

Causes of Relapse among Drug Addicts: A Study of Drug Detoxification Centers in Dir Lower, Khyber Pakhtunkhwa, Pakistan

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Abstract: *This qualitative research aimed to explore the underlying factors that lead to relapse among individuals recovering from drug addiction. Utilizing purposive sampling, twelve participants were carefully selected to partake in in-depth interviews designed to investigate their personal experiences and triggers associated with relapse. An interview guide was employed to facilitate the data collection process, ensuring that all relevant aspects were covered. The interviews were recorded to capture the nuanced details of each conversation, later transcribed verbatim to maintain the integrity of the participants' responses. Subsequent thematic analysis revealed several common themes. The findings suggested that initial drug use among participants was frequently driven by peer pressure, curiosity about drugs, and a lack of strong familial supervision and guidance. After undergoing detoxification, many participants found themselves relapsing due to a variety of triggers. These included persistent peer influence, where old circles of friends encouraged drug use; inadequate support from family members, leaving individuals feeling isolated and unsupported; economic hardships, which led to increased stress and a tendency to revert to old habits as a coping mechanism; psychological distress, including feelings of anxiety, depression, and low self-worth; and intense cravings for substances previously abused. The study calls for a comprehensive strategy to prevent relapse, advocating for strict law enforcement to curb illicit drug use, enhanced public education to raise awareness about drug dangers via social and mass media, and increased family involvement in recovery efforts. This includes families engaging more actively by maintaining open communication, participating in therapy sessions, and creating a supportive home environment that discourages drug use and fosters healthy coping mechanisms.*

Introduction

In the physiological realm, drugs are defined as chemicals or substances capable of modifying bodily functions. Certain drugs, when prescribed by healthcare professionals, assist individuals in managing health conditions (Dowshen, 2018). However, most of these substances lack a therapeutic purpose or benefit. The abuse of drugs involves their entry into the bloodstream through ingestion,

inhalation, or injection, subsequently affecting the brain and other bodily systems. The impact on the brain varies; drugs can heighten or dull senses, modify levels of wakefulness or drowsiness, and in some instances, reduce pain perception. This influence is attributed to the drugs' interaction with brain mechanisms that impair decision-making and health-promoting behaviors. A notable association exists between alcohol consumption and increased risk of engaging in hazardous behaviors, such as driving while intoxicated or unprotected sexual activities (Dowshen, 2018). Despite the initial euphoria, substances like illegal drugs, alcohol, tobacco, and inhalants detrimentally affect both the body and brain, compromising health.

Extending beyond the health implications, the social repercussions of substance abuse are profound and destructive. These behaviors disrupt family dynamics, jeopardize employment, and cause financial instability, often altering behavior and straining social relationships, leading to isolation. Additionally, dependency on drugs and alcohol heightens the likelihood of legal issues, including arrests related to driving under influence or possession of illegal substances (Dowshen, 2018).

From an economic standpoint, the societal costs of substance abuse are staggering, with estimates running into hundreds of billions annually in the United States. These expenses encompass healthcare for drug-related conditions, losses due to decreased productivity, and the financial burdens of crime and law enforcement associated with substance abuse (Dowshen, 2018).

Preventive education and treatment programs are crucial in addressing substance abuse issues. Effective prevention strategies often involve community-based education initiatives aimed at increasing awareness of the risks associated with drug use and promoting healthy lifestyle choices. Treatment options for substance abuse typically include therapy, medication, and support groups, all of which play a significant role in helping individuals recover from addiction and minimize the chances of a relapse. These measures not only support individual recovery but also bolster societal health and economic stability (Naidoo, 2009).

According to Naidoo, patients treated at Jullo Rehabilitation Centre—a prominent facility utilized by SAPS officers in Durban—often relapse due to their tendency to forget the circumstances leading to their admission. Upon discharge, these patients believe they are capable of resolving their issues independently, a conviction strongly held by members of the SAPS influenced by their "macho image." After their rehabilitation, although individuals may have changed, they return to an unchanged and unsupportive work environment. This lack of support from senior managers, coupled with stressful job roles, stagnant salaries, and no opportunities for advancement, significantly hinders their ability to maintain sobriety. Furthermore, these systemic issues within the SAPS highlight the necessity for organizational changes that address not just individual treatment but also the working conditions contributing to substance abuse among officers. Such improvements could include enhanced mental health support, consistent follow-up care post-rehabilitation, and alterations in workplace culture to reduce the stigma associated with seeking help for substance abuse (Naidoo, 2009).

The challenge is further exacerbated by the prevailing stigma associated with addiction, especially within professions that maintain a "macho" image, such as law enforcement. This stigma often discourages officers from seeking necessary help and contributes to their isolation when they do choose to pursue treatment. To combat this, a cultural transformation within the SAPS is imperative, aimed at fostering an environment that is both understanding and supportive. Such a shift would encourage officers to seek help without the fear of judgment or repercussions (Naidoo, 2009). Implementing comprehensive wellness programs that incorporate mental health resources, peer support groups, and managerial training on effective support methods is vital. These steps could significantly diminish the rate of relapse and enhance long-term recovery outcomes for police officers. By promoting an organizational culture that values mental health and supports recovery, the SAPS can make substantial progress towards mitigating the impacts of addiction within its ranks (Naidoo, 2009).

Treatment outcomes for substance use disorders can vary widely, often resulting in either relapse or sustained abstinence. Connors et al. (1996) assert that the nature of substance use

disorders as chronic relapsing conditions plays a critical role in these outcomes. Similarly, Perkinson (2004) describes alcoholism as a chronic relapsing brain disease, highlighting the persistent risk of relapse for individuals even after successful treatment. This notion is supported by data indicating that relapse rates for individuals treated for alcoholism can range between 35% to 58% within the first two weeks to three months following treatment (Connors et al., 1996). Moreover, Lewis et al. (2002) note that both substance abusers and their counselors are frequently confronted with relapses, marking a regression to drug or alcohol use despite having undergone quality treatment. These observations underscore the complexities of treating substance use disorders and the continuous challenges faced in striving for recovery.

Building on these findings, it is clear that maintaining sobriety presents a complex and ongoing challenge, influenced by various factors including genetic predisposition, duration of addiction, and co-occurring mental health disorders. These elements significantly affect recovery outcomes and highlight the importance of comprehensive aftercare programs. Such programs are designed to provide ongoing support and monitoring well beyond the initial treatment phase, featuring outpatient therapy, support groups, and lifestyle adjustments to help individuals transition to a life free from substance dependence.

Personalizing treatment plans can significantly enhance their effectiveness. By understanding each patient's unique background and specific needs, healthcare providers can devise interventions that address the multifaceted nature of addiction—encompassing physical, psychological, and social aspects. Education on coping strategies, stress management, and family therapy are also crucial for fostering successful long-term recovery (Connors et al., 1996; Perkinson, 2004; Lewis et al., 2002).

In the context of alcohol dependence, the prevalence of relapse post-treatment is alarmingly high, with estimates suggesting that 80% to 90% of individuals with alcohol dependency relapse within three months of treatment (Marlatt, 1985; Mackay & Marlatt, 1991). Such high relapse rates underline the necessity for sustained support and interventions that extend well beyond the initial treatment. Research by scholars like Marlatt indicates that relapse may be attributed to various factors, including the chronic nature of alcoholism, the individual's environmental influences, and insufficient coping mechanisms to manage triggers and stress effectively. Consequently, developing and implementing effective relapse prevention strategies, which teach individuals how to navigate high-risk situations without reverting to alcohol use, has become a focal point in addiction treatment (Marlatt, 1985; Mackay & Marlatt, 1991).

Additionally, strengthening treatment programs through the integration of comprehensive relapse prevention education, regular follow-ups, and the use of therapeutic modalities such as cognitive-behavioral therapy (CBT) and motivational interviewing (MI) can markedly improve outcomes. These therapies are specifically designed to aid individuals in altering their thought patterns and behaviors associated with alcohol use and to enhance their motivation towards recovery. Participation in support group meetings, like those offered by Alcoholics Anonymous (AA), also plays a crucial role by providing a supportive community that bolsters an individual's commitment to maintaining sobriety (Marlatt, 1985; Mackay & Marlatt, 1991).

The impact of alcoholism and dependence extends beyond the individual, affecting society at large. The psychological and health-related costs are well-documented, but the financial implications also impose a significant burden on society (Marlatt & Gordon, 1980). Despite extensive efforts to better understand the development of alcohol dependency and to treat it effectively, progress has been sporadic and success rates have been inconsistent (Mackay & Marlatt; Donovan & Marlatt, 1988).

The economic repercussions of alcohol dependency extend well beyond the immediate healthcare expenses, affecting productivity, increasing incidences of accidents and crime, and escalating social welfare costs. Furthermore, the burden extends to the emotional and financial strain on the families of those affected, which often leads to wider social issues like poverty and domestic violence. These extensive impacts position alcoholism not merely as a personal health problem but as a significant public health issue (Marlatt & Gordon, 1980).

Research into the development of alcohol dependency underscores the interplay of genetic, environmental, and psychological factors, complicating the creation of universally effective treatments. Various strategies, from pharmacological solutions to behavioral therapies and support groups, have been examined. Each approach presents its own set of advantages and limitations, which are frequently influenced by the individual's specific addiction characteristics and their response to treatment (Donovan & Marlatt, 1988).

Efforts to enhance treatment efficacy have led to an emphasis on personalized treatment plans that cater to the unique circumstances of each individual. This personalization extends beyond selecting a treatment modality to incorporating comprehensive support systems that address the holistic needs of the person. These systems include mental health services, employment assistance, and family therapy, aiming to offer a well-rounded approach that not only addresses alcohol dependency but also facilitates the individual's reintegration into society, thereby improving both personal and societal outcomes (Mackay & Marlatt; Donovan & Marlatt, 1988).

Significant efforts have been made to understand and treat alcohol dependency, but success has been inconsistent (Mackay & Marlatt; Donovan & Marlatt, 1988). The complexity of alcohol use disorder (AUD), which involves biological, psychological, and social factors that differ significantly among individuals, complicates the development of a universally effective treatment strategy. Factors such as the severity of the dependency, co-occurring mental health conditions, and individual motivation levels play crucial roles in treatment outcomes (Mackay & Marlatt; Donovan & Marlatt, 1988).

Research is increasingly focused on personalized medicine, tailoring treatments to the genetic, environmental, and psychological specifics of each patient. This includes new pharmacological treatments targeting addiction pathways and psychological therapies adapted to individual needs, like cognitive-behavioral therapy, motivational interviewing, and contingency management, which show promise in treating AUD more effectively (Donovan & Marlatt, 1988).

Additionally, integrating treatment with community support systems, such as job training, family counseling, and social support networks, is crucial. These efforts aim to provide a holistic approach that helps individuals rebuild their lives and maintain sobriety, recognizing the importance of ongoing support post-treatment to prevent relapse (Mackay & Marlatt).

The Drug Wheel, developed between 2011 and 2012, marks a significant innovation for healthcare professionals dealing with drug-related emergencies, including overdoses. This tool classifies drugs based on their effects rather than their legal status or chemical structure, assisting paramedics, doctors, nurses, and social workers in quickly understanding and responding to the impacts of various substances. Initially crafted in response to the emergence of New Psychoactive Substances, the Drug Wheel includes categories that traditional classifications—such as opioids, depressants, stimulants, or hallucinogens—might overlook or mischaracterize (Drug Wheel July 1, 2021).

This advancement greatly enhances the capabilities of medical and emergency personnel by providing a more intuitive and practical framework. It aids in promptly identifying potential dangers and determining the appropriate interventions for different drug types, particularly in critical situations like overdoses.

Furthermore, the Drug Wheel is invaluable not just for emergency responses but also for educational purposes. It educates healthcare providers and the public on the effects and risks associated with various drugs, supporting the development of informed public health policies and harm reduction strategies. This is crucial in addressing the challenges posed by both legal and illegal substance use.

With the ongoing evolution of drug use and the constant introduction of new psychoactive substances, the adaptable framework of the Drug Wheel is especially beneficial. It allows for the integration of new drug categories and subcategories as necessary, ensuring it remains an up-to-date and effective tool for drug-related health interventions (Drug Wheel July 1, 2021).

Methodology

The present study, qualitative in nature, was conducted in 2022 in Dir Lower, Khyber Pakhtunkhwa, Pakistan. The scope of the research encompassed all individuals experiencing addiction relapses, with a specific focus on those associated with the detoxification center in Timargara, aiming to elucidate the underlying causes of relapse. The study population included all individuals who had relapsed in Dir Lower, encompassing both those who had been rehabilitated and those newly admitted to detoxification centers in Timargara.

Timargara hosts four drug detoxification centers: Da Haqq Awaz Rehabilitation Centre, Life Rehabilitation Centre, Dir Psychiatric Rehabilitation Centre, and the Drug Rehabilitation Centre at Social Welfare, Timargara. The researcher included all these centers in the study to ensure comprehensive data collection. Additionally, the sample size was not predetermined; instead, data collection continued until no new information was generated, indicating that the saturation point had been reached.

Results

Theme: 1 Causes of Relapse

Attempting to maintain long-term recovery can be highly precarious, particularly when a relapse occurs. Relapse prevention is challenging due to the variety of factors that can trigger such an event, including stress and environmental influences like associating with drug users or visiting places linked to past drug use (Recovery.org, 2017). The process of treating individuals with substance use disorders and supporting their counselors is significantly hampered by the recurrence of relapse, despite the provision of quality treatment (Lewis et al., 2002). Addiction is often described as a chronic relapsing brain disorder, characterized by a substantial number of individuals reverting to alcohol consumption within a year after treatment. This initial lapse can escalate to a full relapse, where individuals return to pre-treatment levels of substance use.

Relapse prevention strategies, essential for reducing both the likelihood and severity of a relapse, often incorporate cognitive-behavioral techniques. These strategies are designed to identify situations that pose a high risk of relapse and assist individuals in sustaining behavioral changes (Menon & Kandasamy, 2018). The cognitive-behavioral model of relapse recognizes any situation that threatens an individual's efforts to abstain as a high-risk scenario. The relapse prevention model provides strategies to help individuals either avoid these high-risk situations or manage them effectively without falling back into old patterns (Menon & Kandasamy, 2018).

Relapse remains the most prevalent challenge faced by rehabilitation centers. During the study, it was observed that many patients relapsed, which poses ongoing challenges not only for the individuals affected but also for their families. It was noted that each individual has specific triggers that may propel them towards relapse. Several respondents shared their experiences as follows:

Theme 1.1 Peer Influence

Throughout the course of the study, it emerged that re-engagement with friends from their past addictive circles was a significant factor leading to relapse after detoxification. This return to drug use often occurred when individuals reconnected with old acquaintances known for substance use. Several respondents shared their experiences regarding this issue as follows:

One of the respondents described their experience as follows:

Here's what respondent number 05 shared:

"A couple of months after I quit, one of my buddies noticed I seemed off and told me I was mentally upset. That led to me being admitted to the center. The more I thought about it, the more I started believing maybe he had a point about why my dad sent me there. Eventually, it all got too much, and I just needed a smoke again, so I fell back into smoking charrs". (Respondent no 05, 17/12/2022).

Another Respondent describe their experience as that:

Respondent number 07 shared this story:

"One day, I was hanging out with a friend who suggested we go for a picnic. He liked hashish too. We left our village and settled down by a river. He rolled a cigarette and began to smoke. I wasn't planning on doing drugs that day, but then I saw the woman I loved walking with her husband to her father's house, which was right across from where we were. Her face and eyes captivated me deeply.

After they went inside, I couldn't stop thinking about her, and the stress of it all made me start smoking again." (Respondent no 07, 19/12/2022)".

Theme 1.2 Lack of Family Support

During the research, a common theme emerged among many individuals with substance use disorders: a lack of family support. This was a significant factor mentioned in the personal accounts they shared. Here are some of the stories told by the respondents:

One of the respondents described their experience as follows:

Respondent number 03 shared their experience, highlighting the impact of familial misunderstanding and stigma:

"One night, I just couldn't sleep at all, and by morning, my eyes were bright red. When my uncle saw me, he immediately accused me of still being addicted. I tried to explain that my insomnia was the reason for my appearance, but he wouldn't listen. Instead, he started to verbally abuse me, even going so far as to say that I wasn't a human. That kind of treatment, four months into my recovery, pushed me to start using again" (Respondent no 03, 17/12/2022).

Theme 1.3 Due to Poverty/Economic Problem

Economic hardships were frequently cited as a major factor contributing to relapse among the study participants. Many respondents mentioned that financial crises were pivotal in their decisions to return to substance use. Here are some of the statements they made:

One of the Respondents describes his experience as that:

Respondent number 02 explained their situation as follows:

"After 15 months, our family started facing economic problems. This made me feel so sad and alone that I turned to using drugs again" (Respondent no 02, 15/11/2022).

Another Respondent:

Respondent number 06 shared a poignant story: "One day, the poverty we were experiencing pushed me to the brink. I felt so desperate that I considered ending my life because of our financial troubles. My daughter was sick, and I couldn't find anyone who would lend me money for her treatment. That's when I turned back to using drugs" (Respondent no 06, 18/12/2022).

Theme 1.4 Psychological problem

The research revealed that many patients experienced mental health challenges, such as violent behavior, anger, and depression, following detoxification. These issues often acted as triggers. After treatment, many individuals still had strong cravings for their drug of choice, and the combination of mental health problems with these cravings frequently led to relapse. Here are some of the statements made by the respondents:

One of the Respondents explain their experience as that:

Respondent number 08 recounted:

"A month after detox, I found myself getting into fights with family members and sometimes other people in the community. This built up a lot of tension for me, and one day, it drove me to buy drugs again from a local seller and start using" (Respondent no 08, 20/12/2022)".

Another Respondent describe that:

"Respondent number 01 explained their struggles, saying, "Most of the time, I have trouble sleeping, and sometimes I experience vomiting and anger. These issues led me to start using drugs again one day" (Respondent no 01, 21/12/2022).

One of the Respondents also explains their experience that:

"I've felt sad and tense for a while now, and this stress pushed me into isolation, which eventually caused me to relapse" (Respondent no 02, dated 22/12/2022).

Another Respondent describe that:

"I've been having a hard time sleeping lately, you know? And it's not just that—I'm often angry, almost always tense. All that stress really got to me, and one day, I just felt so worn out, I ended up using again".

Discussion

The present research investigates the factors leading to relapse within detoxification centers located in Dir Lower Khyber Pakhtunkhwa, Pakistan. As a result, this study has pinpointed four primary

factors contributing to relapse, which are extensively examined and discussed in subsequent sections.

Peer Influence

Peer influence is recognized as a potent factor in encouraging the younger generation to engage in high-risk behaviors, including drug abuse, by leveraging their social circles. The outcomes of this study align with those of similar research, including studies by Jan et al. (2016) and Jan et al. (2021), which also examined this topic. These studies suggest that the influence of peers on relapse can either increase or decrease the risk depending on the nature of these relationships. Particularly, the impact of friends who use drugs is significant, as their behavior can lead their close friends and peer groups to return to addictive habits (Akbari et al., 2021; Urberg et al., 2005). Additionally, a study by Sharma et al. (2012) underscores the substantial role of peer influence in substance abuse relapse, noting that 50% of relapse cases were driven by peer interactions. This effect is especially marked among youths, individuals with lower educational and socioeconomic backgrounds, and those with familial histories of substance abuse. The study highlights the necessity of interventions that focus on the social aspects of recovery to prevent relapse after detoxification periods (Sharma et al., 2012).

Lack of Family Support

The absence of family support is a critical factor contributing to various mental and emotional health issues. A foundational study by Prociano and Heller (1983) differentiates between the impacts of friend support and family support, demonstrating that the lack of familial social support is strongly linked to heightened psychological distress. This relationship is further examined by Sepa, Frodi, and Ludvigsson (2004), who found a significant correlation between inadequate social support in parenting and increased stress levels among parents, adversely affecting family dynamics. Additionally, Boyd (2002) highlights that mothers of children with autism, facing elevated stress levels, often actively seek social support, indicating that insufficient family support can intensify stress. These studies collectively emphasize the pivotal role of family support in safeguarding mental health and underscore the profound psychological impact in its absence.

Prociano and Heller's research delves into the distinctions in perceived social support from family versus friends and its influence on psychological well-being, revealing that a lack of family support is particularly harmful and strongly associated with increased psychological distress. The findings underscore the critical role family support plays in mitigating psychological challenges and stresses, highlighting its unique importance distinct from the support friends might provide.

Further, the study by Sepa, Frodi, and Ludvigsson (2004) identifies a direct correlation between the lack of support and heightened stress among parents. It examined a large sample of families and concluded that inadequate social support significantly contributes to parenting challenges, impacting both parental and children's well-being. The research stresses the need for social structures and support systems that can aid parents in managing the demands and stresses of parenting, especially in challenging circumstances.

Boyd's study focuses on family dynamics involving children with autism, noting that stress levels are typically higher in these families. The lack of adequate social support, both formal and informal, exacerbates these stress levels. Mothers, in particular, are found to be actively seeking out social support as a coping mechanism, which underscores the importance of a supportive community to assist in managing the day-to-day stresses of raising children with special needs. These findings collectively highlight the importance of family support in maintaining mental health and managing stress, particularly under challenging circumstances, advocating for the development and enhancement of support systems that provide necessary resources and emotional support to families facing various stressors.

Psychological Factors

Recovery from addiction is a multifaceted journey deeply affected by psychological elements and the level of family support available. The cognitive-behavioral framework by Marlatt and Gordon (1985) underscores the importance of intrapersonal high-risk situations, often worsened by negative emotional states such as frustration, boredom, anxiety, depression, and anger, in the process of

relapse. These emotional states arise from individual perceptions but are also greatly influenced by environmental factors, such as family support levels.

Research indicates that inadequate family support can act as a major environmental stressor, amplifying these negative emotional states. Procidano and Heller (1983) found a direct correlation between insufficient family support and increased psychological distress, which may lead to higher rates of relapse. This lack of support creates an environment where negative emotions can flourish, further complicating recovery efforts.

Additionally, Sepa, Frodi, and Ludvigsson (2004) highlighted how parenting stress, often due to insufficient social and familial support, can deteriorate mental health, driving individuals toward maladaptive coping mechanisms like substance use. Boyd (2002) also noted the particular challenges faced by mothers of children with autism, who experience heightened stress levels due to inadequate social support, showcasing how family dynamics significantly influence stress and, potentially, relapse into addictive behaviors.

The implementation of family-based interventions and the strengthening of family support systems are vital in reducing these risks. According to Marlatt and Gordon's model, training in coping skills, mindfulness, and stress management techniques are beneficial. However, these methods are greatly enhanced when strong family support systems are established. Family members who are actively involved can provide emotional support, mitigate environmental stressors, and help sustain a supportive environment that discourages relapse.

Due to Poverty/economic problem

Marlatt and Gordon's research has significantly deepened our understanding of the factors that lead to relapse in addiction recovery. Notably, Marlatt's 1996 study highlights the critical influence of intrapersonal negative emotional states and interpersonal conflicts in triggering relapse episodes (Marlatt, 1996). These insights reveal the intricate interaction between an individual's emotional conditions and external interpersonal dynamics, such as economic stressors, which can increase the likelihood of relapse.

Economic hardship serves as a pivotal environmental and interpersonal stressor, escalating psychological distress and interpersonal conflict within families and communities. This type of stress often correlates with increased anxiety, depression, and other adverse emotional states, which are well-documented risk factors for relapse. Additionally, financial strain can aggravate family disputes concerning financial matters, contributing to the interpersonal high-risk situations that Marlatt and Gordon identified as key triggers for relapse (Marlatt & Gordon, 1980).

Furthermore, the extensive societal repercussions of alcohol misuse and dependency underscore the devastating cycle of addiction fueled by economic difficulties. The lack of financial resources not only compromises an individual's ability to maintain sobriety but also restricts their access to essential treatment and support services, thereby impeding recovery efforts (Marlatt & Gordon, 1980).

Supporting this connection between economic stress and addiction relapse, additional research demonstrates how poverty and economic instability lead to negative coping strategies. For instance, studies indicate that individuals in economically disadvantaged conditions frequently lack the necessary social support systems and resources vital for sustaining recovery, rendering them more vulnerable to relapse.

Overall, effectively addressing economic stress is crucial for preventing relapse and supporting long-term recovery in those battling addiction. This approach requires a comprehensive strategy that not only enhances individual emotional and psychological resilience but also includes structural interventions to improve economic conditions and ensure access to extensive support services.

Conclusion

The recent study conducted in Dir Lower Khyber Pakhtunkhwa, Pakistan, has significantly enhanced our comprehension of the complex causes of relapse among individuals in detoxification centers. Through detailed analysis, this study identified four primary factors that significantly influence the relapse process: peer influence, lack of family support, psychological issues, and economic problems.

These factors, deeply embedded in both the social and personal realms of the individuals, highlight the intricate nature of addiction and relapse.

Peer influence was pinpointed as a crucial factor, with the study reinforcing the notion that the social circles of individuals, particularly those including drug users, significantly impact relapse tendencies. This finding aligns with prior research, emphasizing the dual nature of peer influence, which can either deter or exacerbate relapse risks depending on the characteristics of the peer group.

The absence of family support further complicates the relapse equation, illustrating how the lack of a nurturing and supportive home environment can drive individuals towards seeking solace in substance abuse. This aspect highlights the critical role of family in the recovery process and underscores the need for interventions that actively involve family members in rehabilitation efforts.

Psychological issues, particularly negative emotional states such as anxiety, depression, and boredom, are identified as significant triggers for relapse. The findings support the cognitive-behavioral framework, suggesting that addressing these underlying psychological challenges through coping skills training, mindfulness, and stress management techniques is essential for relapse prevention.

Economic problems, including poverty, are also highlighted as a significant factor contributing to relapse. The stress and despair associated with financial instability can compel individuals to seek escape through drug use, emphasizing the necessity for comprehensive support systems that address not only the psychological and social aspects of addiction but also the economic challenges faced by individuals.

In conclusion, this study illuminates the complex interplay of social, psychological, and economic factors in the relapse process among individuals in detoxification centers in Dir Lower Khyber Pakhtunkhwa, Pakistan. It advocates for a holistic approach to addiction treatment and relapse prevention, encompassing not only individualized therapeutic interventions but also broader community and societal support systems. Addressing these multifaceted causes of relapse is crucial for the development of effective rehabilitation programs and for fostering sustainable recovery journeys for individuals battling addiction.

Informed Consent: Participants involved in this study provided their informed consent prior to their participation.

Peer-review: The study underwent peer review by independent experts specializing in the field.

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