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SOCIAL SUPPORT AND PERSONALITY TRAITS AS PREDICTORS OF RELAPSE RISK AMONG YOUNG ADULTS DIAGNOSED WITH SUBSTANCE ABUSE

Aroh N. Rita[1,2], Okoye A. F. Chukwuemeka[1]

[1]Department of Psychology, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

[2]Live Free Renewal Centre, Enugu State, Nigeria

Corresponding Author: Aroh Ndidiamaka Rita; Email: amakaowen54@gmail.com; ORCID: https://orcid.org/0009-0002-8738-6809

Abstract

Young adults diagnosed with substance abuse are prone to relapse due to a complex interplay of psychosocial and personality factors. This study examined social support and personality traits as predictors of relapse risk among young adults diagnosed with substance abuse. A total of forty-seven (47) participants, aged 19 to 35 years, were recruited from the National Drug Law Enforcement Agency (NDLEA) Enugu Command, Enugu State. Data were collected using the Stimulant Relapse Risk Scale (SRRS), the Big Five Inventory (BFI), and the Multidimensional Scale of Perceived Social Support (MSPSS). The results revealed that social support ($r(47) = -.165$, $p > .05$) did not significantly correlate with relapse risk. Among personality traits, neuroticism showed a significant positive correlation with relapse risk ($r(47) = .309$, $p < .05$), whereas agreeableness ($r(47) = -.306$, $p > .05$) and conscientiousness ($r(47) = -.367$, $p > .01$) exhibited significant negative correlations. Extraversion ($r(47) = -.110$, $p > .05$) and openness to experience ($r(47) = -.042$, $p > .05$) did not show significant correlations with relapse risk. Based on these findings, it is recommended that clinicians, educators, and society collaborate to develop targeted treatment and aftercare programs that address substance abuse and relapse prevention, incorporating interventions tailored to personality traits and psychosocial support systems.

Keywords: Social support, Personality traits, Relapse risk, Substance abuse, Young adults

Author Biographies

Aroh N. R.; Department of Psychology, Nnamdi Azikiwe University, Awka & Live Free Renewal Centre, Enugu State, Nigeria

Aroh Ndidiamaka Rita is a licensed Clinical Psychologist, Substance Addiction Therapist, and researcher with the Department of Psychology, Nnamdi Azikiwe University, Awka. She holds BSc and MSc degrees in Clinical Psychology and is currently pursuing a PhD in the same field. She had her first clinical training at the Federal Neuropsychiatric Hospital, Aro, Abeokuta, and another advanced training at the Federal Neuropsychiatric Hospital, Chime, Enugu. She currently works with Live Free Renewal Centre, Enugu State, where she provides psychological assessment, counseling, and therapy for individuals with substance use and behavioral challenges. Her research interests include substance use disorder, relapse prevention, and adolescent behavioral health.

Email: amakaowen54@gmail.com; ORCID: https://orcid.org/0009-0002-8738-6809

Okoye C. A. F.; Department of Psychology, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

Chukwuemeka Okoye is a Professor of Clinical Psychology at the Department of Psychology, Nnamdi Azikiwe University, Awka. His research focuses on psychological science and its application to individual well-being. He has co-authored numerous articles and book chapters published in reputable journals and edited volumes. Okoye is also an astute administrator and mentor.

Email: caf.okoye@unizik.edu.ng

Introduction

Substance use disorder and relapse have continued to pose significant challenges to mental health practitioners, particularly those involved in youth rehabilitation and psychological well-being. Despite various treatment approaches that include pharmacological therapy, psychotherapy, and occupational interventions, relapse after treatment remains alarmingly high. Many clients experience relapse while still on admission, immediately after discharge, or during trial discharge periods. According to Ducray et al. (2012), both clients and therapists acknowledge that while it is difficult to stop using drugs, maintaining abstinence after intensive treatment is even more challenging. Relapse is often a discouraging experience with numerous negative consequences for patients, family members, and treatment providers.

Scholars have attributed relapse to both internal and external factors that are often difficult for substance users to manage (Gorski, 1986, 1990). In Nigeria, there is limited research

identifying these factors among substance-dependent individuals. Although some studies (Lawal et al., 2004; Sampson et al., 2017) reported certain predictors of relapse, little attention has been given to the role of clients' personality traits and the influence of social support systems such as family, peers, and religious groups—in moderating relapse behavior. Understanding these variables could enhance relapse prevention strategies during treatment, thereby reducing the likelihood of reoccurrence. Hence, this study examined social support and personality traits as predictors of relapse risk among young adults diagnosed with substance use disorder.

Relapse is commonly defined as a return to substance use after a period of abstinence (Slutske, 2006; Doweiko, 2002; Hendershot et al., 2011; Moss & Cook, 2012). It represents a significant impediment to recovery and contributes to recurrent hospitalization, poor psychosocial functioning, and increased treatment costs. Okoli (2019) reported that within six months, the direct cost of healthcare for individuals who experience relapse is four times higher than for those who remain abstinent. Moreover, approximately 40% of relapse cases have been attributed to poor adherence to treatment guidelines.

Ogai et al. (2007) conceptualized relapse risk as the set of clinical signs and symptoms that precede relapse during or after treatment. They identified five constructs of relapse risk: anxiety and intention to use, emotional problems, compulsivity for drugs, positive expectancy and lack of control over drugs, and lack of negative expectancy for drug use. In this study, relapse risk is defined as clinical symptoms and predispositions that increase the likelihood of resuming substance use after a period of abstinence.

According to Marlatt and Gordon's (1985) model, relapse risk factors consist of both intrapersonal and interpersonal dimensions. Intrapersonal factors include self-efficacy, outcome expectancy, motivation, emotional regulation, and coping capacity; while interpersonal factors encompass social support and relational dynamics. These factors collectively shape the client's susceptibility to relapse.

Social support plays a crucial role in recovery and relapse prevention. It refers to the emotional and instrumental assistance individuals receive from family, friends, and other significant relationships (Zimet et al., 1988; Suorsa et al., 2016). Supportive networks provide affection, guidance, companionship, and tangible aid, which buffer the effects of stress and reduce vulnerability to relapse (Eaton, 1978). Studies have shown that family involvement during treatment promotes recovery, enhances adherence, and facilitates reintegration (Smith & Rosen, 2009; Lemos et al., 2012; Xavier et al., 2014). Conversely, lack of family or peer support often leads to isolation, stress, and increased relapse risk (Silva et al., 2014; Maarefvand et al., 2015).

Peer influence is another critical social factor associated with relapse. Research indicates that peers significantly shape behavioral choices among adolescents and young adults (Gardner & Steinberg, 2005; Chein et al., 2010). Associations with deviant peers can reinforce risk-taking behaviors, including substance use (Dishion & Owen, 2002; Romer, 2010). However, positive peer influence can serve as a protective factor, reducing drug use

and supporting abstinence (Mounts & Steinberg, 1995). Peer pressure and social belonging thus have both facilitating and buffering effects on relapse tendencies, depending on the nature of the social environment.

Personality traits have also been implicated in relapse vulnerability. Brezo et al. (2005) noted that personality traits form part of a diathesis for maladaptive behavior, interacting with environmental stressors to precipitate relapse. The Big Five personality model by Costa and McCrae (1992)—comprising extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience—provides a useful framework for understanding how enduring individual differences may influence relapse risk. For instance, high neuroticism has been associated with impulsivity and emotional instability, while high conscientiousness tends to promote self-regulation and treatment adherence (Lebowitz, 2016).

Taken together, the interaction between social support and personality traits may play a significant role in determining relapse risk. This study therefore seeks to investigate how these variables jointly and independently predict relapse risk among young adults diagnosed with substance use disorder.

Statement of the Problem

Despite concerted treatment efforts, relapse following rehabilitation remains a persistent challenge among individuals with substance use disorders. Many patients who successfully complete treatment eventually revert to substance use, sometimes shortly after discharge. This recurring pattern suggests the presence of underlying psychological and social factors that increase susceptibility to relapse. Among these, social support and personality traits have been identified as potentially significant yet underexplored contributors.

While existing studies in Nigeria (Lawal et al., 2004; Sampson et al., 2017) have highlighted some predictors of relapse, limited empirical attention has been directed toward the combined roles of social support and personality dimensions. High-risk situations—such as exposure to substance-using peers, low emotional regulation, or lack of family involvement—may exacerbate relapse risk (Campos, 2009; Marlatt & Witkiewitz, 2005). Similarly, personality characteristics such as high neuroticism or low conscientiousness may predispose individuals to poor coping and treatment non-adherence.

Therefore, this study seeks to determine whether social support and personality traits independently and jointly predict relapse risk among young adults diagnosed with substance use disorder. The findings are expected to inform the development of targeted interventions and strengthen relapse prevention frameworks within rehabilitation settings.

Theoretical Framework/Empirical Review

Theoretically, this study was anchored on the Dynamic Model of Relapse (DMR), the Relapse Prevention (RP) Model, and the Relapse Syndrome (RS) Theory, as they provide

frameworks that explain the relationship between social support, personality traits, and relapse risk.

The Relapse Syndrome Model emphasizes the role of personal distress encountered by individuals in recovery from substance use. The model posits that relapse occurs through the interaction of two precipitating factors—internal and external. Internal factors include distressing emotions, irrational thoughts, and painful memories, which are associated with an individual's personality traits. External factors such as chronic daily stress, adverse life events, and physical pain are linked with levels of social support. Similarly, peer pressure and family conflicts arising from poor social support can trigger substance use and lead to relapse.

The Relapse Prevention (RP) Model (Marlatt & Gordon, 1985) further complements this explanation by emphasizing that coping skills, self-efficacy, and environmental influences determine whether a recovering substance user can maintain abstinence or relapse under stress. It suggests that social support enhances coping mechanisms and reduces vulnerability to relapse, while maladaptive personality traits such as neuroticism may increase relapse risk.

In addition, the Dynamic Model of Relapse (DMR) (Witkiewitz & Marlatt, 2004) provides a broader understanding of relapse as a process rather than a single event. The model explains relapse as a dynamic interaction between cognitive, emotional, social, and environmental factors that evolve over time. Within this model, social support functions as a buffer against stress and emotional instability, while personality traits influence how individuals interpret and respond to high-risk situations. Collectively, these theories provide a comprehensive framework for understanding how both social and personal factors predict relapse risk among individuals recovering from substance use disorder.

Empirically, several studies have examined the role of social support and personality traits in predicting relapse among individuals recovering from substance abuse.

Dimeff and Marlatt (1998) investigated the influence of emotional, moral, and social support in family settings on relapse among former drug addicts at rehabilitation centers in Malaysia. Findings revealed that while duration of treatment did not predict relapse, family influence significantly affected relapse tendencies, suggesting that familial support plays a crucial preventive role. Similarly, Brooks and Rice (2007) found that peer group pressure, family challenges, and social stigma were leading causes of relapse among recovering addicts.

In Nigeria, Gbiri et al. (2011) examined socio-economic correlates of relapse among patients at the Federal Neuropsychiatric Hospital, Lagos, and found that relapse negatively affected patients' social integration, economic stability, and quality of life. Wong (2015) observed that anxious attachment styles and low perceived social support increased relapse risk among women, while perceived social support mediated attachment-related relapse vulnerability.

Atadokht et al. (2015) reported that higher family expressed emotion predicted relapse frequency, while perceived social support was negatively related to relapse. Similarly, Bhandari et al. (2015) found that peer pressure and weak family relations were major predictors of relapse in rehabilitation centers in Nepal.

Razali et al. (2016) showed that familial and societal support significantly predicted relapse tendencies among former drug addicts in Malaysia, while Al Abeiat et al. (2016) revealed that perceived social support and self-efficacy had negative correlations with relapse among alcohol-dependent individuals in Jordan.

Kimangao (2016) found that social support from family, friends, and significant others was a strong protective factor against relapse among recovering addicts in Nairobi. Sampson et al. (2017) also identified peer influence, family neglect, and substance availability as key relapse triggers among patients in Port Harcourt, Nigeria. Similarly, Hendianti (2017) and Nikmanesh et al. (2017) confirmed that social support and self-efficacy are inversely related to relapse risk.

Razali et al. (2019) and Razaghi et al. (2020) found that social support dimensions significantly predicted relapse behavior and could explain between 21–27% of relapse variance, highlighting the importance of interpersonal relationships in recovery outcomes.

Offomanellia (1995) reported that high neuroticism and low conscientiousness predicted quicker relapse among substance abusers. Similarly, Bottlender and Michael (2005) observed that alcohol-dependent patients with high neuroticism and low conscientiousness were more likely to relapse within 12 months after treatment. Fisher et al. (2006) also found that neuroticism and conscientiousness were strong predictors of relapse one year post-treatment.

Kornr and Nordvik (2007) noted that opioid-dependent individuals scored higher in neuroticism and lower in extraversion and conscientiousness compared to non-clinical samples. More recently, Yadan et al. (2021) found that alcohol-dependent individuals with higher neuroticism and lower conscientiousness were more prone to relapse, supporting earlier findings.

In Nigeria, Okoli et al. (2019; 2020) found that neuroticism significantly correlated with relapse in alcohol use disorder, while other personality traits such as agreeableness and openness did not show significant relationships.

Karakos (2014) emphasized the dual role of peer relationships, noting that while peer support aids recovery, negative peer influence can lead to relapse. Zhang (2021) reported that family adaptability and cohesion indirectly reduce relapse risk through improved self-efficacy and coping style. Similarly, Zeng et al. (2021) and Zeng and Tan (2021) demonstrated that family intimacy and psychological capital negatively predicted relapse, and that self-efficacy moderated these relationships.

In summary, existing theoretical and empirical evidence suggests that both social support and personality traits are strong correlates of relapse risk. Individuals with supportive social environments and adaptive personality characteristics are better equipped to maintain abstinence, whereas those with high neuroticism or poor social relationships remain more vulnerable to relapse.

Hypotheses

The following were the study hypotheses:

1. Social support would significantly predict relapse risk.

2. Personality traits (conscientiousness, agreeableness, neuroticism, openness to experience, and extraversion) would significantly predict relapse risk.

3. There would be a joint predictive effect of social support and personality traits on relapse risk.

Method

Study Design

This study adopted a survey research design that utilized a predictive correlational approach to examine social relationship and personality traits as correlates of relapse risk among substance-dependent clients in Enugu State, Nigeria. The predictive design was considered appropriate as it allows the researcher to assess the nature and strength of the relationship between the variables of interest. Data collected were analyzed using multiple linear regression statistics through the Statistical Package for Social Sciences (SPSS) version 25.

Participants

The participants in this study were 47 substance-dependent patients undergoing rehabilitation at the National Drug Law Enforcement Agency (NDLEA), Enugu Chapter, Enugu State, Nigeria. Among them were 41 males and 6 females, with ages ranging from 19 to 35 years (Mean = 25.89; SD = 3.63). In terms of religion, 34 participants were Christians, 3 were Muslims, 3 were Traditionalists, and 7 belonged to other unspecified religions. With respect to ethnicity, 30 participants were Igbo, 2 were Hausa, 3 were Yoruba, 4 were Efik, and 8 were Ijaw. None of the participants reported having only primary education.

The sampling technique adopted was total population sampling, a form of purposive non-probabilistic sampling method that involves recruiting all available participants that met the inclusion criteria.

Instruments

Three instruments were used in this study for data collection, namely: Stimulant Relapse Risk Scale (SRRS), Multidimensional Scale of Perceived Social Support (MSPSS), and the Big Five Inventory (BFI).

Stimulant Relapse Risk Scale (SRRS)

The Stimulant Relapse Risk Scale (SRRS) was developed by Ogai et al. (2007), originally derived from the Marijuana Craving Questionnaire (Heishman et al., 2001). The SRRS consists of 34 items divided into five subscales:

1. Anxiety and intention to use drug (8 items: 1, 2, 6, 12, 22, 27, 33, 35)

2. Emotional problems (8 items: 3, 5, 7, 10, 16, 19, 23, 25)

3. Compulsivity for drug (4 items: 8, 28, 31, 34)

4. Positive expectancy and lack of control over drug (6 items: 18, 20, 24, 29, 30, 32)

5. Lack of negative expectancy for drug (4 items: 9, 14, 17, 21)

The SRRS is rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher total scores indicate higher relapse risk. Sample items include: "There are times I want to use the drug", and "I feel a constant need to put something in my mouth."

Validity and Reliability

Adeyemi and Olagunju (2023) reported a Cronbach alpha coefficient of .82 among a Nigerian population, indicating good internal consistency. Similarly, Odidika et al. (2024) reported a Cronbach alpha of .73 among inpatients at State Neuropsychiatric Hospital Nawfia, Anambra State, Nigeria, which is considered acceptable. These findings suggest that the SRRS demonstrates adequate reliability in Nigerian contexts, supporting its use in the current study. While these studies primarily report internal consistency, previous adaptations of the SRRS in Nigerian populations have also confirmed its applicability, providing further support for its use.

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS was developed by Zimet et al. (1988) to assess perceived social support from three sources family, friends, and significant others. It consists of 12 items rated on a 7-point Likert scale ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree). Higher scores indicate greater perceived social support.

Sample items include:

"My family really tries to help me."

"I can count on my friends when things go wrong."

"There is a special person who is around when I am in need."

Validity and Reliability

Zimet et al. (1988) reported an overall Cronbach alpha of .91, with subscale reliabilities ranging from .90 to .95. Test-retest reliability coefficients exceeded .85 over a 2–3 month period. In Nigeria, Igwesichidobe et al. (2021) validated the MSPSS among clinical populations and reported a Cronbach alpha of .88, confirming its reliability and cultural suitability.

Big Five Inventory (BFI)

The Big Five Inventory (BFI) is a 44-item self-report measure developed by John, Donahue, and Kentle (1991). It assesses personality traits across five dimensions:

1. Extraversion – sociability, expressiveness, and positive emotions.

2. Agreeableness – empathy, caring, and trust.

3. Conscientiousness – self-discipline, orderliness, and dutifulness.

4. Neuroticism – emotional instability, anxiety, and irritability.

5. Openness to Experience – curiosity, imagination, and creativity.

Responses are rated on a 5-point Likert scale ranging from 1 (Disagree Strongly) to 5 (Agree Strongly). Sample items include: "I see myself as someone who is outgoing and sociable" and "I am helpful and unselfish with others."

Validity and Reliability

John et al. (1991) reported Cronbach alpha coefficients ranging from .75 to .90 across subscales, with a one-month test–retest reliability of .85. Umeh (2004) validated the BFI in Nigerian samples and obtained divergent validity coefficients ranging from .11 to .60 across dimensions, confirming its psychometric soundness. Recent meta-analytic findings by Soto and John (2017) reported mean reliability coefficients above .80 for all subscales across cross-cultural studies.

Procedure

A pilot study was conducted at the Federal Neuropsychiatric Hospital, Chime Avenue, Enugu, to establish the reliability of the instruments. Following this, the researcher obtained a letter of introduction from the Head of Department, Psychology, Nnamdi Azikiwe University, Awka, which was presented to the Commander of NDLEA, Enugu Chapter. Two copies of the research proposal were reviewed by the agency's Ethics Committee, and approval was granted through an ethical clearance letter.

With the assistance of two ward staff, including a clinical psychologist, participants who met the inclusion criteria were identified. The researcher established rapport with participants, explained the purpose of the study, and sought their voluntary and informed consent. Ethical principles such as confidentiality, avoidance of harm, and respect for privacy were strictly observed.

A total of 50 questionnaires were administered. Out of these, 47 were properly completed and returned, representing a 94% response rate.

Statistics

The researchers employed multiple linear regression analysis as the main inferential statistical tool for testing the hypotheses of the study, using SPSS version 25.

Results

Table 1: Summary of the descriptive and correlational statistics for relapse risk, social support, and personality traits among substance-dependent patients (N = 47)

Variables	M	SD	1	2	3	4	5	6	7
Relapse Risk	89.38	19.04	1						
Social Support	52.49	11.59	-.165	1					
Extraversion	25.15	4.29	-.110	.406**	1				
Agreeableness	33.94	5.84	-.306*	.360**	.084	1			
Conscientiousness	33.49	6.13	-.367**	.448**	.190	.497**	1		
Neuroticism	22.62	5.46	.309*	-.200	-.252*	-.418**	-.192	1	
Openness	36.29	4.65	-.042	.086	.171	.136	.215	-.009	1

Note: *p < .05; **p < .01

Table 1 above shows that social support did not correlate significantly with relapse risk. Among the personality traits, agreeableness and conscientiousness showed significant negative correlations with relapse risk, while neuroticism showed a significant positive correlation. However, extraversion and openness to experience did not show significant relationships with relapse risk.

Table 2: Multiple regression statistics predicting the relationship between social support and personality traits on relapse risk among substance-dependent patients

VARIABLES	R	R^2	Adjusted R^2	F	B	β	t	Sig. (2-tailed)
Model 1	.165	.027	.005	1.258				
Social Support					-.271	-.165	-1.122	.268
Model 2	.447	.172	.048	1.723				
Social Support					.083	.051	.292	.772

Extraversion					-.063	-.014	-.087	.931
Agreeableness					-.259	-.079	-.438	.664
Conscientiousness					-.972	-.313	-1.782	.082
Neuroticism					.778	.223	1.382	.175
Openness					.150	.037	.249	.805

The result from Table 2 showed that social support did not significantly predict relapse risk among the participants ($\beta = -.165$, $t = -1.122$, $p > .05$). This implies that levels of perceived social support were not related to relapse vulnerability in the sample studied.

Furthermore, the addition of personality traits in Model 2 did not significantly improve the predictive power of the model ($\Delta R^2 = .172$, $p > .05$). None of the personality dimensions significantly predicted relapse risk among substance-dependent patients. Specifically, extraversion ($\beta = -.014$, $p > .05$), agreeableness ($\beta = -.079$, $p > .05$), conscientiousness ($\beta = -.313$, $p > .05$), neuroticism ($\beta = .223$, $p > .05$), and openness ($\beta = .037$, $p > .05$) all failed to significantly predict relapse risk.

Summary of Findings as shown in Tables 1 and 2

- Social support did not significantly predict relapse risk.

- Extraversion did not significantly predict relapse risk.

- Agreeableness did not significantly predict relapse risk.

- Conscientiousness did not significantly predict relapse risk.

- Neuroticism showed a significant positive correlation with relapse risk.

- Openness did not significantly predict relapse risk.

- Social support and personality traits jointly did not significantly predict relapse risk.

Discussion

This study examined social support and personality traits as predictors of relapse risk among young adults diagnosed with substance abuse. In line with the research objectives, the researchers formulated three hypotheses that were tested using multiple regression statistics.

The first hypothesis of the study stated that social support would have a significant relationship with relapse risk among young adults diagnosed with substance abuse. Following the results obtained, this hypothesis was rejected. This indicates that higher perceived social support from family members, friends, or peers is associated with a lower likelihood of relapse. The findings suggest that participants had adequate support from family and friends, which helped them cope with substance dependence, thereby reducing relapse risk.

This result aligns with the views of Witkiewitz and Marlatt (2004), who suggested that social support reduces the possibility of relapse. It also agrees with findings by Brandt and Delport (2005), who reported that addicts with supportive and close family environments are less likely to relapse compared to those without such support. Consequently, family members and friends should be educated about relapse risk to help prevent it.

Additionally, the findings regarding social support are consistent with Fauziah and Naresh (2009) and Martin-Story et al. (2011), who reported that perceived family support helps reduce relapse. However, MacDonald et al. (2004) argued that social support does not directly lead to recovery from substance abuse. McMahon (2001) noted that the quality of perceived support is crucial, showing that participants who relapsed experienced lower perceived support in the three months preceding relapse. Cohen and Wills (1985) emphasized that perceived social support is more important than actual support, as unperceived resources cannot be effectively used. Strong familial ties provide encouragement for substance-dependent individuals to remain drug-free (Brook et al., 1986).

The second hypothesis examined whether personality traits (conscientiousness, agreeableness, neuroticism, openness to experience, and extraversion) significantly predict relapse risk among young adults diagnosed with substance abuse. The hypothesis was rejected, indicating no significant predictive relationship between openness, agreeableness, extraversion, or conscientiousness and relapse. This suggests that relapse is influenced by other socio-cultural or environmental factors rather than these personality traits. These findings contrast with studies that linked openness to experience with relapse (Sher et al., 2000; Flory et al., 2002).

Agreeableness, characterized by altruism, trust, and cooperativeness, was not associated with relapse risk, likely because such traits are less common among substance abusers. Similarly, extraversion and conscientiousness did not significantly predict relapse, aligning with findings by Marin and Sher (1994), Trull and Sher (1994), Flory et al. (2002), Malouff et al. (2007), and Walton and Roberts (2004). In contrast, neuroticism showed a significant positive correlation with relapse risk. Substance abusers high in neuroticism tend to experience anxiety, depression, guilt, low stress tolerance, poor impulse control, and reduced motivation, increasing relapse likelihood (Fisher et al., 1998; Kornor & Nordvik, 2007).

The third hypothesis examined whether social support and personality traits jointly predict relapse risk. This hypothesis was rejected, showing that support from family, friends, and society does not lead to relapse but can help reduce it, while personality traits, except neuroticism, do not significantly predict relapse. The findings underscore that high neuroticism can increase relapse risk, regardless of social support quality, contradicting the buffering theory of social support proposed by Cohen and Wills (1985) and Cassel (1976).

Implications of the Study

This study has important implications for addressing substance use disorder in Nigeria, particularly concerning cognitive, psychological, and social consequences. The findings can help clinicians identify factors that may impede recovery and educate families and the public on supporting treated individuals. Evidence of personality differences among substance users highlights the need for individualized treatment plans targeting specific traits. Clinicians can use these findings to develop psychotherapeutic interventions that reduce relapse risk and improve treatment compliance.

Conclusion

This study investigated social support and personality traits as predictors of relapse risk among substance abusers at the National Drug Law Enforcement Agency, Enugu State. Forty-seven participants were recruited, and three instruments—the Stimulant Relapse Risk Scale (SRRS), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Big Five Inventory (BFI) were used.

All hypotheses were rejected. Social support and most personality traits, except neuroticism, did not significantly predict relapse risk. The study highlights the importance of identifying factors that trigger relapse among substance-dependent patients and applying appropriate psychotherapeutic interventions to improve treatment compliance and equip patients with the skills to manage themselves post-treatment.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Treatment centers should assist in providing information and referrals to adult-based educational training (ABET) institutions to support young adults completing their education.

2. Prevention programs should target adolescents aged 12–18 years, focusing on peer influence and exposure to substance use, using audio-visual tools, drama, and relatable graphic content.

3. Life skills development during treatment should emphasize emotional regulation, as many relapses occur due to poor coping strategies.

4. Clinical psychologists should be aware of factors leading to relapse and apply appropriate psychotherapeutic interventions.

5. Clinicians should educate families and the public on the consequences of relapse and the importance of providing consistent social support.

6. Family members and close relatives should be involved in both primary care and aftercare services to provide emotional, informational, and material support throughout treatment.

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