

Role of Social Support in Relapse Prevention for Drug Addicts

Uzma Zaidi^a, ^aCollege of Health and Rehabilitation Sciences, Princess Nourah Bint Abdulrahman University, Saudi Arabia, Email: uazaidi@pnu.edu.sa

Addiction is a behavioural and psychological disorder that can cause unprecedented social, mental, and physiological effects. A patient's neighbourhood, peers, family members, and spouse, play crucial roles in relapse prevention. The main disadvantage of traditional addiction treatments includes their lack of focus on how an individual's environmental factors may impact on relapse prevention. Despite the design and execution of rehabilitative and preventive programs in place to address addiction issues, the number of patients with this disorder continues to increase. The most affected addict populations are those who had stopped using drugs. The primary objectives of this paper include analysing the significance of social support in preventing relapse. Specifically, this paper will examine drug abuse and relapse in general, addiction as a psychological issue, benefits of social support in preventing relapse, the role of received or perceived social support, and the advantages of online peer networks in avoiding relapse. The review will also provide recommendations for future research in this field, to reduce the prevalence of drug and substance abuse and relapse.

Keywords: *Social support, Relapse prevention, Drug addicts, Addiction, Drug abuse.*

Introduction

Addiction as a Psychological Issue

Addiction can cause unprecedented social, psychological, and physiological effects for the affected individuals. According to Nikmanesh, Baluchi, and Motlagh (2017), drug addiction is a medical issue, which requires secondary and primary interventions. From a psychiatric perspective, initial prevention measures include providing information concerning potential economic, psychological, and physical problems associated with drug abuse. Later, secondary prevention, including follow-up therapeutic tests, may be initiated to avoid relapse.

Nikmanesh et al. (2017) defined the self-belief model as “a cognitive-motivational force that determines the individuals’ appropriate coping level when his/her skills and abilities are under pressure. Poor self-efficacy beliefs divest the individuals’ problem-solving ability”. Self-efficacy can be used to predict treatment improvements and outcomes among addiction patients. According to Kim et al. (2015), people who demonstrate high self-efficacy are less likely to relapse compared to patients with low self-efficacy. These findings were, however, denied by Nashee, Amjad, Rafique, and Naz (2014), who reported a negative correlation between drug dependence and self-efficacy.

Drug Abuse and Relapse

Drug abuse is an enduring and chronic lifestyle disorder that presents a challenging healthcare issue. Drug addiction causes psychiatric, mental, and physical impacts on communities, families, and individuals. The treatment of drug addiction and relapse prevention includes the establishment of Methadone Maintenance Treatment (MMT) facilities, especially for heroin addicts. In an investigation to determine the success rate of MMT centres in managing addiction and relapse, Kassani, Niazi, Hassanzadeh, and Menati (2015) revealed that “the treatment success rates of addicts in these centers were different. Previously, a survey showed a six-month retention rate of about 23%, which often required overtime treatment” (p. 23402). While drug and substance abuse researchers view the condition as a chronic ailment, relapse is considered a phase in addiction recovery (U.S. Department of Health and Human Services, 2019).

Kassani et al. (2015) revealed that even though methadone treatment was effective in treating drug addiction, improving the quality of life, and reducing the inclination to commit a crime, it was mostly ineffective in preventing relapse. The main factors associated with drug reuse are related to a patient's physiological, environmental, and individual factors. Kassani et al. (2015) also noted that an individual's demographic variables, mental instabilities, economic factors, lack of family support, and interpersonal conflicts might also influence drug and substance reuse after treatment. The Center for Substance Abuse Treatment (CSAT, 2014) emphasised the impact of family in enabling an addiction patient to cope with lifestyle changes within the course of treatment and beyond. The CSAT (2014) stated that family therapy focusses on the physical and emotional interdependence between related members, which can be used to enable an addict to overcome mental and physical challenges, which may initiate relapse urges. According to Alvarez, Fabrero, Tanyag, and Orbon (2017), the time an addict spends struggling with their emotions determines whether or not they would relapse. Similarly, people with inadequate job skills working in high-risk job environments were more likely to deteriorate. Additional factors that increased the probability of relapse include fallouts among family members and untreated psychiatric symptoms among addicts.

In examining the association between drug abuse and relapse, Kassani et al. (2015) found that:

“The relationship between mental disorders and drug abuse relapse after treatment may be bi-directional, before relapse, coping with persistent psychiatric symptomatology, and an increase in the intensity of symptomatology can affect the risk of drug abuse relapse. Additionally, the relapse risk of drug abuse may differ by the types of psychiatric symptoms experienced. The relapse after treatment can influence psychiatric symptomatology (p. 23402)”.

The issue of relapse prevention has also been extensively discussed by Melemis (2015), who stated that drug and substance abusers who seek professional help have tried to control their addictions on their own. According to Melemis (2015), relapse prevention should be founded on four underlying assumptions that include relapse perceived as progressive phenomena among therapists, counselors, and psychologists; risks of relapse; changing one's thinking through how to cope with their addiction; and enabling of the patient. Melemis (2015) further categorises relapse into three broad groups, including physical, mental, and emotional relapse. Understanding these categories of relapse can enable both patients and clinicians to realise the role of their social support systems in helping them avoid drug and substance reuse. According to Melemis (2015), the first symptoms of emotional relapse include irregular sleep patterns, poor eating habits, concentrating on issues affecting other people, avoiding focussed group meetings in which drug use problems are discussed, social isolation, and bottling up emotions. The most common sign of emotional relapse is poor physical, psychological, and emotional self-care.

Addiction therapists have incorporated aspects of social care to prevent emotional relapse. For instance, by enabling a client's family to understand the importance of providing a healthy diet and a hygienic sleeping place to reforming drug and substance abusers. A basic reminder of a patient's need for healthcare is HALT (Hungry, Angry, Lonely, and Tired), which Melemis (2015) applies to determine the type of self-care that an addicted patient requires to prevent relapse. Thus, families and friends can engage addict patients in enjoyable social activities to enable clients to cope with their psychological trauma and feelings of isolation. These findings indicate the need to identify the role of social factors in addiction treatment and relapse prevention, which forms the primary goal of this analysis.

Role of Social Support in Preventing Relapse

Social support has been confirmed to be a fundamental aspect of the drug addiction recovery and relapse prevention processes. Nevertheless, little scientific research has been conducted to establish how social support impacts drug abuse treatment and engagement. Horvath,

Misra, Epner, and Cooper (2019a) defined social support in addiction treatment as a beneficial and powerful tool. Horvath et al. (2019a) noted that social support created a sense of inclusion, security, belongingness, and safety for patients. According to Horvath et al. (2019b), there are different types of social groups, including the self-empowering social support system. Addiction patients involved in appropriate social groups could adequately cope with their psychological issues, discovered their life's purpose and meaning, developed an optimistic perspective, and appropriately dealt with shame.

Family

A patient's family can demonstrate support for an addict's path to recovery by offering concrete assistance, such as driving someone to a doctor's appointment or taking care of their children as they seek professional assistance. Family members can also buy an addicted patient treatment and recovery books or help patients navigate through addiction recovery websites to enable them to understand the stages involved in their care. Horvath et al. (2019a) add that social support "shines the light on things that may have contributed to the addiction developing in the first place: shame, secrecy, and isolation" (n. p). Disclosing inner battles or emotional torture is fundamental in attaining a quick and successful recovery. Addiction patients can also share their secrets with psychotherapists, only if they get an assurance of acceptance.

Atadokht, Hajloo, Karimi, and Narimani (2015) noted that addiction is a behavioural and psychological disorder that is characterised by an inclination to use and reuse chemical substances. A patient's neighbourhood, peers, family members, and spouse play crucial roles in drug addiction recovery (Kelly et al., 2010). The main disadvantage of traditional addiction treatments includes their lack of focus on how an individual's environmental factors may impact their drug use. According to information by Atadokht et al. (2015), the number of people suffering from drug addiction has risen to 190 million; a figure that is predicted to increase over the coming four decades. Despite the design and execution of rehabilitative and preventive programs in place to address addiction issues, the number of patients with this disorder continues to increase.

Friends/Peer Group

Torrecillas, Cobo, Delgado, and Ucles (2015) argued that social support refers to a concept in which a drug addict shares his or her problems with close friends and relatives to find amicable solutions. As defined by Nikmanesh et al. (2017), social support is "the strangest device to cope with chronic illness and tensions that make it humble and easy to encounter the problems". The previous findings by Kelly et al. (2010) established that effective treatment and rehabilitation rely on the quality of a patient's interpersonal relationships.

Patients who reported having united and supportive families also had little mental, psychological, and substance abuse issues after commencing their treatment. The most affected addict populations are those who had stopped using drugs. Atadokht and colleagues (2015) have identified relapse as a crucial factor in the addiction recovery process. These findings indicate the need to identify the role of social factors in addiction treatment and relapse prevention, which forms the primary goal of this analysis.

Neighbourhood/Community

Kelly et al. (2010) noted that the degree of neighbourhood deviance might impact a patients' perceptions of the degree of support provided by their immediate family and the community at large. According to Kelly and colleagues (2010), "communities that are characterized by higher rates of deviance — such as drug use and crime — often lack the informal social control structures that are essential for maintaining public order" (p. 44). Community members who demonstrate a desire to maintain law and order may fear to interact with criminals and substance abusers, therefore a willingness to support addiction treatment and rehabilitation processes. Communities, where crime is rampant, may lack appropriate clinical infrastructures to fight increasing drug use.

Spiritual Support

The impact of social support in controlling substance abuse and preventing relapse is also discussed by Atadokht et al. (2015). In their perspective, the presence of supportive social networks, interventions, and structures play fundamental roles in promoting the goals of treatment and ensuring relapse prevention. Moreover, the provision of adequate spiritual support can enable addicts to form objective healthcare goals, and subsequently, sustain drug and substance abstinence. Anecdotal evidence by Tuliao (2008) showed that there is an 80–90 per cent chance of relapse among patients without a stable social support system. Regardless of the efficiency of treatment, environmental and familial factors are crucial in offering patient's motivation.

Emotional Support Though Social Network

The investigators also examined patients' emotional expressions by measuring their tolerance and attitudes. The researchers discovered that if a client's family constantly demonstrated their confidence in a patient's ability to adhere to the treatment regimen, then the addict was more likely to follow through with the proposed medications and therapy. Most importantly, patients can form their own social networks through online addiction platforms if they feel their family and friends do not provide the necessary emotional and physical support. Mericle (2014) suggests that addicts who are socially engaged in community practices do not suffer

from mental distress and lead healthier lives. Social factors promote ongoing sobriety and facilitate entry into treatment programs. Understanding the importance of social networks prior to substance abuse can encourage the development of intervention and prevention strategies aimed at reducing the burden associated with addiction.

Social Support Organisations

Kelly, Stout, Greene, and Slaymaker (2014) stated that social support organisations, including Alcoholics Anonymous, provide psychological support for individuals suffering from Substance Use Disorder. Further clinical investigations among adult addicts confirm that participating in social groups improves drug addiction treatment, through encouraging socialisation among the addiction patients. Nevertheless, 12-step Mutual Help Organisations (MHOs) play even more structured mental and physical assistance compared to non-professional social support systems, which are not sobriety-conducive.

Brooks et al. (2017) conclude by stating that barriers or complexities affecting the recovery from drug addiction treatment can be resolved through enhancing a patient's perceived social support. In their analysis, Brooks and colleagues (2017) stated that emotional and instrumental social support were the most common forms of support provided by drug addiction psychotherapists. It is important for therapists to concentrate on assisting people in choosing the right social contexts or environments that support healing. Moreover, elaborating on the significance of social support in recovery for both patients and their families can shed light on the clients' unique needs, while guiding psychotherapists and clinicians on the appropriate techniques of patients' engagement for continued sobriety.

Role of Online Social Support Networks in Addiction Treatment

Online support networks have been identified as important in defining operational norms within particular settings. Bliuc, Doan, and Best (2018) found that positive recovery outcomes, as it concerns online addiction intervention studies, are influenced by the types of social interactions that people have. The prevalence of drug and alcohol abuse disorder documented by Ashford, Brandon, John, and Brenda (2019) requires the implementation of additional social support infrastructures to cater for the growing number of people suffering from Substance Use Disorder (SUD) and addiction. In reference to a research study by the National Survey on Drug Use and Health (NSDUH), Ashford and colleagues (2019) approximated that "19.7 million individuals aged 12 or older had an alcohol or drug use disorder (i.e., substance use disorder, alcohol use disorder, opioid use disorder, etc.), yet few received specialty SUD treatment (2.5 million individuals), and less received non-specialty treatment (i.e., attended mutual aid programs; 1.5 million individuals)" (p. 2). The investigators confirmed that individuals who did not receive face-to-face addiction treatment

were likely to relapse. Preventing drug and substance reuse through online support groups is a viable option considering that most adults own smartphones, tablets, cellphones, and computers. These telecommunication devices can easily be accessed for educational purposes. Digital platforms may provide the convenience required to attend routine professional obligations, while sharing with other individuals attending online forums. Reardon (2010) corroborates the finding by Kelly et al. (2014), concerning the significance of incorporating digital devices and social networking platforms to improve addiction treatment and relapse prevention outcomes.

Future Research

The treatment of addiction had achieved limited success since there are inadequate preventive care services. The lack of preventive measures is associated with an increase in the rate of relapse. Thus, contemporary treatment methods must consider drug addiction as a social, psychological, and physiological disorder. The social, psychological, physiological, and economic impacts of drug and substance abuse are wide-ranging, especially for the affected individuals. From a psychological perspective, initial prevention measures include providing information concerning the potential economic, psychological, and physical problems associated with drug abuse. Later, secondary prevention, including follow-up therapeutic sessions, may be initiated to avoid relapse. More importantly, investigators must look into the possible negative impacts of social support, which have been documented by Nashee and colleagues (2014), who reported a negative correlation between drug dependence and self-efficacy. Additionally, future investigations on the significance of social support should differentiate between the types of relapse, in order to formulate appropriate treatments for addiction patients.

Conclusion

This review article has discussed the various aspects critically involved in the prevention of relapse among drug addicts. The relapse prevention literature within the last two decades revealed various support systems. For instance, fully knowledgeable families, peer groups, and communities can prove to be good support systems against relapse. Spiritual, emotional, and social support organisations were also found as good resources. Moreover, social media has brought people together, particularly marginalised populations, who may not be comfortable meeting in public settings. These factors confirm that both digital and physical social support are effective in creating a sense of purpose for drug addicts and reducing feelings of social isolation.



Acknowledgment

This research was funded by the Deanship of Scientific Research at Princess Nourah bint Abdulrahman University through the Fast-track Research Funding Program.



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