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INFLUENCE OF FAMILY FUNCTION AND RESILIENCE ON RELAPSE TENDENCY AMONG SUBSTANCE USE DISORDER PATIENTS AT SELECTED REHABILITATION CENTERS IN ABUJA

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Abstract

Relapse remains a critical challenge in substance use disorder treatment, undermining recovery and perpetuating cycles of dependence. This study examined the influence of family functioning, and resilience on relapse tendency among patients with substance use disorder (SUD) in selected rehabilitation centers in Abuja, Nigeria. A cross-sectional survey design was adopted with the aged mean of 27.43 years and data were collected from 136 SUD patients across eight rehabilitation centers using the Family APGAR Scale, the Brief Resilience Scale (BRS), and the Advance Warning of Relapse (AWARE) Scale. Purposive sampling was employed, with inclusion restricted to medically stable individuals who had completed detoxification and provided informed consent. Data were analysed using descriptive statistics, Pearson correlation, simple linear regression, and multiple linear regression. Results showed that resilience achieved significance within the combined predictive Resilience: $\beta = -.079$, $p = .358$, $R^2 = .236$ Family functioning did not independently predict relapse tendency but demonstrated significant positive associations with resilience Family Functioning: $\beta = .047$, $p = .590$, R^2, suggesting an indirect rather than direct role in shaping relapse outcomes. These findings underscore that effective relapse prevention must extend beyond clinical intervention to encompass the broader psychosocial and environmental context of recovery. It was recommended that rehabilitation centers in Nigeria formally incorporate structured enhancement programs, family psycho-education, and resilience-building curricula into standard treatment protocols, alongside post-discharge aftercare frameworks that address the structural and relational vulnerabilities of patients with substance use disorder.

Keywords: family functioning, relapse tendency, substance use disorder and rehabilitation centers

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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

Introduction

There is an increasing concern within the field of addiction treatment regarding relapse among individuals with substance use disorders (SUD) (Farrington, 2020). This concern stems from the fact that achieving abstinence, maintaining long-term sobriety, and implementing effective relapse-prevention strategies are critical to the overall success of rehabilitation efforts (Farrington, 2020). Relapse can be influenced by various factors, including psychological, social, and familial dynamics. Understanding this array of factors, is essential for developing effective interventions that minimize the risk of relapse and support sustained recovery for individuals with SUD (Hussain et al., 2022). According to the World Drug Report (United Nations Office on Drugs and Crime [UNODC], 2020), approximately 269 million individuals used drugs globally in 2018, representing an increase of about 30% compared with 2009. Cannabis remains the most widely used substance worldwide, followed by opioids, amphetamines, cocaine, and ecstasy.

In Nigeria, drug use presents significant challenges, despite the efforts of the National Drug Law Enforcement Agencies (NDLEA) to combat illegal drug production, processing, distribution, and abuse (Akinola & Agunbiade, 2024). It was reported that approximately 14.4% of the Nigerian population, equating to around 14.3 million individuals aged 15 to 64, engage in drug use (UNODC, 2019). The National Institute on Drug Abuse (2020) highlights that substance abuse is a chronic and relapsing mental illness that poses serious risks to both physical and mental health, ultimately exerting a substantial strain on the economy and society. Even in the face of adverse consequences, many individuals with substance use disorders continue to experience intense cravings for harmful drugs, which keeps the rate of relapses quite high (Jatau et al., 2021). Experts underscore the urgent need for comprehensive public health strategies to address this growing crisis, as these statistics highlight the critical necessity for effective intervention and support systems (Jatau et al., 2021).

Drug addiction is an escalating global issue that affects individuals of all genders (Patne et al., 2025). In response, various governments and organizations have developed treatment strategies to combat this challenge. Nonetheless, inadequate or improperly tailored treatment can often lead to relapse. Substance Use Disorder (SUD) is a significant public health issue worldwide, characterized by the chronic nature of relapse and the complex interaction of biological, psychological, and social factors such as increased crime, family breakdown, homelessness, unemployment, and public health crises (Patne et al., 2025). While a variety of treatment options are available, relapse continues to be a significant hurdle (Brunt, 2023). Factors such as family dynamics systems, and individual resilience can heavily

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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

influence relapse rates. Therefore, it is vital to understand how these elements affect the likelihood of relapse to create more effective interventions and support mechanisms for those recovering from SUD (Kelly & Greene, 2014).

Substance use relapse is defined as a return to substance use after an attempt to quit, or it can indicate a setback in modifying certain behaviors (American Addiction Centers, 2025). In a broader context, it signifies the re-emergence of symptoms after a phase of improvement in a chronic condition (National Cancer Institute, 2022). It can also be defined as a failure in an individual's attempts to modify their substance use behaviours, leading to a return to drug use after a period of sobriety. It can also signify a setback in trying to alter any targeted behaviour, often representing the return of a disease or the reappearance of its symptoms after a period of improvement (American Society of Addiction Medicine, 2020). Essentially, relapse embodies a perception of failure and can involve reverting to harmful behaviors that compel an individual to resume using a substance. Relapse to substance usage remains a key barrier to abstinence in those getting treatment for substance use disorders, according to a plethora of studies (Weerasinghe & Bartone, 2016). Drug misuse is a long-term condition which leads to a chronic lifestyle and poses significant health-related challenges. Addiction to illicit drugs has serious psychiatric, psychological, emotional, and medical consequences for individuals, their family members and also for communities. Relapse is so common and influences the lives of individuals, families, and society.

SUD patients have difficulty withdrawing and a high relapse rate, not only physical dependence but also difficulty getting rid of psychological dependence (Childress et al., 2019). As noted by the American Society of Addiction Medicine (2020), the likelihood of relapse is particularly high within the initial three months following treatment. This phenomenon is often linked to intense cravings that peak during these 90 days. Moreover, relapse poses a significant health risk and can be instigated by stress, environmental cues related to past usage, or renewed exposure to the substance. Substance use disorders commonly manifest in cycles, featuring intermittent phases of sobriety, reduced consumption, and subsequent relapses (American Society of Addiction Medicine, 2020).

According to Kelly and Greene, (2014), posits that relapse is experienced as a sense of failure, often prompting individuals to revert to unhealthy behaviours associated with substance use. They further explained that it is most common within the first three months following treatment due to heightened cravings experienced during this initial period. This makes the likelihood of relapse particularly high during the first 90 days after starting

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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

treatment. The likelihood of relapse in substance abuse contexts relates to numerous factors, including both psychological and physical stress, renewed drug exposure, the presence of experiences of childhood trauma, family dynamics, and an individual's resilience (Kelly & Greene, 2014). Several other factors have been found to influence relapse tendency including family factors, personality

The family, as both an essential agent of socialization and a fundamental institution, plays a crucial role not only in relapse rates but also in the development and treatment of substance addiction (Xia et al., 2022). The family environment is instrumental in the onset, maintenance, and recovery from addiction. Family functioning refers to the social and structural properties of the global family environment. It includes interactions and relationships within the family, particularly levels of conflict and cohesion, adaptability, organization, and quality of communication (Palermo & Chambers, 2014). Miller et al. (2000) described family functioning as a model through which members can obtain the necessary material and emotional support to foster their physical, mental, and social development in healthy and beneficial ways. Slivsek et al. (2024) suggested that dysfunctional family dynamics may contribute to the onset and persistence of addiction, while supportive and functional family dynamics can enhance the recovery process for individuals with substance use disorders (SUD). The family environment plays a crucial role in shaping an individual's psychological behavior. "Family functioning" refers to how family members interact with one another and adapt to pressures and changes collectively.

The key components of family functioning include communication, emotional expressiveness, problem-solving, roles and responsibilities, and overall family satisfaction (Walsh, 2016). It encompasses the general dynamics, relationships, and processes that take place within a family system. This includes elements such as communication styles, problem-solving abilities, division of roles, emotional support, and the degree of cohesion and flexibility within the family. According to Gouveia et al. (2024), characteristics of healthy family functioning include effective communication, mutual respect, emotional closeness, and the ability to manage stress and difficulties as a unified team.

An important factor contributing to the tendency for relapse among individuals with substance use disorders is their resilience. Resilience is the process through which individuals recover from adversity or challenging situations, facilitated by protective factors that moderate the impact of such adversities and lowering the risk of relapse among individuals with substance use disorders (Yamashita et al., 2021). It can also be understood

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https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

as the capacity to cope with stress effectively, enhancing various aspects of life, including self-esteem, overall life satisfaction, self-efficacy, and social self-efficacy (Mhaidat et al., 2024). Thus, resilience is contingent upon individual strengths and the resources available from a supportive environment. Research indicates that individuals with high resilience are more adept at facing stress dynamically and tend to recover more quickly from negative emotions, serving as a vital protective factor for both physical and mental health (Front Psychiatry, 2021). Consequently, this study aims to explore the influence of family functioning and resilience on the tendency for relapse among patients with substance use disorders in selected rehabilitation centers in Abuja.

Statement of the Problem

The increasing prevalence of substance abuse in Nigeria has significantly contributed to the rising burden of mental health disorders and other comorbid conditions, such as cardiovascular diseases (Olanrewaju et al., 2024). Despite ongoing interventions, many individuals have continued to experience limited access to essential rehabilitation and psychiatric care. The misuse of both illicit drugs and prescription medications, originally developed for legitimate medical purposes, has further compounded the public health crisis (Kelly & Greene, 2014). This growing epidemic has resulted in profound social, psychological, and economic consequences for affected individuals, their families, and society at large (Hahn et al., 2021).

In response to these challenges, numerous organizations have established rehabilitation centers to support individuals diagnosed with Substance Use Disorder (SUD). These centers integrate psychological, behavioral, and medical approaches to facilitate recovery and reintegration into society (Mäkelä et al., 2020). However, despite advancements in treatment modalities, a substantial number of individuals have relapsed shortly after discharge from rehabilitation programmes (Kabisa et al., 2021). Previous research has attributed this persistent relapse pattern to multiple psychosocial and environmental factors, including difficulties in family relationships, weak and inadequate resilience (Lee et al., 2022).

Although studies on Substance Use Disorder and relapse have been conducted in Nigeria, most have focused primarily on detoxification and clinical treatment aspects, with limited attention given to psychosocial predictors of relapse. The complex interaction between family functioning and resilience—factors critical for sustained recovery—has remained underexplored within the Nigerian context. While some empirical studies, such as those by Inja et al. (2019) and Abiola et al. (2015) examined social

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https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

and psychological determinants of relapse, these studies were fragmented and did not assess the combined predictive influence of these variables.

Furthermore, there has been a paucity of localized data in Abuja, where rehabilitation centers have continued to grapple with high relapse rates despite structured treatment programs. To address this gap, the present study focused on eight rehabilitation centers within the Abuja Municipal Area Council (AMAC), selected for their active engagement in Substance Use Disorder treatment and their representative distribution across the region. By examining the combined influence of family function and resilience on relapse tendency among patients with Substance Use Disorder, the study provided context-specific insights capable of informing more effective relapse prevention strategies in Nigeria.

Research Questions

To guide the study, the following research questions were addressed:

i. To what extent does family functioning influence relapse tendency among patients with Substance Use Disorder in selected rehabilitation centers in Abuja?
ii. To what extent does resilience influence relapse tendency among patients with Substance Use Disorder in selected rehabilitation centers in Abuja?

Objectives of the Study

The aim of this study was to examine the extent to which family functioning and resilience influence relapse tendency among patients with Substance Use Disorder in selected rehabilitation centers in Abuja.

The specific objectives of the study were to:

i. Examine the extent to which family functioning influence relapse tendency among Substance Use Disorder Patients in Selected Rehabilitation Centers in Abuja.
ii. Determine the extent to which resilience influence relapse tendency among Substance Use Disorder Patients in Selected Rehabilitation Centers in Abuja

Hypotheses

Based on the research objectives and questions, the following hypotheses are formulated and tested

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

i. Family functioning dimension will significantly influence relapse tendency among patients with Substance Use Disorder in selected rehabilitation centers in Abuja.
ii. Resilience will significantly influence relapse tendency among patients with Substance Use Disorder in selected rehabilitation centers in Abuja.

METHODS

Design

This study adopted a cross-sectional survey design for data collection. The design involved the use of standardized instruments to obtain information from participants at a single point in time. This design was appropriate because the study aimed to identify and measure the influence of family function and resilience on relapse tendency among patients treated for substance use disorder in selected rehabilitation centers in Abuja, Nigeria.

Beyond guiding data collection, the research design provided a clear research framework, ensured validity and reliability, and guided the selection of appropriate measurement tools. It also facilitated the testing of hypotheses and enhanced the generalizability and applicability of the study findings. The independent variables in this study were family function and resilience, while the dependent variable was relapse tendency.

Setting

The study was conducted among patients receiving treatment in selected rehabilitation centers within the Abuja Municipal Area Council (AMAC), Federal Capital Territory, Nigeria. A total of eight private rehabilitation facilities served as the study sites. Data collection was carried out beginning on July 20, 2025. These facilities were selected based on their active engagement in the treatment and rehabilitation of individuals with Substance Use Disorders (SUDs) and their willingness to participate in the study.

Participants

The study participants consisted of inpatients diagnosed with Substance Use Disorder (SUD) and receiving treatment in selected rehabilitation facilities within the Abuja Municipal Area Council (AMAC). As of May 25, 2025, the eight centers reported a combined total of 141 inpatients, comprising 118 males and 23 females, across various age groups. The demographic profile of the 136 respondents drawn from eight selected

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

rehabilitation centers in Abuja. The sample was predominantly male (82.4%) and young, with the 20–29 age group constituting the largest proportion (39.0%). More than half of the respondents were single (51.5%), and the majority held tertiary or secondary educational qualifications (47.1% and 34.6% respectively). Unemployment was the dominant employment status (58.1%), and cannabis was the most commonly abused substance (32.4%), followed by cocaine (29.4%). With respect to duration of use, 38.2% had been using substances for less than five years, while a notable 33.1% reported use spanning 11–15 years.

This population was considered appropriate for the study because it provided direct access to individuals at different stages of recovery, thereby enabling a comprehensive exploration of how family function and resilience influence relapse tendency among persons with SUD. Participants were selected based on well-defined inclusion criteria to ensure that the sample was relevant to the study objectives and adequately representative of the inpatient SUD population in Abuja.

All the selected rehabilitation centers were situated within the Abuja Municipal Area Council (AMAC) of the Federal Capital Territory (FCT). These facilities were distributed across key districts, including Kurudu, Asokoro, Galadimawa, Gwarinpa, Utako, and Jabi, ensuring geographical representation of major service providers within the municipal area.

Inclusion and Exclusion Criteria

Inclusion Criteria

Participants who met the following criteria were included in the study:

i. Individuals of any age and of any gender (male or female).
ii. Clinically stable patients with no active psychotic or withdrawal symptoms at the time of data collection.
iii. Patients formally admitted for drug-related problems in the selected facilities from 1st March 2025.
iv. Participants who voluntarily consented to participate in the study.
v. Ability to read, understand, and respond to the survey instruments in English.

Exclusion Criteria

Participants who met any of the following criteria were excluded from the study:

Patients with active psychotic symptoms or severe mental or physical conditions that may interfere with their ability to participate effectively.

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

i. Individuals not diagnosed with Substance Use Disorder or not currently admitted for treatment at the time of data collection.
ii. Patients who decline consent or withdraw voluntarily from participation at any stage of the study.

Sample Size and Sampling Technique

A purposive sampling technique was employed to select participants from the eight rehabilitation centers within the Abuja Municipal Area Council (AMAC). Only medically stable individuals who had completed detoxification and were capable of providing informed consent were included. This approach ensured the selection of participants with characteristics directly relevant to the study objectives, thereby improving the precision and validity of the data collected.

As of May 25, 2025, the eight facilities recorded a total of 141 inpatients receiving treatment for Substance Use Disorder (SUD). Given this manageable population size, all eligible inpatients who met the inclusion criteria were invited to participate. Consequently, a total population sampling approach was adopted rather than calculating a separate sample size using a probabilistic formula such as the Yamane model. This approach enhanced representativeness and minimized sampling bias.

Instruments

The primary tools used for data collection were structured questionnaires comprising four sections. Section A addressed the demographic characteristics of the respondents, while Sections B, C and D assessed family function, resilience, and relapse tendency, respectively.

Section B: Adaptation, Partnership, Growth, Affection, and Resolve (APGAR)

The Family APGAR Scale, developed by Smilkstein (1978), is a five-item instrument designed to assess family function across five domains represented by the acronym APGAR: Adaptation, Partnership, Growth, Affection, and Resolve. Each domain reflects a key component of perceived family support and functioning:

Adaptation: the family's ability to utilize and share resources. Partnership: the sharing of decision-making and problem-solving responsibilities among family members. Growth: the capacity of the family to nurture and support the physical, emotional, and social development of its members. Affection: the expression of love and emotional closeness within the family. Resolve: the commitment of family members to devote time and energy to one

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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

another. Respondents used a three-point scale to answer: “almost always” (2 points), “some of the time” (1 point), or “hardly ever” (0 points). Scores can range from a minimum of 0 to a maximum of 10. The interpretation of Family APGAR scores is as follows: 7-10 indicates a highly functional family; 4-6 suggests a moderately dysfunctional family; and 0-3 signifies a severely dysfunctional family. The Family APGAR has demonstrated good internal consistency, with a Cronbach’s alpha coefficient of 0.80 and a discrimination coefficient between 0.52 and 0.68 (Smilkstein, 1978). The instrument has also been validated and successfully applied in several Nigerian studies assessing family functioning (Muyibi, 2010), confirming its reliability and cultural applicability in the local context.

Section C: The Brief Resilience Scale (BRS)

The Brief Resilience Scale (BRS), developed by Smith et al. (2008), consists of six items designed to assess an individual's ability to recover from stress and adversity. Responses are evaluated using a 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5), with higher mean scores indicating greater resilience. The BRS is a single-factor scale, and to mitigate social desirability response bias, half of the items are reverse scored (Cronbach, 1950). In their research, Smith et al. (2008) reported a Cronbach’s alpha ranging from .80 to .91 across four samples. Additionally, Salisu and Hashim (2017) found a Cronbach’s alpha of 0.89 in a pilot study conducted among students in Kano State, Nigeria.

Section D: The Advance Warning of Relapse (AWARE) Questionnaire

The Advance Warning of Relapse (AWARE) Questionnaire was designed to measure early warning signs of relapse in substance use and abuse, as described by (Gorski & Miller, 1982) developed through research funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA, contract ADM 281-91-0006). More so, the scale help individuals recognize thoughts, feelings, and behaviors that may indicate they are at risk of relapse. The scale typically consists of items that focus on several psychological and behavioral aspects, such as: Negative emotional states (e.g., stress, anxiety), Cognitive changes (e.g., distorted thinking), Behavioral shifts (e.g., withdrawal) and Loss of daily structure (e.g., neglecting responsibilities). The instrument was redesigned from its 37-item original version to the current 28-item scale (version 3.0) (Miller & Harris, 2000). The current 28-item with 1-7 rating scale (Never = 1, Rarely = 2, Sometimes = 3, Fairly often = 4, Often = 5, Almost always = 6, Always = 7 with a reverse scoring for the following five items: 8, 14, 20, 24, 26.) will be adapted and modified for the study. The higher the score, the more warning signs of relapse are

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

being reported by the client. The range of scores is from 28 (lowest possible score) to 196 (highest possible score).

The Psychometric Properties of the AWARE Scale shows that the Internal consistency of AWARE Scale has been shown to possess good internal consistency which means that the items within the scale are highly correlated and measure the same construct (relapse risk) with a good test-retest reliability, scores of 0.85 Also, the scale has demonstrated a good construct validity with self-efficacy scales. In terms of face and content validity the scale covers a broad spectrum of relapse-related factors, ensuring that it reflects the multidimensional nature of relapse risk. The reliability of the instrument was ensured through the test-retest method using Pearson Product Moment correlational coefficient statistic which yielded coefficient scores of 0.85 (Ugwueze et al., 2020) for Nigeria study.

Procedure

The researcher obtained an introductory letter from the Department of Psychology at the Nigerian Defence Academy, Kaduna, which was presented to the management of the selected rehabilitation facilities within the Abuja Municipal Area Council (AMAC) to seek permission for data collection. Ethical approval was also obtained from the relevant authorities before the commencement of the study.

The total population of inpatients undergoing treatment for substance use disorder across the eight selected rehabilitation centres was 141 as of May 25, 2025. Due to the relatively manageable size of the population, the researcher attempted to reach all eligible participants within the centres. However, purposive sampling was used to ensure that only participants who met the study's inclusion criteria and were clinically stable at the time of data collection were recruited for the study.

A total of 141 questionnaires were administered across the participating rehabilitation centres to eligible patients who consented to participate. Out of the questionnaires distributed, 139 were successfully retrieved, representing a high response rate. However, 3 questionnaires were found to be incomplete and were therefore excluded from the analysis, leaving 136 valid questionnaires, which constituted the final sample used for statistical analysis in Chapter Four.

Before administering the questionnaires, participants were informed about the purpose of the study and assured of the confidentiality and anonymity of their responses. Informed consent was obtained from all participants. Participants were encouraged to respond honestly to all items, and adequate time was provided for them to complete the instruments. The

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

completed questionnaires were collected immediately after completion to ensure data accuracy and integrity.

Method of Data Analyses

Data obtained from the study were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including mean, standard deviation, frequency tables, and percentages were used to summarize participants' demographic characteristics and the distribution of key study variables.

Inferential statistics were used to test the study hypotheses as follows:

Hypothesis one was tested using Multiple Regression Analysis to determine the influence of family function on relapse tendency.
Hypothesis two was tested using Simple Linear Regression Analysis, to assess the influence of resilience on relapse tendency.

Ethical Considerations

Ethical clearance was obtained from the appropriate hospital management. Confidentiality was ensured by excluding identifying information from the research instruments, and participants were instructed not to disclose their identities. Participants were informed that the study was conducted strictly for academic purposes and that results would not be reported in any individually identifiable manner.

Participation was voluntary, and no participant was coerced or penalized for non-participation or withdrawal. Participants were informed that they would not be disadvantaged by choosing not to participate and that the findings of the study may contribute to better understanding factors influencing relapse, thereby supporting recovery efforts.

RESULTS
Descriptive statistics

Table 1: Socio-demographic Characteristics of Respondents N = 136

Age	Category	Frequency	Percentage
	15-19 years	31	22.8
	20-29 years	53	39.0
	30-39 years	26	19.1

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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

	40 years and above	22	16.2
Sex	Male	112	82.4
	Female	24	17.6

Note. The “Below 20 years” category represents respondents aged 15-19 years. This label was used in the research instrument to assess SUD among minors aged 10-19 years. The actual age range in the sample was 15 to 40+ years. Mean age was estimated from grouped data using class midpoints = 27.43 years.

Test of Hypotheses

Hypothesis One: Family functioning will significantly influence relapse tendency among substance use disorder patients in selected rehabilitation centers in Abuja. Multiple regression was used to test the predictive effect of family functioning (APGAR) on relapse tendency (AWARE).

Table 2 Influence of Family Functioning on Relapse Tendency

	Unstandardized Coefficients				95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	t	Sig.	Lower Bound	Upper Bound	Tolerance	VIF
(Constant)	0.747	0.424	1.763	0.081	-0.093	1.586		
AD	0.002	0.096	0.017	0.987	-0.188	0.192	0.712	1.404
PA	0.147	0.103	1.429	0.156	-0.057	0.350	0.737	1.356
GR	0.119	0.099	1.201	0.232	-0.077	0.316	0.724	1.382

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

AF	0.047	0.093	0.499	0.619	-0.138	0.231	0.815	1.227
RE	0.234	0.085	2.765	0.007	0.066	0.401	0.765	1.308
RL	0.199	0.080	2.501	0.014	0.041	0.357	0.882	1.134

a. Dependent Variable: Relapse Tendency (RT)
b. Independent Variables: Adaptation (AD); Partnership (PA); Growth (GR); Affection (AF); Resolve (RE)

Table 2 presents the regression result on the effect of family functioning dimensions on relapse tendency among substance use disorder patients, with resilience included in the model. The result shows that Adaptation (AD), Partnership (PA), Growth (GR), Affection (AF), Resolve (RE), and Resilience (RL) were entered as predictors of Relapse Tendency (RT). The constant value was 0.747, with a t-value of 1.763 and a p-value of 0.081, indicating that the intercept was not statistically significant at the 5% level. Among the Family APGAR dimensions, Adaptation had a coefficient of 0.002 and was not significant (t = 0.017, p = 0.987), suggesting that adaptation did not significantly predict relapse tendency. Partnership also had a positive but insignificant effect on relapse tendency (B = 0.147, t = 1.429, p = 0.156), while Growth showed a positive but statistically insignificant effect (B = 0.119, t = 1.201, p = 0.232). Similarly, Affection had a weak positive and insignificant effect on relapse tendency (B = 0.047, t = 0.499, p = 0.619).

However, Resolve (RE) had a positive and statistically significant effect on relapse tendency, with a coefficient of 0.234, t-value of 2.765, and p-value of 0.007. Since the p-value is less than 0.05, the result indicates that resolve significantly influenced relapse tendency among the respondents. The 95% confidence interval for Resolve ranged from 0.066 to 0.401, and since the interval does not include zero, this further confirms the statistical significance of the effect. This means that a one-unit increase in Resolve was associated with a 0.234-unit increase in relapse tendency, holding other variables constant. Resilience (RL) was also positive and statistically significant, with a coefficient of 0.199, t-value of 2.501, and p-value of 0.014. Its 95% confidence interval ranged from 0.041 to 0.357, also excluding zero. This implies that resilience significantly predicted relapse tendency in the model.

The collinearity statistics show that there was no serious multicollinearity problem among the predictors. The tolerance values ranged from 0.712 to 0.882, which are all above the minimum acceptable threshold of 0.10. Similarly, the VIF values ranged from 1.134 to 1.404, which are far below

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
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NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

the commonly accepted threshold of 5 or 10. This indicates that the independent variables were not highly correlated with one another to the extent of distorting the regression estimates. Overall, the result suggests that most family functioning dimensions did not individually have a statistically significant effect on relapse tendency, except Resolve. Resilience also significantly influenced relapse tendency. Therefore, in this model, Resolve and Resilience were the major predictors of relapse tendency among substance use disorder patients in the selected rehabilitation centers in Abuja.

Hypothesis Two: Resilience will significantly influence relapse tendency among substance use disorder patients in selected rehabilitation centers in Abuja. Simple linear regression was used to test the predictive effect of resilience (BRS) on relapse tendency (AWARE).

Table 2: Simple Linear Regression of Resilience on Relapse Tendency

Predictor	B	Std. Error	β	T	R^2	F	p
Resilience (BRS)	-.650	.704	-.079	-.923	.236	.852	.358

Dependent Variable: AWARE (Relapse Tendency). df = (1, 134).

The result showed that resilience (BRS) did not significantly predict relapse tendency when examined independently (β = -.079, t = -.923, p = .358). The model explained 23.6% of the variance in relapse tendency (R^2 = .236), but this was not statistically significant (F = .852, p = .358). The alternate hypothesis is therefore rejected. Resilience alone does not significantly predict relapse tendency among substance use disorder patients in the sampled rehabilitation centers in Abuja.

Discussion

This research explored the influence of family functioning and resilience on the risk of relapse among substance use disorder (SUD) patients in selected residential facilities in Abuja, Nigeria. The first hypothesis, which stated that family functioning significantly influences relapse tendency among substance use disorder patients in selected rehabilitation centers in Abuja, was not supported by the findings of this study. Family functioning did not demonstrate a statistically significant direct effect on relapse tendency when examined independently. This finding is somewhat at variance with the propositions of Family Systems Theory (Bowen, 1978), which holds that the emotional and relational dynamics within the family unit constitute a fundamental determinant of individual psychological functioning and

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

behavioral outcomes. The theory would predict that disrupted family processes — including poor cohesion, communication breakdown, and dysfunctional role allocation — would manifest in heightened relapse risk among patients with substance use disorder. However, the non-significant direct effect observed in the present study suggests that while these family dynamics may be operative, their pathway to relapse is not straightforward. This is consistent with the mediation findings reported by Mao (2022) and Ibigbami et al. (2023), both of which demonstrated that family functioning influences relapse tendency not directly, but indirectly through intermediary variables such as self-esteem and resilience. Habib et al. (2017) and Maehira et al. (2013) similarly noted that the role of family functioning in relapse prevention is most evident when embedded within a broader network of psychosocial. The present finding therefore does not negate the importance of family functioning in the recovery process; rather, it suggests that the family's contribution to relapse outcomes among this population may be more nuanced, operating through pathways that were not the direct focus of this investigation.

The second hypothesis, which stated that resilience significantly influences relapse tendency among substance use disorder patients in selected rehabilitation centers in Abuja, was not supported when resilience was examined as an independent predictor. This outcome is not without precedent in the literature. While Rathinam and Ezhumalai (2021) and Abdollahi et al. (2014) demonstrated significant associations between resilience and recovery outcomes among individuals with substance use disorder, Ibigbami et al. (2023) showed that the protective effect of resilience is best understood as an intermediary mechanism rather than a standalone predictor of relapse tendency. Kumpfer's Resilience Model (1999) is instructive here, as it frames resilience not as an isolated trait but as a dynamic, context-dependent process that emerges through the interaction between individual characteristics and external environmental factors, including family support and social networks. The model's emphasis on person-environment interactional processes implies that the expression and effectiveness of resilience is contingent on the availability of supportive environmental conditions. In the context of the present study, where high unemployment (58.1%) and predominantly single marital status (51.5%) characterize the sample, it is conceivable that the environmental scaffolding necessary to activate resilience processes was insufficient, thereby attenuating its direct predictive effect. Yamashita et al. (2021) similarly found that resilience among young substance abusers in Thailand was significantly predicted by family connectedness, indicating that resilience functions most powerfully within a web of relational resources rather than in their absence.

Conclusion

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

This study examined the influence of family functioning and resilience on relapse tendency among substance use disorder patients in selected rehabilitation centers in Abuja. The findings revealed that while family functioning and resilience did not independently exert statistically significant direct effects on relapse tendency.

Recommendations

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

i. Rehabilitation centers in Abuja and across Nigeria should integrate structured enhancement programs into their standard treatment protocols. Therapeutic interventions such as family counseling, peer support groups, and community reintegration programs should be deliberately designed to strengthen recovery-oriented support networks, with emphasis placed not merely on the availability of support but on ensuring that its nature actively reinforces abstinence and recovery goals.
ii. Resilience-building should be embedded within rehabilitation curricula as a complement to social and family support interventions rather than as a standalone program. Cognitive-behavioral techniques, stress inoculation training, and emotional regulation skill-building should be incorporated to strengthen patients' internal coping capacities in tandem with external support structures.

Implications of Findings

The findings of this study carry significant implications at the theoretical, practical, and policy levels. Theoretically, the results provide partial support for the key frameworks underpinning this study. The non-significant independent effects of family functioning and resilience, alongside their joint significance in the combined model, lend empirical credibility to the arguments advanced by Bowen's (1978) Family Systems Theory and Kumpfer's Resilience Model (1999) that psychosocial variables do not operate as isolated determinants of behavior but rather function within an interconnected system of relational and environmental influences.

The findings also carry important implications for the training of rehabilitation professionals. Mental health workers, social workers, and counselors operating within Nigerian rehabilitation settings should be equipped with competencies in family systems assessment, social network mapping, and culturally sensitive support facilitation.

ISSN: 2971-7760 | VOL 5, ISS 2 | 01 JULY 2026
https://doi.org/10.5281/zenodo.21092559
NASARAWA STATE UNIVERSITY, KEFFI, NIGERIA

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