

Relationship Between Attachment Styles And Substance Use Disorder Among Youth In Addiction Treatment Centers In Ruiru Constituency, Kiambu County, Kenya

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Abstract:

The prevalence of substance use disorder among youth has become a fundamental area of interest in recent times. Substance abuse has negative impacts on the well-being of youths, thereby affecting not only the youths but also the families and communities at large. This study investigated the relationship between attachment styles and substance use disorder among youth in addiction treatment centres in Ruiru Constituency, Kiambu County, Kenya. The study was guided by three specific objectives: to determine attachment styles among the youth in addiction treatment centres, to establish the levels of substance use disorder among the youth in addiction treatment centres, and to establish the relationship between attachment styles and substance use disorder among the youth in addiction treatment centres in Ruiru Constituency, Kiambu County, Kenya.

Materials and Methods: The study adopted the quantitative research method and used the correlational research design, and was guided by the Attachment Theory (AT) and the Self-Medication Theory (SMT). The sample size was 179 youth aged 18-35 years. The study used the State Adult Attachment Measure and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Data analysis was done using descriptive and inferential statistics through the SPSS version 25. Descriptive analysis was used to summarize the characteristics of the study sample, while Pearson correlation coefficient analysis was used to make inferences in the data collected.

Results: Findings revealed that 30.7% (n=55) youth were securely attached, 44.6% (n=80) had avoidant attachment and 24.5% (n=44) had anxious attachment style. Levels of substance abuse among the youth were low level 26.3% (n=47), moderate 28.5% (n=51) and high level 45.2% (n=81).

Conclusion: The study established that there was a negative and insignificant relationship ($r = -.084, p = .232$) between secure attachment and substance use disorder among youth in addiction treatment, there was a positive relationship between avoidant attachment style and substance use disorder ($r = .569^{**}, p = .000$). There was a positive relationship between anxious attachment styles and substance use disorder among the youth in addiction treatment centres ($r = .318, p = .002$). The study recommended that the youth in the addiction treatment centres be receptive to counselling so that the issues emerging from attachment patterns can be resolved.

Keyword; Parenting Styles, Substance Abuse, Addiction, Youths.

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I. Introduction

Mental health conditions continue to attract attention globally, as there is an indication of prevalence of mental health problems among young people (World Health Organization, 2010). About one-fifth of the global population comprises youth aged 14-24 years. Yearly, it is estimated that 20% of youth have an encounter with a mental health condition that can be episodic or permanent (United Nations Children's Fund, 2012). This places young people at greater risk of a continuum mental health conditions during life transitions. Study by Somani and Megani (2016) found a link between mental health and substance abuse either as a risk factor or as self-medication for the symptoms of mental health. The relationship between attachment styles and substance use disorder among youth are critical areas in the field of psychology that possibly requires investigation.

Attachment refers to normative caregiver-child bonding that results from caregiving and care-seeking interactions during times of distress. Individuals who fail to experience a foundation that is sufficiently secure develop insecure patterns of attachment (Mikulincer & Shaver, 2013). The secure attachment is formed when a caretaker has the ability to make the child feel safe and protected by being responsive, available and helpful even when out of sight. Such children are easily soothed when in distress; and when the attachment is secure, the individual develops resilience to withstand social and environmental challenges in the future (Peng, 2021). The Avoidant attachment styles, also known as dismissive occur where individuals perceive themselves as hyper-independent or loners (Ainsworth et al., 2015) and as the term suggests, they avoid being in the company of

others. Due to the belief that they do not deserve to be loved, these individuals circumvent relationships. According to Berry et al. (2021), these are persons who are habitually suspicious in relationships, have difficulty articulating their feelings, and withdraw whenever they feel susceptible. The anxious attachment style develops when a caregiver responds sensitively to the child but is regularly distracted from caregiving. Also known as anxious preoccupied attachment, it is an insecure attachment style that manifests due to inconsistent parenting such that the child's needs are met and ignored in waves (Wedekind et al., 2012). The concept of attachment styles and their relationship to substance use disorder is a critical area of interest in the field of psychology (Whiffen et al., 2009).

Substance abuse is the hazardous use of psychoactive substances, including alcohol, pain medications and illicit drugs. In this paper, substance abuse was measured in terms of either low, medium or high levels of use of psychoactive substances including alcohol, prescription medications and illicit drugs. A report by Lopes et al. (2011) showed that among youth in the addiction treatment centers, 32.1 % reported having begun using alcohol at the ages between 15 and 17, and later 24.3 % of them added marijuana as the second drug of choice. On the other hand, youth of ages 25 and above reported the highest proportions of heroin as their primary drug (35.3 %) followed by prescription pain relievers (33.2 %). Substance abuse among the youth may be a manifestation of different psychological conditions such as loneliness, anxiety, rejection and depression. Depression is a mood disorder which could be mild, moderate or severe, and recurrent in people struggling with substance abuse (Afen et al., 2022).

Globally, substance abuse by young adults and the problems that emerge from the behavior have been a concern for decades (Advisory Council on the Misuse of Drugs, 2016; United Nations Office on Drugs and Crime, 2018). World-wide, according to the World Health Organization (WHO, 2018), a total of 13.8 million young people used drugs in the year 2018. This resulted in drug use disorders, implying that drug use is harmful to the youth such that they may require treatment. Unfortunately, some of these cases result to deaths. For example, the World Health Statistics Report (WHO, 2016) indicated that approximately 25% of deaths among young people were drug use related. The Centre for Disease Control and Prevention (CDC) reports that the youth are faced with a high risk of substance use leading to higher rates of diminished overall health and well-being. High risk substance use is any use that results in alleviating adverse outcomes such as injuries, legal problems, college dropouts and loss of life. Research demonstrates consistency in substance abuse worldwide among the youth (Mulvey et al., 2020). The peak period of substance abuse in most countries is among youth aged between 18-25 years old. In the United States, high use of substances is among 18-20 years old while in Germany, within the age of 18-25 years old, which is four times more than the national average (United Nations on Drugs and Crime, 2018). The National Youth Risk Behaviour Survey (YRBS, 2018) shows a lower rate of use of substances by the youth across the United States. The report indicates that cigarette smoking by the youth from a sample of 13, 305 decreased from 10.3% in 2015 to 8.0% in 2017, while electronic vapor cigarette use also dropped from 24.1% in 2015 to 13.2% in 2017. Alcohol consumption decreased from 32.8% in 2015 to 29.8% in the year 2017.

Another study by Barrett et al. (2019) sought to measure the rate of consumption in relation to the availability of alcohol and drugs. This study engaged a sample of 1029 youth aged 18-25 years in tertiary education. The overall level of consumption was high at 61% of the sample who were current consumers of alcohol, 20% of the 1029 sample agreed to taking at least one drink of alcohol at least a day, 10% of the 1029 sampled youth engaged in binge drinking which means consumption of 4 or more drinks of alcohol in a row for females, and 5 drinks or more in a row for males, within a couple of hours. Although it is reported that 27.7% of youth aged between 18-22 years have reduced binge drinking in the past decade, the figures remain moderate, at 33%.

In Africa, statistics for drug use (World Drug Report, 2021) by youth in the year 2018 show that approximately, 13.1 million youth in the age bracket of 30-34 used drugs. This is closely followed by ages 25-29 at 11.2 million, and ages 20-24 at 7.3 million youth who have used drugs in that year. A comparison with older age groups indicates lower figures where 5.2 million adults in the age group 40-44 have used drugs in 2018, followed by ages 45-49 at 3.3 million with a significant decrease among ages 50 years and above. Further, the report shows cannabis being the most abused drug by the youth in Africa in the age bracket of 19-34, followed by heroin and methamphetamines. For example, in Nigeria, study was conducted by Haruna et al. (2018) on the awareness of dangers of substance abuse among youth. The respondents were aged between 13-35 years old. The findings revealed that out of a sample of 138 youth, 45.0% indicated awareness of the dangers of substance abuse, while 55.0% were not aware. Similarly in Tanzania, Simbee (2012) did an analysis of rate of substance use by youth from a sample of 120 aged between 13-35 years. A total of 29.2% of the respondents reported high risk of cannabis use and is the drug mostly used among the youth.

In Kenya, the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA, 2017) shows the use of multiple drugs and other substances of abuse among individuals aged 15-65 years had a prevalence of 6.0% in the year 2017. It was also reported that among youth aged between 18-35 years, 21.7% were at moderate risk of using narcotics, 20.0% depressants and 19.2% used other substances like sniffing glue,

adhesive solution, and lizard waste at significantly low risk. Equally, a recent study by Musyoka et al. (2020) consisting of 406 first year students from the University of Nairobi, observed that 103 students (25%) show a lifetime substance use while current alcohol and substance use prevalence rested at 83 students (20%). Frequently used substances were alcohol 69 (22%), cannabis 33 (8%) and tobacco 28 (7%). Also, 48 (13%) respondents reported using multiple substances.

II. Theoretical Framework – Self-Medication Theory (Smt)

The Self-Medication Theory (SMT) was developed by Khantzian (1980) to describe a general mode of addiction with the belief that people abuse substances as a strategy for self-regulation due to emotional, self-esteem, self-care and interpersonal problems. In other words, interactions between psychopathology and the specific psychotropic effects of abusive substances lead to some individual's maladaptive patterns of substance use (Khantzian, 1987). The theory explains how and why individuals are attracted to becoming dependent on substances of abuse.

According to Chassin et al. (2013), the self-medication hypothesis holds that individuals use substances of abuse to medicate themselves to somatic and psychiatric symptoms. For instance, an individual uses a drug to alleviate an unpleasant affective state. The self-medicating behavior is reinforced and continues despite the negative consequences, including increased use of the drug (Turkmen et al., 2022). The reliable ability of the drug to reduce unpleasant feelings reinforces the behavioural pattern. The same sentiments are underlined by Topino et al. (2022) who observes that specific effects of a class of drugs relieve a range of painful affective states. Persons living with substance abuse disorder experience extreme suffering with their feelings; where they are either overcome with painful affects or appear to be emotionally numb. Substance abuse for such individuals is therefore a method that helps relieve painful affects or control emotions.

Overall, self-medication is associated with higher use of substances of abuse and greater psychological distress among young people (Moitra et al., 2015). For instance, a study by Wallis (2022) found that young people use drugs to address their psychological problems such as anxiety and loneliness, social and physical problems. There is evidence (Kuntsche, 2015; Holahan et al., 2013) that persons who for example use alcohol to cope with negative mood are consistently more likely to develop alcohol problems and dependence.

In addition, there is a higher risk of comorbid addictions among individuals who self-medicate. This is because many drugs such as cannabis present with anxiety and depressive state as withdrawal symptoms (American Psychological Association, 2013). While regular drug users may use a drug for short relief of symptoms, they are unaware that this could perpetuate a long-term withdrawal problem. As Crum et al. (2013a; 2013b) posit, the need to alleviate withdrawal symptoms could lead to use of other drugs such as alcohol for depressive mood or marijuana to reduce anxiety, resulting to comorbidity with alcohol or the marijuana, among other drugs.

Self-medication theory has been critiqued where it has been argued that it strips substance abusers the responsibility of dealing with their problems (Hall and Queener, 2012), that the theory legitimizes drug abuse by simplifying the complex issue of addiction. Nevertheless, the self-medication theory has been found useful in informing the therapeutic process by providing a model that brings together psychiatric, medical and addiction professionals with a shared goal of addressing the underlying distress, such as that emanates from insecure attachment patterns, that fuels the addiction. Thus, the Self-Medication Theory is used in this study to comprehend substance abuse, in that people use substances as a way of coping with emotional pain in absence of meaningful social relationships and adequate solutions.

III. Methodology

The study adopted the quantitative research method and used the correlational research design. This study was guided by the positivist's epistemological approach because it sought to determine the relationship between variables by focusing on verifiable observations that were measured quantitatively. Afen and Egunjobi (2023) submit that the positivist's epistemological framework gives the advantage of having universal principles and observable facts that can be recorded and are quantifiable and measurable. The target population of this study were youths in 10 addiction treatment centers in Ruiru Constituency in Kiambu County, Kenya. The study used the State Adult Attachment Measure (SAAM), and the Alcohol Smoking and Substance Involvement Screening Test (ASSIST). Data analysis was done using descriptive and inferential statistics through the SPSS version 25. Descriptive analysis was used to summarize the characteristics of the study sample while the Pearson correlation analysis was used to make inferences in the data collected. The location of this study was determined through purposive sampling. In the case of this study, Ruiru constituency in Kiambu County was purposively selected. In order to ensure the representative nature of the population and meet the objectives of the study, a census of the rehabilitation centres and the sampling frame consisting 198 youths, aged 18-35 years were considered for the study. The researcher followed moral values and professional code of conduct throughout the research process.

IV. Findings

Demographic Characteristics of Youth in Addiction Treatment Centers in Ruiru Constituency, Kiambu County, Kenya

Data were gathered under the following demographics: age, gender, marital status, educational level, religion and residence of respondents. Findings from the descriptive statistical analysis are tabulated in Table 1.

Table 1
Demographic Characteristics of Respondents

Age	Frequency	Percentage
18-22	20	11.2
23-28	65	36.3
29-35	94	52.5
Gender		
Male	142	79.3
Female	37	20.7
Marital Status		
Married	56	31.3
Not married	101	56.4
Separated/Divorced	22	12.3
Educational Level		
Primary School	6	3.4
Secondary School	53	29.6
Diploma	118	65.9
Bachelor's Degree	1	.6
Master's Degree	1	.6
Religion		
Catholic	57	31.8
Another Christian Church	94	52.5
Muslim	9	5.0
Other religion	17	9.5
No religious affiliation	2	1.1
Area of Residence		
Village	28	15.7
Town	77	43.2
Nairobi City	74	41.1
Total	179	100.0

Findings in Table 1, indicated that most of the respondents of the study (52.5%, n = 94) were youth within the age bracket of 29-35 years. There were 79.3% (n = 142) males and 20.7% (n = 37) females. With regards to marital status, results further revealed that 56.4% (n = 101) of the respondents were not married, 31.3% (n = 56) were married, while 12.3% (n = 22) were separated/divorced. Also, findings on educational levels pointed out that most of the respondents (65.9%; n = 118) were Diploma holders and 3.4% (n = 6) of the respondents had dropped out of school at primary school. Regarding religion, most of respondents 52.5% (n = 94) were christians from different protestant churches, 31.84% (n = 57) were Catholics, while 5.0% (n = 9) belonged to the Muslim religion. Results also showed that 41.1% (n = 74) of the residents resided in Nairobi City.

Establishing Levels of Substance Use Disorder among the Youth in Addiction Treatment Centers in Ruiru Constituency, Kiambu County, Kenya

The first objective of this study sought to establish the levels of substance abuse among the youth in addiction treatment centers in Ruiru Constituency, Kiambu County, Kenya. Descriptive statistical score was carried on the ASSIST which is in a Likert scale of 1 to 5 where; 1 = Never, 2 = Once or twice, 3 = Monthly, 4 = Weekly, 5 = Daily or almost daily. Scores were added up and grouped in low, moderate and high respectively, where a total of 27+ is considered high. Scores ranging from 0-10 = low level of substance abuse, 11-26 = moderate level of substance abuse, while 27+ = high level of substance abuse. The findings from the analysis are presented in Table 2.

Table 2
Levels of Substance Abuse among the Respondents

Levels	Frequency	Percentage
Low substance abuse	47	26.3%
Moderate substance abuse	51	28.5%
High substance abuse	81	45.2%
Total	179	100%

According to Table 2, findings showed that 45.2% (n = 81) of the respondents were at high level of substance use, 28.5% (n = 51) of the respondents had moderate level of substance abuse, while 26.3% (n = 49) of the respondents scored low on substance use. These findings indicate the presence of moderate and high substance use disorder among the youths in addiction treatment centers in Ruiru Constituency, and this is a matter of keen concern.

Additionally, analysis of the types of substances in the ASSIST tool in regard to the number of respondents using each of the substance was carried out. The findings are presented in Table 3.

Table 3
Levels of Substance Abuse According to Type of Substance

Substance	Low Frequency/percent	Moderate Frequency/percent	High Frequency/percent	Total
Tobacco	125 (69.8%)	0	0	125
Alcohol	64 (35.8%)	43 (24%)	72 (40.2%)	179
Cannabis	50 (27.9%)	57 (31.8%)	72 (40.2%)	179
Cocaine	75 (41.9%)	68 (38.0%)	36 (20.1%)	179
Amphetamines	163 (91.1%)	13 (7.3%)	3 (1.7%)	179
Inhalants	162 (90.5%)	17 (9.5%)	0	179
Sedatives	163 (91.1%)	15 (8.4%)	1 (0.6%)	179
Hallucinogens	168 (93.9%)	8 (4.5%)	3 (1.7%)	179
Opioids	164 (91.6%)	10 (5.6%)	5 (2.8%)	179
Others (Khat)	152 (84.9%)	21 (11.7%)	6 (3.4%)	179

As shown in Table 3, among those who had used or were using tobacco products, all the respondents n = 125 (100%) were classified under the low-level category of use. There was high usage of alcohol n = 72 (40.2%) and similar high score for cannabis n = 72 (40.2%). Those who used cocaine were more under the low level n = 75 (41.9%) and moderate level n = 68 (38%). All the other categories of substances were classified under the low level category of use.

V. Discussion

Levels of Substance Use Disorder among the Youth in Addiction Treatment Centres in Ruiru Constituency, Kiambu County, Kenya.

This study found that 45.2% (n = 81) of the respondents were at high level of substance use, 28.5% (n = 51) of the respondents had moderate level of substance abuse, while 26.3% (n = 47) of the respondents scored low on substance use. The high use of substances by young people is a concern globally, as research shows consistent use of substances worldwide among the youth (Mulvey, 2020). The use of abusive substances among the youth is detrimental to their health and well-being. The problem of substance abuse varies by the amount used or frequency of use as stated by the World Drug Report (2016). Out of the n = 179 youth under the current study, those who scored high level in substance abuse were n = 81 (45.2%), 28.5% (n = 51) of the respondents had moderate level of substance abuse, while 26.3% (n = 49) of the respondents scored low on substance use. The present study established that 69.8% (n = 125) of the youths had used tobacco products (Cigarettes, chewing tobacco and cigars) under low level of use. The respondents (83.8%) who had used alcoholic beverages (beer, wine and spirits) were classified under high level (40.2%) usage while 54.7% of the respondents had used cannabis (marijuana, pot, grass and hash). Alcohol and cannabis are two substances that are readily available in the market and affordable to the youth.

Further, cannabis commonly known as “marijuana” remains the most widely used illicit substance in the African region. The same is reiterated by Simbee (2012) in Tanzania, that shows 29.2% of n = 120 youth aged 13-35 years had a high level of marijuana use. The market for marijuana is controlled by the government of Kenya but the drug still finds its way into the market, sold under different names in towns such as Ruiru. Some of the names published by the Star newspaper of 3 August 2019 are “weed, *ndukulu, ndom, tiree, vela, mbichwa and kushkush*”. These pseudo names make it difficult for stakeholders to fight substance abuse among youth since they assist the vendors and the youth to conceal use. Another problem is that the youth believe that marijuana has low side effects on the body compared to the ability of the drug to produce a desired level of euphoria, commonly known as “high”(NIDA, 2020)

The discussion of whether marijuana is harmful remains the subject of heated debate. The current study revealed that out of n = 179 respondents, a total of n = 98 (54.7%) had used marijuana in their lifetime. Research by Volkow (2014) revealed that the short-term use results to impaired short-term memory affecting learning, altered judgment that leads to risky behaviours and in high doses psychosis and paranoia. Heavy use of marijuana

leads to altered brain development and cognitive impairment. Despite these facts, and without exposure such as that offered by the treatment centers, the youth continue to consume marijuana especially now that vendors have made it easy to purchase online with convenient delivery options (NACADA, 2017).

An analysis of alcohol abuse by the youth in the addiction treatment centers showed high consumption among the respondents $n = 72$ (40.2%), moderate consumption $n = 43$ (24%) and $n = 64$ (35.8%) in the low consumption level. Findings are consistent with Barret et al. (2019), who used a sample of 1029 youth aged 18-25 years. It was indicated that high levels of consumption at 61% was found. Availability of cheap options was also contributing factors to increased alcohol use by youth. NACADA (2017) reported that among youth aged between 18-35 years, 21.7% were at moderate risk of using narcotics (e.g. cocaine), 20% depressants (sedatives) and 19.2% used other substances (inhalants) like sniffing glue, adhesive solution and lizard waste at significantly low levels. This report tallies with the current study findings that show similar figures: cocaine 38% moderate and 36% high level of use; amphetamines 13% moderate use and 1.7% high level use; inhalants only used by 9.5% of the youth under study all under moderate level of use. These findings can be attributed to the fact that cannabis is costly and not easily available in the market compared to alcohol and marijuana. In the case of inhalants, they seem to be commonly used by adolescents who cannot afford to buy the other street drugs.

VI. Conclusion

This study concluded that there was high and moderate level of substance abuse among majority of the youth in addiction treatment centres in Ruiru Constituency, Kiambu County, Kenya. The minority in the low-level category of substance abuse reflect their current state as they are receiving treatment. Being a representative of the youth in addiction treatment centres, these results show that the problem of substance abuse is an area of concern among youth. The study established that there was no relationship between secure attachment style and substance use disorder, while avoidant and anxious attachment styles correlated with substance use disorder.

VII. Recommendation

Based on the above conclusion, the study suggests the following recommendations:

Youth in Addiction Treatment centres: The youth in the addiction treatment centers to be receptive to counseling so that the issues emerging from attachment patterns can be resolved. Treatment will work when these underlying issues are resolved to avoid multiple admissions.

Managers of Addiction Treatment centres: There is a need to incorporate individual family therapy in the treatment plans. This offers a safe place for the youth to express their emotions of fear and anxiety to their caregivers and voice other concerns that emerge from family relationships.

Addiction Counsellors: Helping clients come to terms with their real issues promotes good practice in the body of counseling psychology. Therefore, addiction counsellors should be informed in the area of attachment styles and how they may lead to substance abuse.

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