

## Research Article

# Recidivism and Early Relapse Following Prison Release: A Focused Ethnography of Omani Men Repeatedly Imprisoned for Illegal Drug Use

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**Background:** Early relapse following release from prison remains a major challenge for people with substance use disorders and contributes substantially to repeated imprisonment. Despite increasing concern regarding drug-related recidivism in the Oman, little is known about the lived experiences of formerly incarcerated people who use illegal drugs in Oman. This study explored the factors contributing to early relapse among Omani men with repeated imprisonment for illegal drug use.

**Methods:** A focused ethnographic design was employed to examine the experiences of 19 Omani men who had been imprisoned more than once for illegal drug use. Participants were recruited from the Central Prison in Oman using purposive sampling. Data were collected through in-depth semi-structured interviews and field notes and analysed using thematic analysis informed by focused ethnographic principles.

**Results:** Participants reported that relapse typically occurred within six to twelve months following release from prison. Five interrelated themes explained early relapse: (1) overwhelming post-release responsibilities, including unemployment, financial hardship, and family expectations; (2) persistent stigma and disrupted social identity; (3) psychological distress, unresolved trauma, and using drugs as an emotional coping strategy; (4) fear of re-imprisonment and perceived post-release surveillance; and (5) limited access to prison-based rehabilitation and continuity of community addiction treatment. These factors interacted to undermine recovery despite participants' expressed motivation to rebuild their lives and remain drug-free.

**Conclusions:** Early relapse among formerly incarcerated people who use illegal drugs in Oman is shaped by interconnected psychological, social, familial, and structural factors rather than addiction alone. The findings suggest that imprisonment without comprehensive rehabilitation and coordinated

prison-to-community support is unlikely to achieve sustained recovery or reduce recidivism.

Developing culturally appropriate throughcare services that integrate prison-based treatment, mental health care, family engagement, and community reintegration may improve recovery outcomes and reduce repeated imprisonment. The study provides novel qualitative evidence to inform addiction policy and rehabilitation services in Oman.

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## 1. Introduction

Illegal drug use continues to pose a significant public health and criminal justice challenge worldwide, with justice-involved populations experiencing disproportionately high rates of substance use disorders and repeated imprisonment. In Oman, illicit drug use has become an increasing concern over the past decade, particularly among young men, placing considerable pressure on healthcare services, law enforcement agencies, and correctional institutions. While Oman has adopted a comprehensive legal framework to control illegal drugs through strict legislation, criminal sanctions, and treatment services, imprisonment remains a central response for many individuals convicted of drug-related offences. However, repeated incarceration among users of illegal drugs suggests that imprisonment alone has limited effectiveness in preventing relapse or supporting long-term recovery.

International evidence consistently identifies the period immediately following release from prison as one of the most vulnerable stages in the recovery process. Although incarceration may temporarily interrupt drug use, this effect is often short-lived. Following release, many former prisoners return to environments characterised by poverty, unemployment, unstable housing, family conflict, social stigma, and continued exposure to drug-using peers. These interacting psychosocial and structural stressors substantially increase the likelihood of relapse, overdose, criminal recidivism, and re-imprisonment. Recent global reviews and international policy statements emphasise that continuity of care, community-based treatment, and social reintegration are essential to reducing relapse and improving post-release outcomes.

Recent qualitative and longitudinal studies further demonstrate that successful recovery depends not only on individual motivation but also on access to coordinated rehabilitation services before and after release. Individuals who participate in prison-based treatment programmes and receive structured post-

release support are more likely to develop realistic recovery plans, maintain treatment engagement, reduce cravings, and avoid early relapse than those who rely solely on willpower. Conversely, inadequate preparation for community reintegration, poor access to health services, and weak social support remain major predictors of relapse and repeated imprisonment.

Despite the growing international literature, evidence from Oman and the Gulf Cooperation Council (GCC) countries remains scarce. Existing Omani research has primarily focused on the prevalence of substance misuse, patterns of drug use, and clinical or legal aspects of addiction, with limited attention to the post-release experiences of former prisoners. In particular, little is known about how Omani cultural values, family expectations, tribal and community relationships, social stigma, employment barriers, police surveillance, and limited community rehabilitation services interact to influence early relapse following release from prison. Given that recovery is strongly shaped by cultural and social context, evidence generated in Western settings cannot be assumed to reflect the experiences of individuals in Oman.

This lack of context-specific evidence represents an important knowledge gap for policymakers and practitioners seeking to reduce recidivism among users of illegal drugs in Oman. Understanding the lived experiences of formerly incarcerated individuals is essential for developing culturally appropriate rehabilitation programmes, strengthening continuity of care after release, and informing criminal justice policies that balance public safety with recovery-oriented approaches.

Accordingly, this study explores the experiences of Omani men who were imprisoned more than once for illegal drug use, with particular emphasis on the factors contributing to early relapse following release from prison. Specifically, the study examines participants' perceptions of the stressors encountered during community reintegration, the coping strategies they employed, and the individual, familial, social, and structural circumstances that contributed to their return to illegal drug use and subsequent re-imprisonment. By generating in-depth qualitative evidence from the Omani context, this study aims to inform culturally responsive interventions and policies designed to reduce relapse, improve reintegration, and break the cycle of recidivism among users of illegal drugs.

## **2. Literature Review**

Recidivism following imprisonment for drug-related offences remains a major public health and criminal justice concern worldwide. Although imprisonment temporarily restricts access to illegal drugs, it rarely addresses the underlying psychological, social, and environmental factors that contribute to substance

use disorders. Consequently, many individuals resume drug use shortly after release, initiating a cycle of relapse, reoffending, and repeated incarceration<sup>[1]</sup> (Fazel et al., 2017). This pattern highlights the limitations of punitive approaches when implemented without comprehensive rehabilitation and sustained community reintegration.

The transition from prison to the community represents one of the most vulnerable periods in recovery. During this time, former prisoners encounter numerous challenges, including social stigma, unemployment, financial hardship, unstable housing, disrupted family relationships, and renewed exposure to drug-using peers and environments. These stressors frequently undermine recovery efforts and increase vulnerability to early relapse, particularly when individuals have limited coping resources or inadequate access to treatment and social support<sup>[2]</sup>. Beyond recidivism: A systematic review exploring comprehensive criteria for successful reintegration after prison release. *Criminal justice and behavior*, 52(8), 1173-1199.). International evidence consistently demonstrates that the first year following release is associated with a markedly elevated risk of relapse, overdose, and re-imprisonment, emphasizing the need to better understand the lived experiences of individuals during this critical period<sup>[3][1]</sup>.

Current evidence suggests that relapse is not simply a return to drug use but rather a dynamic process influenced by the interaction of individual, interpersonal, and structural factors. Psychological distress, cravings, ineffective coping strategies, family conflict, peer influence, and socioeconomic disadvantage have all been identified as important contributors to relapse among people with substance use disorders<sup>[4][1]</sup>. However, the relative importance and interaction of these factors are strongly shaped by local cultural, legal, and social contexts, underscoring the need for context-specific qualitative research.

Despite growing international literature on post-release outcomes, there remains limited evidence from the Gulf Cooperation Council countries and virtually no qualitative research exploring how Omani men experience the transition from prison to community following imprisonment for illegal drug use. Existing studies in Oman have primarily focused on prevalence, epidemiology, or treatment outcomes, with little attention given to the perspectives of former prisoners regarding the circumstances leading to early relapse and repeated imprisonment. Understanding these experiences is essential for informing rehabilitation programmes, post-release services, and national drug policies that extend beyond incarceration.

This theme therefore explores participants' accounts of recidivism and the triggers contributing to early relapse following their first imprisonment for illegal drug use. Particular attention is given to how

participants interpreted the stressors encountered after release, the coping strategies they adopted, and the social and environmental conditions that influenced their return to drug use. Across participants, relapse commonly occurred within six to twelve months following release, illustrating the vulnerability of the early post-release period and the importance of strengthening recovery-oriented support during community reintegration.

## *2.1. Research Gap*

Although international research has identified numerous predictors of relapse following imprisonment, relatively little is known about how these factors interact within the cultural, legal, and social context of Oman. Specifically, there is a lack of qualitative evidence examining how formerly incarcerated Omani men understand the circumstances leading to early relapse and repeated imprisonment, how they cope with post-release stressors, and how family, peer, community, and structural influences shape their recovery trajectories. Addressing this gap is essential for developing culturally responsive rehabilitation programmes, strengthening continuity of care after release, and informing evidence-based drug policies aimed at reducing recidivism in Oman.

## *2.2. The Main Objective is*

1. To explore the factors contributing to early relapse and resulting in the reconviction of users of illegal drugs in Oman. The specific objectives of this study are:
2. To explore the relationship between life experiences following release and the early relapse users of illegal drugs.

## **3. Methodology / Materials and Method**

This study employed a focused ethnographic approach to explore the lived experiences of Omani men who experienced repeated imprisonment for illegal drug use and the contextual factors contributing to early relapse following release. Focused ethnography is particularly suited to investigating a specific phenomenon within a clearly defined cultural or social group whose members possess shared experiences and specialised knowledge relevant to the research question<sup>[5][6]</sup>. Unlike traditional ethnography, which seeks a comprehensive understanding of an entire culture through prolonged fieldwork, focused ethnography concentrates on a specific issue within a distinct subculture using intensive and context-specific data collection methods<sup>[7][6]</sup>.

Recent methodological literature emphasises that focused ethnography has become an established qualitative approach in healthcare and applied social science because it enables researchers to examine complex social and cultural processes within time-limited settings while maintaining methodological rigour<sup>[6][8]</sup>. Rather than representing a simplified version of traditional ethnography, focused ethnography is recognised as a distinct methodological approach characterised by clearly defined research questions, purposeful sampling of information-rich participants, researcher familiarity with the study context, and an emphasis on generating findings with practical implications for policy and practice.

A key feature of focused ethnography is that researchers usually enter the field with substantial background knowledge of the phenomenon under investigation. This prior knowledge facilitates the development of focused interview guides and enables exploration of specific experiences while remaining sufficiently flexible to accommodate emerging issues identified by participants during data collection<sup>[9][6]</sup>. Data collection and analysis occur iteratively, allowing insights from earlier interviews to inform subsequent interviews and deepen understanding of participants' shared cultural experiences.

Focused ethnography is particularly valuable for research involving marginalised populations because it enables exploration of cultural meanings, social relationships, and contextual influences that shape behaviours and experiences within specific institutional settings. Healthcare researchers have increasingly adopted this methodology to investigate complex phenomena in prisons, hospitals, mental health services, and community settings where participants share common experiences but remain difficult to access through conventional research methods<sup>[8][6]</sup>.

The present study was undertaken within the Omani prison context, where men imprisoned for illegal drug use constitute a distinct social subculture characterised by shared experiences of addiction, incarceration, stigma, and community reintegration. Prison environments possess unique social norms, interpersonal relationships, informal rules, and coping practices that influence behaviour during imprisonment and after release. Exploring these culturally embedded experiences required a methodology capable of capturing participants' perspectives within their natural social context rather than examining isolated behavioural variables.

Consistent with focused ethnographic principles, data were collected through in-depth semi-structured interviews supplemented by field notes documenting contextual observations and researcher reflections. These methods enabled participants to describe their experiences of imprisonment, release, relapse, and repeated incarceration in their own words while allowing the researcher to interpret these narratives

within the broader cultural and institutional context. The iterative process of data collection and analysis facilitated a deeper understanding of the shared experiences, meanings, and social processes underlying early relapse among former prisoners.

Focused ethnography was therefore considered the most appropriate methodological approach for this study because it enabled an in-depth examination of a clearly defined subculture of Omani men with repeated imprisonment for illegal drug use. The methodology provided a culturally sensitive framework for understanding how prison experiences, family relationships, peer networks, stigma, and community reintegration influenced early relapse and recidivism, thereby generating evidence to inform rehabilitation programmes and recovery-oriented policies in Oman.

### *3.1. Entering the Field and Participant Recruitment*

People who use illegal drugs constitute a hidden and socially marginalised population, making them difficult to access through conventional sampling strategies. Their involvement in illegal activities, experiences of stigma, and concerns about legal consequences often discourage participation in research. Qualitative approaches are particularly appropriate for engaging such populations because they facilitate the development of trust and enable participants to share sensitive experiences in depth (Neale et al., 2015; Liamputtong, 2020). Correctional settings provide a unique opportunity to access individuals with lived experience of substance use while ensuring a structured and secure environment for recruitment and data collection.

Following institutional and ethical approvals, permission to conduct the study was obtained from the Royal Oman Police and the administration of the Central Prison in Oman. Initial meetings were held with prison administrators to explain the study objectives, eligibility criteria, recruitment procedures, and ethical safeguards. Prison staff facilitated the identification of potential participants who met the predefined inclusion criteria; however, the researcher was not involved in the selection process to minimise any potential influence on participant recruitment.

Participation was entirely voluntary. Eligible prisoners received an information sheet describing the purpose of the study, confidentiality procedures, and their right to withdraw at any stage without consequences. Before each interview, the researcher confirmed participants' eligibility, answered any questions regarding the study, and obtained written informed consent. Particular attention was paid to ensuring that consent was freely given and was not influenced by prison authorities or institutional

power dynamics, an important ethical consideration when conducting research with incarcerated populations (World Medical Association, 2024; Liamputtong, 2020).

### *3.2. Data Collection*

Data collection was undertaken at the Central Prison in Oman. The extended data collection period reflected the operational requirements of the prison rather than methodological necessity. Access to participants was influenced by institutional schedules, security procedures, court appearances, healthcare appointments, and other prison-related activities. Consequently, interview schedules were adapted in collaboration with prison staff while maintaining consistency in data collection procedures.

Conducting qualitative research within correctional settings presented several practical challenges. Institutional priorities occasionally resulted in postponed interviews, interruptions, or limited privacy, circumstances commonly reported in prison-based research (Davis & Francis, 2018). To minimise disruption, regular communication with prison administrators was maintained throughout the study, allowing interview schedules to be adjusted when operational requirements changed. When interviews were interrupted because of institutional demands, they were resumed with the same participant at the earliest available opportunity to preserve continuity and ensure complete exploration of participants' experiences.

Data saturation was monitored concurrently with data collection and analysis. Although the initial plan involved multiple interviews with each participant, ongoing analysis indicated that sufficient depth and thematic saturation were achieved after three to four hours of interview data per participant. Recruitment ceased after interviews with 19 participants because no substantially new concepts or themes were emerging, consistent with contemporary recommendations for qualitative research.

### *3.3. Ethnographic Interviews*

Data were generated through in-depth semi-structured ethnographic interviews supported by field notes documenting contextual observations and researcher reflections. The interview guide provided flexibility to explore participants' experiences while allowing new issues to emerge naturally during conversations, consistent with focused ethnographic methodology<sup>[2][5]</sup>. Rather than adhering rigidly to predetermined questions, interviews followed participants' narratives, enabling exploration of meanings attached to imprisonment, substance use, recovery, relapse, and re-imprisonment.

Rapport building was considered essential because participants were discussing highly sensitive and potentially stigmatising experiences. Interviews therefore commenced with culturally appropriate Omani greetings and informal conversation to establish trust before introducing the research topics. This culturally sensitive approach facilitated open communication and reflected accepted social practices within Omani society. As rapport developed, participants frequently volunteered detailed accounts of their experiences beyond the structured interview questions, enriching the depth and authenticity of the data.

The interviews were informed by a constructionist epistemology, recognising that knowledge is co-constructed through interaction between researcher and participant (Charmaz, 2014). The researcher's previous clinical and research experience working with people who use illegal drugs in Oman contributed to establishing trust and understanding participants' cultural and social contexts. Throughout the interviews, a non-judgemental stance and active listening were maintained to encourage participants to describe their experiences in their own words while minimising researcher influence on the narratives.

Field notes were completed immediately after each interview to document contextual observations, non-verbal communication, and methodological reflections that supported interpretation during analysis. The integration of interview data and field observations strengthened the credibility of the findings by providing a richer understanding of participants' lived experiences within the prison environment.

## **4. Results**

The Results of this study explores participants' experiences of returning to illegal drug use following release from their first imprisonment and identifies the factors contributing to early relapse. Across participants, relapse typically occurred within six to twelve months of release, indicating that the transition from prison to community represented a particularly vulnerable period. Although participants described multiple pathways leading to relapse, their narratives consistently revealed an interaction between psychological distress, persistent drug craving, family expectations, social stigma, and limited coping resources. Rather than attributing relapse solely to addiction, participants described it as a response to overwhelming personal and social circumstances encountered during community reintegration.

#### *4.1. Rebelliousness and Hopelessness*

Several participants described relapse as a conscious decision rather than an impulsive act. Their accounts suggested that repeated experiences of rejection, discrimination, and perceived inevitability of re-imprisonment undermined their motivation to remain drug-free. Participants frequently expressed the belief that, regardless of their efforts, society would continue to identify them as "drug addicts," leaving little opportunity to rebuild their lives.

Munthir explained:

"When I returned to drug use, it was my personal choice because I knew my life would not change. I am labelled a drug addict and no one will change that impression... whatever effort I make is a waste of time before I get caught again."

Similarly, Jasim described relapse as a response to anticipated social exclusion rather than an inability to abstain:

"I knew what was waiting for me—rejection, loneliness, blame, difficulty finding a job and stigma. So I chose to use drugs again."

Hussain, who had experienced multiple imprisonments, viewed relapse as inevitable and decided to enjoy the period of freedom before his expected return to prison:

"I decided to enjoy drugs because sooner or later I knew I would not cope with life outside and would end up back in prison."

These narratives suggest that relapse was shaped by a profound sense of hopelessness and diminished self-efficacy. Participants perceived recovery as unattainable because they believed their social identity had become permanently defined by addiction and imprisonment. Consequently, relapse reflected both resistance to social expectations and resignation to what participants perceived as an unavoidable future. Persistent craving further reinforced these feelings. Participants described craving as an enduring psychological experience that remained long after completing treatment programmes. Everyday environmental cues, places, objects, or encounters with former acquaintances frequently triggered vivid memories of drug use and intensified the desire to consume drugs again.

As Ibrahim explained:

"Anything that reminds me of the pleasure of drugs is enough to make me relapse... even seeing someone who had recovered brought back the cravings."

Similarly, Adil recalled that simply seeing the location in his room where drug paraphernalia had once been hidden was sufficient to evoke overwhelming cravings despite attempts to change the environment. Participants consistently described craving as selectively recalling the pleasurable effects of drugs while suppressing memories of imprisonment, illness, or other adverse consequences. Nevertheless, craving alone was rarely described as the immediate cause of relapse. Instead, participants portrayed craving as interacting with hopelessness, social rejection, and accumulated life stress, ultimately influencing their decision to resume drug use.

#### *4.2. Family Responsibilities and Unrealistic Expectations*

Family relationships emerged as another important influence on relapse. Participants described considerable pressure to resume their previous social and family roles immediately after release despite continuing psychological and social difficulties. For many, families expected imprisonment to have permanently resolved their drug problems and anticipated a rapid return to responsible behaviour.

Waseem explained:

"My parents expected me to be normal after prison... but when I failed to do what they wanted, they turned against me."

Others experienced criticism rather than support. Haitham described repeated comparisons with his siblings and continual verbal abuse from family members, experiences that reinforced feelings of failure and social exclusion.

Conversely, some participants acknowledged struggling to assume adult responsibilities following release. Abid admitted feeling unable to support his family financially and lacking confidence to seek employment:

"I feel helpless... I cannot take responsibility for my family... sometimes I just want to run away so nobody expects anything from me."

Participants who were husbands or fathers described additional pressures associated with providing financial support while simultaneously attempting to recover from addiction. Difficulty obtaining employment following imprisonment frequently intensified financial strain and family conflict.

Collectively, these experiences suggest that family relationships functioned as both potential sources of support and significant sources of stress, depending on the expectations, communication, and acceptance experienced after release.

### *4.3. Fear of Returning to Prison*

Fear of re-imprisonment emerged as a paradoxical trigger for relapse. Although participants consistently described prison as a distressing and traumatic environment, memories of incarceration and the anticipation of returning to prison generated persistent anxiety that, for many, became a catalyst for renewed drug use. Rather than motivating participants to remain abstinent, fear of imprisonment often intensified psychological distress and reinforced feelings of hopelessness about their future.

Haitham explained:

"The main reason I use drugs again is my memories of prison... I still cannot adapt to the prison environment... knowing that I will not cope with life outside or my cravings and will eventually return to prison keeps bothering me."

These narratives suggest that participants perceived re-imprisonment as almost inevitable. Anticipatory anxiety about future incarceration appeared to undermine confidence in maintaining recovery, creating a cycle in which fear itself contributed to the behaviours participants hoped to avoid. Rather than viewing release as a new beginning, participants described living with constant uncertainty and emotional vigilance, leaving them vulnerable to relapse as a means of temporarily alleviating psychological distress. Fear of returning to prison was further reinforced by participants' perceptions of ongoing police surveillance after release. Many believed that they remained under continuous observation because of their previous convictions and felt they continued to be treated as offenders despite attempting to reintegrate into society. Participants described routine police monitoring, stop-and-search procedures, and drug testing as experiences that heightened feelings of insecurity and social exclusion.

Jasim recalled:

"Two days after my release I was stopped by the police while buying a sandwich. They detained me for a week until my drug test came back negative... after that I kept thinking they would follow me anyway and I would end up back in prison."

For some participants, perceived surveillance produced intense fear even in the absence of drug use. Mohamed described attempting to evade what he believed was police surveillance, resulting in a road traffic collision before officers identified themselves and conducted a search:

"I thought I was being chased... I crashed into a wall... even though I was injured, they searched me before anything else."

Collectively, these accounts illustrate how participants experienced post-release surveillance as an extension of imprisonment rather than a transition to community life. Whether these perceptions reflected actual policing practices or participants' subjective interpretations, the psychological impact was consistent across narratives. Feelings of insecurity, hypervigilance, and anticipated re-incarceration diminished participants' sense of autonomy and contributed to emotional distress, increasing their vulnerability to relapse.

#### *4.5. Imprisonment and the Need for Addiction Treatment*

Participants consistently perceived imprisonment as providing punishment without adequate preparation for recovery. Although prison represented a recurring feature of their lives, they reported limited access to evidence-based addiction treatment, structured rehabilitation, or relapse-prevention interventions during incarceration. Many believed that the absence of treatment left them psychologically unprepared for the challenges of community reintegration following release.

Adil reflected:

"We use drugs inside prison and live with the same people... prison would be better if we received rehabilitation before being released."

Participants argued that rehabilitation should extend beyond imprisonment to include structured follow-up after release. They emphasised the need for ongoing professional support, counselling, relapse-prevention programmes, and assistance during community reintegration. In their view, successful recovery required continuity of care rather than release into the community without formal support.

Across participants' narratives, early relapse was understood as the product of interacting psychological, social, and structural influences rather than individual weakness alone. Persistent hopelessness, unresolved emotional trauma, family pressures, fear of re-imprisonment, perceived surveillance, and the absence of comprehensive rehabilitation collectively reduced participants' ability to sustain recovery following release. These findings suggest that effective interventions to reduce recidivism should extend

beyond incarceration by incorporating prison-based treatment, structured transitional support, and long-term community rehabilitation tailored to the needs of people recovering from substance use disorders.

## 5. Discussion

The findings addresses the research question concerning how participants' life experiences, interpersonal relationships, and psychological well-being contributed to early relapse following release from prison. The findings suggest that relapse was not attributable to a single factor but resulted from the cumulative interaction of psychological vulnerability, disrupted social relationships, structural disadvantage, and inadequate post-release support. Participants consistently described release from prison as a period characterised by uncertainty, emotional distress, and overwhelming expectations. Although they expressed a strong desire to rebuild their lives and abstain from drug use, most struggled to reintegrate into society because of fragmented identities, persistent stigma, financial hardship, and limited coping resources. These findings are consistent with recent evidence indicating that relapse among formerly incarcerated people is best understood as a multifactorial process shaped by individual, social, and structural determinants rather than simply a failure of personal motivation<sup>[10][11]</sup> (Jordan et al., 2025).

### 5.1. Overwhelming Responsibilities

Participants described the transition from prison to community life as emotionally and practically overwhelming. Release from prison was accompanied by the immediate expectation that they would resume multiple social roles despite prolonged incarceration and limited preparation for reintegration. Many had lost employment, housing, financial security, and important family relationships during imprisonment and were expected to rebuild these simultaneously upon release. Participants reported uncertainty about where to begin, describing the burden of securing accommodation, employment, financial resources, and social acceptance while attempting to maintain recovery from addiction.

For participants who returned to live with their families, reintegration presented additional pressures. Families frequently expected imprisonment to have permanently resolved their drug problems and anticipated an immediate return to responsible social and economic roles. However, participants described these expectations as unrealistic given the barriers they encountered, particularly unemployment resulting from criminal records and persistent social stigma. When they failed to meet

these expectations, criticism, disappointment, and negative labelling intensified feelings of shame, inadequacy, and psychological distress, ultimately increasing vulnerability to relapse.

Participants who were husbands or fathers experienced additional emotional burdens associated with fulfilling culturally expected family responsibilities. They described feelings of guilt and failure when unable to provide financially or parent effectively following release. Several acknowledged that emotional dysregulation, irritability, and parenting difficulties contributed to conflict within the family, reinforcing negative self-perceptions and increasing their desire to use drugs as a means of escaping emotional distress. Similar findings have been reported in recent systematic reviews demonstrating that family role expectations, parenting stress, unemployment, and social exclusion are important contributors to relapse among formerly incarcerated individuals with substance use disorders<sup>[11]</sup> (Jordan et al., 2025).

Despite these challenges, many participants actively attempted to establish drug-free lifestyles by avoiding former drug-using peers, seeking casual employment, attending mosques, participating in physical exercise, and strengthening family relationships. Nevertheless, these efforts were frequently undermined by persistent stigma and limited economic opportunities. These findings support recent evidence suggesting that recovery is influenced not only by individual motivation but also by access to supportive social environments, meaningful employment, and opportunities for community reintegration<sup>[10][1]</sup>. Consequently, overwhelming post-release responsibilities should be understood not merely as practical challenges but as cumulative psychosocial stressors that reduced participants' capacity to sustain recovery during the critical transition from prison to community life.

## *5.2. Lack of Professional Support During and After Imprisonment*

Participants consistently perceived the absence of structured addiction treatment and continuity of care as a major contributor to early relapse. Although imprisonment resulted in temporary abstinence from drug use for many participants, they believed that they were released without the psychological preparation, coping skills, or professional support necessary to maintain recovery in the community. Several participants suggested that evidence-based rehabilitation programmes delivered during imprisonment could have strengthened their readiness to cope with post-release stressors and reduced the likelihood of relapse.

Participants also highlighted substantial limitations in accessing addiction services after release. They described lengthy waiting times, limited treatment capacity, and the absence of coordinated referral pathways linking correctional institutions with community-based treatment services. These barriers

frequently resulted in prolonged periods without professional support during the immediate post-release period, when participants perceived themselves to be at greatest risk of relapse. The findings therefore illustrate a significant gap in continuity of care between prison and community services.

These experiences are consistent with contemporary international evidence demonstrating that continuity of treatment from prison to community is one of the strongest predictors of sustained recovery and reduced recidivism<sup>[12][13]</sup>. Systematic reviews have shown that integrated throughcare programmes—including prison-based addiction treatment, coordinated discharge planning, psychological counselling, peer support, case management, housing assistance, and employment services—significantly reduce relapse and re-imprisonment among justice-involved populations<sup>[10]</sup> (Jordan et al., 2025). Similarly, the United Nations Office on Drugs and Crime<sup>[11]</sup> emphasises that recovery from substance use disorders should be viewed as a long-term process requiring continuous support rather than isolated episodes of treatment.

Within the Omani context, participants reported that specialised addiction services remain limited and that no formal transition system exists to support individuals moving from prison to community-based recovery. They described being released into the same social environments associated with previous drug use while receiving little professional guidance or follow-up. This absence of structured post-release support contributed to feelings of abandonment, uncertainty, and diminished confidence in maintaining abstinence.

While rehabilitation models developed in other countries cannot be transferred directly to Oman because of cultural and organisational differences, their underlying principles—including continuity of care, multidisciplinary collaboration, early discharge planning, family involvement, and sustained community support—may provide useful guidance for strengthening addiction services in Oman. Developing culturally appropriate prison-to-community rehabilitation pathways may therefore represent an important strategy for reducing relapse and repeated imprisonment among people with substance use disorders.

### *5.3. Law Enforcement and Early Relapse*

Participants perceived post-release law enforcement practices as an important source of psychological distress that contributed to early relapse. Although they recognised the role of police in controlling illegal drug use, many believed that continued surveillance following release reinforced their identity as offenders rather than supporting their reintegration into society. Participants described living with a

constant expectation of being stopped, searched, or re-arrested, which generated fear, anxiety, and diminished confidence in their ability to establish a drug-free life.

These findings suggest that participants experienced post-release monitoring as an extension of imprisonment rather than a transition to community life. While law enforcement measures are intended to reduce drug-related offending, participants perceived that surveillance alone did not address the underlying psychological and social factors contributing to relapse. Instead, they argued that sustained recovery required internal motivation supported by accessible treatment, family support, and opportunities for social reintegration.

Recent international evidence supports this interpretation. Systematic reviews have demonstrated that punitive approaches alone have limited effectiveness in reducing relapse among people with substance use disorders unless accompanied by evidence-based treatment and community reintegration programmes<sup>[10][11]</sup>. Similarly, the UNODC–WHO Informal Scientific Network recommends that criminal justice responses should be integrated with health and social care systems to promote recovery and reduce recidivism<sup>[12]</sup>.

Although several countries have adopted alternative approaches that emphasise treatment, diversion, and continuity of care, the effectiveness of these models depends on the broader healthcare, legal, and cultural context in which they are implemented. Rather than focusing solely on legal reform, the present findings highlight the importance of balancing public safety with rehabilitation by strengthening collaboration between correctional institutions, healthcare services, and community agencies responsible for supporting individuals during their transition from prison to society.

#### *5.4. The Cycle of Relapse and Re-imprisonment*

Participants consistently described imprisonment, release, relapse, and re-imprisonment as a recurring cycle from which they believed escape was extremely difficult. They perceived that imprisonment alone did little to address the underlying causes of addiction because they were released without structured rehabilitation, vocational preparation, or coordinated post-release support. Consequently, they returned to the same social environments, economic hardship, and psychological vulnerabilities that had contributed to their previous drug use.

Participants also expressed concern that prison itself could inadvertently reinforce involvement in drug-using networks through interactions with other incarcerated individuals. While these accounts reflect participants' perceptions rather than direct observation of prison practices, they highlight concerns

regarding the potential influence of prison social environments on future behaviour. Similar concerns have been raised internationally, where researchers have argued that imprisonment without comprehensive treatment may perpetuate cycles of addiction and criminal recidivism<sup>[1]</sup> (Jordan et al., 2025).

Recovery was not viewed by participants as a linear process but as an ongoing and fragile journey characterised by repeated attempts to rebuild their lives following periods of relapse. Many described making genuine efforts to establish new identities through employment, family relationships, religious engagement, and community participation. Nevertheless, these protective strategies were often overwhelmed by persistent stigma, limited opportunities, unresolved psychological distress, and the absence of sustained professional support.

Overall, the findings support contemporary recovery models that conceptualise substance use recovery as a long-term process requiring continuous clinical, psychological, social, and community support rather than short-term abstinence alone<sup>[12][1]</sup>. Within the Omani context, strengthening prison-based treatment, developing structured prison-to-community transition services, expanding access to community rehabilitation, and promoting family-centred recovery programmes may contribute to reducing early relapse and repeated imprisonment among people with substance use disorders.

## **6. Implications for Policy and Practice**

The findings of this focused ethnographic study highlight several opportunities to strengthen responses to recidivism and early relapse among people repeatedly imprisoned for illegal drug use in Oman. Addressing the complex interaction of psychological, social, and structural factors identified in this study requires coordinated action across the criminal justice, healthcare, and social welfare sectors.

### **6.1. Correctional Services**

The findings indicate the need to strengthen prison-based rehabilitation by introducing evidence-based substance use treatment programmes within correctional facilities. Rehabilitation should extend beyond detoxification to include psychological counselling, relapse prevention training, coping-skills development, and preparation for community reintegration prior to release. Participants also highlighted the importance of continuous psychological support during imprisonment, suggesting that routine mental health assessment and counselling should become integral components of prison healthcare.

Establishing formal prison-to-community referral pathways is equally important. Individuals with substance use disorders should be linked to community addiction services before release through coordinated discharge planning involving correctional institutions, healthcare providers, and social welfare agencies. Such continuity of care may reduce treatment interruption during the critical post-release period when the risk of relapse is highest.

The findings further support the development of structured peer support initiatives involving individuals with lived experience of recovery. Recovery mentors and peer educators can provide credible role models, promote hope, and strengthen motivation for sustained recovery among prisoners approaching release.

Meaningful educational, vocational, recreational, and creative activities should also be expanded within prisons. Evidence suggests that engagement in education, vocational training, creative arts, and structured rehabilitation programmes promotes psychological well-being, strengthens self-efficacy, and facilitates successful reintegration into society.

## *6.2. Healthcare Services*

Participants consistently described limited access to specialised addiction treatment following release from prison. Expanding community-based addiction services, increasing treatment capacity, and strengthening access to residential rehabilitation and halfway houses would improve continuity of care for individuals transitioning from prison to the community.

Integrated treatment models that simultaneously address substance use disorders and co-occurring mental health conditions should be prioritised, as participants frequently described psychological distress, anxiety, hopelessness, and trauma alongside addiction. Comprehensive assessment, evidence-based psychological interventions, family therapy, and long-term recovery support should be incorporated into routine addiction services.

Developing a national monitoring system that integrates correctional, healthcare, and public health data would also strengthen understanding of relapse, treatment engagement, overdose, and recidivism, thereby informing future policy and service planning.

## *6.3. Criminal Justice and Social Reintegration*

The findings suggest that sustainable recovery requires a stronger balance between public safety and rehabilitation. Correctional policies should therefore be complemented by multidisciplinary

rehabilitation strategies that support successful reintegration rather than focusing exclusively on punishment.

Employment emerged as a major protective factor against relapse. Collaboration between correctional services, employers, and government agencies could facilitate vocational training, employment opportunities, and transitional work programmes for individuals leaving prison. Similarly, access to stable housing, financial assistance during the early reintegration period, and family-centred support services may reduce the social instability associated with early relapse.

Family involvement should be incorporated into rehabilitation planning whenever appropriate. Educational programmes designed to improve family understanding of substance use disorders, reduce stigma, and strengthen supportive relationships may enhance long-term recovery outcomes.

#### *6.4. Future Research*

Further longitudinal research is needed to examine recovery trajectories following prison release in Oman and to identify factors associated with sustained abstinence, successful reintegration, and reduced recidivism. Future studies should evaluate the effectiveness of culturally appropriate prison-based rehabilitation, throughcare programmes, peer recovery services, and family-centred interventions. Comparative studies across Gulf Cooperation Council (GCC) countries would also provide valuable evidence for developing regional policies addressing substance use disorders among justice-involved populations.

## **7. Conclusion**

This study explored the experiences of Omani men who experienced repeated imprisonment for illegal drug use, with particular emphasis on understanding the factors contributing to early relapse following release from prison. Using a focused ethnographic approach, the findings demonstrate that early relapse is a complex phenomenon shaped by the interaction of psychological, social, familial, and structural influences rather than addiction alone. Participants described persistent stigma, disrupted family relationships, overwhelming post-release responsibilities, fear of re-imprisonment, unresolved psychological distress, and limited access to rehabilitation and community support as key factors undermining sustained recovery.

The study contributes new evidence from Oman, where qualitative research on the experiences of formerly incarcerated people who use illegal drugs remains scarce. The findings highlight that

imprisonment, in the absence of comprehensive rehabilitation and coordinated post-release support, is insufficient to promote long-term recovery or prevent repeated imprisonment. Instead, successful reintegration requires continuity of addiction treatment, mental health care, family involvement, employment support, and coordinated prison-to-community services that address both individual and structural barriers to recovery.

These findings have important implications for policy and practice in Oman. Strengthening evidence-based prison rehabilitation programmes, establishing formal referral pathways between correctional institutions and community addiction services, expanding access to mental health and substance use treatment, and promoting multidisciplinary collaboration across the criminal justice, healthcare, and social welfare sectors may improve recovery outcomes and reduce recidivism. Interventions should also recognise the central role of family support and community reintegration in sustaining long-term recovery.

Future research should evaluate the effectiveness of culturally appropriate prison-to-community rehabilitation models within the Omani context, including longitudinal studies that follow individuals after release to identify factors associated with sustained recovery and successful reintegration. Further investigation of family-based interventions, peer recovery programmes, and community reintegration strategies would provide additional evidence to inform national policies aimed at reducing relapse and improving the health and social outcomes of people with substance use disorders.

## **Statements and Declarations**

### *Funding*

No specific funding was received for this work.

### *Potential Competing Interests*

No potential competing interests to declare.

### *Data Availability*

Data available upon reasonable request.

## Author Contributions

Author has done conceptualization, methodology, analysis, writing, etc.

## Use of Generative AI

AI tools were used for language editing only

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## Declarations

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