
From Addiction to Recovery: The Role of Personal Coping Mechanisms in Preventing Relapse Among Recovering Drug Users

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Abstract

Substance use disorder (SUD) is a significant public health challenge with multifaceted etiologies and limited effective relapse prevention strategies. For individuals recovering from substance use disorders, self-help or personal coping mechanism has been identified as a powerful tool in achieving and maintaining recovery. However, the role of personal coping mechanism in addiction treatment remains under-explored, with limited awareness and practical application of how these practices and involvement can be integrated into recovery programs and relapse prevention particularly in the context of substance use disorder. This qualitative study explored the role of self-help or personal coping mechanism as a complementary resource for recovery in substance use disorder, especially in the cultural context of Pakistan. This study explores the experiences of 12 individuals who have maintained recovery from substance use disorders ranging from two to five years. These participants were selected from Islamabad and Khyber Pakhtunkhwa, Pakistan. Through in-depth interviews, and thematic analysis of (Braun and Clark 2012 model) participants shared their perspectives and experiences that how personal coping practices such as time management, taking shower, joining good company, no pocket money, self-control and living clean provided motivation to quit substance use, sustain recovery, and achieve inner peace and self-respect. The findings highlight personal coping as an essential resource for relapse prevention, even in rural and under-served settings where conventional healthcare for substance use disorders may be inaccessible. The study also underscores the potential of personal coping-based interventions as complementary approaches to addiction treatment and relapse prevention offering valuable insights into the development of culturally and contextually relevant recovery strategies.

Key Words: SUD, Coping Mechanism, WHO, NIDA

Introduction

Drug addiction, a multifaceted phenomenon and mental health condition, is characterized by cravings, withdrawal symptoms, and relapses, which are often exacerbated by social stressors. Social stress whether arising from acute life events, chronic stress, or trauma plays a significant role in initiating and shaping the course of substance use (Sahani et al., 2021). Substance abuse involves a repeated, compulsive use of drugs or alcohol, despite the negative impacts on various life domains, such as work, relationships, legal matters, and overall physical and mental health. Individuals with this disorder lose control over their substance use, even when aware of its harmful effects (Swimmer & Sandelich, 2024).

According to the World Health Organization (WHO), approximately 35 million people worldwide

suffer from drug use disorders. Of these, 11 million engage in injecting drug use, and 1.3 million die each year from drug-related causes (WHO, 2023). Pakistan faces a critical drug addiction issue, with around 6.7 million people using illicit substances annually. Cannabis is the most commonly used drug, with an annual prevalence of 3.6%, followed by opioids at 2.4% (Javed et al., 2020). Alarming, 50% of students in educational institutions in Islamabad are reported to use drugs, revealing the vulnerability of the youth (Sabri, 2018). The overall drug problem in Pakistan is escalating, with more than 9 million people affected. The rate of drug abuse is increasing by approximately 7% annually, signaling a public health emergency that requires immediate action (Shamim & Soomro, 2018). Drug addiction is widely recognized as a chronic relapsing disorder, with more than 80% of individuals relapsing within one year of their initial attempts to quit (Carroll, 2021).

According to the National Institute on Drug Abuse (NIDA), relapse rates for individuals recovering from addiction are comparable to those seen in other chronic illnesses, such as diabetes and hypertension. Studies show that 40-60% of individuals relapse within the first year of treatment (Sinha, 2011). In Pakistan, relapse rates are notably high, with 70-90% of drug users returning to substance use within a year following detoxification (Javed et al., 2020). The causes of relapse are varied and complex, often stemming from inadequate social support, low psychological resilience, and socio-economic challenges, such as poverty and unemployment (Andersson et al., 2019).

Relapse is a major challenge in addiction recovery, often occurring within a year after detoxification (McLellan et al., 2000; Sinha, 2011). Effective relapse prevention focuses on managing cravings and maintaining abstinence (Malik et al., 2023). However, in Pakistan, most studies have used quantitative methods, focusing on factors contributing to relapse rather than exploring relapse prevention in-depth through qualitative research.

This study addresses this gap by examining the role of family, spirituality, and self-help strategies in relapse prevention. Family support, especially unconditional positive regard, provides stability for recovering addicts. Spirituality fosters a sense of purpose, aiding recovery (Nadeem et al., 2023). Additionally, self-help strategies empower individuals to manage cravings and sustain long-term sobriety. Despite their significance, these factors remain underexplored in qualitative research.

In order to investigate these aspects, this study aims to enhance understanding of addiction recovery and identify culturally relevant relapse prevention strategies (Cooper et al., 2023).

Aim of the study

The aim of the study is to explore the phenomena of relapse prevention in the cultural and religious context of Pakistan. The present study focuses on the exploration of the role of family, spirituality and self-help strategies in relapse prevention among recovering drug addicts.

Research questions

1. What are personal coping techniques do you use to control drug cravings?
2. What are those facilitated factors that ensure your abstinence from drugs?
3. How do you cope with your stress, upset emotions.?

Research Design

Design of the present study was exploratory and qualitative approach of thematic analysis by Braun and Clark 2012 was used to analyze the findings.

Participants

Sample of the present study was recovered individuals (N=12) who were in the journey of in relapse prevention and being recovered since one and half to five years and they are being functional in their lives. These recovered drug addict individuals were from different rehab such as Serenity Place Islamabad Rehab Wellness Center Bani Gala and from Khyber Pakhtunkhwa district Swat, Roshan Rehabilitation Centers Swat, and Ihsas Rehab center Swat and Division Batkhela Da Haq Awaz Rehab. Homogeneous purposive sampling technique was used according to the need of the study

focusing on the demographics including age, married, religion, education, duration of drug used, types of drugs used, duration in rehabilitation centers, duration after treatment in at home, any other illness, psychological problem or disorder, who have two years history of drugs used.

Instrument for Data Collection

The semi structured interview guide focusing on the role of self-help strategies in relapse prevention was developed on the detail discussion with the supervisor through brainstorming session and creative process keeping in mind all the aspects of the study.

Ethical Approval and Inform Consent

Approval to conduct study was taken from the Institutional Review Board (IRB) Foundational University School of Science & Technology (FUSST). The participant was briefed about the study aim and its outcomes. Informed consent was taken from the individuals willing to participate in the study. Participant were also briefed about their right to withdraw if they feel uncomfortable or unwilling to answer and the right of confidentiality. They were also made aware that their interviews will be audio recorded in the device used for recording (I.e, smart phone and laptop) and the recording will only be used and kept giving fake names by the researcher only for the purpose of transcribing data, and extracting desired information for the continuation of study. In the beginning of the interview ice-breaking was done between the researcher and the participant was made comfortable to avoid disturbance such as stress of being recorded and asked questions. All participants were cooperative and did not show resilience to any question. Emotional expression of guilt, sadness and gratitude for being recovered was observed from participant side.

Table 1 Themes and Sub-Themes

Main themes	Sub themes	Description
Factors that Cause Addiction	Peer Pressure, Curiosity and experimentation, Music and wedding function, Death of close one, Drug use in early childhood,	The environment of the individual has a high impact of his drug startup.
Drug use as a trend in young generation	Young generation taking drugs to look cool, Daily use of drugs, Desire to live in a same state, Craving and dependency	The modern young generation start drug use to have social glory and acceptability by their peers.
Self-help strategies for relapse prevention	Making excuse to self, Time management, taking shower, Joining good company, No pocket money,	Self-help techniques for maintaining recovery is important for each recovering drug addict.
Personal realization in recovery	Sharing and having other suggestions, Self-Control, Peace in life and living clean, prioritizing important things, Addiction is a curse and personal fight.	Self-awareness is the first step toward recovery, success and personal satisfaction for recovering drug addicts.
Positive attitude toward life	Hope for better future, Space for realization self-mistake, Drug free life is possible	Being optimistic and hopeful about life provides courage, motive of better life.
Personal challenges in recovery	willingness for treatment, Decision on time, Hurdles in recovery, Provoking self-honor.	Recovery is full of personal challenges and can cope with self-honor.
Practical ways of maintaining recovery	Guiding others to stay away from drugs, hate from drugs, Plaining according to personal wants and needs, Job in rehab, Addiction of wealth, cloths and car, Sharing success stories	Lifestyle changes technique are the practical ways for long time recovery.

Analysis

The study result is found using thematic analysis of Braun and Clark 2012 model which show seven main themes. The first theme is factors that causing drug addiction, second is drug use as a trend in young generation, third is self-help strategies in relapse prevention, fourth is personal realization in recovery, five is positive attitude life, six is personal challenges in recovery, seven practical ways of maintaining recovery.

The first theme highlighted main factors that are contributing in the initiation of drug addiction, such as peer pressure, curiosity and experimentation also many reports about weeding and music functions, and access to drug in early childhood. The grief of losing love one is also facilitate factor of drug addiction, as many reported,

Before taking drugs, I was hating drugs and drug addicts I am agree that drugs addiction is due to bad society, as I join that bad company I start using it.

Coming from abroad and staying away from drugs for a long time but as you join that old bad company will get you in relapse.

When my cousin taking drugs he was living happy, and was bizarre talking a lot , I was curiosity and took drugs.

There was no tension, I had a lot of money, had a car and friends so I started taking drugs to enjoy.

In our group there was some people who want to try new things in drugs.

My cousin was making alcohol so whenever we met in wedding so we drink alcohol.

Going in musical functioning and taking drugs was my routine but as I left musical functions thus I left that company and get recover.

My mother was pass away and my friends provide me ice and after that I was not aware what has happened.

I started cannabis when I was 13 years old.

I start taking drugs when I was 12 years old.

I was 9 years old joined company who were taking drugs.

The second theme is the overlook of young youth and their attitude toward drug is explored, as they want to look cool, daily use of drug, desire to live in the same state and drug craving and dependency are explored in this theme.

A participant reported,

Our young generation are involved in drugs to look cool and fit in certain social group, they are not addicted but in the influence of group.

Taking drugs become your routine like eating food, this circle is going due to friends and feeling down.

You don't want to feel down and to live in same euphoric state you start taking drugs again and again.

As you eat food to live in energetic state, thus we drug taker take drugs to feel high and another reason accessibility due to friend and daily use.

Those who used drugs since childhood like 12- or 10-years drug history are addicted. But this new generation has no craving but just body withdrawal same like withdrawal of food.

The study third main theme explored self-help strategies for recovering individuals through highlighting importance of time management, making excuse to self, taking shower, no pocket money, joining good company and many more, as state,

I plain my routine on chart which I called mam goals and wakening up 8 o'clock, had a lunch 3 o'clock, exercise and family time. If a person manages his time so there will no negative thought or wrong action, this is how I manage my time.

Making excuses is a best way of managing your craving or drug taking thoughts like, okay one hour later I will take it, then again now its lunch time let's see after lunch.

When I feel craving of drugs I realize it's from devil and provoke myself honor that I have left it, no I have left it.

Once I had no money and was feeling pain in my body thus I took shower which reduced my pain and as I get my pocket money I took drugs.

I plain for six months to don't have money in my pocket.

I start taking 10 rupees from my mother each day to go for work.
 I am grateful that now I am the part of good company, people and having respect.
 I am happy that now my name is out of drugs taking individual list.
 Relapse prevention is possible when individual build a strong self-realization of his triggers, craving and learned self-awareness of his emotion and can manage it practically. Such as sharing and taking other suggestions, Self-Control, Peace in life and living clean, prioritizing important things, Addiction is a curse and personal fight. A participant reported;
 When I face any difficulty and tension I go to my doctor friend and share with them, thus their suggestion solves my problems.
 In recovery there is many challenges but I control myself and tolerate, (will power and skill power) so the will power I had to control and the skill power I was gaining from doctors, psychologist and rehab manager.
 Having clean clothes and good food keep your body healthy and keep your image positive in society.
 When you leave drugs thus you realize what should be prioritize as for me my CGPA, study and family time.
 Drugs is a curse and a disease.
 It was a big challenge missing family, friends and accepting this bound life like you keep a free bird in cage.
 In another main theme it was explored that positive attitude and being hopeful for the future can enhance one's courage and strengthen intention. Such as Hope for better future, Space for realization self-mistake, Drug free life is possible. They shared;
 I remind myself that each hurdle later there is ease as Allah said.
 In addiction a stage come where individual realize that I am doing it wrong, and thus this is a stage he needs help and support.
 Deciding and coming willingly for treatment is a big challenge, but after treatment overcoming addiction is not difficult.
 I said to myself that no more drugs as Allah protected me once, and strengthen my intentions.
 The second last theme is personal challenges in recovery is highlighted, such as willingness for treatment, Decision on time, Hurdles in recovery, Provoking self-honor. participants reported;
 I told my brother to admit me for treatment, he said it's all your will power, and after one year again I asked to admit me and thus I came for treatment.
 After taking drugs I suddenly felt that I lose everything like the river took my family, home and I stand alone, thus I waste all the available drugs and decide to quit it.
 As my family known that I am taking ice they send me in rehab.
 The biggest challenge was body withdrawals, I had a severe pain and not even can lay down.
 Living in a control environment and cannot go outside, thus missing family was a big challenge.
 When I feel craving of drugs I realize it's from devil and provoke myself honor that I have left it, no I have left it.
 The last explored theme is about practical ways of maintaining recovery supported by sub themes are, guiding others to stay away from drugs, hate from drugs, Plaining according to personal wants and needs, Job in rehab, Addiction of wealth, cloths and car, sharing success stories, A participants reported;
 After treatment I worked voluntarily for two years in rehab and was counselling and guiding others that how to stay away from drugs. Thus, I was successful while helping 5 people to overcome addiction.
 The regret of losing respect in-front of parents increase my hate from drugs.
 If you want that he should leave drugs tried to tell him slowly and gradually that drugs make you bad, drugs made you ugly, drugs hide your potential, beauty and thus put a hate for drugs in his mind, it will work like a falling water on stone and create own place.
 As one of my friends was addicted and he like playing Shatranj, I found two other people who are also liking it and they were giving time to each other and playing Shatranj continuously for one year and

thus he recovered from drugs.

I accept the offer of job in rehab and I got trust of managers while doing body search of new patient and providing all the things that I collect from patient, it has been 3 years working and being sober. I am still addicted, to collect wealth, money and for which I am struggling day night, so may I start a well-established business in my own country, and I believe when individual start wish, wants and be addicted to have good clothes, nice cars and own business so I believe that he can stay away from these other drugs.

Discussion

The current research identifies how recovering drug addicts in Pakistan utilize individual coping strategies to avoid relapse, providing important insights into self-managed resilience methods. Participants stressed that time organization, routine organization, and distraction methods were most important in suppressing cravings and sustaining stability. Creating a daily timetable, for example, or participating in exercise and family interactions proved to prevent idle time, which they recognized as a relapse trigger. These results corroborate earlier research indicating that organized daily life lowers risk for substance use by curtailing chances of engaging in risky behaviors.

The other commonly cited coping mechanism was cognitive re-framing, in which people created "excuses to self" or postponed drug consumption as a means of dampening cravings. These little but deliberate actions signify the gradual building of self-control and illustrate how simple psychological interventions can support recovery. The participants also explained using bodily substitutes, including showers or restricting access to money, to deal with withdrawal symptoms and cravings—practical solutions based on self-awareness.

Aside from behavior modification strategies, most recovering addicts also emphasized the value of positive social association and social reorientation. Being around supportive peers or avoiding drug-using networks provided them with both accountability and incentives to go on with their recovery. This discovery is consistent with the current body of literature highlighting the buffering function of social support but with the additional observation that even when external support is sparse, individuals are capable of creating safer environments by making conscious decisions.

Significantly, individuals indicated that personal awareness and attitudinal changes lay at the heart of maintaining abstinence. Numerous participants talked about seeing addiction as a "curse" and making vows to prioritize family life, education, and work over drug use. These internal changes are indicative of developing intrinsic motivation, itself seen as a pillar of long-term recovery.

Overall, the research indicates that relapse prevention is not just a function of formal rehabilitation but also of self-help practices based on awareness, discipline, and personal development. The results imply that Pakistani rehabilitation programs need to incorporate training in functional coping skills like time management, craving delay skills, and organized daily living alongside personal reflection and goal setting to enhance resilience.

Limitations and Suggestions

1. The present study was conducted with only male drug addicts due to no availability of female sample.
2. The present study was conducted with focus on role of family, spirituality and self-help strategies but the social aspect of individual was not studied. Therefore, it is suggested to study the social aspect and community approach in relapse prevention.
3. Study sample is very small, (N=12). Therefore, it is needed to study relapse prevention quantitatively.
4. Another limitation of the study was data collection from Muslim, so it is suggested to study non-Muslim approach toward spirituality.

Theoretical and Practical Implications

1. The current study contributes to the theoretical understanding of relapse prevention by exploring the role of family, spirituality, and self-help strategies in the recovery process. It

expands on existing literature by providing an in-depth, qualitative perspective on these phenomena.

2. The findings provide valuable insights for mental health professionals, addiction counselors, and therapists by identifying key strategies that can be useful in relapse prevention.
3. Spirituality was found to play a crucial role to find meaning and purpose in life.
4. Self-help strategies such as structured routines, taking shower, self-honor and cognitive coping techniques can be incorporated into treatment plans to empower recovering individuals in managing cravings and preventing relapse.

Conclusion

This study demonstrates that recovering addicts in Pakistan rely on a range of personal coping mechanisms—such as time management, self-distraction, limiting access to money, and seeking positive company—to prevent relapse. These strategies, combined with personal realization and a shift toward healthier priorities, highlight the power of self-help in sustaining recovery. The findings suggest that rehabilitation programs should strengthen these coping skills and encourage self-awareness to enhance long-term resilience.

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