

Study the causes of relapse among Iranian drugs users in Kermanshah

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Abstract: Relapse of drugs is one common problem that often appears in treatment of patients, which always troubles the therapists, and even the patients and their families. finding the causes of relapse in such patients would be an important and successful step in preventing it. For this study, using a two-part researcher-made questionnaire with confirmed validity and reliability, 500 subjects were studied who were randomly selected and assessed. Gathering data were analyzed using SPSS software that the following results were obtained. Results showed that the mean age of research subjects was as 32.41 ± 13.64 year age minimum age of 17 and maximum age of 68 years old. The results showed that the psychological factors with 66.7percent, the social factors with 57.5percent, physical factors with 39percent and family factors with 32.4percent had respectively the most influence on the patients' relapse. In the qualitative part of the study, the patients, respectively, introduced three important factors in the relapse as their relationship with drugs addicts and bad friends, family problems and craving for drugs of abuse. In this study, the importance of effects according to the subjects' view was most regarding psychological and social factors, which require appropriate management and intervention.

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1. Introduction

Addiction is a primary disease with multiple and different manifestations in social, psychological, spiritual and economic life(Callender, 2010). Drug dependence is a chronic disease with repeated relapse that different psychological, social, and environmental factors interacting with each other may lead to its onset and persistence(Molazadeh & Aashori, 2009). Fisher and Nancy (2009) predicted the chance of drug use relapse as 50percent in the most optimistic cases, and they believed that its probability varies between 40-100percen(Fisher & Nancy, 2009). Narimani and Sadeghi (2008) defined the relapse as a common outcome in the beginning of addiction treatment and noted its rate in Iran about 72percent(Narimani & Sadeghieh, 2008).

According to studies, there are always high levels of returning to the drug use in these patients that will reduce with continuing proper treatment (Miller, Westerberg, Harris, & J.STonigan, 1996; Salah El & Bashir, 2004; Storm, 2005). Therefore, identifying the causes and prevent the relapse is a critical aspect of the treatment that all members of the

treatment and rehabilitation team, physicians, psychologists and even the nurses involved should empower the patients by providing solutions and coherent planning to confront and overcome the relapse (Witkiewitz & Marlatt, 2004).

Since there is little information about the process of relapse in drug abuse in health care and rehabilitation systems in our country (Iran), finding the causes of relapse in these patients, which could be different due to their culture, the type of used drugs, and even economic and cultural conditions, would be a successful keystone to prevent it. Study this phenomenon and identifying the influencing causes can be very useful in planning and treatment of such patients. Thus, in this study, the causes of relapse and re-use of drugs in patients under public and private abuse treatment clinics in Kermanshah were investigated.

2. Material and Methods

In this study conducted in the city of Kermanshah, first, 500 study units (subjects) were selected among the self-introduced addicts in public

and private substance abuse treatment centers (over 54 public and private centers) through random sharing sampling. After explaining the study plan and its objectives and obtaining written consent from the subjects, using a two-part questionnaire assessing the demographic information in the first part and specifically evaluating the influencing causes of drugs use relapse in the second part, content validity and reliability of which had been confirmed through test-retest procedure ($r = 0.8$), the subjects were studied by four trained experts in person. After data collection, data were analyzed using SPSS software.

Research Tool

It is a two-part questionnaire that examines demographic information and underlying variables in the first part, and specifically evaluates the causes of relapse in the second part. In this specialized questionnaire, which consists of 5 options as Likert scale, in addition to 28 specialized questions, two open-answer questions were designed that were evaluated by thematic analysis. At the end, using the results of 28 questions, 4 domains of physical, psychological, social and family causes were identified: 14 questions related to mental domain, 5 questions concerning the physical domain, 6 questions about social domain, and 3 questions within the family domain. Each question had 5 options, ranging from zero to four scores.

3. Results

Among the 520 questionnaires completed by subjects in collaboration with researchers for data collection, only 491 questionnaires were qualified for review and analysis. The mean age of research subjects was as 32.41 ± 13.64 year age minimum age

of 17 and maximum age of 68 years old (Other demographic results are given in (Table 1).

Table-1: Demographic characters of samples

Total number	491
Mean. Age (year)	32.41 ± 13.64
(Min, Max)	17, 68
Sex	%
Male	94.
Female	5.7
Marriage	71.3
Single	23.6

Among the total subjects, 55percent of the samples were using opium and poppies extract, and the least used drug was Norgesic drug with only 3.9percent use by the subjects. Regarding the methods of drug use in subjects, the most used method was as smoking and oral consumption with 31percent and 26.7percent by research subjects. The least used method was sniffing method with a frequency of 1.6percent by subjects.

Regarding the history of relapse in research units, 44.4percent of subjects had a history of 2 to 3 times of relapse. In other words, 65.8percent of subjects had more than one episode of relapse. Respectively, 62.8percent and 66.7percent of women suggested that psychological and social factors had a great impact on their relapses. Regarding the psychological causes, the frequency of different factors were as follows: Believing in that a single use of drug will not make them addicted again (60.4percent); intense craving for drug use (56.6percent); early anger (42.9percent) and; the inability to say no in the face of irrational demands of others (37.3percent) (Table 2).

Table-2: Affective psychological factors in relapse from participants view

Method	Low%	Moderate%	High%
Believing in that a single use of drug will not make them addicted again	19.1	20.4	60.4
Intense craving for drug use	20.7	22/7	56.6
Sexual reluctant	50.3	31.7	18
Loneliness	50	21.2	37.8
Sadness feeling	38.4	23.2	38.4
Testing myself, assess of ability myself to control after used one dose	32	20.4	47.6
Loss feeling for any things	38.4	29.7	31.9
Early ejaculation	52.6	31.1	16.3
Impatience	41.3	30.9	27.8
early anger	33	21.5	52.5
Reluctant / disability in working	45.7	35.3	19
Delay in sleep	43.3	15.7	41
inability to say no in the face of irrational demands of others	37.3	25.1	37.3
Having pleasure	41.1	16	42.9

Regarding social causes, some factors like offering drug use by others (56.2percent) and being in touch with addicted friends (37.7percent) were the most common reasons that had a lot of influence on female subjects' relapses (Table 3).

Table-3: Affective social factors in relapse from participants view

<u>Method</u>	<u>Low%</u>	<u>Moderate%</u>	<u>High%</u>
Relation rapture with counseling and medical center	54.5	21	24.5
Unemployment and financial problems	47.3	24	28.7
offering drug use by others	41.9	19.6	38.5
Finding comfort in drugs	25.2	20.9	53.9
Contact addicted friends	30.3	27.1	42.6
Having enough money	56	18.9	25.1

In contrast, in men, the psychological and social causes were also effective factors that were mentioned by 66.7percent and 56.4percent of the subjects to have a big influence on their relapses.

Among the social factors, the most influential factors were as follows: Easily finding of drugs of abuse (52.8percent), contact with addicted friends (42.6percent), and offered drugs by friends (38.5percent) (Table 3). The study participants introduced the most common factors with a great impact on their relapse, respectively, as psychological factors with 66.7percent, social factors with 57.5percent, physical factors with 39percent and family factors with 32.4percent.

Among the physical factors, the most influential factors included: Severe hangover symptoms (52.8percent), sleeplessness and insomnia (38percent) and bodily pain (33percent) (Table 5). On psychological factors, factors such as believing that a single re-use of drug in withdrawal will not make me an addict again, intense temptation and craving for drug use and testing myself to see whether I can control myself with one time drug use, respectively, with 60.4percent, 56.6percent and 47.5percent had a large impact on relapses in subjects (Table 4).

Regarding the family factors, the most influential factors included respectively as: Family problems and (37.7percent), and family over-control (20.9percent) (Table 5). In a careful review of the questionnaires in the qualitative results section, the following results were obtained regarding two raised questions.

Are there any other items in addition to the questions asked? If any, mention them.

Most of the subjects expressed some repeated concepts in the questionnaires in a different writing style. However, in some cases, the following factors were also mentioned:

- Lack of confidence and/or low confidence (21 cases)

- Non-adherence to the treatment and its continual (19 cases)
- Being in touch with drugs of abuse (drug dealing) (3 cases)
- Feeling of humiliation and absurdity (6 cases)
- Unlimited freedom and lack of family control (18 cases)
- Lack of awareness and understanding of substance of abuse (17 cases)
- Presence of an addict in the family (11 cases)

Mention three important factors regarding your relapse to drug use in order: The following issues were raised:

- Relationships with addicted and bad friend (93.4percent of cases); in most questionnaires, the contact with addicted friends and intemperate friendship with them were mentioned as major causes.
- Family problems (90.7percent of cases), family conflicts and challenges, family distrust and family over control and too much questioning were as items referred to in this section in the majority of cases.
- Craving for drug use (84.62percent): Craving for drug use and feeling the joy were as other causes addressed in the questionnaires.
- Believing that a single re-use would not make them addicted (83.84percent). Most of the subjects had written that they were thinking they could control themselves and experience the happy recreational use time and would not become drug addicts by one more time using.
- Easily finding of drugs (66.7percent): Easily finding of drugs and the presence of inadequate living environments in which drugs can be found easily.
- Unemployment and poor financial status (56.78percent): Unemployment and lack of work were noted as other causes.

Table-4: Affective physical factors in relapse from participants view

<u>Method</u>	<u>Low%</u>	<u>Moderate%</u>	<u>High%</u>
Severe hangover symptoms	35.3	11.9	52.8
Bodily pain	40.8	25.9	33
Disability and physical disability	54.9	25.6	29.5
Lack of sleep and insomnia	44.5	17.6	38
Physical illness	68.2	15.8	16

Table-5: Affective familial factors in relapse from participants view

<u>Method</u>	<u>Low%</u>	<u>Moderate%</u>	<u>High%</u>
Family problems	39.2	23.1	37.7
Bad relationship of relatives and acquaintances	54.4	29.1	16.4
family over-control	56.6	22.5	20.9

4. Discussions

In this study, we found that most of the subjects had lower household incomes and were economically low level, so that 49.7percent of them had monthly income less than 200\$ and 40.3percent of them had a monthly income of 200 to 350\$, which reflects the difficult financial situation of subjects and their need to financial and social support. Narimani and Sadeghie (2008) found in their study that economic problems and unemployment are as the main causes of patients' relapse to drug use(Narimani & Sadeghie, 2008).

The results showed that psychological factors had a significant impact on developing relapse in subjects so that 66.7percent of subjects mentioned the great impact of psychological factors; 32.1percent of them considered the impact of such factors to some extent, and only 1/1percent of them stated the low impact of psychological factors on the relapse. Mental status was assessed with 14 items in this study. Items such as believing that a single re-use would not make me addicted, intense drug use craving, early anger, and testing me to see whether I can control myself with one time drug use, were as causes mentioned by studied patients as the most influential psychological factors in mental status. In the qualitative results section, the subjects had introduced the temptation for drugs use as the third priority in influencing their relapse. Levy (2008) also concluded in his study that temptation, feelings of sadness and becoming angry were as the most influencing factors from the subjects' perspective (Levy, 2008). Many studies refer to temptation as a major factor in relapse and return to drug use. In Mutasa study (2001), temptation was mentioned as an important factor in returning to reuse drug of abuse(Mutasa, 2001). This factor was introduced by Elgeili (2005) as an influencing factor on relapse to

drug of abuse(Elgeili & Bashir, 2005). Bein (2004) from Garavan et al. (2000) that experiencing temptation has an important and effective role in continued use of drugs and developing relapse in humans. Craving for drugs is a strong motivational force or strong inclination that directs the drug users to search for and demand for drugs. However, social, psychological and cognitive mechanisms are involved in creating craving and temptation for drugs(Bain, 2004).

In this study, we also found that following the psychological factors, the social factors were introduced by the subjects as the effective factors in their relapse, so that 57.7percent of them considered these factors highly effective; 41.1percent mentioned them moderately effective and 1.3percent of the subjects considered them low-effective. Bein(2004) and Mathson(2005) also considers relapse or relapse as an interactive process where individual and environmental factors are involved(Bain, 2004; Mathson, 2005).

We also found in the quality section that relationship with bad friends and addicted friends is an important factor resulting in the return of patients to drug use during recovery and withdrawal times. They, themselves, had introduced this factor as the most important factor in their relapse. Narimani and Sadeghie(2008) found in their study that association with addicted and pervert friends, relationship with fellow addicts and customary use of specific opiate in the community are as important and influencing interpersonal factors in relapse(Narimani & Sadeghie, 2008). Levy (2008) also found in his study that relationship with addicted friends is of important factors in return to use drugs. Many studies have also introduced social factors such as availability of drugs, advice of former friends, inappropriate environment and relationship with

addicts as influencing factors in subjects' relapses (Donovan, 1996; Marlatt & Witkiewitz, 2009).

Regarding family factors and relapse, the results showed that family factors are effective in creating relapse. 32.4percent of subjects considered the family factors highly effective; 56.2percent introduced them somehow effective and 11.4percent knew them as low effective factors. In this section, three items had been examined that the subjects mentioned the family problems and conflicts the main cause, which were introduced as the second important cause in the creating relapse in subjects in the qualitative section. Meanwhile, many studies have been identified the family problems as one of the most important factors. Levy (2008) introduced family conflict as one of the reasons for relapse. Also, many studies mention the inappropriate family behavior, neglect of family and family problems as factors affecting the relapse process in patients(Golestan, Abdullah, Ahmad, & Anjomshoa, 2010).

Regarding the physical causes of relapse, we used five items in this study and reviewed the subjects' comments that sever hangover symptoms, insomnia and sleep deprivation have been as influential factors on relapse. In Mirzaei et al. study (2011), insomnia with a mean of 1.6 and SD of 1.2 was the third interpersonal factor affecting the subjects relapse(Mirzaei et al., 2010). Moreover, the quantitative and qualitative results showed that decreased self-esteem and an inability to say "NO" in facing others' demands can be as other important factors in the relapse process of the patients. In this study, the patients had referred to absence or scarcity of self-confidence in open-response questions, and had introduced as the major factors affecting their relapse. These factors have been emphasized as effective factors on relapse in several studies(Ramo, 2008; Sinha, 2007).

According to the results, we can conclude that several factors are involved in the relapse process that based on the order of importance, from the perspective of participants in the research, the psychological and social factors were most effective ones that require appropriate management and interventions. Although, physical and family factors were less important than the two previous factors, however, they are also as effective factors on relapse and re-use of drugs. Thus, psychological, social and even physical and family factors should be considered in the planning and treatment of drug-using patients, and appropriate intervention programs must be designed to modify or nullify them to minimize the risk of relapse in these patients.

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