid themselves of negative emotion, but continuing to drink even if the desired effect is not achieved.

When I am so stressed and so low emotionally, I find it difficult to stay sober, it's beyond me, all my self-control to avoid a relapse disappear.” (28 years old female participant)

Am a mess and drinking helps me forget all these painful feelings inside me, I drink my sorrows away but they don't go away so I drink some more. (20 years old female participant)

A few participants attributed alcohol relapse as a weakness in themselves to handle stressful situations and personal failure.

Am not a strong person to handle all the pressure I face like... I just can't that's why I fail to maintain sobriety at such moments'' (30 years old male participant)

Am sad for being a failure and am angry at the world and God for contributing to my failures because no one seems to care. So for me the safe way to offload my anger and to cope with my sadness for every happening around me, I drink and drink and drink till the bar closes like am a prostitute. (26 years old female participant).

Two male participants mentioned death of their spouse as a cause for relapse. Alcohol was perceived as a way of coping with the pain related to personal loss.

I fail to control my sadness especially when I think of the death of my wife who left two kids whom I can't keep by myself so a return to alcohol always helps to forget the painful feelings. (35 years old male participant)

.... then my fiancé died. That just changed everything in my life for me drinking made me feel like he is still around, and because he hated it when I got drunk, so in a way I kept drinking carelessly just so I could hear him just one more time, to tell me to stop. I wonder why God allowed it..... (33 years old female participant)

3.3 Use of alcohol to cope with lack of social support from family and friends

Majority of participants reported poor social support, which they attributed to alcohol relapse. All male participants and two female participants described alcohol use as a way of comforting themselves when they did not have social support from family and friends.

"No one is there for me. No one supports me in any way from starting both my family and friends. All of them criticize me by saying that I'm a failure who can't do anything in life and I will never achieve anything. Such words lower my self-esteem and I end up taking a lot of alcohol to comfort myself." (19 years old male participants).

"I am a community reject. No one wants to associate with me because they say I am a finished product. Everyone keeps saying I will never amount to anything in life. Sometimes I feel it's better to be with my fellow rejected friends than the holy ones who call us bad names and when am with them beer comforts me." (25 years old male participants)

All participants reported that there is lack of social support programs in the communities they live in and lack of understanding among community members about alcoholism. More males (6) than females (3) experienced poor social support after rehabilitation and treatment that lead to relapse. One married male participant reported feelings of being abandoned by his wife and family whom he described as being "heartless".

Our communities don't have enough programs that can help us with relapse for alcohol abuse.... Community members don't understand our condition and doesn't want to deal with it since they think it doesn't affect them. (33 years old male participant)

I lacked social support after treatment- from the time I was first treated no one has ever checked up on me to see how am doing. My wife and relatives seem not to care at all about my condition and sometimes they treat me like a dead person who doesn't matter in life. No one encourages me in any way to for support group because they are all heartless. (28 years old male participant).

The findings of the study suggest psychosocial factors contribute to relapse for alcohol abuse in young adults in Zambia. Relapse was associated with feelings of rejection, loneliness and boredom, coping with negative emotions and lack of social support.

Loneliness was perceived to be associated with alcohol use relapse by majority of the study participants. An earlier study of war on drugs also highlights that the primary driver of drug addiction and relapse was not chemicals but rather the pain of loneliness and the distress experienced by users [12]. Poor coping and adaptive styles and negative emotions that emanate from loneliness, leads young people to seek alternative gratifications, which include relapsing to alcohol abuse [14,10,1]. Coping with loneliness was challenging especially when coupled with stigma from community members and lack of social support [1]. This led young adults to seek and eventually find a sense of belonging within their old alcohol abusing peer groups [10,14].

The results of this study suggest that young adults who failed to cope with negative emotions relapsed to alcohol use to enhance a positive emotional state. These patterns are consistent with the finding that the most common individual relapse antecedent in young adults is a negative emotional state and poor coping and adaptive styles [9]. Similar to our results, prior research highlights the overwhelming nature of negative emotions leading to self-medication with alcohol [9]. Empirical research supports the idea that some high-risk situations for relapse are when negative emotions are experienced and individuals resort to poor coping styles [11,8]. Other studies have also identified association between negative affect states and relapse and use of alcohol as an adaptation strategy to modify troublesome emotions and supplant them with at least temporary feelings of pleasure and happiness thereby making those in sobriety to relapse [11,23].

Stressful life event such as death of the spouse, was also described by study participants as a factor leading to relapse. Stress is associated with relapse for alcohol use after abstinence and individuals resort alcohol as a stress reliever especially if failing to cope with stress through other means [24,9]. Recovering addicts who fail to effectively adapt with stress succumb easily to cravings for addictive substances like alcohol, making them more vulnerable to relapse during the recovery phase [11,8,1].

Participants of this study described lack of social support after rehabilitation and treatment as a predisposing factor for relapse. This is consistent with other study findings which highlight that poor social support and social pressure to use alcohol has been related to an increased risk for relapse [1,3]. Young adults recovering from treatment for alcohol abuse experience significant social challenges, including perceived discrimination, stigma, and social exclusion [6,12,11]. Prior research has established positive social support as a highly predictor of long-term abstinence rates across several addictive behaviors [1,3]. Higher levels of family functioning, including communication and cohesion, are associated with reduced alcohol relapse [10,7]. Therefore, lack of support from family and friends may place young adults at high risk for relapse for alcohol use.

In view of the findings above, this study recommends that during alcohol abuse rehabilitation and treatment, psychotherapy should be incorporated and family members and friends should be included in support groups to provide them with information on addiction and establishing sufficient and effective social support during remission to help prevent relapse [1]. Life skills such as coping with stress could be imparted during rehabilitation and treatment. Social workers in substance abuse rehabilitation and treatment should assist the service users to develop emotional maturity by allowing them to feel, acknowledge and manage their emotions [6]. The aftercare support program should also focus on the development of coping skills and basic life skills such as stress management, conflict management, assertiveness, effective dealing with emotions and problem solving [7,1].

IV. Conclusion

This paper highlights the role of psychosocial factors associated with relapse of alcohol use. These results provide useful information for the design of treatment, intervention and rehabilitation programs for young adults in Zambia. Understanding and identifying high risk and protective factors will also improve rehabilitation and treatment for relapse in alcohol use among the young adults. These findings however need to be substantiated with larger studies to provide generalizable results. A limitation of this study is the small number of study participants and the participants were those recently admitted/treated at the treatment centers for relapse of alcohol use, therefore only participants in treatment centers were included.

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COMPETING INTERESTS

No competing interests to declare.

AUTHORS' CONTRIBUTIONS

DBP is the PI of the study and was involved in conceptualization, implementation, analysis and writing up the manuscript. JAM was involved in conceptualization, data analysis and writing. WB and RC were involved in data analysis and writing up of the manuscript.

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