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Assertiveness and self-esteem of persons with drug use problems in a developing country: A comparative study

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Introduction

Drug addiction is a common chronic relapsing illness that has also been stigmatized (Crapanzano, Hammarlund, Ahmad, Hunsinger, & Kullar, 2019, Volkow, 2020)). It is characterized by compulsive substance seeking and use regardless of adverse consequences (DSM-5, 2013) and is considered a brain disease (Goldstein & Volkow, 2011). In line with this, the brain imaging studies of people with addiction reveal physical changes in some areas that are critical to learning and memory, judgment, decision-making and behavioural control (Fowler, Volkow, Kasses, & Chang , 2007), thus explaining the compulsive nature of the problem.

According to United Nations Office on Drugs and Crime (UNODC) world report (2018), around 275 million people aged between 15 to 64 years accounting for about 5.6% of the global population used drugs at least once a year in 2016. The prevalence is greater in males than in females in most countries of the world (Sani, Gupta, Prabhat, 2013, UNODC, 2018, Ritchie & Roser, 2019) and higher among persons in their twenties (Kanyoni, Gishoma, & Ndahindwa, 2015, UNODC, 2018, Ritchie & Roser, 2019, Ikoh, Smah & Okwanya et.al 2019). A study with Nigerian population found that initiation into drug use started at a very early age: 14 years or below (Fatoye & Morakinyo, 2002). Many classes of substances like cannabis, amphetamines and opioids are the most widely used illicit drugs worldwide (Hall & Degenhardt, 2007, UNODC, 2018, Ritchie & Roser, 2019) including in Nigeria (Onifade, Samoye et.al, 2011, Ikoh, Smah, Okwanya, Clement, & Aposhi, 2019). A range of factors are considered risk to drug addiction and include addiction in close friends, male status, poor economic condition of families, dispute with the family (Ranjbaran, Mohammadshahi, Mani, & Karimy, 2018), drug use in the neighbourhood, problem with police, quarrel with friends, and availability of drugs (Ikoh et al.,2019). Other important factors include presence of substance abuser in the family, inadequate knowledge, satisfying curiosity, poor interpersonal communication, early exposure, peer pressure, stress and low level of confidence (Obiechina & Isiguzo, 2016) and age at first use (Bacciardi, Maremmani, Butelman, Ray, Ducat, & Kreek, 2015). Some personality attributes such as self-esteem and assertiveness could have serious influence on drug addiction.

Self-esteem is the overall sense of self-worth one uses to appraise his or her traits and abilities (Myers, 2010). Carl Rogers (1959) theorized that people are innately good and have a strong inner tendency towards striving, maintaining, enhancing and actualizing inner potentials. According to Rogers, when a person experiences unconditional positive regard and empathy from significant others including parents, the person develops unconditional positive self-regard (self-esteem) and actualization process is promoted. This natural growth tendency is thwarted when there are conditions of worth. In developmental terms, persons who grow up in an environment of unconditional positive regard are more likely to become better adjusted, healthier and happier as adults irrespective of some undesirable characteristics. Self-esteem for Rogers is not only influenced by a person's perception or experience of the world, but it also influences the way a person behaves. Consequently, a person who perceives the self as confident and able will behave very differently from one who perceives the self as weak and insecure. This perception of self as weak and insecure if not corrected could easily lead to substance use and subsequently to addiction.

Assertive behaviour on the hand is an interpersonal behaviour that involves verbal expression of thoughts and feelings in an honest and relatively straightforward way; in doing so the feelings and welfare of others are considered (Rim & Masters, 1979). Assertive behaviours are for the most part situation-specific, hence it becomes appropriate to know how, when and why to say no, what to say no to, and why one should not feel guilty for saying no in such situations (Franks & Wilson, 1976). Inability to assertively resist peer pressure by saying no during drug experimentation and use seems to have played major part in drug addiction.

Empirical findings showed that self-esteem is an important factor that may have a meaningful influence on problems of drug addiction. It has been found to be a protective factor against initiation to tobacco, alcohol and marijuana (Richardson, Kwon, & Ratner, 2013). Alavi (2011) found that people with addiction problems had low self-esteem compared to normal or ordinary individuals. Some studies found significant association between low self-esteem and high substance use especially for smoking, heroin,

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pills, alcohol and other substances (Akhter, 2013). The association was however not significant for marijuana and opium abuse (Khajehdaluee, Zavar, Alidoust, & Pourandi, 2013). Similarly, studies have also shown that persons addicted to drugs have problems related to being non-assertive (Jafari & Shaidi, 2009, Sunandha**,** 2017). Given the above, most standardized rehabilitation centers for drug addiction usually include assertiveness training as part of psychosocial treatment. Studies on these two variables within Nigerian drug rehabilitation context are limited. As a baseline evidence for its inclusion, this study therefore was initiated to assess the levels of assertiveness and self-esteem of persons with drug addiction problem in a Nigerian drug rehabilitation centre; to assess the differences in the two variables between the drug addiction group and non-drug users (control group). These should draw the attention of care providers in such centers on the importance of assessing the two variables during the initial screening and as treatment progresses.

Subjects and Methods

Study setting and population: This study was conducted at the Demand Reduction Section (RDS) of the National Drug Law Enforcement Agency (NDLEA) Enugu Command. The NDLEA is a federal agency in Nigeria concerned with the statutory responsibility to control and manage the growing menace of illicit drug activities. It was established in 1990 (Nelson, Obot & Umoh, 2017) and has centres across the 36 states of the federation including the Federal capital territory, Abuja. The agency uses two strategies to combat drug abuse namely: drug supply reduction and drug demand reduction. While the former aimed to disrupt the production and supply of illicit drugs, the later, among other activities is responsible for treatment and rehabilitation of persons addicted to drugs. As an adjunct to the services rendered by the staff of the demand reduction section of the Enugu Command, the inmates also receive medical and psychological services from a team of visiting psychiatrists and clinical psychologists from the University of Nigeria Teaching Hospital Ituku Ozalla Enugu State.

The data for this study was collected from forty-six (46) out of forty-eight (48) inmates who were referred to the clinical psychologist for psychological assessment and who consented to participate in the study. They were all males. While one of them was discharged prior to the assessment, the other declined consent. The questionnaires for the assessment were devoid of identifiers and confidentiality was ensured. They were age and gender matched with fifty-two students without drug addiction problem randomly selected from the University of Nigeria, Enugu Campus (UNEC) South-eastern Nigeria who consented to participate in the study.

Inclusion criteria

The inclusion criteria for subjects in the treatment centre included having insight, being motivated to get treatment for drug addiction, having no psychotic symptoms or any other medical conditions that could impair interaction and giving consent to participate in the study. For the control group, the subjects must consent to the study and have never used any of the substances of abuse.

Instruments

The questionnaires were in two sections. Section A contained information on some socio-demographic and personal data like age, educational level, age at first use, parental living pattern, family type, periods of drug use, drugs of abuse, and so on. Section B contained the instruments that measured assertiveness and self-esteem. These were:

Rathus Schedule (RS), a 30-item self-report standardized psychological instrument developed by Rathus (1973) and validated for use with Nigerian sample (Anumba, 1995) was used to measure assertiveness. It has a 6-point likert rating scale. The individual is asked to use code numbers which ranges from +3 to -3 to describe how much each item described him or her. It has both direct and reverse scoring. Scores of the individual items are summed to get the total scores which range from +90 to -90. Rathus reported a split-half reliability coefficient .77 and test-retest .78 while Anumba (1995) obtained a concurrent validity coefficient .25 by correlating RS with Index of Peer Relations (IPR) (Hudson et al., 1986). Two norms or mean scores were reported for the Nigerian samples: Male = 48.25, Female = 48.61. The Nigerian norms are the basis for interpreting the scores. The instrument has been used in another study in Nigeria (see Ome, Okorie, & Azubuike, 2014). In the current study the Cronbach alpha was .86

Index of Self-Esteem (ISE) is a 25-item instrument developed by Hudson (1982) to measure self-esteem and was validated and adapted in Nigeria by Onighaiye (1996). The items are scored on a 5-point scale that range from "rarely or none of the time" to "most or all of the time." It has both direct and reverse scoring. Hudson (1982) reported a Cronbach alpha reliability .93 and test-retest coefficient .92. Onighaiye (1996) obtained coefficients of validity by correlating ISE with Symptoms Checklist (SCL-90, Derogatis et al., 1973) and obtained a concurrent validity coefficient of .46 with scale C (interpersonal sensitivity) and .38 with scale D (depression). Ndukaihe et.al (2014) also obtained Cronbach alpha reliability coefficient .74. Nigeria norms or mean scores are the basis for interpreting the scores. It has been used in other studies in Nigeria (Nwankwo, Obi & Agu, 2013; Ndukaihe, Anyaegbunam & Adetula, 2014, Omeet al., 2014). This present study obtained Cronbach alpha of .94

Procedure

Persons with drug addiction problem in the treatment centre who met the inclusion criteria were given questionnaires on demographic characteristics, self-esteem and assertiveness individually to complete. The questionnaires were collected upon completion. The study also made use of fifty-two age and gender matched participants as control group who were selected using convenience sampling method. To be age matched, the subject must be +/- 5 years of the subject in the treatment center. They were approached at the University cafeteria during lunch where large numbers of university students from various faculties are usually available for meal. Those who consented to participate in the study and met the inclusion criteria were given the questionnaires individually which were collected on completion.

Ethical clearance for this study was obtained from Health Research Ethics Committee of the University of Nigeria Teaching Hospital, Ituku-Ozalla.

Statistical Analyses

Descriptive Statistics was used to obtain the means and standard deviations. Independent sample t-test was used to ascertain the mean difference between the control and experimental groups. All analyses were done using SPSS® version 23.

Results

Participants' demographic characteristics

The socio-demographic characteristics of the participants are summarized in Tables 1a and 1b. They were all males, mostly Christians, resident in urban areas and from monogamous family. For those with drug addiction problem, their age ranged from 19-47 years (M = 30.74, SD =6.6) while the control group ranged from 19-49 years (M = 31, SD = 6.6).

Table 1a. Study participants (Rehab center: N = 46)

Variable	Frequency	%
Educational level		
Primary	2	4.3
Secondary	21	45.7
OND	7	15.2
Tertiary	16	34.8
Family type		
Monogamous	41	89.1
Polygamous	3	6.5
Single parent	2	4.3
Place of Residence		
Rural	4	8.7
Urban	41	89.1
Semi Urban	1	2.2
Parental Living Pattern		
Living together	4	8.7
Divorced	5	10.9
Separated	8	17.4
Mother is dead	12	26.1
Father is dead	17	37
Period of drug use		
< 1 year	3	6.5
2-3 years	4	8.7
4-5 years	9	19.6
>5 years	30	65.2
Previous treatment for drug use		
Yes	33	69.6
No	13	30.4
Frequency of drug use		
Occasional	2	4.3
Regular	32	69.6
Chronic/dependent	12	26.1
Religion		
Christianity	46	100
Age at first use		
(Years, Mean, SD)	12 years (19.15, 5.30)	
Drugs of addiction		
Cannabis	44	95.65
Tobacco	23	50.0
Cocaine	7	15.22
Alcohol	15	32.61
Tramadol	2	4.35
Codeine	2	4.35
Valium	1	2.17

Table 1b. Study participants (control group: *N* = 52)

Variable	Frequency	%
Educational level		
Secondary	52	100
Family type		
Monogamous	35	67.3
Polygamous	13	25.0
Single parent	4	7.7
Place of Residence		
Rural	14	26.9
Urban	38	73.1
Parental Living Pattern		
Living together	38	73.1
Separated	7	13.5
Mother is dead	5	9.6
Father is dead	2	3.8
Religion		
Christianity	50	96.2
Islam	2	3.8

As shown in Table 2, an independent samples t-test was conducted to compare the two groups in their levels of assertiveness and self-esteem. There was a significant difference in the scores for assertiveness for control group (M = 22.90, SD = 7.47) and (M = 9.53, SD = 16.21) rehabilitation group; t (96) = 2.01, p=.04. Also, there was a significant difference in the scores for self-esteem for the control group (M = 29.32, SD = 3.61) and (M = 57.58, SD = 14.04) for the rehabilitation group; t (96) =3.40, p=.001.

Table 2: Independent sample t-Test

	Status	***N***	**Mean**	***SD***	***t***
Assertiveness	Control	52	22.90	7.47	2.01*
	Rehab	46	9.53	16.21	
Self-esteem	Control	52	29.32	3.61	3.40**
	Rehab	46	57.58	14.04	

*p<.05, **p<.001

Discussion

The aim of the present research was to compare the assertiveness and self-esteem of persons in a rehabilitation center for drug addiction problem with those of non-drug users. Results of the study showed that there were statistically significant differences in the two variables between the two groups. In other words, those with drug addiction problem reported less assertiveness and lower self-esteem compared to the control group. The result on less assertiveness among the drug users supports the findings of other studies (Jafari & Shahidi, 2009, Vojudi, Otared, & Poursharifi, 2015, Sunandha & Vijayalakshmi, 2017). This is not surprising since one of the major challenges during drug initiation which could culminate into addiction is inability to say no to drug or substance offers as well as inability to resist peer pressure in drug experimentation and use particularly when the pressure is coming from peers who are very skilled and persuasive when offering drugs. More so, since persons who lack assertiveness usually allow others to make choices for them (Budney & Higgins, 1998), they could easily be persuaded into drug use and sustaining post treatment sobriety becomes a very huge challenge. It is also possible that as a result of not being assertiveness, they will likely have problem expressing feelings and thoughts appropriately and so may feel anxious, hurt or even depressed and as such will likely resort to drugs for positive feelings.

The finding on self-esteem is consistent with several other research findings (Alavi, 2011, Akhter, 2013, Khajehdaluee, Zavar, Alidoust, & Pourandi, 2013, Wu, Wong, Shek, & Loke, 2014). Consequently, those in the study group could perceive themselves as weak and insecure rather than confident and capable and this may have disposed them to drug addiction as a compensatory measure especially as these insecure, incompetent or unworthy feelings usually result to anxiety or depression. Incidentally the use of drugs hardly ever improves self-esteem rather it results to feeling of failure and loss of control that lowers self-esteem all the more (Greenberg, Lewis, & Dodd 1999). The criticism and stigma associated with being drug addict especially in this part of the world could result to sense of shame that will likely lower the self-esteem all the more especially if the condemnation is coming from parents and significant others they actually depended on. It could also be said that with low self-esteem, they will likely have challenges coping with stressors or demands of everyday life and as such may resort to drugs as a coping mechanism. Using drugs therefore becomes a means to rise above life challenges which indirectly make them to be more addicted to drugs as the drugs never resolve challenges of life.

The limitations of this study include cross-sectional design hence neither direction nor causation can be inferred from the results. The study also relied exclusively on self-report on assertiveness and self-esteem and as such the risk of inaccurate reporting cannot be ruled out. Again, there was gender limitation since the samples were selected only from the male; more so the study focused on one treatment centre within the zone which could open the study up to referral bias. There is therefore the need to replicate similar study in other treatment centers across Nigeria and adopt a longitudinal approach in future studies.

Conclusion

Low Self-esteem and less assertiveness have been found among persons with drug addiction problem in the treatment center which necessitate the importance of assessing these variables early and intermittently in the course of drug treatment as well as providing the expected psychological intervention to boost self-esteem and enhance assertiveness skill. Since these variables could also be linked to relationships and interactions within family, parents and significant others who may be invited for family therapy should be made to understand their importance and role in drug addiction thereby help to sustain what was learnt while in the treatment center.

Competing Interest

The authors declare that they have no competing interest.

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