

Addis Ababa University
College of Education and Behavioral Studies
School of Psychology

**Causes for Relapse of addiction among Substance Abuser after Having
Treatment in Rehabilitation Center and its Consequences**

By: Dagmawit Shiferaw Belete

A Thesis Submitted to School of Psychology in Partial fulfillment of the
requirements for the Degree of Master of Arts in Social Psychology

December, 2021
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This is to certify that the thesis prepared by Dagmawit Shiferaw, entitled: Causes for Relapse of Addiction among Substance Abusers after Having Treatment and its Consequences: the case of Amanuel Mental Specialized Hospital Rehabilitation Center and St. Paul Millennium medical college rehabilitation center submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Social Psychology complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Approval of the Board Examiners:

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Name, Advisor	Signature	Date
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Name, Internal Examiner	Signature	Date
_____	_____	_____
Name, External Examiner	Signature	Date

Dedication

I dedicate this paper for my late grandmother Gete Worku for her support and amazing love. I also dedicate this paper for those who lost their life with the complication of addiction.

Acknowledgments

First of all, I want to give glory to my God, a savior of my soul and my strength. I also want to thank especially my husband, an Engineer. Miheretab Alemu for supporting and encouraging me. Besides, I am so thankful for my children patience.

My family members were there with great support and I am so grateful for that. My special gratitude pass to my late Grandmother for everything; I wish she can see this day.

I am so thankful for my advisor Dr. Assefa Berihun for his valuable comments, academic guidance and availability. He was there when I want anything regarding the thesis, I really thankful for having such a great Advisor.

Last but not least, I want to say thank you to the participants of this study for their time to share their life experiences also for their humble responses. I also want to pass my appreciation for the employers of St. Paul Millennium medical college rehabilitation center and Amanuel mental specialized hospital rehabilitation center for their kind cooperation.

Abstract

The aim of the study was to identify the causes of relapse among substance abusers after substance use disorder treatment. A qualitative, exploratory case study research design was used for the study. A total of six patients with relapse case under treatment and two health professionals were selected using purposive sampling technique. In-depth interviews and key informant interview were employed to collect data. In using this technique, it was supplemented by inclusive criteria to make the selection free of the researcher's bias. The data were analyzed using thematic analysis. The site of the study was St. Paul Millennium medical college rehabilitation center and Amanuel mental specialized hospital rehabilitation center. The findings show that psychosocial effects like negative emotional states, lack of support, and peer pressures are recounted in factors causing relapse. Environmental factor and Economic problems are the other relevant causes of relapse revealed by the study. The finding also revealed that, health, psychology, social relationship and economy were affected by relapse. It is recommended that structured, holistic aftercare should be implemented. Effective relapse prevention should be made by understanding causes of relapse. Based on the findings of the study, future research areas and effective interventions were forwarded. There are only few researches done on the causes of relapse in Ethiopian context, so this research will contribute essential information for future researchers.

Key words: *Drug, Substance Use, Substance abuse. Substance Abuser and Relapse*

List of Abbreviations and Acronyms

AAU: Addis Ababa University

APA: American Psychiatric Association

INCB: International Narcotics Control Board

NSDUH: National Survey on Drug Use and Health

RPM: Relapse Prevention Model

SUD: Substance Use Disorder

UNODC: United Nations Office on Drugs and Crimes

UNECA: United Nations Economic Commission for Africa

UNESCO: United Nations Educational Scientific and Cultural Organization

WHO: World Health Organization

Table of Contents

Dedication 4

Acknowledgments..... 5

Abstract 6

List of Abbreviations and Acronyms 7

Chapter One: Introduction..... 11

 1.1 Background of the Study..... 11

 1.2 Statement of the Problem 13

 1.3 Objective of the Study..... 14

 1.3.1 General Objective..... 14

 1.3.2 Specific Objective 15

 1.4 Research Questions..... 15

 1.5 Significance of the Study 15

 1.6 Scope of the Study 16

 1.7 Operational Definitions..... 16

Chapter Two: Review of Related Literatures 17

 2.1 Drug Addiction 17

 2.2 Definitions of Relapse..... 17

 2.3 Conceptual Explanation of Substance Use Disorder and Substance Dependence 17

 2.4 Theoretical Framework 18

 2.4.1 Learning Theory..... 18

 2.4.2 The Cognitive-Behavioral Model of Relapse 18

 2.5 International and National Studies on Relapse..... 19

Causes for Relapse and Addiction	9
2.6 Factors Contributing to Addiction Relapse among Drug Addicts.....	22
2.6.1 Psychological Factors of Relapse	22
2.6.2 Social Factor of Relapse.....	23
2.6.3 Environmental Factors of Relapse	23
2.7 Summary of Literature Review	24
Chapter Three: Research Methodology	25
3.1 Study Design.....	25
3.2 Study Area.....	25
3.3 Population, Sample and Sampling Technique.....	26
3.3.1 Population.....	26
3.3.2 Sampling technique.....	26
3.4 Inclusion Criteria	26
3.5 Data Collection Tools	27
3.6 Sources of Data.....	27
3.6.1 In-depth Interview	27
3.6.2 Key Informant Interview	27
3.7 Data Collection Procedures	27
3.8 Method of Data Analysis.....	28
3.9 Quality Assurance.....	28
3.10 Ethical Considerations	29
Chapter Four: Findings of the Study.....	30
4.1 Background of the Respondents	30

Causes for Relapse and Addiction	10
4.2 Psychosocial Factors of Relapse.....	31
4.2.1 Negative emotional state	31
4.2.2 Lack of support	32
4.2.3 Peer Pressure.....	33
4.3 Environmental Factors of Relapse.....	34
4.4 Consequence of Relapse among Substance Abusers	36
4.4.1 Health related problem	36
4.4.2 Psychological related problem.....	37
4.4.3 Social related problem.....	38
4.4.4 Economic related Problems	39
Chapter Five: Discussion	40
5.1 Consequences of Relapse among Substance Abusers.....	41
Chapter Six: Conclusions and Recommendations.....	42
References	43
Annex 1: Informed Consent	50
Annex 2: In-Depth Interview for Relapsed Patients.....	52
Annex 3: Key Informant Interview Guide	54
Annex 4: Amharic Version of the Consent	55
Annex 5: Amharic Version of Interview Questions for Relapsed Patients.....	57
Annex 6: Amharic Version of Interview Questions for Key Informants.....	58

Chapter One: Introduction

1.1 Background of the Study

Addiction is a complex condition, manifested by uncontrollable substance use that affect psychological and physical wellbeing. People with addiction mainly focused on consuming the substance further than their life (Parekh, 2017).

Psychoactive substance use, such as drinking alcohol, cigarette smoking, khat chewing, cannabis use, and use of illicit drugs, is a public health concern worldwide.

In 2018, it is estimated that, 269 million people used drugs worldwide, which shows a 30 % increment compared to drug users in 2009. More than 35 million people suffer from drug use disorders reported by world drug report (UNODC, 2020). Drug problem grow into a global problem when in view of that more than 1 out of 10 suffers from drug use disorders. Globally, it is estimated that 192 million people used cannabis in 2018.

Opioid is the most dangerous drug that have complex effect and the total number of deaths due to opioid use disorders went up 71 percent of the drug users lost their life due to opioid use disorder from 2008-2018. In developing countries, there is rapid drug usage, and it has a very vital effect on adolescents and young adults because they are the most vulnerable groups in this problem (UNODC, 2020).

The drug contains different substances which are responsible for altering the chemistry of the brain and thereby change the physical, psychological, and behavior of the users (Gorski & Merlene, 1986).

The social and environmental setting can't accept changes caused by addiction so that it may place the individual at risk of harm. People with addiction got into difficult situations to use the substance because they were only concerned about consuming it. They stop caring for their

hygiene, appearance. They lose confidence and start distancing themselves from society (Saripalli, 2018).

People with addiction get different treatments. The most effective treatment is a treatment that cooperates with medical and different therapies. Treatment that considers the individual situation, co-occurring medical, psychiatric, and social problems can lead to sustained recovery. However, there are short-term health problems that occur after withdrawal, like body shaking, appetite loss, weakness, and headache (Saripalli, 2018).

There are three steps in the process of relapse. Emotional relapse is the main stage on the relapse process. In this phase, it occurs very early and the patient in recovery might not think to lapse. Even In this stage, different emotional breakdowns will be revealed such as anger, moodiness, and anxious feelings, and others (Ackermann, 2019).

Mental relapse is another phase on relapse process. In this stage, the patient in recovery is struggling not to lapse. There will be two different things that confuse the patient, one is return using the drug and the other is not to use. In this stage, the patient thought using it and it is very difficult to stop the process (Ackermann, 2019).

Physical relapse is the last stage happened when the patient starts consuming again. Taking the drug once can lead to recurrent substance abuse behavior. (Ackermann, 2019).

In the Ethiopian context, substance abuse is increasing from time to time (Fekadu, Desta, Alem & Martin 2007). Another study indicates that there is an increasing occurrence of substance abuse in Ethiopia mostly among high school and University students (Tesfaye et al., 2014). Most recent research shows that environmental factors as well as psychosocial factors such as negative emotional states are described as one of the triggering factors causing relapse (Jufar, 2019).

1.2 Statement of the Problem

Addiction has many effects which will be revealed in a short period of time or in the long run, directly or indirectly. These multi-dimensions effects are determined by the type of drug, severity of drug use, intensity of drug use.

The temporary health effects that people with addiction face even after one use range from appetite loss, restiveness, emotional change to heart attack, stroke, mental illness, and even death. The long-lasting effects of substance use disorder includes the circulatory effect, respiratory effect, musculoskeletal effect, neurological effect, kidney damage, liver damage, cancer, reproductive organs disease are the long-lasting effects (National institute on drug abuse, 2020).

Recent studies in Africa indicate a high prevalence of substance use among young people when compared to the general population, with associated physical and psychosocial problems such as fighting, vandalism, theft, engaging in unprotected sex, personal injury, medical problems and impaired relationships with family and friends. A recently published systematic review found that the overall prevalence of ‘any substance use’ among adolescents in sub-Saharan African is 41.6%, with alcohol and tobacco being the highest prevailing substances across the continent compared to any other substance use (Olawole-Isaac et al., 2018).

In Ethiopia, substance abuse is one of the problems like many other developing countries. In Ethiopia, more than 50% of the population is young and over 15% is drug users. (Federal Democratic Republic of Ethiopia population census commission, 2008).

A study in Haramaya University revealed that, 62.4% of the overall populations use at least one substance. 50.2% uses alcohols, 41% use Khat, 22% uses Cigarettes and 17% uses other illicit drugs (Tesfaye et al., 2014).

Mostly in developing countries like Ethiopia, it is hard to attain education and job opportunities easily so that many young people are vulnerable to practicing harmful things including using drugs which lead them to addiction. After realizing the negative effects of the drugs on their health, social life, and economic aspects, they want to stop using the drugs. The drug abuser starts treatment after understanding the difficulty to stop by their effort however, most of them fail and start reusing it.

Addiction is a disorder that can be relapsed after treatment. If the same amount of drug is taken regularly for a long time, they develop tolerance to it, which means through time the body reacts less and less to the substance. Hence the body demands the user to consume more amounts to produce the desired effect of the substance (N. Cummings & J. Cummings, 2000).

If a person then doesn't use the substance for some time, their drug tolerance may drop; so even if they take their usual amount after a break from abstaining, the body could not cope with it so it leads to overdose. Overdose due to changed tolerance is one of the problems for the people who stop using the drug for a while. The individual who is relapsed felt being comprised of hopelessness, shame, and a profound sense of failure (N. Cummings & J. Cummings, 2000).

There are only few researches done on the causes of relapse in Ethiopian context, so this research will contribute essential information for future researchers.

1.3 Objective of the Study

1.3.1 General Objective

The general objective of this research is to investigate the causes for relapse of addiction after substance use disorder treatment and its consequences in two rehabilitation centers located in Addis Ababa

1.3.2 *Specific Objective*

- To identify the causes of addiction relapse for effective intervention and relapse mitigation.
- To examine the consequences of relapse.

1.4 Research Questions

- What are the reasons for relapse on individual who are treated for substance use disorder?
- What are the major consequences of addiction relapse?
- What are the practices of substance abuse among drug addicts?

1.5 Significance of the Study

Recently, substance abuse is an increasing burden in the world, and most of the people with addiction face relapses after treatment for different reasons which have many consequences in their life. Therefore, learning the reasons for relapse is very important. It is important for health workers to integrate the medicine and different therapies for best result.

Additionally, it is essential for professionals to understand the causes of relapse and to design different treatment or rehabilitation strategies for effective interventions. Having knowledge about the causes that contribute for relapse, it would be helpful for social workers to undertake an effective intervention strategy so as to reduce the prevalence rate of relapse and to guide a structured after care services. Since drug abuse places such a costly burden upon societies in so many domains, policy is important to prevent and reduce the effects of substance abuse in all segments of the society.

Thus, it is very important to come up with well-organized interventions, such as relapse prevention programs by understanding the causes of relapse after treatment.

1.6 Scope of the Study

The research concentrated on patients with relapse who were treated for substance use disorder in St. Paul Millennium medical college rehabilitation center and Amanuel Mental Specialized Hospital in Addis Ababa. Other similar cases under treatment at different centers were not included in this study which limits the scope of the study.

1.7 Operational Definitions

- ❖ **Drug:** refers to an item that alters or affects the mental, physical and emotional functioning of a person. In this study drug includes alcohol, khat, cigarettes, and cannabis that can be taken through chewing, inhaling, smoking, drinking, or injection.
- ❖ **Substance Use:** refers to consuming different substance to change mood or performance.
- ❖ Substance dependence is an addiction pattern of drug use with the development of drug tolerance, withdrawal effects, and having a persistent longing but inability to stop or reduce drug use.
- ❖ **Substance Abuser:** people who uses different substance in the cost of their life
- ❖ **Relapse:** refers to a return back to the old habit
- ❖ **Addiction:** the fact or condition of being addicted to a particular substance or activity.

Chapter Two: Review of Related Literatures

2.1 Drug Addiction

It is a state where the person is physically, emotionally and psychologically dependent on the drugs for his/her normal functioning. The World Health Organization expert committee defines drug addiction as “a state of periodic or chronic intoxication, harmful to the person and to the society, produced by repeated using up of a drug either natural or made by chemical synthesis.

2.2 Definitions of Relapse

Connors et al. (1996) point out that addiction is known as prolonged lapsing disorder.

According to Lewis et al. (2002), relapse is an unmanageable return to any drug use after expert treatment. Moreover, relapsed addiction is defined as consumption or misuse of any chemical substances after someone at least once had treated drug addiction treatment in rehabilitation center, physically and psychologically (Marlatt, 1996).

2.3 Conceptual Explanation of Substance Use Disorder and Substance Dependence

Substance use disorders refer to more than just substance use, they can be patterns of behavior as well as they are collections of experience and physiological features. Substance use disorders are much related to the level of substances used; the term disorder is used to show the need for treatments. (Saunders, 2013).

Substance dependence is an addiction pattern of drug use with the development of drug tolerance, withdrawal effects, and having a persistent longing but inability to stop or reduce drug use.

2.4 Theoretical Framework

2.4.1 Learning Theory

According to learning theory, addiction is a learned behavior. There are two fundamental types of learning: first, learning by paired association, called classical conditioning, and second, learning from the consequences of a behavioral choice, called operant conditioning. Addictive behavior is learnt through classical conditioning by combining the short period of pleasure of drug use, with environmental indications (American Addiction Centers, Inc., n.d.).

Operant conditioning is the second type of learning. Rewards and punishments are the pillars for operant conditioning. Rewarding experience at the first use of drug makes the user return or experience it frequently in the other hand, without unpleasant consequences or punishment of using substance inhibit abstinence from the drug. Therefore, at the time of recovery, rewarding healthy choices will help the Addict to experience the healthy things more often and to sustain abstinence (American Addiction Centers, Inc., n.d.).

2.4.2 The Cognitive-Behavioral Model of Relapse

Marlatt and Gordon was the one who generate the model for relapse prevention in 1985. It is a method that helps to reduce relapse occurrences using different approaches (Larimer et al, 1999).

Relapse prevention targets to reduce the occurrences of relapse using different mechanisms for instance increasing awareness, creating good managing skills. Building active coping reactions can help the individual to compact challenging situation (Bandura, 1977).

Cognitive and behavioral approaches are implemented that incorporate both specific interventions like teaching effective coping strategies, enhancing self-efficacy, and self-management strategies after identifying relapse triggering factors. Relaxation training, stress

management, or time management exercises, are classified as specific cognitive-behavioral approaches which will be implemented to prevent the incidence of lapses (Marlatt & Witkiewitz, 2004).

Behavioral approaches help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviors related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse (National institute on drug abuse, 2020).

2.5 International and National Studies on Relapse

Different international organizations, report that, globally, drug abuse is one of the increasing burdens (Ornstein et al., 2000).

America

According to different studies, the overall population in this study who experienced using Narcotic substances at least once with the age of 12 and above is 37% and the population who experience the consequences of substance abuse at least once is 5.5%. A forbidden drug like marijuana, cannabis, cocaine, opium, heroin, hallucinogens, and inhalants is at least consumed once by 19.9 million Americans aged above 12 (Afkar, Mehrabian, et al., 2014).

A study in America reveals that families have a major role in treatment proved by different researches. The mother or father of the patient is the one who initiates their minor or adult children for substance use disorder treatment. Most of the time, Patients with Substance use disorder are dependent on their parents to get help and support for successful treatment. Most young people who get treatment for substance use disorder get relapsed because of poor support and follow-up by the family (Bradizza, Stasiewicz & Paas, 2006).

In another study on Mexican Americans, Mauriz, (2002), more than 50% of the relapsed patients revealed the main causes of relapse were the environment. Relapse is a highly prevalent phenomenon in addiction.

Influence from old friends is one of the major reasons for relapse. Research in United States of America revealed that more than half of patients who was at rehabilitation centers relapsed because of their old friends. (Broome, Simpson & Joe, 2002).

Treatment success depends upon various factors that are internal and external to the individual with the problem. McCollum and Trepper (2001) identified four categories of these factors; client contributions, the therapeutic relationship, hope and expectancy, and therapy models.

Asia

A study done in Malaysia revealed that lack of self-efficiency is the major reason for relapse because addicts who lack strong self-efficiency face challenges in life. This type of person is sensitive, emotional, and socially pressured. They think that the substance use disorder treatment is enough to change their life but because of low self-esteem, they will return back to their old habits and relapse. People with low self-esteem are socially pressured, so when the community labels them as bad, they feel uneasy to associate with the community they felt left out thus they will return back to their former friends (Ibrahim & Kumar, 2009).

Indian research revealed those substance abusers who are using multiple substances have a high chance to return back or relapse compared to those who use only one substance. (Bhandari, Dahal & Neupane, 2015).

A study in Bangladesh includes male relapsed patients with age range 18 to 41 years. It revealed psychological factors such as negative emotions were related to the increasing number of

relapses than social factors like peer pressure and lack of assertiveness. (Rahman, Rahaman, et al., 2016).

Additionally, the results from another research in Bangladesh showed that the risk factors of relapse after professional treatment are lack of living with only one parent, few times hospitalization, using a few substances use, peer pressure, high accessibility to drugs, and lack of self-confidence, incompetence to give up old habits, family and social problems. (Maehira et al., 2013).

Africa

In a study done in Nigeria, Sampson et al. (2017), reveal factors influencing relapse which are high availability of the substance abuse, influence from a peer group, and low family and social support.

In another study on causes of relapse in South Africa, a negative emotional state is the main triggering factor for relapse after treatment. Additionally, peer influence, social factors, insufficient support, work problem are the other triggering factors for lapse (Swanepuel, 2014)

Research on causes of relapse in Icyizere Psychotherapeutic Centre in Rwanda shows that family fights, anxiety, old friends and socio-economic status, and lack of confidence are the factor for relapse. The results revealed that parental status and relapse have a significant relationship to one another whereas an orphan has a significantly greater risk of relapse after treatment (Kabisa et al., 2021).

Time spent in the hospital have a significant role in relapse rate. Patients who stay at hospital for substance use disorder treatment for only three months relapse quickly. A patient who stays at hospital more than three months for substance use disorder treatment have low relapse rate as researches revealed. Many studies testified that length of stay at a rehabilitation center for

substance use disorder treatment has a direct relation with abstinence after treatment. In this study, patients who had a short period (1–30 days) at treatment had low abstinence compared to those who had a long period of time at treatment (Jayakrishnan & Kandasamy, 2018).

A study on causes of relapse after treatment in Kenya revealed that intensity, severity, and routine of alcohol use are highly related to relapse (Kuria, 2013).

Ethiopia

In Ethiopia, many studies are focused on the prevalence of drugs and causes of substance misuse; however, there is one relevant research on psychosocial triggering factors of relapse among substance abusers, the findings showed that psychosocial factors are such as negative emotional states, peer pressure, lacking support after treatment, and personal loss. The other psychosocial triggering factor for the relapse in this study is accessibility and availability of drugs and alcohol as an environmental factor (Jufar, 2019).

Addiction Relapse is a complex problem which is challenging for treatment. There are different factors contribute for addiction relapse.

2.6 Factors Contributing to Addiction Relapse among Drug Addicts

2.6.1 *Psychological Factors of Relapse*

Psychological factors are highly related to mental state. According to the study by Appiah (2014), adverse emotional conditions related to the mind such as feeling miserable, upset, isolated, worthless, blamed are the main initiating factors.

Many studies revealed psychosocial factors is the cause of relapse. Anxiety is one of the psychological factors that increase the risks of relapse after substance use disorder treatment among marijuana addicts (Arendt et al., 2007; White et al., 2004).

A study conducted on Relapse determinants reported that psychological factor is the main thing on relapse. One of the major factors is depressed mood. Most of the time causes of relapse is something with in the person (Andrew, 2001).

Self-efficiency is one of the main triggering factors for relapse after treatment. Self-efficacy is about feeling confident as well as the ability to perform or deal with different circumstances effectively (Bandura, 1977).

2.6.2 Social Factor of Relapse

Social factors affect one thought and behavior in social situations within the social structure and social processes that impose on the individual are social beings, therefore, they can be affected by society and it has a direct relation with relapse. Individuals with addiction live in a different society that is supportive or reverses.

Research shows that external factors have a crucial role similarly with as internal factors for relapse (Marlatt & Witkiewitz, 2004).

Significant research on explanations of relapse after treatment proved that social factors such as old friend impact and untrusted by the family as well as community.

2.6.3 Environmental Factors of Relapse

Environmental factors are the main factors for relapse according to different researches. Accessing the drug in a certain place after treatment has a crucial role in the relapse process.

Environmental factors like the availability or accessibility of drugs easily in a certain place tempts the former addict to relapse. The study stated that availability and accessibility of substances in their surroundings is the main reason for relapse. Returning to the place can challenge them to return back to their old habit even after months of abstinence” (Schubart, 2001).

The brain stores memories by pairing or associating with other memories. Our brain remembers crucial information by connecting memories. It connects things with locations or with people so people with addiction remember by connecting using drugs with the location or with individuals, they spent together and it may trigger craving the drug when they are exposed to former friends or certain places. So that, people who take substance use disorder treatment are recommended to avoid past friendships to avoid lapse (Van Delden, 2017).

2.7 Summary of Literature Review

Substance abuse is a worldwide concern because it has negative effects toward the uses and the community. The main psychoactive substances used in the country are alcohol, tobacco, khat and cannabis. The literature confirmed that both intrapersonal and interpersonal factors are contributing for relapse after treatment.

Intrapersonal factors such as negative emotional states, such as anger, anxiety, depression, frustration and boredom associated with the highest rate of relapse. In addition to the intrapersonal influences, social support plays a critical role as an interpersonal determinant of relapse. Environmental factors have also played a crucial role to increase relapse rate among substance abusers.

Chapter Three: Research Methodology

3.1 Study Design

The study employed qualitative approach. Qualitative research seeks to probe deeply into the research setting to obtain in-depth understandings about the way things are, why they are that way, and how the participants in the context perceive them (Gay, Mills & Airasian, 2012).

An exploratory case study design was used in this study which allows the researcher to get detail information from substance abusers that have experienced relapse after the treatment. As Yin (2003) point out that, case study allows investigator to retain the holistic and meaningful characteristics of contemporary phenomena and real-life event desire to understand complex social phenomenon.

3.2 Study Area

This study focuses on assessing the causes for relapse of addiction among substance abusers after having treatment in rehabilitation centers. The study areas were rehabilitation centers which provide different treatments for substance abuser. St. Paul millennium medical college rehabilitation centers and Amanuel Mental specialized Hospital rehabilitation centers were the study areas. Both rehabilitation centers were located in Addis Ababa.

St. Paul millennium medical college rehabilitation center is one of the drug addiction treatment centers as one of the faculty. It is a governmental organization. The center provides in-patient and out-patient counseling therapies for alcohol and other substance abuse. The rehabilitation center aims to help patients to maintain a lifestyle without the substance through education, individual/group counseling and vocational rehabilitation.

Amanuel mental specialized hospital is one of governmental hospital which works on mental health. The rehab center is founded in 1990 E.C to improve the mental health system.

3.3 Population, Sample and Sampling Technique

3.3.1 Population

The populations for this study were individuals who have undergone rehabilitation for substance dependency and relapse and key informants.

The source population was substance abusers with relapse after taking treatment on St. Paul millennium medical college rehab center and at Amanuel mental specialized hospital and two psychiatric health workers St. Paul Millennium Medical college rehabilitation center. The total number of patients in the two rehabilitation centers was twenty-six individuals. There were seven admitted patients in St. Paul Millennium Medical college rehabilitation center and nineteen individuals in Amanuel mental specializes hospital. From all the patients in treatment only one patient was in relapse case from St. Paul Millennium Medical college rehabilitation center and five patients were from Amanuel mental specializes hospital. Two key informants from rehabilitation centers.

3.3.2 Sampling technique

Purposive sampling was used as method of the research. In purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgment of their typicality. In this way, they build up a sample that is satisfactory to their specific needs (Cohen et al., 2005).

Relapsed patients in St. Paul Millennium Medical college rehabilitation center and Amanuel Mental Specialized Hospital were the target population of the study.

3.4 Inclusion Criteria

Participants have to fulfill the inclusion criteria to be part of the study.

- Willingness to participate on the study.
- They must be patients with relapse case after substance use disorder treatment.

3.5 Data Collection Tools

Primary data were collected to carry out the research. As Denscombe (2010) puts, when the researcher needs to understand people's emotions, opinions, experiences, and, feelings, then interviews will be more appropriate method. Generally, in this study in depth interview was employed as methods for data collection.

Interview guide tools were developed in English originally and the translated into Amharic and then back to English to check the validity of the contents.

3.6 Sources of Data

3.6.1 In-depth Interview

In-depth interview guide was employed. The interview guide had two sections, socio-demographic variables, and the major contents related to causes of relapse and consequences of relapse.

3.6.2 Key Informant Interview

To get additional data on causes of relapse and its consequences, key informant interview was employed in the study. The interview conducted with one psychiatric Doctors and one psychiatric Nurse social worker who was working in rehabilitation centers. It was conducted based on guiding questions developed by the researcher.

3.7 Data Collection Procedures

After the school of psychology approved the proposal, the researcher started the process to collect data. After that, the support letter was taken to the rehabilitation centers. Upon acceptance, the purpose of the study was explained to workers and participants in the rehab centers and they were asked their willingness to be part of the study. After selecting the individuals, the interview

was conducted. In addition, a tape recorder and notebook have been used to record the interview and take notes. The interview took from twenty-five minutes to thirty-five minutes.

3.8 Method of Data Analysis

The data were digitally recorded during the interview and transcribed fully latter. It was analyzed using a thematic analysis method.

Arranging and forming the data for analysis, using the coding process the data was reduced into themes then developing categories. Forming themes was the last steps for data analysis. To codify is to arrange things in a systematic order, to make something part of a system or classification and to categorize (Saldana, 2008).

Categorizing recorded data helps to arrange texts into different sections, which makes the data to be readable, understandable, and controllable. A category contains linked codes discovered from the analysis of the data. Coding is reducing the data into meaningful segments and assigning names for the segments (Creswell, 2007). Therefore, the coded data became compressed into categories depending on the similarity and relationship of codes under various titles. “A theme is an outcome of coding, categorization, and analytic reflection, not something that is, in itself, coded” (Saldana, 2008). Finally, several themes have been developed, which was the outcome of coding and categorization.

3.9 Quality Assurance

As Creswell (2007), stated one of the methods to assure trustworthiness of qualitative data is triangulation, a methodological approach that contributes to the validity of research results when multiple methods, sources, theories, and/or investigators are employed. After the data collection the quality of the data assured through data triangulation. In every research, truthfulness, honesty and unbiased approach are very important for the quality of the study

3.10 Ethical Considerations

The school of psychology of Addis Ababa University approved the research proposal and a cooperation letter was sent to the rehabilitation centers to get permission to obtain data.

This study aims to gather information from the participants on causes for relapse of addiction among addicted People after having treatment in the rehabilitation center.

The participants were asked to discuss their thoughts, experiences and feelings related to the causes and consequences of relapse. The participants were told about the study. The participants were told that their responses would be confidential and only used for educational purpose. They were also told to give the right information for the research purpose. All participants included in the study provided both written and verbal consent. Participating in the study was voluntary and they are told to refuse to take part in the study if they don't want to participate. So, each question was answered voluntarily. The finding and results of this study will only be presented and submitted to the school of Psychology AAU.

Chapter Four: Findings of the Study

In this section, most important findings of the study were presented in two parts. Socio-demographic profiles were presented in the first section and themes were presented in the second section.

4.1 Background of the Respondents

The participants in this study were six individuals who were relapsed and admitted for treatment in Amanuel Mental Specialized Hospital rehabilitation center and St. Paul's Hospital Millennium Medical College rehabilitation center. Two key informants from the rehabilitation center.

Table 1

Background Information of Relapsed Patients

<i>Code Number</i>	<i>Age</i>	<i>Sex</i>	<i>Educational level</i>	<i>Marital status</i>	<i>Occupation</i>
<i>Code-1</i>	40	M	Doctorate degree	Single	Physician
<i>Code-2</i>	35	M	Diploma	Divorced	General Forman
<i>Code-3</i>	45	M	Diploma	Single	Electrician
<i>Code-4</i>	46	M	Grade 10+2	Divorced	Unemployed
<i>Code-5</i>	40	M	Grade 10	Single	Unemployed
<i>Code-6</i>	28	M	Grade 8	Single	Unemployed

The interviewee in this study were males because relapsed patients in both St. Paul Millennium Medical college rehabilitation center and Amanuel mental specialized hospital rehabilitation center were males at the time of the study.

The ages of the participants range from 28-46.

Five of them were single and the other two were divorced because of the negative impact of addiction on family, friends and society.

The participants in this study were from grade 8 to degree but most of them were unemployed.

Table 2

Background Information of Key Informants

<i>Code no</i>	<i>Age</i>	<i>Sex</i>	<i>Education status</i>	<i>Occupation</i>	<i>Years</i>
<i>Code-1</i>	35	F	Bsc	Psychiatric Doctor	3 years
<i>Code-2</i>	30	F	Bsc	Psychiatric Nurse	5 Years

Two key informants were a psychiatric Doctor, a psychiatric Nurse who work in St. Paul millennium medical college rehabilitation center.

The obtained data from the respondent were categorized under four thematic areas and eight sub-themes. The four main themes are psychosocial factor, environmental factor and economical factor and consequences of relapse. The sub-themes were: Negative emotional states, lack of support and old friend impact, availability of drugs and alcohol. Under the Consequences of Relapse, the sub-themes were: Health, Psychological, social and economic Problems.

4.2 Psychosocial Factors of Relapse

One of the themes developed in this study was psychosocial problems attributing to addiction relapse. Under this theme a number of sub themes have been developed and discussed as follow

4.2.1 Negative emotional state

One Respondent, replies how negative emotion trigger him to relapse.

He is thirty-five years old and He is from big family. He got his diploma on civil engineering from Adiss college. He had married after completion of class and have one child but he couldn't stay with his wife and he got divorced after 6 years. They were now separated due to his drug addiction. The first drugs he experienced were chat and Alcohol. According to him the reason for his taking drugs was peer group pressure. He was telling his relapse story with lot of pain. While interviewing him, he was pausing to answer and taking a deep breath.

I decided that I would never return back.to substance abuse. But I felt worthless, regret and anger thinking about my divorce after 6 years of marriage and returned back to home with my family, so I get depressed. And before I realized I had started drinking again (code-2)

He also tells how he was unhappy to stay with his family after divorce.

I have that on my conscience...all the guilt and shame then I take a drink and the anxiety and guilt and shame set in....and then I drink even more to get rid of these feelings...to push them down.... it's a vicious circle (code-2)

Key informants

One of the key informants respond that anger is one of the causes to relapse. When they got disappointed by the circumstances, they got relapsed. (Code-2)

4.2.2 Lack of support

On the subject of this, one of the respondents reported about his experiences after having treatment in Amanuel mental specialized hospital rehabilitation center.

He was telling the story by feeling remorse and regret. He is 46 years old. He said I became old with my addiction. He is divorced. He had so many ideas and life experiences but he thought that nobody would love to hear his ideas.

He said when I got discharge from Amanuel Mental Specialized Hospital Rehabilitation center, I isolate myself not to be tempted by the drugs but most of my friends thought that, I was in a mental problem and they started talking in my back and rejecting me. In order to show my status, I started to associate with them then started drinking again then I relapsed. (Code-4)

Another respondent said

“Everyone in my family knows about my drinking habit. They tell me they feel sorry for me but they think it is not a disease so they blame me a lot, which makes me feel bad.

(Code-2)

Lack of support after treatment was one of the main causes of relapse revealed by the finding. Therefore, feelings of rejection and isolation from family, closed ones and the society affects confidence and commitment to maintain abstinence so this contributes to relapse.

4.2.3 Peer Pressure

In this finding, one of the main factors was peer pressure Almost all the respondents witnessed how their old friends influenced them to return back to their old habit.

Another respondent, 45 years old also recounted:

He was a good electrician who works in big companies but he was unemployed for a while because of addiction. He shared his story by frustration because the Doctor told him that he might not survive if he relapsed again. He said the warning from the doctor again and again at the time of interview. He used different substances almost for 15 years. He started with his friends. He remembered his relapse like this:

I was quitting for a year after the treatment but when I went back to work, I met with my friends who were addicted to drugs. After some time, I restart chewing khat and drinking not to be separated from my friends (code-3)

One of the participants added:

It is impossible for me to be with people who didn't use substances because I am very tired of judging by them. I couldn't even communicate with those people. I am old to start new friendship with new place and who do you think want me to be a friend. After discharged from rehabilitation center, I returned to my old friends who influence me to start abusing drugs. The problem is it's so difficult for me to disconnect with my friends. I relapsed more than 10 times and the main reason for me to relapse was my friends. (Code-4)

Another respondent shares his life experience.

The victim of this case is a young man, though he is 28 years of age, he looks like older. Firstly, his friends introduced him to drugs as a means of enjoyment. Gradually he became addicted. He started with 'ganja'. He sometimes changes his drugs to meet his satisfaction level. He testifies about his relapse case like this.

I was doing well after treatment, I was having good social relationship with my family which made me happy but when I meet with my friends, I got string cravings for drugs. (Code- 6)

As reported by respondents influences from old friends were expressed as main cause of relapse. After treatment most of them went to the same friends they had before the treatment. These same friends are who use alcohol and drug and this influenced them to relapse.

4.3 Environmental Factors of Relapse

Respondents revealed that, environmental factors were the causes for relapse.

A 40 years old respondent shared his experience:

He was 40 years old. The reason for his taking drug was peer pressure. He was felt loneliness after losing his mother so to get rid of that he became addict. According to him, the main reason for relapse into drug dependence was environmental factor.

I was born and brought up in Cherkos area where bars and chat is easily accessed. There are more than five Bars and local Areke houses around my home so when I go back to my home, I restarted using khat. (Code-5)

One respondent responds

Areke is local drink and very cheap so that it is easy to get however it is very dangerous. I lost my friend who was very talented because of Areke. It also has a major role in traffic accident. It is easily accessed. It affects many people directly and indirectly. I believe the government should take action against Areke houses to save the people. (Code-2)

one of the key informants stated her experience:

I know clients who are relapsed due to the environment. They have easy access to alcohol and drugs. So, after discharge, when they crave for it, they just return back again (code-1).

Easy accessibility of substance has crucial role on return back to addiction.

4.4 Income Factor

A respondent remember how he relapse. He said after substance use disorder treatment, I gain some weight and I was looking good but one evil man makes my life miserable by using my weak side.

I restarted drinking alcohol in one occasion. I was working in black market so that I felt guilty all the time because of my work therefore, to get rid of that, I take drug and alcohols

but after getting treatment, I stopped my work so I didn't have enough money even for a taxi. I met my old friend after quitting drinking and chewing chat and then he invited to drink a bottle of beer in return to give me 1000 birr. He knew I was financially broke at that time. I took the money and drank all night and relapse (code- 4).

One key informant reported that

One of the reasons for relapse is unemployment. Most of the patients are unemployed because of the effect of Addiction so that they got stress about their life and have very spare time so they start to their old habit. They think this is the only cope up mechanism. (Code -1)

Money problem will force the treated individuals to go back to their former work, which has a big direct and in direct effect for the occurrence of relapse.

The above finding revealed the main causes of relapse. Psychological factors like negative emotions, social factors as peer pressure and lack of support, environmental factors and economic factors are the main causes of relapse after treatment.

4.4 Consequence of Relapse among Substance Abusers

Relapse has a negative impact on health, economy and psychosocial wellbeing on substance abusers.

4.4.1 Health related problem

Based on all the respondent's information, their health was badly impacted by drug abuse. Respondents shared their personal experiences of how relapse affect their health. They suffered from loss of appetite, severe headaches, hypertension, mental problems, and restlessness.

A 35 years old respondent shared how drug affect his health:

Every day I chew khat and drank alcohol. But I have no appetite for food, I couldn't even finish one injera with in a day. I sometimes cried while drinking due to the extreme pain. I saw two people passed away in front of me while drinking Areke by vomiting blood. I am afraid I will end like that. I also got a car accident walking drunk after mid night. (Code-2)

Another participants added:

I was at seizure and unconscious when I get admitted to this hospital after relapse. The Doctor told me that if I relapsed again, there is very low tendency for me to survive. Local areke affect my health very much. My liver and kidney are affected. I am also Hypertensive. (Code-3)

One of the respondents talked about his experience:

There are various negative health problems caused by relapse. People with Addiction have different health effects because of the drugs mainly mental health. He also said that addiction causes a bi polar problem in him. (Code-4)

The above discussion revealed that, health is affected by substance abuse and relapse.

4.4.2 Psychological related problem

Relapse to substance abuse also have various psychosocial problems including relationship trouble, anxiety, paranoia, depression, delusions, and reduction of concentration.

One respondent stated, how relapse have negative psychological effect. He is a psychiatric doctor in Amanuel mental specialized hospital. He was working in the hospital since 2001. He started taking drugs for the first time when he was first year university student. He started chewing chat to keep himself awake for study because he was a medicine student at that time, He felt that by taking drugs he could study hard and finish with good grade. He stated that he was frustrated

and depressed after finishing the school so he continued taking the drug. He had attempted to quit drugs many times but he failed to do so. Further he feels isolated from the main stream of the society. He decided to get treatment by the help of his friends from work then after he was in good position for four years after treatment.

I was so depressed and felt worthless after relapsed, so that I drank a lot including in working times. I am Doctor in Amanuel Hospital and after my relapse, I was ashamed (Code-1)

Another respondent said:

I used to take different addiction for 10 years, I tried to stop but I can't, it was difficult. Cannabis affected my health mainly my mental health, I lost my sense, I started hallucinating, I lost hope, I was depressed and thought about death all the time (Code-6)

4.4.3 Social related problem

According to the finding, relapse to substance abuse intrudes interactions with community and conviction. Based on the entire respondent's information, they had relationship troubles with their neighbors, colleagues, friends, and family especially their close ones. The finding shows addicted individuals are not rational.

One respondent added:

Relationship with family will be affected negatively because they didn't believe me. They think that I am a trash which can't change so it affects my social life very much. (Code-6)

Another respondent added

I was living in a street almost for a year because I felt ashamed to face my family after relapsing on the last day of my treatment (code-2).

4.4.4 *Economic related Problems*

Abusing substance and relapse play a major role financial break down because in relapsed people using of substance is high so that it affects the economy very much. Regarding the fact, it affects from individual level to the community.

One of the respondents reported that:

It also has impact on my economy, I lost my job because of addiction. I regret when I saw my current situation because I was working installation in African union but now, I don't have any money because after my relapse, I drank a lot more so I use all the money for my addiction. (Code-3)

Another respondent added

I was a general Forman and I was highly paid compared to those who have degree in building. I got a lot of money on my work but I used it for my addiction. I learned so many professions other than building and worked to get money for my addiction. I lost my confidence when I took alcohol a lot. Sometimes I feel I don't have any knowledge about anything so it affected my self-esteem and self-confidence a lot. (Code-2)

The above findings show that relapse to addiction badly impacted their health, their economy, psychologically, and socially. Most respondent revealed that their relationships with their friends, families, and their surroundings were in serious trouble. Besides, all of the respondents had spent more money in order to consume substances. Therefore, they had serious financial problem.

Chapter Five: Discussion

The research question of this study was to identify the causes for relapse to addiction among substance abusers after treatment and the consequences of relapse which are successfully answered by the findings of this study. From the result, three main factors contribute to the relapse phenomenon psychosocial factor, environmental and economic factors. It has negative impact in their health, social life, psychological wellbeing and finance.

Some of the respondents mentioned they felt guilty, hopeless, anger and frustration before relapse. The findings also show that negative emotions put the drug addicts to return to drugs and become relapsed because they think that the drug helps them deal with their problems. According to the study by Appiah (2014), adverse emotional conditions related to the mind such as feeling miserable, upset, isolated, worthless, blamed are the main initiating factors.

Peer pressure has a crucial role in relapse. The finding shows that, old friends' influence also plays a significant role with a persons' involvement in drug addiction.

In another study, Sampson et al. (2017), examined peer pressure as a major factor influencing relapse among substance abuse patients in Nigeria. Those findings support the finding in this study that old friends' influence factor also contributes to the relapse phenomenon among drug addicts. Most participants mentioned how hard for them to make new friends after this age so they return to their old friends.

Environmental factors like the availability or accessibility of drugs easily in a certain place tempts the former addict to relapse. Some respondents stated that their environment is the main reason for relapse. This also supported by other study, returning to the place can challenge them to return back to their old habit even after months of abstinence" (Schubart, 2001).

In another study, Mauriz, (2002), more than 50% of the relapsed patients revealed the main causes of relapse were the environment.

Above and beyond, lack of support after treatment was one of the factors to relapse revealed in this research. This type of person is sensitive, emotional, and socially pressured. They think that the substance use disorder treatment is enough to change their life but because of low self-esteem, they will return back to their old habits and relapse. People with low self-esteem are socially pressured, so when the community labels them as something bad, they feel uneasy to associate with the community they felt left out so they will return back to their former friends (Ibrahim & Kumar, 2009).

A scarce income was also the cause, of which insufficient funds led them to return to their old job which they don't want to work and led them to stress. Recent studies by Brown University have proven that "exposure to stress is associated with drug addiction in humans and can induce relapse and craving (Sinha et al., 2011)." Individuals dealing with stress are vulnerable to return back to addiction or relapse.

5.1 Consequences of Relapse among Substance Abusers

The result of the study discovered that, substance abuser who are relapsed face various consequences toward their health, psychology, social life and economy.

The finding revealed that how relapse affected their health negatively. Almost all the respondent experienced, restlessness, loss of appetite and gastric pain. In addition, it affected their social relationship badly.

Chapter Six: Conclusions and Recommendations

In the long run, this research works on the investigation of the causes for relapse to addiction among addicted people after treatment. The findings of this study revealed that the relapse of drug abuse could happen because of psychological, social, environmental, and economic factors such as, negative emotions, lack of support, former friend influences, being in an environment that is highly exposed to illicit drugs, and activities, scare of resource or money. The results of this study also confirmed how relapse affects health, economy, psychology, and social relationship relapse negatively.

The aim of this research was to understand the causes of relapse and to change from the grass root.

This study proved that the relapse rate is very high because of different reasons such as psychological, social, environmental, and economic factors. Consequently, to reduce or prevent relapse rate, the cause should be addressed. Addiction and relapse is multidimensional problem so that different bodies should contribute.

Policies and strategies has to formulated by the government to prevent and control substance and alcohol abuse in the country. Education or creating awareness about the negative effect of addiction in all aspects of life can change people therefore; it has to be included in different lesson with different levels.

Health professionals should address different therapies and strategies to address the problem of relapse.

References

- Ackermann K., (2019). Warning signs of relapse: depression, stress, and other triggers retrieved from <https://americanaddictioncenters.org/adult-addiction-treatment-programs/signs-of-relapse>
- Afkar, A., Mehrabian F., Omid-Khalky S. & Mahboubi M. (2014). Drug abuse pattern and frequency of high risk behaviors the clients to outpatient addiction treatment centers. *J Biol Today's World*. 3(4):94-99.
- American Addiction Centers, Inc. (n.d.). Learning Theory of Addiction and Recovery Implications. Retrieved February 10, 2021, from <https://www.mentalhelp.net/addiction/learning-theory>
- Andrew, B. S. (2001). Relapse determinants reported by men treated for alcohol addiction. *Journal of Substance Abuse Treatment: The prominence of depressed mood* 19(4):469-74 doi: 10.1016/S0740-5472(00)00122
- Appiah, R. (2014). The psychosocial precipitants and rate of relapse among substance abusers in the Sunyani Metropolis, Ghana. *Unpublished master's thesis*, Ghana
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Bhandari S., Dahal M. & Neupane G. (2015). Factors associated with drug abuse relapse: A study on the clients of rehabilitation centers. *Alameen J Med Sci*. 8(4):293–8. Retrieved from: http://ajms.alameenmedical.org/ArticlePDFs/12_AJMS_V8.N4.2015_p_293-298.pdf.
- Bradizza, C.M., Stasiewicz P.R. & Paas N.D. (2006). Relapse to alcohol and drug use among individuals diagnosed with co- occurring mental health and substance use disorders: A

- review relapse to alcohol and drug use among individuals diagnosed with co-occurring mental health and substance use disorders. *Clin Psychol Rev.* 26(2):162-78.
doi: 10.1016/j.cpr.2005.11.005.
- Broome, K., Simpson, D. & Joe, G. (2002). The role of social support following short-term inpatient treatment. *Am J Addict.* 11(1):57–65. Retrieved from:
<https://doi.org/10.1080/10550490252801648>.
- Brown, S. A., Vik, P. W., Creamer, V. A., (1989). Addictive Behaviors: Characteristics of relapse following adolescent substance abuse treatment, *Science Direct Journal* 14(3), 291-300
doi: 10.1016/0306-4603 (89)90060
- Cohen, L., Manion, L. & Morrison, K. (2005). Research Methods in Education Sixth edition
- Connors, G. J., Maisto, S.A. & Donovan, D. M. (1996). Conceptualizations of relapse: a summary of psychological and psychobiological models. *Addiction*, 91:5-13.
- Creswell, J. W. (2007). Qualitative inquiry and research design: choosing among five approaches. (2nd Ed). New Delhi: Sage publication.
- Cummings, N. A. & Cummings, J. L. (2000). The first session with substance abuser, San Francisco, CA: Jossey-Bass.
- Denscombe, M. (2010). The Good Research Guide (4th Ed.) For small-scale social research projects. Open University Press
- Federal Democratic Republic of Ethiopia population census commission. (2008). Summary and statistical report of 2007, population and housing census results
- Fekadu, A., Desta M., Alem A. & Martin P. (2007). A descriptive analysis of admissions to Amanuel Psychiatric Hospital in Ethiopia. *Ethiopian Journal of Health Development* 21(2)
doi: 10.4314/ejhd.v21i2.10046

- Gay, L. R., Mills, G. E., & Airasian, P. W. (2012). Educational research: competencies for analysis and applications. 10th ed. Boston: Pearson.
- Gorski, T. T. & Merlene M. (1986), Staying sober: a guide for relapse prevention. Herald house/independence press, Missouri 64056, USA
- Ibrahim, F. & Kumar, N. (2009). Factors effecting drug relapse in malaysia: an empirical evidence. *Asian Social Science*, 5(12), pp. 40-43. ISSN 1911-2017; ESSN: 1911-2025 doi: 10.5539/ass.v5n12p37
- Jayakrishnan, M. & Kandasamy, A. (2018). Relapse prevention. *Indian J Psychiatry*; 60 (Suppl. 4):S473–8. Available from: https://doi.org/10.4103/psychiatry.IndianJPsychiatry_36_18
- Jufar, E. (2019). Psychosocial triggering factors of relapse among substance abusers: the case of amanuel mental specialized hospital rehabilitation center. Addis Ababa: Addis Ababa University.
- Kabisa, E., Biracyaza, E., Habagusenga, J. D. & Umubyeyi, A. (2021). Determinants and prevalence of relapse among patients with substance use disorders: case of icyizere psychotherapeutic center. *Substance Abuse Treatment, Prevention, and Policy* 16. doi: 10.1186/s13011-021-00347-0
- Kuria, M. W. (2013). Factors associated with relapse and remission of alcohol dependent persons after community-based treatment. *Open Journal of Psychiatry* 3(2). doi: 10.4236/ojpsych.2013.32025
- Larimer, M. E., Palmer, R. S., & Marlatt, G. A. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. *Alcohol Research & Health*, 23(2), 151–160.
- Lewis, J. A., Dana, R. Q. & Blevins, G. A. (2002). Substance abuse counseling. 3rd ed. Pacific Grove, CA: Wadsworth/Thomas Learning.

- Lowinson, J. H. (1992). Substance Abuse: A Comprehensive Textbook, 2nd Edition. In P. Ruiz, R. B. Millman & J. G. Langrod (Eds.), Cambridge University (pp. 76-81). Baltimore: Williams & Wilkins.
- Maehira, Y, Chowdhury, E. I., Reza M., Drahozal R., Gayen T. K., Masud I., et al. (2013). Factors associated with relapse into drug use among male and female attendees of a three-month drug detoxification-rehabilitation programme in dhaka, bangladesh: A prospective cohort study. *Harm Reduct Journal*. doi: 10.1186/1477-7517-10-14.
- Marlatt, G.A. & Donovan, D.M. (2005). Relapse Prevention: Maintenance strategies in the treatment of addictive behaviors (2nd Ed.). New York: Guilford press
- Mauriz, C.A. (2002). Causes of substance abuse relapse among mexican american and anglo males, *Theses Digitization Project*. 2092.
- McCollum, E. E. & and Trepper, T. S. (2001). Family solutions for substance abuse, Binghamton, Nework,: Haworth press
- Merriam, S. B. (1988). Case study research in Education: A qualitative approach. San Francisco: Josi Doise publisher.
- National institute on drug abuse. (2020). Health consequences of drug misuse Retrieved from <https://www.drugabuse.gov/drug-topics/health-consequences-drug-misuse/introduction>
- Olawole-Isaac, A., Ogundipe, O., Amoo. E. O. & Adeloje. D. (2018). Substance use among adolescents in sub-saharan africa: a systematic review and meta-analysis. *South African Journal of Child Health* 12(2b): 79–84. doi:10.7196/sajch.2018.v12i2b.1524
- Ornstein, T., Iddon, J., Baldacchino, A. et al., (2000). Profiles of Cognitive Dysfunction in Chronic Amphetamine and Heroin Abusers. *Neuropsychopharmacol* 23, 113–126.
doi: 10.1016/S0893-133X (00)00097-X

- Parekh R. (2017). What is addiction? Retrieved from <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>
- Rahman, M. M., Rahaman, M. M., Hamadani, J. D., Mustafa, K., Islam, S. S. (2016). Psycho-social Factors Associated with Relapse to Drug Addiction in Bangladesh. *Journal of Substance Use*, 21(6), 627-630. Available at: https://aquila.usm.edu/fac_pubs/17827
- Rasmussen, S. (2000). *Addiction Treatment: Theory and Practice*. Beverly Hills, California: Sage Publication, Inc.
- Saldana, J. (2008). *The coding manual for qualitative researchers: An introduction to codes and coding*. Retrieved from:
http://www.sagepub.com/upmdata/24614_01_Saldana_Ch_01.pdf
- Saunders, J. B. (2013) The concept of substance use disorders. A commentary on defining substance use disorder: 'Do we really need more heavy use' by Rehm et al. *Alcohol and Alcoholism* 8 (6), pp. 644-645 doi: 10.1093/alcalc/agt146
- Samira. G, H. B & Nobaya. B, (2010). Environmental Factors Influencing Relapse Behavior among Adolescents Opiate Users in Kerman, Iran, *Global journal of Human Social Science*, 10
- Sampson, B. N., Frank, M. D., Maureen, B., Robinson-Bassey, Grace, C. & Wokne-Eze L. (2017). "Factors influencing relapse among substance abuse patients attending neuropsychiatric hospital rumuigbo Port Harcourt, Nigeria", *International Journal of Development Research* 7(11), 16984-16989.
- Saripalli, V. (2018). Addiction: Definition, symptoms, withdrawal, and treatment retrieved from <https://www.medicalnewstoday.com>
- Schubart, C. (2001). Probing the Riddle of Relapse. *Science Now* 2, p2.

- Sinha, R. Shaham, Y., Heilig, M. (2011). Translational and reverse translational research on the role of stress in drug craving and relapse *Psychopharmacology, Berl 218* (1), pp. 69-82
- Substance Abuse and Mental Health Services Administration. (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.
- Swanepole, I. (2014). The cause of relapse among young African adults following in patient treatment for drug abuse in the gauteng province. *MSW Dissertation, University of Pretoria, Pretoria*. Available from: <http://hdl.handle.net/2263/46180>
- Taylor, J., Lioyd, D. A., & Warheit, G. J. (2006). Self-derogation, peer factors and drug dependence among a multiethnic sample of young adults. *Journal of child and adolescent substance abuse*.
- Tesfaye, G., Derese, A., Hambisa, M. T. (2014). A cross-sectional study on substance use and associated factors among university students in ethiopia. *Journal of Addiction 2014* (969837) doi: 10.1155/2014/969837
- Tulu, S. K., Keskis, W. (2015). Assessment of Causes, Prevalence and Consequences of Alcohol and Drug Abuse among Mekelle University, CSSL 2nd Year Students. *American Journal of Applied Psychology*.
- UNECA the World Health Organization and the Ministry of Health of the Transitional Government of Ethiopia, National seminar on Youth, Drugs and Health. (1994). BCA/PHSD/SDU/94/215:5(b) (ix)|
- UNODC World Drug Report. (2020). retrieved from <http://www.unodc.org/unodc/press/releases/2020/June/media-advisory-global-launch-of-the-2020-world-drug-report.html>

Witkiewitz, K. & Marlatt, G.A., (2004). Relapse Prevention for Alcohol and Drug Problems. *American Psychologist*, 59, 224-235.

Yin, R. (2003) Case study research: design and Methods. Thousands oaks: sage publications, Inc.

Annex 1: Informed Consent

My name is Dagmawit Shiferaw. I am a Master's student in Addis Ababa University School of Behavior and educational studies and currently working my thesis entitled as "Causes for Relapse of Addiction among Addicted People after Having Treatment in Rehabilitation Center". The purpose of this study is to gather information on how your experience is on the factors of relapse. You will be asked to discuss your thoughts, experiences and feelings related to the psychosocial factors of relapse. Participating in the study is voluntary and you can refuse to take part in the study. You are free to terminate the interview or decline to answer any question. You understand that your interview will be recorded. The interview will take approximately 25 minute to 35 minute. Prior to the interview you will be asked some personal questions including your age, marital status, education and length of time in a treatment. The interview will take place in a convenient place

You may experience some emotional distress while sharing your experiences. If you do become emotionally distressed during the interview, you have the right to stop the interview completely or continue the interview at a later time.

Your participation in the study will enhance the understanding of the psychosocial factors that contribute to the relapse of substance abusers. The data obtained from you will benefit social service providers and other health professionals.

This study is guided by the ethical considerations of Autonomy and confidentiality. No information of you provide will be shared to anyone else and will be used only for educational purpose. The finding of this study will be presented and reported to the school of social work AAU. When the findings are reported you will not be identified. You will be assigned with a code to

protect your confidentiality. So, are you voluntary to participate in this study? If yes, please your signature.

Participant's signature

Date

Thank you for the participation

Annex 2: In-Depth Interview for Relapsed Patients

1. Personal Information
 - Age _____
 - Sex _____
 - Educational status _____
 - Occupation _____
 - Marital Status _____
2. When did you start taking drug for the first time?
3. How long did you take the substance or drug?
4. What are your reasons to abuse drug?
5. What type of drug do you take, how often (frequency per day) do you take? What is the mode of intake?
6. Do you think that drugs have consequences /risks on your health, social, economic and psychological situation?
7. Have you ever tried to stop or cutting down the drug by yourself?
8. How did you join rehabilitation centers?
9. How many times did you admit to treatment centers for treatment of drug dependence?
10. Where did you receive your first treatment for drug abuse?
11. What kinds of services or treatments are you getting in rehab centers? Do you think it is effective?
12. How difficult to stop consuming the drugs after treatment?
13. What are the reasons of relapse?
14. The time gap between taking drugs after treatment?

15. Can you share the moment you feel at the time of relapse?
16. Can you suggest anything from your experience for others?

Annex 3: Key Informant Interview Guide

Personal information

Age _____

Sex _____

Educational Status _____

Profession _____

Years of service working in the rehabilitation center _____

1. For how long you have been working in this department?
2. What kinds of services are given in this department and what does the treatment look like?
3. For how long do they stay in the rehabilitation center?
4. What are the causes of relapse?
5. What is the role of the family and the society in supporting substance abusers to prevent relapse?

Annex 4: Amharic Version of the Consent

አዲስ አበባ ዩኒቨርሲቲ

ኢ.ዲ.ኤች.ሲ.ና እና ብሄ-ሽዩራል ሳይንስ ኮሌጅ

የሶሻል ሳይኮሎጂ የድህረ ምረቃ ት/ቤት

የስምምነትና ፈቃድ መጠየቂያ ቅፅ

ዳግማዊት ሽፈራው አባላለሁ። የአዲስ አበባ ዩኒቨርሲቲ የሶሻል ሳይኮሎጂ ትምህርት ክፍሌ የድህረምረቃ ፕሮግራም ተማሪ ስሆን የሁለተኛ ድግሪ መመረቂያ የሚሆን የማሟያ ጥናት በማድረግ ላይ እገኛለሁ። ጥናቱ በተሀድሶ ማዕከል ውስጥ በሚገኙ የአደንዛዥ እፅ ተጠቃሚዎች መካከል በድጋሚ ያደንዛዥ ዕዕ እንዲጠቀሙ ያደረጋቸውን ስነ ልቦናዊና ማህበራዊ ምክንያቶችን ለመዳሰስ ትኩረት ያደረገ ሲሆን ሀሳብዎን፣ ልምድዎን እንዲሁም የሚሰማዎትን ስሜት ለመወያየት ጥያቄዎችን ይጠየቃሉ።

በዚህ ጥናት ላይ መሳተፍ በፈቃደኝነት ላይ የተመሰረተ ሲሆን ያለመሳተፍ ሙብትዎ የተጠበቀ ነው። በጥናቱ ሊይ ለመሳተፍ ጾታደኛ ከሆኑ በማንኛውም ጊዜ ቃለ መጠይቁን የማቋረጥም ሆነ ምቹትዎን የሚነሱ ጥያቄዎች ካለ ያለመመለስ ሙብት አለዎት። ክርስቶስ ጋር የማደርገው የቃለ መጠይቅ ቆይታ ከ30-45 ደቂቃ ይፈጅል ተብሎ ይገመታል። ቃለ መጠይቁን ወይም ውይይቱን የማደርገው በርስዎ ፈቃደኝነት ሊይ ተመስርቼ በድምፅ መቅጃ በመታገዝ ሲሆን ይህም ፅሁፈን በምፅፍበት ጊዜ እንዲያግዘኝ በማሰብ ነው።

በቃለ መጠይቅ ጊዜ ግላዊ ጥያቄዎችን ማለትም እድሜ፣ የጋብቻ ሁኔታ፣ ሀይማኖት፣ የት/ት ደረጃ እንዲሁም በማዕከሉ ህክምናውን ለማግኘት የቆዩበት ጊዜ የሚጠየቁ ሲሆን ቃለ መጠይቁ አመቺ በሆነ ቦታ ላይ ይካሄዳል።

ልምድዎን ሲያካፍሉ ሊያጋጥምዎ የሚችል የስሜት መረበሽ ሊኖር ይችላል። በቃለ መጠይቅ ጊዜ እንዲህ አይነት ስሜት ከተሰማዎት በማንኛውም ሰዓት ቃለ መጠይቁን ሙሉ ለሙሉ የማቋረጥም ሆነ ከቆይታ በኋላ ቃለ መጠይቁን የመቀጠል ሙብት አለዎት።

የዕርስዎ በጥናቱ ላይ መሳተፍ ለማህበራዊ አገልግሎት ሰጪ ባለሙያዎች እንዲሁም ለሌሎች የጤና ባለሙያዎች ያደንዛኸር እፅ ተጠቃሚዎች በድጋሚ አደንዛኸር እፅን እንዲጠቀሙ የገፋፋቸውን ስነ ልቦናዊና ማህበራዊ ምክንያቶች ምን ምን እንደሆኑ ያላቸውን ግንዛቤ እንዲያዳብሩ ይረዳቸዋል።

በጥናቱ ጊዜ የሚያካፍሉኝ ማንኛውም ዓይነት መረጃ ምስጢራዊነቱ የተጠበቀ ሲሆን ጥናቱ ሙሉ በሙሉ የት/ት እና ምርምር ጉዳይ ብቻ የሚውሉ ይሆናሉ። የሚሰጡኝን መረጃ በልዩ መለያ(ኮድ) በመመዘን በማስቀመጥ መሆኑን እየገለፅኩ የዚህ ጥናት ውጤት ለአዲስ አበባ ዩኒቨርሲቲ ሶሻል ሳይኮሎጂ ትምህርት ክፍል የሚቀር እና ሪፖርት የሚደረግ ይሆናል። ስለሆነም በጥናቱ ለመሳተፍ ፈቃደኛ ኖት? ከሆኑ በሚከተለው የፈቃደኝነት ማረጋገጫ ፊርማ መፈረሚያ ቦታ ላይ ፊርማዎትን በማስቀመጥ ያረጋግጡ።

የተሳታፊው ፊርማ _____ ቀን _____

ለተሳትፎዎ እጅግ በጣም አመሰግናለሁ!

Annex 5: Amharic Version of Interview Questions for Relapsed Patients

ዕድሜ፤- _____

ፆታ፤- _____

የጋብቻ ሁኔታ፤- _____

የት/ት ደረጃ፤- _____

1. አደንዛዥ እፅን መጠቀም እንዲጀምሩ የገፋፋዎት ምክንያቶች ምንድናቸው?
2. የትኛው የአደንዛዥ እፅ አይነትን ይጠቀማሉ? ለምን ያህል ጊዜ እና በምን ያህል ጊዜ ልዩነት?
3. አደንዛዥ እፅን ለምን ምክንያት ነው የሚጠቀሙት?
4. ከማዕከሉ ምን አይነት የህክምና አገልግሎት እያገኙ ነው?
5. ቤተሰብዎ ይደግፍዎታል? እንዴት?
6. አደንዛዥ እፅን መጠቀም ጉዳት አለው ብለው ያስባሉ? ለምሳሌ፤- የጤና ፣ የማህበራዊ፣ የኢኮኖሚና ስነ ልቦናዊ...ወ.ዘ.ተ
7. አደንዛዥ እፅን የመጠቀም ልምድ እንዲኖርዎት ግፊት ያሳደረቦት ምንድን ነው?
8. ከአደንዛዥ እፅ ለማገገም የመጀመሪያ ጊዜ የህክምና አገልግሎት ያገኙበት የት ነው?
9. ከአሁን በፊት በህክምና ማዕከል ምን ያህል የህክምና አገልግሎቶች አግኝተዋል?
10. ከዚህ በፊት የህክምና ቆይታዎ ለምን ያህል ጊዜ ነበር?
11. ከዚህ በፊት የህክምና ክትትልዎን አጠናቀዋል? ካልሆነ በምን ምክንያት ነው ያላጠናቀቁት?
12. ምን አይነት ምክንያቶች ናቸው በድጋሚ የአደንዛዥ እፅ ተጠቃሚ እንዲሆኑ የገፋፋዎት?
13. ከዚህ በፊት ህክምና ከተከታተሉ በኋላ በድጋሚ የአደንዛዥ እፅ ተጠቃሚ እንዲሆኑ ግፊት ያደረገብዎት ስነ ልቦናዊና ማህበራዊ ምክንያቶች ምን እንደሆኑ ቢነግሩኝ?
14. በድጋሚ አደንዛዥ እፅ ተጠቃሚ በመሆንዎ በእርስዎና በቤተሰብዎ ላይ ያመጣቦት አካላዊ፣ ስነልቦናዊ፣ ማህበራዊና ኢኮኖሚያዊ አሉታዊ ተፅዕኖ ምንድን ነው?

Annex 6: Amharic Version of Interview Questions for Key Informants

ጤናና ማህበራዊ አገልግልት ሰጪ ባለሙያዎች

የግል መረጃ

ዕድሜ _____

ጾታ _____

ሙያ _____

የሥራ ልምድ _____

የሥራ መደብ _____

1. ለምን ያህል ጊዜ ነው በዚህ ማዕከል ውስጥ የሰሩት?
2. በማዕከሉ ምን አይነት አገልግሎቶች ይሰጣሉ? ህክምናውስ ምን ይመስላል?
3. በተሀድሶ ማዕከል ውስጥ አገልግሎቱን የሚጠቀሙ ታካሚዎች ለምን ያህል ጊዜ ይቆያሉ?
4. በድጋሚ አደንዛኝ እፅን መጠቀም የሚያጋልጡ ምክንያቶች ምንድን ናቸው?
5. የአደንዛኝ እፅ ተጠቃሚ የሆኑትን ሰዎች ዳግም ተመልሰው እንዳይጠቀሙ የቤተሰብና የማህበረሰብ ሚና ምን መሆን አለበት?