

Causes of Addiction Relapse in Youth with Emphasis on the Role of Family Factors

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Introduction:

In recent decades, drug addiction has emerged as one of the most critical social and public health issues both globally and in Iran(1). Statistics indicate that Iran holds a significant rank in the global consumption of opioid substances (2). Due to its adverse effects on health, opioid addiction has become a major concern for populations across societies, including Iran (3). According to reports by the World Health Organization, more than 6% of the global population is dependent on narcotic substances, and in Iran, addiction-related complications are the second leading cause of suspicious deaths(4). Various studies have been conducted to investigate the causes of drug addiction, highlighting the influence of diverse social, psychological, and other contributing factors in the development of this dangerous phenomenon(5). Similar to addiction itself, relapse is influenced by psychological, social, and biological factors, as well as the interaction between these domains. This complexity has drawn the attention of scholars and researchers, leading studies to focus on environmental, biological, psychological, and sociological variables in an effort to explain the phenomenon. Findings by Palaver and colleagues indicated that family unrest plays a significant role in the recurrence of addiction (6). As research has shown, the causes of addiction relapse are linked to a combination of psychological factors (such as poor emotional regulation, impulsivity, depression, or anxiety), social influences (peer pressure, lack of social support), and environmental conditions (easy access to substances, high-stress living environments). In many cases, individuals return to substance use after treatment due to the absence of effective follow-up programs or a lack of necessary coping skills to manage cravings. Substance use disorders often significantly overlap with other mental health conditions, including anxiety, depression, and personality disorders (7). This comorbidity complicates the treatment and recovery processes for both disorders. Beyond their direct effects, these disorders also play a major role in increasing domestic violence, suicide, overdose deaths, and incidents such as traffic accidents. They not only severely impact overall mental health but also act as risk factors that hinder recovery from co-occurring psychiatric disorders, creating additional

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therapeutic challenges. Relapse has considerable psychological and social consequences. It commonly results in a decline in mental health, including heightened anxiety and depression. Individuals may experience feelings of guilt and shame, which can exacerbate their condition. Relapse can also lead to the breakdown of relationships and increased social isolation. In some cases, individuals may engage in behaviors that conflict with their personal values and ethical standards. To date, relatively few studies have examined the causes of addiction relapse among young people. Adolescence and young adulthood represent critical stages in human development. Given that Iran has a relatively young population, it is essential to implement substantial measures to safeguard the health of this demographic group(8). Addiction and relapse pose serious threats to the well-being of youth, and neglecting these issues can lead to irreparable consequences. In this context, it is imperative for policymakers and planners to focus on relapse prevention programs targeted at young individuals. Achieving this important goal requires a clear understanding of the factors contributing to relapse in this population. Therefore, the present study aims to identify the underlying causes of addiction relapse among youth.

Research Method:

The present study employed a descriptive research design. The statistical population consisted of young individuals aged between 18 and 35 who had returned to addiction treatment centers in Golestan Province for relapse treatment. Based on the nature of the descriptive study and recommendations by Shorshah, a sample size of 200 participants was selected. The sampling method used was convenience sampling. Data were collected using a researcher-made questionnaire developed based on prior studies. The questionnaire consisted of two sections. The first section gathered demographic information such as age, level of education, number of previous treatment attempts, and the type of substance used. The second section measured 13 factors contributing to addiction relapse, including: negative peer influence, unemployment, substance availability, recreation and leisure, socio-economic inequality, geographical environment and migration, misinformation and misconceptions, inefficiencies in the educational system, economic hardship, family support, poor parental control, family coercion, and marital discord.

Findings:

According to the findings, 50% of participants rated the influence of negative peer relationships on addiction relapse as high or very high, which was statistically significant ($P < 0.004$). Approximately 47% considered unemployment to have a high or very high impact on relapse ($P < 0.02$). Around 49% believed that easy access to drugs played a major role in relapse. Additionally, 48% identified the lack of recreational opportunities as a highly influential factor, which was statistically significant ($P < 0.01$). Moreover, 51% of respondents reported that social and economic inequalities greatly contributed to relapse, also statistically significant ($P < 0.01$). About 51% attributed high or very high influence to geographical environment ($P < 0.002$), while approximately 60% considered misinformation and false beliefs to be highly influential ($P < 0.001$). Likewise, 53% indicated that the inefficiency of the educational system played a significant role ($P < 0.001$), and the same

percentage viewed economic hardship as a major contributing factor ($P < 0.001$). In terms of family-related factors, 51% of participants reported that lack of family support was highly impactful ($P < 0.001$), and 45% believed weak parental supervision contributed significantly to relapse ($P < 0.05$). Additionally, 52% regarded family pressure as a key factor ($P < 0.001$), while 71% considered marital conflict to be a major driver of addiction relapse, with a high level of statistical significance ($P < 0.001$). There was a statistically significant difference among the factors influencing relapse in young individuals. From the perspective of the participants, negative peer influence had the greatest impact on their relapse into addiction (Mean = 11.72). Other factors, in descending order of influence, were: inadequate family support, poor parental supervision, misinformation and misconceptions, inefficiencies in the educational system, easy access to drugs, geographical environment, unemployment, marital conflict, economic hardship, lack of recreational opportunities, socio-economic inequality, and family coercion.

Discussion:

The present study aimed to investigate the causes of addiction relapse among young individuals, with an emphasis on the role of family-related factors. Findings revealed that the most influential factors contributing to relapse among youth were as follows: **Negative peer influence**: negative peer influence emerged as the most significant factor. This result aligns with the findings of Sharg et al., Khamarnia and Peyvand, Shaterian, and Ebrahim & Rahman(9-12). Behaviors are often learned through observation and imitation of others. Individuals tend to replicate behaviors they witness in their surroundings, especially when those behaviors are associated with rewards or satisfying outcomes. When exposed to negative peer groups, a person may observe harmful behaviors such as drug or alcohol use and come to view them as patterns worth mimicking. If these peers describe addiction as "exciting," "fun," or even "normal," the individual may rationalize the behavior and relapse into substance use. For individuals with a history of addiction, being in an environment where peers continue to use substances can trigger addiction-related memories, increasing the likelihood of relapse. Human beings naturally have tendencies toward deviant behavior; however, strong social bonds and positive social connections can serve as protective factors, helping to regulate and restrain such tendencies. **Inadequate Family Support**: This finding was consistent with those of Sharqi et al., Khamarnia and Peyvand, Shaterian, and Ebrahim & Rahman, but contrasted with the results of Karimyar Jahromi et al(9-12). Inadequate family support is considered one of the most critical risk factors for relapse, whereas strong family support serves as a key protective factor. As the primary social institution, the family has a profound influence on an individual's behavior and can reduce the likelihood of relapse through several mechanisms: Emotional support: Families can alleviate feelings of loneliness and anxiety, which are major triggers for returning to substance use. Monitoring and social control: By establishing clear rules and expectations, families help individuals avoid high-risk situations that may lead to relapse. Provision of material resources: Support in areas such as employment, housing, and access to healthcare services contributes to sustainable recovery.

Weak family control: This finding is consistent with the results of Sharqi et al., Khamarnia and Peyvand, Shaterian, and Ebrahim & Rahman(9-12). Weak family control can significantly contribute to addiction relapse. Research indicates a meaningful negative correlation between poor family functioning and an increased tendency toward relapse among individuals with addiction. Specifically, a negative family atmosphere characterized by conflict and lack of support can elevate the risk of relapse. Such environments fail to provide the necessary structure and supervision that help individuals maintain recovery, thereby increasing vulnerability to returning to substance use. Other factors influencing relapse among youth included misinformation, inefficiencies in the educational system, easy access to substances, geographical environment, unemployment, marital conflict, economic challenges, and lack of recreational facilities. This study had several limitations. It focused exclusively on the causes of relapse within the young age group, neglecting other age groups. Additionally, the sample was limited to young individuals from Golestan Province only. Due to the unavailability of conditions for their presence in the treatment centers, the causes of relapse among women were not investigated. Based on these limitations, it is recommended that future research explore the causes of addiction relapse in middle-aged and other age groups. Furthermore, the factors contributing to relapse in young people from other provinces should also be examined.

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