Impact of Self-efficacy and Social Support on Intention to Quit Drug Use among People with Drug Abuse Cases

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Authors’ contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

ABSTRACT

Self-efficacy and social support according to various researches have shown to be important factors in the initiation, recognition and enactment of behavioural changes. This study examines the influence of self-efficacy and social support on the intention to quit drug use among clients in some mental health settings and students in a university setting. The sampled participants in this study include 25 students of Ekiti State University, Nigeria and 60 patients drawn from different mental health settings. General self-efficacy scale was used to measure self-efficacy while multidimensional social support scale was used to measure social support. Intention to quit drug use was measured using the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). The result shows that there is a significant difference between drug abusers in a mental health setting and drug abusers in a university setting on all the three dimensions of intention to quit drug use; the patients having a higher score on the three. The three dimensions of social support do not have a significant influence on intention to quit drugs while Self-efficacy has a major influence on the intention to quit drug use (Beta = .244, P<.05). From the research findings,
individual characteristics like self-efficacy play a major role in therapy and on patients’ intention to quit drugs than social support but this does not negate the importance of social support in therapy. So, therapists should endeavour to assess and develop an individual’s attitude to prevent relapse after treatment. More so, psycho-education is pivotal in drug use cessation when compared with the population that was not exposed to psycho-education. So, awareness about the dangers of drug abuse should not only be done in mental health settings; but also in schools and our society at large.

Keywords: Self efficacy; social support; intention to quit drug use.

1. INTRODUCTION

Several researchers have shown the pattern by which individuals especially young adults start the use of the drug, the factors that promote the sustenance of such drug use and its cessation [1]. A drug is any chemical substance capable of causing a change in the body. Most drugs fit into this definition; for this research, we will take a closer look into psychoactive drugs.

Psychoactive drugs are drugs which by their chemical composition can alter consciousness and perception. These types of drugs are of two categories, they include legal drugs and illegal drugs of abuse. Legal Psychoactive Drugs are legalized drugs often called legal highs or prescription drugs. The United Nations Office on Drugs and Crime (UNODC) implemented the Synthetics Monitoring: Analyses, Reporting and Trends (SMART) global collaborative programme in 2008 to assess, report and manage NPS; but the speed of their synthesis has meant it has proven difficult for professionals and services to keep abreast of new developments [2]. Some substances belonging to this category include Caffeine, Alcohol, tramadol, etc. Illegal Psychoactive Drugs are illegal drugs which its sales and use are prohibited by different societies [3]. So, drug abuse does not necessarily imply the use of the illegal drug alone, but drug abuse refers to the usage of psychoactive drugs in a manner and quantity in which it becomes emotionally, behaviorally, socially and medically injurious to the abusers.

Drug abuse in this study involves the use of all substances capable of altering perception and consciousness.

Drug addiction or substance dependence is a disease characterized by a destructive pattern of drug abuse that leads to significant problems involving tolerance to or withdrawal symptoms associated with abused substances. Drug addiction is a complex illness characterized by compulsive and at times, uncontrollable drug craving, seeking, and use that persist even in the face of extremely negative consequences [4]. Generally, an addiction is “a repetitive habit that increases the risk of diseases or associated personal and social problems”. Addictive behaviours are often experienced subjectively as loss of control, the habit continues to occur despite volitional attempts to abstain or moderate the use. Those habits are typically characterized by immediate gratification (short term reward), often coupled with deleterious effects (long term costs). Attempts to change addictive behaviour (via treatment or self-initiation) are typically marked by the high relapsed rate [5].

There is a saying that a tree does not make a forest and a stick of broom cannot sweep the floor. All of this ancient saying point to the fact that some activities cannot be achieved without collectivity. The human being who is a social being has used and need the actual, imagined and immediate presence of other people to determine the cause of his/her behaviour [6]. Therefore, there is a need to belong to a social network for survival purposes.

There is need to study the concept of social support more than ever because it has been observed that there is a higher risk of committing suicide among socially isolated individuals than among those with a regular social bond [7]. Down the lane, several types of research have been conducted as to how social support occurs, the size of the social network necessary for social support to take place among others. This has given rise to different viewpoints about social support, as a result, we have various theoretical perspectives to it. This has made the concept of social support difficult to conceptualize, define or measure. Hupcey [8] reviewed that although the concept of social support has been extensively studied, there is little agreement among theoreticians and researchers as to its operational definition.

Essentially, social support is the perception and attitude that one is cared for, has assistance
available from other people and that one is part of a supportive social network. These supportive resources can be emotional (e.g. nurturance), tangible (e.g. financial assistance), information (e.g. advice), or companionship (e.g. sense of belonging). Social support can be measured as the perception that one has assistance available, the received assistance or the degree to which a person is integrated into a social network [8].

Social support can be gotten from formal and informal sources these include but not limited to self-help groups, drop-in centres for information and community services. The government provided social support is often referred to as public aids. Informal source of social support is very important and essential support one can get from the family especially in the Nigerian setting (e.g. parents, spouses, other relatives). The household pet can also provide social support such as emotional support, social integration and closeness [9]. It is important to emphasize that informal sources of support are the primary sources of socialization hence they affect our behaviour formation and consequently behavioural change. Informal social supports are the most helpful during emotional distress. Other sources of informal social support include; friends, co-workers and romantic partners [6].

The decision to make a change, take up a task and complete it successfully depends on one’s capabilities to achieve that goal. Self-efficacy is generally the ability to believe in one’s capabilities to achieve a goal, task or make a drastic decision. This can be seen as the ability to persist and a person’s ability to succeed with a task. As an example, self-efficacy is directly related to persistency about making a major decision work out. A high and low self-efficacy determines whether or not an individual will take on a challenging task or write it off as impossible.

According to Judge et al. [10], they believed that locus of control, self-esteem, neuroticism and self-efficacy are concepts that are related and measures the same thing. Locus of control refers to the extent to which individual beliefs can control the event that happens to them as such attribution of events to internal or external forces will determine if action can be taken to save the situation or not, this consequently determines whether an individual will exhibit a high or low level of self-efficacy. For example, an individual with high self-efficacy will attribute failure to internal factors, whereas a person with low self-efficacy will attribute failure to external factors, these attributions determine how the individual will perceive their ability to successfully handle a difficult situation.

1.1 Self-efficacy, Social Support and Intention to Quit Drug Use

Self-efficacy (a person’s confidence to carry out behaviour necessary to reach a desired goal) is an important precondition for successful self-management [11]. Self-efficacy and social support have been seen as useful elements in any behavioural modification [12] but not sufficient elements. They stressed that social support (which is important for both the in-patients and outpatients) and self-efficacy will help to progress the clients through these stages of rehabilitation. In a study on the relationship between self-efficacy and avoiding marijuana use among 61 men and 51 women who sought treatment aimed at Marijuana cessation and those who did not. In this study, [13], established that sources of efficacy judgment showed that stronger univariate and multivariate relationships with efficacy for avoiding Marijuana use after treatment base on cognitive-behavioural treatment than before treatment.

Poor compliance with recommended treatment may result partly from Patients’ (in-patient and out-patient) experience of adverse side effects, but it may also be due to a lack of self-regulatory skills. Considering psychosocial factors, adherence is related to lack of social support and lack of self-efficacy beliefs about one’s ability to adhere to medication [14]. For example, Molassiotis et al. [15] have found that adherence to medication in clients who aim at quitting drug use was strongly related to self-efficacy (that is, optimistic self-beliefs about the ability to follow the medication regimen). These self-beliefs, together with anxiety and nausea, were related to adherence to the recommended treatment. The relation between self-efficacy and adherence to treatment cannot be overemphasised.

1.2 Statement of the Problem

Previous researchers, surveys and reports have indicated that drug abuse is becoming a global threat as more adolescents and young adults experiment with drugs every year [16,3].

Several authors [17,18,19] in their studies showed that adolescents become susceptible to drug use through the influence of their peers. [20], opined that self-efficacy is fostered and
sustained by one's environment, it is thus evident that social network has been the source and maintenance of the drug use behaviour, hence the need to find out how this supportive system can reverse the behaviour by helping to initiate and foster the cessation of drug use and how much belief those individuals have in themselves to initiate this cessation behaviour.

1.3 Hypotheses

1. Self-efficacy and social support will significantly influence the intention to quit drug use.
2. There will be a significant difference in intention to quit drug among patients and students.

2. METHODS

2.1 Settings

Two rehabilitation centres namely the Good Worker Ministries (GWM), Basorun, Ibadan; Christ Against Drug Abuse Ministries (CADAM), Lagos and Psychiatric unit in Ekiti State University Teaching Hospital (EKSUTH), Ado Ekiti were chosen as institutionalized therapeutic settings, Ekiti State University, Ado Ekiti (EKSU) was chosen as non-therapeutic setting.

Christ against Drug Abuse Ministries (CADAM) is a faith-based non-governmental organization founded by the Redeemed Christian Church of God to cater for the treatment and rehabilitation of individuals with drug abuse cases, they make use of mental health professionals and recovering addicts to provide care and services to the target group. The organization has a working relationship with both local and international agencies such as National Drug Law Enforcement Agency, United Nations Office for Drug and Crime Control (UNODC), National Neuro-Psychiatric Hospitals in Yaba-Lagos and Aro-Abeokuta.

Good worker Ministry International is a youth-friendly organization with residential facilities to cater for young people with behavioural problems such as drug abuse and risky sexual behaviours.

2.2 Sample and Sampling Techniques

For therapeutic settings, the convenience sampling technique was used. Convenience sampling also known as availability sampling is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in the study; the nature of the research is mostly quantitative. For the non-therapeutic setting, a snowball sampling technique was employed. Snowball sampling also known as chain-referral sampling is a non-probability sampling technique where a small pool of initial informants nominate other participants who meet the eligibility criteria and could potentially contribute to a specific study. The participants are likely to know others who share the characteristics that make them eligible for inclusion in the study. This type of sampling is commonly used for users of illegal drugs or hard-to-reach populations.

2.3 Participants

Convenient sampling was employed at the therapeutic settings, where 15 participants were involved from GWM, 25 participants from CADAM, 20 participants from the psychiatric unit (EKSUTH). While snowball sampling was used at the non-therapeutic setting where 25 undergraduates participated. In all, a total of 85 copies of questionnaire were distributed and collected, out of which eighty-one copies were valid. Four copies of the questionnaire were discarded from the therapeutic setting for lacking the essential information needed for processing; 56 copies from therapeutic setting and 25 from non-therapeutic were used for statistical analysis in this study.

2.4 Research Design

The research design used for this study is Ex post facto design otherwise known as a quasi-experimental study. It is a design meant to investigate how the independent variable (self-efficacy and social support), present before the study in the participants, affect a dependent variable (intention to quit drug use). Participants in this type of design are not randomly assigned.

2.5 Research Instrument

The questionnaire contains four sections, namely: Section A, B, C and D.

Section A comprises questions relating to biodata and characteristics of the respondents, which include age, gender, socio-economic status, religion, ethnic group, drug commonly
taken, educational status was requested from the rehabilitation, hospital and students participants, while year of the first admission, number of admissions, job before admission, type of admission were requested from the rehab and hospital participants.

The research instrument used to measure the influence of self-efficacy and social support on the intention to quit drug use are set of the psychological instrument which is standardized, they are in sections B, C and D:

Section B contains The Multidimensional scale of perceived social support developed by Zimet et al. [21], which measures perceived social support from family, friends and significant others. Section C has general self-efficacy scale, it is a self-report scale developed by Schwarzer and Jerusalem [22] to measure general perceived self-efficacy.

Section D includes The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8D) was developed by Miller and Tonigan [23]. It has three subscales which include: taking steps, recognition and ambivalence.

2.6 Procedures

A letter from the Psychology Department of Ekiti State University revealing the purpose of the research was shown to all the centres visited to seek their permission to involve their patients in the research.

On the whole, eighty-five copies of the questionnaire were distributed and collected, out of which eighty-one copies were valid. Four were discarded for lacking the essential information needed for processing.

3. RESULTS

3.1 Statistical Analysis

In testing the hypotheses formulated for the study, regression analysis and independent t-test were employed.

Table 1 shows that there is a significant main influence of self-efficacy on the intention to quit drug use, but no dimension of social support has a significant influence on drug use cessation but there is a joint influence of social support and self-efficacy on the intention to quit drug use. R=0.36, F=2.77, P<0.05.

Table 2 shows that there is a significant difference between patients and students on the intention to quit drug use.

4. DISCUSSION

The research was carried out to examine the influence of self-efficacy and social support on the intention to quit drug use among drug abuse

Table 1. Regression summary table showing the influence of social support and self-efficacy on the intention to quit drug use

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>t</th>
<th>R</th>
<th>R²</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support Significant Others</td>
<td>.175</td>
<td>1.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support Family</td>
<td>.173</td>
<td>1.09</td>
<td>.36</td>
<td>.13</td>
<td>2.77*</td>
</tr>
<tr>
<td>Social Support Friend</td>
<td>.126</td>
<td>-.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>.244</td>
<td>2.19*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at .05

Table 2. Independent t-table showing the difference in intention to quit drug use between patients and students

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>Df</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking Steps: Patients</td>
<td>56</td>
<td>35.91</td>
<td>6.31</td>
<td>.84</td>
<td>79</td>
<td>7.04**</td>
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<tr>
<td>Students</td>
<td>25</td>
<td>24.76</td>
<td>7.17</td>
<td>1.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition: Patients</td>
<td>56</td>
<td>27.48</td>
<td>6.74</td>
<td>.90</td>
<td>79</td>
<td>4.64**</td>
</tr>
<tr>
<td>Students</td>
<td>25</td>
<td>20.20</td>
<td>6.00</td>
<td>1.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambivalence: Patients</td>
<td>56</td>
<td>15.24</td>
<td>5.14</td>
<td>.69</td>
<td>79</td>
<td>2.68**</td>
</tr>
<tr>
<td>Students</td>
<td>25</td>
<td>2.76</td>
<td>2.76</td>
<td>.552</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant at .01
patients and students. The result shows that there is a significant main influence of self-efficacy on the intention to quit drug use, but no dimension of social support has a significant influence on intention to quit drug use, but there is a joint influence of social support and self-efficacy on the intention to quit drug use. The decision to make a change, take up a task and complete it successfully depends on one’s capabilities to achieve that goal, so the decision to quit drug can be explained to depend on the inner strength of an individual than external influence from social support. The result supports [24] findings on the interrelated link among self-efficacy, social support and behaviour change. Their report also shows that social support did not show main influence on other factors which corroborate the outcome of this research that social support does not have the main significant influence on intention to quit drug use.

Also, Julillian et al. [25] show that social support (especially family and friends social support) is important in the drug use cessation. But the outcome of this research attaches more importance to individual beliefs (self-efficacy) than social factors (social support) to overcome drug abuse problems.

This present study found a joint relationship between self-efficacy and social support, this is in line with [12] findings that self-efficacy and social support help patients progress through the stages of rehabilitation.

There is a significant difference in intention to quit drug use among patients and students with patients having a mean score of 35.90 and students 24.76 on taking steps. The reason for the difference is not far-fetched as there is an awareness of drug use problems among patients based on regular psycho-education more than the students. Furthermore, the mental health setting might have contributed to the recognition of the dangers associated with drug use, thereby initiating self-efficacy toward drug use cessation. This result supports [26,27] assertion that patients had a higher level of self-efficacy to quit drug use even with minimal social support while Wechsler and Kuo [28] explained that group exposure, group activities and conformity affect college students more significantly on the intention to quit drugs.

5. RECOMMENDATION

Having discovered that patients who have been schooled in the hospital or rehabilitation homes had higher intention to quit drug than the students who have not formally been trained on dangers of drug abuse; it is important, therefore, that educational institutions should include in their curriculum the dangers of drug abuse to enable students to desist from abusing drugs.

Moreover, individual characteristics like self-efficacy help more in quitting drug use than social factors like social support. So, therapists should help to reinforce the basic life skill of individuals during psychotherapy and psycho-education to enhance their ability to make decisions that are crucial to their lives such as the intention to quit drug use. Although social factors like social support should not be neglected to encourage people to quit drug use.

6. CONCLUSION

In an attempt to help people overcome drug use, it is very necessary to put into consideration individuals and social factors. This paper has shown that the therapist should not just work on their clients alone but also consider social factors like social support to develop motivation or intention to quit drug use or abuse. More so, constant exposure to information on the dangers of drug abuse should be encouraged in our society to promote drug use cessation.

Furthermore, this study has confirmed that self-efficacy has a main or key influence on drug use cessation. So, professionals in the mental health setting should develop individual factors like self-efficacy to help prevent relapse among patients with drug abuse problems.

Also, comparing the outcome on the intention to quit drug abuse between patients and students; it is paramount to note that users of psychoactive drugs can have the intention to quit using psychoactive drugs when they are exposed to relevant treatments. The students sampled in this study were not exposed to any treatment strategies and their intention to quit the use of psychoactive drugs is lowered compared to those people that are receiving treatment from mental health settings or rehabilitation centres. This affirms the importance of comprehensive treatment for anyone using, abusing or addicted to psychoactive drugs. More so, since use of psychoactive drugs is common among college students [29,30,31], it is very important that schools at all levels put up: (1) a unit that can help victims of drug abuse; and (2) programmes that will help in discouraging young people from using psychoactive drugs.
CONSENT

As per international standard informed and written participant consent has been collected and preserved by the authors.

ETHICAL APPROVAL

The research and ethics committee of the hospital and rehabilitation centres granted permission to distribute the questionnaire. This assured them of the safety of all the information provided in the questionnaire. Before the administration of the questionnaires, participants were informed of the voluntary participation in the study. The respondents were instructed to tick responses that best describe their behaviours on the questionnaire items.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

[PMID: 12219863]


