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WHY DO PATIENTS SUFFERING FROM SUBSTANCE USE DISORDERS RELAPSE? INSIGHTS FROM CLIENTS AT A HARM REDUCTION CENTRE IN DURBAN, SOUTH AFRICA

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ABSTRACT

Relapse to substance abuse is a health risk and a global public health concern. It is a subjective concept, and the reasons for its occurrence may vary. These reasons are particularly different in the context of harm reduction, as they depend directly on specific harm reduction goals and principles. As a concept, relapse needs to be better understood by both professionals and clients in the field of substance use to better mitigate its occurrence. The aim of this study was to identify and explore the causes of relapse examined through the real-life experiences of clients at a harm reduction centre in Durban, South Africa. This is an in-depth qualitative study that used convenient non-random sampling to recruit thirty-seven participants. Storytelling was used to collect primary data from participants who were homeless and suffered from opioid use disorders. All participants were registered in the Opioid Substitution Therapy programme at Bellhaven Harm Reduction Centre. Data was collected by the researcher assisted by three peer supporters. The collected data was manually analysed using thematic analysis. The most reported causes for relapse included easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken relationships. The study revealed the need to help clients to be able to identify their triggers, develop coping skills and access support networks to reduce the potential harm associated with relapse. It concluded that relapse is less understood, stigmatised, and complex in nature. It is crucial to establish the causes and triggers of relapse to successfully mitigate its occurrence. To minimise the stigma associated with relapse, it is important for clients, professionals, and communities to be knowledge empowered to a point where they accept relapse as part of one's recovery journey.

Keywords: Relapse, harm reduction, substance use, substance use disorders

INTRODUCTION

Substance use disorders are a prevalent complex global health challenge that contributes immensely to the increasing global disease burden. At the global level, there are over 31 million individuals who suffer from substance use disorders and

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about 35 million people who suffer from opioid use disorders (WHO, 2019). In 2020, South Africa alone reported more than four million people who used illicit substances (Mutai, Stone, Scheibe, Fraser, Johnson & Vickerman, 2024). The prevalence of substance use continues to rise in the country, leading to reliance on substances. In trying to recover from addiction, substance users go through a rollercoaster of relapse episodes. Relapse to substance abuse has become a pressing health risk and a major global public health concern (Appiah, Boakye, Ndaa & Aziato, 2018; Kappl, 2023). It refers to the recurrence of substance abuse following a period of abstinence (Steckler, Witkiewitz & Marlatt, 2013; Moon & Lee, 2020; Rastogi & Pant, 2023). This definition oversimplifies this complex phenomenon triggered by multiple external and internal influences. External triggers for relapse may include one's environment, lifestyle, unemployment and broken relationships; while internal influences may include stress, emotional turmoil, social pressure, mental health issues, feelings of guilt and failure (Smith, 2009; Roshani, Jalali, Bidhendi, Ezzati & Mahboubi, 2014; Carvalho, Brusamarello, Guimaraes, Paes & Maftum, 2021). Despite its increasing prevalence, the definition for relapse remains problematic, with negative connotations and lack of clarity especially around its conceptualisation. The varying definitions and descriptions of relapse precipitate confusion, inconsistency, and stigma. Individuals who relapse often associate it with failure, overlooking the fact that behaviour change is a complex process. Relapse takes individuals back to familiar behaviours thus promoting a sense of comfort. The physical consequences of relapse include organ failure and damage, chronic illnesses, and sometimes death (Moon and Lee, 2020).

Key attributes to relapse cases include interruption of abstinence, vulnerability to uncontrollable substance-related behaviour and a transition to potential progression or regression (Moon & Lee, 2020). It is important for health professionals in the field of addictions, their clients, and the clients' next of kins to be aware of these attributes in their efforts to reduce the chances of relapse. Unfortunately, most problem behaviours, including addiction, are characterised by high rates of post-remittance relapse (Brandon, Vidrine & Litvin, 2007 & Moon & Lee, 2020). Previous studies confirm that susceptibility to substance addiction can be created by childhood adversity Maté (2012. This means that childhood traumas of any kind can result in stress responses later in life. When this happens, substance abuse often appears as a coping mechanism. Prioritizing healthy connection and nurturing between infants and caretakers can help to mitigate this challenge (Maté, 2012) as this has the potential to promote lifelong physical, emotional and mental well-being of individuals. The experience of relapse itself can provide valuable insights about triggers for undesired behaviours, revealing strategies and coping mechanisms that may strengthen clients' resolve and help avoid future occurrences. Moreover, the view of relapse as normal provides individuals with the opportunity for growth and learning from the experience (Moon & Lee, 2020).

The complex relapse phenomenon occurs among clients from both rehabilitation and harm reduction settings (Kabisa, Biracyaza, Habagusenga & Umubyeyi, 2021) and is characterised by multiple

challenges. It affects all genders, and pose challenges for health service providers, patients themselves, and their families (Roshani et al., 2014; Swanepoel, Geyer & Crafford, 2015; Kabisa et al., 2021; Zeng, Lu & Chen, 2021). Different approaches are used to help people who suffer from substance use disorders to function better and to lead healthier lives. In South Africa, rehabilitation institutions – and not harm reductions centres – are the most popular facilities used to address substance use dependence. Harm reduction centres were birthed by a realization that '*a one-size-fits-all*' approach does not work for all individuals who need interventions (Marlatt, Blume & Parks, 2001; Scheibe, Shelly, Versfeld, Howell & Marks, 2017). Research evaluating the effectiveness of harm reduction interventions in substance use disorders is growing in South Africa and it provides insights on the impact of this approach. In harm reduction settings, relapse is accepted as a common experience and as a natural expected part of the '*recovery'* progression (Moon & Lee, 2020). This is because harm reduction as an approach recognizes that immediate and complete abstinence may not be realistic for everyone (Marlatt, 1996; Hawk, Coulter, Egan, Fisk, Friedman, Tula & Kinsky, 2017). This approach does not condone substance abuse. When relapse does occur, harm reduction approaches can be used to minimize the negative consequences by supporting relapsed individuals to re-engage with treatment and adjust their 'recovery' plan (Hawk et al., 2017). For harm reduction interventions, the goal is to promote health, safety, and the well-being of individuals struggling with substance use disorders. The process of re-engagement may involve providing access to overdose prevention tools, offering therapy, connecting individuals with peer support groups, and addressing any underlying issues contributing to relapse (Hawk et al., 2017).

Relapse is equated to breaking rules and backsliding to undesirable behaviour. This suggests that there is a level of choice and a degree of failure to relapsing. Contrary to this perspective, relapse is not always an individual's choice, but sometimes an expression of a disorder triggered by cues in the brain resulting from increased levels of substance use (Moon & Lee, 2020). The intensity of relapse and subsequent actions post-relapse vary from one individual to the other. Some individuals reach out for help after a single incident of relapse, while others might return to regular misuse of substances (Bhandari, Dahal & Neupane, 2015). In addition to reversing the progress made during *'recovery'*, relapse exposes individuals to immediate physical dangers, increased risk of overdose, mental health challenges, and various social and economic repercussions. While relapse during one's *'recovery'* journey is common, it is not necessarily inevitable. It is however difficult to determine the point at which relapse occurs. When it occurs, it is costly and it results in re-addiction and repeated treatment for those affected (McAuliffe, Feldman, Friedman, Launer, Magnuson, Mahoney, Santangelo, Ward & Weiss, 1986). Through comprehensive treatment approaches which address the physical, psychological, and social aspects of addiction, individuals can learn to manage their substance usage, cravings, and triggers, and build fulfilling lives.

South Africa lacks specific literature focused solely on relapse particularly within the context of harm reduction. In addition

to the existing literature gap and multiple health and social challenges linked to relapse, the phenomenon is often stigmatised with individuals who experience it associating it with failure, shame, and hopelessness. This study bridges the existing literature gap, identified and explored common reasons for relapse through the lens of clients at a harm reduction centre in Durban, KwaZulu-Natal. Among other benefits, the study contributes to the body of research on relapse and harm reduction, contributes to the reduction of stigma and promotes empathy.

METHOD

Positionality

The researcher joined Bellhaven Harm Reduction Centre (BHRC) in Durban as a postdoctoral research fellow from the Durban University of Technology. This was his first experience in a harm reduction setting, and his first exposure to interact daily and closely with people who openly use drugs. Prior to this experience, he assumed that rehabilitation centres were the only places where people suffering from substance use disorders could successfully be '*rehabilitated*'. In addition, before joining BHRC, the researcher perceived relapse as a failure to meet set recovery goals and believed in the possibility of recovery from relapse. His views on drug use and relapse shifted drastically because of the time he spent at BHRC. Beginning solely as a researcher at BHRC, he ultimately became one of the centre's peer supporters. He now advocates for harm reduction approaches to mitigate public health challenges including substance abuse. He understands that complete abstinence from substance use may not be realistic for everyone, and that relapse is part of the journey to '*recovery*'. He believes that open communication and information-sharing by all stake holders including people who use substances and struggle with addition, health professionals, and researchers in the field will lead to a better understanding of substance use and the contributing factors to relapse.

Study design

An in-depth qualitative non-random study was conducted to identify and explore reasons for relapse among clients registered in the OpioidSubstitution Therapy (OST) programme at BHRC in Durban, South Africa. Primary data was collected from personal stories narrated by participants over the period from September to December 2023. The storytelling was followed-up by some probing for more details. Through storytelling, experiences are expressed deeply, and ideas are illustrated more powerfully than through standard reporting (Dawson & Sykes, 2019).

Study setting

The study was conducted at BHRC in Durban, South Africa. The centre is typically aimed at practical, person-centred strategies used to reduce potential harms associated with drug abuse (Moodley & Marks, 2023). BHRC was established during the 2020 COVID-19 lockdown as a harm reduction programme, offering primary healthcare services to low-income individuals and providing OST to about two hundred mostly homeless individuals who used drugs. The OST provided at BHRC is an intervention approach targeting opiate-dependent people to substitute illicit drug use. This is done by

prescribing orally administered opiates such as methadone to clients (Hawk et al., 2017). In addition to providing clinical and psychosocial support services to its clients, at its core BHRC resembles a '*home'* for most of its clients (Moodley & Marks, 2023). Through its interventions, BHRC provides a platform for healthy living, life normalisation and quality of life improvements.

Study population and Sample size

The approximate number of clients on the OST programme at the BHRC was approximately 200 at the time. The study, applying a convenient non-random sampling approach, ensued until data saturation was reached. This occurred after interacting with 37 participants.

Study participants

The participants in the study were aged between 25 to 57 years. Seven of the participants were female and the rest were male. This was a true reflection of the demographic profile of BHRC clients at the time as there were more male than female clients at the centre at the time. The participants originally came from various districts around KwaZulu-Natal. At the time of the study, almost all participants were identified as homeless, and many of them were staying in a temporary accommodation (tents) provided by eThekwini Municipality for homeless people following the 2020 COVID-19 lockdown. All participants suffered from opioid use disorders and were all registered in the OST programme at BHRC. None of the participants reported that they were married, but many of them mentioned that they had children. Almost all the study participants had completed their high school education.

Research instrument

Storytelling was used to collect data from the study participants. Storytelling as a data collection tool helps one interpret the past and understand possible future trends. This qualitative method explored the in-depth understanding of the contributing factors to relapse disorder among people who used substances.

Data collection

Assisted by three peer supporters, the researcher approached the study participants through an invitation for coffee at BHRC in order for study participants to share their life stories. During their storytelling sessions, almost all the clients narrated how they were introduced to BHRC, the challenges they faced in their individual substance use journeys and their experiences at the centre. Two approaches were used to collect data, the individual and group storytelling sessions. All the individual sessions were hosted by the researcher, while three group sessions were facilitated by the peer supporters. The group sessions in many ways authenticated and complemented the information collected from the individual participants. Only the clients who had not participated in individual storytelling sessions were eligible for group sessions.

Both the individual and group storytelling sessions were conducted in isiZulu or English. Participants decided on the language they were most comfortable using to narrate their stories. The individual storytelling sessions lasted approximately 40-60 minutes, and the group sessions lasted for about one to one and a half hours each, excluding the time for refreshments. The approach used for data collection was advantageous, because it created a free environment that allowed

the researcher and peer supporters to probe for more details. The stories were audio-recorded, and the hosts took notes. Participants were not compensated for their participation, however refreshments in the form of coffee, soft drinks, and scones or muffins were served during each session. The data collection process was concluded when participants provided no more new information, indicating that saturation had been reached.

Data analysis

Thematic analysis was used to analyse data collected from the stories from participants. Qualitative data analysis continued during the data collection process as researchers started creating themes based on data collected. The results presented in this study were derived from the data collected from the individual and group storytelling sessions. Relevant themes which emerged from the data were identified and coded manually. Data was systematised using thematic analysis described in King (2004). This approach involved six stages: the first stage involved the familiarization with data collected through reading notes taken during storytelling sessions. This process allowed researchers to use the participants' remarks and views in the data. The second stage generated initial codes from data. During the third stage, researchers looked for themes emerging from data. The fourth stage involved revision of themes created. During the fifth stage, researchers defined and named themes. The last stage produced a report from the data collected.

Ethical considerations

The study is part of a larger project at BHRC, for which ethical clearance was sought and obtained from the Durban University of Technology Ethics Review Committee in Durban, South Africa (IREC 049/15). Permission to conduct the study was further sought from BHRC management. The study participants were asked for their consent to participate in the study. Participation was voluntary, and each participant was given a pseudonym in the reporting, to ensure anonymity.

RESULTS

The participants in the study were individuals who were experiencing homelessness and were OST beneficiaries at BHRC. They were aged between 25 -57 years old. There were more male (30), than female (7) participants whose majority were unemployed. Many of the participants had high school education. The results from the current study revealed the following as the causes of relapse:

Easy access to substances

Easy access to substances was cited by almost all participants as a factor that caused substance use relapse. In these instances, illegal drug dealers and people who used drugs excessively were always present where these participants spent most of their time. One participant said:

> *A huge challenge for most of us is easy access to drugs everywhere we are. We are willing and trying to take methadone as the substitute for the drugs we were using. What triggers your mind is what you see; we just must stand on our decision, but it's hard whenever you see what you used to do in front of you.*
>
> Jacob, a male participant aged 31.

As a follow-up, another participant shared how easy it was to access substances:

There are people who sell the things that we are trying to run away from everywhere. It's easy for us to get these things and relapse. Some of us are winning only because we know why we are here, otherwise it is very difficult to ignore these things. For me it was tough, especially in the beginning when I had just started with the methadone programme.

Lebo, a female participant aged 26.

Drug dealers are evil, my friend. They make the life that we are trying to practise difficult. Sometimes they will send us to the shops and when we come back, they thank us with drugs. It's tough.

Dan, a male participant aged 33.

Some participants wished BHRCwas isolated and located away from the environments where it waseasy for clients to be triggered back to substance abuse. However, some participants were against the idea of isolating the harm reduction centre. They argued that it would no longer represent the reality of life. Participants likened easy access to drugs to what they saw in their respective communities. They reported that in the townshipswhere they originally came from, people sold drugs, and they had friends who used drugs excessively. One of them alluded:

My brother, I understand that people are saying it is difficult not to relapse because these things are easily accessible where we are. Let me tell you, the township where I come from, drugs are still easy to get but I have decided to stick to my decision not to smoke whoonga. We need to be strong.

Andile, a male participant aged 33.

Excerpts from participants on access to substances alluded to the importance of self-discipline, self-determination, and the need for self-control for individuals to overcome relapse to substance useregardless of their surroundings. Participants were aware that they had no control on their social environment but could be better equipped to be able to survive the challenges faced in their environment.

Boredom

According to the study participants, a significant contributor to relapse was boredom. Boredom further intersected with the challenges of maintaining harm reduction efforts in several ways, for example, lack of distraction, which led to individuals reminiscing about past substances or feeling cravings for substances they used to use. To successfully reduce substance use, and eventually avoid relapsing, participants argued that being kept busy was critical. The majority mentioned a need to engage in healthy mental and physical activities as one participant reported:

We get bored. We have too much free time on our hands. We do not have enough activities here now. We need to be always busy to avoid relapsing. So far, we have one pool table, and we are more than two hundred. How many people play? Do the math. Not doing anything stresses us and we end up thinking a lot about drugs we used to use.

Anele, a male participant aged 25.

Participants further cited that before they signed up for the OST programme at BHRC, they were active on streets, '*hustling*'for a means to obtain and use the substances of their choice. After their registration in a harm reduction programme, they discovered that they had more time in their hands and this fact had revealed a need to substitute their previous life practices with positive and fulfilling activities:

> *Many of us are talented. We just need support in the form of resources to be busy. Some of us are good soccer players, but now we do not have a soccer ball. Some are good poets here. If we could have resources to use to nurture our talents, then we would not have too much free time in our hands.*
>
> Happy, a male participant aged 36.

Based on extracts from participants' stories, they were aware that sedentary lifestyle could be a gateway to relapse-back to substance abuse. They expressed their desire to be kept busy by the centre to avoid temptations to relapse. They had ideas that they thought the centre should implement to help them to avoid boredom.

Unemployment

Unemployment was reported as another factor that caused relapse among participants. Participants mentioned that unemployment attracted internal influences forrelapse, for instance, stress and frustration. Almost all the participants were unemployed. Those who were in casual employment faced the challenge of regularly arriving late to work, as they had to report atBHRC for their daily dose of methadone. This led to some occasionally missingsomedays for methadone dose. Johnny reported:

> *Look, I am an adult. I have a responsibility to take care of myself. I also have children that I need to provide for. How would I do all that without a job? Thinking about all these things stresses me out and when I am stressed, it is easy to go back to smoking whoonga.*
>
> Johnny, a male participant aged 33.

Individuals recognised that employment and money were critical to meeting their daily needs. However, according to many of these study participants, money was a powerful trigger. As some said:

> *When I have money, I easily buy drugs.*
>
> Joel, a male participant aged 28.

> *Every time I have money, I want to buy drugs. That is why most of us would rather spend our day here to avoid hustling for money because it will lead us to wanting to buy drugs.*
>
> Amose, a male participant aged 28.

> *After two weeks in the methadone programme, I relapsed because I had money. I had about R400, and I did not know what to do with it. I even gave away my take-home methadone to my then-girlfriend that weekend, and just went back to smoking whoonga.*
>
> Thabang, a male participant aged 25.

The findings on unemployment allude to the complex relationship with having some money by the people with substance use disorders. However, not all

participants reported challenges related to having money even though all admitted that money was a major trigger to relapse. Those who had never relapsed owing to having some money described their personal determination and constant self-remindersof why they were at a harm reduction as key to helping them find ways to manage their money wisely. Some participants described having money as particularly challengingfor those who were new in the OST programme. This implies that there is need for interventions to support balancing employment creation with the management of money.

Negative emotions

Participants reported negative emotions as another cause for relapse. This is because negative emotions play a significant role in triggering relapse for individuals suffering from substance use disorders. Participants in the study reported anger, frustration, stress, and depression as causal factorsbehind their instances of relapse, and the majority described circumstances beyond their control as the reasons for these negative emotions. One of the participants described stressful events as triggers to relapse:

> *I know I cannot solve a problem with another problem. Doing that results in many more other problems. But it is tough. When I am stressed, it is easy to think that I can relax my mind by indulging just a little bit and it is usually not just a little bit, you end up taking more and regretting it later.*
>
> Lefa, a male participant aged 28.

> *I am always lonely because there are not many things to do here… The other problem is that I am scared that my family does not want me anymore. The last time I was home I left angry because they do not trust me. You can see it, they always make sure that someone is watching you even when you try to show them that you have changed.*
>
> John, a male participant aged 37.

The above quotes indicate overthinking and short-sightedness as the sources of negative emotions narrated by participants. Overthinking usually leads to feeling worried, stressed and ultimately leave one feeling less prepared, not motivated, and not confident to face any challenge in life. Moreover, overthinking may contribute to mental health issues including anxiety and depression which were also mentioned by participants in this study.

Peer pressure

The study found peer pressure as one of the causes of relapse among study participants. Drug use disorder patients often face the challenge of returning to environments or social circles where drug use is common. In such situations, peer pressure can be intense, with friends encouraging the individual to return to old habits. Study participants offered various views on peer influence related to relapse. Some participants strongly believed that regardless of peer pressure, it is ultimately individual choices that lead to relapse:

> *At the end of the day, no one forces anyone to use drugs. We all choose to smoke. We just love drugs my man, or maybe I should say we are addicted to drugs. That's why we sometimes relapse.*
>
> Hloniphani, a male participant aged 25.

Other participants acknowledged that peer pressure had the potential to cause relapse, especially from peers who were not part of the OST programme:

We still interact with other guys who are not registered in this methadone programme that we are registered in. Sometimes they may offer me a joint to smoke. That will be tempting and at some point, it is possible to give in and find myself smoking drugs again.

Vusani, a male participant aged 35.

Negative peer pressure, which caused participants to experience substance use relapse has been described from the quotes above. However, not all participants reported susceptibility to negative peer pressure. Those who were able to stand peer pressure were determined that yielding to peer pressure was in the end a personal choice.

Broken relationships

Broken relationships were also found as the contributing factor to relapse for many participants. Healthy relationships with loved ones can help individuals suffering from drug use disorders to avoid relapse. All the participants were aware of their contribution to their failed relationships and the broken trust experienced with their loved ones. However, they wished that their family members could appreciate the effort they were putting into becoming better people. As two participants explained:

Bad relationships cause relapse. These can be bad relationships with family, or even with the romantic relationships. For me it's my family, especially with my father. He still sees me as the bad drug user I was, even though I am trying so hard to show him that I have improved a lot. Sometimes his judgement gets to me, especially because I am still staying at home.

Thabiso, a male participant aged 28.

My family does not trust me at all. Even my younger siblings. You know those secret comments you hear about you in the house, everyone hiding things from you yet acting like they are not. That hurts, but I know it's my fault that they do not trust me anymore. That's why I do not even stay at home, because when I am there people are not free. They always think I am going to steal from them. That can lead one to relapsing.

Tom, a male participant aged 33.

Citations from participants allude to the fact that broken relationships take undefined time to mend. Participants seemed ignorant on the fact that rebuilding broken relationships requires patience, effort, and consistency. From their quotes, participants desired the healing process to be instantaneous.

DISCUSSION

Our study sheds light on the common reasons for relapse, through the lens of clients at BHRC in Durban, KwaZulu-Natal. The findings revealed that many factors influencing relapse fall within the microsystem level of the ecological perspective. These factors include easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken

relationships which were identified as major contributors to relapse by study participants:

Easy access to substances

This study found that easy access to substances was a common cause of relapse among the study participants. Overall, easy access to drugs fuelled a sense of victimhood among participants, providing them with external factors to blame for their behaviour, undermining their sense of personal agency and accountability. This finding is in conjunction with previous research which confirms that easy access to substances of choice increases the risk of relapse among people who suffer from drug use disorders (Mousali, Bashirian, Barati, Mohammadi, Moeini, Moradveisi & Sharma, 2021; Kata & Sajit, 2023). Health education and prevention interventions should be strengthened to empower and to assist drug users on how to navigate the easy accessibility to substances.

Boredom

The study revealed boredom as one of the contributing factors to relapse. The experience of boredom is negative (Bench & Lench, 2013). Corresponding to these study findings, a study on relapse in East Coast Malaysia also reported boredom as one of the underlying factors leading to drug use relapse (Levy, 2008; Amat, Ahmad, Jailani, Jaafar & Zaremohzzabieh, 2020). Boredom leads to increased risk-taking behaviours, mental health issues, decline in productivity and performance, substance abuse and lack of personal development (Bench, Bera & Cox, 2021). Although study participants were aware of boredom as a trigger for relapse, their attitude and lifestyle did not match this understanding. Clients deflected their responsibility for keeping themselves busy and instead blamed other factors. Participants mentioned lack of resources as the biggest challenge contributing to boredom and inaction overlooking many other beneficial activities that can be accessed easily. We recommend the following activities to address boredom; educational workshops, reading and writing groups, gardening, fitness activities which can promote holistic wellbeing, "*recovery*" and empower individuals to make positive changes in their lives. An introduction of these meaningful programs could fill participants' days with meaningful ways to spend their time (McDonald, 2006; Marshall, Davidson, Li, Gewurtz, Roy, Barbic, Kirsh & Lysaght, 2017; Marshall, Lysaght, & Krupa, 2017; Roy, Valle´e, Kirsh, Marshall, Marval & Low, 2017).

Unemployment

Unemployment was reported as the other cause of relapse among study participants. The relationship between substance use and unemployment is complicated. Substance use may negatively impact labour market outcomes, including the return to work or maintaining a job; while on the other hand employment may impact substance use behaviour, either positively or negatively (Richardson & Epp, 2016). Research from other settings established that unemployment increases the risk of relapse (Lu, Oursler, Herrick, Beninato, Gao, Brown, & Durante, 2021; Ezati, Baghcheghi, Araban, Karimy, Koohestani, Zabeti & Hosseinzadeh, 2023). It is critical for governments and all stakeholders to ensure that economic empowerment programmes and efforts to reduce unemployment for people with substance use disorders are

implemented. Similar to the research of (Tomori, Go, Tuan, Huong, Binh, Zelaya, Celentan, Dat & Quan, 2014) unemployment and underemployment undermined our study participants' economic position and led them to question their self-worth and value to their families. Lack of life chances experienced by the homeless population needs to be addressed using multifaceted approaches to address barriers to employment. These interventions may include policies aimed at reducing recidivism, providing rehabilitation and re-entry programmes for individuals with criminal records. In addition to unemployment, the findings further revealed the need for interventions that address the management of money. While capacitating clients with job skills, harm reduction centres should incorporate basic money management skills programs to empower their clients on how to spend money wisely. Basic money management skills are essential in influencing individuals' behaviours (Hamid & Loke, 2021).

Negative emotions

The study revealed negative emotions as one of the major causes of relapse among participants. Negative emotions can have detrimental effects on mental and physical well-being if left unaddressed (Kiefer & Barclay, 2012). As much as participants were aware of precaution measures for improved mental health such as self-care and healthy lifestyle habits, reports on the actual practice of those measures were not clear. This finding is consistent with research from elsewhere which report negative emotions such as anxiety, frustration, stress, and depression among popular relapse triggers for those struggling with drug use disorders (Sinha, 2001; Sun, 2007; Javed, Chughtai & Kiani, 2020; Devi & Singh, 2023). This is because people commonly turn to their drugs of choice as a coping mechanism when faced with stressful events and situations. We recommend integrating harm reduction services within the existing healthcare systems to improve access to care for individuals with substance use disorders ensuring that individuals receive comprehensive professional support addressing their mental health needs. It is critical for therapy professionals to provide effective services to prevent relapse. For example, a wellness-based approach focusing on building self-regulation skills (Clarke, Lewis, Myers, Henson & Hill, 2020). This would increase the likelihood of positive outcomes for individuals dealing with negative emotions. Harm reduction centres should also create opportunities for their clients to interact with social support systems including family, friends, and peers in healthy environment. The centres can schedule family and open days on their annual calendars where the clients' social support systems would be invited. Social support systems provide emotional support, a sense of belonging and being valued among other benefits for one's mental health (Drageset, 2021).

Peer pressure

Our findings identified peer pressure as another factor that can lead many individuals suffering from drug use disorders to relapse. One's social environment has the potential to facilitate or obstruct their efforts to alter their behaviour (Kata & Sajit, 2023). Negative peer pressure is destructive and can lead to some individuals engaging in unhealthy behaviours (Kata & Sajit, 2023) including relapse to

substance abuse. Previous research corroborated these findings, showing that peer pressure is one of the main causes of relapse (Bhandari et al., 2015). The majority of this study's participants were aware of the negative effects of peer pressure on people who use substances. However, many stated a clear belief that it is the individual's choice to end up relapsing, especially when one is enrolled in a harm reduction programme. Peer influence is a complex problem to tackle (Kata & Sajit, 2023). We propose programs that teach individuals good refusal skills, self-confidence, and self-esteem building, workshops and trainings for people suffering from substance use disorders to overcome peer pressure. Refusal skills, in particular, empower individuals to refuse negative peer pressure (Nichols, Birnel, Graber, Brooks-Gunn & Botvin, 2010).

Broken relationships

Our study further found broken relationships as a cause of relapse for participants. Participants acknowledged that to some extent they were responsible for the broken relationships with their families and communities. Moon & Lee (2020) argue broken relationships are some of the social consequences that lead individuals to relapse to substance use. Moreover, a study in Nepal cited family problems among the main causes of relapse for people who suffer from drug use disorders (Bhandari et al., 2015). Toxic relationships, especially with family members, frustrate the fragile resilience patients suffering from drug use disorders have against relapse, because drugs appear to them as relief from their situation (Hashizume et al., 2012; Kata & Sajit, 2023). Many studies have reported family members' support as critical in relapse prevention (Kabisa et al., 2021). We recommend that harm reduction centres adopt Cognitive Behavioural Therapy (CBT) in their programs to assist clients to mend their broken relationships. CBT can help mend broken relationships as it facilitates understanding and identifying how thoughts and undesirable behaviours impact relationships with others (Turner & Swearer, 2010; Gozan & Menaldi, 2020).

Strengths and limitations

Story telling has recently come to the fore as a novel approach to data collecting whilst also providing the opportunity for participants to share their experience and self-reflect. This is one of the unconventional qualitative research approaches that we identify as a strength. Furthermore, there is little information documented in this area of research, particularly in the context of South Africa.

Study limitations are many and may include the fact that the study findings cannot be generalized nationally as data was collected only from Durban, KwaZulu-Natal. Moreover, the study was dependent on self-reported information through storytelling – it is possible that some participants provided inaccurate information, due to recall bias, or not feeling comfortable sharing all their views/experiences. Therefore, further studies investigating the effectiveness of current relapse prevention programmes nationally are recommended.

Recommendations from findings

- To reduce easy access to substances, we recommend strengthening health education and prevention interventions, focusing on skills-building workshops to enhance resilience and coping mechanisms. This will empower

individuals to make informed decisions about substance use.

- To address boredom and promote holistic wellbeing, we recommend a comprehensive program incorporating physical activity in the form of sports programs as well as fitness classes such as yoga and aerobics. This will not only reduce boredom, but it will also promote physical health, mental wellbeing and holistic wellness.
- To reduce unemployment and promote financial stability among homeless individuals, harm reduction centres should implement a comprehensive program that combines vocational training and financial literacy to enhance employability, job retention and improve financial management and stability.
- To navigate negative emotions and promote holistic 'recovery', we recommend integrated harm reduction and mental health services to ensure comprehensive professional support that will address mental health needs. We also recommend social support networks where harm reduction centres will create opportunities for healthy interactions with family and friends for clients' improved mental health outcomes.
- To empower individuals experiencing homelessness to navigate peer pressure against substance use relapse, we propose harm reduction centres to incorporate evidence-based refusal skills training in their interventions in order to enhance resilience against peer pressure.
- To support homeless individuals in navigating broken relationships and preventing substance use relapse, we recommend harm reduction centres integrate cognitive Behavioural Therapy for clients' emotional regulation and coping skills. This will help reduce the substance use relapse rates.

Conclusion and recommendation for future research

Relapse is connected to many risk factors, making its occurrence complex. Our study highlighted easy access to substances, boredom, unemployment, negative emotions, peer pressure and broken relationships as some of the major risk factors to relapse. Helping individuals identify triggers, develop coping skills, access support networks, and reduce the potential harm associated with substance use is critical. This study calls for more involvement and investment by governments, organisations, and the existing systems to resolve the socio-economic drivers of problematic drug use. Creating awareness on relapse is encouraged towards supporting a deeper understanding of relapse and further creating mechanisms and programmes in managing relapse. For future research, we recommend intervention-based research to evaluate the effectiveness of coping skills development programs, exploring the impact of support network interventions and the development of more harm reduction strategies. By pursuing intervention-based research, future studies can inform the development of effective interventions, policy changes, and harm reduction strategies, ultimately reducing relapse rates and improving outcomes for individuals struggling with substance use disorders.

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AUTHORS' CONTRIBUTIONS

Nkeka P. Tseole (NPT) conceptualised, designed, and conducted the study. NPT & Prof. Julian David Pillay (JDP) contributed to reviewing the findings and producing the manuscript. Both authors read and approved the final manuscript.

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DATA AVAILABILITY STATEMENT

Data from the study is available upon request from the first author.

DECLARATIONS

The participants consented to participating in the study and were not remunerated. Prior to recording participants' life stories, the researcher and peer leaders obtained verbal consent for participation in the study from each of the participants.

COMPETING INTERESTS

The authors declare that they have no conflict of interest.

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