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Review Article

EFFECT OF MARITAL STATUS ON SUBSTANCE ABUSE - A REVIEW

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ABSTRACT

Marital status indicates whether a person is married or single. This can be extended to include other descriptors, such as divorced, widowed, cohabiting, civil union, etc., which are all seen as single from a legal standpoint. Numerous studies have been done to find trends in drug dependence within single and married groups, and it has been found that an individual's marital status can indeed affect the likelihood of them falling victim to drug abuse. Many studies have shown that marriage actually accelerates a decrease in drug use when compared to those who remain single. But some studies found adverse result. This article reviews the impact of marital status on substance abuse. It is concluded that Marriage has been cited as a protective factor against drug use, but Several factors, such as qualitative spare time, a more mature relationship, a sense of commitment and intimacy have been affected this. We found that the quality of partner relationships was associated with lower odds of substance use. This is only true, however, for married couples who have a close and personal relationship with each other. In the absence of a close and personal relationship with a partner, being separated actually predicted more favorable substance outcomes over time, rather than being married, single, or cohabiting.

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INTRODUCTION

The role of marital status cannot be under rated in the development of drug abuse. Many researchers have found marital status to be a significant determinant in drug abuse. Do married and unmarried persons differ in terms of drugs habits? Khan (1978) reported the proportion of married students in the categories of regular and habitual users washigher than that of unmarried ones. Bagadia and others (1981) found chronic alcoholism distinctly high among married persons. On the contrary Kodandaram and Murthy (1979) reported that drug use was prevalent among unmarried criminals. Long-term committed relationships, such as marriage, provide the primary form of social support for many individuals. Unfortunately, researchers have found that substance use is related to divorce or separation (Lex, 1994) and remaining unmarried (Kaestner, 1997). Interestingly, epidemiological data provides evidence to suggest that married individuals are much less likely to use illicit drugs. Merline and colleagues (2004) analyzed rates of drug use among 35-year-old adults in the Monitoring the Future study and found that married individuals were significantly less likely to use cocaine than unmarried individuals: 3.8% of married men and 2.0% of married women reported cocaine use, whereas 11.4% of unmarried men and 5.1% of unmarried women reported cocaine use.

Perhaps more important is the possibility that marriage may serve as a protective factor among those who have already initiated drug use. In an investigation of 8,427 patients who received substance-abuse treatment through the Department of Veterans Affairs, being married was significantly related to stable or improved outcomes after treatment (Moos, Nichol, & Moos (2002). In contrast, patients who were not married were significantly more likely to experience symptom exacerbation over time. Cessation of cocaine use has also been shown to be significantly related to marital status; in a community sample, cessation of cocaine use was three times more common among married individuals than among unmarried individuals (White & Bates, 1995). As such, marital status may be a proxy for improved treatment outcome.

Different types and definitions of social support may be related to treatment outcomes in different ways. Structural social support represents the extent of supportive resources (Beattie, 2001) whereas functional social support is defined as the perceived or actual support received (Dobkin *et al.*, 2002). The quality of the marital relationship (a form of functional social support) may be at least as important a predictor of treatment outcome as marital status *per se* (a form of structural social support). In the alcohol-research literature, low marital satisfaction has been shown to predict poor treatment outcomes

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(Beattie, 2001; McCrady, Epstein & Sell, 2003), whereas marital happiness predicts optimal treatment outcomes (McCrady, Epstein, & Kahler, 2004). Promotion of marital satisfaction through couples therapy with substance abusers has been shown to reduce drug use, increase treatment retention, and promote better dyadic adjustment (e.g., Epstein, & McCrady, 1998; Fals-Stewart, Birchler, & O'Farrell, 1996; O'Farrell, & Falls-Stewart, 2000; Winters, Fals-Stewart, O'Farrell, Birchler, & Kelley, 2002). Thus, it appears that higher levels of extant marital satisfaction, or increases in marital satisfaction achieved through counseling, are associated with better treatment outcomes. Findings from these studies collectively warrant further exploration of the observed associations between spousal relationships and maintenance of substance use and/or recovery.

Sinha, N. (author) examine do unmarried youths involve more in drug abuse or married youths? It was hypothesized that there would be significant association between marital status and drug users. In order to test this hypothesis also married and unmarried youths have been compared and X^2 was calculated. The statistical comparison of married and unmarried youths in respect of use of drugs has yielded a significant result ($x^2 = 6.62, <.05$). The findings are more or less in the expected direction. Since unmarried youths take more risk as compared to their married counterparts, they may involve more in using drugs. Due to majority in age and familial responsibility married youths are likely to inhibit their responses related to acceptance of drug abuse.

Kodandaram and Murthy (1979) also reported that drug use was prevalent among unmarried persons. Almeida *et al* (2004), Jhingan *et al* (2003), Malyutina *et al* (2004)) found that the divorced or widowed people generally consume more alcohol. Wilson (2004) & Akhter (2012) also found that most of the substance abuser are unmarried. Akhter (2012) found among substance abuser 86.1% are single and only 13.9% are married. Wilson (2004) found among substance abuser 38.7% are single and 28.2% are married. But Barros (2007) not found any significant association between marital status & alcoholism.

Wild *et al* (2004) found that the single, divorced or widowed people generally consume more alcohol. They found that prevalence of alcohol use disorder is 28.2% in single, 17.2% in divorcee and 13.9% in married. Ibrahim, H.A.; Mahmud; S.; Abubakar, A.; Harazimic, A. & Abdulkadir, S. (2016) found that among substance user 58% are single and 41% are married.

But Khan (1978) reported the proportion of married students in the categories of regular and habitual users was higher than that of unmarried ones. Bagadia & others (1981) found chronic alcoholism distinctly high among married persons.

Heinz, A.J.; Wu, J.; Witkiewitz, K.; Epstein, D.H. & Preston, K.L. (2009) investigated how substance use during treatment was related to marital status and perceived closeness of personal relationships. For both cocaine and heroin use, the outcome trajectories were most favorable (i.e., fewer days of positive cocaine and/or heroin urine samples) for married participants across the 35-week studies. The results of the interaction between marital status and having a close and personal relationship with one's partner suggest that being married predicts a greater decrease in cocaine and heroin use

over time, relative to being single, being separated, or cohabiting. This is only true, however, for married couples who have a close and personal relationship with each other. In the absence of a close and personal relationship with a partner, being separated actually predicted more favorable cocaine outcomes over time, rather than being married, single, or cohabiting.

Njoku, J.C. & Nekede, F.P. (2015) examined how marital status would have an impact on the outcome of Cognitive Behavior Therapy (CBT) treatment of cannabis abuse among young adults in Owerri, Imo State, Nigeria. It was hypothesized that CBT would be effective in the treatment of cannabis abuse among young adults and that marital status will be a determinant of the outcome of CBT. 20 young adults (10 males and 10 females) within the age range of 25 and 38 years, with a mean age of 30.00 were randomly selected to participate in the study. End of assessment, there was a statistical mean difference between the unmarried and the married participants in the effect of CBT on the treatment of cannabis abuse; with the unmarried having a higher mean score of 21.14 than the married with a mean score of 16.68. The between-subjects effects result of $F(1, 12) = 10.80, p <.05$, revealed a significant difference between the unmarried and the married participants, with the married participants reporting greater effect of CBT on the treatment of cannabis abuse than the unmarried participants. Therefore, hypothesis that marital status will influence the effect of CBT in the management of cannabis abuse was accepted.

Busari (2013) and Grail *et al.* (2007), who independently stated that being married predicted better CBT treatment outcome. This finding could be explained by the fact that the difference in treatment (CBT) outcome evident among the married and the unmarried was as a result of their level of responsibility. In Nigeria, the married have more responsibilities as regards their family, and as such, are more eager to quit the cannabis abuse. This is because the marriage institution is highly valued in this part of the world, and as such, the married most times avoid activities that are derogatory in nature, especially those that leads to stigmatization of the individuals involved. On the other hand, the unmarried most times have less responsibility with regard to family matters (e.g. catering for the welfare of wife and children). They are mostly free to socialize with little or no caution (e.g. clubbing, smoking and drinking in groups, night activities, etc.), and as such, they are more prone to initiate, maintain, and sustain abusive use of cannabis. In other words, because individuals in their pre-marital stage also have strong peer group involvement (that offers social support as well as relevance for drug use), they have reduced need to quit the abusive behavior. As a result, they responded poorly to treatment.

Liang, W. & Chikritzhs, T. (2012) found that being never married, divorced or separated was a strong indicator of hazardous alcohol consumption behaviours. The marital status of young and middle-aged people might serve as a useful screening tool for health professionals wishing to identify patients at elevated risk of alcohol-related problems.

Fals-Stewart, O'Farrell, and Birchler, (2001) found that male patients assigned to behavioral couples' therapy reported greater reductions in drug use and higher dyadic adjustment

compared to patients who received twice-weekly individual counseling.

The NIAAA (National Institute on Alcohol Abuse and Alcoholism) lists statistics about marital status and alcohol dependence that agree with the above findings.

Marital Status	Abstainer	Light Drinker	Moderate Drinker	Heavy Drinker
Married	56.93%	20.71%	15.63%	6.25%
Cohabiting	35.72%	24.02%	24.62%	15.29%
Widowed	80.45%	9.12%	7.10%	2.99%
Divorced	52.32%	19.29%	17.83%	10.16%
Separated	54.22%	18.69%	15.88%	10.43%
Never Married	47.04%	18.70%	23.32%	10.34%

These percentages clearly show that there is a lower tendency for married couples to engage in binge drinking or other forms of alcohol abuse. They also show that after a marriage is over, whether through separation or divorce, the chances are higher of an individual to slip back into alcoholism. This could be because the restraints of commitment and intimacy have been removed, or as a result of the depression that such an event could cause.

CONCLUSION

Our findings suggest that the quality of the marital relationship is particularly important for predicting substance use. Not only being married and satisfied (i.e. having a close and personal relationship) appears to be a protective factor against relapse during treatment, it also discourages substance abuse compared to being single, separated, or living with a partner and having a close and personal relationship.

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