Nigerian Journal of Social Psychology

2021

NIGERIAN JOURNAL OF SOCIAL PSYCHOLOGY

Online ISSN: 2682-6151
Print ISSN: 2682-6143
Volume 4, Issue 1
2021

Published by
Nigerian Association of Social Psychologists
www.nigerianjsp.com

SOCIAL PSYCHOLOGY

Substance Abuse among patients in Nigerian Army Hospital: the impact of self esteem

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Abstract

The rate of substance abuse among Nigerian populace is quite alarming despite the associated consequences in all aspect of life which involve: physical, emotional, financial, spiritual social and psychological wellbeing hence, this study investigated self-esteem as a predictor of substance abuse among patients in Nigerian army reference hospital, 113 participants comprises 93 military personnel and 20 civilians which comprises 88 SSCE and 25 Higher degrees (BSc., HND and OND), were sampled using availability sampling technique, this was used based on the patients who are still on first stage drug management in the hospital, urine base drug test and Montgomery County Court Referral Program substance abuse questionnaire was used to identify the substance used by patient, RSES (Rosenberg, M. 1965) was used to measure self-esteem while DAST-10 (1982) by the Addiction research foundation was used to measure the level of substance abuse, a regression statistical analysis with the help of SPSS version 26 was used in this study, however the result of this study shows that Self-esteem did not predict substance at β= -.331, t= -1.717 and sig.= .099 at p< .05. Secondly only married persons' self-esteem predicted substance use because β= .560, t= 2.432 and sig. = .025 at p< .05, while others did not predict substance abuse single persons' self-esteem β = .126, t= .635 sig. = 533, SSCE β= -.137, t= -.723 and sig. 478 and B.sc self-esteem β= -.306, t= -1.289 and sig. = .212 at p< .05. Therefore, recommend that substance abuse should not be used as criteria in the measurement of self-esteem among patience. Also in assessment, substance abuse should be considered in some behavioral maladjustment among married patients.

Keywords: Substance abuse, self-esteem, substance dependency and drugs

Introduction

The rate of substance abuse among Nigerian populace is quite alarming despite the associated consequences in all aspect of life which involve: physical, emotional, financial, spiritual, social and psychological wellbeing; the campaign by civil organizations, non-governmental organizations (NGOs) and the government through the National drug law and enforcement agency

(NDLEA) who enforces governmental laws on substance abuse. While people with substance abuse disorders collectively represent the most frequently occurring mental health problems in the country, on top of the enormous numbers of people addicted to drugs, alcohol or nicotine, many who are in need of treatment aren't receiving it (Deangels 2001). Substance abuse patients is also a public health concern, substance abuse disorders can exact heavy tolls in the form of suicides, homicides, HIV infection and other major health problems, and ruined relationships. Indeed, substance abuse is one of the nation's major health problems.

The former Director General of Nigerian Drug Law Enforcement Agency (NDLEA) Mr. Otumba Ipinmisho, in 2016 estimated that about 40% of Nigerian youth engage in substance abuse. Attempt to understand the concept of substance abuse like the increased tolerance that leads to addiction, dysfunctionality, mental and behavioural disorders one may ask, what makes an individual to resort to substance abuse in first place? The answers can vary depending on persons and environment involved. However, misinformation or Ignorance and self esteem might be strongly considered as well as emotional, physical and psychological causes. Meanwhile, one answer that many researchers have agreed upon is low self-esteem. (Glindemann, Geller and Fortney 1999; Parish and Parish 1991; Pullen, 1994; Oesterle, Hill, Hawkins, Guo, Catalano, & Abbott 2004; Brook, Gordon, Brook, & Brook, 1989; Donovan, 1996).

Robins, Tracy &Tzesweski (2001), Low self-esteem is seen as a hopeless condition that prevents people from realizing their full potential. Robins, Tracy &Tzesweski (2001) further stated that a person with low self-esteem feels incompetent, unworthy, and incapable. In fact, persons with low self-esteem feels so poorly about themselves, these feelings make the person remain with continuous low self-esteem.

Again, People who have high self-esteem generally feel good about their ability to participate, confident in social situations and happy with their ways. Also people with high self esteem are confident, they have good sense of self-worth, they are positive, encouraging and supportive to others, and they possess good communication. They are participative, energetic, ambitious, and they learn from their mistakes. Cutler, (1995) stated that substance give them strength and flexibility to take charge of their lives and grow from mistakes without any fear**.**

Low self-esteem can be understood in terms of confusion or uncertainty in self-knowledge, a cautious and self-protective approach to life, a shortage of positive resources in the self, and a chronic internal conflict. They lack a clear, consistent unified understanding of who they are, which leaves them at the mercy of events and changing situations (Baumeister, 1993).

Abdel-Khalek, (2016) is of the view that low self-esteem frequently accompanies psychiatric disorders. It has been suggested that low self-esteem is an etiological factor in many psychiatric conditions as well as in suicidal individuals.

As noted by Mckay, (2000) People with poor self-esteem often rely on how they are doing in the present to determine how they feel about themselves. They need positive external experiences to counteract the negative feelings and thoughts that constantly plague them. Even then, the good feeling can be temporary. Self-esteem has long been believed to play an important role in the use of alcohol and psychoactive substances (Charalampous, Ford, and Skinner; 1976).

The prevalence of substance abuse among people of different ages is alarming. King, &Chassin, 2007; Chen, Storr, & Anthony, (2009), they stated that the risk of developing dependence or abuse is greater for individuals who initiate use of these substances in adolescence or early adolescence than for those who initiate use during adulthood. According to world health organization (WHO 1989), Substance abuse is particularly debilitating for young people as those age 10-24. To this end, the study want to find out if self-esteem will significantly predict substance abuse among drug patient?

Purpose of study

To determine whether self-esteem will significantly predict substance abuse among drug patient.

Theoretical Background

Self-Esteem Theory of Drug Abuse

To be of value a theory must predict as well as explain the phenomena after the fact. The self-esteem theory postulates that all behavior is mediated by the individual's attempt to protect the "self" within the social milieu.

This theory is a developmental one emanating from an Adlerian approach in which self-esteem is seen as the main psychodynamic mechanism underlying all drug use and abuse. The self-esteem concept develops out of Adler's Individual Psychology, more precisely the Psychology of Self-Esteem, in which the underlying motive of human behavior is the preservation of the concept of the "self" (Ansbacher and Ansbacher 1956). The preservation of the concept of "self" is the most important variable in understanding the initiation, continuation, and cessation of drug use, and further explains why the rehabilitation process frequently results in relapse.

The theory will not only account for the initiation into drug use (the social milieu) but will determine the course the pattern will take (vis-avis self-esteem) in terms of continuation, cessation, and/or relapse. The etiology of drug use does not lie in the personality of the individual (addiction proneness) or in family constellations (drug use as a behavioral model), but in availability, social acceptability, and social pressure. It must be noted that the type of dependency is conditioned by the culture. Dependency on amphetamines, for example, could not have existed before their discovery in the early 1900s, medical use in the 1930s, and post-World War II street use. Alcohol (as a social drug) was the main drug of abuse until the post-World War II period in the United States, and marijuana was the drug of abuse in India. Today, these two countries are in a state of social change, and the youths of both countries are becoming users and abusers of socially unacceptable drugs--marijuana in the United States and alcohol in India (Cohen 1969). Thus, the culture determines the types of drugs available, while social pressure and social acceptability further determine the type and pattern of use. Social pressure may lead one both into and out of drug abuse.

Individuals are constantly striving for superiority; all behavior is an effort to achieve success (positive situations) and to overcome obstacles (negative situations). Motivation is a goal-directed drive; lack of motivation is a symptom, not the cause, of neurotic behavior.

To cope with over-life-sized goals and low self-esteem, the individual may turn to drug abuse.

Self-esteem and Substance Abuse

Substance abuse is one of the growing health-related problems of human society (Hyman & Malenka, 2001) and for years, in all countries, the issue of narcotics has become one of the major social problems and global concerns (Serajzadeh & Feizi, 2007). Based on the WHO reports, more

than 100000 young people start using tobacco products and illegal substances each day, most of which live in the developing countries (Jha &Chaloupka, 1999: Ramezankhani, 1999).

Besides, it has been shown that self-esteem plays an important role in the emergence of a series of mental disorders and social problems (Mann et al., 2004). In fact, low self-esteem is the most common justification of substance abuse as per the statements made by clients referring to treatment centers (Kim & Davis, 2009). While some researchers reported a weak association between self-esteem and smoking or illegal drug abuse, some others reported strong association (Ayatollahi, Mohammad, Poorasl, & Rajaeifard, 2003). Evidence from Farzad, Abbas, & Saman, (2014) while evaluating the prediction of tendency to substance abuse on the basis of self-esteem and components of emotional intelligence, revealed that there is a negative significant correlation between tendency to substance abuse and self-esteem.

In the opinion of Wang and Veugelers (2008), they contend that self-esteem is an important determinant of adolescent mental health and development. Several studies such as Liem et al., (2010); and Withya et al., (2007) have found significant negative correlations between self-esteem and substance abuse among adolescents. Similarly, a study conducted by James (2003), found a significant negative correlation was between self-esteem and substance abuse. Lastly, Zamboanga et al., (2009) asserts that self-esteem is the most consistent predictor of the likelihood and extent of substance abuse. Available evidence therefore suggests that low self-steem and peer influence contribute to adolescent substance abuse (Radin et al., 2006). In corroboration with the above findings, Kumpulainen and Roine (2002) noted that low self-esteem was potentially connected to substance use.

With 957 psychiatric patients, Silverstone, and Salsali (2003) found that all psychiatric patients suffer some degree of low self-esteem. The lowest self-esteem was found among patients with major depressive disorder, eating disorders, and substance abuse.

As stated by Zamboanga, Schwartz, Jarvis and Tyne (2009), self-esteem is the consistent predictor of the likelihood and extent of substance abuse. In Radin, Neighbors, Walker, Walker, Marlatt and Larimer (2006), there is evidence that low self-esteem and peer influence contribute to adolescent alcohol abuse. Similarly, Withya, Leeb and Renger (2007), revealed that one of the causes of

substance abuse include low self-esteem. Kumpulaine and Roine (2002), noted that low self-esteem was potentially connected to later substance use.

In the submission of De Bruijn, Kremers, van Mechelen & Brug (2005) self-esteem is one of the constructs with the ability to hamper or increase health behaviors. This submission is in agreement with the findings of Hamid (2011). The Role of Self-esteem in Tendency towards drugs, Theft and Prostitution. The results, found that those who are involved in addiction, theft and prostitution have a lower self-esteem compared with the ordinary person, both in earlier and later studies, (Liem. Cavell & Lustig 2010; Withya et al., 2007) have found significant negative correlations between self-esteem and substance abuse substance abuse among adolescents. In a study conducted by James (2003), a significant negative correlation was found between self-esteem and substance abuse. However, Taylor and DelPilar (1992) in an early study conducted among adolescent in the 90's found a significant and positive correlation between self esteem and substance abuse. Schroeder, Laflin & Weis (1993) contented that although relationships have been found between self-esteem and substance abuse among scholars, however these relationships were not sizable, hence implying it should be interpreted with caution.

Uba, Yaacob, Talib, Abdullah and Mofrad (2013), studied the role of self-esteem in the diminution of substance Abuse among Adolescents, they confirm the role of self-esteem as a partial mediator in the relationship between peer substance use and substance abuse among adolescents, indicating that adolescents with high self-esteem are less affected by their peers in relation to substance abuse.

On ego/self theory of substance dependence provided empirical support for this theory through the controlled investigation of ego functions in users of heroin or amphetamine. Bellak et al.'s (1973) interview and rating scale for ego functioning, "preferential" users of heroin (N=10) or amphetamine (N=10) were interviewed under conditions of abstinence and intoxication with their respectively chosen drugs. Normals (N=10) were interviewed twice while abstinent. Data were analyzed qualitatively and quantitatively to answer--(a) How do preferential users differ from normals and each other under abstinent conditions? (b) How do they differ under conditions of intoxication? (c) How does the drug user differ within himself under conditions of abstinence and intoxication? Subjects were white, male, middle class, 20 to 30 years of age, and nonpsychotic. Dose levels were 15 mg morphine, intramuscular, and 30 mg amphetamine, oral. The purposeful

decision to study preferential users of widely disparate pharmacologic agents highlighted differential personality structures as well as basic similarities. Although our observations and findings derive from our low-dose study of preferential users of heroin and amphetamine, similar investigations could examine the preferential use of other psychoactive agents, e.g., barbiturates and hallucinogens. (Milkman & Frosch 1973; Frosch & Milkman 1977).

Under the abstinent condition, both drug-using populations showed subnormal ego-function ratings in most categories. Amphetamine users showed significantly higher total ego strength than heroin users, whether or not they were intoxicated. Within groups, ego functioning was usually lower in the intoxicated condition with significant differences observed for judgment (amphetamine), regulation and control of drives (both groups), and sense of competence (heroin). Although ego functioning is more adaptive in amphetamine users when both groups are in the intoxicated condition, one cannot, unequivocally, extend this finding beyond the laboratory situation. Experimental doses of 30 mg and 15 mg for amphetamine and heroin users, respectively, may not be comparable in effect to average "field" doses of 310 mg and 100 mg. Even at our reduced doses, however, the results suggest a trend, in both groups, for ego functioning to be negatively affected by the utilization of their respective drugs. It is expected that under conditions of higher doses, greater impairment of ego functioning may be observed and more significance obtained.

Regulation and control of drives, affects, and impulses refers to the directness of impulse expression and the effectiveness of delay and control mechanisms; the degree of frustration tolerance; and the extent to which drive derivatives are channeled through ideation, affective expression, and manifest behavior. Both groups display significantly less regulation and control of drives, affects, and impulses in the intoxicated condition. The significant drug effect for this function is particularly interesting because it suggests that under intoxication both groups might be expected to have less impulse control and present a greater danger to themselves and/or the community. The heroin user appears as an individual given to sporadic rages, tantrums, or binges. Periods of over control may alternate with flurries of impulsive breakthroughs. This may be observed dramatically when the user voluntarily submits himself to extended periods of increased environmental structure, in drug programs, where impulse expression is minimized. Temporarily the user appears to have adequate impulse control. Suddenly and without warning, however,

impulses gain the upper hand and the user is seen on a self-destructive binge. Disciplinary action is taken and once again impulses are quieted through self-regulation, authority, and peer pressures. The cycle tends to repeat.

For the amphetamine user, impulse expression is less direct, pervasive, and frequent. Aggressive behavior is more often verbal than physical, and fantasies predominate over unusual behavior. Manifestations of drive-related fantasies are seen in quasi-artistic productions, such as "speed freak" drawings, where primitive and threatening fantasies are portrayed. The amphetamine user may sit for hours drawing frightened faces, decapitated bodies, and the like.

Object relations takes into account the degree and kind of relatedness to others, the extent to which present relationships are adaptively patterned upon older ones, and the extent of object constancy. It is interesting to note that for heroin users, the obtained mean for this function was higher in the intoxicated condition. Perhaps in this dose range, heroin tends to reduce anxiety and to allow for a smoother and more relaxed communication between people. This notion supports Hartmann's (1969) observation that "there is an attempt to overcome the lack of affectionate and meaningful object relations through the pseudo-fusion with other drug takers during their common experience." The heroin user is generally detached from others while under stress and strives for nurturing relationships of a dependent nature, leading to stormy or strained attachments. The amphetamine user, although more successful in object relations, tends to become involved in relationships with strong, unresolved oedipal elements. Castration fears tend to manifest themselves in unusual and extreme sexual behaviors, such as Don Juanism and homosexuality. Underlying concerns about masculinity and adequacy are expressed through repetitive sexual activity and a boasting attitude of sexual prowess and potency. Relationships may, however, endure for long periods of time, although they rarely have the stability and sustaining power of the idealized marital situation.

Stimulus barrier indicates the subject's threshold for, sensitivity to, or awareness of stimuli impinging upon various sensory modalities; the nature of responses to various levels of sensory stimulation in terms of the extent of disorganization, withdrawal, or active coping mechanisms employed to deal with medium or low stimulus barriers. Amphetamine users showed significantly higher stimulus barriers than did heroin users in the abstinent condition. Examination of the raw data revealed that 9 of 10 heroin users were rated low. Although it may be argued that long-term

involvement with particular drugs may have specific effects on stimulus thresholds, stimulus barrier is considered to be the most constitutionally based ego function (Bellak et al. 1973). The data suggest that amphetamine users, with biologically high thresholds for excitatory stimulation, are seeking homeostasis (equilibrium) through self-medication. Amphetamine seems to put the user into closer touch with environmental stimuli which might otherwise be unavailable because of constitutionally based, high stimulus barriers. Conversely, the heroin user may have a predisposition toward excessive vulnerability to environmental stimuli. The user seeks to raise stimulus thresholds, allowing more adaptive function in a world of relatively painful and extreme stimulation.

Aggressive drive strength assesses overt aggressive behavior (frequency and intensity); associated and substitute aggressive behavior (verbal expressions, etc.); fantasies and other ideation: dreams, symptoms, defenses, and controls. The heroin user is seen as an individual whose overt acts of aggression are considerably more intense and frequent than average. The occurrence of physical assault and multiple suicide gestures are common. Hostile punning and witty repartee are often observed. It is speculated that the relative success of residential treatment programs is related to this phenomenon. Intensive confrontation in group therapy (a major treatment modality in drug programs) provides an outlet for excessive aggressive energy. For the amphetamine user, aggressive energy appears to be less excessive and is channeled more adaptively. Periodic breakthroughs of violence occur, but, with the exception of amphetamine psychosis, these expressions are usually not as frequent or intense as the heroin users. Fantasies of violence are usually expressed verbally and sometimes find their expression through identification with radical political groups. This finding of greater hostility in heroin addicts than amphetamine abusers is echoed in a study (Gossop & Roy, 1976) using different scales and a different population.

Hypothesis

Self esteem will significantly predict substance abuse among drug patients in Nigeria military hospital.

Method

The subjects were sampled using availability sampling technique, this was used based on the patients who are still on first stage drug management in the hospital, and who were diagnosed with Mental and Behavioural Disorder Secondary to substance use. The data was gotten from patients for a period of 2 years.

Urine base drug test and Montgomery County Court Referral Program substance abuse questionnaire this was used to identify the use of substance by patient, a regression statistical analysis with the help of SPSS version 26 was used in this study

Participants

One hundred and thirteen married participants (93 military personals and 20 civilians) were selected for the study. Participants which comprises of 88 SSCE and 25 Higher degrees (BSc., HND and OND), were sampled using availability sampling technique, this was used based on the patients who are still on first stage drug management in the hospital, urine base drug test and Montgomery County Court Referral Program substance abuse questionnaire was used to identify the use of substance by patient.

Instruments

- **a.** Urine drug test (UDT)
- **b.** Rosenberg self-esteem scale (RSES)
- **c.** Drug abuse screening test (DAST-10)

Urine drug test (UDT)

Urine base drug test is a test used by medical lab professionals. It was administered to identify the use of substance by patient, thereby identifying participant as substance abuse patient. Which measure for Cocaine, Nicotine, Opiate, Cannabis, Tramadol, Amphetamine, Benzodiazepines, Morphine, phencyclidine, Methamphetamine, Methylenedioxy-methamphetamine and Barbiturate. Montgomery County Court Referral Program substance abuse questionnaire was used to measure the level of substance abuse. It involves information about possible involvement with drugs including alcoholic beverages, some prescription and non prescription drugs it also contains CAGE questionnaire.

Rosenberg self-esteem scale (RSES) (Rosenberg, 1965)

Rosenberg self-esteem scale (RSES) (Rosenberg,1965) was used to measure self esteem. It's a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Items 2, 5,6, 8, 9 are reverse scored. It obtained a test re-test reliability for 2 week interval was calculated at 0.85 and internal consistency range from 0.77 to 0.88.

DAST-10 (1982)

DAST-10 (1982) by the Addiction research foundation was used to measure the level of substance abuse. It involves information about possible involvement with drugs not including alcoholic beverages during the past 12 months. "Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs also include cannabis (marijuana, hashish), solvents (eg., paints thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.eg., heroin). It reliability was determined by Cronbach's alpha of 0.93. Also construct validity was evaluated using confirmatory factor analysis (CFA) and exploratory factor analysis (EFA). Both evoked only one factor models (Drug) for DAST-10 indicating an acceptable fit for the proposed models.

Procedure

An authorization to carry out the research from the Ethical and research Committee of the hospital after tendering a proposal for research to the authorities, and permission granted. Clinical assessment was done which involve; patient's history taken, Urine base drug test, instruments were administered to the patients who were diagnosed with Mental and Behavioural Disorder Secondary to substance use. The data was gotten from patients for a period of 2 years. Responded instruments was collected and scored. Statistical analysis was carried out by the use of SPSS 26.

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta	T	Sig.	Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	7.261	1.353		5.366	.000	4.468	10.053		
	Self-esteem	-.135	.079	-.331	-1.717	.099	-.298	.027	1.000	1.000
2	(Constant)	6.312	2.275		2.775	.012	1.567	11.057		
	Self-esteem	-.114	.077	-.279	-1.472	.157	-.275	.048	.951	1.051
	Singleself-esteem	.044	.070	.126	.635	.533	-.102	.190	.862	1.160
	Marriedself-esteem	.215	.089	.560	2.432	.025	.031	.400	.644	1.553
	Ssceself-esteem	-.054	.075	-.137	-.723	.478	-.210	.102	.948	1.054
	B.scself-esteem	-.183	.142	-.306	-1.289	.212	-.480	.113	.607	1.647

a. Dependent Variable: substance use

Self esteem did not predict substance because β= -.331, t= -1.717 and sig.= .099 at first step tend to be higher than the threshold of at p< .05. at second step only married persons self esteem predict substance use because β= .560, t= 2.432 and sig.= .025 fell below the bench mark of at p< .05, while others did not predict substance use single persons self esteem β= .126, t= .635 sig.= 533, ssce β= -.137, t= -.723 and sig. 478 and B.sc self esteem β= -.306, t= -1.289 and sig.= .212 all were above the threshold of at p< .05

Summary table of self esteem as predictor of Substance Abuse among patients in Nigerian army hospital

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.331[a]	.109	.072	2.35803	.109	2.949	1	24	.099
2	.564[b]	.318	.148	2.25994	.209	1.532	4	20	.231

The table above in step I shows that there is no correlation between self-esteem and substance use because r= .3 and r-square of .109 indicated self-esteem contribute 10% variance to substance while the adjusted r-square of .072 means 7% which indicate misfit model.

While step II indicated that there is relationship between the predictors variable and substance use at r= .6 while they jointly contribute 31% variance to substance use at r-square, also there was a misfit model because of the 15% of adjusted r-square and the predictors variable did not predict substance because sig. F-Change of .231 is above the threshold of at p< .05

Discussion

The result of the study revealed that the hypothesis which stated that self-esteem will predict substance abuse was not accepted. This means that self esteem cannot predict substance abuse it also indicated that the level of self esteem of an individual will not lead to substance abuse. Supporting the work of Uba, Yaacob, Talib, Abdullah and Mofrad (2013), in the study of the role of self-esteem in the diminution of substance abuse among adolescents, they confirmed the role of self-esteem as a partial mediator in the relationship between peer substance use and substance abuse among adolescents, indicating that adolescents with high self-esteem are less affected by their peers in relation to substance abuse.

The outcome of this study also supported a study conducted by James (2003), who found a significant negative correlation between self-esteem and substance abuse. Lastly, Zamboanga et al., (2009) assert that self-esteem is the most consistent predictor of the likelihood and extent of substance abuse.

However, there may be other factors that may be the cause of this such as which may be environmental influence, peer group, stress or first-hand self sampling (testing of substance for the first time) this is also in line with the work of Khantzian (1974) which stated that there is presence of depression, tension and distress in addicts.

In the findings during the course of this study, it revealed the commonly abused drugs as follows;

Stimulants (cocaine): 37/113 = 32.7%

Alcohol: 76/113 = 67.25%

Cannabis: 91/113 = 80.53%

Nicotine: 82/113 = 72.57%

Sedative: 35/113 = 30.97%

Opiods: 55/113 = 48.67%

Inhalants: 11/113 = 9.73%

Over-the-counter: 6/113 = 5.31%

The researchers found that drugs (Cannabis) has the highest percentage (80.53%) as substances commonly abused in the study population.

Implication of the study

This study has shown that among the participants in the study, that self esteem predicted substance abuse. Since the participants were married, its perceived that they have too many responsibilities to take care of, and sometimes carried away by pressure of providing for self, family, society and job needs/demands.

This study has paved way for better understanding on substance abuse among married couples and can be used for further studies.

Limitation of study

One major limitation of this study is sample size. The study was conducted using 113 drug patients. This sample size may limit the extent of generalization that was made based on the result.
The researchers find it a little bit difficult in communication with the drug patients in responding to the test. Thus, this further reduced the sample size and increase the test duration.
The researcher also found it difficult in selection of participant due to their condition/state during clinical interview.

Suggestion for further studies

Future researchers should expand the sample size of the study. Also the use of multiple military hospitals is encouraged to validate and for better generalization and comparative analysis between military, private and public/general hospitals.

Summary/Conclusion

The outcome of this study showed that self esteem statistically did not significantly predict substance abuse among patient in military hospital.
Based on the result of this study, self esteem did not predict substance abuse. However, those who are married are predictors of substance abuse. This means that when married, and weather high or low level of self esteem they are likely to predict substance abuse as their own way of coping with their occupational, family/marriage stress.
To this end, the researchers conclude that self esteem as a single variable is not variable necessary in order to use as a predictor of substance use. Other factors need to be considered alongside with it.

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