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From Setback to Comeback: Turning Relapse into Resilience

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Abstract: Relapse is a very complex issue affecting almost 40% to 60% where an individual returns to the old pattern of the substance use after successful completion of the treatment. Relapses are a hallmark and major source of dissatisfaction among families and patients seeking treatment from rehabilitation. The ultimate purpose of treatment is to achieve recovery and sobriety, and it can be achieved by the relapse prevention. The present study aimed to explore the need assessment and get recommendations from professionals serving in the field to curtail the rate of relapse. Seven professionals were selected from different rehabilitations of Islamabad and interview guidelines were used to explore the need assessment and get recommendations for the treatment of substance use disorders. Thematic analysis was carried out using the guidelines of (Braun & Clarke, 2006) in NVivo. Results concluded that there is a need for evidence-based, better and effective models, monitoring, community center, meaningful focus, work on cognition, to create social environment. Recommendations for the treatment highlighted that treatment model should work on relapse prevention, include our culture, add religion, involve family, research based, holistic, work on social support system, involve outdoor activities.

Key Words: Recovery, Relapse, Substance Use Disorder, Recommendations for Treatment, Need Assessment for Treatment

Introduction

Relapse is attributed to interruption in abstinence, susceptibility to uncontrollable substance related behavior, transition in regression or progression (Moon & Lee, 2020). Relapse is not an event rather it is a process which has certain stages (Brandon et al., 2007). Relapse is not the failure of the treatment rather it is result of actual and potential episodes that require the immediate attention in the reactive and proactive interventional programs (Menon & Kandasamy, 2018). Relapse is a setback that occur during a process of behavioral change (Hendershot et al., 2011). Accordingly, to Hendershot et al. (2011) WHO and ASAM defines relapse as return to use of alcohol and other drugs after abstinence.

Relapse is not the failure of the treatment from substance use disorder rather it is a considered as return to use of illicit substances after stopping or abstaining for time period (NIDA, 2026). Research is showing that rate of relapse among different illicit substances such as heroin, nicotine and alcohol remained similar in the range of 80% to 95% in the first year of the treatment (Kirshenbaum et al., 2009). Rate of relapse is a key risk factor attached to the treatment which increases over the period of time. A sample of 140 self-referred substance users confirm that rate of relapse was 30%. It also confirms that the survival rate remains 83% in first six months which decreases to 46% in next 24 months (Kassani et al., 2015). Another study on a sample of 436 patients from Iran confirms that patient with 83% opium users relapsed, 71% crack users relapsed, and 65.4% heroin users relapsed after 6 months follow up. The rate of relapse was reported as 64% (Mohammadpoorasl et al., 2012).

There are different factors attached to the relapse. According to Mohammadpoorasl et al., (2012) presence of substance user in family, pessimism related to quitting, connections with old friends (substance users), and

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unemployment were the key factors of relapse. According to (Afkar et al., 2017) there are numerous familial, personal, socioeconomic and cultural factors that are affecting the relapse in substance use disorder. According to Fayazi et al. (2015) loneliness contributed 44%, substance user friends contributed 35.2%, lack of job contributed 43% and problematic familial relations contributed 32% in relapse from substance sue disorder. According to (Nastizayi et al., 2010) contaminated and unhealthy environment, inefficient psychotherapeutic sessions and substance users friends are the key factors of relapse.

Method

Objectives

The most important objectives of the research are as follows.

1. To assess the need for the evidence-based model in the treatment of substance use disorder.
2. To get the recommendation for the new treatment in substance use disorder.

Research Design

It was qualitative research in which an interview guide of twelve questions was used to collect the data from seven professionals who were working in the rehabilitation centers. Interviews were audio tapped with the consent of the professionals and their responses were transcribed to Urdu (Uddin and Begum) which was later monitored by three readers. An inductive approach of thematic analysis was used which was based on the guidelines of (Braun & Clarke, 2022). Ethical consideration such as anonymity, confidentiality, right to withdraw from the research, and informed consent was taken from the participants.

Sample

The sample of this research was selected using the convenient sampling which consisted of seven professionals (five men and 2 women) with an average age of 38.7 years and with an average experience of 7 years and 8 months. The education of three professionals was PhD, three have MS in clinical psychology and one has M. Sc degree in psychology, and they were working in rehabilitation of Rawalpindi and Islamabad. Professionals who could not communicate clearly with language barrier, with any significant burnout or any psychological distress, and professionals with any disciplinary review process were not included in the study.

Results

Table 1

Need assessment and recommendation for new treatment model (N = 7)

Theme	Sub Theme	*f*
Need Assessment	▸ Need for evidence-based model	5
	▸ Need for a better model	3
	▸ Need for effective model	2
	▸ Need for monitoring	2
	▸ Need for community center	1
	▸ Need for meaningful focus	1
	▸ Need to work on cognition	2
	▸ Need to create social environment	2
Recommendations for new model	▸ Should work on Relapse prevention	5
	▸ Should include our culture	4
	▸ Should add religion	4
	▸ Should involve family	4
	▸ Should be research based	4
	▸ Should be holistic	4
	▸ Work on social support system	3
	▸ Should involve outdoor activities	3

There is a strong need to establish the evidence based treatment approaches to address the substance use disorder. The traditional treatment approaches deeply influenced by the moralistic framework have limited effects on the recovery from primary, progressive, chronic and potentially fatal disease caused by illicit use of substances. An evidence based approach helps the professionals for smooth application of the proven and effective intervention tailored to address the biological, psychological and social domains of the substance use disorder. Doosri cheez yeh hoti hai ke main ek iske hawale se jo hai woh proper research work hona chahiye. Jitne bhi humare paas yeh rehabilitation hospital jo ke treatment karte hain, iske upar jo hai woh proper research ho ke data jo hai woh lena chahiye, taake humein clear picture jo hai uski efficacy hai, uske outcome hai (Experience 10 years, Male). *Secondly, it is very important to conduct the proper research on the data of the rehabilitation working with substance use disorder to get the clear picture and efficacy and outcome of their treatment (Expereince 10 years, Male).* Bilkul, evidence-based treatment models se hi hamare patient ke andar tabdiliyan bhi aayengi aur jab woh patient ki recovery jab hamare end pe hogi to humein pata bhi chalega ke yaar yeh data hamare paas mojood hai. Hum is ko scientific us ka analysis bhi kar sakte hain aur share bhi kiya ja sakta hai patient aur is ki family ke saath, is ke jo qareebi log hain, jo ghar wale hain, is ke blood relation hain, un ke saath hum is ko discuss bhi kar sakte hain (Experience 11 years, Male). *Exactly, an evidence based treatment model can bring positive changes in the patient and the recovery of our patients will be supported by the data. We can conduct scientific analysis on it and can share and discuss the valuable data with families, blood relative and significant others (Experience 11 years, Male).*

A better model for the treatment of substance use disorder is very important because existing treatment approaches are not providing the desired results to address the multifaceted and complex nature of substance use disorder. Many treatment models dedicated for the treatment of substance use disorder are outdated, with limited clinical trials, and focused on short term solutions. Definitely we need to go for a better model specially spiritually and religiosity is model main nahi hy (Experience 13 years, Male). *Definitely, we need to go for a better model specially there is no involvement of spirituality and religiosity in this model (Experience 13 years, Male).* Sir, jaise yeh hamara jo disease model, hamara hum western society se hum ne liya hua hai, to is tarah se hamari yahan pe kuch cheezen aisi honi chahiye jaise hum is se relate kar sakein 100 percent. Hamara is ke saath ek connection ho, jaise (Experience 3 years, Female). *Sir, we have taken this disease model from western society, so there should be model which can be related, with which we have connection (Experience 3 years, Female).*

The alarming rate of relapses and prevalence for substance use disorder strongly desire the introduction of modern effective treatment modalities. Existing models could not reduce the current number of substance users because of their limitations to biopsychosocial determinant and complex nature of substance use disorder. Okay, aur koi aisa research nahi dekha jis mein aap jo model jaise yeh Minnesota model hai ya disease model hai, aap ne is ki koi efficacy pe koi kaam kiya logon ne ya phir proven ya evidence-based koi researches ya articles daikhy ho? Aisa nahi hwa aisa kuch nahi hwas (Experience 13 years, Male). *Okay, and have you never seen any research on the efficacy or evidence based research or article on Minnesota or disease model for substance use disorder? Nothing happened like this (Experience 13 years, Male).* Magar yeh tha ke go matlab hum is ke saath chal rahe the, magar kuch cheezen thi jo ke humein khud bhi lagta tha ke is mein humein apna, hamari jo hamari society ke kuch norms hain, values hain, ya hamare apne muashre mein jin cheezon ko importance di jati hain, woh cheezen add hon taake patient ya jo hamare clients hain, woh in cheezon se bharpoor apne aap ko link kar ke faida utha sakein (Experience 3 years, Male). *Although, we were working with this model but there are few things which should be added in this model such as our culture, societal norms and values so that our patients could relate with it and get maximum benefit from this treatment model (Experience 3 years, Male).*

Long term recovery from substance use disorder is dependent on the continuous monitoring in the follow up process. The chronic nature of the substance use disorder strongly urge for continuous monitoring and without insight the client and setback or undermine the progress in their recovery. Dekho, relapse na hone mein is ko monitor karne ki badi zaroorat hai. wo, jo us ny success achieve ki hoti hai us ko consolidate karne ki bhi bohot zyada zaroorat hai

(Experience 3 years, Male). *Look, the major reason for not being relapse is the die need for monitoring, there is strong need of consolidation for the success which he has achieved in the recovery (Experience 3 years, Male).* Theek hai, koi aapas mein koi coordination nahi hai ya koi aisa idara ya koi aisi organization jo hai woh is level ke upar maujood nahi hai jo ke collectively jo hai woh is cheez ko measure kare ke kaun kaun se jo hai woh iske liye hum kaun kaun se tools use karte hain, kaun kaun se technique use karte hain ya kis level ke upar hum isko iske assessment aur treatment jo hai woh kar rahe hain. Phir collectively ek aisa organization, aisa ek idara ho jo ke isko monitor kare (Experience 10 years, Male). *Right, there is no coordination within the rehabilitations, there is no institute or organization which could measure the treatment and assessment related techniques and tools. There should be an organization who could work collectively to monitor the treatment (Experience 10 years, Male).*

The treatment for substance uses disorder is very expensive and it is beyond the reach of the families. Most of the families can not intervene their loved ones because they do not have sufficient budget for the treatment. This important gap strongly demands for the community centers. Woh yeh masla yeh khayal hai ke hospital ke yeh government ke ya community centers hone chahiye is kaam k lye. Kyun ke woh to reh mil jaye ga agar aap ne is ko tod nikalna hai, to either community center ho ya phir government ke hospital hon aur wahan dedicated logon jo is is masle mein na hon ya hum ne is se jo hai na un se paise kamana hai, to woh dobara aa jayein ge (Experience 3 years, Male). *I think there should be government hospitals or community centers to handle this problem. If you really want to solve this issue then you need dedicated team at government hospitals and community centers who themselves are not involved in this problem and their purpose is not making the money with the relapse (Experience 3 years, Male).*

A meaningful focus in the treatment of substance uses disorders in more important than the management of physical withdrawal because it involves the deeper roots in social, psychological and emotional aspects of treatment. A consolidation based model of recovery is important targeting the social support, psychoeducation, active role of families, acceptance on the humanitarian ground is important. To mera khayal hai relapse kam ho jaye gi. Aur us ko meaningful, us ko focus karana zaroori hai, woh bhi bohot hi affectionate way mein (Experience 3 years, Male). *I think the rate of relapse will be reduced with meaningful focus in affectionate way (Experience 3 years, Male).*

Substance use disorder is deeply rooted in the cognitive processes where distorted thought patterns ignite the process of the relapse. Many individuals with SUD are struggling because of distorted thought patterns such as minimization, maximization, rationalization etc. Healing of these cognitive errors can improve self-management in the journey of recovery. Un ke jo negative thoughts hain, cognitive errors hain, un ko durust kiya jaye. Is ke liye evidence un ko di jaye ke bhai yeh tumhare cognition mein errors hain, un ko minimize karo aur minimize karaya jaye ga (Experience 3 years, Male). *The negative thoughts and cognitive errors of the patients should be fixed. They should be given evidence that these are your cognitive errors and reduce these errors, moreover these errors should be reduced (Experience 3 years, Male),* To un ki taraf different jo cognitive distortions hain, un pe bhi focus kiya jata hai (Experience, 15 years, Male). *So, their cognitive distortions are focused (Experience 15 years, Male).*

In the treatment of substance use disorder creating a socially adequate environment is essential to the recovery. The success of treatment for substance use disorder depends on the social connectedness whereas recovery is often hindered by the isolation, stigmatization, and lack of community support. Ismein hum proper jo hai woh usko ek aap keh sakte hain ke just ek team work ya uske liye jo hai woh poora jo hai woh social ek environment jo hai woh usko yahin se manage karna chahiye ya usko create karna chahen to uski shadeed zaroorat hoti hai (Experience 3 years, Male). *You can say that we should properly manage the social environment, there is a strong need to create this environment (Experience 3 years, Male).* Aap us ke behavioral jo environment hai, us ko restructure karne pe, us ko reschedule karne pe focus kar sakte hain (Experience 15 years, Male). *You can focus on the restructuring and rescheduling the behavioral environment of the substance user (Experience 15 years, Male).*

Relapse is very common among substance users which is triggered by so many emotional, psychological and social factors. A treatment approach for substance use disorder must prioritize the relapse prevention as a major component of recovery procedure. A relapse prevention oriented program not only help the patients to maintain the recovery, but it also helps to attain the sobriety and rebuild a purposeful life. Cheez jo mujhe samajh aayi hamari conversation se is

particular paradigm mein ke humein jo hai woh rehab is tarah se banane padenge, ya rehab ko reshape karna padega which should particularly on relapse prevention (Experience 3 years, Male). *what I understood from the conversation in a particular paradigm is that we have to reshape the rehabilitation which should particularly work on relapse prevention (Experience 3 years, Male).* Theek hai, uski jo psychological well-being hai kisi bhi patient ke, jismein hum kehte hain relapse prevention, to mujhe is pe jo hai woh koi khaas kaam nazar nahi aata ke patient ke hawale se jo hai woh kiya jaye (Experience 10 years, Male). *Right, the psychological well-being of the patient which called relapse prevention, I am not seeing any significant work being done on it (Experience 10 years, Male).*

There is a strong need for culturally adopted psychological intervention to focus on the values, traditions, norms and religious beliefs as they have a very strong footprint on human behavior. Conventional treatments are not sufficient in the assurance of effectiveness of recovery because these approaches often overlook the local context. Secondly, hamare culture ko is ke andar add kiya jaye. Taake hum har bande ka, har ilaqe ka, har soobe ka ek apna culture hai aur us ka ek background hai, taake us ko hum asaani ke saath address karne ki hamare andar salahiyat ho (Experience 11 years, Male). *Secondly, our culture should be added. Every individual, every area, every province has their own cultural background so that it could easily be addressed (Experience 11 years, Male).* Is mein culturally adapted hona chahiye, indigenous related hona chahiye, aap ki values, social norms, even family values aur even religious values included honi chahiye (Experience 13 years, Male). I*t should be culturally adopted, indigenously related to our values, social norms, familial and religious values should also be included (Experience 13 years, Male).*

Addiction treatment in Pakistan strongly urges for the incorporation of religious aspect in the treatment of substance use disorder as most of the people belongs to any Islam. Spiritual healing is one of the most important components in the recovery and it is ignored. Doosra, religion is a good support jo hai un ko, un ko jo understanding milein, spiritual healing jaise keh rahe hain woh ho. Aur koi proper jaise Quran Pak aur hadees aur jo understanding not only recitation un ki understanding ke hawale se taake gradual jo na woh jo cheez ruki hui hai woh dobara se connect ho (Experience 3 years, Male). *Second, religion is a good support so they should have good understanding of spiritual healing. They should have proper understanding of Quran and Hadith not just recitation so that they could gradually reconnect (Experience 3 years, Male).*

Substance use disorder does not affect the patient only, it also significantly affects the other family members. It is noted that most of the time the involvement of family members in the treatment of substance use disorder is overlooked or neglected. It is strongly recommended that the family members should be involved in the treatment because at the end substance user has to spend his life with his family. The behaviors of the patient directly or indirectly affect the family, and the behavior of family also affects the substance users same way. Aur is mein bhi therapy mein family therapy mein triangulation yani ke woh role play kar sakte hain family ke jin ke saath woh zyada associate karta ho. Aur kyun ke bachpan tarah trah ki us ki aadat hoti to still jahan se woh love and affection us ko mil raha hota hai, us ko zaroor jo hai na woh relate karta hai. Aur wahan se jo reinforcements mil sakti hain, woh person ko cover up karne mein supportive role play kar sakti hain (Experience 3 years, Male). *In the treatment of substance use disorder triangulation in family therapies can be used which means that individual can role paly with the family members to whom he is associated with. Habits developed in childhood are related to the sources from where they receive affection and love. This reinforcement can play a supportive role in helping to cover up or in recovery (Experience 3 years, Male).* Ek challenge feel karte hain ke family ko zyada jo hai na woh is mein participate karna chahiye. Woh participation nahi hai aur reluctant hai family (Experience 13 years, Male). *We are facing a challenge that family should participate more in the treatment rather than being reluctant to participate in the treatment (Experience 13 years, Male).*

In Pakistan the escalation in the rate of substance use disorder strongly demands that the treatment should firmly be grounded in research. Despite higher prevalence in substance use disorder most of the rehabilitations rely on outdated, punitive and unregulated treatment approaches which are lacking from evidence based practices. Jitne bhi humare paas yeh rehabilitation hospital jo ke treatment karte hain, iske upar jo hai woh proper research ho ke data jo hai woh lena chahiye, taake humein clear picture jo hai uski efficacy hai, uske outcome hai (Experience 10 years, Male). *In order to get the clear picture about the outcome and efficacy of the treatment for substance use disorder, proper*

research should be conducted by collecting the data from all rehabilitations working with substance use disorder (Experience 10 years, Male). To ek to research-based hona chahiye, secondly hamare religion ko dekhna chahiye, hamare jo ilaqai culture hai us ko dekhna chahiye (Experience 11 years, Male). *Firstly, it should be research based, secondly it should incorporate our religion, should focus on societal culture (Experience 11 years, Male).* Aur is ke ilawa evidence-based hona chahiye (Experience 3 years, Female). *And except this it should be evidence based (Experience 3 years, Female).*

Substance use disorder is affecting almost all age groups and socioeconomic backgrounds so there is a pressing need for a holistic treatment approach. Traditional treatment approaches often neglect the complex emotional, psychosocial, and spiritual factors and solely focuses on short term behavioral management and detoxification. A holistic treatment approach addresses the whole person with incorporation of counselling, family therapy, spiritual healing, physical wellness and integrated psychotherapies. Lekin still ek holistic view lena chahiye aur cater for karna chahiye ke individual clients ke liye ek to overall hai, group therapy bhi hai (Experience 3 years, Male). *But still, we should take a holistic view and should cater for overall, and we have group therapy as well (Experience 3 years, Male).* Bilkul, to ek comprehensive model jo hai woh holistic hona chahiye (Experience 13 years, Male). *Definitely, a comprehensive model should be holistic (Experience 13 years, Male).*

In Pakistan, substance use disorder is often guarded by stigma, isolation, and lack of awareness, working on social support is part and parcel for the recovery. One of the hindrances in the treatment and recovery is rejection from the society and close family members as well. Inculcation of social support can play a role of catalyst in the recovery maintenance process. To family ka alag se role hai jo monitor kare, jo support dein, mukhtalif cheezon mein tezi na dikhayein (Experience 3 years, Male). *Role of family should be monitored separately, and family should not show impulsivity in so many matters (Experience 3 years, Male).* Agar to aap family pe kaam nahi karte, aap social support system pe kaam nahi kar rahe, aap caregiver ko treatment mein shaamil nahi karenge, phir to woh definitely withdraw karenge (Experience 15 years, Male). *if you are not working on family, you are not working on social support, you are not involving caregivers in the treatment of substance use disorder then definitely patient will withdraw (Experience 15 years, Male).*

Incorporating outdoor activities such as walk in lawn, yoga in open air, physical exercises etc for the treatment of substance user disorders are essential. Most of the time patients are kept in a confined environment where they do not show positive inclination towards recovery. Ismein yeh cheez hoti hai ke patient ke involvement ke hawale se kuch jo hai woh uske hawale se kuch cheezen aisi honi chahiyein. Jis tarah hum kehte hain ke entertainment se related jo hai kuch aise cheezen ya aisa jo hai (Experience 10 years, Male). *There should be specific activities for the patient involvement in the treatment. As we say that there should be few things related to the entertainment of the patient (Experience 10 years, Male).* kahan unhone lawn mein kaise access karna hai, chhoti chhoti games kaise karni hain. Phir isi tarah se physical exercise bhi involve rakhna. Yeh chhoti chhoti un ke different jo daily basis pe patient ki engagement hai in different activities, is ko ensure kiya jata hai taake patient ek purpose le ke chale (Experience 15 years, Male). *Where and how they will access to the lawn, how they will participate in different games. Similarly, we have to involve them in physical exercise. Activities related to the patient engagement are ensured so that patients should have a purpose (Experience 15 years, Male).*

Discussion

A very important issue highlighted in this study was that there is a very strong need to have some evidence based intervention for the treatment of substance use disorder. This study reveals a gap between China's drug rehabilitation policies and individuals' real recovery needs. Findings show there is a limited access to the essential opportunities of employment and healthcare services because of class disparities, structural barrier and stigmatization. The research emphasises the approaches based on the community (Song et al., 2026). It is very essential to address the issue of substance use disorder to reduce the current burden of disease caused by the SUD with evidence based interventions and public health strategies which are effective with significant effects (Fischer et al., 2026). There is a need for the tailored interventions which are contextually and culturally adopted. A systematic review highlights the importance of

adaptation of psychological interventions for smoking cessation in South Asia with severe mental illness by improving the relevance and feasibility in a setting which is low in resources (Aslam et al., 2026). There is certain evidence that clinical practices can be combined with co-developed goals and the successful integration of screening, brief intervention and referral to treatment with incorporation of medical treatment in diversified clinical setting which will surely improve the healthcare system (Kenzie et al., 2025). According to the advisory of SAMHSA SUD is a multifaceted, complex, medical condition which requires personalized care, evidence based intervention. It also emphasis the integration of genetic testing and modern neurological assessment along with personalized treatment plan can reduce the stigmatization of moral failure (Green et al., 2025).

A better model of the treatment for substance use disorder is a great need by the addiction professionals because the existing treatment approaches which were based on 12 steps programs have some limitations, few believe that it is outdated and is not able to address the methodological issues and challenges in the treatment. It does not address the spiritual language and the concept of the Higher Power of individuals who are atheist, uncomfortable with spirituality, and seem to be agonist. Clinician should consider the other secular treatment approaches (Tonigan et al., 2002). The uniformity in 12 steps program is not able to address the individual, cultural and religious differences of the substance users. It also fails to address the issue of addiction in term of severity by ignoring the essential treatment for the comorbidities. It does not ensure the personalized assessment and treatment and cannot be ensured as a right fit (Ferri et al., 2006). Although there are few research which talks about the 12 steps based interventions, but when these interventions are compared with other psychological interventions their number are very less. Clinicians should stay updated about the emerging evidence based interventions and avoid the dismissal of low risk interventions (Kelly et al., 2020). There are few interventions which seems to be strict in the requirement of the abstinence, but these can conflict with the harm reduction strategies. It is recommended that clinicians have to be very cautious in the recommendation of 12 steps programs to such conditions and such patients (Marlatt & Witkiewitz, 2010). There are many concepts such as “powerlessness” and “character defects” which can be misunderstood, leads to sense of stigmatization and demoralization. Clinician should clarify these concepts to the patients and monitor the negative consequences on recovery (Kelly et al., 2012). A critical comparison of medical model and 12 steps recovery model concludes that medical model focuses on biological, social, psychological and spiritual aspects of the substance use disorder. It concludes that it offers more holistic treatment approach rather than targeting the only one aspect of spirituality (Ungar-Sargon, 2025).

The alarming rate of relapse 40% to 60% is becoming a global challenge in the treatment of substance use disorder during the first year after completion of the addiction treatment (Aroh & Okoye, 2025). Different predictors of relapse such as low recovery capital, and lower social support in metal analytic research confirms the rate of relapse ranged between 23% to 92% (Biribawa et al., 2025). Findings of the research highlight the chronic nature of the opioid use disorder and their challenges in the management and sustainability of recovery after the detoxification. An estimated 36.5% of the patients has attended the follow up program in the first month of their recovery and this engagement was declined sharply to 22.2% for the next six months, and only 9.6% of the patients have complete on year follow up (Karabulut et al., 2025). The alarming rate of relapse remains 72% to 88% in the duration of 12 months to 36 months (Hakansson & Hallén, 2014; Smyth et al., 2005). The existing treatment models could not reduce the alarming increasing number of relapses because of certain limitations and complexity attached to the nature of the substance use disorder.

The success of the treatment for substance uses disorder lies in the follow up program. Continued follow up improves the outcome for recovery and promise for abstinence and relapse prevention with active engagement strategies. It is very essential to have regular assessment and adaptation of flexible treatment plan which helps in the sustainability of the recovery over a period of time (McKay, 2021). Continued monitoring in follow up with feedback is pivotal in the abstinence and sustainability of recovery which is reinforced by achievement of milestones and motivation for self-change. This continuous engagement helps the substance users in recognition of the progress otherwise it gets difficult to detect and strengthen the commitment for treatment. Integrating such technology-driven follow-up into clinical care can reduce relapse and improve long-term outcomes (Svendsen et al., 2020). Without continuous

monitoring, individuals are at higher risk for relapse, as the underlying neurobiological and psychosocial vulnerabilities stay long after initial treatment (Day et al., 2025; Gaolaolwe et al., 2025; McKay, 2021; Stanojlović & Davidson, 2021; Svendsen et al., 2020). Finally, patient insight and engagement is also crucial for long term recovery for that continuous feedback and monitoring (including digital tools, text messaging, or wearable sensors) help individuals track their progress, reinforce positive changes, and maintain motivation (Carreiro et al., 2020; Gonzales-Castaneda et al., 2022; Svendsen et al., 2020).

High treatment costs are a major factor of the global "treatment gap" in substance use disorders (SUD), and recent research strongly supports the claim that many families simply cannot afford to intervene, even when they are highly motivated. Globally, most of the people with SUD receive no formal treatment despite the availability of effective psychosocial and pharmacological interventions (Connery et al., 2020; Hoeppner et al., 2024; Tambling et al., 2022). In low-income and middle-income countries the treatment gap is assessed to be at least 75% because of structural and financial barriers, limited service availability, and low political prioritization of SUD care (Connery et al., 2020; Heijdra Suasnabar & Hipple Walters, 2020; Hoeppner et al., 2024). Even in high-income countries, surveys display that 8-20% of individuals with alcohol or other substance problems who recognize a need for help report that they "cannot afford treatment" or lack adequate insurance coverage. Financial barriers are more problematic for low-income groups including those with co-occurring mental health conditions and racial or ethnic minorities (Anyanwu et al., 2024; Wolfe et al., 2023). Recent qualitative research on opioid use disorder emphases how both direct costs such as clinic fees, medication, lab tests and indirect costs like transportation, lost wages, housing instability undermine treatment initiation and retention, with many patients having to choose between paying for treatment and paying for basic needs (Anyanwu et al., 2024; Bunting et al., 2018). Similar patterns were discovered after inpatient detox, where patients explain a lack of low-barrier community options, unstable housing, and limited continuity of care as major obstacles to ongoing treatment (David et al., 2022).

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