

Relapse of drug addicts; A review

Abstract: Drug addiction is a worldwide problem and it is increasing especially in young age persons. Large number of abusers who were treated from drug addiction suffered relapse and sometimes they relapse in more uncontrolled way. There are several risk factors for relapse including depression, stress, unemployment, marital status and young age. Identifying relapse risk factors can help in establishing effective programs for relapse prevention.

Keywords: Relapse, Drug addiction, Relapse risk factors.



Introduction:

It was estimated by The Centers for Disease Control (CDC) that almost 10.2% of American population was involved in illicit drug use, and the rate increased to 22% among young adults between the ages of 18 and 25 years [1]. The number of drug addicts in the world was estimated to be 300 million, with a yearly 200,000 killed individuals and 10 million persons lose their ability for work [2]. Substance abuse is a relapsing chronic illness [3]. Large number of persons who treated from drug addiction returned to using drugs shortly after the treatment [4,5], due to the great mental and physical dependency caused by drugs [6].

The high rate of relapse is a frustrating problem, and the cure of relapse still elusive [7]. There are many reasons for relapsing such as depression, anxiety,

adverse life events, work stress, positive mood, stress, social pressure, marital conflict, family dysfunction and a lower level of social support [8-10]. These factors can be categorized into psychological, physiological and environmental variables that account for personal vulnerability, to situational factors that precipitate the relapse event [11]. It was claimed that relapse and prevention of relapse represented a big challenge for clinicians who work with addicts [12].

In the recent years, as a result of the high rates of relapse after drug addiction treatment, attention has been increased to develop relapse prevention programs and to study the different factors impinging upon relapse [11]. Identifying the risk factors, the nature as well as the prevention of relapse is very necessary in order to establish effective programs for treatment. The aim of this review is to highlight the risk factors for relapse to make attention to these factors when establishing programs for relapse prevention.

Materials and methods:

In the present review we used the internet to get the articles involved in this review. We used several keywords to obtain the articles related to the current subject such as " Relapse, Risk factors for relapse, Relapse prevention, Rate of relapse. We used Google Scholar, Pubmed and ResearchGate sites to find the articles. We obtained 22 articles, we excluded 15 articles as they didn't focus on the current subject and we included 8 articles, the included articles were published between 2001 to 2017.

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Discussion:

1. Definition of Relapse:

The relapse is the return to use substances regularly and sometimes in uncontrolled manner [7], and as a phenomenon, it was explained as a complex interaction between social, psychological and biochemical mechanisms [13]. It

2. Relapse rate:

Relapse is very common after treatment for drug addiction [3], it was stated that 25-50% of substance abusers will relapse within 2 years after receiving treatment [14]. It was reported that within 6 months, 78% of adolescents suffered relapse after stopping drug addiction [15]. It was reported in one study after 10 years of follow up that in the first year almost one-third of clients who were in full remission relapsed and over the follow up duration the other two-thirds relapsed [5]. It was reported that 71% of individuals who were treated from marijuana and achieved 2 weeks of continuous abstinence relapsed to marijuana use within 6 months [16].

A higher percent of relapse 91% was reported by Smyth et al [17], however the relapse rate was the highest in China where the rate of relapse was reported to range between 80% and 95% in the first year [18]. In Iranian study [3] it was found that the relapse rate was 64% in 6 months of follow up. Other rates of relapse were reported from China for heroin abusers and it was found that in the first month the relapse rate was 54.57%, and it decreased to 31.76% within 1st to

3rd months, however the relapse rate within the first 6 months was 93.31% and within 1st year it was 96.68% [19].

A study from China [6] reported low rate of relapse of the studied groups during 2 years of follow up and this low rate obtained by combining the detoxification medications with appropriate psychological counseling and social support measures.

3.Risk factors of relapse:

Relapse differs between individuals depending on the personal style, however there are common factors associate with relapse [7]. Daley [20] divided the factors that associated with relapse into 5 domains; family of the individual, the chemically dependent person, treatment system, treatment professionals and other community systems. These domains in turn are affected by several variables such as behavioral variables (e.g: social skills, coping responses), environmental and

relationship variables (e.g: social pressures, family stability, major life changes and stresses), psychiatric variables (depression), cognitive variables (e.g: perceptions of self-efficacy, attitudes toward using chemical substances, attribution of causality), spiritual variables, personal variables (negative mood states) and physiological variables (e.g: illness, pain, cravings, withdrawal symptoms, medications) [11].

Also other risk factors for relapse were reported including socio-demographic factors such as unemployment, young age at initiation, peer group influence, male sex, singular status, family history of substance abuse. Other factors predict poor outcome in substance abusers involving co-morbid psychiatric illness or personality disorder [21]. Low socio economic status was significantly affected relapse and more of relapsed cases had family history of substance abuse than controls [21]. One study showed that relapsed heroin addicts had significantly higher depression, psychosis and paranoia scores than normal [22].

It was reported that the duration of drug use was associated with relapse and longer years of drug addiction related to bigger changes in neural biochemical mechanism [6]. Regarding family as a contributing factor for relapse, one study showed that there were several significant differences between the families of relapsed individuals and families of drug-free individuals, the families of relapsed persons were characterized by more limited acceptance of different views and opinions, restricted expression of feelings, higher level of mistrust, greater tendency to avoid taking responsibility for one's deeds, lower degree of cohesiveness, and a greater sense of distress caused by interpersonal conflicts [11].

Also, it was reported that the families of drug addicts didn't encourage open expression of feelings and were emotionally distant [23]. Another study reported

that family conflict, family structure and parental substance use were significantly related to relapse in addicted adolescents [24].

Several studies identified the parental substance use as the most common risk factors for adolescent substance use and relapse [25,26] and it was reported as relapse predictor[26-28]. Also, lack of parental involvement, poor family management lack of parental warmth and absence of parents are risks for adolescent relapse[29-31]. It was reported in several studies [3,10,32,33] that being unemployed, having drug user in the family and stay connected with drug user friends after quitting were strong factors associated to relapse, also having lower hope to quit and smoking were other factors that determined relapse [3].

A study from India reported that unemployment was strongly associated with relapse and being single was a relapse predictor [21]. It was reported that relapse to addiction was associated with younger age [17,21,32], while another study

showed that there was no difference in the average age of non-relapsed and relapsed individuals [3]. From the findings that showed that relapse was associated to younger age, we can conclude that the older age in substance abuse is associated with better outcome. It was demonstrated that low literacy was associated with relapse [5,33], while another study showed that different education levels didn't affect relapse rate [3].

4. Relapse stages:

Relapse was divided into 11 phase [34], however it can be simplified into 3 stages of relapse which include emotional, mental and physical relapse [35].

4.1 Emotional Relapse:

In this phase, persons don't think about using, as they remember the last relapse they suffered and they have no desire to repeat it again, deny is a part of emotional phase [35]. Emotional relapse has several signs including isolating,

focusing on others, bottling up emotions, poor eating and sleeping habits and not going to meetings or going to meetings but not sharing [36]. Poor self-care is a cause for emotional relapse, so in this stage the therapy strategy depends on making the individual understanding what self-care means and why it is important [37]. Also therapy aims to make the person able to identify his denial [35].

4.2 Mental relapse:

This phase is characterized by the fight occurs inside the mind of the person on using and not using substances [35]. Mental relapse involves different signs such as craving for drugs, lying, minimizing consequences of past use or glamorizing past use, bargaining, thinking of schemes to better control using, thinking about people, places, and things associated with past use, looking for relapse opportunities and finally planning a relapse [36].

The therapy strategy in this stage depends on helping the person to avoid high-risk situations [35]. Bargaining is thinking of ways to make it acceptable to use

substances again and it is represented in several forms such as the person gives himself the permission to use on trips or holidays, thinking about periodic relapse in a controlled way and the other form of bargaining is switching one addictive substance for another [35].

4.3 Physical relapse:

Physical relapse means starting using of substances again, most of physical relapse is relapse of opportunity. It was demonstrated that clinical experience that individuals don't appreciate the consequence of one drug use as it may quickly leads to a relapse of uncontrolled using [35].

5. Relapse prevention:

Prevention of relapse is the most important step for positive changes and successful long term of abusers' behaviors [38]. Relapse is a gradual process with defined stages [35], relapse prevention depends on the understanding of the gradual nature of relapse process [34] the treatment goal is to help persons recognize the early stages, so they achieve better chances of greatest success [36].

It was reported that the only true strategy to prevent relapse can be achieved by abstinence, or refraining from using the substance at all, there is a 15% percent of relapse chance for addicts who remain abstinent for five years or more, while the chance of relapse increases to 50% for those sober for a year and it was found that one-third of abusers who abstain for less than a year will maintain their sobriety [39]. Recovery is a process of several stages in which each stage has the risk for relapse, recovery is a process of personal growth with developmental milestones [40].

Cognitive therapy and mind-body relaxation are the main tools for prevention of relapse, these tools aim to develop healthy coping skills and change negative thinking of the individual [41]. It was confirmed that cognitive therapy was effective to prevent relapse [42]. The negative thoughts can lead to resentments, anxiety, depression and stress which all can lead to relapse [35].

6.Recovery:

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The recovery process is a process of personal growth which involves several stages and each stage has its own risk for relapse and its own developmental tasks which are necessary for reaching the next stage [40]. Each stage of recovery has its own duration which differs between different individuals, there are three stages originally named transition, early recovery, and ongoing recovery [40], the more descriptive names are abstinence, repair, and growth [35].

6.1 Abstinence Stage

This stage start immediately after stopping the use of substance and it may lasts for 1-2 years [36]. The large problem in this stage is dealing with cravings and not using [43]. This stage involves some tasks such as; accept that you have an addiction, develop coping skills for dealing with cravings, practice self-care and saying no, understand the stages of relapse and the dangers of cross addiction [40]. Several risks for recovery are present in this stage such as wanting to use just one more time, poor self-care and struggling with whether one has an addiction [35].

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6.2 Repair stage:

This is the second stage of recovery which depends on repairing the damage that caused by addiction [40]. It was reported from the clinical experience that this stage takes 2-3 years and it is normal for the individuals to feel worse temporarily [35]. The developmental tasks of this stage include; develop a balanced and healthy lifestyle, repair relationships, start to feel comfortable with being

uncomfortable and use cognitive therapy to overcome negative self-labeling

[36,40].

6.3 Growth stage:

Developing skills is the corner stone for this stage, this stage aims to moving forward and dealing with past trauma. The clinical experience showed that this stage starts at the third- fourth year after the person stopped using drugs [35].

The tasks of this stage including; repair and identify negative thinking and self-destructive patterns, set healthy boundaries, challenge fears with cognitive therapy and begin to give back and help others [36,40]. Relapse can occur in this stage if recovering individuals do not develop healthy life skills [35].

Conclusion:

Drug addiction increased in the last years, relapse is a problem that prevent complete cure for addiction. To establish effective good program for successful treatment for addiction, it is important to identify the risk factors that cause relapse.

There are several risk factors for relapse and they can be summarized as psychological, family, environmental and other factors. The factors differ between different communities and according to the character of the individual. Relapse is

of several stages as well as the recovery process, each stage in recovery has the risk of relapse. There are limitations in the studies conducted on relapse as the

drug addiction is illegal and not all adductors search for treatment.

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