

## **Determinants of Relapse in Addiction Clients Soon After Rehabilitation: A Case Study of Selected Rehabilitation Centres in Nairobi**

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### **Abstract**

*From 2019, there has been a significant increase in relapse rates in Kenya, with an increase in substance abuse and recovering addicts relapsing soon after rehabilitation. Despite the establishment of rehabilitation centers, relapse rates continue to rise. The study investigated the determinants of relapse in addiction clients soon after rehabilitation in selected rehabilitation centres in Nairobi. The specific objectives were: to examine the effect of aftercare activities on relapse, to establish the effect of financial stability on relapse, to determine the effect of external support systems on relapse and to ascertain the relationship between peer influence on relapse in selected rehabilitation centres in Nairobi. The study used Cognitive Behavioural Theory and Strategic Family Therapy Theory. The study was conducted at Joseph Kangethe, Mustakim main rehabilitation, Ahadi, and Pearl rehabilitation centers in Nairobi with the pilot being conducted at Mustakim day rehabilitation centre 3<sup>rd</sup> street, near Mathare Valley. The study employed descriptive research design and census sampling technique with a target population comprised 200 clients and 10 staff from the Rehabilitation Centres. The study employed a questionnaire to collect quantitative data and an interview guide that collected qualitative data. Quantitative data were analysed using descriptive such as mean and standard deviation and inferential statistics such as correlation and regression analysis with qualitative analysis analysed thematically with findings presented in narration format. The results showed a 99% relapse rate among the respondents, with aftercare activities, financial stability, external support systems, and peer influence significantly influencing relapse in addiction clients soon after rehabilitation. The analysis shows majority of respondents 99(52.1%) agreed bad company led respondents to use substances while 101 respondents (53.2%) agreed their families support helped them control their drug urges. The study recommends inclusion of structured aftercare programs including follow up for financial literacy classes, supportive home environments, and community outreach with a peer drive approach against stigma. Future research should include mandatory follow-up visits by rehabilitation centers up to 6 weeks after reintegration, investigation into policies on coping mechanisms structure in rehabilitation centers, and examining the impact of external support groups on minimizing relapse among re-integrated addicts.*

**Keywords: Relapse, Addiction, Rehabilitation, Substance Use, Aftercare, Stigma**

### **Introduction**

According to the Alcohol and Drug Foundation (2022), relapse is the act of an individual re-engaging in addictive behaviour after having stopped and or goes into remission. The individual restarts engaging in the risky and or uncontrolled behaviour that occasioned the disease, and substance abuse indications. Hartney (2021) indicated that relapse should be expected in addiction

as the attempt to quit an addiction will sometimes result in relapse. It is one of the stages in the process of quitting and should not be considered a failure. It can take several days to several months and the client is advised on how to make changes in their lifestyle, avoid triggers that cause risky behaviour and relearn their coping skills.

In a study by Walker (2023) of 320 participants within rehabilitation centres in Qom, Iran identified that relapse rates stood at 40% to 60% almost immediately after initial treatment. The study noted social support increased the likelihood of relapse. Nagy et. al, (2022) conducted a study in Ain Shams Psychiatric hospital, Egypt. They sought to understand how effective the rehabilitation program was as well as relapse rates thereafter. They found that 45% of the inpatient group were likely to relapse. It was further found that 56% of the outpatient group relapsed in less than 6 months after treatment completion. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) (2022) report noted that relapse rates were still relatively high and nationwide relapse rate stood at 38.89%, most used substances being alcohol and opiates. The relapse rates for Nairobi stood at 39.2%.

In a study undertaken in five specialized substance use disorders treatment centres in Norway by Andersson et.al. (2019). The study concluded that clients who had an underlying mental disorder had a higher risk of relapse. This was because mental disability may impair areas of the brain affecting reasoning and that the rehabilitation institution may not focus on treatment of this mental impairment. It also showed that those who had a motivation to change their behaviour taking steps to reintegrate into society had a lower risk factor for relapse. Clients who were younger in age had better built in motivation to change such as responsibility and associated shame they wanted to overcome. These motivators were shown to significantly reduce their risk factors for relapse upon re-integration.

Norms in a society could play a role in a recovering addicts relapse as stated by Kimangao (2016). Zwick et. al (2020) noted the power that words have, especially amongst those who an individual holds in regard. They stated that the language used on a recovering addict could stigmatize them pushing them to return to substance use since people have already formed a narrative of them. Nkonge (2021) also noted that NACADA ran awareness campaigns in conjunction with community groups to raise awareness on the effects of substance use in an effort to push the youth away from substance abuse. The author further noted that advertisements promoting alcohol use, especially by celebrities has contributed to the increased use of alcohol and drugs amongst the

society. The purpose of this study was to investigate the determinants of relapse in addiction clients soon after rehabilitation in selected rehabilitation centres in Nairobi. The objectives were: to examine the effect of aftercare activities on relapse, to establish the effect of financial stability on relapse, to determine the effect of external support systems on relapse and to ascertain the relationship between peer influence on relapse in selected rehabilitation centres in Nairobi.

## **Literature Review**

### **Effect of Aftercare Activities on Relapse**

Melemis (2015) posited that recovery from addiction and recovery from relapses requires attitudinal change in the client, honesty in their dealings in all matters, being humble enough to seek help when they need it to overcome situations that could lead to negative behaviour, understating how and continually practicing self-care, being gentle with themselves, understanding their failures do not mean that is all they are and fifth by learning and purposely ensuring that they obey and follow the rules in ensuring they keep good company, avoid stressors.

Mpanza et.al (2022) conducted a study in Kwa Zulu Natal, South Africa to understand recovering addict's perspectives on aftercare services offered by rehabilitation centres. It was noted that most recovery programs did not offer support in relapse management increasing the chances of client relapse. In a study in Mombasa, Kenya, on treatment effectiveness and rehabilitation programs undertaken for clients on substance dependence, Kuyeya (2021) noted a relapse rate of 38.9% and the main factors were that no structured outpatient treatment programs existed rather open access services and not having support groups. Muhoro (2018) undertook a study in Kenya on the use of mobile messaging app to provide support and aftercare for rehabilitated alcohol addicts and found that 97% of the respondents were below 34 years had relapsed at least once before. In addition, 90% of the respondents were encouraged by their care givers and peers to use the app.

### **Effect of Financial Stability on Relapse**

Jason et al. (2021) researched on the Oxford Houses in Texas, North Carolina and Oregon, USA which facilitated the stay of recovering substance abuse individuals, so as to reintegrate them into the community and how the friendships built, the loaning of monies and seeking of advice impacted on relapse. Their findings indicated that where more residents lived in recovery homes, borrowed from each other, and were aware of the issues in their recovery path, less relapse rates occurred. On the reverse in recovery homes patients were less sure of how to navigate their

recovery plans, less borrowing of monies occurred and hence higher relapse rates were noted. Jason et al. (2021) noted that relapse was dependent on the income generated and the occupation a recovering patient had after their initial treatment in the Philippines. Among the low income earners, truckers, street dwellers, with little or no skills, those inpatients who left treatment and returned to earning low income, or found irregular jobs, they were more likely to take up smuggling of substances to earn an income and therefore likely to support their drug dependence once more. More women than men relapsed particular women who lived in slum dwelling and had lesser opportunities to earn an income after their return from rehabilitation programs. The likelihood to engage in sex work and drug trafficking to earn some money contributed to this. The research recommended training, skills development and housing be incorporated in government policies to address this economic intervention in relapse prevention.

Kainika (2019) noted that relapse was dependent on the income generated and the occupation a recovering patient had after their initial treatment in the Philippines. Among the low income earners, truckers, street dwellers, with little or no skills, those inpatients who left treatment and returned to earning low income, or found irregular jobs, were more likely to take up smuggling of substances to earn an income and likely to relapse. More women than men who relapsed lived in slum dwelling with less opportunities to work. The likelihood to engage in sex work and drug trafficking to earn some money contributed to this. A research into the impact of substance abuse on employee performance in six insurance companies in Nairobi by Kainika (2019), highlighted its negative effect as reflected in increased employee absenteeism, decreased employee and company productivity, and negative behaviour change. From data obtained from the Association of Kenya Insurers the number of dismissed employee rose by 51% from 37 in 2013 to 56 in 2016, all due to substance abuse problems affecting their employment and thus livelihoods. Studies by Duff and Baldwin (2013) and Melemis (2015) place strong emphasis on financial stability and its correlation to relapse. The studies depict that if a recovered addict is not financially stable with a steady source of income, the stressors as well as bored and lack of purpose could push a recovering addict to relapse.

### **Effect of External Support System on Relapse**

Xia et al. (2022) acknowledged in their research that family functioning and support system has an impact on relapse tendencies on recovering addicts. Using a family care questionnaire, self-esteem scale and questionnaire on relapse tendencies given to over 200 addiction clients, they

tested the correlation between family support and relapse caused by diminished self-esteem and found that clients who had a strong support system in form of their families were likely to resist relapse triggers better once reintegrated into society. They also found a strong correlation between external support, high self-esteem and coping to mitigate relapse. Appiah et al. (2017) investigated the strategies that could be used to prevent relapse among patients of polysubstance abuse in a study in Ghana and found that relapse occurred within a year of treatment. Further, programs that enabled the recovering addict to participate and be included in spiritual and religious activities, and social or communal activities enabled treatment follow-up and avoided relapse. The individuals coping skills were strengthened by their inclusion and welcome back into the community. Noting that Ghana was a religious country with 7% being Christian and 18 % being Muslim with 5 % traditional religion, the study found that that a majority of the participants of their study (73%) cited religious activities as a way to help them recover avoiding relapse.

Mitjie (2021) conducted a study in Limpopo, South Africa on contributing factors to relapse among substance users following completion of rehabilitation. The study had 60 participants where questionnaires were issued within the rehabilitation centres. Results indicated that factors such as a lack of coping mechanisms, self-esteem issues, stigma from family, community and peer pressure contributed to relapse. The study also showed that clients received more support following rehabilitation from their family as opposed to their friends and community. Kinyua (2019) conducted a study in rehabilitation centres among recovering addicts in Limuru to explore the relationship between the family support they received after relapse. Findings showed that the degree of family support and involvement during and after rehabilitation were high determinants of their integration or relapse. Kimangao (2016) carried out a related study among rehabilitated individuals within Nairobi County to determine the relationship between social support and increase propensity to relapse. Her study on social support whether from loved ones indicated that a lack of support could leave them prone to relapse.

Acknowledging that no one existed alone in the African society, Wangithi and Ndurumo (2020) noted rehabilitation incorporated and taught addicts the value of reintegration into society so as to create a responsibility to all members to look out for the recovering member. The finding reflected that 60% of participants welcomed the advice of family, friends, their colleagues and also more importantly the admonishment given when they relapsed or were found in compromising situations

that could affect their recovery. Where work or resources were needed, these were provided to aid the addict's recovery and to enable them reintegrate into meaningful lives. While acknowledging that more training was required on self-initiated strategies, that were also being used by participants to counter cravings and negative emotions, they emphasized the importance of teaching family members on how to assist the recovering addict retain sobriety.

### **Effect of Peer Influence on Relapse**

Karakos (2014) conducted a study on the role peers played in adolescents recovering from alcohol and substance use in high schools. She identified that within the school premises, fellow students and the peers of the recovering addict played a positive peer support role, while the friends the recovering addict had outside of school were mainly negative influencers. While noting peers play a critical role in adult's recovery, so too do adolescents' peers, and she posited that as presented in the Peer contagion theory (Henneberger et.al., 2020), when a recovering individual is among other high risk individuals who use substances or alcohol the higher their chances of relapse or tendency to migrate to other illegal substances. The thrill of deviancy sets in as they feel accepted by their peers. The findings suggested that school-based activities that embolden the recovering individuals and places them with other peers and empathic staff support, who provide group and individual support and avenues to share, aids their redirecting negative thoughts, towards more positive motivations on their lives.

The recovery of substance abuse patients is reliant on the familial and societal support they receive in aftercare as posited by Kabisa et al. (2021) in their research conducted at the icyizere Psychotherapeutic Centre in Rwanda. The study indicated that peer influence had 81% impact on relapse, while stressful factors were close behind at 76% and family conflicts at 39%. Post recovery efforts in family situation that had domestic violence, no family support as many were one parent or no parent led household, coupled with no work were the most significant factors for non-abstinence, which then led the recovering patient to former colleagues, friends, many of whom were substance abusers. The study recommended that due to the high relapse, a re-evaluation of the relapse prevention strategies be done, as it impacted the recovering substance abuse client as well as the community's health.

Kositany (2017) conducted a study on what psychosocial aspects contributed to relapse in recovering patients at the Asumbi and Jorgs Ark rehabilitation centres. A major reason for relapse was cited as the interaction with former friends, particularly those they drank with (85%) or had

used substances with and who considered drug taking as a norm. To stem the relapse incidences, the strengthening of patients counselling to better cope with any triggers such as nagging, exclusion from the group, bullying, giving out drinks to them even when they declined, was to be reemphasized along with family interventions so as to enable them make better choices while having the positive influence of people who cared that they should recover. Noting that Asumbi and Jorgs ark rehabilitation clinics were a distance away from most of the rural and urban towns they served, both counsellors and recovering alcoholics (70%) confirmed that their distance and nonattendance to AA meetings was a cause for relapse. In this regard, outreach programs were encouraged as a way to lend greater support to community and family efforts to stem alcoholism (Kaskutas, 2009). For the youth and young adults, the media advertisements reflecting alcohol and smoking as modern and hip and the norm, have led to experimentation and then became an outlet for curiosity, boredom, so that when a patient return to the same crowd, inevitably, unless they have the coping skills and continual family support, they eventually relapse.

## **Methodology**

### **Overview of the study area**

The study was conducted at the Joseph Kangethe Boys rehabilitation centre, Mustakim Main Rehabilitation Centre, Ahadi treatment and rehabilitation centre and Pearl Recovery Centre. Joseph Kangethe rehabilitation centre is located off Ngong road behind Toi Market. Mustakim Main rehabilitation centre is located on 1<sup>st</sup> Street, section 1 along Mama Fatuma street, Eastleigh Nairobi. Ahadi Treatment and Rehabilitation centre is located at Gitaru, Kiambu County. Pearl Recovery centre is located off Mombasa road near Athi River. This research sites were chosen as they covered a number of dynamics in relation to substance use and possible relapse factors. This are religious affiliation, cultural background and diversity. Nairobi was chosen to conduct the research due to it being one of the cities in Kenya most affected by drug and substance abuse.

### **Research Design**

The study made use of mixed research design involving use of qualitative and quantitative data collection tools. The study proposed to use the descriptive research design. Descriptive research looks into how data that exists relates to other preceding occurrences that affect current research. The descriptive research design was ideal in collecting data for all objectives. It was also cost effective, and faster to conduct especially for this study that involved a sensitive topic. The case

study would be able to answer the question of the clients under study. The study also covered questions that would be answered.

### Target Population

The target population for the study comprised 200 clients and 10 members of staff from the selected Rehabilitation Centres in Nairobi.

**Table 1: Target population and gender distribution**

Site	Population	Males	Females
Joseph Kangethe Boys Rehabilitation Centre	60	60	0
Mustakim Main Rehabilitation Centre	50	42	8
Ahadi Treatment and Rehabilitation Centre	45	35	10
Fountain of Hope Addiction Centre	45	33	12
<b>Total</b>	<b>200</b>	<b>170</b>	<b>30</b>

Source: Research Data (2025)

### Target Population andS

The study used census sampling technique. Census sampling was undertaken by collecting data from all individuals in the target population. The census sampling technique was used because the total population adds up to 200.

### Data Collection Tools and Pre testing

This study employed both questionnaire and interview guide to collect data. Part A collected demographic information of the respondents. It consisted of both open ended and closed ended questions. Parts B to E collected data on the effects of aftercare activities, financial stability, external support and negative peer influence on relapse respectively. Part E collected data on relapse. Part B to E were in the form of Likert scale to quantify relapse. The five point Likert scale choices included strongly agree, agree, no comment, disagree and strongly disagree. The interview was conducted in a semi structured format. The questionnaire was pilot tested on a sample of 21 respondents. The validity of the instrument is ascertained to determine if it measured what it intended to identify. The study used Cronbach's Alpha for determining the reliability of the research instrument. The data collected was confirmed to be complete then coded for analysis. The descriptive statistics results were presented through statistical techniques such as bar charts and tables. Qualitative data on the other hand was analysed thematically based on the research objectives and presented via descriptive statistics.



Multiple Linear Regression was also used to analyse data for inferential statistics. The regression equation that was used was:  $Y = a + B_1X_1 + B_2X_2 + B_3X_3 + B_4X_4 + e$

Where;

Y = Relapse

a = Constant

B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>4</sub> = Coefficients of determination (Regression coefficients of the independent variables)

X<sub>1</sub> = After care activities

X<sub>2</sub> = Financial stability/work

X<sub>3</sub> = External support system

X<sub>4</sub> = Negative peer influence

e = Error term (amount of variation in the estimate of y)

### **Research Findings**

The response rate shows that out of 200 distributed questionnaires and 10 key informant's guides, a total of 190 questionnaires and all 10 key informant's guides were returned and it was equivalent to 95%.

### **Demographic Characteristics**

The study found that 82% of the respondents were male with 18% being female. Majority of the respondents were between 25-34 years (36%). The highest number of respondents had a diploma (62%). The study indicated 35% of the respondents were employed, 23% self-employed with 23% in school.

Ninety-nine (99%) of the respondents had a history of relapse and 66% had attended the same rehab as before. Further 69% of the respondents had belonged to a support group.

### **Aftercare Activities and Relapse**

The findings from analysis revealed that a lack of activities to be undertaken has led to increased urges to take substances of choice as confirmed by 88 (46.3%) of respondents who strongly agreed equating to ( $M=4.10$ ,  $SD=1.11$ ) and 25(32.2%) who disagreed. The analysis revealed from responses that whenever stressed, they turn to substances to de-stress. This was confirmed by majority who agreed to the statement as evidenced 114(60%) of those who strongly agreed.

### **Financial Stability and Relapse**

It was established that unemployment has made the respondent to go back to using substances. The majority of respondents 90 (47.4%) disagreed to the statement as evidenced by low Mean ( $M=2.94$ ,  $SD=1.13$ ). However, minority comprising of 26(13.7%) agreed. The analysis sought to confirm from respondents whether being an addict, it was wise to celebrate first pay check by use of substances. Going by the state of respondents, majority did not agree to the statement as shown by 77(40.5%) equating to ( $M=2.73$ ,  $SD=1.16$ ). However, minority comprising of 55(28.9%) were those who agreed. The study established from majority of respondents who disagreed to the statement that lack of financial stability has triggered the urge to use substances as a way to pass time, as observed, 84(44.2%) totally disagreed to the statement as shown by ( $M=3.06$ ,  $SD=1.17$ ). However, only a few respondents 55(28.9%) sided with the statement.

### **External Support System and Relapse**

The study revealed that not having anyone to talk to about personal worries and triggers has led to use of substances. This statement was highly supported by majority of respondents 72(37.9%), thus the high ( $M=4.10$ ,  $SD=0.98$ ). However, minority comprising of 18(9.5%) did not agree. Majority of respondents were in agreement that being in good terms with the family has helped to avoid using substances of choice. This confirmation was derived from 75(39.5%) with a high ( $M=3.48$ ,  $SD=1.15$ ). However, only 57(30.0%) claimed they did not agree. The analysis further established from majority who agreed that loved one's care about respondent's recovery and this was shown by ( $M=3.97$ ,  $SD=1.03$ ) represented by 79(41.6%) for those agreeing. Although, 17(8.9%) were in disagreement. From an overall mean of 3.86 and standard deviation of 1.08, the results were used to interpret that external support system made a significant level of influence towards relapse in addiction to clients soon after rehabilitation in selected rehabilitation centers in Nairobi.

### **Peer Influence and Relapse**

The analysis showed that bad company has made respondent to use substances as confirmed by majority of respondents 99(52.1%) who were in agreement as evidenced by ( $M=3.91$ ,  $SD=0.97$ ) whereas 25(32.2%) disagreed with the statement. The analysis established from majority of respondents who strongly disagreed 90(47.4%) that if a respondent meets their friends celebrating a win with drugs, whether they can't resist the urge to join in, hence shown by ( $M=2.93$ ,  $SD=1.15$ ). However, only 24(12.6%) were those in agreement. The analysis showed from majority of

respondents who agreed 90(47.4%) that when client meets their old friends taking substances, they are usually unable to resist the need to take substances, this is shown by ( $M=3.72$ ,  $SD=1.06$ ). However, 41(21.6%) did not agree.

### **Relapse**

The study deduced that a majority of respondents 101(53.2%) who strongly agreed that client's family's support has helped in controlling against the urge to use substances as evidenced by ( $M=3.42$ ,  $SD= 1.09$ ). However, minority comprising of 46(24.2%) were not in support. The responses provided revealed from majority of respondents who agreed 75(39.5%) that criticism from support system has reduced the client desire to use substances of choice ( $M=3.96$ ,  $SD= 1.09$ ). Only 22(11.6%) did not agree. The study also established based on majority of respondents 79(41.6%) who strongly agreed that having a family member one can talk to about what triggers has helped in controlling the need to use substances, this was confirmed by these values; ( $M=3.58$ ,  $SD= 0.21$ ). However, only 43(22.6%) failed to support the statement.

### **Inferential Analysis**

#### **Correlational Analysis**

The results of the correlation study indicated that there was a positively significant relationship between relapse in addiction clients soon after rehabilitation and all the independent variables as indicated by the values for each independent variable that showed, a strong positive correlation with aftercare activities ( $r=0.824$ ,  $P<0.00$ ), a strong positive correlation with financial stability was evidenced as ( $r=0.752$ ,  $P<0.00$ ), a positive correlation with external support system evidenced as ( $r = 0.768$ ,  $p < 0.00$ ) and a strong positive relationship with peer influence as reflected as ( $r = 0.816$ ,  $p < 0.00$ ).

#### **Multiple Linear Regression Analysis**

The results of the model summary indicate that aftercare activities, financial stability, external support system and peer influence may all contribute to the variation in relapse in addiction clients soon after rehabilitation in rehabilitation centers in Nairobi. It was discovered that the R square was 0.748 or 74.8%. These results implied that a unit change in aftercare activities, financial stability, external support system and peer influence will result in 74.8% increase in relapse in addiction clients soon after rehabilitation in rehabilitation centers.

### **Analysis of Variance**

The ANOVA results show that aftercare activities, financial stability, external support system and peer influence in rehabs significantly predicts relapse in addiction clients soon after rehabilitation in rehabilitation centers  $F(4, 185) = 136.971, p < 0.01$  (table 4.17). Based on the regression model, relapse in addiction clients soon after rehabilitation in rehabilitation centers was significantly dependent on the aftercare activities, financial stability, external support system and peer influence, prompting attention on those identified factors.

### **Regression Coefficient Tests**

Multiple Regression Analysis- regression model derived from findings was:

$$Y = -0.279 + 0.037 + 0.688 - 0.125 + 0.498 + \varepsilon$$

The findings of coefficient of estimate showed that relapse in addiction clients soon after rehabilitation in rehabilitation centers was insignificantly dependent on aftercare activities ( $\beta = .037, > 0.05$  and External support ( $\beta = -.125, p > 0.05$ ). However, the findings of coefficient of estimate showed that relapse in addiction clients soon after rehabilitation in rehabilitation centers was significantly dependent on financial stability ( $\beta = 0.688, p > 0.05$ ) and peer influence ( $\beta = 0.498, p > 0.05$ ).

### **Demographic Analysis of Key Informants**

The key informants comprised ten (10) counsellors. Ninety (90%) of respondents were between the age of 18-30 years. A total of 70% of respondents were female and 30% male. A majority (60%) of the key informants had worked for 1-2 years. 90% of respondents possessed a bachelor's degree.

### **Research Findings on Key Informants**

The study established the counsellors handled a minimum of 4 patients in a day, and that addiction to Khat and Bhang was common in the areas. The most common causes leading to drug addiction included childhood trauma, idleness, poor parenting, peer pressure, unemployment and stressors. Key informants noted other reasons were; financial instability, returning to the same environment the addict had left, lack of support, no motivation to change and lack of support. In the analysis, it was noted that stipulated timelines for full relapse after rehabilitation is 1-6 months.

### **Aftercare Activities and relapse**

It was noted that after-care activities that were undertaken to assist with relapse prevention were support groups. Counselor 2 stated: *“A number of clients have nothing else to do, no activities, no support group to attend, no form of work with some using substances such as weed as a pass time from teenage hood”*

### **Financial Stability and Relapse**

Half of the respondents agreed that being financially stable enabled the client undertake activities that would contain their drug cravings the other half posited that even those who had stable finances still used substances sometimes as a means to escape their troubles. A mental health counselor stated: *“While I concur work aids a recovering addict it can sometimes be very stressful and many clients need an escape from the day to day pressure, hence use substances to calm down after long hours at their workplace.”*

### **External Support System and Relapse**

The key informants also concurred that a client's family and loved ones play a role in supporting their recovery. Counselor 8 stated that: *“Many often return to the same the rehab as they want the familiarity of not being too far from home. Since their families still have faith in them and are supportive of the program.”*

### **Peer influence and Relapse**

The key informants were all in agreement that negative peer influence played a significant role in the relapse of youthful recovering addicts. An addiction counselor stated: *“Some clients feel that their friends are the only genuine people around them, they like and accept them exactly as they are, essentially they're like family. If taking substances helps them accept them more, there likely to keep using.”*

### **Conclusion**

The study concluded that aftercare activities significantly reduced addiction recurrence in selected Nairobi clinics. Aftercare helps establish a routine, reducing unproductive periods that may lead to substance dependence. In conclusion, the financial stability significantly affected addiction relapse in selected Nairobi clinics after rehabilitation. Financial independence improves self-esteem and psychological well-being, reducing the risk of recurrence. The conclusion as per summarized findings show that external support system strongly affected addiction relapse in selected Nairobi clinics following recovery. Supportive relationships reduce loneliness, anxiety,

and stress, which are relapse triggers. Accountability from a structured external support system increases recovery commitment. In conclusion, the study found that peer influence strongly affects addiction relapse in Nairobi rehabilitation centres after therapy. The data revealed that addicts often return to environments where others normalize substance use, pressuring them to relapse.

The study recommends the need to provide on-going support, fostering community connections, and promoting healthy coping strategies, these activities help individuals navigate the complexities of life after rehabilitation. Secondly, there is need to ensure that recovering addicts are able to access microloans and small business training that can enable recovering addicts to start small businesses, fostering independence and a sense of accomplishment. Thirdly, there is need to pair recovering addicts with mentors who have successfully maintained sobriety against addiction. Finally, a need for rehabilitation centers to encourage participation in programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) that provide a community of peers who understand addiction and recovery.

### **Suggestions for Further Research**

Suggestions for further research are future researchers should consider further studies on impact of external support group in minimizing relapse amongst re-integrated addicts. An investigation into the policies on coping mechanisms structure in rehabilitation centers. The study looked at four possible factors affecting relapse. Future research could consider other factors that may also have an impact on relapse.

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