



RELAPSE TRIGGERS AMONG PATIENTS WITH OPIOIDS DEPENDENCE AT DRUG DE-ADDICTION CENTRE IN TERTIARY CARE HOSPITAL

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ABSTRACT

Background And Objectives: Substance use relapse continues to be major challenge in addiction recovery, significantly limiting the long-term efficacy of structured rehabilitation programs. Despite the integration of pharmacological and psychological interventions, major individuals undergoing treatment in de-addiction centres struggle to stay off substances. Relapsing increases health risks, disrupts psychosocial functioning, and adds to healthcare costs. This study aimed to investigate the psychological, social, environmental and economic factors associated with drug relapse among individuals undergoing treatment in a government de-addiction centre. The objective was to find out what often causes relapse and assess the role of mental health conditions, support systems, treatment experiences, and financial challenges in influencing relapse vulnerability. **Methods:** A cross-sectional descriptive study was carried out among treatment seeking opioid abuser attending psychiatry outpatient department and admitted in deaddiction ward. fifty individuals were interviewed by using a structured, self-designed questionnaire, based on primary data collection method at a government de-addiction centre in Rajasthan. Participants were selected through a census technique, involving all available patients during the study period. The data was analysed descriptively to identify prevalent relapse factors and risk profiles among the respondents. **Results:** Among the 50 participants, 36 participants reported case of relapse, due to exposure of substance (17.18%), peer pressure (14.06%), difficulty in tolerating physical withdrawal symptoms (14.06%) and lack of social support emerged as the most common contributing factors. Several daily wage labourers used substances to enhance physical stamina for lifting heavy weight, highlighting an economic factor for substance dependency. Psychological issues, family problems and feeling of loneliness were contributing factors to relapse. **Conclusion:** The results emphasize that psychosocial factors and stressful life events were associated with relapse in opioid dependence. Which need holistic relapse prevention methods that include mental health support, family involvement, and economic rehabilitation. Enhancing counselling facilities, strengthening social support system, and creating livelihood opportunities can significantly reduce relapse vulnerability in recovering individuals.

KEYWORDS : Drug Relapse, Substance Use Disorder, De-addiction treatment, Psychosocial Factors, Economic Stress

INTRODUCTION

Substance use disorders (SUDs) remain a major global concern, creating widespread challenges for public health, society, and economy. These disorders impact individuals of all age groups and are associated with serious outcomes, including both physical and mental health issues, family disruption, reduced work efficiency, and a heightened strain on healthcare services^[1]. Drug dependence is defined as "a state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effect and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug"^[1]. Treatment for addiction is often seen as a solution to all problems the individual faces, yet recovery is not a one-step outcome. After detoxification, families and communities expect the recovering person to return to a normal life, often overlooking the ongoing struggles that come with the recovering journey^[2]. Recovery goes beyond merely stopping drug use, it involves adjusting to a new way of life that demands social, emotional, and behavioral transformation^[3]. This transition can be especially difficult, as even seemingly small situations like starting a conversation or identifying meaningful activities can trigger feelings of anxiety or stress^[4]. Relapse is not a one-time incident but a gradual process that often starts with changes in thoughts, emotions, and behavior, eventually resulting in substance use. The severity of relapse differs; while some individuals may reach out for help after a single episode, others might return to habitual use and face the same challenges they had previously encountered^[4]. Recognising the factors that lead to relapse is crucial for developing effective strategies for

recovery and relapse prevention^[5]. Common triggers involve psychological stress, peer influence, environmental cues, and re-exposure to substances^[5]. Relapse rate continues to remain high even after following structured treatment programs. While many individuals are able to maintain abstinence during hospitalization, the risk of relapse significantly increases once they return to their communities^[6]. Moreover, socio-demographic and economic factors such as peer pressure, occupational stress, family conflicts, unemployment, socio economic status, and income level significantly influence patterns of relapse^[7]. These factors directly or indirectly impact an individual's coping mechanisms and vulnerability to relapse. In the Indian context, especially in semi-urban and rural areas, the intersection of economic hardship, limited support systems, and lack of access to long-term mental health care make relapse a particularly complex phenomenon. Therefore, this study aims to explore the psychological, social, environmental, and economic factors associated with drug relapse among individuals undergoing treatment in a government drug de-addiction centre in western Rajasthan.

MATERIAL AND METHODS:

The present study followed a descriptive cross-sectional design and was conducted at the government drug de addiction centre in western Rajasthan. A total of 50 participants were included in the study, comprising individuals who were either admitted for treatment, received only medication, or admitted in de-addiction ward during the study period. Participants were selected through purposive sampling based on their treatment status and availability during the study period. Primary quantitative data were collected using a semi structured questionnaire. Participants eligible for inclusion were individuals aged 15 to 60 years, with

no coexisting psychiatric disorders. Individuals who were unwilling, uncooperative, or co-dependent on other substances were excluded from the study. All participants were fully informed about the study's purpose and procedures, and confidentiality of their responses was assured. Although Microsoft Excel was used for basic tabulations, the data were primarily analysed manually. The analysis involved preparing frequency tables, mean tables, and cross-tabulations to identify patterns and draw meaningful insights. The Chi-square test was used to determine associations, and p values were used to assess statistical significance.

RESULTS

Fifty participants with opioids use disorder were screened in present study among which most of the study population were young age group around 25-30 year (28%). The mean age of participants is 31.36 years and all respondents in the study were male. More than half (52%) of the participants were unskilled labourers. Many of them reported using substances to increase their work efficiency, especially for lifting heavy loads. A large majority (84.61%) of the respondents had secondary education level. More than half (58%) of the participants were married.

About 22 percent of the 50 respondents reported that exposure to substances was the main cause of their relapse. Similarly, 18 percent said they relapsed due to peer pressure, and an equal percentage mentioned physical withdrawal symptoms as the reason. Around 14 percent of the participants stated that stress led to their relapse. One tenth of the respondents reported that they were not able to work without drugs, while another 10 percent mentioned that they become overconfident and their performance was decreased. A small percentage of respondents cited reasons such as depression, anxiety, and lack of social support as contributing factors.

Among 25-30-year age group, all 14 respondents relapsed with in few months of drug free period. However, the Chi-square test showed no statistically significant association between age group and relapse. Among the total male respondents, 72% had relapsed. Since the entire sample consisted of males, no statistical association was found between gender and relapse. The lack of significance may be due to the absence of female participants in the study. A statistically significant association was found between history of previous treatment and relapse, χ^2 (7.50) with a p-value less than 0.05. There was found that among the respondents with education above SLC level, 84.61 percent had relapsed, but there was no statistically significant association between education level and relapse, ($\chi^2 = 1.39 < 3.84$; $p = 0.2195$). Similarly, among the married participants (58%), a majority had relapsed, but there was no statistically significant association between marital status and relapse, where the chi-square value was 7.46 which is less than 7.815, and the p value was 0.1127. It was observed that participants with higher levels of craving also relapsed, but again there was no statistical significance found between craving levels and relapse, with a chi-square value of 0.27, and p value equal to 0.8527. Among those who reported mental health issues, a considerable portion had relapsed, but this too was not statistically significant ($\chi^2 = 3.15 < 5.991$; $p = 0.2063$). Likewise, those who did not have strong support from family and friends also showed relapse, but no statistical association was found, with a χ^2 value of 1.79, and p value of 0.3770. In terms of age, participants in the 25-30 age group had the highest relapse percentage (28%), but no significant association was found between age and relapse, as the χ^2 value was 3.02 which is less than 7.815.

Table-1: Demographic Distribution Of Participants

Sl. No	Demography	Description	Frequency	Percentage
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1	Age(years)	15-25	11	22
		25-35	19	38
		35-45	16	32
		45 and above	04	08
		Average = 31.36 year and SD = 8.9 year		
2	Sex	Male	50	100
		Female	0	0
3	Occupation	Unskilled labour	26	52
		Skilled /Technical labour	13	26
		Service Provider	4	8
		Jobless /student	7	14
4	Educational level	Under SLC	37	74
		SLC and above	13	26
5	Marital status	Unmarried	19	38
		Married	29	58
		Divorced	01	2
		Widowed	01	2

Table 2: Causes Of Relapse [n = 50]

Cause	Frequency	Percent
Exposure to substance	11	17.18
Peer pressure	09	14.06
Physical withdrawal symptoms	09	14.06
Stress	07	10.93
Family problems	07	10.93
Loneliness	07	10.93
Overconfidence in self-control	05	7.82
Could not work without drug	05	7.82
Depression and anxiety	02	3.13
Lack of sleep	01	1.57
Tortured in rehab	01	1.57
Total	64	100

DISCUSSION

This study was hospital based descriptive cross-sectional study has intended to explore the psychological, social, demographic, and treatment-related factors associated with relapse among 50 male participants undergoing treatment in a government de-addiction centre. The analysis revealed only one statistically significant association between history of previous addiction treatment and relapse; not neglecting the narrative patterns and participant's personal experiences which offered rich and valuable insights into the complexities of relapse. The overall relapse rate in the sample collected was 72%, reflecting the challenges individuals face even after receiving professional treatment. The only statistically significant finding was the association between relapse and a history of previous treatment ($\chi^2 = 7.50$, $p < 0.05$), suggesting that relapse is more likely among those who have already undergone treatment [4]. This highlights the critical importance of long-term aftercare, personalized relapse prevention plans, strong follow up care, and support services for the individual because a person with treatment history is more prone to relapse.[6]. Statistical tests found no significant associations between relapse and other variables such as age, education level, marital status, mental health history, current level of craving, support from family and friends. However, these factors still hold clinical relevance as they emerged in qualitative responses and contextual narratives. The mean age of participants is 31.36 years, with a median age of 29.5 years. The most commonly represented age group was 25-30 years, suggesting that chances of relapse often more in young adulthood. However, the majority of individuals (52%) began using substances between the ages of 15 and 20, with 20.3 years being the mean age of first use [8]. The findings underline the critical need for early prevention efforts during adolescence. The sample consisted entirely of males, which points to the need of future research to include female substance users, who may have faced challenges such as increased stigma, reduced access to care, and social isolation [9]. Their exclusion from research, risks underrepresenting a

vulnerable demographic whose relapse patterns and treatment needs may differ significantly. Marital status and family life did not show statistical significance in the study, but narrative accounts revealed deep emotional pain linked to personal and family issues. One participant reported turning to substances after losing his wife and child in a tragic car accident, while another described feeling invisible and undervalued within his own family. These stories illustrate that emotional neglect, unresolved grief, and trauma can serve as significant drivers of relapse, even if they do not manifest as statistically measurable associations [10]. The majority of participants had relatively low levels of education, with only a few having completed higher education. Interestingly, those with higher education (above SLC) had a slightly higher relapse rate (84.61%) compared to those below SLC (67.56%), suggesting that education alone does not shield individuals from relapse. Occupation patterns also revealed that most participants were engaged in unskilled or physically demanding jobs such as farming, construction, and daily wage labor. Several participants reported using substances to enhance physical stamina for their work [11]. This highlights how economic hardships and physical job demands may normalize substance use, increasing the risk of dependency and relapse [11]. A recurring theme in the participant responses was the physical discomfort associated with withdrawal. Many individuals cited bodily pain, particularly in the legs and nerves, as a major barrier to staying drug-free [12]. Additionally, many participants lived in environments where substances were readily available, making it more difficult to resist triggers. Some participants expressed a strong willingness to leave behind negative influences and stay clean, but struggled with a lack of structured activities and emotional support. One individual explicitly mentioned that his relapse was triggered by the poor conditions and mistreatment he experienced previously within a rehabilitation centre itself. While mental health issues like depression, anxiety, and loneliness were frequently mentioned, but these did not show a statistically significant association with relapse [13]. This could be due to underreporting or the absence of clinical mental health evaluations. Still, such factors were repeatedly identified as contributing reasons in participants' narratives [13]. Additionally, some participants were found to be positive for HIV, HCV and others reported health issues like anaemia and hepatitis, likely caused by sharing injection needles. These co-occurring health conditions further complicate treatment and suggest that de-addiction programs must integrate broader health screenings and disease prevention education [14]. Several participants offered constructive feedback to improve rehabilitation services. Their suggestions included greater care and empathy from staff, improved exercise facilities, and daily structured activities to keep their minds engaged [15].

These insights highlight that patients are not only aware of their challenges but also of what may support their recovery. They recognize the importance of emotional engagement, structure, and dignity in their treatment journey. The study also examined relapse frequency: 28% had relapsed once, 22% twice, 8% three times, and 14% more than three times.

This recurrence underlines the chronic and cyclical nature of addiction, reinforcing the need for long-term support and not just short-term interventions. Although the participants showed self-awareness and a desire to break away from harmful habits and social circles, the lack of systemic support and ongoing care often led them back to substance use. This research reaffirms that while quantitative associations may appear limited, qualitative insights reveal a deeper and more human understanding of addiction and relapse. The voices and stories of those in recovery paint a picture of resilience, vulnerability, and the ongoing battle between hope and

hardship.

CONCLUSION

This study shows the complexity of factors that contribute to drug relapse among individuals undergoing treatment. Although the only factor that showed a clear statistical link to relapse was the history of previous addiction treatment. The stories shared by participants revealed a range of repeated narratives about demographic, psychological, and social variables. Participant's experiences pointed out the roles of personal struggles, past trauma, social pressures, and gaps in the recovery system. The findings remind us that relapse isn't just a medical outcome but it also reflects deeper into ongoing challenges a person faces in their daily lives and the gaps in the addiction recovery system. Participants' testimonies gave valuable insight into the lived realities of substance users, showcasing the need of empathy, meaningful engagement, and dignity in care as importantly as medications and detox protocols. The suggestions for improvement in rehabilitation services by the participants themselves and the expression about the obstacles they face whether emotional, physical, or societal must be considered in how addiction treatment is structured and sustained. Future researches must include female participants and explore gendered experiences of addiction. Additionally, including trauma-informed care, mental health support, and economic rehabilitation into de-addiction programs is essential. Acknowledging the hardships of relapse and tailoring responses to the real-life needs of patients is the key in building more effective and compassionate recovery systems.

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