

Exploring Drug Addicts' Relapse Triggers: Sample from United Arab Emirates

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Abstract:

Relapse into substance use after completing detoxification and rehabilitation treatment is a worldwide public, social, and health concern. In general, the relapse rate for substance use disorder patients is 40 to 60 percent. Although substance use remains a burden in the UAE, very little is known about relapse among substance use disorder (SUD) patients. Therefore, this study aims to examine the triggers associated with relapse to substance use at one of the treatment centers. This study is essential to implement an integrated intervention to address relapse in various stages of recovery, from accepting the patient to their reintegration into the community.

The methodology of the current qualitative study is based on in-depth interviews with 30 SUD patients at the Treatment Center, simultaneously achieving two methodological goals: tracking the addiction process from leaving the center to navigating the surrounding environment, involving family, friends, and work, and identifying the unique experiences of the respondents.

The studies produced several findings: The study explores therapeutic, social, and personal triggers, including exposure to the drug after quitting, self-desire, and readiness to use after interacting with these triggers. First, the therapeutic triggers (receiving, internal treatment, therapeutic programs, integration plan with society, etc.) serve as the main trigger for relapse. The second category is social triggers, which are elements of the outside world that can lead, to exposure to drugs, family, friends, and the workplace. In addition, the personal reasons for relapse include "the powerlessness to exercise self-control, negativity from both the addict and others around them, considering drug trafficking as a means of generating income, linking drug use to happiness, depression, pain, and loneliness, and not accepting life without drugs."

The study recommends developing and improving the existing motivational and therapeutic programs to address relapse, enabling fundamental changes in the therapeutic phase and social integration. Additionally, inclusion plans should be enhanced to address the recovered individuals' needs for community reintegration. Future studies are also recommended to evaluate the effectiveness of existing relapse prevention programs and adjust prevention plans and strategies.

Keywords: addiction, drug, patients ,relapse, triggers,

***The authors has signed the consent form and ethical approval**

Introduction

Addiction is defined by NIDA (National Institute on Drug Abuse) as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain (NIDA, 2020). Recovering from drug addiction takes time, and relapse is part of recovery. Relapse is a breakdown in a person's attempt to change substance use behaviors, return to pre-treatment drinking levels, continue using substances after a period of sobriety, or a setback in a person's attempt to change or modify any target behavior (Rahman et al., 2016). The use of substances after successful detoxification and rehabilitation is a common problem globally, and it remains higher in low- and middle-income countries than in high-income countries (Chetty M., 2011).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) states that substance use disorders (SUDs) are characterized by maladaptive patterns of substance use leading to clinically significant impairment or distress (Hasin et al., 2013). In another words, DSM 5 define addiction as “A chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences”. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control.

The four dimensions are a concept developed by SAMHSA to support life in recovery and guide individuals toward a more healthy, happy, fulfilling life, free of addiction. These dimensions include health, home, purpose, and community (SHAMSHA, 2016).as health means overcoming or managing disease and living in a physically and emotionally healthy way. In addition, home represents a stable and safe place to live. Moreover, purpose explains meaningful daily activities, such as a job, school, volunteerism and family. And community reflects relationships and social networks that provide support, friendship, love and hope. The installation of hope is primarily through the peer support and the role of the recovery specialists.

Addiction recovery is the process of overcoming a physical or psychological dependence on a substance or behavior, such as drugs, alcohol, gambling, or compulsive internet use. It involves a series of steps and strategies aimed at achieving and maintaining abstinence, improving physical and mental health, repairing relationships, and rebuilding one's life (SHAMSHA, 2016).

A relapse trigger is a cue that can cause a person in recovery to relapse. They cause a person to crave the substance that they used to

abuse and that craving often leads to relapse. On average, about 40-60% of people who suffer from substance use disorder will relapse at some point (Isaiah, 2022).

According to 2023 the UN Office on Drugs and Crime (UNDOC) report, new data put the global estimate of people who inject drugs in 2021 at 13.2 million, 18 percent higher than previously estimated. Globally, over 296 million people used drugs in 2021, an increase of 23 percent over the previous decade. The number of people who suffer from drug use disorders, meanwhile, has skyrocketed to 39.5 million, a 45 percent increase over 10 years (WAM, 2023).

The demand for treating drug-related disorders remains largely unmet, according to the report, published by UN Information Service. Only one in five people suffering from drug-related disorders were in treatment for drug use in 2021, with widening disparities in access to treatment across regions. Youth populations are the most vulnerable to using drugs and are also more severely affected by substance use disorder in several regions. In Africa, 70 percent of people in treatment are under the age of 35 (WAM, 2023).

Public health, prevention, and access to treatment services must be prioritised worldwide, the report argues, or drug challenges will leave more people behind. The report further underscores the need for law enforcement responses to keep pace with agile criminal business models and the proliferation of cheap synthetic drugs that are easy to bring to market (WAM, 2023).

This increase reflects the growth of the drug phenomenon in the United Arab Emirates, which has prompted the UAE government to pay attention to social safety by holding many agreements and conferences to control the situation. This situation has also prompted the state to exert a lot of preventive and curative efforts and services to reduce it. The state invests a significant amount of money and effort in establishing governmental and private centers and institutions to rehabilitate and treat addicts, as well as in training their employees from various specialties in how to provide services to this group category.

Furthermore, the cost of the addiction problem in the country is 5.5 billion dollars annually, including economic burdens, loss of productivity, treatment, prevention, and control. The loss of production resulting from addiction and the accompanying health problems cost the state about 4 billion dollars a year, while drug control efforts cost about 600 million dollars annually, and treatment

expenses are about 20 million dollars annually, as well as issues related to drug abuse (Abed, 2015).

In addition, the rate of recovery from addiction in the UAE increased by 26% compared to the global rate of only 20%, and the relapse rate decreased by 49% compared to 65% globally, pointing out that recent studies have revealed that genetics play a role in the tendency of some young people to become addicted compared to others (Fouda, 2019).

The research aims to achieve an understanding of the factors contributing to relapse, which are related to treatment, social factors, and the main factors contributing to relapse in patients who have completed their treatment at Erada Center for Treatment and Rehabilitation in UAE society.

This study aims to explore the causes of relapse throughout the recovery process, starting from the time when addicts enter the rehabilitation center until they are reintegrated into the community. For example, the study will investigate the treatment process inside the center, aftercare circumstances, and social challenges related to family, friends, and the community. It's important to highlight that there is a limited number of published research articles about relapse in the UAE and the Middle East. Thus, the results of this paper will reveal the gaps in treatment and will help in planning social policies for the prevention of drug addiction.

Literature review:

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). Addictive medications misuse in therapeutic clinics is considered one of the most important causes of relapse and return to abuse, as this stage represents a critical phase in treating the addict and providing an opportunity for treatment. The World Health Organization emphasized the criteria for effective treatment of drug addiction (Global Standards for the Treatment of Addiction, 2020) and the importance of applying treatment based on scientific evidence and ethical principles. Using effective methods in addiction treatment reduces the risks of drug abuse for the individual and the community, improving the prospects of a healthy life for an extended period. Relapse is part of the definition of the disease of addiction, which necessitates providing support to the addict, which may be necessary throughout their life (WHO, 2020).

The study's results suggest that family members should collaborate with drug addiction treatment centers and participate in the

education and treatment process to help reduce the tendency for drug relapse (Zeng & Tan, 2021) and assist families in finding ways to support the social and emotional needs of recovering addicts. Galvani's study (2011) underscores the importance of considering the addict's social environment. In their follow-up study that began in 2000, Grath and Jorgen (2012) indicate significant evidence that certain psychosocial interventions, particularly those with strong scientific support, are successful in treating alcohol problems. Cheng and Nagy's research (2013) demonstrated the significant positive impact that therapeutic programs have on treating young people who are drug addicts. Al-Sayed's study (2017) conducted in Saudi Arabia demonstrated the effectiveness of fostering psychological resilience and preventing relapse in a sample of addicts. The findings of The Abu Al-Fateh study (2019) confirmed the efficacy of cognitive-behavioral therapy in reducing high-risk situations for relapse among recovering addicts, particularly in situations related to heroin, and identified practical strategies for managing high-risk relapse situations and enhancing the quality of life for adolescents.

To better understand the effectiveness of comprehensive treatment programs in preventing relapse, a study (Simak and colleagues, 2016) focused on the comprehensive treatment program (Matrix) for methamphetamine users. Methamphetamine, also known as "crystal," is the most harmful and addictive drug, and its prevalence among young people in Emirati society has increased in recent years, as indicated by the National Center's statements (Emirates Today, 2019). Perhaps a comprehensive treatment-based approach is effective in preventing relapses among those who abuse it. Risk factors for the early termination of drug misuse treatment were identified through interviews with 10 individuals who had successfully completed treatment within the same therapeutic environment, focusing on the factors contributing to withdrawal from treatment among addicts. It was discovered that poor family relationships, a lack of emotional support from those around them, and financial issues were among the primary reasons for leaving treatment programs. Less frequently, withdrawal was brought about by the structural organization of the treatment center or the staff's inexperience in dealing with addicts. These findings emphasize the importance of access to all forms of support for recovered addicts and addicts in general, as it is crucial to complete therapy in order to prevent relapse and a return to drug use.

Research conducted on female convicts in women's correctional facilities in Thailand was applied to the fundamentals that ensure non-recurrence and prevent relapse among addicts. The examination of the

data revealed that "individual empowerment, social support, education, and employment" are the three key factors influencing both non-relapse and relapse (Saowathan, 2019). When an addict leaves a treatment facility or prison, it is important for them to engage in self-rehabilitation so they are prepared to deal with the various environmental triggers for relapse. These findings support the study conducted by Green in 2014. The most significant findings indicate the necessity of supporting and helping individuals in addiction recovery, as the more support and interaction they receive from others, the better they can maintain their recovery and advance to higher stages.

Al Hosani's study (2019), conducted on a sample of 60 patients at the National Rehabilitation Center in Abu Dhabi, highlights the relationship between social class and drug abuse. The study's findings showed several challenges, including legal obstacles, psychological and economic difficulties, a lack of stable monthly income, and family problems that addicts face after their treatment.

According to the study by Al-Hourani and Al-Othman (2019), all the respondents expressed positive intentions for reform. It was also discovered that the respondents had a strong regard for their families, as they believed their families would accept and support them rather than reject and abandon them. However, the possibility of relapse through interactions with friends still exists. This underscores the importance of mobilizing community support to address issues related to recurrence and setbacks in Emirati society.

According to Mustafa Mahmoud's 2017 study, professional intervention programs are effective in assisting drug addicts in their recovery and preventing them from relapsing into drug use, while also creating employment initiatives to help them find suitable job opportunities. In the UAE, relevant ministries such as the Ministry of Education, the Ministry of Health and Community Protection, and the Ministry of Community Development are intensifying their efforts to improve preventive measures for all societal segments regarding the dangers of drugs and their detrimental effects on both individuals and society. They are doing so in collaboration with the United Nations Office on Drugs and Crime and in cooperation with local institutions and rehabilitation centers. These authorities recently, in June 2021, released two guides specializing in promoting awareness and preventing drug dangers based on the most recent scientific studies and international best practices. Their goal is to empower institutions and community members, enhancing their capacities and skills to prevent narcotics and psychotropic substances in accordance with a

scientific methodology and institutional integration (Ministry of Interior, 2021). A parents' guide to drug prevention was released with the intention of increasing awareness of the perils of narcotic substances and the family's role in prevention by fostering moral and personal development in children, as well as early intervention to safeguard the family from this scourge (Al-Bayan, 2021).

According to a study (Al-Otaibi et al., 2019) conducted in Riyadh, drug addicts with low educational levels, a long history of drug abuse, and singles are the groups most likely to relapse after treatment. It was also found that stigmatization and society's negative perception of them are the main causes of recidivism. According to a survey by Al Khalifa published in 2007, more men than women in Bahraini society were found to be drug users. As more than 50% of the sample continued to use narcotic drugs after treatment, and the treatment was based on pharmacological therapy, the study also confirmed that the treatment given to them was ineffective. Psychosocial rehabilitation seems unlikely to occur.

Finally, the study conducted by the National Rehabilitation Center and the United Nations Office on Drugs and Crime, which evaluated the state of drugs and psychoactive substances in the UAE, found that the country's treatment and rehabilitation services for addicts are inadequate in terms of the number of facilities that offer this kind of care. Only three are present: the National Rehabilitation Center, the Erada Center for Treatment and Rehabilitation, and Al Amal Hospital, which are the primary facilities that offer addiction treatment. This shortage of centers performing these tasks in the northern regions (Abed, 2015) contributes to the problem. Al-Amal Hospital focuses on drug treatment therapy, which, in accordance with treatment recommendations, reduces the rate of treatment opportunities. Rehabilitation clinics employ a combination of drug treatment and rehabilitation treatment for addiction patients in their treatment programs. The acceptance of drug addiction survivors by their families and the community following treatment is another crucial component that has improved their quality of life.

Another study (Ashrani and others, 2018) in Malaysia found that many drug addicts relapsed to drug use after being released from a rehabilitation clinic following successful treatment. Additionally, in 2021, Kabisa and others conducted research to examine the prevalence and causes of substance relapse. According to the results, the majority of participants were men. The findings revealed that patients had a higher rate of relapse (59.9%). According to the multivariate analysis, individuals who lived only with their mothers were at a higher risk of

relapsing than those who had both of their original parents as caregivers. Compared to patients who were hospitalized for more than three months, those who were only hospitalized for one to three months were more likely to relapse after receiving treatment. Additionally, compared to individuals who used only one substance, those who used more than two had a 1.5 times higher chance of relapsing.

The effectiveness of treatment programs in treatment centers has a significant impact on relapse, according to multiple studies. The current study will focus on these factors by examining the therapeutic elements contributing to relapse and the effectiveness of the programs offered from the beginning of treatment to its conclusion. Studies have also shown that the duration of treatment is a crucial component in promoting recovery, with one study finding that treatment lasting less than three months is more likely to result in relapse than treatment lasting longer than three months.

Explaining theories: relapse in addiction

Social Stigma Theory:

This theory considers that social deviance such as drug abuse results from the success of a group of individuals in stigmatizing and describing another group of society as deviants. And accordingly, stigma makes the individual convinced of the idea with which he was stigmatized (Al-Gharib, 1975). Lemert (1975) indicated that the societal reaction to deviant behaviour often leads to its strengthening and not to its reduction. Social leads to secondary deviance This explain the dependence of the concept of stigma on several meanings associated with the action, the subject, the circumstances, the ideas, beliefs and personality of the stigmatized individual, as well as the ideas and beliefs of the stigmatizing group.

Accordingly, the stigma that the recovered person receives from the period of his treatment until his exit from society; It is not considered acceptable to him and translates into a return and relapse in the first place. The path of stigmatization begins with their treatment as criminals in recovery centres, all the way to their families, which band them of all their roles and positions, and ends with their trauma from the indirect stigmatization of society, which takes the form of rejection at work, education, and even marriage.

Behavioral Theory:

Behavioral theory and “Bandura” is one of the most important pioneers of this theory, which explains deviant behavior such as drug addiction as a learned behavior that the individual acquires from the surrounding environment. From this perspective, people are not born criminals, but rather learn deviant behavior through direct experience or observation and imitation; The individual learns the deviant behavior from his immediate surroundings as a family member, a friend, in the neighborhood, school, or from the media (Rabi. 2009). Thus, it can be said - in the light of the behavioral theory - that drug use and return to it after treatment is affected by what the individual learns of deviant behavior from the social environment. As friends of abuse, therefore, with friends should be considered as an important factor in driving individuals to return to drugs after treatment.

Imitation Theory

Jibril Tarde, the pioneer of this theory, believes that imitation is the main factor in an individual’s social life. He may become a drug user if he belongs to a deviant group of users, and thus acquires deviant behavior from them through imitation. And adopt this theory sets out a number of basic laws of imitation, such as the young imitating the old, the weak imitating the strong, just as people imitate each other (Ahmed, 2015), so - according to this theory - it is expected that drug users will return to the same drug group after treatment, which contributes to use again.

Study Methodology:

The study employs a qualitative approach to gain a deeper understanding of the factors that led a sample of Emirati, who had previously recovered from addiction to relapse into substance use. The current study relies on in-depth interviews to simultaneously achieve two methodological goals: tracing the addiction process starting from leaving the center to reintegration into the community, including interactions with family, friends, and work, and identifying the respondents' unique experiences.

All addicts who were admitted to the Erada Center for Treatment and Rehabilitation between February 2021 and August 2021 are included in the study population. While there may be some dynamism in the study population, it is minimal. According to the facility supervisors, a relapsed addict had returned to treatment, allowing for an estimation of the study population size at the time the data was collected (30 cases).

The research followed specific criteria to select drug users who relapsed at the Erada Center. These criteria are: 1: They had been in

the facility for two months or longer; 2: They had relapsed and sought help at least once; 3: They had firsthand knowledge of transitioning out of the facility and interacting with the outside world. 3. Each of them underwent the Erada Center's therapy process.

Participants were consciously selected (purposive sample) based on two complementary conditions: 1: They had experienced at least one relapse into addiction lasting at least two months; 2: They expressed preparedness for the interview and agreed to participate in it; 3: They had gone through at least one relapse into addiction, and they consented to the interview process. The participants were also informed about the interview specifics, which typically lasted between one and two hours for each session. Data collection took seven months, with time intervals in between. While the initial intentional sample condition was met with 37 addicts, due to data inaccuracies and some participants' reluctance to provide full details, interviews could only be completed with 30 drug addicts (male and female), which represents the actual study sample size. According to international studies reviewed by the researchers, sample sizes in this type of study typically range from 5 to 16 units of analysis (Al-Hourani and Hussein, 2019).

Researchers conducted in-depth interviews. It relies on directed open questions to investigate the signs of addiction relapse in a sample of Emirati Adults returning to addiction at the Erada Center for Treatment and Rehabilitation. This approach helps assess the effectiveness of the center's services and programs and identify the most potent triggers of relapse in Emirati population. The interviews began with a specific query: "Tell me what caused you to relapse into addiction after each time you decided to quit, whether on your own or with support from others?" Subsequently, the conversation with the respondents focused on tracking various elements, such as the transition back to the neighborhood, the emergence of relapse triggers, the evolving circumstances, and the significance of each stage in the relapse journey (including treatment center, family, work, friends, and drug exposure). It's important to note that these questions were not asked all at once in every case but were tailored to the dialogue's needs and the depth of the respondents' descriptions. With the consent of the center and the respondents, the interviews were recorded both in writing and electronically.

To achieve data saturation and identify the absence of additional relapse triggers, researchers analyzed the qualitative data by focusing on the expressions of the relapsed drug users at the Erada Center and continuously comparing and contrasting them within the interviews.

Initially, the texts were assessed by grouping similar expressions and encoding them based on their relevance to the study. Through this initial coding, recurring concepts were identified, which were then renamed and organized to align with the study's objectives. This iterative process of recording and contrasting the respondents' remarks continued until the highest level of conceptual and semantic clarity and understanding was reached. At the saturation points, the researchers categorized the three main stages of the relapse pathway into the following categories, each named according to its content: Social triggers, Therapeutic triggers and community triggers.

Results and discussion:

Based on the results, it is evident that the majority of individuals in recovery from addiction are young adult males (90%) with 10% only are females, consistent with prior studies (Al Khalifa, 2007; Al Hosani, 2019; Al Otaibi et al., 2019; Kabisa and others, 2021). These individuals may be single or in marital relationships, and their relapses are often influenced by social pressure from their wives and children, This is consistent with most propositions that the world of addiction and abuse is characterized by the presence of males versus females.

Additionally, the majority of them hold university degrees, in alignment with the broader Emirati society's emphasis on education for all segments. However, despite their educational backgrounds, most of them earn medium to low incomes and reside with their parents. This reflects the challenging economic circumstances in the country and the financial pressure they face when it comes to acquiring drugs and meeting their various social and living needs.

Furthermore, the fact that the majority of participants had government and military employment before seeking treatment indicates that their basic needs and financial commitments were met at that time. This suggests their presence in critical positions that required full recovery. Nevertheless, it's noteworthy that 12 of them lost their jobs after receiving treatment, shedding light on the extended recovery durations experienced in accredited facilities across the nation. This job loss is also linked to the societal perception that individuals in recovery or returning from addiction treatment should not resume their previous employment, even after achieving recovery.

Additionally, it is apparent that the majority of them use multiple substances concurrently, rather than just one. Given that most of them have used substances for over seven years, it implies their dissatisfaction with the effects of a single substance and the numbness and escape from reality it provides. This extended use may be attributed to the pursuit of stronger substances and a desire to

experiment with new addictions after using for an extended period. This aligns with the fact that most of them made several attempts to quit, with the majority experiencing relapses on more than three occasions, each time seeking something novel and distinct from previous attempts. Previous research has shown that relapse can be more challenging than substance abuse itself.

First, therapeutic triggers, which serve as a primary relapse inducer.

The path of relapse triggers encompasses the tracking of recurrent triggers that led Emirati youth, who had previously recovered, back into addiction. This journey starts with the therapeutic triggers, which encompass a series of stimuli encountered by recovering addicts at each stage of their treatment. It begins with their admission to the recovery center and extends through various phases including internal dealings, treatment programs, and the plan for their reintegration into society. It's important to highlight that these phases are interrelated and play a vital role in keeping recovering addicts on the path to sustained recovery as their treatment nears completion.

1- Reception: The reception stage held different meanings for patients who relapsed into addiction. Approximately 20 of them compared the Erada Center with other centers they had been to in different emirates on multiple occasions. Around 10 participants also compared this method of recovery (center-assisted) to attempting recovery without the center's help. While most of the sample expressed a negative view of this stage in their recovery journey, describing it as a stage that paved the way for their relapse due to the perceived contempt and mistreatment they faced, others mentioned issues related to the lack of style and the rigid bureaucratic procedures. Some of the returning recoveries even highlighted that they felt they had three choices upon entering the center: death, imprisonment, or recovery. Here is a quote from one of the respondents: "The staff at the center treated me like a human being, listened to my problems, and made me feel human. In contrast, my experience at other treatment centers involved long waiting times and the feeling of not being wanted, which ultimately led me to relapse. It's essential for us to be treated as individuals." This quote illustrates the significant impact of the reception stage on recovering addicts and highlights the importance of being treated with respect and understanding.

2- Internal Communication and Therapeutic Initiatives: Another influential factor in the relapse of drug users is the availability of treatment programs and internal interactions. While these programs play a crucial role in the recovery process, they can also be potential

triggers for relapse due to their effects on recovering addicts. About 23 respondents acknowledged having relapsed because of the drugs provided to them during this stage, while others reported their commitment to the programs during this time. The effectiveness of these programs varied depending on the center, the duration of stay, and whether they were internal or external programs. Some participants had negative experiences with these programs, while others had a more positive view. It's vital to ensure that these programs are designed and executed effectively, providing recovering addicts with the necessary support to transition successfully back into society. This requires a range of religious, social, and psychological programs that prepare them for reintegration into the outside world. The absence of these programs can have a negative impact on recovering addicts.

The following statements are indicative of the success of the internal dealing stage and therapeutic programs for preventing relapse: "At the Erada Center, we were offered a 12-step program, spiritual programs, and the opportunity to speak with a case manager. When I visited treatment facilities in other emirates, I was unable to find a similar program. There is also a daily routine to follow and continuous follow-up with me if I am discharged. My family isn't assisting me and doesn't understand me, so if I didn't have this assistance and follow-up from the center, I would never recover." These statements emphasize the critical role of comprehensive treatment programs, professional staff, and a supportive environment in enhancing patients' commitment to treatment and reducing the relapse rate.

These phases of the recovery process significantly impact the success of rehabilitation programs and the likelihood of relapse among UAE patients. Recognizing their importance is essential for designing effective interventions to support individuals in recovery and reduce the risk of relapse.

3-Community Integration plan: The transition from a treatment center back to the community is a critical phase in a recovering person's journey. Upon leaving the center, they will re-enter the same environment they left behind, potentially exposing them to familiar friends, places, or indirect stimuli that can trigger a relapse. It is paramount to have a comprehensive recovery plan in place that addresses the challenges of returning to the community and provides ongoing support. However, as per the insights of those who have recovered, many treatment facilities across the nation tend to overlook this aspect, in contrast to the diligent approach of the Erada Center for Treatment and Rehab. Several phrases and statements reveal the

significance of this stage, which 24 patients emphasized, in terms of its impact on relapse among recovering addicts.

"I have nothing to do, and I tried 6 times to quit addiction, but I relapse each time." This statement underscores the direct link between effective post-treatment support, reintegration into the community, and relapse prevention.

"After treatment, there was a follow-up with me, and they advised me that if I feel at risk of relapsing, I should reduce the dose to avoid overdose. They also recommended staying away from my old friends. Now, when I experience relapse, I have the support of my therapist who I can call, and she helps me, providing valuable assistance in avoiding relapse." This statement highlights the positive impact of post-treatment support and the role of therapists in helping individuals cope with challenges and relapse triggers.

"I have been following up with the centers for years, and I am currently a volunteer with them. They continue to support me, even when I face relapse." This statement illustrates the importance of ongoing engagement with treatment centers, as well as the potential for individuals to transition into roles that support others on their recovery journey.

These statements collectively emphasize the critical role of a well-structured and supportive reintegration plan that extends beyond the treatment center. Such a plan can help individuals navigate the challenges of returning to their communities, maintain their recovery, and reduce the risk of relapse.

Second: Social Triggers of Relapse

Social triggers encompass the various stimuli that a returning addict encounters immediately upon leaving the treatment facility, and they are addressed during the detoxification and recovery process. These triggers include interactions with family members, friends, the work environment, and the potential exposure to narcotic substances, as indicated by both the center's insights and medical reports.

According to individuals who have experienced relapse into addiction, residing in neighborhoods with drug dealers and maintaining friendships with individuals involved in drug use places them in direct contact with influences that actively encourage them to resume their drug habit. Such circumstances make complete abstinence from drug use a significantly challenging endeavor. Moreover, the absence of employment opportunities or the presence of societal stigma in their workplaces compels individuals to confront indirect stimuli by either resisting the urge to react to them or by succumbing to the temptation to return to drug use.

1-Family: The fractured familial environment to which the returning addict belongs significantly influences their likelihood of relapse. They may return to addiction for different reasons than the initial ones, such as seeking relief from their experiences or feelings of desperation. These factors often pertain to family dynamics, especially regarding the wife and children, as well as the absence of a strong male role model, typically the father.

Ongoing familial issues can exacerbate the recovering addict's vulnerability as they return home and face a lack of acceptance, trust, and support from their family members. This situation might drive them to seek an escape from their challenging social conditions by turning to the allure of narcotics. In such cases, they may deceive themselves by emphasizing the positive aspects of the substance and denying its negative effects in order to justify its use.

Several quotes from respondents illustrate the role of the family environment in the relapse of addicts: "When I relapsed and told my family about it, their response was, 'You don't deserve treatment.' My father doesn't understand me. Despite being a role model for my brothers, they treat me like a criminal, label me as a failure, and view me as just sitting at home doing nothing. Additionally, I borrowed money from my family to support my kids and wife. To escape this feeling, I used the money to buy drugs. I had been in recovery for 3 months, but due to problems with my family, my wife's demands, and my inability to meet them, I relapsed." "My brother is also an addict, and I relapsed when I saw him using drugs at home." "My wife's hurtful words, like 'you're not a man,' 'you're not responsible,' 'you're a loser,' 'we don't need you anymore,' and 'have you taken anything today?' pushed me to relapse."

The statements made by the respondents clearly indicate that the family environment serves as a direct trigger for relapse. Family members might unconsciously provoke them by mentioning drug-related stimuli or substances. The social stigma attached to individuals who have left the treatment center and the lack of acceptance and support from their family members can also contribute to their heightened vulnerability. Social demands and direct stimuli, especially in the presence of a spouse and children, can intensify the cravings and desires of the recovering addict.

2-Friends: One of the significant factors associated with relapsed addiction is peer pressure, particularly from old friends who continue to use drugs. According to the participants' responses, the challenge of returning to the environment of old friends is a major factor contributing to relapse. This environment often contains many triggers

for relapse, such as drugs, drug-related paraphernalia, and drug dealers. For recovering addicts, the attachment to friends and their association with drug use, especially with new drugs and experiences, is a potent direct motivator. Participants' comments illustrate the influence of motivating friends in various settings, including the workplace, community, and home, as well as their inclination to explore new substances together:

"My reasons for relapse include the desire to discover and try new drugs, the gatherings with friends, and the urge to experience a high again. I've gone through recovery nine times, but I relapse to try something that will recreate the same feeling of being high. When I leave home and encounter my old friends, I find myself relapsing. The drug dealers and old friends live in the same area as me. When I see them, all the negative and relapse-inducing thoughts return. I convince myself that just one dose won't hurt and that I'll only use once. However, one dose leads to another, and suddenly I find myself back at the treatment center. My friends are the only ones who listen to me and bring drugs to me. The only time I remember staying sober is when I stayed away from my friends."

These findings align with previous studies, which have shown that peer groups and the desire to recreate the euphoria experienced while using drugs are among the most influential triggers of relapse. Recovering individuals often lack the capacity to resist the pressure exerted by negative friends and drug promoters, making them highly susceptible to drug use again (Al-Otaibi et al., 2019). Studies have indicated that peer exposure and the presence of peers have a strong biological, subjective, and environmental stimulus link, making them particularly vulnerable to relapse (Sabreen and Zainab, 2021).

3-Workplace: The journey of returning addicts along the road to recovery is far from easy, and it is believed to encompass several stages that begin with self-conviction of recovery. The presence of a supportive work environment is considered one of the crucial factors for their successful reintegration. This supportive environment includes acceptance after recovery, not stigmatizing them within the workplace, treating them kindly once their addiction is known, and directing them to beneficial centers. These factors are key in preventing them from returning to an environment where addiction thrives.

However, there is a conflict experienced by some returning addicts when they face rejection and discrimination in the workplace. They are often insulted and stigmatized as soon as their addiction becomes known, and their reputation is tarnished within the work

sector. This has been the experience of approximately 12 respondents from the sample. Despite being referred to work-related centers, which prove unhelpful, they find themselves shunned, and their addiction becomes common knowledge. In such situations, they become exposed to new types of drugs, and it's worth noting that there are colleagues in the workplace who also struggle with addiction but are still respected and valued since the organization is unaware of their abuse.

The returning addicts may perceive the work environment as a potential trigger for relapse due to their overall resistance to the workplace and their inability to secure alternative employment, even with a recovery certificate. While the workplace isn't a primary social trigger like friends and family, the combined pressures of work and society add to their vulnerability. Unemployment may lead the recovering addict to yearn for an escape from the repetitive interventions and the reality they despise in the environment where they spend most of their time—namely, the workplace. This longing for escape can be a powerful incentive to relapse, especially when there are coworkers who abuse drugs but still enjoy respect and recognition because the organization remains unaware of their addiction.

Some respondents from the sample viewed drug use, addiction, and work as a triumvirate that not only provided them with strength but also heightened their motivation to work. They expressed sentiments like, "Using drugs at work makes me more focused and increases my desire to work. It enhances my concentration and willpower, motivating me to complete my tasks." They also mentioned, "I lack the determination to work on the days I abstain from using. On the days I use, my motivation to work increases." These stimulants are often associated with specific narcotics that have a profound effect on concentration and alertness, such as certain types of pills and Crystal Meth, which are taken periodically. The presence of these stimuli, the ready availability of the substance, and the strong belief in its importance for accomplishing work can contribute to their relapse, as they return to using each time they seek to enhance their performance.

4-Exposure to the Drug: Recovering addicts hold varying opinions about their exposure to addictive substances. Some consider it a direct stimulant closely linked to the recovering addict's feelings and emotions upon encountering these substances after recovery. For approximately 85% of them, this connection is particularly potent, especially when they continue to reside in an environment where these

substances are readily available, with secret stashes known only to the recovering individuals. This belief can be a pivotal factor in determining whether or not the recovering addict will relapse since different substances have unique rituals associated with their use.

According to the respondents' views, while some of them maintain that exposure to these substances is associated with their inner beliefs and its connection to happiness, euphoria, and accomplishment. In this context, the experts at the Erada Center stress the importance of avoiding exposure to these substances in any way, especially at the outset of the recovery journey. They also discourage challenging the addictive substance and believing oneself to be stronger than it, capable of resisting it, especially immediately after leaving the treatment center. In the words of the respondents: "I encountered drug paraphernalia, and although I initially resisted using the drug, the mere sight of it ignited an internal passion that led to my relapse. I hadn't taken anything." Another respondent shared, "I came across Crystal Meth, and although I was uncertain about its effects, witnessing my friends high on it made me give it a try. Now, I'm struggling with an addiction to Crystal Meth and trying to recover from it. When I see the drugs and the paraphernalia at home, I feel a strong craving and find it difficult to resist using."

The potential for communication with their former networks of abuse presents a significant threat to the progress made during the therapeutic process. The treatment of drug addiction can be executed correctly, but addressing the broader addiction culture, including its various elements and interactions, necessitates an extended period that extends beyond the timeframe of their participation in the treatment center. Consequently, the risk of relapse remains present. Earlier research indicates that approximately 85% of recovering addicts are at risk of relapsing when they are exposed to their former environments (Al-Hourani and Al-Othman, 2020).

Third: The personal triggers of relapse

Nonetheless, this remains a significant and pivotal starting point for their return, as they sense it and acknowledge it. The respondents' statements highlight this, manifesting through indicators related to their active and submissive engagement with substances. Some recovering addicts even reach the point of perceiving the addictive substance as a vital element. All the preceding stages, including both direct and indirect therapeutic and social stimuli, undoubtedly contribute to the recurrence of drug abuse to some extent. The primary reasons for relapse, as identified by recovering addicts, encompass "inability to control oneself, self-negativity, considering drug dealing

as a source of income, associating happiness with drugs, depression, pain, loneliness, and an inability to accept life without the substance."

One respondent states, "The drug is my life. I cannot exist without using it. It satisfies me. Medication helps me combat my depression, enhances my focus, and my happiness is entwined with it. As I don't have a job and rely on my family for financial support, I have no intention of stopping. After using drugs for 24 years and relapsing nine times post-recovery, I'm now in recovery for the sake of my family and not for myself. I've grown accustomed to drugs because they provide a delightful sensation and a means to escape from the people around me."

It's worth noting that the amalgamation of these expressions suggests that returning addicts currently in the midst of recovery accept their current situation, the cycle of addiction, substance use, and societal stigma. They feel a sense of withdrawal from the enforced social reality of drugs and retreat into their own world, governed by the compulsive rituals that dominate and control them. Their progression through the various stages of treatment runs counter to their inner convictions that this is their destiny and beyond their control. They believe that the addictive substance exerts a power over them that they cannot overcome. Despite the daily challenges they face on social and personal levels, they recognize their negative self-perceptions and embrace them without modification or adjustment.

Conclusion:

All the efforts made by the United Arab Emirates stand against the relapse in the context of addiction. There are ongoing efforts by various institutions that work together with the various stages of relapse, "the family, treatment centers, community institutions, others...", and there is even a special item in the national strategy for addiction in the UAE regarding maintaining patient's confidentiality in order to save the person's privacy and to confront the social stigma that people are distressed with. However, considering UAE society as a transit country with cultural openness imposes many difficulties on individuals during the journey of relapse and return to addiction.

Whether through therapeutic or social stimuli, the pathway of relapse triggers is concluded when recovering addicts are directly exposed to drugs after quitting. This exposes them to intense and direct pressures that can be challenging to cope with, particularly when they've recently left the treatment center and have been in recovery for a short period. The presence of primary passion, such as self-desire and the willingness to use, after interacting with all the preceding triggers, marks the culmination of the trigger sequence.

Consequently, recovering addicts find themselves confronting a crumbling existential reality, and most of them have relapsed at least five times.

By comprehending the reality of relapse and examining it from the perspective of the participants themselves, tracking the path of relapse triggers provides an opportunity to develop motivational and therapeutic programs for managing relapsed addicts in UAE society. This path offers a clear explanation and analysis of the reasons for relapse among recovering patients, enabling fundamental changes in the therapeutic phase and social integration. It also calls for the development of inclusion plans that rely on the local community, primary support networks, and recovering addicts within interconnected circles. To achieve this, there is a need to reevaluate the recovery centers in the UAE, their working protocols with recovering patients, and the type of support they offer.

Recommendations:

- 1- The necessity of collaboration between different institutions within society to achieve most of recovery elements as the efforts made in therapeutic institutions are not sufficient to reduce relapse rate among drug addicts and to return them to society.
- 2- Developing and improving the existing motivational and therapeutic programs to address relapse and use the scientific and evidence based programs.
- 3- Enhancing inclusion plans to address the recovered individuals' needs for community reintegration, through having the policies from the government and key performance to the community agencies to be monitored.
- 4- Developing recovery services for addicts that provide physical, psychiatric, and social treatment, delivering aftercare for those who have recovered, and improving his status in society by supporting them in finding jobs to help them solve their issues.
- 5- Educating people suffering from addiction how to handle the stress and problems that they will face after they leave the therapeutic institutions, as well as how to deal with their friends who abuse drugs and how to resolve their tendency to relapse.
- 6- Doing research on community awareness of recovered addicts in the United Arab Emirates.
- 7- Studying and evaluating aftercare services for people recovering from addiction in the United Arab Emirates.
- 8- Future studies to evaluate the effectiveness of existing relapse prevention programs and adjust prevention plans and strategies.

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الكشف عن محفزات الانتكاسة لدى فئة مدمني المخدرات عينة من دولة الإمارات العربية المتحدة

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المستخلص:

تعد الانتكاسة لتعاطي المخدرات بعد الانتهاء من علاج إزالة السموم وإعادة التأهيل مصدر قلق عام واجتماعي وصحي في جميع أنحاء العالم. بشكل عام، معدل الانتكاسة لدى مرضى اضطراب تعاطي المخدرات هو 40 إلى 60 بالمائة. على الرغم من أن تعاطي المخدرات لا يزال يمثل عبئاً في دولة الإمارات العربية المتحدة، إلا أنه لا يُعرف سوى القليل جداً عن الانتكاسة بين مرضى اضطراب تعاطي المؤثرات العقلية. ولذلك، تهدف هذه الدراسة إلى دراسة المحفزات المرتبطة بالانتكاسة إلى تعاطي المخدرات في إحدى مراكز التأهيل. تعتبر هذه الدراسة ضرورية لتنفيذ تدخل متكامل لمعالجة الانتكاسة في مراحل مختلفة من التعافي، من قبول المريض إلى إعادة دمج في المجتمع.

تعتمد منهجية الدراسة النوعية الحالية على مقابلات متعمقة مع 30 مريضاً من مرضى اضطراب المواد المخدرة في إحدى مراكز التأهيل، مما يحقق في الوقت نفسه هدفين منهجيين: تتبع عملية الإدمان من مغادرة المركز إلى التنقل في البيئة المحيطة، وإشراك العائلة والأصدقاء والعمل، وتحديد التجارب الفريدة للمبحوثين.

توصلت الدراسات إلى عدة نتائج: تستكشف الدراسة المحفزات العلاجية والاجتماعية والشخصية، بما في ذلك التعرض للمواد المخدرة بعد التعافي، والرغبة الذاتية، والاستعداد للتعاطي بعد التفاعل مع هذه المحفزات. أولاً، المحفزات العلاجية (الاستقبال، العلاج الداخلي، البرامج العلاجية، خطة الاندماج مع المجتمع، وغيرها) تعمل كمحفز رئيسي للانتكاسة. والفئة الثانية هي المحفزات الاجتماعية، وهي عناصر من العالم الخارجي يمكن أن تؤدي، مثل التعرض للمخدرات، والأسرة، والأصدقاء، ومكان العمل. بالإضافة إلى الأسباب الشخصية للانتكاسة تشمل "العجز عن ممارسة ضبط النفس، والسلبية من كل من المدمن والآخرين من حوله، واعتبار الاتجار بالمخدرات وسيلة لمصدر الدخل المادي،

وربط تعاطي المخدرات بالسعادة والاكتئاب والألم والشعور بالوحدة وعدم قبول الحياة بدون مخدرات.

وتوصي الدراسة بتطوير وتحسين البرامج التحفيزية والعلاجية الحالية لمعالجة الانتكاسة، وتمكين إجراء تغييرات جوهرية في المرحلة العلاجية والاندماج الاجتماعي. بالإضافة إلى ذلك، ينبغي تعزيز خطط الإدماج لتلبية احتياجات الأفراد المتعافين لإعادة الإدماج في المجتمع. يوصى أيضاً بإجراء دراسات مستقبلية لتقييم فعالية برامج الوقاية من الانتكاسات الحالية وضبط خطط واستراتيجيات الوقاية.

الكلمات المفتاحية: الانتكاسة، الإدمان، المرضى، المحفزات، المخدرات