

Individual, Family, and Contextual Factors Associated with Relapse among Afghan Drug Treatment Clients

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Abstract

The present study explored the family, peer, social, employment, and physiological associations with relapse of clients at treatment centers. A drug treatment center in Balkh, Afghanistan, was studied using a purposive sample of 15 in-depth qualitative interviews. The findings pointed to social pressure, stress coping, accessibility, and social acceptance as reasons behind the use and relapse of clients. The themes within these larger categories involved family factors, work factors, social exposure, collective decision-making, and social reasons as significantly affecting relapse. Individuals used substances to cope with grief, stress at home and work, marriage and family relationships, and to perform work tasks. Practical implications of study findings include the emphasis on multilevel intervention strategies.

Keywords: Afghanistan, Family, Drug Treatment, Relapse, Interventions

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Introduction

Relapse among clients is a significant problem faced by drug treatment centers in Afghanistan, with Afghanistan's Ministry of Counternarcotics reporting a 92% relapse rate among those who received initial treatment (Rubin, 2011). Relapse is also a severe problem faced by drug treatment centers globally. Generally, the rates for relapse can vary from 40-75% for substances prevalent such as heroin (Gossop et al., 2002). However, the average rates found in Afghanistan are far higher. Monitoring statistics of the Balkh treatment facility yield a lower than average but still high rate of relapse, 40%, urging the need to investigate the factors contributing to such high relapse rates. The current research study explores the family, peer, social, employment, and physiological reasons behind the relapse of clients at a treatment center in Balkh, Afghanistan.

Methods

Sample and Data Collection

The drug treatment center in Balkh consists of 100 beds for males. It is located in Mazar-e-Sharif, in the Balkh province. The center physician has been treating clients there for over 14 years, and during this time, has seen a growth in client capacity from 20 individuals to presently 100 individuals. The treatment center is supported by multilateral international organizations in collaboration with the Government of Afghanistan.

At the residential treatment center, the clients undergo treatment involving detoxification for 15 days, symptomatic therapy for detoxification, and rehabilitation services for a year. The center is visited by clients with multiple types of substance addictions, except alcohol. Symptomatic therapy and individual family and group counseling, narcotics anonymous (NA) groups, psychosocial education, and skill-building are used. The patients are kept inside the hospital for 45 days, after which they are discharged until a follow-up after one year.

A total of 15 in-depth qualitative interviews were conducted on relapsed clients at the Balkh drug treatment center. The interviewer asked discussion questions falling within the topics and subtopics in the area of individual, family, and community experiences affecting substance use. The clients discussed these experiences as well as physiological experiences that lead to relapse. The fifteen interviewees ranged in age from 22 to 40. All clients were males, 7 were married, 8 were currently single, and 5 were currently unemployed, while the remaining clients were employed in occupations such as farmers, electricians, and shopkeepers. All clients had relapsed from 2 to 4 times. It is also important to note that 11 clients out of the 15-person sample were illiterate, while the remaining only have a 7th or 8th grade education. The current study is being carried out following all ethical standards of the American Psychological Association (APA) and the British Psychological Society (BPS). The ethical approval for the study is processed by the American College of Science and Humanities.

Results

A qualitative design with a purposive sample and a thematic analysis of the qualitative data was conducted. The study examined the individual, family, and community factors affecting the relapse of clients.

The Bulkh drug treatment center statistics reveal that the successful treatment rate at the center is 50%, the dropout rate is approximately 10%, while the relapse rate is 40%. Broadly, the findings point to the importance of social pressure, stress coping, accessibility, and social acceptance as reasons behind drug use and client relapse. Sub-themes within these larger categories involved family factors, work factors, social exposure, collective decision making, and social reasons such as grief coping, peer pressure, social acceptance, availability, social problems, and family and work problems as significantly affecting relapse.

Table 1

Themes from the qualitative interviews of relapsed clients

Dimensions/Categories	Themes
Social pressure	Social pressure to use and distribute Family involvement in the drug trade High social use and encouragement – peer pressure
Stress coping	Grief coping use Work stress coping use Family stress coping use
Accessibility	Supermarkets selling prescription drugs Readily accessible and encouraged by social network
Accepted as essential use	Effects of drugs deemed necessary to carryout work To engage in livelihood and household economics

Discussion and Conclusions

Results of this study show that family, work, and social reasons are underlying the causes of drug use and relapse. A repeated pattern found was the use of substances to deal with grief after the death of a close relation. Consistent patterns were also evident of substance use to deal with stress both at home and work; in marriage and family relationships, work conflicts, work stress and strain, as well as using substances as a means to perform necessary components of their job duties. Furthermore, social and community exposure to substances and an attitude of acceptance and prevalence in their use are also found in the relapsed client interviews. Afghanistan being a collectivist and familistic society, would also experience influence on negative health behaviors such as drug use through the lack of positive role models, lack of positive social reinforcement, and a need for greater formal and informal social support for recovering addicts. The qualitative analysis also reveals the influence of social unrest and economic instability in contributing to family and work stress and, in turn, substance use as a coping strategy.

The present study revealed significant associations and patterns in individual, family, and community influences in drug use and relapse among individuals who have previously received treatment. Following these findings, practical implications for drug use prevention and treatment programs, policies, and legislative activities should consider multilevel interventions in both Afghanistan and globally.

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Appendix Selection of Interview Excerpts

Client 1: “**My aunt died and I went to the funeral.** My aunt’s sons were drug addicts and I started using again with them because everyone was sad.”

Client 2: “I was sober for eight years. I was locked in my house. Then **my mother died.** I started using again.”

Client 3: “For one month I was sober. I went to Iran for a **job. It was so hard. I used heroin to deal with the stress** and make good money there.”

Client 4: “The **supermarket in front of my house is selling drugs.** I tried to close that shop a lot but I could not do that.” 3 months sober.

Client 5: “Addicts should have jobs but the money should go to their family.” 2 months sober.

Client 6: One year sober. “In the military, my friend used to use cannabis but I hate cannabis. Then on night I was scared and **used Meth to be awake.**”

Client 7: “I was able to be sober for 3 months after discharging from the DTC. **My wife wanted to divorce** me so I used drugs again because I was so sad those days.”

Client 8: 3 months sober. “***Being free, possessing money, sexual activity*** are main reasons of my relapse. I am married man I got to climax soon (premature ejaculation) when I do not use drugs.”

Client 9: 6 months sober. “My job was so hard. I joined the military force and I was fighting in the frontline with the Taliban. ***I used Meth. I had to be awake all night.***”

Client 10: 2 weeks sober. “I was in the military force. My brother is a drug addict and he was lost for 2 months and I found him using drugs. Then I ***started using with my brother*** the moment I found him.”

Client 11: Sober for 6 months. “I used drugs (opium) because ***my job was very tough*** and I needed to use opium to complete my tasks.”

Client 12: “It is about 9 months since I was admitted to a drug treatment center. Last time I was discharged from the center I was sober for one year. The reason I used drugs again is my ***father who is a drug dealer and drug user.*** I don’t think I can be sober if my father is using drugs in our house.”

Client 13: “I was admitted to a drug treatment center three times. The last time, I was sober for just one week. I used drugs after my brother ***caught me while stealing money.*** They told me a lot of bad things and then I escaped from my room and started using drugs again.

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