

Regular article

## Coping behaviors and relapse precipitants in opioid dependence: a study from North India

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### Abstract

This study was undertaken to evaluate the reasons for lapse, relapse and the coping behaviors in a group of recently abstinent subjects with opioid dependence. Retrospective qualitative and quantitative evaluation of the reasons for lapse, relapse and coping behaviors were done using structured questionnaires and semi-structured interviews. Eighty-four subjects from inpatient and outpatient settings of a Drug Dependence Treatment Centre, who had used illicit opioids after at least 3 weeks abstinence in the last 6-month period, were included. Coping behaviors, reasons for lapse and relapse were assessed and it was found that environmental factors are important for first use and physiological experiences related to drug use for regular use. There were significant differences in the use of coping behaviors by the currently abstinent and currently using subjects in the index abstinence. The study provides information about coping behaviors and reasons for lapse/relapse in an Indian setting. © 2002 Elsevier Science Inc. All rights reserved.

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### 1. Introduction

Relapse is a frustrating part of the recovery process of patients with drug abuse or dependence and despite the best efforts to remain abstinent, there are occasions when they return to substance abuse. The reason for return may be an internal (intrapersonal) or an external (substance related, interpersonal) factor with which the individual may be confronted.

There is a complex interaction between a perceived high-risk situation, the availability of coping strategies to deal with such a situation, the effectiveness of coping behavior and the individual's self-perception and self-esteem (Litman, 1986). One of the models that makes a modest attempt to understand this complex interaction is the cognitive-behavioral model (Marlatt & Gordon, 1985; Marlatt, 1996) of the relapse process. It posits if a person has adequate coping response and increased self-efficacy, there is decreased probability of relapse while facing a high-risk

situation. Longer periods of abstinence may lead to an increase in the perceived sense of ability to cope with a high-risk situation. At some point, however, the person faces a high-risk situation for which he/she is unprepared. If the person is unable to engage in effective coping responses at that time it leads to decreased self-efficacy, which, in turn, leads to drug use. With the first use (lapse), the individual violates the qualifying edict of abstinence "*Thou Shalt Not*" and an abstinence violation effect (AVE) results (Stephens, Curtin, Simpson, & Roffman, 1994). If the attractiveness of the drug-taking behavior as a method to cope with stress (positive outcome expectancy) increases, the person is likely to use the particular drug or alcohol to overcome that stressful condition (Cummings, Gordon, & Marlatt, 1980). This has been found true across different addictions (Cooney, Gillespie, Baker, & Kaplan, 1987; Powell, Bradley, & Gray, 1992; Powell et al., 1993; Brown, Vik, Patterson, Grant, & Schuckit, 1995; Del Pozo, Gomez, Fraile, & Perez, 1998; Brandon, Tiffany, Obremski, & Gossop, 1990; O'Connell & Martin, 1987; Shiffman, 1984).

Though initially devised to understand relapse in alcoholism, this model has been applied to opiate abuse and dependence (Bradley, Phillips, Green, & Gossop, 1989; Gossop, Green, Phillips, & Bradley, 1989; Heather, Stal-

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lard, & Tebbutt, 1991). Unnathan, Gossop, and Strang, (1992) found that interpersonal factors and drug-related cues were associated with lapse to opiate use. Powell et al. (1993) found decreased self-efficacy and higher positive outcome expectancy to be positively related to relapse to opiate use. Pal and Chavan (1996) found behavioral methods were used more frequently than cognitive methods in a group of opioid dependent patients who had been through a recent abstinence period in India. Effective coping skills and resources moderated the negative effects that emotional and psychological distress, social structure and substance relapse had on one another in substance abusers (Castellani, Wedgeworth, Wootton, & Rugle, 1997).

In summary, the literature suggests interaction between exposure to high-risk situations, coping skills and self-efficacy that may underlie the relapse. This exploratory and retrospective study was planned to evaluate coping behaviors used in a recent abstinence attempt and relapse precipitants in a group of opioid dependent patients.

## 2. Materials and methods

A sample of convenience consisting of 84 male patients was recruited from the inpatient as well as outpatient facility of the Drug Dependence Treatment Centre at All India Institute of Medical Sciences, New Delhi. Those patients with ICD-10 (World Health Organization, 1992) opioid dependence syndrome who had restarted drug use after a period of at least 3 weeks abstinence in the 6 months prior to assessment were included. Additionally, the patients had to be between 15 and 65 years of age and had to give their consent to participate in the study. As a part of the consent procedures, enquiry was made into the patient's ability to recollect the reasons for lapse, relapse and coping behaviors and only those who could recollect were included. None of the subjects recruited had to be excluded because of their inability to recollect. Since the population attending the centre is mostly male, females were not included in the study. Patients with major psychiatric illness including affective disorders, schizophrenia, organic brain syndrome, mental retardation delusional disorders, acute psychosis, drug intoxication and severe withdrawal states were excluded. None of the patients who fulfilled the criteria refused to participate in the study. There were no incentives given for participation. The subjects were recruited over a period of 6 months and were on treatment as decided by the treating physician without any interference from the research team. Most of the subjects were receiving agonist medication (either sublingual buprenorphine or oral propoxyphene) at the time of the interview. The interviewer was not the treating physician for any of the subjects.

The instruments were forward translated into local language (i.e., Hindi). The forward translations were discussed within the team and agreed upon and back translation was done only for discrepant and difficult items. The same

interviewer to ensure uniformity in the administration conducted all the interviews. The procedure of research was in accord with the standards of the committee on human experimentation and was done in accord with the Helsinki Declaration of 1975.

### 2.1. Definitions

#### 2.1.1. Abstinence

No illicit opioid use (primary substance) for at least 3 weeks in the 6 months prior to assessment as per self-report. If the individual had more than one 3-week abstinence period in the last 6 months, the most recent period was included as the index period. The abstinence also should have occurred outside any restrictive environment. Use of cannabis, benzodiazepines, nicotine, alcohol or any prescribed medicines was allowed during this period and was considered not to be a violation of abstinence.

#### 2.1.2. Lapse

Use of primary substance (opioid) for a period between 1 to 3 days was defined as lapse.

#### 2.1.3. Relapse

Return to regular use (at least 4–5 days continuously in a week for a minimum period of 1 week) of the primary substance (opioid) after the abstinence period was defined as relapse.

### 2.2. Procedure

Information was collected in direct face-to-face interviews by one of the authors (P.M.) on a clinical interview schedule that incorporated the modified Coping Behaviors Inventory (CBI) (Litman, Stapleton, Oppenheim, & Peleg, 1983) and Modified Reason for Relapse Questionnaire (Heather et al., 1991).

The CBI (Litman et al., 1983) is a 36-item forced choice instrument with four response categories on the frequency of use of behavior. In this study, the time frame for use of behavior was restricted to 6 months prior to current abstinence even if the individual may have had an abstinence period lasting longer than 6 months. The CBI was modified for use in opioid user by substituting “drink” and “alcohol” with “use opioid” and “opioid.” The modified CBI had been used in study with mixed alcohol dependence and opioid dependence (Chavan, Desai & Pal, 1999) and in subjects with opioid dependence (Pal & Chavan, 1996). The responses were noted as 0-never, 1-sometimes, 2-often and 3-usually in the present study. The Modified Reasons for Relapse Questionnaire (Heather et al., 1991) had 22 items (16 of the original and six new items) that cover the various reasons for relapse frequently cited by patients. The six new items added were reasons for relapse in opioid dependence subjects reported in a recent community-based study (Pal, Ray, & Prakash, 2000). These were persistent sleep disturbance;

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