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DEMOGRAPHIC FACTORS INFLUENCING RELAPSE AVOIDANCE AMONG DRUG-DEPENDENT ADOLESCENTS IN A FEDERAL NEUROPSYCHIATRIC HOSPITAL, NIGERIA

¹Taiye E. OMISOLA-ADEBISI, ¹Adebayo O. ADEJUMO, ²Dare A. FAGBENRO,

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¹Abel C. OBOSI

¹Department of Psychology, University of Ibadan, Ibadan, Nigeria

²Department of Psychology, University of Ilorin, Ilorin Nigeria

Corresponding Author: Dare A. Fagbenro (Fagbenro.da@unilorin.edu.ng)

ABSTRACT

Many young adolescents after some times take into drug which has become worrisome especially in a global south like Nigeria. Many factors have been investigated on relapse avoidance but the role of demographic factors have been given less attention to in the extant literature. This present study examined the influence of family type, accessibility to illicit drugs, and parent socio-economic background) on relapse avoidance among drug dependent adolescents in a selected neuropsychiatric hospital in Yaba, Lagos State. Using an ex-post facto research design and adopting cross-sectional method, a sample size of 344 respondents (Mean_{age} = 17.25years; SD = 1.34) was randomly selected. They completed a measure of demographic factors and relapse avoidance. Data was analysed using both descriptive and inferential statistics with the IBM-SPSS Version 27. The study found that drug dependent adolescents who are from the monogamous family reported higher on relapse avoidance ability. The result also revealed that drug dependent adolescents who are highly accessible to illicit drug reported higher on relapse avoidance ability. The result of the study also found that drug dependent adolescents from the average parent socioeconomic status reported higher on relapse avoidance ability. The study concluded that family type, parental socioeconomic status and accessibility to drug needs to be seriously considered when implementing interventions as this in a way will help build relapse avoidance ability among drug dependent adolescents.

Keywords: Relapse avoidance ability, family type, accessibility to drugs, parental socioeconomic status, drug dependent adolescents

INTRODUCTION

Globally, including Nigeria the menace of substance abuse also called drug abuse among adolescents have continued to generate immense research attention among scientists and concerned stakeholders. This is because adolescent is a period where high experimentation including risky behaviour such as the use and abuse of drug is pertinent (Hemamalini et al., 2025), which hampers their psychological wellbeing (Omisola et al., 2022). Despite many treatment intervention programmes put in place for adolescents who are drug addicts, there is alarming rate of adolescents who have relapse into drug, lacking the needed relapse avoidance ability to stay away completely from drug (Sanni et al., 2021; Omisola-Adebisi et al., 2025). Relapse refers to a breakdown in the person's attempt to change substance use behaviours or return to pre-treatment levels of drinking or continue using substances after a period of sobriety or setback in a person's attempt to change or modify any target behaviour (Rahman et al.; Swanepoel et al., 2016). It has been shown that relapse is more common in adolescents and is an important problem (Kardaş et al., 2023). Globally, Relapse rate varies between 37% and 91% (Andersson et al., 2019; Geniş et al., 2021; Okonkwo et al., 2020; Al Ahmad et al., 2019) depending on the substances used, length of hospital admission and presence of comorbidities (Kadam et al., 2017). Also, it reported

that over 65% to 85% of young persons with substance use disorders (SUDs) experience a relapse 12 months after starting treatment (Furzer et al. 2021; Lopes-Rosa et al. 2017). Relapse rates after treatment have been shown in other studies to be as high as 40–75% in the 3 weeks to 6 months following treatment (Moradinazar et al., 2020). In Nigeria, relapse rates range between several regions (Adebiyi et al., 2018; Umoh et al., 2021), with 19.5% are cocaine users and over 50% are drug addicts (Okonkwo et al., 2020; Ajayi et al., 2025).

Abundant and relevant studies in developed nations and also in Nigeria (Amat et al., 2020; Kabisa et al., 2021; Jan et al., 2023; Jia et al., 2024; Muzingili, 2025; Omisola-Adebisi et al., 2025; Ajayi et al., 2025) have been carried out by diverse researchers on factors influencing drug relapse. However, study exploring the role of demographic factors (Family type, accessibility to illicit drugs, parent socio-economic background) on relapse avoidance in a country like Nigeria is scarce. Therefore, this present study explores the influence of family type, accessibility to illicit drugs, parent socio-economic background) on relapse avoidance among drug dependent adolescents. Findings from this study, would be insightful for clinicians, and counsellors in their relapse prevention intervention programmes and rehabilitation efforts. Furthermore, findings will serve as reference point for Nigeria mental health authorities and health policy makers to tailor demographic specific policies that will improve relapse avoidance ability among drug dependent adolescents especially in the Nigerian context.

The social control theory (Hirschi, 1969) offers a framework for understanding adolescent through emphasizing on the importance of strong social bonds in motivating individuals not to relapse into substance use but rather have the strong, supportive relationships that provide monitoring, structure, and goal direction which may improve relapse avoidance ability among drug dependent adolescents. Therefore, the theory can help explain how family background, accessibility to illicit drug and parent socio-economic background may serve as a strong bond that may motivate adolescents who are into drug not to relapse but rather have relapse avoidance ability.

Family type in this study refer to drug-dependent adolescents who are from either monogamous, polygamous, divorce and other family type. It is established in the literature that family is necessary to help adolescents overcome resistance to addictive substances, notably to help across the recovery process, including during the process and post-therapy for adolescents to recover from their substance abuse (McKiernan et al., 2013; Habibi et al., 2016). Study directly linking family type to relapse avoidance is scarce in the literature but studies on family related variables and relapse prevention exist. For instance, Zeng et al. (2021) found that there was a significant negative correlation between the family functioning of individuals with drug addiction and their relapse tendency. Studies have shown that individuals are less likely to have problem behaviours when they interact well with family members, especially their parents (Choi et al., 2005). Family functioning has also been found to be related to an individual's illegal behaviour and substance use behaviour (Fagan et al., 2011). Compared with adolescents with poor family functioning, adolescents with good family functioning have a lower possibility and risk of drug use (Cordova et al., 2014; Fagan et al., 2011). Based on the aforementioned studies, we can hypothesise that

H1: There will be significant influence of family type on relapse avoidance ability among drug dependent adolescents.

Accessibility to illicit drugs refers to how easy or difficult it is for individuals especially adolescents to obtain or come into contact with illegal substances such as marijuana, cocaine, heroin, or methamphetamine. It includes both physical access (how available drugs are in a person's surroundings) and social access (how easily someone can get drugs through friends, family, or community networks). Accessibility to illicit drugs significantly affects relapse avoidance ability among drug-dependent adolescents (Ow et al., 2023). Direct study is scarce on accessibility to illicit drugs and relapse avoidance ability but studies on accessibility to illicit drugs and drug abuse,

for instance, Oladeji et al. (2025) found that accessibility to drug among other factors influence drug abuse among adolescents. Also, Onifade et al. (2014) found a positive relationship between a perceived accessibility other drugs and drug abuse. Studies such as (Ejikem et al., 2023; Danraka et al., 2023; Nduka et al., 2024) all found that environmental factor such as accessibility to drug negatively affect drug relapse among adolescents and youths. Based on these empirical evidences, we postulate that

H2: There will be significant influence of accessibility to drug on relapse avoidance ability among drug dependent adolescents.

Parental socio-economic background refers to the social and economic status of a child's parents or guardians, which influences the child's upbringing, opportunities, and overall development. Parental socio-economic background in this study ranges from been high, low or moderate. Studies between Parental socio-economic background and relapse avoidance is limited, for instance, Zhang and Wu (2025) demonstrate that demographic factors and financial status, correlate with an increased likelihood of drug treatment dropout. In another related study, Hassan and Ugwuoke (2024) found that socio-economic and habitual dispositions of parent's influence adolescents' abuse of substances in the Federal Capital Territory (FCT) Abuja. Zhang et al. (2021) found that found that family socioeconomic circumstances) negatively predicted relapse tendency. Nyaoke and Otieno (2021) found among other factors parent economic status influence drug and substance abuse. Also, Zhang and Zeng (2021). (2021) discovered that participants with poorer economic status (low education levels, unemployment) had higher relapse tendencies. Kabisa et al. (2021) in Rwanda found that socio-demographic variables such as living with only mother and low socioeconomic status increased relapse risk. We can state that

H3: There will be significant influence of parental socioeconomic status on relapse avoidance ability among drug dependent adolescents.

METHODS

Study design, sample and Procedure

The ex-post facto research design using a cross-sectional survey method was conducted from June 2023 to May, 2024 to recruit drug dependent adolescents from a Neuropsychiatric hospital in Yaba, Nigeria. The Federal Neuropsychiatric hospital, Yaba was selected because it is one of the few Neuropsychiatric hospitals that is dedicated toward providing robust mental health services including drug related treatment to different category of individuals. The criteria for inclusion in this research study were specifically designed to focus on both inpatient and outpatient who are adolescents receiving treatment for over two months as at the time of the study, adolescent diagnosed with drug dependency only and must be receiving treatment in the Drug Addiction Treatment Education and Research Unit (DATER) of the Federal Neuropsychiatric hospital, Yaba. In contrast, adolescent diagnosis with other illness other than drug were excluded, so as adults who are into drugs were excluded in the study. The Ethical Committee Board of the Federal Neuropsychiatric Hospital, Yaba approved the study with Approval Code: HREC2022/01/001/014. Before the commencement of the study, participants were adequately informed of the study requirements, and informed consent in form of written letter/note was obtained from the participants of the study. Also, there was no means of identification in the questionnaire, as this promotes respondent confidentiality. Participants were also assured of voluntary withdrawal from the study without any fear of harassment. The study procedures were conducted in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and in compliance with the Helsinki Declaration of 1975 as amended in 2000.

The sample size of the study was determined using the Fisher, (1925) technique for unknown population which is $n = [Z^2 \times p(1-p)]/ d^2$, with a 95% confidence interval and a margin of error of

0.05. The calculation resulted to 246. An estimated 10% dropout rate was added and this bring the sample size to 344. The researcher decided to round it up to 350. The participants were selected using simple random sampling where eligible participants were selected using a balloting method. We distributed copies of the questionnaire to respondents in their units and wards which took roughly 15-20 minutes per participants before completion of the questionnaire. Out of the 350 copies of the questionnaire distributed, 6 were not correctly filled and so it was removed. The collected copies of questionnaire forms used were 344 with a return rate of 98%, which is acceptable.

Measures

A questionnaire was used to collect data in this study. The questionnaire consists of two sections namely self designed demographic factors such as age, gender, accessibility illicit drugs, parent socio-economic background, number of drugs used and exposure to treatment program was used to elicit responses from participants of the study. The self measure of relapse avoidance ability was also completed by the respondents.

Demographic information

This section taps respondents' demographic data such as age, gender, accessibility illicit drugs, parent socio-economic background, number of drugs used and exposure to treatment program.

Relapse avoidance ability

Relapse avoidance ability was assessed using the Adolescent Relapse Coping Questionnaire (ARCQ), originally developed by Myers and Brown (1996). It is a 34-item self-report questionnaire designed to identify the temptation-coping strategies that are most effective for adolescents who are recovering from alcohol and/or other drugs. The scale was scored on a 4-point nominal scale from 1 ("never") to 4 ("more than 5 times"). The scale has a reliability of .88. The scale was also subjected to a factor analysis and its explained 57.76% of the total variance. The PCA showed Eigen values of 1.61 to 15.76. The factor loadings also ranged between 0.33 and 0.86 showing that the items aligned well with their respective components. The total overall mean score that can be gotten on the scale is 136.15 (SD = 65.46). This means that high score on the scale means high relapse coping skill while low score means low relapse coping skill.

Data analysis

IBM-SPSS v27 software was used to analyse the dataset in the study. The analysis entails analysing the socio demographic characteristics of the respondents using means, frequencies, and percentages. Inferential statistics was used to test the hypothesis. Hypothesis one to three was tested using analysis of variance (One-Way ANOVA). This analysis was used because it tests for significant differences between means of three or more independent groups. All analysis was tested at $p < .05$ level of significance. Prior to testing the hypotheses, preliminary analysis such as checking for normality, multicollinearity was done and it was within the normal threshold. Also, common method bias (CMB) was done which was also below the threshold recommended by Podsakoff et al. (2024).

RESULTS

Descriptive analysis of respondents

Table 1. Sociodemographic Characteristics of the Respondents (N = 344)

Variables	Frequency	Percentage (%)
Age		
10-15years	66	19.20
16-19years	278	80.80
Gender		
Male	288	83.70
Female	56	16.30
Family type		
Monogamous	225	65.40
Polygamous	76	22.10
Divorce	22	6.40
Others	21	6.10
Parental socioeconomic status		
High	58	16.90
Low	55	16.00
Moderate	231	67.20
Number of treatments		
Yes	225	65.40
No	107	31.10
Not sure	12	3.50
Accessibility to illicit drug		
Highly	73	21.2
Moderately	153	44.2
Mildly	81	23.5
None	38	11.0

Source: Survey, 2023/2024

The socio demographic factor revealed that (19.20%) were between 10-15years while (80.80%) were between the ages of 16-19years. Their gender revealed that (83.70%) were male while (16.30%) were female. Their family type shows that (65.40%) were from monogamous, (22.10%) were polygamous, (6.40%) were divorce while (6.10%) were from other family type. Their parental socioeconomic status shows that (16.90%) have high parental socioeconomic, (16.00%) were from low parental socioeconomic while (67.20%) were from moderate parental socioeconomic. In term of number of treatments, (65.40%) responded that Yes, they have use number of treatments, (31.10%) responded No that they have no treatments while (3.50%) were not sure maybe they have use treatment. Accessibility to illicit drug shows that (21.2%) have highly accessibility to illicit to drug, (44.2%) have moderately use access to illicit drug, (23.5%) have use mild accessibility to illicit drug while (11.0%) have none accessibility to illicit drug.

Hypotheses Testing

Hypothesis 1: There will be significant influence of Family type on relapse avoidance ability of adolescent who depend on drug in neuropsychiatric hospital. The analysis was tested using one way analysis of variance (ANOVA) and presented on Table 2a and b and figure 1.

Table 2a. Summary of one-way ANOVA showing the influence of Family type on relapse avoidance ability of adolescents who dependent on drug

		Sum of Squares	df	Mean Square	F	p
Relapse avoidance ability	Between Groups	98307.839	3	32769.280	13.624	<.05
	Within Groups	817798.254	340	2405.289		
	Total	916106.093	343			

The result above revealed that there was statistically significant main influence of family type on relapse avoidance ability ($F_{3,340} = 13.62$, $p<.05$). Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the family level mean differences in relapse avoidance ability. The analysis is presented in Table 2b:

Table 2b. Tukey's-Kramer HSD for unequal Groups showing multiple comparison of family type on relapse avoidance ability

Family type	N	Mean	SD	1	2	3	4
1.Monogamous	225	157.30	49.82	1			
2.Polygamous	76	124.85	48.38	32.45*	1		
3.Divorce	22	112.22	37.69	45.07*	12.62	1	
4.Others	21	123.42	53.04	33.87*	1.42	-11.20	1

Note: *. The mean difference is significant at the 0.05 level

The results of the post hoc Tukey's-Kramer HSD test indicated that drug dependent adolescents who are from the monogamous family ($M= 157.30$, $S.D = 49.82$) reported higher scores on relapse avoidance ability, compared to those who are from polygamous ($M= 124.85$, $S.D = 48.38$), divorce ($M= 112.22$ $S.D = 37.69$) and from other family type ($M= 123.42$, $S.D = 53.04$). Furthermore, the results revealed a significant difference in the relapse avoidance ability of family from monogamous and polygamous (Tukey = 32.45; $p<.05$). Also, those from monogamous and divorce (Tukey = 45.07; $p<.05$) and monogamous and others family (Tukey = 33.87; $p<.05$). The stated hypothesis is therefore accepted. This was also graphically presented in Figure 1.

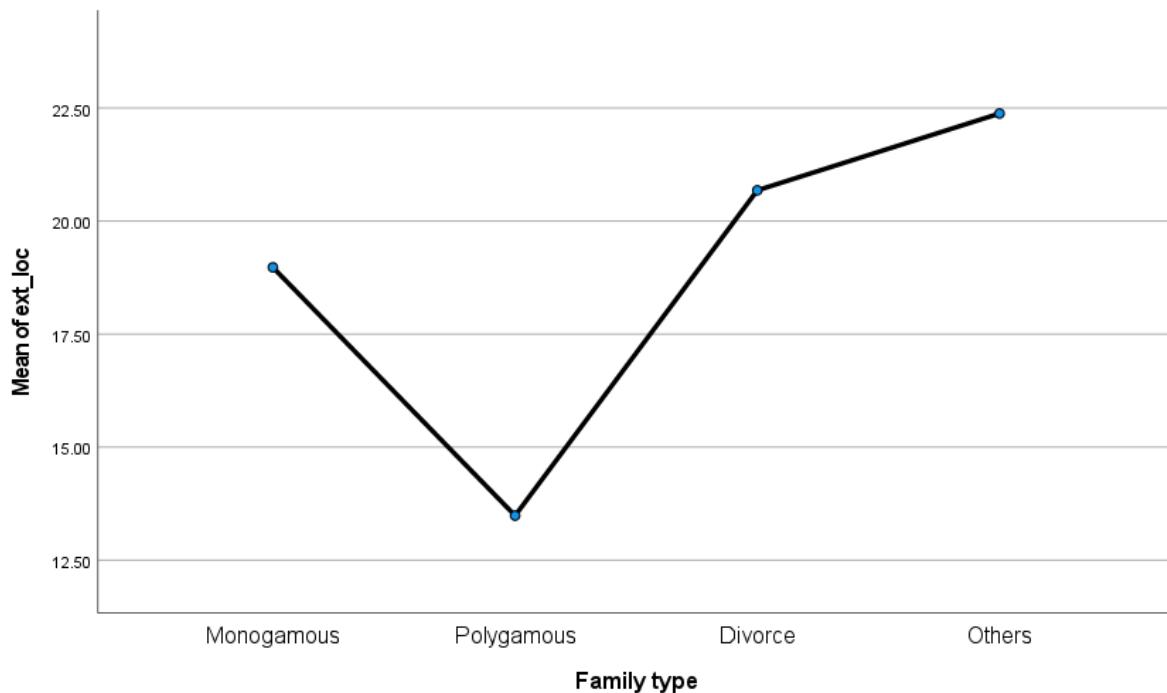


Figure 1. Graphical representation of drug dependent adolescent on their relapse avoidance ability based on family type

Hypothesis 2: There will be significant influence of accessibility to illicit drugs on relapse avoidance ability of adolescent who dependent on drug in neuropsychiatric hospital. The analysis was tested using one way analysis of variance (ANOVA) and presented on Table 3a and b and figure 2

Table 3a. Summary of one-way ANOVA showing the influence of accessibility to illicit drugs on relapse avoidance ability of adolescents who dependent on drug

		Sum of Squares	df	Mean Square	F	p
Relapse avoidance ability	Between Groups	140593.796	3	46864.599	20.546	<.05
	Within Groups	775512.297	340	2280.919		
	Total	916106.093	343			

The result above revealed that there was statistically significant main influence of accessibility to illicit drugs on relapse avoidance ability ($F_{3,340} = 20.54$, $p < .05$). Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the accessibility to illicit drugs mean differences in relapse avoidance ability. The analysis is presented in Table 3b:

Table 3b. Tukey's-Kramer HSD for unequal Groups showing multiple comparison of accessibility to illicit drug on relapse avoidance ability

Accessibility to illicit drug	N	Mean	SD	1	2	3	4
1.Highly	73	171.90	35.49	1			
2.Moderately	152	151.15	51.57	20.74*	1		
3.Mildly	81	113.62	47.46	58.27*	-20.74	1	
4.None	38	137.23	52.75	34.66	13.92	-23.60	1

Note: *. The mean difference is significant at the 0.05 level

The results of the post hoc Tukey's-Kramer HSD test indicated that drug dependent adolescents who are highly accessible to illicit drug ($M= 171.90$, $S.D = 35.49$) reported higher scores on relapse avoidance ability, compared to those who moderately use illicit drug($M= 151.15$, $S.D = 51.57$), mildly use illicit drug($M= 113.62$, $S.D = 47.46$) and none toward using illicit drug ($M= 123.42$, $S.D = 53.04$). Furthermore, the results revealed a significant difference in the relapse avoidance ability of highly been accessible to illicit drug and moderately use illicit drug (Tukey = 20.74; $p<.05$). Also, highly been accessible to illicit drug and mildly accessible to illicit drug (Tukey = 58.27; $p<.05$). The stated hypothesis is therefore accepted. This was also graphically presented in Figure 2.

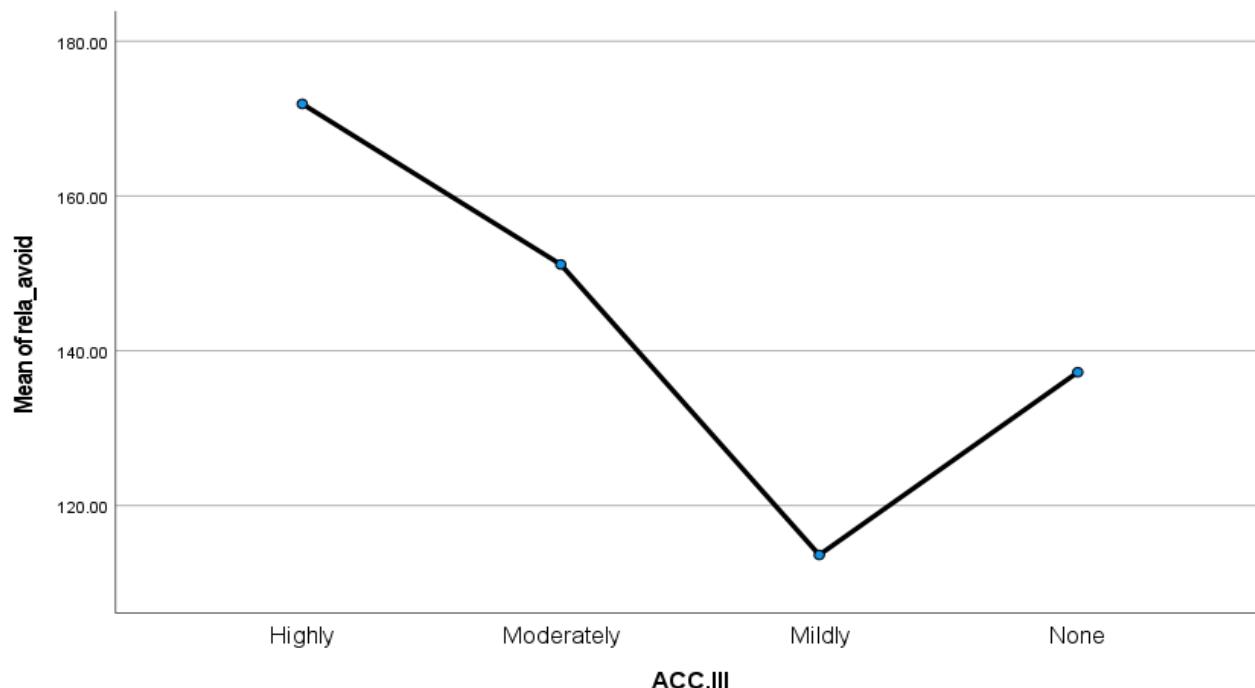


Figure 2. Graphical representation of drug dependent adolescent on their relapse avoidance ability based on accessibility to illicit drug

Hypothesis 3: There will be significant influence of Parent socio-economic background on relapse avoidance ability of adolescent who dependent on drug in neuropsychiatric hospital. The analysis was tested using one way analysis of variance (ANOVA) and presented on Table 4a and b and figure 3

Table 4a. Summary of one-way ANOVA showing the influence of Parent socio-economic background on relapse avoidance ability of adolescents who dependent on drug

		Sum of Squares	df	Mean Square	F	p
Relapse avoidance ability	Between Groups	53469.846	2	26734.923	10.568	<.05
	Within Groups	862636.247	341	2529.725		
	Total	916106.093	343			

The result above revealed that there was statistically significant main influence of accessibility to illicit drugs on relapse avoidance ability ($F_{2,341} = 10.56$, $p<.05$). Consequently, Tukey's-Kramer HSD (Honest Significant Difference) for unequal group post hoc test was conducted in order to know the accessibility to illicit drugs mean differences in relapse avoidance ability. The analysis is presented in Table 4b:

Table 4b. Tukey's-Kramer HSD for unequal Groups showing multiple comparison of Parent socio-economic background on relapse avoidance ability

Parent background	socio-economic	N	Mean	SD	1	2	3
1.High		58	128.12	49.36	1		
2.Low		55	126.58	60.71	1.53	1	
3.Average		231	153.90	47.76	-35.77*	-27.31*	1

Note: *. The mean difference is significant at the 0.05 level

The results of the post hoc Tukey's-Kramer HSD test indicated that drug dependent adolescents from the average parent socioeconomic status ($M= 153.90$, $S.D = 47.76$) reported higher scores on relapse avoidance ability, compared to those who have low parent socioeconomic background ($M= 126.58$, $S.D = 60.71$), and high parent socioeconomic background ($M= 128.12$, $S.D = 49.36$). Furthermore, the results revealed a significant difference in the relapse avoidance ability of high parent socioeconomic background and average social economic status (Tukey = -35.77; $p<.05$). Also, there is significance difference between low parent socioeconomic background and average socioeconomic background (Tukey = -28.77; $p<.05$). The stated hypothesis is therefore accepted. This was also graphically presented in Figure 3.

DISCUSSION

The study is the first to the knowledge of the researcher to explore the demographic factors (family background, accessibility to illicit drug and parent socio-economic background) on relapse avoidance ability among a sample of recovering drug dependent adolescents in a neuropsychiatric hospital in Nigeria. Based on the hypotheses formulated, the first hypothesis found that drug dependent adolescents who are from the monogamous family have higher relapse avoidance ability than adolescent from polygamous and other family type. The study finding was in line with Zeng et al. (2021) who found that there was a significant negative correlation between the family functioning of individuals with drug addiction and their relapse tendency. The study finding was in accordance with Choi et al. (2005) who found that individuals are less likely to have problem behaviours when they interact well with family members, especially their parents. The study finding was in accordance with studies such as (Cordova et al., 2014; Fagan et al., 2011) who found that good family functioning has a lower possibility and risk of drug use. The rationale why this finding was so is because Drug dependent adolescents who are from monogamous families may have greater family stability, consistent parental monitoring, and stronger emotional

support. They typically provide clearer communication, secure attachment, and cohesive family structures that promote self-control and resilience against peer or environmental pressures. The presence of both parents can enhance supervision and reinforce shared values, reducing exposure to stressors linked to substance use relapse.

Hypothesis two of this study also surprisingly found that drug dependent adolescents who are highly accessible to illicit drug have higher relapse avoidance ability. The study was in accordance with Oladeji et al. (2025) who found that accessibility to drug among other factors influence drug abuse among adolescents. The study finding was also similar with Onifade et al. (2014) who found a positive relationship between a perceived accessibility other drugs and drug abuse. The following studies was also in line (Ejikem et al., 2023; Danraka et al., 2023; Nduka et al., 2024) were they found that environmental factor such as accessibility to drug negatively affect drug relapse. The rationale for this interesting finding maybe unconnected to the fact that these adolescents may have developed stronger coping mechanisms and resilience through repeated exposure and treatment experiences. Constant availability of drugs can serve as a testing ground for self-control, allowing these adolescents to strengthen refusal skills and apply relapse-prevention strategies learned in therapy.

The third hypothesis also found that drug dependent adolescents from the average parent socioeconomic status have higher relapse avoidance ability. This study finding was similar to

Zhang and Wu (2025) who demonstrate that demographic factors and financial status, correlate with an increased likelihood of drug treatment dropout. The study finding was also in line with Hassan and Ugwuoke (2024) who discovered that socio-economic and habitual dispositions of parent's influence adolescents' abuse of substances. Also, in the same vein, Zhang et al. (2021) found that found that family socioeconomic circumstances) negatively predicted relapse tendency. Also, in accordance with the present study, Nyaoke and Otieno (2021) found among other factors parent economic status influence drug and substance abuse. The reason for the finding may be because such families often provide a balance of resources, supervision, and independence. The middle-ground environment that average parental socioeconomic have may encourages adolescents to develop resilience, problem-solving skills, and effective stress management, all of which are crucial for resisting relapse and sustaining long-term recovery from drug dependence.

Implications of the findings

Based on the findings of this study, the study has theoretical, practical and policy implications. Theoretically, the study support and further extend the social control theory (Hirschi, 1969) by incorporating strong demographic bounds such as family background, accessibility to illicit drug and parent socio-economic background to improve relapse avoidance ability among adolescents in Nigeria. Practically, since the study found that monogamous family, highly accessibility of drug and average socioeconomic status enhances avoidance relapse ability. Therefore, clinicians and counsellors should provide more psychosocial interventions for adolescents from polygamous or divorced families, adolescents from high and low family background as well as adolescent who have moderate and mild accessibility to drug. This in a way will help adolescents build the needed resources to be able to have a relapse avoidance ability. Also, social policies and community programs could incorporate family type, parental socioeconomic status as well as accessibility to drug, as this in a way will help improve relapse avoidance ability among adolescents who have relapse into drug.

Limitation and future study directions

Despite the significance of this study, it still has some limitations that need to be stated. First, cross-sectional design was utilised which may it practically impossible to determine causality

among the study variables in the study. It is advised that future studies should adopt longitudinal study in a bid to understand the demogrhaic factors of respondents on relapse avoidance ability over a period of time which may give a more robust result finding. Second, the object of the present study was conducted among drug dependent adolescents in only one neuropsychiatric hospital in Nigeria. Due to the differences in geographical location and cultural environment, it is unclear whether the results apply to other adolescent's dependent on drug in other regions or the whole country. Future studies are recommended to use other geographical location and cultural environment within and outside Nigeria in a bid to provide more broader results findings. Thirdly, only demographic factors were explored on relapse voidance ability which may limit the finding to specific demographic context. Future studies should investigate core psychological variables such as parental support, self control and personality traits. The investigations of these variables will further enrich the literature on relapse avoidance ability.

Conclusion

The study explored the demographic factors such as family type, accessibility to illicit drugs and parent socio-economic background on relapse avoidance ability among drug dependent adolescents. The study concluded that monogamous family type tends to have higher relapse avoidance ability. It was also concluded that highly accessibility to illicit drug by adolescents tends to higher relapse avoidance ability. It was also discovered that average parent socioeconomic background tends to better relapse avoidance ability. The findings of this study highlight the relevant demographic factors (family type, accessibility to illicit drugs and parent socio-economic background) when designing and implementing a psychological intervention programme for drug dependent adolescents.

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