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Relapse and The efforts of Preventing Relapse to the Ex-Drug Addiction

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Abstract. The study aims to explain the relapse on the former drug addiction and its preventive efforts. The study used a qualitative method by a phenomenology approach. Data were collected by interviews and observations involving three subjects. The respondents were obtained by employing the snowball technique. The results of the study reveal that firstly, the first subject has experienced emotional and mental relapse (suggestion encouragement to return to taking drugs). While the second subject and the third experienced emotional, mental, and behavioral relapse (return to drug-consuming) after rehabilitation. Secondly, the factor causing emotional and mental relapse subject were namely the negative effects of drug addiction. While factor that supporting emotional, mental, and behavior relapse subject II and III experienced uncontrolled suggestion of mental relapse. Whereas, family support, social support, life lessons, happiness, life satisfaction, and better life expectancy the supporting factors of the subjects can be preventions of relapse. Thirdly, efforts to prevent relapse are conducting coping (problem-focused coping, positive religious coping, and emotional focused coping).

Keywords. Relapse; drugs; Addiction, Prevention, ex-drugs addiction.



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INTRODUCTION

As per the ex-drug addiction, free for drug addiction are not a guarantee which they can stay free from drugs forever. There are many ex-drug addictions come back to the drug addiction after the rehabilitation process. The ex-drugs addiction accustomed to stop for some months after the rehabilitation phase. However,

there is no deterrent effect on them. They can go back to being addicted at any time.

The period of ex-drug addict back to the drug addicts after rehabilitation is known as relapse. It is defined as back to the drugs because of miss it (Kamus Badan Nasional Narkotika RI, 2017. Mahmood (Hussain, Shaziakhalid, & Malik, 2016) *relapse* refers to utilize, intake, or abuse of proactive substances after accepting medication of drug addicts and rehabilitation not

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only physically but also psychologically. This relapse has experienced by FT and GZ, they are ex-drug addicts. *Relapse* is marked by appearing of suggestions to addicted to their self.

I worked in here sometimes suddenly, such as three days, I got the hard suggestions to the drugs (Sabu-Sabu). (W1.FT.2018)

My suggestion on a certain day, such as I want to consume drugs once, after that I stop consuming it again. (W2.GZ.2018)

Based on the data, it can be concluded that the drugs occupy the highest criminal cases in the penitentiary, from 30 of criminal cases, drug addiction is the highest, such as in 2014 in 167 cases, and increased sharply in 2015 in the amount of 219 of cases. As per the data, there is a significant enhancement of drug addict cases, although prevention such as religious preaching, mental building dan counseling have been conducted (Kibtyah, 2015).

Suggestion to consume the drugs is hard to vanish in the ex-drug addicts, although they have been experienced rehabilitation. The suggestion is a mental dependence on illegal drugs such as the urge to consume illegal drugs again. Suggestions refer to voices echoing inside the ex-drug addict's head to consume the illegal drug. The suggestion will not vanish, although their body comes back normally.

Ex-drug addicts are not using the normal sense when they obsessed by suggestions to the illegal drugs. Uncontrolled suggestions will induce the relapse behavior for example in the second subject.

Suggestions to use illegal drugs such as try to dominate my self. Finally, I consume the drug, and I consume it four times a week. After that, I stopped consuming it. (W2.GZ.2018)

Carich & Stone (Syuhada, 2015), *relapse* is caused by 1) the ex-drug addicts experienced stress, they are anger, agitated easily and feel that they need the drugs. 2) They could not resist echoing voices, 3) as a way to escape from the relationship conflict dan family. 4) Interacting with illegal drug users or drug dealers.

The ex-drug addicts must resist the echoing voices in their self with the intention of keeping away from relapse behavior, based on the first subject.

The echoing voices arise automatically, three days ago, my hands and feet feel cold, and my inner self really wants to consume the drug. After that, I managed my mind and tried to respond to it. I conducted dzikir many times, istigfar, and doa to God for vanishing my

echoing voices in my mind. As a consequence, my mind calmed down and I fell asleep (W1.FT.2018)

The efforts of the subject I find out that he can resist the suggestions. As a consequence, the relapse behavior did not happen. This condition points out that the subject has the potency to figure out his problem, such as when he gets the suggestions in his mind, he can solve the problem and afford to against the echoing voices and recovering addiction process until the recent times. In that, the subject I can continues his life and social life.

As per the consideration, through a phenomenology study, this research aims to explore relapse by ex-drug addicts.

METHOD

This research uses the qualitative method by a phenomenological approach by considering the particular problem and subject availability. By using the qualitative method, the researcher means to explore the problem deeply, and finds out the description of recurrence on the ex-drug addicts, also the efforts to prevent the recurrence of more details. The election of the subject through 3 subjects as main subjects (2 people as ex-drug addicts) and a resident with relapse in the rehabilitation place at YKP2N Makassar.

Subjects are collected in this research by using the snowball sampling technique (Poerwandari, 2011). It is defined as collecting subject with a chain to find out information from the subjects which has been interviewed.

Data is collected from interviews results which consists of primary data and secondary. Primary data is collected through the *in-depth interview* by using a *guided interview*. Moreover, secondary data is collected through observations. Miles & Huberman (Sugiyono, 2010). Qualitative data analysis activities which, conducted interactively and previously until the data is saturated. The saturated data is the condition when the researcher does not find other data or the new pieces of information during the field. Firstly, the researcher collects data related to the phenomena which the researcher wants to explore. Secondly, the data which has been collected is processed and analyzed. The researcher reduces the data by summarizing all the data, choosing the relevant data with the research, interpreting the data, simplifying, and arranging systematically, also

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spelling out all the important information and its meaning.

The next step is data presentation. The data is presented in the narrative text for every primary as the description of individual phenomena. Based on the individual description, the researcher arrange main themes among the subjects to the description theme and conduct an analysis of the theme. Explanation of data analysis is summarized to answer the research question such as relapse and the efforts to prevent the problem.

RESULT AND DISCUSSION

This research points out that subject I and subject I have experienced a relapse in post-rehabilitation. It is also, the subject I and II experienced emotional problems such as anger, also mental relapse (suggestions/echoing voices). Having said that, the subject II experienced different emotional problems (guilty and apologetical feeling) and mental relapse (suggestion/echoing voices)

There is a different dynamic which, felt by the subject I, when he experienced mental relapse such as suggestions caused headache and body aches (shivering, tremble and respiring). According to the subject I, when the suggestions come back in his mind strongly, while his body does not get the intake of the illegal drugs, it causes sakaw on the body of the ex-drugs addict. The indications appear such as extraordinary pain in the joints (hands and feet), and head, also respiring and increasing of the heart rate. This indications usually happen when the ex-drug addicts undergo detoxification in the rehabilitation center as the initial step to recover from addiction.

To emotional and mental relapse, Selain emotional dan mental *relapse, behavior relapse* (using illegal drugs again) on the subject II and III, while the subject I did not. According to Gorski & Miller (1986), before reaching the drug consumption again (behavior relapse), there are 2 steps that the subject should experience like an emotional and mental relapse. The suggestion or echoic voice is a pattern of emotional relapse. There is an inner in the ex-drugs addict's self. Half of his self wants to consume the drugs but another half wants to stop consuming it. This phase will be a determinant for the ex-drug addicts, they come back to consume illegal drugs because of the

suggestions, or they are successful to dominate his selves through resistance to suggestions.

However, there is a different experience between the subject I and the subject II when they experienced behavior relapse (come back to consume the illegal drugs). The subject II experienced behavior relapse for a week, while subject III has to be an active drug addict and finally he comes to the rehabilitation center.

The same direction by Gorski & Miller (1986) that the dynamics of addiction back in subject II (lapse) is the return of drug use behavior due to errors in the mind, emotion, and behavior on the ex-drug addiction. Sometimes Lapse is hard to detect caused by happening for past time (a day, a week, a month). As a result, it needs sensitivity to see the changes. The ex-drug addicts will have to anxious, guilty, shiness, in the post lapse phase. However, back to addiction in the subject III is a relapse. Relapse is ex-drug addiction consumes the illegal drugs again with the high intensity as the same as the active drug addiction before undergoing to the center of rehabilitation in Makassar.

According to Gorski & Miller (1986), relapse should be seen as a complex process, and it is not a separate part. The relapse process can lead to recovery and behavioral changes such as subject I. He can control his mind and stop consuming the drug. However, a certain process also triggers the subjects to experience behavior relapse due to the failure of the recovery process such as subject II and subject III.

In this research, there are some support factors related to relapse. Firstly, ex-drug addiction will experience in relapse by initial triggers that change the emotion, mental, and behavior. As per the research findings, the triggers of relapse in the subject II and subject III are suggestions, desire and longing to consume the drugs again and the positive effect of the drugs such as comfort, relaxed, and flying. As per Imani, Sebetimani & Ghojur (2012) direction, one of the main motives relapses through the psychological aspect is enhancing mood. So, the substances have positive value because of increasing positive moods (comfort, relax, and happy), also to reduce negative moods such as depressed, stressed and tense.

The recognition from subject II and subject III that inability to resist the suggestions, negative minds, and anger easily, also assume that the drugs can help them to figure out their

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problem, which can be the triggers to relapse. In the same direction with Rassmussen (Hussain, Shaziakhalid & Malik, 2016) *relapse* can happen because of the crisis on the ex-drug addiction which looks down on the problem. When they get the hard problem, they tend to think pessimistic, confused, overreacted because of the inability to think clearly, and inability to manage their feelings, also getting anger easily.

Risk factors for relapse also come from old friends of drug addicts. As subject II and III, they met with their old friends of drug addicts to buy illegal drugs because of the hard impulse of suggestions.

There is a relation among the friends or groups with the drugs addicted to the rehabilitation center at BNN Baddoka. They spend more time with friends than family. So, each has a problem with fellow addicts is the right place to complain about all the problems they face. Someone who is looking for friends/groups because they understand that they are in the same fate (Habibi, Basri, & Rahmadhani, 2015).

The disobedience factor towards many religion demands such as leaving prayer times, not afraid to sin, and denying God's prohibitions in Islamic rules, is considered by subject II and subject III as causes of the illegal drugs and relapse in the past times.

Furthermore, in this research, there are some factors to prevent relapse from the subject's disclosure. First, family supports, for the subject none of their family members were less sympathetic and did not pay attention to them because of their negative deeds in the past. The subject realized that because the family's attention did not want to see their lives destroyed by drugs, the family put them into a rehabilitation center. The subject even stated that family support was still provided both the recovery period each time the family visit (home visit) and after rehabilitation, as both parents who advised subjects I and II to work in rehabilitation centers in the hope that they would not return for becoming drug addicts.

The second, social supports such as motivation, reminding each other, reinforcing, helping each other for some tasks and working as same as the subject I and II felt when they conduct as volunteers in the rehabilitation center at BNN Baddoka. As per their similarity as volunteers, they can develop a positive social relationship with the other people in their work environment. In a certain environment, the

subject developed meaningful relationships, such as friendship, togetherness, and proximity. These conditions made the subjects feel accepted and getting forces to maintain their recovery process. As a consequence, the subjects did not want to be drug addicts again.

² Moreover, positive supports are really important to the subject cause to support the subject to form a positive self and do not come back as the drug addicts. Rogers (Ismail & Tekke, 2015) said that to have a positive self, it needs positive recognition, warm of love, high attention, and social acceptance. The person who fulfills affection needs will be able to function as a fully-function person which, marked openness, belief with others, expressing themselves freely, independent and creative.

The fourth, happiness and life satisfaction such as coming back to a healthy life without the illegal drugs, coming back to work and able to fulfill life necessities, are factors which, valued by subject I and III to prevent relapse behavior. All of them said that they will not waste the happiness and life satisfaction only to be drug abuse again.

The fifth, the commitment to perform the religion rules. All the subjects realize that religion as the rules of life through worship (sholat, dzikir and doa) can prevent relapse. Kendler (Hawari, 2010) pointed out that the consistency of religion rules (spiritual therapy) is good for the recovery phase in the rehabilitation process and post-rehabilitation. The certain factor can prevent the ex-drug abuse to consume the drugs again.

To the support and obstacle factors of relapse, this research also finds out that the efforts of subjects to prevent relapse can be described as follows:

Firstly, the subject I and II stated that the efforts are needed to start from inner self through strong determination and intention, also self-control to avoid the drugs. If self-determination is strong, behavior prevention can be formed. It happens because of the subject I and III appraise that all behaviors depend on the initial intention and it will be back to our selves.

Secondly is getting close with Allah SWT through performing the religion rules such as getting an effort to perform prayer 5 times per day.

As per the subjects, the commitment to conduct worship (religion rules) will reinforce the faith in themselves and becomes the scutum

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to resist the suggestion which will relapse suddenly.

One of the results of interviews on the subject I point out that the efforts to resist the suggestion of relapse is taking *istigfar*, *dzikir* and *doa* (asking for help from Allah SWT). The suggestions which make him guilty, will decrease slowly and feel calm again.

According to Kasberger (Utami, 2012) that religion has an important role to manage stress and depression. It gives briefing, guidance, support dan hope in people's lives, such as positive emotional supports.

The belief in religion, for instance, *sholat*, *dzikir* and *doa* can help the person to cope their self when he/her experience distress in their life, because of hope and convenience, Rammohan, Rao, & Subbakrishna (Utami, 2012).

The commitment to perform the religion teachings on the coping strategies are the positive religious coping skill. The coping skill which, conducted, will develop a saving relationship with their God. The relationship will form a belief that the almighty power of Allah SWT will help him. By Islamic coping skills, the subjects can capable to find the good from the problem that they have experienced. Take a sample from the subject I, he resisted the suggestion by the religious coping skills.

The third is working such as the subject I and the subject II. The subjects realize that through working, they will learn to take life adaptation without the drugs.

The subject realizes that by working they can learn to adapt without the drugs. Also, the subjects learn to adapt to their roles in society, and they have the purposes to gain such as happy life, finding life satisfaction although they are ex-drug abuse. It is also, they learn to undergo their life without parents helps. Based on the subject I and the subject II whole-hearted working for positive purposes become pleasure and happiness.

The certain statement is supported by the subject I and II's statement, they chose to work in the office. It was caused the subjects to realize the center of rehabilitation was the save and comfort place to resist the threat of suggestions, to avoid old friend's stimulus to consume the illegal drugs again,

The efforts of the subjects by changing their living environment are parallel with the behavioristic approach that the specific behaviors can be changed by modifying the

environment positively. As a consequence, specific behaviors will change positively. The subjects create an important decision for their selves and responsible for their environment.

The fourth is preventing relapse through positive re-appraisal. The positive re-appraisal is creating the new meaning of the negative experience in the past time (as the ex-drug abuses), for instance finding the pearls of wisdom behind the moment of life (Lazarus, etc: 1984 on Baqutayan, 2015; Maryam, 2017).

The wisdom of life is defined by the subjects such: 1) Allah SWT always gives many opportunities to free from the drugs. 2) Some good people want to sacrifice their time, mind, and energy to help them. Although they are not the closest family and friends. 3) The subject I and II measure that their work is one of Allah SWT's kindness for them to help the other people in the rehabilitation center. Even the subject I state that he is strongly sure that his work will be the religious deeds in Allah SWT's appraisals.

Graber (Naraasti & Astuti, 2019) states that desires to have a meaningful life, are motivations to look for, find, and obtain life purposes. That desires conduct many important activities such as accept the responsibility of work, develop self-awareness to chance the negative aspect to be a positive aspect of their life.

Furthermore, this research revealed that the efforts of the subject III which is the resident in the rehabilitation center in Makassar such as 1) there is strong self-determination to recover their addiction through self-acceptance. It means that the subject is brave to accept his self to stop consuming drugs. If he doesn't, the subject will judge himself to stay in the drug's addiction.

Self-acceptance (emotion-focused coping) is the level of individual competence to accept the existence of the self. By accepting self, the person has the realistic hope to appreciate his/her self, also it makes the positive bases to gain positive changes in his/her life. It is also, by accepting the problem, the person can admit his/her self as a challenging to figure out (Farhall & Gehrke's on Baqutayan, 2015).

Secondly, through the positive appraisal, such as to be grateful for Allah SWT, will give the way to improve the self through the re-rehabilitation process. This grateful feeling caused the subject III to improve himself in the rehabilitation center by conducting 5 times prayer on time, giving many times to reading the

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Al-Quran. These behaviors of subject III can be the reinforcements for the recovering process.

Thirdly, the subject III also conduct planful problem solving by doing *some efforts to change his self circumstances to be* better such as leading his self in the rehabilitation center because of the desire to gain happiness life without the illegal drugs, also the desire of the subject to proof his self that he can stop to consume the illegal drugs.

The subject III also states that after conducted the rehabilitation process, he must be able to apply positive life such as living regularly, independently, worship regularly, avoiding to make friends with the drug abuse to prevent the relapse. Even, the subject can beyond every negative event and come back to the negative event with the new life as the ex-drugs abuse, are the hard efforts. As per Lazarus.dkk (Baqtayan, 2015; Maryam, 2017)) that the person has the coping skills. By using the coping behaviors, the person can figure out the problem, cooling down the tension and reducing and changing the confusing condition, also other emotional tensions.

To conduct coping behavior, the subject I, II dan III have the high self-efficacy to change the self condition better than before. This is because the biggest capital which can push the subjects to avoid the relapse is the belief for our self to survive from the relapse.

The hope for the self-efficacy will determine the subject for conducting the coping behaviors and how long the subject can survive on the relapse. The person who has high self-efficacy can hold and resist on the relapse. It is also if a certain person can undergo the coping behavior goodly, it will pursue successfully. In order that the person with low self-efficacy tends to stop making efforts initially when he/she find out the failure.

CONCLUSION AND SUGGESTION

¹⁶Based on the results and the aims of the research, it can be concluded that 1) the subject I, II and III have experienced the relapse in the post-rehabilitation. The subject I experienced emotional problems such as anger easily and mental relapse (the suggestions). Having said that, the subject II and III have experienced emotional problems such as nervous, guilty, and anger easily. Also, mental suggestions and behavior relapse (come back consuming the illegal drugs again).

The second, the secondary factors related to the emotional and the mental relapse for the subject I, II and III are the negative effects of the drug addiction. Haning said that the secondary factors related to the behavior relapse, particularly in the subject II and III are the disability to survive the mental suggestions, do not undergo the religion rules. The prevention factors related to the relapse and supports factor to the recovery process for the subject II and III are the family supports, the social supports, the lesson of life, happiness, life satisfaction, and come back to God's commands.

The third, the efforts of the subject to prevent the relapse are 1) the strong commitment to stopping consuming the illegal drugs, 2) stop as the drugs abuse, 3) the strong commitment to conduct the religion rules such as sholat and the other worships, 4) working such as the subject I and II (as the social worker) in the center of rehabilitation at YKP2N Makassar.

¹⁴Based on the results and the aims of the research, the suggestion in this research are: 1) for the educational practitioners are suggested for conduction the research related to the counseling approach for solving the relapse in the ex-drugs abuses, 2) for the educational institutions, it is needed to make collaborations with the government, BNN RI, the foundation and the center of rehabilitation for preventing the circulation of the illegal drugs, also the society for preventing the circulation and the abuse of the illegal drugs.

⁹REFERENCES

- Baqtayan, S.M. (2015). Stress and Coping Mechanisms: A Historical Overview. *Mediterranean Journal of Social Sciences*. 6 (2); 479-488
- ¹⁰Gorski, T., & Miller, M., (1986). The stages of relapse: A Guide for Relapse Prevention. Independence Press.
- Habibi ⁴Basri, S., & Rahmadhani, F. (2015). Faktor-Faktor yang Berhubungan dengan Relapse Pengguna Narkoba pada Pasien Rehabilitasi di Balai Rehabilitasi Badan Narkotika Nasional Baddoka Makassar. *Al-Sihah: Public Health Science Journal*: 8 (1); 1-11.
- Hawari. (2010). *Penyalahgunaan dan Ketergantungan Napza*. Jakarta: WLYUI

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relapse: A Guide for Relapse Prevention. Independence Press.

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Hawari. (2010). *Penyalahgunaan dan Ketergantungan Napza*. Jakarta: WLYUI

- Hussain, A., Shaziakhalid., & Malik, H. (2016). Development and Validation of Relapse Risk Scale for Substance Dependents in Pakistan. *Journal of Applied Environmental and Biological Sciences.* 6 (2); 52-57
- ⁵Imani, Z., Sabetimani, M., & Ghojur, K. A. (2012). Study of the effectiveness of cognitive group therapy in relapse prevention among substance abusers. *Asian Journal of Medical and Pharmaceutical.* 2(3) :47-52.
- ⁸Ismail, H.A.N., & Tekke, M. (2015). Rediscovering Rogers's Self Theory and Personality. *Journal of Educational, Health and Community Psychology.* 4 (3); 28-36. ISSN: 2088-3129
- ¹Kamus Narkoba BNN (2017). Online (<http://perpus.bnn.go.id/glosarium>)
- ¹²Kibtyah, M. (2015). Pendekatan Bimbingan dan Konseling Bagi korban pengguna narkoba. 35 (1); 52-77
- Koentjoro., Widhyharto, S.D., & Suryawati, S. (2017). ¹⁵UGM Mengajak Raih Prestasi Tanpa Narkoba. UGM: Gadjah Mada University Press.
- ¹⁷Maryam, S. (2017). Strategi Coping: Teori Dan Sumberdayanya. *Jurnal Konseling Andi Matappa.* 1 (2); 101-107
- ⁷Naraasti, D., & Astuti, B. (2019). Efektivitas Logoterapi terhadap peningkatan harga diri remaja pecandu narkoba di Pondok Pesantren Bidayatussalikin Yogyakarta. *Jurnal Bimbingan dan Konseling.* 9 (1); 39 - 52
- Nurmaya, A. (2016). Penyalahgunaan ¹³Napza Di Kalangan Remaja. *Jurnal Psikologi Pendidikan & Konseling.* 2 (1); 26-32
- ¹Poerwandari, E. (2011). Pendekatan Kualitatif dalam Penelitian Psikologi. Jakarta: Lembaga Pengembangan Sarana Pengukuran dan Pendidikan Psikologi.
- ⁶Sapkota, S., Khadka, A., & Akela, G. (2016). Contributing factors to relapse of drug addiction among clients attending rehabilitation centres of dharan, Nepal. *Journal of Chitwan Medical College:* 6(17): 20-25
- ¹Sugiyono. (2010). Metode penelitian kuantitatif kualitatif & RND. Bandung: Alfabeta
- Syuhada, I. (2015). Faktor Internal dan Intervensi pada Kasus Penyandang Relaps Narkoba. *Seminar Psikologi & Kemanusiaan Psychology Forum UMM.* ISBN: 978-979-796-324-8
- Utami, S. M. (2012). Religiusitas, Koping Religius, dan Kesejahteraan Subjektif. *Jurnal Fakultas Psikologi Universitas Gadjah Mada.* 39 (1): 46 – 66

