

## Regulatory Focus and Sobriety Intention Among Tertiary Institution Students with Substance Use Disorder in Nigeria

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### Abstract

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Substance Use Disorder has become a global problem as every country of the world is engaged in its regulation in one way or another. Students of tertiary institutions have been identified as high-risk population for SUD. This study sought to predict recovery from substance use among students of selected tertiary institutions using their regulatory focus orientation and sobriety intention (SI). The population was made up of 290 students from 3 tertiary institutions in Plateau State (Plateau State Polytechnic, Plateau State University and the University of Jos) and the sample size (165) was determined using the Krejcie and Morgan, (1970) table for sample size determination. Data was analysed using logistic regression. The study found that promotion focus orientation of does not significantly influence the sobriety intention of individuals with SUD. However, prevention focus orientation significantly influences sobriety intentions of individual with SUD. The study recommend that group session should be organized to enable individuals with promotion focus orientation to learn from those with prevention focus orientation and vice versa.

**Keywords:** *Regulatory focus, Sobriety Intention, Substance use Disorder*

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## **Background to the Study**

Globally, substance use disorder has been categorized at best as a detractor of well-being (Lander, Howsare, & Byrne, 2013), and at worst, deadly (Compton, & Han, 2022). Research (Adamson, Ogunlesi, Lufemi Morakinyo, Onifade, Erinosh, Adewuyi, & Somoye, 2015) reveal that an estimated 167 million people between the ages of 15-65 in Nigeria are actively involved with illicit substances. These substances including, but are in no way limited to; alcohol (with highest prevalence rate of 39%) cannabis, (with 6.6% prevalence rate), inhalants, (6.8% prevalence rate). Substance use disorder (SUD) negatively affects most individuals within organizations as evidenced by their loss of productivity, workplace accidents, employee absenteeism, low morale and ill-health (Bush, & Lipari, 2016). Ample theoretical evidence suggests that the intention to be sober significantly influences an individual's SUD recovery (Ajzen, 1991; Kurland, 1995).

Sobriety Intention (SI), being an immediate antecedent of SUD recovery is not a construct performed mindlessly. The intention to be sober follows rational and coherent behaviour-relevant sequences that are often reinforced by the desire to either promote some rewards or avoid some pain (Higgins, & Silberman, 1998). It inadvertently means some individuals may have the necessary treatment for SUD but end up not making any transition into recovery depending on their SI. In other words, SI is not only a predictor of SUD recovery but may as well be a pre-condition to it.

Research evidence on predictive measures of SI confirms that the regulatory focus orientation of individuals play a crucial role in their cognitive restructuring and protective behaviours (Rodrigues, Lopes, & Carvalho, 2022). Individuals are motivated towards SI either by the need to secure their health (prevention focus) or the need to promote their health (promotion focus). The thought behind regulatory focus simply presupposes that, individuals with substance use disorders may develop sobriety intentions based on their inclination towards achieving positive outcomes (desire to promote health) or avoiding negative ones (desire to prevent health problems). Pillay, Nel, & van Zyl, (2022) observed that under a promotion focus, individuals develop value laden strategies by projecting a positive outcome or self-efficacy, while those with prevention regulatory focus build up strategies that seeking to avoid negative consequences (health challenges).

## **Research Questions**

1. Does promotion focus orientation significantly influence sobriety intention among students with substance use disorders?
2. Does prevention focus orientation significantly influence sobriety intention among students with substance use disorders?

## **Objectives of the Study**

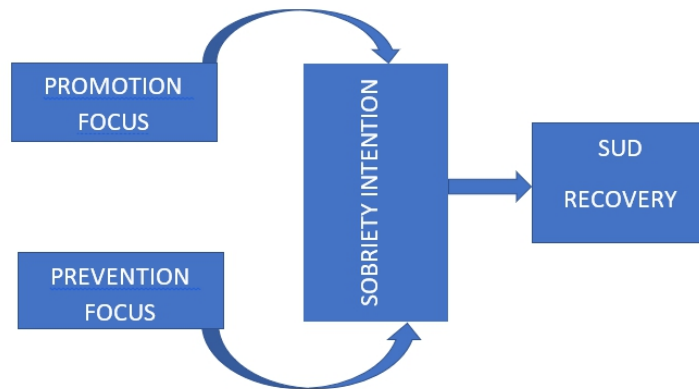
1. To examine the influence of promotion, focus orientation on the sobriety intention of students with substance use disorder.
2. To examine the influence of prevention, focus orientation on the sobriety intention of students with substance use disorder.

## Hypotheses

**Ho<sub>1</sub>**: Promotion focus orientation does not significantly influence sobriety intention among students with substance use disorders.

**Ho<sub>2</sub>**: Prevention focus orientation does not significantly influence sobriety intention among students with substance use disorders.

## Conceptual Framework



## Literature Review

### Conceptual/Theoretical Review

In the psychological literature, intention has proven to be the best forecaster of planned behaviour, particularly when that behaviour is uncommon, hard to observe, or involves volatile time lags (Krueger, Reilly & Carsrud, 2000). Research on intention have been consistently replicated for many years in diverse settings and disciplines with a variety of participants and procedural variations. For example, Pruett, Shinnar, Toney, Llopis, and Fox (2009) focused their analyses of intention on the following factors; culture, personal role models, entrepreneurial disposition, perception of motives and perception of barriers. Some other researchers (Giacomin, Janssen, Pruett, Shinnar, Llopis, and Toney, 2011) analysed the motives and barriers to intention. Similar efforts have been reported in some other studies of intention as Falck, Heblish, and Luedemann, (2012) focused on peers, while Dohse, and Walter, (2012) focused on individual level intention and regional-level controls. Diaz-Casero, Ferreira, Mogollon, and Raposo, (2012) analysed the role of institutional environment in relation to intention. Several other factors related to individual's intentions have also been compiled and cited by Akanbi (2013) to include; age, marital status, employment status (Reynolds et al., 2002; Bates, 2011; Ritsila & Tervo, 2002), personality (Crant, 1996), locus of control (Evans & Leighton, 1989), goal setting (Locke & Latham, 1990), self-efficacy (Zhao, Seibert, & Hills, 2005), and environmental factors (Grundsten, 2004). However, all these studies have left out the relationship between regulatory focus orientation and sobriety intention. This study therefore develops a model that predicts the extent to which individuals with promotion regulatory focus vary from those with prevention regulatory focus in their sobriety intention. These further answers the call by Moeini, Hazavehei, Bashirian, Soltanian, Mousali, & Kafami, (2022) to extend the applicability of the theory of planned behaviour.

## **Regulatory Focus**

Although widely discussed by the general discipline, the concept of regulatory focus has received scant attention from researchers particularly in relation to substance use disorder. Regulatory focus is orientation is a psychological concept that depicts purpose-driven self-control. Andranik, Tumasjan, Reiner, and Braun (2012), view it as the psychological process by which an individual may exert control over his or her cognitive and emotional course of action. In keeping with Higgins' (1998) theory of regulatory focus, Fellner, Holler, Kirchner, and Schabmann (2007) understood self-regulatory focus as the use of mental techniques to direct thoughts, feelings and actions towards goal attainment. This goal includes SI which leads to SUD recovery. It asserts that at any given time an individual's motivation is either towards approaching pleasure (living healthy) or avoiding pain (avoiding ill-health). It highlights the fact that people may not attach the same weight to potential positive outcomes as to the potential negative outcomes of their actions. This means that people have different internal drives towards the same goal (SUD recovery). The idea assumes that within an array of decisions, there is an internal reaction, which makes one's choice appropriate in a particular situation. In other words, Higgins (1997) classified goals within two general categories "ideals" e.g. (aspirations towards recovery) and "oughts" (obligation towards recovery). The two categories according to Pham and Avnet (2004), operate within separate regulatory systems. Ideals operate within an individual's promotion regulatory system while "oughts" to operate within an individual's prevention regulatory system.

Promotion focus typically relies on approach-oriented strategies and is characterized by, in the thoughts of Pham and Avnet (2009), an eager form of exploration that aims to maximize gains. Essentially, promotion focus concerns those things we have to do (Watling, Driessen, Vleuten, Vanstone & Lingard, 2012), as such, individuals with this orientation are motivated by growth and development needs in which they attempt to bring their actions in alignment with their ideal selves based on desires and goals of their aspiration.

Prevention focus orientation is concerned with security or safety. It relies on avoidance-oriented strategies and characterized by a vigilant form of exploration (Pham and Avnet, 2009; Zhang, Zhang, Gursoy, & Fu, 2018). They are responsive to security or safety needs in which they try to match their actual selves with their ought selves (self-standards based on felt duties and responsibilities), opined Lam, and Chiu, (2002).

## **Underpinning Theory: Theory of Planned Behaviour (TPB)**

This study is hinged on the theory of Planned Behaviour (TPB) propounded by (Ajzen, 1991) The framework assumes that behaviour is driven by intention, which are themselves driven by beliefs or attitudes about that behaviour, subjective norms, and perceptions about potential individual control over that behaviour. Intention, according to the theory of Planned Behaviour, are crucial to human actions (Ajzen, 1991). The thrust of the theory of planned behaviour is the individual's intention to perform a given behaviour and the theory simply indicates the effort that the person will make in order to carry out a particular behaviour. The theory assumes that any behaviour requires a certain amount of planning and it can be predicted by the intention to adopt that behaviour. Consequently, the theory asserts that SUD recovery of necessity, is a planned behaviour which must be mediated by sobriety intentions.

## Methodology

Data for analyses were collected from primary sources (Questionnaire) The instrument was adapted from the Commitment to Sobriety Scale (CSS), and Regulatory focus orientation theory. The CSS is a 5-item measure which is completed via interview to assess the level of clients' commitment to alcohol and drug use cessation or sobriety intention. Regulatory focus is a 6-item measure adapted from Fellner, Holler, Kirchler & Schabmann, (2007). The items were selected using rational keying approach based on theories and adapted to suit this study. The population was made up of 290 students from 3 tertiary institutions in Plateau State (Plateau State Polytechnic, Plateau State University and the University of Jos) and the sample size was determined to be 165 using the Krejcie and Morgan, (1970) table for sample size determination. The convenience sampling technique was used to administer the instrument because not all substance users were comfortable admitting it. Of the 165 questionnaires administered, only 122 were returned. The logistic regression analysis was used to analyze data collected.

## Data Analysis and Interpretation

### Model Specification

The functional form of the logistic regression model is stated as:

$$L_i = \ln\left(\frac{P_i}{1 - P_i}\right) = \beta_1 + \beta_2 Pro + \beta_3 Pre$$

Where:

$L$  is the logit.

$P_i$ , the probability of sobriety intention assigned as, 1

$(1 - P_i)$ , the probability of no sobriety intention assigned as, 0

$\ln = \log$

**Pro** = Promotion Focus Orientation

**Pre** = Prevention Focus Orientation

$\beta_1$  = Intercept of the logistic model

$\beta_2$  = Coefficient of Promotion Focus Orientation

$\beta_3$  = Coefficient of Prevention Focus Orientation

## Result and Discussion of Findings

**Table 1:** Reliability Statistics

Guttman	.730
N of Items	11

The value of the Guttman reliability coefficient shows the average correlation among the items of the scale. The value ranges between 0 and 1, it shows that the value of 0 indicates low reliability while 1 indicates high reliability. A value of 0.7 is generally recommended (Pallant, 2004). The result in Table 1 shows that the instrument is reliable based on the Guttman's reliability test.

**Table 2:** Case Processing Summary

Unweighted Cases <sup>a</sup>		N	Percent
Selected Cases	Included in Analysis	113	89.4
	Missing Cases	10	10.6
	Total	123	100.0
Unselected Cases		0	.0
Total		123	100.0

a. If weight is in effect, see classification table for the total number of cases.

Table 2 shows the summary of sample data used for the study. The result shows that 113 out of 123 were used for analysis while 10 accounted for missing value. The number of independent variables for this study are 2 which meets the requirement for further analysis as there are less than 10 independent variables for this study. The violation of this requirement leads to large standard error making the logistic regression estimation method inconsistent.

**Table 3:** Dependent Variable

**Encoding**

Original Value	Internal Value
No Sobriety Intention	0
Sobriety Intention	1

Table 3 shows that the logistic regression is used to analyze relationships between a dichotomous dependent variable and metric or dichotomous independent variables. The variate or value produced by logistic regression is a probability value between 0.0 and 1.0.

**Table 4:** Omnibus Tests of Model Coefficients

	Chi-square	df	Sig.
Step	10.352	2	.003
Step 1 Block	10.352	2	.003
Model	10.352	2	.003

Table 4 shows the result for the test of model fit. For this study, goodness-of-fit statistics help you to determine whether the model adequately describes the data. The Hosmer-Lemeshow statistic indicates a poor fit if the significance value is more than 0.05. Here, the model adequately fits the data, because the P-value is less than the level of significance of 0.05

**Table 5:** Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	55.669 <sup>a</sup>	.088	.225

Table 5 shows the coefficient of determination,  $R^2$ . The Cox and Snell  $R^2$  and Nagelkerke are used to determine the variation of the dependent variable as a result of the changes in the independent variables. Here it is indicating that 8.8% and 22.5% of the variation in the dependent Variable is explained by the independent variable in logistic model.

**Table 6:** Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 <sup>a</sup>						
ProFocus	.318	.406	.612	1	.334	1.374
PreFocus	1.141	.395	8.337	1	.004	3.330
Constant	-3.248	1.979	2.693	1	.101	.039

a. Variable(s) entered on step 1: ProFocus, PreFocus.

Table 6 shows the result of the logistic regression for the influence of promotion focus orientation on the sobriety intentions of students in Plateau State. The coefficient of the variable *promotion Focus* shows that there is a positive relationship to sobriety intentions of students in Plateau State.

The result revealed that promotion focus generates the urge to remain sober. It shows that there are 1.374 chances of promotion focus orientation to inspire students into maintain sobriety. Also, the effect shows an insignificant relationship as the p-value (0.334) is greater than the significant level of 0.05. indicating that the null hypothesis is accepted while the alternate is rejected. This concludes that Promotion focus orientation does not significantly influence sobriety intention among students with substance use disorders.

The value of prevention focus orientation shows a positive relationship to sobriety intention among students with substance use disorders in Plateau State. The result pointed out that prevention focus orientation brings about sobriety intention among students with substance use disorders. It discloses that prevention focus orientation is more likely to prompt sobriety

intention among these students by 3.330 times. Also, the effect shows a significant relationship as the p-value (0.004) is less than the significant level of 0.05. Therefore, the null hypothesis is rejected, as there are no enough reasons to uphold it while the alternate is accepted. We therefore conclude that prevention focus orientation significantly influence sobriety intention among students with substance use disorders in Plateau State.

### **Discussion of Findings**

Based on the result of the logistics regression, it shows that:

The null hypothesis is upheld while the alternate rejected and we therefore conclude that promotion focus orientation does not have significant influence on the sobriety intention of students with substance use disorder. This conclusion is at variance with some scholars (Smith, Wagaman, & Handley, 2009) who suggest that the capacity to vary tasks and therefore achieve much by a promotion focused individual should generally make them better schedule achievers and by extension, intentional with sobriety. The data here however does not agree. However, for the second hypothesis the null was not upheld as there are enough reasons to reject it. Thus, we conclude that; prevention focus orientation significantly influences the sobriety intention of students with SUD.

### **Summary, Conclusions and Recommendations**

An essential antecedent used for predicting sobriety intention of substance users is regulatory focus orientation. A number of studies have shown that individuals with promotion regulatory focus often achieve their goals ahead of individuals with prevention focus orientation particularly in areas of decision making (Crowe, & Higgins, 1997), organizational change (Lieberman, Idson, Camacho, & Higgins, 1999) and Entrepreneurship (Brockner, Higgins, & Low, 2004; Palmié, Huerzeler, Grichnik, Keupp, & Gassmann, 2019). However, based on the analysis, this study presents a different conclusion than the literature on regulatory focus suggests. Prevention focus orientation significantly influence sobriety intention among students with substance use disorder.

This study examined the influence of regulatory focus on sobriety intention among students with substance use disorder in Plateau State. This study recommends that a unifying forum (like Alcoholics anonymous) should be established specifically for students with prevention focus orientation to encourage those with promotion focus orientation and vice versa. This may serve both categories in more ways than substance use disorders.



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**APPENDICES**  
**APPENDIX A1: QUESTIONNAIRE**

**Demographic Information**

1. Age: 18-20yrs  21-23yrs  24-26yrs  27yrs & above

2. Marital Status: Married  Single  Divorced  Widowed

3. Level in University: 200 Level  300 Level  400 Level  500 Level

4. Religion: Christianity  Islam  Others

**INSTRUCTION:** Please rate your assessment of each point according to any of the following bases: Strongly disagree (1); Disagree (2); Undecided (3); agree (4); Strongly agree (5)

Code	REGULATORY FOCUS	1	2	3	4	5
	<b>Promotion Focus</b>					
ProF1	I prefer to work towards being sober					
ProF2	I am eager to stay healthy by being sober					
ProF3	I like trying out lots of different things, that can lead to healthy living.					
	<b>Prevention Focus</b>					
PreF4	I avoid substance use for fear of health challenges					
PreF5	I often think about how I can avoid being sick in my life					
PreF6	I often think about warnings like 'Drugs Kill'					
	<b>SOBRIETY INTENTION</b>					
SI1	Staying sober is the most important thing in my life					
SI2	I am totally committed to staying off of alcohol/drugs					
SI3	I will do whatever it takes to recover from my addiction					
SI4	I never want to return to alcohol/drug use again					
SI5	I have had enough alcohol and drugs					