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ABSTRACT

Purpose: The study, therefore, seeks to establish the effect of hard drug addiction on psychological well-being of persons attending mat clinic.

Methodology: This study will adopt a descriptive survey design. The study will employ a population of 450 respondents, that is the, guardians /patients, and nurses of the clinic. The population of the study will include the patients attending and nurses working with the patients at MAT clinic in Kenya. According to Kothari (2004), a sample size of between 10 and 30% is a good representation of the target population, for populations not exceeding 1000. The target sample size for this study, therefore, will be 10% of the total respondents of the clinic, i.e., 45 respondents selected by simple random sampling method. Inclusion criteria and exclusion criteria will be used where the guardians/patients who attended the clinic and the nurses working in the clinic will be included, while the patients who are mentally incapacitated to respond to the questions as well as the nurses not directly involved with the patients will be excluded. The study will use questionnaires, key information and interview guides to collect the primary data. Analysis of data will be done by use of Statistical Package for Social Sciences (SPSS) computer software.

Findings: The study finds that there is a significant impact of hard drug addiction on psychological well-being of persons attending mat clinic.

Unique contribution to theory, policy, and practice: Both psychological well-being and substance abuse are influenced by numerous overlapping and interacting factors and as such, any psychometric scales trying to identify adolescents at risk for psychological problems and substance abuse would have to look at them in interaction. Fortunately, it seems that the Psychological Well-Being Scale used for the purpose of this research can serve this dual purpose, namely to identify adolescents with a negative psychological well-being and consequently identify those adolescents at risk for substance abuse.

Key words: *drug addiction and psychological well-being*

1.0 INTRODUCTION

1.1 Background

Drug addiction is a pervasive worldwide problem characterized by compulsive drug use that continues despite negative consequences and treatment attempts, Wang (2014). Historically, the biological basis of drug addiction has focused principally on neuronal activity. However, despite their pivotal role in the underlying pathology of drug addiction, neurons are not the only central nervous system (CNS) component involved. The role of additional cell types, especially the CNS immunocompetent microglial cells, in the development of tolerance and related neuro-plastic changes during drug taking, addiction, and withdrawal is also emerging.

Psychological well-being is a relatively broad concept referring to a good or satisfactory condition of existence, a state characterized by health, happiness, and prosperity. The term psychological well-being is often used interchangeably with the term mental health referring to functioning at a high level of behavioral and emotional adjustment and adaptiveness, and not merely an absence of illness (Reber & Reber, 2001). Individuals with higher-than-average psychological well-being are regarded as more successful in meeting environmental demands and pressures, while a deficiency in psychological well-being can mean a lack of success and the existence of emotional problems (Bar-On, 1988). According to Coombs (2005) addiction seems to overwhelm the mind in the human quest to mental satisfaction. Addiction as a chronic, relapsing brain disease is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs. Addiction is a lot like other diseases, such as heart disease. Drug addiction can start with experimental use of a recreational drug in social situations, and, for some people, the drug use becomes more frequent.

1.2 Statement of the Problem

The abuse of drugs in Kenya is escalating rapidly from alcohol and cigarettes to the more dangerous drugs such as marijuana, cocaine and heroin among other drugs including women and youth who are increasingly initiating using drugs a consequence that leads to drug addiction. In 2015 about a quarter of a billion people used drugs. There are an estimated 680,000 to 2.9 million opiate users in Africa: In Kenya, the prevalence of opium use among the age group between 15 and 64 is 0.7% (Reverence group to the UN on HIV, 2004). The prevalence of cannabis uses among the age group between 15 and 64 comprises 7.1% (ARQ, NGO, Council of Europe, 2004). NACADA stated that there were about 75 treatment centers in the Country, both private and public. The National Institute of Drug Abuse's active endorsement of addiction as a “brain disease” has been described as an attempt to create “a unified framework for a problem-based field in conceptual disarray” (Campbell 2007). This increasingly popular biological model –addiction as a “disease of the brain” – reduces the problem to a system of spent neurotransmitter-soaked reward circuits, for which an individual may be genetically susceptible (Dingel 2011; Volkow and Fowler 2000). According to a study by NACADA, 8 percent of 10–14-year-olds have used some alcohol at least once in their life and about 13 percent of them have ever used other drugs or substances such as cigarettes. The same study found that close to 40 percent of adults aged between 15 and 65 years have used one type of alcoholic beverage or another in their lifetime with huge variations in the types and the rate of consumption across regions, rural-urban residence, age, gender, education level, religion and economic status. At least 13 percent of people aged 15 to 65 from all provinces in Kenya except North Eastern were consumers of alcohol (NACADA, 2007).

Despite the measures put in place by the government in conjunction with other international health bodies such as World Health Organization and United Nations Office on Drugs and Crime (UNODC)to curb the drug and substance abuse, drug addiction still remain to pose a great challenge globally and Nationally. Trends in alcohol and drug abuse among students showed that 22 per cent of high school students were using drugs in 2001 after a research by NACADA. The agency, in 2012 reported about 11.7 per cent of youth aged between 15 and 24 consume alcohol while approximately 6.2 per cent use tobacco. A study carried out by Great Lakes University in 2009 showed alcohol and drug abuse among secondary school students in

Kenya had doubled in 10 years. National Police Service reports furthermore, indicated between June last year and April 2013, 871 males and 102 females were arrested for using cannabis, heroin, cocaine and psychotropic substances. While 36 foreigners were arrested. This reports showed that the population using and abusing drugs are at an alarming rate and this implies addiction effects brought about by the use of these drugs. Thus, this study aims at establishing the effects of drug addiction on psychological well-being of persons attending mat clinic in Kenya.

There is proof of agreement in the effects of drug addiction on psychological well-being, where Burns (2002) did a research on alcohol use disorders comorbid with anxiety, depression and drug use disorders in the Australian National Survey of Mental Health and Well Being and the findings from the paper indicated that the affected were 10 times more likely to have a drug use disorder, four times more likely to have an affective disorder and three times more likely to have an anxiety disorder.. In a research by Jane-Llopis, (2006) on mental health and alcohol, drugs and tobacco: a review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs, there is a strong direct association between the magnitude of comorbidity and the severity of substance use disorders. While causal pathways differ across substances and disorders, there is evidence that alcohol is a casual factor for depression, in some European countries up to 10% of male depression.

1.3 Research Objective

To establish the effect of hard drug addiction on psychological well-being of persons attending mat clinic.

1.4 Research Questions

i. What is the effect of hard drug addiction on psychological well-being of persons

2.0 THEORETICAL REVIEW

2.1.1 Social Learning Theory of Addiction

In the 1940s, Skinner, B. F. (1953) putting forth a more empirical approach to the subject of behavior than existed in psychology at the time proposed the use of stimulus-response theories to describe language use and development, and that all verbal behavior was underpinned by operant conditioning. Skinner's behaviorist theories formed a basis for redevelopment into social learning theory. Social Learning Theory of Addiction states that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behavior, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. When a particular behavior is rewarded regularly, it will most likely persist; conversely, if a particular behavior is constantly punished, it will most likely desist This is one of the behaviorist models of addiction focusing on directly observable behavior and concentrates on the fact that behavior is maintained (or made more likely) by the consequences of such behavior (West, 1989).

3.0 METHODOLOGY

This study will adopt a descriptive survey design. The study will employ a population of 450 respondents, that is the, guardians /patients, and nurses of the clinic. The population of the study will include the patients attending and nurses working with the patients at MAT clinic in Kenya. According to Kothari (2004), a sample size of between 10 and 30% is a good representation of the target population, for populations not exceeding 1000. The target sample size for this study, therefore, will be 10% of the total respondents of the clinic, i.e. 45 respondents selected by simple random sampling method. Inclusion criteria and exclusion criteria will be used where the guardians/patients who attended the clinic and the nurses working in the clinic will be included, while the patients who are mentally incapacitated to respond to the questions as well as the nurses not directly involved with the patients will be excluded. The study will use questionnaires, key information and interview guides to collect the primary data. Analysis of data will be done by use of Statistical Package for Social Sciences (SPSS) computer software. Results will be presented by use of frequencies, descriptive and inferential statistics which will be used to derive conclusions and recommendations to this study. A multiple linear regression model will be used to test the significance of the influence of the independent variables on the dependent variable.

FINDINGS AND CONCLUSIONS

Well-supported scientific evidence shows that the traditional separation of substance use disorder treatment and mental health services from mainstream health care has created obstacles to successful care coordination. Efforts are needed to support integrating screening, assessments, interventions, use of medications, and care coordination between general health systems and specialty substance use disorder treatment programs or services.

Supported scientific evidence indicates that closer integration of substance use-related services in mainstream health care systems will have value to both systems. Substance use disorders are medical conditions and their treatment has impacts on and is impacted by other mental and physical health conditions. Integration can help address health disparities, reduce health care costs for both patients and family members, and improve general health outcomes.

Supported scientific evidence indicates that individuals with substance use disorders often access the health care system for reasons other than their substance use disorder. Many do not seek specialty treatment but they are over-represented in many general health care settings.

Promising scientific evidence suggests that integrating care for substance use disorders into mainstream health care can increase the quality, effectiveness, and efficiency of health care. Many of the health home and chronic care model practices now used by mainstream health care to manage other diseases could be extended to include the management of substance use disorders.

Insurance coverage for substance use disorder services is becoming more robust as a result of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act. The Affordable Care Act also requires non-grandfathered individual and small group market plans to cover services to prevent and treat substance use disorders.

Health care delivery organizations, such as health homes and accountable care organizations (ACOs), are being developed to better integrate care. The roles of existing care delivery

organizations, such as community health centers, are also being expanded to meet the demands of integrated care for substance use disorder prevention, treatment, and recovery.

Use of Health IT is expanding to support greater communication and collaboration among providers, fostering better integrated and collaborative care, while at the same time protecting patient privacy. It also has the potential for expanding access to care, extending the workforce, improving care coordination, reaching individuals who are resistant to engaging in traditional treatment settings, and providing outcomes and recovery monitoring.

Supported evidence indicates that one fundamental way to address racial and ethnic disparities in health care is to increase the number of people who have health insurance coverage.

Well-supported evidence shows that the current substance use disorder workforce does not have the capacity to meet the existing need for integrated health care, and the current general health care workforce is undertrained to deal with substance use-related problems. Health care now requires a new, larger, more diverse workforce with the skills to prevent, identify, and treat substance use disorders, providing "personalized care" through integrated care delivery.

Both psychological well-being and substance abuse are influenced by numerous overlapping and interacting factors and as such, any psychometric scales trying to identify adolescents at risk for psychological problems and substance abuse would have to look at them in interaction. Fortunately it seems that the Psychological Well-Being Scale used for the purpose of this research can serve this dual purpose, namely to identify adolescents with a negative psychological well-being and consequently identify those adolescents at risk for substance abuse.

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