

# Contribution of Selected Social Factors to Relapse among Recovering Alcoholics in Asumbi and Jorgs Ark Rehabilitation Centres, Kenya.

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**Abstract:**-Drug abuse is a major global problem and in Kenya there has been increasing alcohol and drug abuse with serious negative effects. Treatment and rehabilitation of alcoholism is expensive and in many cases non-conclusive. Deaths from alcoholism are also a major loss to families and to society. This study sought to find out the contribution of selected social factors to relapse among recovering alcoholics of Asumbi and Jorgs Ark rehabilitation centres in Kenya. This study adopted the descriptive survey design. The population of the study comprised of 93 relapsed alcoholics and rehabilitation counsellors in Asumbi and Jorgs Ark rehabilitation centres in Kenya. A sample of 67 recovering alcoholics and 13 counsellors was drawn from the two purposively selected rehabilitation centres and used in the study. The instruments for data collection were questionnaires. The data collected was analysed using descriptive statistics. The findings of this study indicated that the selected social factor that mostly contributed to relapse was hanging around alcoholic friends.

**Key Words:** Social factors, recovering alcoholics, relapse

## I. INTRODUCTION

Alcoholism is a disease characterized by the repetitive and compulsive ingestion of alcohol in such a way as to result in interference with some aspect of the interpersonal relationships or other required societal adaptations. In this study relapse refers to going back to drinking after treatment for alcoholism in a rehabilitation center. According to the United Nations Office of Drug Abuse and Crime (UNODC, 2006), drug abuse is increasing and causes adverse social, health and economic implications. World Health Organization's global status report on alcohol and health published in 2011 indicates that hazardous and harmful use of alcohol is a major contributing factor to disease, injury and death. It affects the alcoholic negatively with effects such as alcohol dependence, liver cirrhosis, cancers and injuries. It also affects other people by accidents caused by drunk drivers and violence. There is evidence that 2.5 million people die yearly due to alcoholism (WHO, 2011).

According to Brown and Tapert (2004), excessive drinking accounted for substantial cognitive impairment, many of them irreversible. Apart from such health consequences, alcohol consumption was also been linked with various negative

social and economic outcomes. Alcohol consumption was associated with gender-based violence, crime, poverty, child abuse and neglect. Alcohol abuse was regarded as a threat to family stability as it makes violent situations worse. According to Barlow (2000), alcohol was a threat to family life and to harmonious interpersonal relations. Jellinek (1969) observed that once a person becomes alcoholic, he or she no longer chooses how much to drink, and cannot predict the outcome because of an overwhelming compulsion to drink regardless of financial state and health condition in the family. According to Emmite and Swierzewski, (2008), alcohol consumption and abuse is influenced by multiple factors including gender, family history and parental influence. Men are more likely to use alcohol with some estimates indicating a ratio of 5:1. Men are also at high risk of heavy drinking and intoxication (Gmel, Rehm, and Kuntsche, 2003). However the number of women who drink, abuse, and become dependent on alcohol is rising.

Another relapse promoting factor is self-efficacy, defined as a degree to which an individual feels confident and capable of performing a certain behavior in a specific situational context (Bandura, 1977). According to Witkiewitz and Marlatt, (2004), few studies on relapse prevention focused on the individual factors, most studies, including research done by Copello, Velleman and Templeton, (2005) and Saatcioglu, Erim and Cakmak, (2006) recognized that the social context in which the alcoholic lived and recognized its significance to whether they remained abstinent from alcohol drinking or relapsed after treatment. Arteaga, Chen and Reynolds, (2010) identify that fear of social isolation and peer rejection has a significant influence on drug and alcohol use by young people especially in circumstances where substance misuse is normative within youth culture. According to Reece (2007) research showed that contextual factors, such as occupational activities were relevant when considering relapse risk and substance use among individuals with substance use disorders. Lader (1995) referred to social factors as social rejection, social isolation and major life events such as unemployment and poverty.

The purpose of this study was to determine the contribution of selected social factors contributing to relapse among recovering alcoholics of Asumbi and Jorgs Ark rehabilitation centres in Kenya. The objectives of the study were to: determine the following the contribution of selected social factors to relapse among recovering alcoholics in rehabilitation centers in Kenya, (i) Unsupportive family environment. (ii) Having spouse or family member who still uses alcohol. (iii) Isolation/not attending AA (Alcoholic Anonymous) meetings. (iv) Hanging around alcoholic friends.

## II. RESEARCH METHODOLOGY

This study used the descriptive survey design in which opinions of recovering alcoholics and rehabilitation counselors were collected. Questionnaires were used to solicit the desired information related to the contribution of selected social factors to relapse among recovering alcoholics of Asumbi and Jorgs Ark Rehabilitation centres. The target population comprised of all 80 recovering alcoholics and 13 rehabilitation counsellors in Asumbi and Jorgs Ark rehabilitation centres in Kenya

The study adopted the formula

$$n = \frac{N}{1 + N(e)^2}$$

To obtain sample size where *n* is the sample size N is the population size, and *e* the desired precision. The sample value for recovering alcoholics was 67 and because of the manageable number of counselors, all 13 were purposively selected. Sampling was done using stratified sampling to ensure that the sample was distributed among the two centres according to the population of each centre.

This study used questionnaires which had questions on the recovering alcoholics and counsellors' personal details and items on social contribution to relapse. The items were closed ended with 5 options on the Likert scale. The options were SA: Strongly agree; A: Agree; U: Undecided; D: Disagree; SD: Strongly disagree. Each option was assigned a value for scoring ranging from SA=5 to SD=1. Items with no response was scored zero. The statistical package for social sciences (SPSS) was used to analyse the data obtained from respondents.

## III. RESULTS AND DISCUSSIONS

In order to determine the contribution of selected social factors to relapse among recovering alcoholics in rehabilitation centers in Kenya, four social factors were considered; (i) Unsupportive family environment. (ii) Having spouse or family member who still uses alcohol. (iii) Isolation/not attending AA (Alcoholic Anonymous) meetings. (iv) Hanging around alcoholic friends. The views of both the recovering alcoholics and the rehabilitations counsellors were collected. This study examined the contribution of each of these social factors separately and cumulatively. The research questions

aimed at determining the contribution of selected social factors to relapse among recovering alcoholics in Asumbi and Jorgs Ark rehabilitation centres in Kenya.

Table 1: Means and Standard Deviations of Recovering Alcoholics and Counsellors Responses on Social Factors Contributing to Relapse

Factors	Mean	Std. Deviation
Unsupportive family environment	3.23	0.599
Having spouse or family member who still uses alcohol	2.69	1.251
Isolation/ not attending AA meetings	3.15	0.987
Hanging around alcoholic friends	3.62	0.506

The means and standard deviations were used in analysis and discussions of all recovering alcoholics and counsellors responses on social factors contributing to relapse.

Table 2: Recovering Alcoholics and Counsellors Responses on Unsupportive Family Environment Contributing to Relapse

Response	Recovering Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	18	30.8	4	30.8
Agree	23	61.5	8	61.5
Uncertain	7	7.5	1	7.7
Disagree	14	20.9	0	0
Strongly Disagree	5	7.5	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 2 shows that 41(92.3%) recovering alcoholics and 12(92.3%) counsellors agree that unsupportive family environment contributed to relapse. The computed mean (3.23) in Table 1 therefore indicates that most counsellors agreed that unsupportive family environment contributed to relapse. This is in agreement with a study by Templeton, Velleman and Russell (2010) that family members' involvement in therapy has a positive influence on the recovering alcoholic's motivation to change and maintain abstinence. Ibrahim and Kumar (2009), further explains that communities often view substance abusers as negative influences and distance themselves leaving the recovering alcoholic feeling rejected and isolated which lead them to relapse.

Table 3: Recovering Alcoholics and Counsellors Responses on Spouse or Family member who still Uses Alcohol Contributing to Relapse

Response	Recovering Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	10	14.9	3	23.1
Agree	13	19.4	7	53.8
Uncertain	6	9.0	0	0
Disagree	25	37.3	2	15.4
Strongly Disagree	13	19.4	1	7.7
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 3 shows that 10(76.9%) counsellors agree that spouse or a family member who still uses alcohol contributed to relapse. In the contrary, more than half the recovering alcoholics 38(56.7%) disagreed. The reason is that among the recovering alcoholics 41(61.2%) were not married thus the irrelevance of the question to them. However, Antoine, Christophe and Nandrino (2009), affirms that family treatment bring about marital satisfaction for alcoholics because it improves communication and positive couple functioning which in turn reflects positively on recovery.

Table 4: Recovering Alcoholics and Counsellors Responses on Isolation / Not Attending AA meetings Contributing to Relapse

Response	Recovering Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	12	17.9	6	46.2
Agree	23	34.3	4	30.8
Uncertain	14	20.9	2	15.4
Disagree	13	19.4	1	7.7
Strongly Disagree	5	7.5	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 4 shows that 10 (77%) counsellors agree and 35(52.1%) recovering alcoholics agree that isolation and failure to attend AA meetings contributed to relapse. The computed mean (3.15) in Table 1 shows that most recovering alcoholics and counsellors agreed that isolation and failure to attend support groups like AA contributed to relapse. In agreement with our study, Wilbourne and Miller (2003), confirm the importance of post treatment by asserting that there is a need for sustained pre-treatment, in-treatment, and post-treatment recovery support services.

Table 5: Recovering Alcoholics and Counsellors Responses on Hanging out with Alcoholic Friends Contributing to Relapse

Response	Recovering Alcoholics		Counsellors	
	Frequency	Percentage	Frequency	Percentage
Strongly Agree	31	46.3	8	61.5
Agree	26	38.8	5	38.8
Uncertain	5	7.5	0	0
Disagree	4	6.0	0	0
Strongly Disagree	1	1.5	0	0
<b>Total</b>	<b>67</b>	<b>100</b>	<b>13</b>	<b>100</b>

Table 5 indicates that 57(85.1%) recovering alcoholics and 13(100%) counsellors agree that hanging out with alcoholic friends contributes to relapse. The computed mean (3.62) in Table 1 shows that most recovering alcoholics and counsellors agree that hanging out with alcoholic friends contributed to relapse. Results of research by Marlatt and

George(1984)explain that social pressure directly contributes to relapse. Hunter-Reel, McCrady and Hildebrandt (2009) further expound that codependent behaviours like pouring out drinks, persuasion, emotional pleading to change, threats to leave, drinking along with him/her, and nagging have been found to increase drinking.

#### IV. CONCLUSIONS AND RECOMMENDATIONS

In view of the contribution of selected social factors, respondents indicated that hanging out with alcoholic friends contributed to relapse among recovering alcoholics of Asumbi and Jorgs Ark rehabilitation centres. Recovering alcoholics should be trained by counsellors on how to make and sustain meaningful relationships so as to counter hanging out with alcoholic friends that greatly contributed to relapse. Counsellors should stress the need for a change of friends and lifestyle. Having spouse or family member who still uses alcohol and isolation/not attending AA (Alcoholic Anonymous) meetings contributed substantially while Unsupportive family environment contributed the least.

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