

## Relapse Precipitants in Substance Dependence Patients

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### Abstract

**Background:** Relapse is common and stressful aspect among substance abusers. In the present study an attempt was made to study relapse precipitants among opioid, alcohol and multiple substance dependence. **Methods:** A survey was conducted to identify relapse factors associated with relapse to problematic substance abuse in 50 clients enrolled in treatment programme for substance use disorders. Clients were interviewed by using socio-demographic profile sheet, Relapse Precipitate Inventory (RPI) to explore common relapse precipitants among substance abusers. **Results:** Study reported more negative state ( $6.90 \pm 2.08$ ) associated with relapse phenomena followed by positive /euphoric events ( $6.34 \pm 2.98$ ). 88% patients reported consumption of substance when looking others are involved in drinking. **Conclusion:** Future researchers are encouraged to replicate this study and explore more dynamic factors which contribute to relapsed addiction to prevent many behavioral and psychological problems among substance abusers in future. It is also recommended that regular follow up, family and peer support also essential with ongoing rehabilitation to curb relapse.

**Keywords:** Relapse; Substance abuse; Precipitate.

### Introduction

Substance abuse is common problem worldwide, India being no exception. The close geographical propinquity to Pakistan and Rajasthan borders that produces illicit drugs has intensified drug abuse in Punjab. Abuse of alcohol, cannabis and raw opium is reported in literature in ancient Indian history. The abuse of synthetic derivatives i.e. meperidine, morphine, heroine, and codeine etc is comparatively new.[1] The substance abuse has devastating effects on nation's socio-economic status.[2]

United Nations Office on Drugs and Crime reported 62.5 million alcoholics, 8.75 million cannabis users, 2 million opiates and 0.29 million of hypnotic sedative user in India.[3,4] Study reported that 20-30% of adult males and 5% of adult females use alcohol while 57% of males and 10.8% females consume opiates in one or any other form.[2] It also reported that heroin (36%) was the primary abused drugs followed by opiates (29%) and cannabis (14%).[5] It has been estimated that 14% patients admitted in hospital have alcohol and drug abuse and addiction disorders and almost 20% of all medical costs spent on inpatient care is associated with substance abuse.[6]

Substance abuse is to be viewed as chronic disorder in which relapse is the natural part of recovery process.[5] Relapse is a phenomenon in which a person returns to even a single usage of a substance or process of which they had previously abstinence. Relapse is common and

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distressing problem among substance abusers.[1] Family pressure, initiation in young age, male gender, unemployment, single status, grief or heavy loss, peer pressure, negative/poor coping skills, personality traits, social stress, co-morbid physical and psychiatric condition, and family history of substance abuse act as relapse precipitant for substance abusers.[2,3] Other reasons cited by abusers for their relapse are diverse and include depression, anxiety, positive mood, social pressure, adverse life events, work stress and marital conflict.[2,3]

Such alarming statistics emphasize the importance of providing adequate treatment services for those suffering from substance disorders. Despite advances in treatment, client compliance is generally poor, with relapse to problematic drug/alcohol use a common occurrence. The present survey was conducted to identify relapse facts as associated with relapse to problematic substance abuse clients enrolled in treatment programme for substance use disorders.

## Material and Methods

The sample was drawn from the population of patients admitted in the psychiatric ward at Sri Guru Ram Dass Hospital (SGRDH) Vallah, Amritsar (Punjab). As the treatment center population comprises almost exclusively of males, only men were recruited for the study. On the basis of prevalence of substance abuse, it was decided to include 50 patients in the study. By using purposive sampling technique, over a period of about 5 months, study was conducted to collect required sample size. Patients from 18-65 years age group, meeting the criteria of ICD-10 classification for alcohol, opioids and multiple substance dependence were included in the study. Patients having any co-morbid physical, psychological, and psychiatric disorders were excluded from study.

### *Assessment*

Socio-demographic data were obtained

from case notes, and by conducting interview with patients and relatives present at the time of data collection. A Hindi version of Relapse Precipitant Inventory (RPI) was used to assess high risk situation<sup>4</sup>. RPI Hindi is a substance non-specific Hindi adaptation of 25 items alcohol specific relapse precipitant inventory in English (Litman et al 1983 a & b).[9] In RPI Hindi there are 3 factors (negative affect, positive affect and decreased cognitive vigilance) that are similar to the 3 factors of RPI (unpleasant mood states, Euphoric states and decreased cognitive vigilance). Out of 25 items with factor I has 11 items, factors II has 6 items and factors III has 3 items. This Hindi version of RPI was standardized to cover relapse of all kinds of substance abuse including alcohol. The instrument was found reliable and valid and getting high score on instrument indicated good social support status.

Assessment was conducted on 3<sup>rd</sup> day of the admission once the detoxification process was declared over by Psychiatrist.

### *Ethical consideration*

The study was approved by the ethical committee of the Sri Guru Ram Dass Institute of Medical Sciences and Research Center (SGRDISMR), Vallah, Amritsar (Punjab). Written informed consent was also collected from subjects before proceeding to data collection by explaining the study objectives, their involvement, duration, and possible use of findings to patients. Other ethical safeguards like confidentiality, autonomy, right to withdraw from study, were undertaken while collecting data. Researcher also kept in mind that data collection process did not interfere in usual treatment process of patients. Patients were also informed that no invasive investigation. Would be done during data collection.

## Results

Total 50 substance abuse patients were enrolled in the study. As de-addiction and

**Table 1: Socio-demographic profile of subjects (n=50)**

| Variables   | F (%)    |
|---|----------|
| <b>Age</b>  |          |
| < 30 yrs  | 38 (76)  |
| 31 and above  | 12 (24)  |
| <b>Gender</b>   |          |
| Male  | 50 (100) |
| <b>Marital Status</b>                                     |          |
| Married   | 27 (54)  |
| Unmarried   | 23 (46)  |
| <b>Education</b>  |          |
| Up to Primary   | 04 (8)   |
| Secondary & above   | 46 (92)  |
| <b>Socioeconomic status<br/>(As per Kuppuswamy Scale)</b> |          |
| Upper   | 05 (1)   |
| Middle  | 38 (76)  |
| Lower   | 07 (14)  |
| <b>Occupation</b>   |          |
| Unemployed  | 29 (58)  |
| Employed  | 21 (42)  |

treatment center comprised almost exclusively males, only men were taken for the study. More than 76% of subjects were below 30 years and married (54%). Majority of subjects (94%) were Sikh by religion. Around 44% subjects were educated up to secondary school and belonged to middle class (76%) as per Kuppuswamy scale. Around 40% subjects were unemployed. (Table 1)

Table 2 reveals that substance dependence patient reported more negative state ( $6.90 \pm 2.08$ ) associated with relapse phenomena followed by positive /euphoric events ( $6.34 \pm 2.98$ ). Further, item analysis showed that around 88% subjects reported occurrence of relapse in conjunction with others who were drinking or taking substance. It was also reported that taking a small amount of a particular substance (86%) would also predispose to consume more substance on daily basis. Subjects also reported euphoric events as a relapse motivator i.e. attending party (82%) and celebration of festival (82%). In terms of negative events, around 76% subjects reported depression, followed by tension

**Table 2: RPI domains Analysis (n=50)**

| Domains                               | Mean±SD           |
|---------------------------------------|-------------------|
| Negative affect/Unpleasant mood state | 6.90±2.08         |
| Positive affect/Euphoric state        | 6.34±2.98         |
| Decreased Cognitive vigilance         | 1.08±0.85         |
| <b>Total</b>                          | <b>14.38±3.83</b> |

(72%) and preoccupied thought for consuming alcohol as a relapse precipitant.

## Discussion

The result of the present study showed that certain social and psychological variables were reliably and consistently associated with relapse among alcohol dependence syndrome. Thus, findings of the present study are consistent with the previous studies, which have demonstrated that similar social/psychological variables were important correlates of relapse. In the present study, common relapse precipitants were explored.

The present study showed that negative mood states were directly related to relapse process. The study findings were similar with the previous study conducted by Gunn (1983)[5] which reported that recent life stress impeded quitting smoking in men. Similar study findings were also reported in a study conducted by Rosenberg (1983)[6] in which it was reported that more negative events and only handful positive events were responsible for relapse phenomena in alcoholics as compared to non-alcoholic population. Similar findings also reported in literature.[7,8] Present study also reported role of euphoric events in relapse process. Similar findings were also reported in a study conducted by Prochaska et al (1982)[9] in which it was mentioned that relapse was associated with more positive life changes events. Present study also reported role of social factor as 34% subjects reported feeling disappointed in other people, as relapse precipitant. Consistent findings were also reported in a study conducted by Kosten et al (1986)[10], which reported that social dysfunction played a significant role in relapse

**Table 3: Item wise analysis of RIP Relapse Precipitants (n=50)**

| S. no | Items  | f (%)   |
|-------|--|---------|
| 1     | When I pass a pub or off license                               | 00 (00) |
| 2     | When I am drinking when other people are drinking              | 44 (88) |
| 3     | When I feel no one really care what I happened to me           | 21 (42) |
| 4     | When I feel tense  | 36 (72) |
| 5     | When I have to meet people                                     | 33 (66) |
| 6     | When I start thinking that just one drink would cause no harm  | 36 (72) |
| 7     | When I feel depressed  | 38 (76) |
| 8     | When there are problem at work                                 | 30 (60) |
| 9     | When I feel I am being punished unjustly                       | 16 (32) |
| 10    | When I feel afraid   | 09 (18) |
| 11    | When I am on holiday   | 26 (52) |
| 12    | When I feel happy with everything                              | 29 (58) |
| 13    | When I have money to spend                                     | 41 (82) |
| 14    | When I remember good times when I was drinking                 | 17 (34) |
| 15    | When there is argument at home                                 | 35 (70) |
| 16    | When I am full of resentment                                   | 21 (42) |
| 17    | When I feel irritable  | 31 (62) |
| 18    | When I am at party   | 41 (82) |
| 19    | When I am start thinking I am not really hooked on a lcohol    | 21 (42) |
| 20    | When I feel myself getting very angry                          | 31 (62) |
| 21    | When there are special occasion like birthday , diwali etc     | 41 (82) |
| 22    | When I start feeling frustrated and fed up from life           | 28 (56) |
| 23    | When I feel tired  | 34 (68) |
| 24    | When I feel disappointed that other people are letting me down | 17 (34) |
| 25    | When I already taken some drink                                | 43 (86) |

occurrence.

This study follows several methodological limitations and the findings can be considered as preliminary in this field. The small sample size, cross section survey findings and lack of control group also impede the generalization. One time cross sectional findings evaluation may have failed to capture the dynamic nature of the relapse phenomena.

The result of present study can be undertaken by the future researchers to conduct more researches to understand the dynamic nature of relapse phenomena in substance abusers and its, relation to various clinical, biological and other related factors.

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