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COPING BEHAVIOURS IN RECENT ABSTINENCE ATTEMPT IN OPIOID DEPENDENT SUBJECTS

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ABSTRACT

Failure of coping machanisms in handling urges when exposed to high risk situtions has been posited as one of the factors associated with relapse of drug use. In the present study there has been an attempt to study the coping mechanisms used by opioid dependent subjects in a recent abstinence attempt. The sample consisted of 100 opioid dependent subjects admitted to the deaddiction centre at A.I.I.M.S,New Delhi. The subjects should have had an abstinence longer than a month's period in the 1 year prior to the study. The coping behaviours were assesed by a semistructured interview schedule based on the coping behaviours inventory of Litmen et al, (1983). The results indicate that a wide variety of cognitive and behavioural startegies are used by subjects to handle temptations when exposed to high risk situations. On an average each subject used 7.4. behaviours. Behavioural strategies were commonly employed and they were: keeping away from users, keeping in company of nonusers, working harder, avoiding places associated with use, etc. In understanding the determinants of the coping mechanisms it was seen that family type determined the use of following behaviours viz, being better off without drugs, thinking of mess resulting from drugs and saying I am well and wish to stay so. Route of drug use was important determinant for using the mechanism i.e., realizing effects on health to keep off the urges in high risk situations.

Keywords: Coping behaviours, opioid dependence, abstinence, high risk situations

INTRODUCTION

Drug dependence is associated with frequent relapses despite best treatment efforts. The reasons for these relapses are varied. Amongst others, one line of reasoning has been in terms of failure of coping machanisms in handling urges when exposed to high risk situations.

Coping as a construct has been borrowed from social sciences. Defind broadly it includes such behaviours as that protect people from being harmed psychologically by problematic social experiences (Pearlin and Schooler, 1978). The handling of strain using coping mechanisms is an interactive process and people involved are actively responsive to the strains. Coping has been understood in terms of coping behaviours i.e., those that the individual actually indulges in and coping resources i.e. those that are available and can be called upon for use in case of need. Coping behaviours are divided into those that include responses which modify the situation, modify the meaning of experience or minimize the effects of experience.

In terms of drug use the indivuduals attempting abstinence are exposed to circumstances of averse nature that work towards precipitating resumption of drug use and coping mechanisms are constantly used to avoid such an outcome. In as far as coping behaviours in drug dependence are concerned they have been classified as either cognitive or behavioural (Shiffman 1982).

Coping has been investigated in drug abuse research especially with groups of smokers (Shiffman 1984) and alcololics (Cronkite & Moos, 1980). Coping has also been studied in ability to control other behaviours like overeating, studying and dating (Perri & Richards, 1977). In alcoholics the findings generally have indicated that relapsers and non-relapsers differ in their ability to cope (Rosenberg 1983) especially in the cognitive coping that strongly discriminated relapsers from survivors (Litman, et al 1979). Using Coping with Temptations Questionnaire a differential effectiveness was found in resisting temptations. Relaxation and refusing a drink were associated with increasing success to handle urges (Neidigh et al, 1988). In smokers failure to engage in coping strategy was associated with relapse. Both cognitive and behavioural coping dqually effective though the combination was better in another study (Shiffman, 1984).

In the context of coping behaviours in drug using population the research in our country has been nearly nonexistent. In this preliminary study an

attempt has been made to understand the behavioural patterns of coping in resisting temptations in a recent attempt to abstain in Indian opioid users. Attempt has also been made to examine some sociodemographic and clinical determinants of coping behaviours though outcome efficacy of behaviour has not been focussed on.

METHODOLOGY

SUBJECTS

The subjects were patients admitted to the inpatient facility of Drug Dependance Treatment Centre of the department of psychiatry at All India Institute of Medical Sciences, New Delhi. Patients with DSM III-R diagnosis of Opioid dependence were included in the study if they fulfilled the following criteria:

i) had sttayed beyond 2 weeks in the inpatient facility in the current admission,

ii) had not tested positive on routine screening for opiates during the hospital stay,

iii) had an abstinence attempt longer than 1 month in the 1 year prior to current admission,

iv) had no evidence of associated psychopathology including mental retardation, on clinical examinations and

v) were willing to participate in the study.

TOOLS

A semi-structured interview format based on Coping Behaviours Inventory (CBI) (Litman et al, 1983) was used. The CBI is a 36 item self administered list of behaviours rated on a five point scale for use with patients of alcohol dependence. Suitable modifications were made in the scale as follows:

i) the inventory was used as a basis for interview,

ii) the terms relating to 'alcohol' were changed so that they related to 'opioids' for e.g., 'drink and 'alcohol' were read as 'use of opioid or substance' and

iii) the responses were categorized as either 'yes' or 'no'

iv) for the purpose of study the responses were categorised as cognitive (20) and behavioural (16). Cognitive responses were 1,4,5,6,7,9,11,13, 15,17,19,22,23, 25,26,31,32,34,36, and the rest were behavioural Two consultants were asked to categorise the items as cognitive or behavioral based on the nature of responses though the origional inventory (Litmanetal, 1983) does not make the distinction. Further work to modify the inventory for Indian population and valiable the distinction is being carried out.

The modified version of CBI had earlier been used in an unpublished work by the authors in a group of mixed alcohol and heroin dependence patients. The findings showed that coping bahaviours in the two groups are similar.

METHOD;

All the patients were interviewed by the same author (HRP). The interviews were conducted after the patient had been in the inpatient treatment for more than 2 weeks. The interview elicited behaviours used by the patients in the last abstinence period (>1month) to handle the temptations. The behaviours listed in CBI were used to guide the patients in choice of behaviours employed. The behaviours used were eleborated with examples and corroborated by family members. At the end of interview any behaviours other than listed in CBI was asked for from the patient. Socio- demographic data and drug use pattern were recorded during a semi-structured interview.

RESULTS :

The study was conducted with the aim of finding behaviours employed by abstinent opioid dependant patients to handle urges. The efficacy of particular behaviour employed ;by our patients was not evaluated. It was also intended to examine the socio-demographic and clinicial determinants of coping behaviours used by appropriate analysis.

The sample consisted of 100 subjects of Opioid dependence who met the DSM III-R diagnosis. The mean age was 29.7 (SD±7.5) yrs. and the mean duration of drug use was 8.5 (SD±4.13) yrs. There were 58 married and 38 unmarried subjects. 38 subjects were from neclear family background and 35 were staying alone. There were 5 subjects who were post-graduates or professionals, 5 graduates, 10 had studied until intermediate, 30 were matriculates and 50 had education below matric among whom one was illiterate.

The abstinence related factors were as follows:

The patients had attempted abstinence 2.18 (SD ±1.6)

times prior to current admission and had remained abstinent for 6.48 (SD±6.42) months in the last year.

Assessment of Coping behaviours revealed that a wide variety of actions were used by these individuals to handle urges. These actions included both behavioural and cognitive strategies. The average number of behaviours used was 7.38 (SD±4.86). The common actions are listed in table I

TABLE I: COPING BEHAVIOURS

S.NO.	BEHAVIOUR	NO.OF USERS
1	.KEEPING AWAY FROM USERS	78
2.	KEEPING IN COMPANYOF NONUSERS	70
3.	WORKING HARDER	67
4.	AVOIDING PLACES	65
5.	FORCING TO GO TO WORK	52
6.	CONSIDERING THE EFFECT ONFAMILY	37
7.	START DOING SOMETHING AT HOME	36
8.	REMEMBERING EFFECT ON FAMILY	35

AVERAGE NUMBER OF BEHAVIOURS 7.38 (SD±4.83)

Behavioural strategies are employed by more number of subjects as against cognitive strategies.

Determinants of behaviour employed to counter temptations are lised in table II

TABLE II DETERMINANTS OF COPING BEHAVIOURS

FAMILY type	BEHAVIOUR	FREQUENCY noc	oth	CHISQ	dl	dl
	1.BETTEROFF WITHOUTOPIODS	0	10	6.2	1	0.0124
	2.MISSRESULTING FROM DRUG USE	7	29	6.6	1	0.0097
	3. SAYING I AM WELL& WISH			9		
	TO STAY SO	2	14	4.5	1	0.0320.
				6		
	BEHAVIOUR	FREQUENCY		CHISQ	dl	PI
ROUTE		noc	oth			
	1.KEEPING AWAY					
	FROM USERS	62	1 10	7.3	2	0.0248
	2.REALISZING EFFECT					
	ON HEALTH	22	3 1	8.3	2	0.0157
	3.CONSIDERING					
	EFFECT ONFAMILY	31	2 1	7.0	2	0.0301.
	NUC- Nuclear;	OTH	OTHERS;	MIH	-	Inhalational;
	PAR- Parenteral					

The analysis was done by Chi-Square test. Yates correction was used wherever applicable.

Keeping away from users and the effects on the family were used significantly more by Heroin (Smack) inhalational users as compared to parenteral opioid users. In the parenteral users realisation of effects on health was more significantly used cognitive behaviour. Abstinence attempts or duration of last attempt didn't show any association with above variables.

DISCUSSION:

The study was undertaken to assess the coping behaviours of patients dependent on opioids by assessing the mechanisms employed to handle temptations in a recent abstinence period. To the best of author's knowledge this is the first study from our country. For above purpose the interview was guided by behaviours enumerated in the Coping Behaviours Inventory (Litman et al, 1983). The authors have used the modified version in a previous research in a group of mixed alcohol and opiate users. The inventory was found to provide adequate information about coping behaviours and was found suitable for application in our population. The rating on a five point scale as in the original inventory was avoided because the majority of our subjects found difficulty in quantifying the responses and hence a dichotomous yes or no was used to rate the behaviour.

In addition to above, association of behaviours used with sociodemographic and clinical variables was studied using non parametric tests. The variables focussed on were education, marital status, family type, durg of use, route of intake, abstinence attempt and duration of abstinence.

The results indicate that a wide variety of mechanisms are employed to handle temptations in dependant individuals during the abstinence period. The actions used by most subjects were behavioural in nature and amongst those, the common ones were, keeping away from users, keeping in company of non users, avoiding places associated with use, working harder and forcing oneself to go to work. The actions that can be understood as cognitive (though not distinguished so in the origional inventory) were thinking of the problems resulting from drug use, considering its effect on family and remembering the

considering its effect on family and remembering the effect it already has had on the family. There was an overwhelming use of behavioural strategies by most individuals. These strategies are used to modify the situation so that external cues that result in craving or conditioned withdrawls is avoided. Pearlin and Schooler (1978) also remarked about responses that modify situations being tha most direct way to handle stress and hence the finding is not surprising. Why cognitive strategies were employed less often is not clear though. However both cognitive and behavioural responses are equally effective in controlling temptations (Shiffman '84). Fairly common use of behavioural strategies viz. working harder or forcing oneself to go to work is understandable because the subjects studied belong to the productive age group and are all male.

Chi-Square analysis showed a poor ability to discriminate between use of various actions using the variables studied. The significant determinants were family type where extened and joint family backgrounds are associated with use of cognitive stragies viz, thinking of mess resulting from drug use, thinking how much better one is without drugs and saying one is well and wishes to stay so. In a family background of above nature one expects respect for the elderly and parents and other elderly in the family, a greater dependence on family and closer multiple emotional ties which could in turn be related to the thoughts of mess resulting from drug use. Route of use was another significant deteminant of action keeping away from users in the case of inhalational route whereas considering effect on family and realising effect on health was used more by the parenteral users. The latter is especially significant because the health problems are considerably more often in parenteral users and because the interventions strategies tend to focus on health hazards specifically.

In conclusion patients during abstinencefrom opioids employ a variety of both behavioural and cognitive coping strategies. As the efficacy of the actions was not assessed in the present study, it will be difficult to comment on effectiveness of each coping behaviour in warding off temptations successfully. A comparative study of relapsers and non relapsers in a prospective design will clarify the issue and shoule be focussed on in future work.

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