

# Coping through addiction: Exploring the relationship between coping and relapse with people who use opioids

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## Purpose of Study

Each year, national overdose deaths involving opioids continue to increase (National Center for Health Statistics, 2021). With strikingly high relapse rates and higher mortality risk than any other substance, it is evident that this is a problem that needs to be further explored (Darke et al., 2011; Degenhardt et al., 2011; Smyth et al., 2010).

Few studies have explored the relationship between particular coping styles (e.g., emotion-focused, problem-focused, and avoidant) and rate of relapse after craving (e.g., sudden, short, or long) with people who use opioids (PWUOs).

The current study aimed to identify possible predictors, including coping style and employment status, of relapse rate with PWUOs. Better understanding this relationship will assist in more effective goal setting and treatment planning with PWUOs.

## Methods

### Participants

- 145 people who use opioids between the ages of 19 to 67 (80 female, 61 male, 3 trans-women, 1 non-binary).
- 94 participants reported working one job (64.8%), 24 (16.6%) two or more jobs, 22 (15.1%) unemployed, 3 (2.1%) preferred not to disclose, and 2 (1.4%) were retired.

### Measures

- **Coping.** The Brief-Cope questionnaire was used to measure coping style (Carver et al., 1989). This 28-item questionnaire measured coping in fourteen subscales which were categorized as problem-focused, emotion-focused, or avoidant coping. Items were scored on 4-point Likert scale ranging from (1) *not at all* to (4) *I've been doing this a lot*. Cumulative scores for each coping style were used in data analysis.

## Methods Cont.

### Measures cont.

- **Relapse Rate.** The time to relapse questionnaire (TRQ) was used to measure relapse rate (Adinoff et al., 2010). This 9-item questionnaire measured relapse rate in three subscales; sudden relapse, short delay relapse, or long delay relapse. Items were scored on 4-point Likert scale ranging from (1) *false* to (4) *very true*. Cumulative scores for each relapse rate category were used in data analysis.

### Data Analysis

- Using SPSS version 27, three separate **multiple linear regression analyses** were utilized to determine if coping (e.g., problem-focused, emotion-focused, or avoidant) significantly explained the variance in rate of relapse (e.g., sudden, short, or long), while controlling for employment status.

## Results

### Sudden Relapse

- The multiple linear regression model with predictors (problem-focused coping, emotion-focused coping, avoidant coping, and dummy variables for employment status) was significant ( $F(7, 137) = 4.002, p < .001, R^2 = .170$ ), with  $R^2 = .170$  suggesting that 17% of the variation is predicted by the listed factors. Avoidant coping was found to be the highest predictor. Results of this model are illustrated in Table 1.

### Short Delay and Long Delay Relapse

- Coping style did not predict short or long delay relapse.

## Results Cont.

**Table 1**

*Multiple linear regression model predicting likelihood of sudden relapse based on coping and employment status*

		<i>B</i>	<i>SE</i>	$\beta$	<i>p</i>
Coping Style	Emotion-Focused	.04	.05	.08	.42
	Problem-Focused	.11	.06	.18	.06
	Avoidant	.18	.07	.19	.02
Employment Status	Unemployed	.42	.62	.05	.50
	Retired	-2.98	1.90	-.12	.12
	2 Jobs	-.88	.61	-.12	.15
	3+ Jobs	5.29	2.63	.16	.05

*Note.* N = 145. The reference group for employment status was having 1 job.

## Treatment Suggestions

When working with PWUOs:

- Assess current knowledge of and experience with utilizing coping mechanisms.
- Provide psychoeducation on avoidant coping styles (e.g., **self-distraction, denial, substance use, and behavioral disengagement**) and their associated risks.
- Provide psychoeducation on adaptive coping strategies (e.g., **active planning, informational support, spiritual practices**) (Puffer et al., 2012; Roos et al., 2020).
- Emotion-focused coping (e.g., venting, using humor, emotional support) was not a significant predictor of sudden relapse and should be recommended with caution. A possible explanation for this could be insufficient development of effective emotion regulation skills with this population.

## Conclusion

### Limitations

- Possible recall and self-report bias on questionnaires.
- Limits to generalizability of results due to lack of racial diversity (majority White participants, 89.7%).

### Implications

- PWUOs who utilize avoidant coping styles are likely to relapse suddenly and without warning.
- This study emphasizes the importance of assessing current coping mechanisms and providing psychoeducation on adaptive coping strategies early in treatment and recovery to assist in postponing relapse with PWUOs.

## References

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