

**Research Article**

**Study the Factors Affecting the Relapse of Addiction from Perspective of  
Patients Referred to Addiction Treatment Centers  
of Khorramabad City in 2017**

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**ABSTRACT**

**Background and Purpose:** drug addiction is a problem that affects many societies of the world. One of the problems that have complicated phenomenon of addiction is its relapse, because most addicts reuse drug after quitting it. The purpose of the present study was to determine the frequency of factors affecting relapse of patients referred to addiction treatment centers of Khorramabad city in 2017.

**Materials and Methods:** This is a descriptive analytical study in which 480 subjects with at least one relapse history of drug referred to addiction centers in Khorramabad have been examined using single-stage cluster sampling. The researcher-made questionnaire was given to the subjects and data was analyzed using SPSS21 statistical software.

**Results:** In this study, 480 patients with relapse history were studied and the results showed that 93.1% of them were male. More than 90 percent of them were from urban areas. The average age of subjects was  $8.8 \pm 33.1$  and the minimum age was 18 years old. 59.4 percent of subjects addicted to the opium. 50.6 percent of subjects had experienced the first substance at 15-20 years old and 6.35 percent had a history of quitting more than 7 times.

**Discussion and Conclusion:** Due to the adverse individual and societal effects of addiction and the high rate of relapse after quitting, it is required to examine the factors affecting the addiction relapse to control or reduce these factors.

**Keywords:** Addiction, Drug, Addiction Relapse, Substance Abuse

**INTRODUCTION**

The crisis of drug addiction is a problem that affects many societies of the world. Iran has long been struggling with this crisis and this caused some problems for different groups of people and suggest serious physically, mentally and socially health problems. The causes of Addiction prevalence are complex and multiple and therefore have substantially differences based on characteristics of different communities. Drug

abuse causes many problems and many of its complications may appear after decades, but its economic, social and psychological consequences and damages are well known to everybody. Addiction is a major social and health problem and has multiple economic, political, cultural, psychological, moral and legal aspects. Addiction is a mental, social and economic illness caused by unnatural and illegal use of substances such as

alcohol, opium, hashish etc.... and leads to psychological dependence (addiction) to the substances and finally leaves adverse effects on physical, mental and social abilities. In the first step, Addiction stops the humanity. Addict has completely lost its existential dimensions and is a sick that if left untreated or not treated, not only his body but also his spirit and character is deprived of the human society. He has no understanding of the concept of human dignity and the values of human dignity, because all the spiritual, intellectual and physical talents and abilities have been destroyed by the smoke arising from opiates. Addicted person lost his / her character completely, so he / she does not respect the value of his/her family, society country and fellowmen. Drug addiction in the first step, sacrifice and destroy one's soul and body. Today's, addiction is a problem in the world and leads to disintegration of many families, misguided youths and adolescents, prevalence of many diseases, economic losses and mortality. Addiction is a kind of perversity in throughout of all human societies from a sociological perspective. Addicts suffer a kind of pathological and abnormal behavior in the society. Any deviations or disorders in the society could disturb the social order. Disturbing the social order includes different aspects. Damages caused by addiction to the reputation of the community is irreparable. In terms of public opinion, as the addict is ignored by people and lacks credibility, as well as community that is plagued with drug addiction and lose its health is ignored by other societies and will not have any reputation. In fact, addiction is a problem that involves human communities. The word of addiction means to devote faulty habits. In other words, bondage of having physically or socially harmful substance is known as drug addiction. Addiction is the most important social harm rooted in different social and psychological factors and consequently affects the individual and public psychology. In other word, there is a close relationship between addiction, society and subject and the depth of this problem is emerged

when affect the active and effective people in the society (1).

Addiction degrades social position and status of a person. An addict is introduced a callous, corrupt and unbalanced character in the society. In addition, addiction disturbs family system, diminishes family and society income and lost a substantial part of it. Addict ignores social rules and religious orders and this provides a context to commit many deviations (2). As mentioned earlier, dependence to alcohol and drug abuse have imposed enormous social and economic costs on individuals and communities and is one of the largest clinical and public health problem and an obstacle in the development of human societies (3). Social problems associated with drug abuse will result in marriage breakdown, unemployment, homelessness and neglect of children, which often leads to children entering the system of supervision. There is also a clear association between the consumption of illegal drugs and delinquency (4). The relationship between substance use and addictive behavior with other distortions such as domestic violence, child abuse, increased divorce rates and the spread of contagious diseases such as AIDS and hepatitis, Adds the extent of addict pathogenesis (5). National estimates in Great Britain show that the prevalence of drug use is 9.35 per 1,000 people (360811 people) and prevalence of injection is 3.2 persons per 1,000 people (123498 persons) in the general population in the age range of 15-64 years old. According to the National Drug Treatment Monitoring System (NDTMS) in 2004-2005, 160,450 people in England have been in contact with drug treatment services. Around 40,000 people in England and Wales were abused illegal drugs at any time in prison (4). The annual cost of mental disorders and addictions in United States is totally \$ 170 billion, including \$ 14 billion in losses caused by the lack of productivity, \$ 82 billion by health care costs are and \$ 80 billion in other costs (3). In Iran, despite local and international efforts, drug abuse is one of the most important mental and social damage. According to some estimates, 1.2 to 6 million people in the

country use drugs for dependence or recreational. Approximately 40 percent of population are lower 15 years old and people over 15 years old are 35 to 40 million people. According to optimistic estimates, if there are 2 million addicts in the country, about 5 percent of the adult population of the country are grappling with the problem of drug addiction. While, in industrialized countries at the moment, this number has been reduced compared to two decades ago and has reached to 1 to 2 percent (6). Iran's anti-drug programs can be summarized in two sections including "decrease in supply" and "decrease in demand". In section of "decrease in supply", some efforts have been done to control borders, prevent drug distribution, actions by police and some serious rules, but consuming drug in the country is increasing. So, in section of "decrease in demand", it is hoped to help the health of society by developing preventive programs (5). On the other hand, to develop appropriate approaches to prevent and treat this problem, an understanding of the origins of individual differences in risk factors is needed (7). From a superficial glance, addiction is created by the use of certain substances through drug abuse pattern (8). But with such a simple concept, this complex question cannot be replied, because only certain few subjects are addicted and suffered drug dependence, and others are not involved (10). One important aspect of addiction has been specified by preventive efforts is drug relapse after a period of withdrawal. Studies show a high prevalence of addiction relapse (9-12). High relapse rate after quitting drug use is one of the challenges that behavioral scientists face it, because addicts have high willing to experience drug effects after quitting (13). According to the studies, only 20 to 30 percent of addicts can continue drug quitting after one years. It was also reported that only 19 percent of drug users after treatment could continue drug quitting for 6 years (11). Drug quitting is one of the issues concerned by the authorities as well as sufferers of substance abuse and their families. Physical quitting of drugs is not difficult, but the main problem is its relapse and start it again (15). In a study in Taiwan the

relapse of addiction after quitting, have been reported as 70%. For this purpose, some experts use the term "chronic and recurrent disorder" to describe addiction (16). According to the studies, the possibility of addiction relapse in the optimistic form is predicted 50% and this possibility is valid up to 90% (17). Despite the advances to treat this problem, relapse to heavy and uncontrollable periods is a common problem. One of the main questions of this study and psychologist and researchers of behavioral science is that the different causes to relapse drug is caused by changes of drug abuse for long term or the subject has had the potential before addiction to relapse. It seems, there are many risk factors in the field of these disorders. In fact, this study tries to identify the different causes influencing the addiction relapse in the addicts. Given the importance of title and different factors influencing addiction relapse after quitting, this study has been done and hoped to design a proper pattern to develop an effective program to increase duration time of quitting in the addicts using results of this study and similar studies in the future.

## LITERATURE REVIEW

In the study by Fallahnejad et al (2006) on the causes of addiction relapse from perspective of addicts referred to welfare centers in Yazd city, it was found that the majority of addicts who have experienced the addiction relapse were under 30 years (75%) and 74.1% of them were single, also 85.9% of them had a history of smoking. Also, about the causes of addiction relapse from addicts perspective, majority of them (37.4 %) had addicted friends, 28.6% of them suffered psychological pressure, 2.9% were rejected by family and 7.2 percent of them noted illness as factor of addiction relapse. 139 subjects (69.8 percent) were dependent on opium, when referred to quit. According to the results of this study, although chemotherapy is used by medicines to treat addiction, but an addict in addition to detoxification drugs requires different consulting and family to avoid addiction relapse (18).

In the study by Din Mohammadi et al (2007) to examine the social and environmental factors influencing addiction relapse from perspective of addict referred to the Zanzan welfare treatment and prevention center, it was founded that majority of addicts 55.2 % used opium and mainly 69.8% have used for inhalation. In this study, 80.3% of the subjects were married, 75.1% were illiterate, 72.9% were employed, 66.7% had free job and 76% were living in the city. The results showed that the subjects had experienced at least once a history of drug abuse (). Also, from perspective of addicts in the field of occupational factors, lack of permanent jobs 51 percent, in the field of education, low illiterate 33.3% and illiteracy 19.8%, in the context of a family factors of single person, lack of appropriate family relations 43.7 %, and in the field of family factors of the married person, marital discord 22.5 percent and dealing with wife and children 2.21 percent are the most important. In the field of social factors, the availability of opioid 85.4 percent, common use of opioids in public 80.2% and socialize with friends who have been addicted 70.8% had the highest importance (19).

In the study by Gossp et al in (2002), the results show that cognitive changes and adaptive skills have been associated with heroin relapse and this shows the importance of coping skills. Also, it has been shown that prevalence of heroin relapse in the first year was 64% and the highest treatment loss was in first six months and more than 60% of subjects experienced the addiction relapse and this shows the importance of this period. It seems, supporting the clients in this period should not be limited to holding consulting meeting, medical treatment and training (20).

According to the study by Angela et al in (2005), age is one of the most important factors in addiction relapse. According to their studies in multivariate analysis, the addiction relapse in the elderly subjects were less. According to the differences in samples, designing a study and difference of cultural pattern is interpretable in the difference of results (21).

## METHODOLOGY

This study is applied in term of purpose. The method of study is analytical-descriptive kind.

### Statistical Population

The statistical population of the present study included all addicts with history of once addiction relapse who referred to addiction center of Khorramabad City.

### Sample Volume

480 subjects were selected as sample volume given the content and below formula.

$$d=0.018 \quad q=40\% \quad P=60\% \quad \alpha=0.05$$

$$n = \frac{(z_{1-\alpha/2})^2 * p(1-p)}{d^2}$$

The data collection tool used was a valid researcher-designed questionnaire consisting of two parts. Part one inquired about participants' demographic details, such as age, gender, education, occupation, place of residence, age at the onset of addiction, type of substance abused, the total duration of last period of abstinence and the frequency of quitting. Part two consisted of items that assessed the frequency of factors affecting addiction relapse in four domains, including personal causes (eight items), socioeconomic causes (nine items), family causes (six items) and treatment causes (five items).

All the items were scored based on a 5-point Likert scale from 'totally disagree' to 'totally agree' and scoring was from 1 to 5

## DATA ANALYSIS METHOD

After collecting the samples and initial data, SPSS21 Software was used. Descriptive statistical methods such as frequency distribution and statistical indicators such as mean, frequencies, standard deviance and analytical statistic such as ANOVA with significant level less than 0.05 was used to test the hypotheses.

## FINDINGS :

In this study, 480 subjects with history of addiction relapse were studied. 93.1% of them were male. Most of them were living in urban

areas. 59.4% of subjects used opium. Age average of subjects was  $33.1 \pm 8.8$  and the minimum age was 18 years old. 50.6% of them have experienced drug first at 15-20 years old and 35.6% of subjects

had history more than 7 times of addiction quitting. The specifications of subjects are shown in Table 1.

**Table 1:** Frequency Distribution of Specifications of Subjects in the Study

Variables	cumulative percentage	percentage	Number
Education Illiterate	3.3	3.3	16
Secondary school and lower	37.1	33.8	162
High school	43.1	6	29
Diploma	82.1	39	187
Academic education	100	17.9	86
Job Unemployment	24.2	24.2	116
Student	24.6	0.4	2
Free	75.2	50.6	243
Staff	86	10.8	52
Worker	100	14	67
Gender Men	93.1	93.1	447
Women	100	6.9	33
Location City	90.6	90.6	435
Village	100	9.4	45
Reason to quit the drug Family pressure	28.1	28.1	135
Employment	30.2	2.1	10
Relative's pressure	39.2	9	43
Marriage	44.4	5.2	25
Financial pressure	61.7	17.3	83
Physical complications	100	38.3	184
Kind of consumed drug Opium	59.4	59.4	285
heroin	84	24.6	118
Other	100	16	77
Age of first consumption Lower 15 years old	14.8	14.8	71
15-20 years old	65.6	50.8	244
21-30 years old	95.8	30.2	145
More than 30 years old	100	4.2	20
Number of quitting Once	8.8	8.8	42
2-3 times	42.1	33.3	160
4-6 times	64.4	22.3	107
7 and more	100	35.6	171
Duration of last quitting Lower 6 months	46	46	221
6-12 months	74	27.9	134
13-18	85	11	53
19-24	91.3	6.3	30
More than 24	100	8.8	42
Age 20 years old and lower	3.5	3.5	17
21-30 years old	46	42.5	204
31-40 years old	80	34	163
41-50 years old	96.5	16.5	79
More than 50 years old	100	3.5	17

**Table 2-** Frequency Distribution of the Variable in Personal Field of Relapse Cause from Perspective of Participants in the Study

The questions in the personal fields	Completely agree Number (percent)	agree Number (percent)	No idea Number (percent)	disagree Number (percent)	Completely disagree Number (percent)
Weakness and lethargy	(11.6)56	(35)168	(12.5)60	(19.4)93	(21.5)103
Physical pain	(21.2)102	(37.5)180	(10.8)52	(13.4)64	(17.1)82
insomnia	(10.9)52	(30.4)146	(17.7)85	(25)120	(16) 77
Sexual dysfunction	(11)53	(25.8)124	(17)81	(27.7)133	(18.5)89
Low self confidence	(13.5)65	(38.3)184	(17.5)84	(19.8)95	(10.8)52
A feeling of emptiness	(24.1)116	(36.5)175	(7.8)37	(20.2)97	(11.5)55
Enjoyment and fun	(23.8)114	(44.8)215	(13.5)65	(12.7)61	(5.2) 25
Falling in love	(14.2)68	(30.6)147	(25.4)122	(15.6)75	(14.2)68

In this field, 68.5% of subjects noted to enjoyment and fun, 60.6% to low self-confidence, 58.7% to physical pains as the causes of addition relapse and sexual dysfunction was ranked in the lowest priority.

**Table 3-** Frequency Distribution of the Variable in Economic and Social Field of Relapse Cause from Perspective of Participants in the Study

The questions in the personal fields	Completely agree Number (percent)	agree Number (percent)	No idea Number (percent)	disagree Number (percent)	Completely disagree Number (percent)
Academic failure	(1.5)6	(14.3)69	(14.5)70	(36.4)175	(33.3)160
Fired from work	(10.3)50	(25)120	(26.7)128	(21.5)103	(16.5)79
Unemployment	(29.7)143	(39.8)191	(8.4)40	(12.1)58	(10)48
low income	(8)39	(23.8)114	(24.2)116	(29.8)143	(14.2)68
The availability and low cost	(26.2)126	(38.1)183	(11.5)55	(15.8)76	(18.4)40
Neglect and rejection from friends	(11.3)54	(35)168	(16.5)79	(24.2)116	(13)63
Lack of recreation	(22.7)109	(40.4)194	(15.9)76	(12.5)60	(8.5)41
Location	(17.9)86	(33.3)160	(15.2)73	(20.6)99	(13)62

In this field, 69.5.5% of subjects noted to unemployment, 64.3% to availability and low-cost, 63.1% to lack of recreation as the causes of addition relapse.

**Table 4-** Frequency Distribution of the Variable in Family Field of Relapse Cause from Perspective of Participants in the Study

The questions in the family fields	Completely agree Number (percent)	agree Number (percent)	No idea Number (percent)	disagree Number (percent)	Completely disagree Number (percent)
Use by other family members	1)399.3(	(24.8)119	1)840.1(	(27)130	(18.8)90
Family problems	)14530.2(	(32.7)157	(17.5)84	1)952.2(	)537.4(
Parental separation	(7.9)38	(20.6)99	(27.3)131	(22.5)108	(21.7)104
Losing parents	(10.8)52	(18.8)90	(24)115	(27)130	(19.4)93
Parental neglect and ill-treatment	(17.6)85	(36.3)174	(18.3)88	(16.3)78	(11.5)55
Failed marriage	(13.1)63	(23.1)111	(26.3)126	(20.2)97	(17.3)83

In this field, 63% of subjects noted to family problems as the causes of addition relapse. Parental separation was placed in the last priority.

**Table 5-** Frequency Distribution of the Variable in Treatment Field of Relapse Cause from Perspective of Participants in the Study

The questions in the treatment fields	Completely agree Number (percent)	agree Number (percent)	No idea Number (percent)	disagree Number (percent)	Completely disagree Number (percent)
Failure of medical staff follow	(11.7)79	(26.5)160	(30)144	(19.8)95	(12)58
quitting symptoms	(12.5)56	(35.5)271	(22.7)109	(20.8)100	(8.1)39
Failure to follow medical recommendations	)14730.6(	(40.2)931	)349(	(13.1)63	(7.1)34
Drug use during quitting	(19.2)92	)23348.4(	)4511.3(	(13.5)65	(7.5)36
Emphasis on treatment alone	(16.5)79	(33.3)160	(23.5)113	(18.5)89	(8.1)39

In this field, 70.8% of subjects noted to failure of medical recommendation and 67.7% to drug use during quitting as the causes of addition relapse.

the pairwise comparisons using Tukey’s test showed that the mean total score and the scores of the different dimensions were higher in the unemployed group compared to those with occupations; that is, the factors studied had the greatest role in addiction relapse in the unemployed group compared to all other groups, and the difference was statistically significant ( $P<0.05$ ).

Comparing the mean total score and the scores of the different domains by gender showed that only family factors were significantly different between the genders ( $P<0.05$ ), as the mean scores were lower in the male participants; that is, compared to the female participants, family factors had less of a role in addiction relapse.

**CONCLUSION**

The purpose of the present study was to determine the frequency of causes influencing the addiction relapse from perspective of subjects referred to addiction quitting center of Khorammabad City in 2017.

Given the adverse social and personal consequences of this problem and high statistic of addiction after quitting, it is required to understand effective causes of addiction relapse to control or reduce these factors.

According to the obtained results and assistance of authorized organizations and centers, training programs could be developed to maintain the stability of addiction quitting.

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