



An Analysis of the Causes of Relapse Among Individuals with Substance Abuse

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Abstract

Background: Relapse into drug abuse is a major challenge in Nepal, up to 75% of individuals relapse within six months after completing treatment. Many individuals who undergo treatment return to substance use due to a variety of psychological, socio-economic, and use of treatment approach. This study addresses a significant public health issue, substance misuse relapse in the specific context of rehabilitation centers in Birendranagar, Surkhet, Nepal. The present study aimed to identify the key factors contributing to relapse among individuals with substance abuses.

Methods: This study employed a descriptive research design with a quantitative approach. A survey method was used, and primary data were collected through structured questionnaires. Data were collected in the year of 2025 from six rehabilitation centers located in Birendranagar municipality, Surkhet. Out of the total population of 175 members from six rehabilitation centers, 120 respondents were selected. The sample size was determined using Yamane's (1967) formula at a 5% margin of error, the sample size was calculated to be 122. However, 120 respondents were selected using simple random sampling.

Findings: The study revealed that the majority of respondents (86.67%) cited personal choice as the main cause, 40% said that social events frequently led to relapses, 75.83% said that arguments with friends or family were significant contributing factors, 50.83% cited financial stress and 45% mentioned work-related stress as significant causes, and 49.17% acknowledged that social media or online triggers frequently affected them. The majority of (77.50%) responded using western treatment models, rather than locally adapted approaches in the rehabilitation centers may contribute significantly to relapse.



Conclusion: The result demonstrated several key causes of relapse including family and peer conflict, financial problem, lack of motivation, work-related stress, health issues, social media and use of western treatment models rather than local approaches in a rehabilitation center.

Novelty: This study contributes new insights into the causes of relapse by examining both social and structural factors among individuals in rehabilitation centers. It highlights the influence of family conflict, and social media. Although various studies (National Institute on Drug Abuse, 2018);(Devi & Singh, 2023); (Adem et al., 2025); (Arabian et al., 2026); (Ibrahim & Kumar, 2009);(Amat et al., 2020);(Domino, 2005);(Abdullah et al., 2020);(Sinha, 2011);(Lian & Chu, 2013) claimed about various causes and effects of relapse but mismatch between western treatment models and local approaches, as a causes of relapse with substance abuses, which has received limited or no attention in the previous studies.

Keywords: Local Treatment Approach, Rehabilitation Center, Relapse, Substance Abuse, Western Treatment Model

1. Introduction

Substance abuse remains a pervasive public health challenge worldwide, people using drug often faces such as physical, emotional, family dynamics, school behaviours, and social issues, which might include immune system weakness, anxiety, sexual dysfunction, and anomalies in brain structure and function. This could result in participation in crimes like rape, kidnapping, and armed robbery. Secretiveness, withdrawing from family, running afoul of the police, and making strange requests for money are all indicators of family dynamics(John et al., 2023).

There are about 292 million people who use drugs in 2022(UNODC, 2023). One in every 17 people worldwide had used a drug in 2021, 23% more than a decade earlier(UNODC, 2023). While Nepal could not remain untouched by this problem the number of illicit drug users is rising by 5.06% in Nepal annually, according to the 2020 study. In 2024, there were about 1,56,821 drug users are found in Nepal (Volunteers Initiative Nepal, 2024).Substance use disorders are prevalent in the South Asian region and are shaped by a complex interaction of historical, cultural, and soc-economic variables. Trends highlight notable prevalence rates of a variety of substances, including alcohol, tobacco, and opioids, in countries including India, Pakistan, Bangladesh, Afghanistan, Sri Lanka, and Nepal, despite inherent difficulties in data collection. Tobacco usage is still a major public health concern, especially with the rise in smokeless varieties. Despite cultural differences, rising alcohol consumption raises growing concerns, especially among young people, with consequences for both health and financial obligations(Choudhury et al., 2024).Despite various rehabilitation and treatment programs, relapse remains a persistent problem, with many individuals returning to substance use even after completing interventions. Nepal has a high rate of relapse after treatment because there are no evidence-based aftercare services available for those in recovery, beyond from basic psychosocial assistance(Arun et al., 2025), (Shrestha, 2025). Relapse is influenced by low self-esteem, peer pressure, easy access to drugs, social and familial rejection, and adjustment issues(Sapkota et al., 2017). While Studies have focused on various causes, ranging from



personal, family and social factors to treatment approaches at rehabilitation centers, such as early age of onset, brain reward system dysfunction, poor physical health, sleep disturbance, concomitant psychiatric disorders, desire, low self-efficacy, unpleasant life events, and low socio-economic level (Yazıcı & Bardakçı, 2023). While talking about family causes of relapse are absence of a proper relationship in the family, improper behavior of the family, misleading friends (Fayazi et al., 2015). Lack of acceptance in society and family, lack of trust, hatred, lack of communication, problems with job is a social cause (Sapkota et al., 2016). Treatment approaches at rehabilitation centers- For those in recovery, there are no evidence-based aftercare options (Arun et al., 2025). Substance misuse among indigenous peoples is caused by a number of factors, including historical and cultural marginalisation, a lack of culturally appropriate assistance, inadequate peer and community networks, structural hurdles to care, and a disregard for Indigenous healing methods and a variety of lived experiences. (Lavalley et al., 2020).

Relapse among individuals recovering from substance misuse remains one of the most persistent challenges in the field of addiction treatment and rehabilitation. A global public health concern is the relapse into substance use following successful detoxification and rehabilitation. Studies show that 40–60% of individuals relapse after completing these programs (Eric et al., 2021). Relapse not only undermines physical health—causing liver damage, respiratory problems, cardiovascular issues, and accelerated physical decline—but also takes a heavy psychological toll. Individuals often experience intense feelings of guilt, shame, and anxiety, which can contribute to long-term mental health challenges (Volkow et al., 2016). Beyond health, addiction-related relapse frequently leads to severe financial strain, including bankruptcy and foreclosures, due to the high costs associated with maintaining substance use (Valley Forge Medical Center and Hospital, 2025). In some cases, relapse may even push individuals toward criminal behavior, such as theft or drug trafficking, as a means of supporting their addiction.

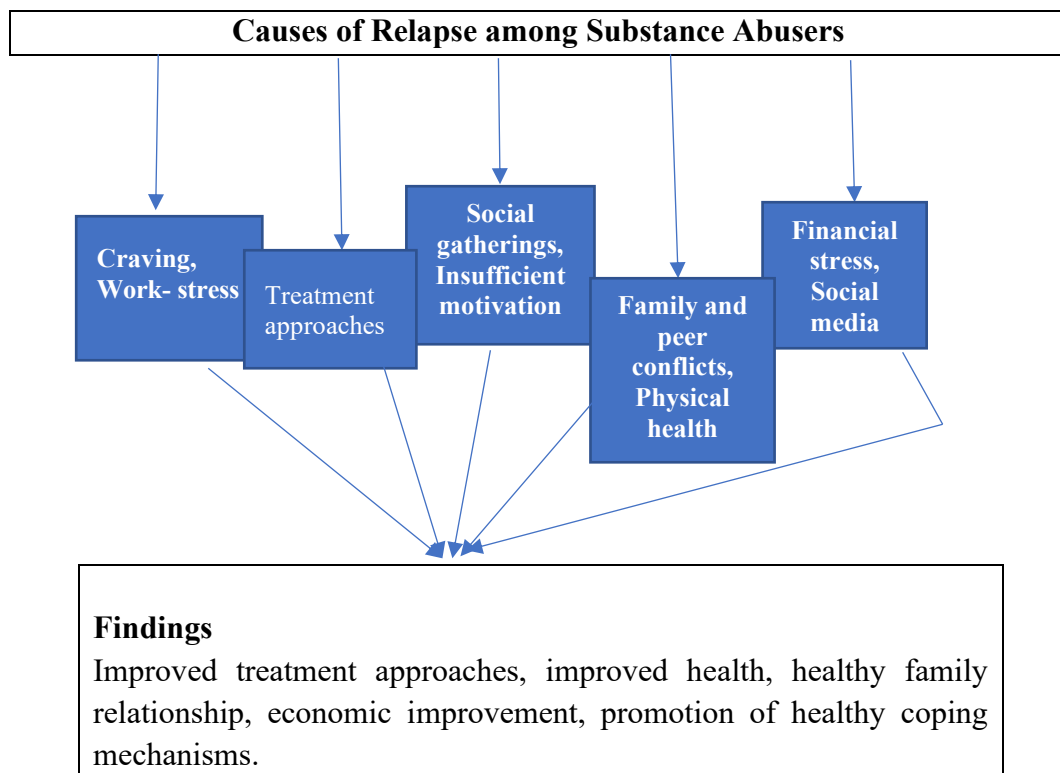
Over the past decade, numerous studies have explored the various factors associated with relapse, including psychological stress, peer influence, environmental triggers, and inadequate social support (Joshi et al., 2022); (Sinha, 2024); (Sureshkumar et al., 2017). This study aims to identify the key factors contributing to relapse among individuals with substance misuse, with the goal of providing a clearer understanding of the underlying causes. By addressing this gap, the findings are expected to inform the design of targeted interventions, improve treatment strategies, and support sustained recovery in affected populations.

1.1 Relapse Prevention Approaches

A major obstacle to the long-term management of substance abuse is relapse, which frequently undermines the gains made during initial treatment and produces unfavorable results. Relapse prevention model, drug relapse is a slow process that is impacted by high-risk circumstances, coping mechanisms, and self-efficacy. A slip may result from inadequate coping, and the Abstinence Violation Effect—a sense of guilt—may cause a complete relapse. In order to avoid relapse, the approach places a strong emphasis on controlling triggers, beliefs, and behaviours (Marlatt & Witkiewitz, 2005). A revised cognitive-behavioral model of relapse, the use of

sophisticated statistical techniques to model relapse in large randomised trials, and the creation of mindfulness-based relapse prevention are some of the notable developments in relapse prevention over the past ten years(Hendershot et al., 2011). Researchers and medical professionals have created a number of strategies to deal with this, such as community-based initiatives, medication therapies, and cognitive-behavioral therapies.

1.2 Conceptual Framework



Source: Researcher’s self-designed

2. Method and Materials

This study was based on descriptive type of research design and the nature of the data is quantitative. It applied survey method. Primary data were collected using structured interview containing questionnaires.

The study area of this research is Birendranagar municipality which is capital city of Karnali province. There are total 6 rehabilitation centers in the municipality. All these rehabilitations center in Birendranagar municipality, Surkhet is select for the study area.

There are about 175 clients who are being treated in 6 rehabilitation centers in Birendranagar municipality, Surkhet which comprises the population of the study. Among the total population of the clients in rehabilitation centers, 68 percent, i.e. 120 clients were selected as sample by using simple random sampling method. The sample size was determined using Yamane’s (1967) formula at a 5% margin of error. For a population of 175, the calculated sample size was approximately 122 respondents. Therefore, 120 respondents were selected, which is



considered adequate for the study.

Both primary and secondary sources of data were used in the study. In this study, structured questionnaires were used as tools to collect primary data. The sources of secondary data were based on both published and unpublished literature, books, journals, articles, research reports and dissertations.

The researcher visited the rehabilitation centers and briefly explained the purpose of the study to the respondents, inviting them to take part. Structured questionnaires were then distributed to the participants, with staff helping only in the distribution process. The participants completed the questionnaires on their own, while confidentiality was assured to help them feel comfortable giving honest answers. After they finished, the researcher collected all the questionnaires. Staff presence was kept to a minimum throughout the process to reduce the possibility of response bias.

After collecting the data from questionnaires, they were carefully checked to remove the possible errors. The collected information was tabulated in the master tables manually. Then, the data were classified and tabulated mainly under different headings and sub-headings by using mathematical and numerical procedure. Finally, the data were interpreted.

Participants were eligible if they were aged 18–60 years, Individuals who are residing in the rehabilitation center and currently receiving treatment. Participants included both first-time clients and those with a prior history of relapse. Individuals who were not residing in the rehabilitation center, not receiving services during the study period, or unable to provide informed consent and staff members of the rehabilitation center were excluded.

The questionnaire was first pretested with 10 clients who had relapsed and were staying in rehabilitation centers. This helped assess whether the questions were clear, easy to understand, and practical to administer. Based on their feedback, a few small changes were made to improve the wording and overall structure of the questionnaire. In addition, three subject experts reviewed the instrument to ensure that the questions were relevant, clear, and adequately covered the key areas of the study. These steps helped make sure the questionnaire was both understandable and suitable for the study participants.

The questionnaire was originally prepared in English and then translated into Nepali using a standard forward–backward translation process. First, a bilingual expert translated it into Nepali. A second expert then reviewed the Nepali version to check for clarity and cultural appropriateness. After that, another bilingual expert translated the Nepali version back into English. Any differences or inconsistencies were discussed and resolved by the translators to ensure the accuracy and meaning of the final version.

Ethical Considerations:

Participation was fully voluntary, with informed consent obtained from each participant. Confidentiality and anonymity were strictly maintained to protect the identity and personal details of the clients. The questionnaire did not include any personal identifiers such as names or addresses. Before conducting the study, permission was taken from the respective rehabilitation centers. Their operational rules, privacy policies, and institutional norms were fully respected. The researcher upheld honesty, clarity, and accuracy in reporting the findings



of the study.

3.Results

3.1 Main Reasons for Relapse

Stress, a lack of coping skills, and exposure to stressful circumstances or surroundings are the primary causes of relapse in those recovering from substance use disorders. The following table lists the respondents' primary causes of relapse:

Table 1: Primary causes of Relapse

Primary causes of Relapse	No. of Respondents	Percent
Stress and anxiety	19	15.83
Peer pressure	83	69.17
Personal choice	104	86.67
Lack of support	78	65.00
Family conflicts	91	75.83
Others (societal, educational, etc.)	48	40.00

Source: Field Survey, 2025

The primary causes of relapse among the responders are displayed in Table 1. of the total respondents, 15.83 % mentioned stress and anxiety, 69.17 % mentioned peer pressure, 86.67 % indicated personal choice, 65 % reported a lack of support, 75.83 % reported family conflicts, and 40 % attributed relapse to other factors like societal and educational issues. Since the multiple responses were allowed. The evidence suggests that relapse among substance abusers is caused by a number of interrelated factors.

3.2 Contribution of Craving to Relapse

Craving, a significant predictor of relapse, has been added as a symptom for substance use disorder(American Psychiatric Association., 2013).

The following table displays the respondents' answers when asked if they had ever experienced a relapse as a result of a craving:

Table 2: Craving as a Factor in Relapse

Responses	No. of Respondents	Percent
Frequently	89	74.17
Sometimes	22	18.33
Rarely	9	7.50
Never	0	0.00
Total	120	100.00

Source: Field Survey, 2025

Table 2 shows the contribution of craving to relapse among the respondents. Out of the total respondents, 74.17 % experienced cravings frequently, 18.33 % experienced them sometimes,



7.50 % experienced them rarely and none reported never experiencing cravings. It can be concluded from the data that cravings play a significant role in relapse among substance abusers.

3.3. Social Gatherings as Triggers of Relapse

The presence of substance use in social settings, such as parties or gatherings with friends who still use drugs or alcohol, increases the likelihood of relapse. The respondents were asked whether social gatherings were the trigger of relapse and the responses obtained from them are presented in the following table:

Table 3: Social Gatherings as Triggers of Relapse

Responses	No. of Respondents	Percent
Always	48	40.00
Occasionally	42	35.00
Rarely	19	15.83
Never	11	9.17
Total	120	100.00

Source: Field Survey, 2025

Table 3 shows how social events may serve as relapse triggers for the participants. Of the participants, 40% said they were constantly affected by social events, 35% said they were occasionally triggered, 15.83% said they were rarely triggered, and 9.17% said social gatherings were never a trigger. All things considered; the statistics point to social events as a major cause of relapse in those with a history of substance misuse.

3.4. Family and Peer Conflicts as Factors in Relapse

Relapse brought on by disputes with friends or family has a big impact on how well people with substance use disorders recover. The below table summarizes the respondents' answers when asked if disagreements with friends or family had influenced their relapse.

Table 4: Family and Peer Conflicts as Factors in Relapse

Responses	No. of Respondents	Percent
Yes, significantly	91	75.83
Somewhat	11	9.17
Not much	9	7.50
Not at all	9	7.50
Total	120	100.00

Source: Field Survey, 2025

Table 4 shows how disagreements with friends or family affected the respondents' relapse. Of all participants, 75.83 % said that these conflicts had a considerable impact on relapse, 9.17 % said they had a moderate impact, 7.50 % said they had little effect, and 7.50 % said they had no effect at all. These results imply that social and familial ties have a significant impact on relapse



in people with drug use disorders.

3.5. Financial Stress as a Contributing Factor to Relapse

The contribution of financial stress to relapse among the respondents is presented in the following table.

Table 5: *Financial Stress as a Contributing Factor to Relapse*

Responses	No. of Respondents	Percent
A lot	61	50.83
Somewhat	29	24.17
Very little	19	15.83
Not at all	11	9.17
Total	120	100.00

Source: Field Survey, 2025

Table 5 presents the contribution of financial stress to relapse among the respondents. Of all participants, largest proportion (50.83 %) said that financial stress had a significant impact on relapse, 24.17 % said it had a moderate impact, 15.83 % said it had a very minor impact, and 9.17 % said it had no effect at all. The results show that for a sizable percentage of the responders, financial stress is a key factor driving relapse. Overall, the data point to financial stress as a significant contributing factor to relapse in people with substance use disorders.

3.6 Relapse as a Cause of Work-Related Stress

Because it frequently causes mental anguish, worry, and fatigue, work-related stress is a significant component in relapse. The following table displays the respondents' answers when asked if they believe that stress at work contributes to relapse:

Table 6: *Relapse as a Cause of Work-Related Stress*

Responses	No. of Respondents	Percent
Strongly agree	51	42.50
Agree	54	45.00
Disagree	9	7.50
Strongly disagree	6	5.00
Total	120	100.00

Source: Field Survey, 2025

The impact of work-related stress to relapse among the responders is shown in Table 6. Of the individuals, most participants (45%) agreed and 42.5% strongly agreed that stress at work was a factor in their relapse, while 7.5% disagreed and 5% strongly disagreed. These findings imply that stress at work is a major contributing factor to relapse in people with drug use disorders.



3.7 Insufficient Motivation to Remain Sober as a Factor in Relapse

One of the biggest causes of relapse is a lack of motivation to stay sober. People may find it difficult to maintain long-term abstinence if they lose sight of the advantages of recovery or don't set significant goals. The following table summarizes how respondents perceived a lack of motivation as a contributing factor to relapse:

Table 7: *Insufficient Motivation to Remain Sober as a Factor in Relapse*

Responses	No. of Respondents	Percent
Strongly agree	42	35.00
Somewhat agree	44	36.67
Disagree	19	15.83
Strongly disagree	15	12.50
Total	120	100.00

Source: Field Survey, 2025

The respondents' opinions regarding a lack of motivation to maintain sobriety as a reason for relapse are shown in Table 7. 35% of respondents strongly agreed, 36.67% somewhat agreed, 15.83% disagreed, and 12.5% strongly disagreed with the statement. These results highlight the significance of cultivating and maintaining motivation throughout the recovery process by indicating that those who find it difficult to stay sober are more likely to relapse.

3.8 Physical Health Issues as a Factor in Relapse

Physical health issues can play a significant role in relapse during addiction recovery, as they may prompt individuals to self-medicate, especially when experiencing unmanaged pain or health-related emotional distress. The respondents' perceptions of the role of physical health issues in relapse are summarized in the following table:

Table 8: *Physical Health Issues as a Factor in Relapse*

Responses	No. of Respondents	Percent
Yes, significantly	39	32.50
Somewhat	46	38.33
Rarely	14	11.67
Not at all	21	17.50
Total	120	100.00

Source: Field Survey, 2025

Table 8 presents the respondents' views on the role of physical health issues in relapse. Physical health problems were cited by 32.5% of individuals as a major contributing factor to relapse, 38.33% as a slightly contributing factor, 11.67% as a rarely contributing factor, and 17.5% as not contributing at all. These results imply that for a sizable percentage of respondents, physical



health problems are a major factor in relapse.

3.9 Impact of Interactions with other Substance Users on Relapse

Relationships with other substance users can raise the likelihood of relapse, stimulate cravings, and reinforce addictive behaviors. The following table summarizes the respondents' answers when asked if these relationships had an impact on their relapse:

Table 9: *Impact of Interactions with Other Substance Users on Relapse*

Responses	No. of Respondents	Percent
Yes, significantly	49	40.83
Somewhat	36	30.00
Rarely	21	17.50
Not at all	14	11.67
Total	120	100.00

Source: *Field Survey, 2025*

Table 9 demonstrates the impact of interactions with other substance users on relapse. According to the statistics, 30% of respondents reported a moderate influence, while 40.83% of respondents thought their relationships with other substance users significantly contributed to relapse. Furthermore, 11.67% said that these interactions had no impact on them, while 17.5% had a slight influence. These results imply that relationships with other drug users are a significant factor in relapse.

3.10 Impact of Social Media and Online Exposure on Relapse

Access to social media and online platforms can act as significant triggers, increasing the risk of relapse among individuals in recovery. Respondents were asked whether social media or online triggers influenced their relapse, and their responses are summarized in the following table:

Table 10 *Impact of Social Media and Online Exposure on Relapse*

Responses	No. of Respondents	Percent
Frequently	59	49.17
Occasionally	46	38.33
Rarely	11	9.17
Never	4	3.33
Total	120	100.00

Source: *Field Survey, 2025*

Table 10 presents the impact of social media and online exposure on relapse. Of those surveyed, Largest proportion (49.17%) said they were frequently influenced by social media or online triggers, 38.33% said they were occasionally influenced, 9.17% said they were rarely affected, and 3.33% said they were never affected. These results imply that a sizable percentage of people in recovery are regularly impacted by internet triggers, which could lead to relapse.



3.11 Use of Western Treatment Models Rather Than Local Approaches in a Rehabilitation Center as a Cause of Relapse

The use of Western treatment models, rather than approaches designed to fit local cultural and social contexts, may be an important factor contributing to relapse among people in recovery. To explore this issue, respondents were asked whether they believed that reliance on Western treatment models played a role in relapse. Their responses are presented in the table below.

Table 11 Use of Western Treatment Models Rather Than Local Approaches as a Cause of Relapse

Responses	No. of Respondents	Percent
Yes, significantly	93	77.50
Somewhat	15	12.50
Rarely	9	7.50
Not at all	3	2.50
Total	120	100.00

Source: Field Survey, 2025

Table 11 shows the respondents' views on the use of Western treatment models rather than local approaches as a cause of relapse. The majority (77.50%) believed that it is a significant cause of relapse. Meanwhile, 12.50% felt that it contributes somewhat, 7.50% reported that it rarely contributes to relapse, and only 2.50% stated that it does not contribute to relapse at all.

4 Discussion

This study looked at the main causes of relapse in people in recovery from substance misuse. The results show that relapse is a complicated process influenced by social, psychological, environmental, personal and treatment models factors.

While stress and worry were mentioned by 15.83% of respondents. This support the finding of Sinha 2012, according to her stress plays a key role in alcohol relapse (Sinha, 2012). 74.17% of subjects reported having frequent cravings, this findings matched with the study called 'Association of Drug Cues and Craving With Drug Use and Relapse'(Vafaie & Kober, 2022). As they have concluded that craving is the one of the drug use and relapse. Environmental and social factors were also important. The findings of the study called 'Environmental Impact on Relapse and Motivation Recovery Among Drug Addicts 'indicated that the environment significantly impacts motivation recovery and relapse(Razali et al., 2023). Relapse was frequently brought on by social events, according to 40% of respondents, and interpersonal or familial difficulties were cited by 75.83% as significant causes. Consistent with previous research findings, abroad, revealed that the factors include psychological, social pressures that the addict is exposed to in his social environment, in addition to the loss of social support(Al-Musway, 2024). Work-related stress (45%) and financial stress (50.83%) were also found to



be significant causes, providing evidence that economic and occupational difficulties enhance the likelihood of relapse by lowering coping skills and causing emotional distress. Supporting this finding, a report published by True Link 2025 indicated that financial anxiety may serve as a trigger, impairing focus on recovery and elevating the risk of relapse (True Link Team, 2025).

Peer pressure and health were equally significant. Relapse was attributed by more than one-third of respondents (38.33%) to physical health issues, indicating that poor health can exacerbate psychological susceptibility. The literature has also identified determinants of relapse, including peer pressure and cravings, which also contribute to relapse (Abdelkader Husiny, 2025); (Shah Mohammad Ashek Uddin Bhuiyan et al., 2023).

Furthermore, 40.83% of respondents reported that relapse was induced by relationships with other substance users, highlighting the significant influence of peer environments. Remarkably, over half of the participants (49.17%) stated that regular exposure to social media was a trigger for relapses, indicating the increasing influence of digital surroundings on recovery behaviour. Another most important cause is using of western treatment models, rather than locally adapted approaches, may contribute significantly to relapse. The majority of respondents 77.50% responded that it is a significant cause of relapse and only 2.50% stated that it does not contribute to relapse at all. Another current and significance influence found in this study, using of western treatment models, rather than locally adapted approaches in rehabilitation centers cited by many participants as a factor in their relapse. This element, while less discussed in earlier literature, is a growing concern in relapse research and implies the need for future studies to include using of western treatment models, rather than locally adapted approaches triggers as part of the broader socio-cultural environment influencing relapse.

Due to the small sample size and the recruitment of individuals from a single geographic area, generalizability may be limited, and response bias cannot be completely ruled out.

5. Implication

The findings of this study have several important implications for both clinical practice and public health policy. This research carries significant practical implications for both treatment and prevention of substance abuse relapse. While prevention measures must concentrate on early identification of high-risk individuals and focused interventions, treatment programs should incorporate individualized approaches and culturally adopted approaches that address unique psychological, social, and environmental triggers. Additionally, the study offers crucial insights for health personal, social workers, rehabilitation centers, NGOs, and INGOs involved in substance misuse prevention and recovery activities, as well as helpful assistance for policy makers in creating evidence-based indigenous plans towards a drug-free society.

6. Conclusion

The study explored the complex factors contributing to relapse. It identified a combination of personal, socio-economic and treatment approaches trigger as key influences. Specifically, the causes of relapse included peer pressure, cravings, social gatherings, work-related stress, health problems, interactions with other substance users, and exposure through social media. adoption



of western treatment strategies in place of locally designed, culturally relevant approaches in rehabilitation centers interact to cause of substance abuse relapse is remains the primary cause. In conclusion, the study highlighted the need for developing more effective, culturally appropriate prevention and rehabilitation strategies to reduce relapse and support long-term recovery among individuals undergoing treatment, structured aftercare services, and economic rehabilitation and job support. Psychological and emotional support, promotion of healthy coping mechanisms, relationship building, family integration, and the development of strong support systems were identified as crucial strategies for sustained recovery and prevention of relapse.

The results were consistent with other studies globally.

7.Recommendations

it is recommended that rehabilitation centers should integrate locally adopted and culturally relevant treatment methods rather than imported western model. They should develop or adopt a locally and culturally adapted treatment approaches and strategies which is align with the cultural context of drug abusers as core components of treatment. They should follow various programmes which address social, economic, and digital factors influencing relapse, including financial stress, work-related pressure, and social media exposure. Rehabilitation centers often provide only medical or psychological treatment but do not equip clients with guidance on life after discharge. Therefore, treatment approaches should include post-rehabilitation support such as vocational training, skill development, and other activities that prepare clients for reintegration into society. Incorporating these programs can reduce the risk of relapse and promote sustainable recovery.

Policymakers should develop evidence-based, indigenous programs that emphasize the role of family, neighborhood, religion, and moral values in the prevention and treatment of substance abuse which provides resources for stress management, psychological support, and community engagement in rehabilitation. Financial counseling is crucial to alleviate economic stress, and enhanced training on managing withdrawal symptoms can better prepare individuals for recovery. Most rehabilitation centers are costly, making them inaccessible to individuals from low-income backgrounds. Therefore, it is recommended that the government establish and expand low-cost, accessible rehabilitation centers to ensure equitable treatment opportunities for all socio-economic groups.

Further studies are recommended to evaluate the effectiveness of western and locally adapted treatment approaches in rehabilitation centers, in order to develop evidence-based strategies for reducing relapse.

Transparency Statement: I confirm that this study has been conducted with honesty and in full adherence to ethical guidelines.

Data Availability Statement: Authors can provide data.

Conflict of Interest: The author declares there is no conflicts of interest.

Authors' Contributions: The author conducted all research activities.



References

- Abdelkader Husiny, T. M. (2025). A Scoping Review of Factors Contributing to Relapse in Substance Use Disorders. *Modern Journal of Health and Applied Sciences*, 2(1), 93–113. <https://doi.org/10.70411/MJHAS.2.1.2025181>
- Abdullah, M., Khan, M. I., Mumtaz, F., Shah, F., & Ximenes, R. C. (2020). Risk factors associated with relapse of drug dependence after treatment and rehabilitation in areas under the influence of war on terror. *Adv. Life Sci*, 7(3), 117–121.
- Adem, S. A., Weldearegay, K. T., Fisseha, G., & Hadush, Z. (2025). The magnitude of relapse after substance abuse and its influencing factors among rehabilitees who completed treatment at a rehabilitation center in tigray, Ethiopia. *Clinical Epidemiology and Global Health*, 31, 101909. <https://doi.org/10.1016/j.cegh.2024.101909>
- Al-Musway, J. M. H. (2024). The Impact of Psychological, Social, Societal, and Economic Factors Leading to Relapse in Patients Recovered from Addiction. *Mustansiriya Medical Journal*, 23(1), 25–28. https://doi.org/10.4103/mj.mj_54_23
- Amat, M. A. C., Ahmad, J., Jailani, O., Jaafar, W. M. W., & Zaremohzzabieh, Z. (2020). Relapse among Drug Addicts in East Coast Malaysia: A Qualitative Study of Risk Factors. *International Journal of Academic Research in Business and Social Sciences*, 10(12). <https://doi.org/10.6007/IJARBS/v10-i12/8337>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.
- Araban, M., Salahshouri, A., Tahmasebi Ghorrabi, A., & Jiba, M. (2026). An exploration into the factors contributing to addiction relapse: A qualitative study. *Heliyon*, 12(1), e44266. <https://doi.org/10.1016/j.heliyon.2025.e44266>
- Arun, J., Bharat, G., Robin, J., Prerna, J., Prabhat Kiran, P., & Achyut, A. (2025). Mindfulness-based relapse prevention for drug addiction in Nepal: impact and implications of an initial 2-day training of trainers. *BJPsych International*, 22(1), 19–21. <https://doi.org/10.1192/bji.2024.37>
- Choudhury, S., Joshi, T., & Ghosh, A. (2024). Overview of Substance Use Disorder in South Asia. In *Current Perspectives on Substance Use Disorders in South Asia* (pp. 1–18). Springer Nature Singapore. https://doi.org/10.1007/978-981-97-6619-2_1
- Devi, S., & Singh, S. (2023). Relapse in Drug Addiction: A Review. *Indian Journal of Health and Well-Being*, 14(3), 405–409. <https://iahrw.org/our-services/journals/indian-journal-of-health-wellbeing>
- Domino, K. B. (2005). Risk Factors for Relapse in Health Care Professionals With Substance Use Disorders. *JAMA*, 293(12), 1453. <https://doi.org/10.1001/jama.293.12.1453>
- Eric, K., Emmanuel, B., Jean d'Amour, H., & Aline, U. (2021). Determinants and prevalence of relapse among patients with substance use disorders: case of Icyzere Psychotherapeutic Centre. *Substance Abuse Treatment, Prevention, and Policy*, 16(13). <https://doi.org/https://doi.org/10.1186/s13011-021-00347-0>
- Fayazi, S., Rokhafroz, D., Gheibizadeh, M., Hakim, A., & Sayad, N. (2015). Personal, Familial, and Social Factors Contributing to Addiction Relapse, Ahvaz, Iran. *Jentashapir Journal of Health Research*, 6(3). <https://doi.org/https://doi.org/10.5812/jjhr.28706v2>
- Hendershot, C. S., Witkiewitz, K., George, W. H., & Marlatt, G. A. (2011). Relapse prevention for addictive behaviors. *Substance Abuse Treatment, Prevention, and Policy*, 6(1), 17. <https://doi.org/10.1186/1747-597X-6-17>
- Ibrahim, F., & Kumar, N. (2009). Factors Effecting Drug Relapse in Malaysia: An Empirical Evidence. *Asian Social Science*, 5(12). <https://doi.org/10.5539/ass.v5n12p37>
- John, M. L., Otene, I. J. J., & Antenyi, G. E. (2023). An Overview of Drug Abuse: Causes, Effects,



- and Control Measures. *Asian Journal of Medicine and Health*, 21(11), 263–268. <https://doi.org/10.9734/AJMAH/2023/v21i11945>
- Joshi, S., Bhandari, A. R., Shrestha, E., & Shakya, R. (2022). Prevalence and characteristics of relapse in patients with Alcohol Dependence Syndrome. *J Psychiatrists' Association of Nepal*, 11(2), 17–21.
- Lavalley, J., Kastor, S., Tourangeau, M., Western Aboriginal Harm Reduction Society, Goodman, A., & Kerr, T. (2020). You just have to have other models, our DNA is different: the experiences of indigenous people who use illicit drugs and/or alcohol accessing substance use treatment. *Lavalley et Al. Harm Reduction Journal*, 17(19), 1–10. <https://doi.org/https://doi.org/10.1186/s12954-020-00366-3>
- Lian, T. C., & Chu, F. Y. (2013). A Qualitative Study on Drug Abuse Relapse in Malaysia: Contributory Factors and Treatment Effectiveness. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 5(4), 217–232. <https://www.iomcworld.org/articles/a-qualitative-study-on-drug-abuse-relapse-inmalaysia-contributory-factors-and-treatmenteffectiveness.pdf>
- Marlatt, G. A., & Witkiewitz, K. (2005). Relapse Prevention for Alcohol and Drug Problems. In *Relapse Prevention, Second Edition, Maintenance Strategies in the Treatment of Addictive Behaviors*, (Second Edi, pp. 1–44). Guilford Publications. <https://www.guilford.com/excerpts/marlatt.pdf?t=1>
- National Institute on Drug Abuse. (2018). *Principles of Drug Addiction Treatment: A Research-Based Guide (3rd ed.)*. <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- Razali, A., Pauzi, N., Maraya, R. A., Shamshudeen, R. I., Razali, N. A., & Luqman, M. (2023). Environmental Impact on Relapse and Motivation Recovery Among Drug Addicts. *Journal of Intercultural Communication*, 28–42. <https://doi.org/10.36923/jicc.v23i3.122>
- Sapkota, S., Khadka, A., & Akela, G. (2017). Contributing factors to relapse of drug addiction among clients attending rehabilitation centres of Dharan, Nepal. *Journal of Chitwan Medical College*, 6(17), 20–25. <https://doi.org/10.3126/jcmc.v6i3.16695>
- Shah Mohammad Ashek Uddin Bhuiyan, M. Azizul Islam, A. H. M. Kazi Mostofa Kamal, & Mahbuba Akhter Jahan. (2023). Factors associated with relapse amongst substance abusers. *International Journal of Research in Medical Sciences*, 11(5), 1444–1449. <https://doi.org/10.18203/2320-6012.ijrms20231021>
- Shrestha, H. L., Paudel, B., Paudel, S., Gurung, M., & Khatiwada, B. (2025). A Bibliometric Critique of Health Equity Research Growth in Nepal (2016-2025). *NPRC Journal of Multidisciplinary Research*, 2(14), 78-90.
- Shrestha, N. (2025). Alcohol and drug abuse in Nepal. *British Journal of Addiction*, 87(9), 1241–1248. <https://doi.org/https://doi.org/10.1111/j.1360-0443.1992.tb02733.x>
- Sinha, R. (2011). New Findings on Biological Factors Predicting Addiction Relapse Vulnerability. *Current Psychiatry Reports*, 13(5), 398–405. <https://doi.org/10.1007/s11920-011-0224-0>
- Sinha, R. (2012). How does stress lead to risk of alcohol relapse? *Alcohol Research: Current Reviews*, 34(4), 432. <https://doi.org/10.35946/arcr.v34.4.07>
- Sinha, R. (2024). Stress and substance use disorders: risk, relapse, and treatment outcomes. *Journal of Clinical Investigation*, 134(16). <https://doi.org/10.1172/JCI172883>
- Sureshkumar, K., Kailash, S., Dalal, P. K., Reddy, M. M., & Sinha, P. K. (2017). Psychosocial Factors Associated with Relapse in Patients with Alcohol Dependence. *Indian Journal of Psychological Medicine*, 39(3), 312–315. <https://doi.org/10.4103/0253-7176.207337>
- True Link Team. (2025). *How Financial Stress Can Put Recovery at Risk and What to Do About It*. True Link Organisation. <https://www.truelinkfinancial.com/blog/how-financial-stress-can-put-recovery-at-risk-and-what-to-do-about-it>
- UNODC. (2023). *World Drug Report*. <https://www.unodc.org/res/WDR->



2023/WDR23_Exsum_fin_DP.pdf

- Vafaie, N., & Kober, H. (2022). Association of Drug Cues and Craving With Drug Use and Relapse. *JAMA Psychiatry*, 79(7), 641. <https://doi.org/10.1001/jamapsychiatry.2022.1240>
- Valley Forge Medical Center and Hospital. (2025). *Understanding Addiction's Impact Link Between Addiction and Finances*. Valley Forge. [https://www.vfmc.net/blog/addiction-and-financial-problems#:~:text=Addiction frequently results in significant,financial landscape \(Arista Recovery\).](https://www.vfmc.net/blog/addiction-and-financial-problems#:~:text=Addiction frequently results in significant,financial landscape (Arista Recovery).)
- Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic Advances from the Brain Disease Model of Addiction. *New England Journal of Medicine*, 374(4), 363–371. <https://doi.org/10.1056/NEJMra1511480>
- Volunteers Initiative Nepal. (2024). *Drug abuse in Nepal*. Volunteers Initiative Nepal. <https://www.volunteersinitiativenepal.org/drug-abuse-in-nepal-prevention-treatment-recovery/#respond>
- Yazıcı, A. B., & Bardakçı, M. R. (2023). Factors Associated with Relapses in Alcohol and Substance Use Disorder. *The Eurasian Journal of Medicine*, 55(1), 75–81. <https://doi.org/10.5152/eurasianjmed.2023.23335>

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