

## Research Article



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## Prevalence of relapse among clients with alcohol use disorder in Eldoret, Kenya

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**Abstract**

Alcohol is addictive, which means there is always a risk for those who try to quit drinking alcohol to relapse. Studies have shown that recovered clients with alcohol use disorder often relapse after they join their families. Therefore, this study examined the level of prevalence of relapse among clients with alcohol use disorder in Eldoret municipality, Kenya. The study was guided by Structural Family Therapy and used concurrent explanatory mixed method approach. The quantitative segment used ex post facto, causal comparative design while the qualitative strand used phenomenological research design. The study targeted a population of 360, comprising 174 clients with alcohol use disorder, 174 family members and 12 counsellors in the 6 alcohol and drug rehabilitation centres registered and licensed by NACADA in Eldoret town. Stratified sampling and systematic random sampling were used to select 38 clients with alcohol use disorder and 38 family members. Purposive sampling was used to select a sample of 12 relapsed clients with alcohol use disorder and 4 counsellors. Data for the study was collected using questionnaires and focus group discussion guides. Quantitative data was cleaned, organized, keyed into a computer and analysed with the aid of Statistical Package for the Social Sciences (SPSS), version 23. The generated descriptive statistics were summarized and presented using frequency tables. Qualitative data was coded and analysed thematically. From the findings, it is concluded that there is high prevalence of relapse among clients with alcohol use disorder in Eldoret municipality. Most clients with alcohol use disorder last only three months before relapse after discharge from rehabilitation centre. The common reasons for relapse are depression, mistrust, peer pressure, idleness, financial issues and emotional issues. The study findings underscore the important role of family in relapse prevention for clients with alcohol use disorder. As such, policy makers need to consider community-based rehabilitation, which would reach out to the grassroots where families of clients with alcohol use disorder could be involved in relapse prevention programmes and campaigns against alcohol use.

**Keywords:** alcohol use disorder, prevalence, relapse

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## Introduction

A drinking problem that becomes severe is given the medical diagnosis of “alcohol use disorder”. Alcohol use disorder (AUD) is the most severe form of alcohol abuse that involves excessive uncontrollable drinking habits. According to the Diagnostic and Statistical Manual (DSM-5), severe alcohol use disorder is referred to as alcoholism, or addiction, or alcohol dependence that affects multiple aspects of an individual’s life as well as their loved ones’ lives (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2016). Alcohol use disorder is associated with numerous medical, psychiatric, psychological, spiritual, economic, social, legal and family problems, creating a significant burden for affected individuals, their families, and society (Jacob *et al.*, 2015).

Alcohol use disorder is a longstanding medical condition and most clients experience multiple relapse (go back to alcohol abuse) in the course of recovery. Relapses are defined as the recurrence of symptoms of alcohol use disorder similar to those that have previously been experienced (The Free Dictionary, 2016). Marlatt and Donovan (2005) describe relapse as a breakdown in a person’s attempt to change or modify any target behaviour. Forster (2012) describes alcohol use disorder as a chronic relapsing brain disorder characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. Relapse implies a total reversion to heavy and destructive alcohol use accompanied by a sense of failure. Researchers and clinicians admit that whereas it is difficult for a client to quit alcohol use, it is even more difficult to maintain abstinent gains (Weerasinghe & Bartone, 2016).

Alcohol use disorder is a significant social problem that contributes to the destruction of individuals, families and community (Rossow & Norström, 2012). A relapse in alcohol use disorder is influenced by many factors, some found within the individual that affect many people in addition to the individual with the problem, often creating a burden for the family and its members. In Kenya, a survey conducted by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) (2017), targeting workplaces, revealed that employers recorded 62% absenteeism from workers with alcohol and substance use disorders. It was noted that such employees required treatment and rehabilitation interventions that were found to have negatively impacted on overall productivity.

According to the World Health Organization (WHO) (2009), alcohol use disorder is closely associated with high blood pressure, high cholesterol, heart diseases, liver cirrhosis, cancers, morbidity, and mortality. It also leads to high levels of violence, child neglect, abuse, economic deprivation and disability (WHO, 2010). Moreover, alcohol use disorder increases the risk of domestic violence, murders, suicides, and accidental injuries (Pompili *et al.*, 2010). Some studies have observed that children of alcohol use disorder parents have a higher tendency for violent behaviour and that they performed poorly in academics (Mkuu *et al.*, 2018). These children are vulnerable to higher incidence of depression, anxiety, stress and lower self-esteem, some of which can lead to serious long-term psychological problems (Ferreira-Borges *et al.*, 2016).

## Prevalence of Relapse among Clients with Alcohol Use Disorder

In a study in Mauritania, Ramsewak, Putteeraj and Somanah (2020) investigated substance use disorders and relapse in male clients. They reported that there was a high percentage of relapse amongst users within the first year of abstinence. Most of respondents were from nuclear or single parents’ family and received insufficient social support with 57.5% of participants having family history of substance use disorder. The substance that was most commonly abused was cannabis with 76.2% of the clients being introduced to drugs through curiosity. The researchers observed that 92% of the clients with substance use disorder had a high relapse rate because they were unable to progress with their rehabilitation care. The relapse was mainly related to social pressure. The researchers proposed that relapse prevention programmes be implemented within the first year of rehabilitation.

In India, Chauhan *et al.* (2018) examined predictors of relapse in cases of alcohol use disorder in relation to life events. The study investigated the association between clinical parameters, demographic variables and psychosocial factors that predicted the vulnerability to relapse in cases of alcohol use disorder. Structured assessments of clinical/demographic parameters, relapse precipitants, life events, and dysfunction were examined

among patients with alcohol use disorder ( $n = 100$ ) who had relapsed and compared with those ( $n = 100$ ) who had managed to remain abstinent. The mean age of alcohol use disorder was 38.03 years. The most vulnerable age group in the study was <30 years, comprised 22% of the relapsed group as compared to 16% in the non-relapsers. Mean age of the onset of problem drinking was found to be 26.12 (+5.046) years. They reported that 40% of clients had been drinking for a period of 6-10 years. Psychosocial implications of alcohol consumption included alcohol-related difficulties reported by 73.5% patients in the whole sample. They observed that 97% patients in non-relapsed group reported alcohol-related difficulties as compared to 50% in relapsed group. The researchers also found that patients who had relapsed had significantly more positive family history of substance use, past history of alcohol-related comorbidity, experienced a higher number of undesirable life events, higher negative mood states, social anxiety and dysfunction in social, vocational, personal, family, and cognitive spheres compared to patients who had remained abstinence (Chauhan *et al.*, 2018). They observed that the most common reasons cited to give up alcohol included social reasons by 26.5% followed by physical illness by 10.5% with other reasons such as financial and legal crisis.

Swanepoel, Geyer and Crafford (2016), in South Africa, investigated the causes of relapse amongst young African adults following in-patient treatment for drug abuse in the Gauteng Province. Quantitative approach with a non-experimental research design was used. The researcher observed that the main causes of relapse were: (1) environmental risk factors, which included availability and accessibility of drugs and environmental cues; (2) interpersonal/ social risk factors including peer group influence, limited access to services in the community, lack of recreational activities, stigmatization by community members, lack of support needed after treatment, conflict management, and difficulty finding employment; (3) intrapersonal risk factors including emotions and dealing with emotions, loneliness, lack of effective coping mechanisms and stress management, lack of assertiveness and easily influenced by others, cravings, losing motivation and commitment towards maintaining abstinence, controlled drug use, and the decision not to attend aftercare support services, and (4) physical risk factors which included experiencing physical pain. This study investigated the factors that contributed to relapse but did not investigate prevalence of relapse.

Kabisa *et al.* (2021), in Rwanda, investigated the factors associated with relapse among 391 patients with substance use disorder at Icyizere Psychotherapeutic Centre. They found that prevalence of relapse among alcohol use disorder was 59.9% with a majority (84.1%) of the participants being males. More than half (54.1%) of them were aged between 18 and 30 years with the age average of 33 years. The researchers noted that people with substance use disorder living only with their mothers had a greater risk of relapse compared to those with both biological parents. Patients who were hospitalized between one to three months were more likely (11.2 times) to relapse after treatments compared to those who spent more than three months in hospitalization. Furthermore, people that used more than two substances had 1.5 greater risk to relapse than those who consumed one substance. Participants were more likely to relapse if they lived with their peers or if they lived in a family with conflicts.

Despite the provision of treatment for clients with alcohol use disorder the evidences given in many parts of the world are that relapse rates in alcohol use disorder are still very high. Globally, approximately 70 to 90% of clients with alcohol use disorder are likely to experience at least one relapse over the 4-year period following treatment (Morel *et al.*, 2022). Some studies have revealed that 59-70% of individuals who undergo inpatient treatment relapse after 30 days (Seo *et al.*, 2013). In their study, Zeng, Wang and Xie (2016) found that alcohol relapse rates range from 50% to 80% in China while in United States 40% to 60%. Appiah *et al.* (2018) found that in 65% of people with substance use disorders in Ghana relapsed within one year after treatment. In Rwanda, 59% of clients with alcohol use disorder relapsed (Kabisa *et al.*, 2021). In Kenya, NACADA (2007) estimates that there is an annual relapse rate of 60% of all admitted cases. Deveau *et al.* (2010) found an overall relapse rate for alcohol and cannabis users at 54%. Both Kuria (2013) and Chepkwony, Chelule and Barmao (2013), in separate studies, report a relapse rate of 43% in Kenya.

In Africa, Kenya is one of the countries with the highest Disability Adjusted Life Years (DALYs) (54,000) from alcohol use disorders with most of them (60%) having the severe form (NACADA, 2017). Atwoli *et al.* (2011) in Eldoret, reported that the prevalence rate of alcohol use was 51.9% with associated problems

that included quarrelling and fights, loss and damage to property, problems with parents, medical problems and unplanned unprotected sex. A number of studies done in this area on prevalence of relapse were based on a population of clients with substance use disorder. Some of the studies investigated on levels of alcohol consumption and used either quantitative or qualitative methods. Others were done on different geographical area as compared to the current study. There was a need to investigate on the level of prevalence of relapse among clients with alcohol use disorder in Eldoret, Kenya.

### Materials and Methods

This study was conducted by use of concurrent explanatory mixed methods approach. The quantitative strand used ex-post facto research design utilizing structured questionnaires. The qualitative strand used phenomenological research design. The study targeted a population of 360, comprising 174 clients with alcohol use disorder, 174 family members and 12 counsellors in the 6 alcohol and drug rehabilitation centres registered and licensed by NACADA in Eldoret town (NACADA, 2022). Stratified sampling and systematic random sampling were used to select 38 clients with alcohol use disorder and 38 family members. Purposive sampling was used to select a sample of 12 relapsed clients with alcohol use disorder and 4 counsellors. The inclusion criteria for clients with alcohol use disorder were those with diagnosis with alcohol use disorder within the last 12 months according to Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). The exclusion criteria for those with alcohol use disorder were those with major physical illness, organic brain syndrome, or mental retardation, or those in a state of intoxication or in a state where he/she was unable to give consent or participate in the assessment, were excluded from the study. The inclusion criteria for a family member were being aged 18 years and above, and who agreed to participate in the study. The third group of participants were clients with alcohol use disorder who had relapsed two or more times and the fourth group of participants were counsellors working in the rehabilitation centre (well established selected centre with the highest population) in Eldoret town.

The study used two sets of questionnaires and two sets of focus group discussion guides to collect data. One set of questionnaires was administered to the clients with alcohol use disorder while the other to be administered to the family members. One focus group discussion guide was used to collect data from relapsed clients with alcohol use disorder and the second was used for counsellors. The instruments were subjected to both face and content validity. Cronbach Alpha techniques determined the reliability of quantitative data, while qualitative items were established in terms of their trustworthiness. One rehabilitation centre was used for the pilot study. Quantitative data was cleaned, organized, keyed into a computer and analysed with the aid of Statistical Package for the Social Sciences (SPSS), version 23. The generated descriptive statistics were summarized and presented in distribution frequency tables. Qualitative data was coded and analysed thematically and presented in form of narratives and verbatim.

### Results and Discussion

The study sought to establish the prevalence of relapse among clients with alcohol use disorder. A number of questions related to relapse were asked and the findings were as presented and discussed in the subsequent sections.

#### Quitting Drinking Alcohol

The clients and family members were asked to state whether or not the client had ever tried quitting drinking. Table 1 indicates their responses.

**Table 1: Have you Tried to Quit Drinking Alcohol Before?**

Respondents	Yes F(%)	No F(%)	Total F(%)
Clients	38(100.0)	0(0.0)	38(100.0)
Family members	36(94.7)	2(5.3)	38(100.0)

*Source: Survey Data (2022)*

As shown in Table 1, all 38(100.0%) of the clients with alcohol use disorder affirmed that they had tried quitting alcohol before. As for the family members of clients with alcohol use disorder, a majority (94.7%) indicated they had also previously attempted to quit alcohol. Those who reported to have never tried quitting alcohol were 2(5.3%). Therefore, majority of clients and their family members with alcohol use disorder had tried quitting drinking before relapsing. The findings supported those by Ramsewak *et al.* (2020) in Mauritania who observed that 92% clients with substance use disorder have relapsed during the first year of abstinence. The researchers found that the clients had relapsed due to inability to progress with rehabilitation treatment.

The clients and family members were further asked to state how many times the client with alcohol use disorder had tried quitting alcohol. Table 2 indicates the findings.

**Table 2: Number of Times the Respondents had Tried to Quit Alcohol**

Respondents	Once F(%)	2 times F(%)	3 times F(%)	Over 3 times F(%)	Total
Clients	4(10.5)	13(34.2)	4(10.5)	17(44.7)	38(100.0)
Family members	1(2.6)	9(23.7)	1(2.6)	27(71.1)	38(100.0)

Source: Survey Data (2022)

As indicated in Table 2, a majority of clients, 17(44.7%), had tried more than three times, 13(34.2%) had tried two times while 4(10.5%) had tried once to quit alcohol. A majority of the family members, 27(71.1%), had tried more than three times, 9(23.7%) stated twice, 1(2.6%) had tried once while another 1(2.6%) had tried three times to quit alcoholism. These findings showed that clients with alcohol use disorder had made many attempts (more than three times) to quit alcohol drinking. This indicated that quitting drinking alcohol is a struggle. It also means that many of the clients with alcohol use disorder had relapsed and sought admission in a rehabilitation centre.

The above findings were consistent with those by Vanderplasschen, Colpaert and Broekaert (2010) in Belgium, who noted that 22.1% of clients with alcohol use disorder had not managed to be sober for more than one month. The findings also support those by Kabisa *et al.* (2021) in Rwanda, that prevalence of relapse among clients with alcohol use disorder was 59.9% and majority were males aged between 18 and 30 years. Another study by Kuria (2013) in Kenya reported a relapse rate of 43% in Kenya.

### Admitted to a Rehabilitation Centre

The study probed if the clients with alcohol use disorder had been admitted to rehabilitation centre before because of alcohol use disorder. Table 3 shows the study findings on admission to a rehabilitation centre due to relapse of alcohol use disorder.

**Table 3: Distribution of Clients Admitted to a Rehabilitation Facility**

Respondents	Yes F(%)	No F(%)	Total F(%)
Clients	30(78.9)	8(21.1)	38(100.0)
Family members	32(84.2)	6(15.8)	38(100.0)

Source: Survey Data (2022)

Table 3 demonstrates that a majority of the clients with alcohol use disorder, 30(78.9%), had been admitted to a rehabilitation centre before the current admission. Similarly, most of the family members, 32(84.2%), of clients with alcohol use disorder had been admitted to a rehabilitation centre before because of alcohol use disorder. The findings on clients with alcohol use disorder seeking readmission at rehabilitation centres was similar to what had been reported in many parts of the world. For instance, globally, it is estimated that 70% to 90% of clients with alcohol use disorder relapse once in a duration of four years after treatment

(Morel *et al.*, 2022). Seo *et al.* (2013) observes that 59%-70% of persons relapse in one month after undertaking residential treatment. Similarly, Zeng *et al.* (2016) found that alcohol relapse rates range from 50% to 80% in China while in the United States it is at 40% to 60%. In Rwanda, relapse rate for clients with alcohol use disorder is at 59% (Kabisa *et al.*, 2021).

In Kenya, annual relapse rate of all admitted persons is estimated at 60% (NACADA, 2007). Deveau *et al.* (2010) also found that, in Kenya, the overall relapse rate for alcohol and cannabis users is at 54%. The high relapse rate of more than 79% in the current study was attributed to the macro effects of the Covid-19 pandemic. Myran *et al.* (2023) observe that outpatient visits increased by 21.3% and 6.2% in hospitalization due to alcohol use disorder during the Covid-19 pandemic.

### Number of Times Clients had been Admitted into a Rehabilitation Centre

The respondents were asked to indicate the number of times the client with alcohol disorder had been admitted to rehabilitation centre. Table 4 shows the findings.

**Table 4: Number of Times Admitted into a Rehabilitation Centre**

Respondents	Once F(%)	Twice F(%)	3 times F(%)	Non-response F(%)	Total
Clients	8(21.1)	14(36.8)	8(21.1)	8(21.1)	38(100.0)
Family members	8(21.1)	10(26.3)	8(21.1)	6(15.8)	38(100.0)

Source: Survey Data (2022)

As per Table 4, the findings show that many of the clients, 14(36.8%), stated twice, 8(21.1%) stated once and another 8(21.1%) stated three times due to alcohol drinking problems. Many of the family members, 10(26.3%), stated twice, 8(21.1%) stated once, another 8(21.1%). Therefore, the majority of the family members, 32(84.2%), had been readmitted while minority 6(15.8%) did not give a response. Similarly, majority, 30(78.9%), clients with alcohol use disorder had been readmitted at least once while minority 8(21.1%) did not give a response. These findings revealed that relapse rate reduced after every readmission, with 8(21.1%) relapses after the third admission while 6(15.8%) after more than three admissions. As such, relapse is more likely to occur after being admitted and discharged from rehabilitation, while it reduces with every subsequent admission. This agreed with the findings from counsellors who revealed that clients with alcohol use disorder were readmitted to the rehabilitation centre two to three times.

The above findings affirmed those from a study by Mousali *et al.* (2021) in Iran, in which a majority (84%) of clients with substance use disorder reported relapsing between 1 and 5 times. The researchers also noted that 13.9% of those who had relapsed had a history of substance relapse of more than 10 times. The findings were also consistent with those of Vanderplasschen *et al.* (2010) in Belgium who observed that more than three in four clients with alcohol use disorder had been admitted for treatment before.

The non-response from some of the clients and family members was attributed to the fear, shame or denial associated with alcohol use disorder in the family context. From a psychoanalytic theoretical perspective, such ego defences as shame, fear and denial assist an individual to cope with challenges by distorting reality (Qi *et al.*, 2022). For instance, a family member with alcohol use disorder may deny that the alcoholic's drinking behaviour has become problematic. They may instead insist that the alcoholic has no problem with alcohol use because he or she has never been absent from work.

### After Treatment

The study sought to establish the duration in months in which clients with alcohol use disorder had maintained sobriety after treatment in rehabilitation centre. Table 5 shows the summary of the responses from the clients and family members.

Table 5: After Treatment by Clients

Respondents	1 - 3 months F(%)	4 - 6 months F(%)	7 - 12 months F(%)	1 - 2 years F(%)	Over 2 years	Non-response	Total
Clients	18(47.4)	6(15.8)	3(7.9)	3(7.9)	3(7.9)	5(13.2)	38(100.0)
Family members	17(44.7)	13(34.2)	1(2.6)	1(2.6)	3(7.9)	3(7.9)	38(100.0)

Source: Survey Data (2022)

The findings in Table 5 indicate that majority of clients, 18(47.4%), had maintained sobriety after treatment for 1-3 months, 6(15.8%) for 4-6 months, 3(7.9%) for 7 months to 1 year, 3(7.9%) for 1-2 years and another 3(7.9%) for more than 2 years. The findings implied that a significant number, 24(63.2%), of the clients with alcohol disorder remained sober for at least six months after treatment clients before they relapsed. A minority 9(23.7%) of the clients with alcohol use disorder relapsed more than seven months after treatment in rehabilitation centre. Of family members, a majority, 30(78.9%), maintained sobriety for at least six months after treatment while a minority 8(21.1%) relapsed seven months after treatment in rehabilitation centre. The findings supported those by Vanderplasschen *et al.* (2010) in Belgium which found that 6 months after the initial treatment for alcohol use disorder, more than half of all clients (54%) had gone back to drinking.

### Struggles on Drinking (Dependence)

The research sought to establish the struggles on drinking (dependence) that the clients with alcohol use disorder had endured due to alcohol drinking. Therefore, clients with alcohol use disorder were asked to rate the statements on the quantity and frequency of alcohol consumed per given durations. Table 6 presents the findings.

Table 6: Struggles on Drinking by Clients

Statements	Never F(%)	Less than month F(%)	Once Month F(%)	Once Week F(%)	Daily or almost F(%)
How often do you have six or more bottles of drinks on one occasion?	2(5.3)	2(5.3)	6(15.8)	3(7.9)	25(65.8)
How often during the last year have you found that you were not able to stop drinking alcohol once you had started?	2(5.3)	2(5.3)	1(2.6)	4(10.5)	29(76.3)
How often during the last year have you failed to do what was normally expected from you because of drinking?	2(5.3)	5(13.2)	4(10.5)	5(13.2)	22(57.9)
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	2(5.3)	3(7.9)	1(2.6)	2(5.3)	30(78.9)
How often during the last year have you had a feeling of guilt or remorse after drinking?	1(2.6)	2(5.3)	0(0.0)	6(15.8)	29(76.3)
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	1(2.6)	7(18.4)	1(2.6)	10(26.3)	19(50.0)

Source: Survey Data (2022)

The findings in Table 6 indicate that majority of clients, 25(65.8%), had six or more bottles of drinks on one occasion daily or almost daily. This implied that majority of clients drank excess alcohol daily or almost daily. The findings supported those by Takahashi *et al.* (2017), in Kakamega County in Kenya, which revealed

that prevalence of alcohol consumption was 31.7%, which was higher than the national prevalence level 13.3%. In Eldoret, Atwoli *et al.* (2011) also found that lifetime prevalence rate of alcohol use was at 51.9%, and 97.6% of alcohol users had consumed in the week prior to the study.

Moreover, majority of clients, 29(76.3%), during the last year had on a daily or almost daily basis found that they were unable to stop drinking alcohol once they started. Therefore, the clients found that alcohol drinking difficult to stop. This finding supported the work of Chauhan *et al.* (2018), in India, which revealed that 40% of respondents had been drinking alcohol for a period of 6-10 years. Similarly, in Kenya, Kendagor *et al.* (2018) noted that the prevalence of episodic drinking was 12.6% with the majority (63.0%) being current drinkers or having reported consumption within the past 12 months.

The findings further showed that majority of clients, 22(57.9%), stated daily or almost daily when asked how often during the last year they had failed to do what was normally expected from them because of drinking. Therefore, clients with alcohol use disorder experienced difficulties performing their daily duties or roles. The findings were consistent with those of Chauhan *et al.* (2018) in India, who observed that 73% of clients with alcohol use disorder experienced psychosocial difficulties. The researchers also noted that 97% of clients with alcohol use disorder in non-relapsed grouped reported alcohol related difficulties compared to 50% in relapsed group.

The findings also show that majority of clients, 30(78.9%), indicated daily or almost daily when asked how often during the last year they had needed a first drink in the morning to get oneself going after a heavy drinking session. The findings showed that majority of clients with alcohol use disorder needed a first drink in the morning before they could participate in activities of daily living. This finding reiterated that of Vanderplasschen *et al.* (2010) who found that clients with alcohol use disorder experienced dissatisfaction with their daily activities, a number of days with problems of alcohol and negative feelings of well-being.

The study further established that majority of clients, 29(76.3%), on a daily or almost daily basis, often had had a feeling of guilt or remorse after drinking during the last year. Therefore, clients with alcohol use disorder often experienced psychological problems characterized by guilt feelings or remorse. The findings were consistent with those of Swanepoel *et al.* (2016) in South Africa who noted the main causes of relapse included stigmatization by the community, intrapersonal risk factors such as loneliness, lack of effective coping mechanisms. Other problems like stress management, lack of assertiveness, loss of motivation and commitment towards maintaining abstinence and the decision not to attend aftercare support services.

The research also found that half of the clients, 19(50.0%), on a daily or almost daily basis, during the last year, had been unable to remember what happened the night before because of drinking. Then findings supported the observation by Chauhan *et al.* (2018) in India that clients with alcohol use disorder who had relapse had experienced a number of undesirable life events. These life events included higher negative mood states, social anxiety and dysfunction in social, vocational, personal, family, and cognitive spheres.

### **Struggles on Drinking by Family Members**

The study sought to establish the struggles on drinking (dependence) that the clients with alcohol use disorder had endured due to alcohol drinking. The respondents (family members) were asked to rate various statements from 'never', 'less than monthly', 'monthly', 'weekly', 'daily or almost daily'. Table 7 shows the findings.



Table 7: Struggles on Drinking by Family Members

Statements	Never F(%)	Less than month F(%)	Once a Month F(%)	Once a Week F(%)	Daily or almost F(%)
How often during the last year has your family member who has relapsed failed to do what was normally expected from him/her because of drinking?	0(0.0)	0(0.0)	0(0.0)	11(28.9)	27(71.1)
How often during the last year has your family member who has relapsed needed a first drink in the morning to get him/herself going after a heavy drinking session?	0(0.0)	0(0.0)	1(2.6)	12(31.6)	25(65.8)
How often during the last year has your family member who has relapsed expressed feelings of guilt or remorse after drinking?	0(0.0)	2(5.3)	1(2.6)	14(36.8)	16(42.1)
How often during the last year has your family member who has relapsed been unable to remember what happened the night before because he/she had been drinking?	0(0.0)	0(0.0)	2(5.3)	11(28.9)	19(50.0)

Source: Survey Data (2022)

Table 7 shows that for majority of family members, 27(71.1%), indicated that, daily or almost daily during the last year, their relapsed family member had failed to do what was normally expected from him/her because of drinking. Another 25(65.8%) stated that, often, their relapsed family member needed a first drink in the morning to get going after a heavy drinking session. Some, 16(42.1%), stated that often during their relapsed family member expressed feelings of guilt or remorse after drinking. Lastly, half, 19(50.0%), said often their relapsed family member had been unable to remember what happened the night before because of drinking.

**Reasons for Relapse to Alcohol Use**

The study sought to establish the common reasons for people to relapse from the respondents. The respondents were asked to list the common reasons for people to relapse in alcohol use. The summary of findings was presented in Table 8.

**Table 8: Reasons for People to Relapse**

<b>CLIENT</b>	Frequency	Percentage
Stress, mistrust, rejection from people, & depression	23	60.5
Low self-esteem, peer pressure, idleness lack of finances & poverty	13	34.2
Multiple relationship, marital conflicts	2	5.3
<b>Total</b>	38	100.0
<b>Family members</b>		
Financial issues, mental and parental conflicts & emotional issues	13	34.2
Lack of friends, lose hope	4	10.5
Low self-esteem, unemployment, peer pressure and idleness	21	55.3
<b>Total</b>	38	100.0

Source: Survey Data (2022)

The findings in Table 8 show that majority of clients, 23(60.5%), mentioned stress, mistrust, rejection from people and depression, 13(34.2%) mentioned low self-esteem, peer pressure, idleness lack of finances and poverty, while a minority, 2(5.3%), stated multiple relationships and marital conflicts as major reasons for relapse to alcohol use. On their part, majority of family members 21(55.3%) indicated low self-esteem, unemployment, peer pressure and idleness, 13(34.2%) indicated financial issues, mental and parental conflicts and emotional issues, while 4(10.5%) mentioned lack of friends and lose hope as major reasons for relapse to alcohol use. Therefore, many of the reasons for relapse stemmed from the individual and their environment.

The above findings supported those of Gitatui *et al.* (2019) in Kenya, who noted that majority of the clients with alcohol use disorder were those in dysfunctional families and who also drank due to problems associated with economic, familial, social interactions and stress. Concerning individual factors, Niraula *et al.* (2006) in Dharan, have found that majority of clients started taking drugs again due to lack of self-confidence. They also noted that other factors that contributed to relapse, such as peer pressure, inability to give up old habits, lack of acceptance in society and family and adjustment problems. In a study in South Africa, Swanepoel *et al.* (2016) identified and classified the major causes of relapse into three. First were environmental factor, which included availability and accessibility of drugs and environmental cues. Second were interpersonal/social risk factors, which included peer group influence, limited access to services in the community, lack of recreational activities, stigmatization by community members, lack of support needed after treatment, conflict management and difficult employment. Third were intrapersonal risk factors, which included emotions and dealing with emotions, loneliness, lack of coping mechanisms and stress management, lack of assertiveness skills and easily influenced by others, cravings and loss of motivation and commitment toward abstinence.

**Conclusion and Recommendations**

From the findings, it is concluded that there is high prevalence of relapse among clients with alcohol use disorder in Eldoret municipality. Most clients with alcohol use disorder last only three months before relapse after discharge from rehabilitation centre. The common reasons for relapse are depression, mistrust, peer pressure, idleness, financial issues and emotional issues.

Government agencies, such as NACADA and the Ministry of Health, need to provide guidance and policies on regulation of alcohol use, prevention, and treatment. They should also identify strategies to involve families of clients with alcohol use disorder in the treatment and campaigns against alcohol abuse. The current NACADA strategy has been to train rehabilitation experts and to sensitize communities about substance abuse. The study findings underscore the important role of family in relapse prevention. As such, policy makers need to consider community-based rehabilitation, which would reach out to the grassroots where families of clients with alcohol use disorder could be involved in the relapse prevention and campaigns against alcohol use.

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