

“Peer influence as a predictor of Relapse among youths recovering from substance addiction in Ibadan metropolis Nigeria: A scoping review”.

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Abstract- Peer influence is a very critical factor in the Relapse of youths that are recovering from substance addiction in Ibadan metropolis Nigeria. However, local evidence on the study is scarce in Ibadan metropolis. This study employed a scoping review design which is guided by Arksey and O'Malley's framework, to map existing global and Nigerian literature on the relationship between peer influence and Relapse. The reviewed studies were selected based on established criteria. Studies that focused solely on pharmacological treatment without social or behavioral analysis, as well as those unrelated to Relapse, were excluded. Searches were conducted manually through Google Scholar and Google across all accessible databases. A combination of relevant keywords and phrases were used. Approximately three hundred and fifty (350) studies were retrieved from the searches, seventy (70) were shortlisted for review. Finally, fifteen (15) studies were selected for the review. The reviewed studies are primarily cross-sectional (66.7%) and spanned 11 countries with sample sizes ranging from 34 to 915. Relapse rates ranged from 24% to 95% in the review and peer pressure is a significant relapse predictor. This often interacts with factors like unemployment, stigma, and family conflicts. However, positive peer support emerged as a protective factor in some studies. However, the result is generally limited in its applicability to youths in the Ibadan metropolis, primarily due to the scarcity of local studies on the topic. Also, there is an imbalance in gender representation in the study. The study concludes that peer influence is a significant predictor of Relapse globally and suggests targeted interventions, such as peer support groups and mindfulness-based programs. The study recommends that the Ministry of Health, NDLEA, and state rehabilitation centres should formalise peer-support components within rehabilitation policy

Keywords: Peer influence, Relapse, substance abuse, youths, Ibadan, Nigeria

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Introduction

Relapse remains one of the greatest threats to the successful rehabilitation of individuals recovering from substance addiction. Despite the availability of treatment and rehabilitation programs, many patients struggle to maintain abstinence. Studies show relapse rates between 60–90% within the first year of treatment. Relapse refers to a return to substance use after abstinence or rehabilitation. A growing body of literature has identified multiple risk factors that predispose individuals to relapse. These include early initiation of substance use, male gender, unemployment, peer group influence, poor family support, and association with drug-using friends (Okonkwo et al., 2020). Among these, peer influence has consistently

emerged as a particularly strong predictor of relapse, especially among young people. In the Nigerian context, research among secondary school students in Ibadan revealed that peer pressure is a significant predictor among youths as it strongly contributes to substance use and it often overrides parental and societal expectations as adolescents seek validation and acceptance within their social networks (Adegunju, 2024; Sanni et al., 2021). This review therefore seeks to examine the role of peer influence in predicting relapse among youths recovering from substance addiction in Ibadan metropolis. The review maps the available evidence and aims to provide an elaborate context into how social dynamics affect recovery outcomes and to inform more effective rehabilitation strategies to suit to the Nigerian context.

Literature Review

Peer Influence and Relapse Dynamics

Peer influence can affect relapse outcomes by either promoting recovery or encouraging drug use (Al-Musway, 2024). Empirical studies consistently support this dual role of peer networks. Nawi et al. (2021) identified substance-using peers as a major community-level risk factor for drug abuse, while Suwanchatchai et al. (2024) found that addicted friends and close relatives significantly increased relapse rates. In addition, Keyzers et al. (2020) confirmed that negative peer pressure heightens drug use, whereas positive peer interactions reduce it. The mechanisms behind these patterns align with social learning theory, which explains that behaviour is acquired through observation and imitation (MacArthur et al., 2020). Similarly, social identity theory suggests that individuals conform to peer norms to maintain group belonging. Furthermore, Nigerian studies also provide strong contextual evidence. Sanni (2021) reported a 38% relapse rate in NDLEA rehabilitation centres, attributing it to peer association and weak reintegration after discharge. Similarly, Ajayi et al. (2025) observed relapse rates between 37% and 91% in Lagos, significantly influenced by peer networks and psychiatric comorbidities. In addition, Okonkwo et al. (2020) recorded a 51.3% relapse rate in the southwest, while the NIDA-Yaba (2023) report linked 52.7% of cases to peer pressure and polysubstance use. Finally, Adewole and Oyeniran (2024) also found that peer pressure and unstable family structures predicted substance use among Oyo State adolescents.

Moderating Factors of Peer Influence

However, peer influence does not act in isolation. It interacts with individual traits and social factors such as self-efficacy, family stability, and economic stress. Socioeconomic and contextual conditions further play a role in this relationship. In addition, unemployment, stigma, and family instability are also common moderators of relapse (Okonkwo et al., 2020; Ajayi et al., 2025). Sanni (2021) observed that poor family reintegration after rehabilitation heightened relapse risk, particularly among youths from disadvantaged households. While earlier reports suggested that

females are more susceptible to peers' delinquent behaviours. However, Watts (2024) found no consistent gender effect, indicating that economic stress and social isolation may outweigh gender as predictors of relapse. Nigerian evidence shows that peer influence interacts with psychological, familial, and economic stressors to reinforce relapse. This suggests that addressing peer dynamics alone may be insufficient without simultaneously strengthening social support systems and improving post-rehabilitation reintegration.

Interventions Addressing Peer-Related Relapse

Interventions that target peer have proven effective in mitigating relapse. The Relapse Prevention (RP) model emphasises identifying and managing high-risk social situations, including peer contact, through coping and refusal skills (Hendershot et al., 2011). The Mindfulness-Based Relapse Prevention (MBRP) model extends this by enhancing awareness and emotional control, reducing automatic responses to peer pressure. Prins et al. (2021) and Al-Ziadat (2024) noted that peer-group and gender-sensitive approaches strengthen self-efficacy and coping, particularly for youths that are exposed to high-risk environments.

Furthermore, school- and community-based interventions also play preventive roles. Deep et al. (2024) advocated mental-health-friendly school settings and near-peer mentoring to build positive socialisation patterns. Importantly, not all peer influence is negative as prosocial peer networks can foster resilience. Olanrewaju et al. (2022) reported that Nigerian undergraduates who engaged in prosocial peer groups were less exposed to relapse triggers. This demonstrates the value of structured peer-support systems. If these models are integrated into rehabilitation and aftercare programs, they can reinforce abstinence and counteract social pressures that encourage relapse.

Research Question

Is peer influence a significant predictor of Relapse among youths recovering from substance addiction in Ibadan Metropolis?

Methodology

This study employed a scoping review design to systematically map the role of peer influence in Relapse among youths, guided by Arksey and O’Malley’s framework and further refined by Levac et al. (2010)

1. Specify the research question
2. Identify relevant literature
3. Select studies
4. Extracting, mapping, and charting the data
5. Summarize, synthesize, and report the results
6. The scoping approach was chosen due to the broad nature of the topic and the limited localized evidence available. This allows for the mapping of key concepts, types of evidence, and gaps in the literature.

Eligibility criteria: Studies were included if they focused on youths or young adults (typically ages 15–35), examined peer influence as a factor in substance abuse relapse, were published in English, and were available in full text between 2010 and 2024. Exclusion criteria included studies that focused solely on pharmacological treatment without social or behavioral analysis, as well as those unrelated to Relapse. However, Studies conducted in Nigeria reporting relapse prevalence,

correlates, or peer influence were prioritized to strengthen the local context.

Information sources and search strategies:

Searches were conducted manually through Google Scholar. In addition to Google Scholar, AJOL and PubMed were searched. Grey literature including NDLEA reports was also reviewed to capture Nigerian relapse statistics.

Selection and charting process:

After an initial screening of titles and abstracts for relevance, approximately 350 studies were retrieved, with Nigerian relapse-focused works highlighted separately to map national evidence. A total of 70 articles were shortlisted on the basis of relevance to the study. From these, 15 were selected for in-depth review because they met the study’s predetermined criteria. Key data were charted, including author(s), year, location, population studied, peer-related factors, and other reported relapse factors. Grey literature was also considered, such as NDLEA reports and abstracts from the Yaba psychiatric facility.

Synthesis Approach:

The findings were organized thematically to reflect the dominant peer-related influences, including peer pressure, peer modeling, social isolation, and peer group relapse cycles.

Authors (Year)	Country	Study type	Population sample	Key findings on peer influence	Other factors
1. Abdu Adem et al (2024)	Ethiopia	cross-sectional study	176 rehabilitees	11 participants (6.3%) reported Relapse based on peer pressure	The reasons for Relapse were low self-esteem (62 participants, 35.2 %), work or school stress(55participants,31.3 %), unemployment (31 participants, 17.6 %), peer pressure(11 participants, 6.3 %), social events (6 participants, 3.4 %), and other reasons(11 participants,6.3 %)
2. Suwanchatchai et al (2023)	Thailand	Retrospective observational study	915 patients (801 males, 114 females)	Family disputes, addicted	% relapse rate among patients with substance use disorder (SUD) in a

				friends, and close relatives significantly increased the risk of Relapse	rural Thai population. Significant factors associated with Relapse included being over 40 years old, single, unemployed, and having no legal history
3. Sohrabpour et al (2024)	Iran	cross-sectional design	400 male addicts. 47.50% of participants were aged 31-40 years,	Association with addicted friends emerged as a key predictor of Relapse	Other factors include psychological stressors, environmental triggers, familial rejection, and exposure to drug-related stimuli Constructs from the Theory of Planned Behavior (TPB) were found to predict substance abuse and Relapse
4. Sonbol et al (2023)	Egypt	Descriptive cross-sectional study	53 relapsed patients (age 18-50)	statistically significant positive correlation between stigma score and a group of factors including peer pressure	The research concluded that perceived stigma is a risk factor predicting Relapse in substance use disorder patients Socio-demographic factors such as single marital status, unemployment, and economic debt were significantly correlated with Relapse
5. Sapkota et al (2017)	Nepal	Descriptive cross-sectional design	72 relapsed drug abusers	Peer pressure and family acceptance issues were also major contributors to Relapse	The study found that Relapse occurs primarily within the first 90 days post-treatment due to various factors Lack of self-confidence and easy accessibility of drugs were identified as a significant factor contributing to Relapse.

					Family pressure influenced the treatment process, with many respondents returning for treatment multiple times.
6. Ramsewak et al (2020)	Mauritania	cross-sectional study	180 male addicts	Most of the addicts exhibited a lower resistance to peer influence as they were easily influenced by their friends (46.4%) and took more risks in the company of their peers (62.4%)	A high relapse rate of 92% was noted, particularly within the first year of abstinence Maladaptive coping skills and social pressure were significant barriers to successful remission
7. Kumar & Thadani (2022)	India	Cross sectional study	50 patients with alcohol dependence syndrome	27 patients (54%) of the participant identified peer pressure as their reason for Relapse	Craving (98%) was the primary reason for Relapse, followed by poor motivation (84%) and stressful events (76%)
8. Kabisa et al (2021)	Rwanda	Retrospective, cross-sectional survey	391 patients with substance use disorder (84.1% male) and (54.2%) were aged between 18 and 30 years	Peer group was found to be associated with Relapse.	The study found a relapse prevalence of 59.9% among patients with substance use disorder (SUD) after treatment Patients living with only their mothers had a higher relapse risk. Those hospitalized for one to three months were 11.2 times more likely to relapse The study highlighted family conflicts as a

					risk factor for Relapse
9. Javed et al (2020)	Pakistan	Cross sectional.	34 male patients	Peer pressure and negative family emotions were significant relapse factors	<p>A significant percentage of participants (70%-90%) relapsed within a year post-detoxification</p> <p>Negative emotions from family and peer pressure were major contributors to relapse</p> <p>Self-motivated individuals had better success in maintaining abstinence compared to those forced into rehabilitation</p>
10. Bhandari et al (2015)	Nepal	cross sectional study	114 patients (112 males, 2 females)	Peer pressure and family relations are primary causes of drug relapse	<p>The age of respondents is significantly associated with drug relapse ($p < 0.029$).</p> <p>Educational level also shows a significant association with drug relapse ($p < 0.004$)</p> <p>Higher economic status correlates with increased chances of Relapse, though not statistically significant</p> <p>The youth population is particularly vulnerable to drug relapse, especially with low educational status</p> <p>Relapse rates were notably high among male respondents, with 95% reporting relapse</p>
11. Acri et al (2012)	USA	Semi-Structured Interview	87 substance abuse patients (mean age 17.1, 86% male)	Adolescents cited positive peers as part of the need for support	Youths identify aftercare services, supportive relationships, and drug-free activities as crucial for recovery post-treatment

				expressing their need for “positive friends” who would help them stay away from the street and from negative friends	
12. Ajayi, et al , 2025	Lagos, Nigeria	Retrospective cross-sectional	262 SUD patients		Relapse 37–91%; CBT sessions reduced Relapse; family history significantly increases the odds of Relapse.
13. Okonkwo et al, 2020	Lagos/Southwest Nigeria	Cross-sectional	228 In/Out-patients with SUD		Relapse prevalence rate is 51.3%; age, education, family history associated.
14. Okonkwo et al, 2020	Lagos, Nigeria	cross-sectional study	72 SUD patients	There was a significant association between socio-demographic and the risk factors of Relapse	Relapse prevalence 52.7%; 53.2% multiple substance users; peer pressure prominent.
15. Sanni, Bolu-Steve, Durosaro & Adigun, 2021	North Central Nigeria (NDLEA)	Descriptive survey	159 Rehab clients		Moderate relapse prevalence; recommends stronger reintegration.

General characteristics of reviewed literatures

Category	Content	N	%
Country/Region	Ethiopia	1	6.7
	Thailand	1	6.7
	Iran	1	6.7
	Egypt	1	6.7
	Nepal	2	13.3
	Mauritania	1	6.7
	India	1	6.7
	Rwanda	1	6.7
	Pakistan	1	6.7
	USA	1	6.7
	Nigeria	4	26.7

Category	Content	N	%
Published Year	2012	1	6.7
	2015	1	6.7
	2017	1	6.7
	2020	3	20.0
	2021	2	13.3
	2022	1	6.7
	2023	2	13.3
	2024	2	13.3
	2025	1	6.7
Research Design	Cross-sectional (including descriptive)	10	66.7
	Retrospective observational survey	3	20.0
	Semi-structured interview	1	6.7
	Descriptive survey	1	6.7

The reviewed studies (2012–2025) span 11 countries, with Nigeria contributing the largest share (26.7%), followed by Nepal (13.3%), while others accounted for single studies. Research output increased notably after 2020, showing rising interest in relapse and peer influence. Cross-sectional designs predominated (66.7%), with a small number of retrospective or qualitative studies.

Results and discussion

All the reviewed studies noted peer influence as a significant predictor of Relapse. Nigerian evidence reveals comparable or higher rates. Sanni (2021) reported a moderate prevalence of relapse in NDLEA centers; Okonkwo et al. (2020) documented a 51.3% prevalence in Lagos. Ajayi et al. (2025) showed CBT during first admission reduced relapse odds while family history increased it; and Okonkwo et al (2020) reported a 52.7% relapse rate with substantial polysubstance use. In the international context, Abdu Adem et al. (2024) reported 6.3% of 176 participants to have relapsed due to peer pressure. Also, a study by Kumar and Thadani (2022) also noted that 54% of 50 Indian alcohol dependents reportedly relapsed due to peer pressure. Similarly, in the study by Ramsewak et al. (2020), 46.6% of the research participants are also easily influenced by peers. Association with substance-using peers was identified as a consistent risk, which increased the rate of Relapse among the patients in the study by Suwanchatchai et al. (2023). In addition, the study by Suwanchatchai et al. (2023) indicates that association with addicted friends and family increased the relapse rate significantly.

Furthermore, research by Sohrabpour et al. (2024) also found that association with addicted friends significantly predicted Relapse among Iranians. Sonbol et al. (2023) reported a significant Sonbol et al. (2023) reported a significant correlation between peer pressure and stigma in 53 Egyptian relapsed patients. Finally, studies by Sapkota et al. (2017) and Bhandari et al. (2015) highlighted peer pressure and family issues as primary relapse causes in Nepal. According to MacArthur et al., (2020), Peer pressure may operate via direct pressure (e.g., encouragement to use substances) and indirect mechanisms like social learning and normalization. This argument is justified in the study by Ramsewak et al. (2020) who found that 62.4% of the participants took more risks with peers. This might mean that there is a social facilitation of relapse behaviors. Kabisa et al. (2021) and Javed et al. (2020) emphasized peer group dynamics as a significant cause of Relapse, where exposure to substance-using peers normalizes drug use. Aciri et al. (2012) uniquely highlighted positive peer influence. According to the study, adolescents cited “positive friends” as protective against Relapse. This indicates that peer effects are bidirectional and that peer influence may not only be harmful to relapse but

may also help prevent Relapse and facilitate rehabilitation. This idea of “positive friends” is reinforced by Tracy & Wallace (2016), who conducted a review of works on peer support in the treatment of substance addiction. It can be deduced from the study that peer support can be helpful in the treatment of addiction. This implies that positive peer influence may be beneficial in preventing relapse. Beyond peer influence, studies identified psychological, social, and demographic factors. Psychological factors included low self-esteem (35.2% in Abdu Adem et al., 2024), craving (98% in Kumar & Thadani, 2022), and poor motivation (84% in Kumar & Thadani, 2022). Social factors encompassed family conflicts (Kabisa et al., 2021; Javed et al., 2020), unemployment (Suwanchatchai et al., 2023; Sonbol et al., 2023), and stigma (Sonbol et al., 2023). Demographic factors, such as single marital status (Sonbol et al., 2023; Suwanchatchai et al., 2023), low educational status (Bhandari et al., 2015), and youth age (Bhandari et al., 2015), increase the risk. Environmental triggers included drug accessibility (Sapkota et al., 2017) and social events (Abdu Adem et al., 2024). Protective factors included self-motivation (Javed et al., 2020) and aftercare services (Acri et al., 2012). According to the findings from the review, relapse rates varied from 24% (Suwanchatchai et al., 2023) to 95% (Bhandari et al., 2015). Several studies have noted high Relapse Rates within the first year, with Sapkota et al. (2017) specifying the first 90 days as critical and Javed et al. (2020) reporting a 70–90% relapse rate within a year. This emphasizes the chronic nature of SUD. The findings confirm peer influence as a significant risk factor for relapse across global contexts. By inference, the logic extends to youths in Ibadan metropolis, where studies have already linked peer influence to substance use and abuse (NDLEA, 2021; Sanni et al., 2021). The findings also align with social learning theory, which posits that individuals adopt behaviors from their social networks. The consistent role of substance-using peers highlights direct pressure and normalization of drug use, particularly post-treatment (NDLEA, 2021; Sanni et al., 2021). This extends prior findings which noted strong peer influence during adolescence, to adult populations (e.g., Kumar & Thadani, 2022). Furthermore, these findings align with a study carried out in Ogbomosho, a city with a homogeneous identity with Ibadan metropolis,

where Agberotimi,(2018) noted peer pressure as the drive for the onset and the continuation of drug use. Additionally, the finding aligns with the results of a study conducted in the Ibadan metropolis, which explored the relationship between peer pressure, family structure, and substance use among teenagers in Lagelu Local Government Area. The study established the correlation between peer pressure and substance use as moderately positive. This indicates that higher levels of peer pressure were significantly associated with increased substance use (Adewole & Oyeniran, 2024). This attests to the efficacy of peer pressure in the context of substance use in Ibadan metropolis. The bidirectional nature of peer influence identifies positive peers as protective and suggests the employment of interventions like Mindfulness-Based Relapse Prevention (MBRP) (Acri et al., 2012). This intervention was also suggested by a study that was carried out in Lagos, a contiguous state with the Ibadan metropolis, by Oyebola (2023). However, the study has limited focus on positive peer influence. This indicates a research gap. Other factors, such as stigma (Sonbol et al., 2023), unemployment, and family conflicts, interact with peer influence amplify relapse risk. The high relapse rates within the first year, particularly within the first 90 days (Sapkota et al., 2017), underscore the need for early intervention. In addition, a local study by Agberotimi (2018) established that another reason for youths’ engagement in substance use is to alter negative emotions. This also indicates that the The predominance of cross-sectional designs (63.6%) limits causal inferences, as seen in Kabisa et al. (2021). The scarcity of qualitative studies restricts insights into lived experiences. In his study, Agberotimi (2018) employed In-depth Interview and he was able to establish the emotional background of substance use initiation and continuation by youths in Ogbomosho, a city in Oyo state as Ibadan metropolis. Male-dominated samples highlight a gender gap, despite possibilities of female susceptibility to peer effects. The strong representation of low- and middle-income countries (90.9%) is a notable strength; however, the inclusion of a single high-income country study (the USA) suggests potential underrepresentation.

Limitations of the study

The effect of peer influence on Relapse is an

understudied field in Nigeria, particularly in the Ibadan Metropolis. Consequently, there is a dearth of local literature, and the study relied on a review of international studies. Additionally, the study relies on cross-sectional designs and samples that are predominantly male. These limit generalizability.

Additionally, longitudinal studies and research focused on females are needed to explore causality and gender-specific peer influences. Cultural variations in high-income countries may also limit the generalizability of the study. Qualitative studies could deepen the understanding of peer-driven relapse experiences, as most of the reviewed literature was quantitative.

Conclusion

Peer influence remains a dominant determinant of Relapse globally and in Nigeria. Facility-based Nigerian samples report relapse prevalence around 38%–52.7%, with peer networks acting as both risk and protective factors. There remains a need for empirical work focused on Ibadan.

Recommendations

Recommendations for Social Workers

The study recommends the following to social

workers

1. Social workers should incorporate structured peer-support systems in treatment and aftercare.
2. Social workers should combine peer-support with family therapy to reinforce recovery.
3. Social workers should design and facilitate educational sessions focusing on emotional regulation, refusal skills, and coping strategies.
4. Given varying social pressures faced by males and females, interventions should recognise gender-specific relapse risks.

Recommendations for Policy Makers

1. The Ministry of Health, NDLEA, and state rehabilitation centres should formalise peer-support components within rehabilitation policy.
 2. Policy makers should prioritise post-rehabilitation funding to sustain follow-up care, peer mentoring, and vocational reintegration initiatives.
 3. A national relapse-tracking framework should be implemented to collect reliable data on treatment outcomes.
 4. Since stigma undermines recovery, nationwide campaigns should reframe addiction as a treatable health condition rather than a moral failure.
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