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Factors Behind The Relapse Of The Patients With Alcohol And Opioid Use Disorder: An Exploratory Study

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Abstract

Background: *Among the psychoactive drugs, alcohol and opioid are the most used and misused ones, which lead to serious socio-occupational dysfunction in one's life. The most troublesome part is, despite excessive control and treatment, the relapse of the patients with alcohol and opioid use disorder seems to be inevitable.*

Methods and Material:*The purpose of the study is to understand and to have an in-depth information about the reasons behind the relapse of the patient with alcohol and opioid use disorder. A qualitative study conducted on a sample of 20 participantsage between 25 - 60 from Psychiatry OPD, who diagnosed with alcohol or opioid use disorder and had relapsed after being abstinent. They telephonicallycontacted and interviewed based on a predetermined open-ended interview schedule. The information obtained from the interviewee, coded based on thematic analysis method and so the themes were analyzed.*

Results: *Among patients with 'Opioid Use Disorders' the main factors leading to relapse were found to be increased physiological craving, poor self-control and desire to indulge in entertainment which involves opioid consumption. On the other hand, among patients with 'Alcohol Use Disorder,' coping skill strategy at the time of stress and environmental triggers like sight of the usual places of alcohol consumption found to be the main factors. While physiological craving and influence of peer group found to be existed in both the groups.*

Conclusion: *The major factors behind the relapse in the patients with alcohol and opioid use disorder are physiological craving, peer pressure and family stressors. Poor coping were found to be the precipitation factor of Alcohol use disorder whereas physical craving and poor self control were the precipitation factors of Opioid use disorder.*

Keywords: *Factors, Relapse, Alcohol use disorder, Opioid use disorder, Exploratory study.*

Key Messages: *This study may help in predictingthe probable occurrence of relapse in the course of abstinence and might be incorporated as part of the management programme where patient and family members would be educated about risk situations, which might prevent the likelihood of their occurrence.*

Introduction

The use, or the abuse of drugs for recreational purposes, to induce heightened states of pleasure, is a growing menace which needs to be tackled immediately. It is a major problem that is threatening not only to the substance user both in terms of their physical and mental health but also has dire consequences for their families and the society at large. And it seems that despite continuous and intensive treatment, there are some factors which inevitably bring about lapse and subsequent relapse of patients with substance use disorder. Relapse considered as a full-blown return to the addiction state after a period of abstinence[1]. There is a plethora of studies which have explored the rate of relapse and return to alcohol and opioid drugs. Most studies from India broadly cite social determinants like socio-economic status, unemployment, financial instability and interpersonal conflicts along with personality factors like extraversion antisocial traits[2], low self-control and poor coping[3]as the main causes of relapse. Currently there are very few numbers of studies from India which have employed qualitative methods focusing on the extensive in-depth interview revealing the situations which might function as the triggers to relapse[4]. An analysis of these circumstances might, therefore, be beneficial in planning out the management programme for maintenance of abstinence.

Subjects and Methods

Aim: The purpose of the study is to understand and to have an in-depth information about the reasons behind the relapse of the patient with alcohol and opioid use disorder.

Sample: Sample consisted of 20 married patients of opioid and alcohol use disorder (10 in eachgroup) having age between 25 - 60 (42±11.56) years were selected from the Out-Patient Department of Psychiatry (De-addiction clinic).

Tools: Sociodemographic Sheet, Thematic analysis by Braun and Clarke using the full text[5].

Procedure: Permission taken from the ethical committee. A set of semi-structured interview questions were prepared by the first, third and fourth authors (Geetesh Kumar Singh, Ayoleena Roy, and Aratrika Roy) under the guidance of second and fifth author (Thiyam Kiran Singh, and M.V.R. Raju) and after taking the informed consent from the patients, the in-depth interview conducted on 20 patients by first, third, and fourth authors. Total duration of study was three months (November 2018 to February 2019). The data obtained from the interviews were analysed by second author (Thiyam Kiran Singh) as he was well trained expert and also had many years of experience in thematic analysis and its interpretation, using thematic analysis, a method for identifying, analysing and reporting themes within the data. These themes capture something important about the data in relation to the research question, representing some level of patterned response or meaning within the data set. The first step in analysis is transcribing the recorded interview. After the transcription, the data obtained were coded. Thematic analysis was conducted in accordance with the guidelines of *Braun and Clarke* using the full text. *Braun and Clarke, 2006* provided a coherent guideline on the steps involved in identifying emerging themes and their ‘interpretation[5]. They propose six phases:

Phase 1: Familiarisation with the data
Phase 2: Generating initial codes
Phase 3: Searching for themes
Phase 4: Reviewing themes
Phase 5: Defining and naming themes
Phase 6: Producing the report

These steps are not unidirectional, but rather arecontinuously repeated as needed during the analysis process. The themes obtained were then compared with one another with respect to both groups of the study.

Analysis

The data of the in-depth interviews were analysed using thematic analysis and SPSS 26. Thematic analysis is a method for identifying, analysing, and reporting themes within the data.These themes capture something important about the data in relation to the research question, representing some level of patterned response or meaning within the data set. It is different from grounded theory in that grounded theory requires the analysis to be directed towards theory development (i.e., generate a theory from the data) while thematic analysis does not.

An inductive hand coding process was employed to derive the themes. Initially, open coding performed. Open coding involves breaking down the transcripts into component data units consisting of single quotations. These data units then summarized and assigned a concept by the researchers, and codes were developed and named according to the data units' concepts. Then, axial coding was performed to derive the final themes from the data. During axial coding, codes with similar concepts were grouped together into subcategories, which were in turn organized into categories by making connections between subcategories.This process resulted in the creation of subthemes and themes, which were based on the various subcategories and categories, respectively reached. The analysis included data from all parts of the interview, but we focused on participants' experiences of abstinence to relapse, given the purpose of the current study.

Results

Table-1: Sociodemographic Characteristics both Groups

Demographic Variables		Alcohol N=10 (%)	Opioid N=10 (%)	Total (%)
Age	Mean & Std. Deviation	M = 42.70 SD = 11.83	M = 41.30 SD = 11.87	P = .79 > 0.05 (NS)
Education	School Educated	6 (60%)	3 (30%)	9 (45%)
	College Educated	4 (40%)	7 (70%)	11 (55%)
Occupation	Retired	3 (30%)	0 (0%)	3 (15%)
	Employed	4 (40%)	6 (60%)	9 (50%)
	Unemployed	3 (30%)	4 (40%)	7 (35%)
Family	Nuclear	4 (40%)	5 (50%)	9 (45%)
	Joint	4 (40%)	4 (40%)	8 (40%)
	Extended	2 (20%)	1 (10%)	3 (15%)
Family History of Drug Use	No	4 (40%)	8 (80%)	12 (60%)
	Yes	6 (60%)	2 (20%)	8 (40%)
Total Numbers of Relapse	Mean & Std. Deviation	M = 5.40 SD = 2.17	M = 3.80 SD = 0.79	P = .10 > 0.05 (NS)
Total duration of Illness	Mean & Std. Deviation	M = 8.30 SD = 3.12	M = 6.10 SD = 2.51	P = .16 > 0.05 (NS)

NS = Not Significant

The mean age was 42.70± 11.83 years (alcohol dependence) and 41.30 ± 11.87 years (opioid dependence) and P vale 0.79, suggestive of no significant difference between mean age of alcohol and opioid dependent patients. Total numbers of relapse were 5.402.17(alcohol dependence) and 3.80± 0.79 (opioid dependence), P value 0.10 indicated no difference between the mean of numbers of relapse of alcohol and opioid dependent patents. The mean and SD of total duration of illness for alcohol 8.30 ± 3.12 and opioid 6.10 ± 2.51 and P value 0.16 are evocating no statistical difference. These results (Table-1) are indicating

that both groups are very similar in terms of socio-demographic characteristics. Only 40% of alcohol-dependent patients were college educated as compared to 70% of the opioid group and 60% of alcohol dependent patents have a family history of drug abuse as compared to 20 % of opioid group. Majority of patients in both the groups belongs to nuclear (45 %) or joint family (40%) and are employed (50 %).

A brief illustration of manuscripts of some patients are given below to understand the themes:
Excerpt 1: I left alcohol and I wanted to stay away from it, but the situation became such that,(pause) I do not know how to say. And again, I startedtaking alcohol because of the family problems (pause). Firstly, financial problem started as the business was not running smoothly, so I started having frequent quarrels with my wife; You know (pause) returning home was like a trauma to me. So, one day on the way to my home I bought a bottle of liquor to get rid of these stressors. I continued drinking daily at home but that was within my limit. Situation worsen when I had a huge loss in business and my wife was unable to understand the situation,continued demanding different things. Not able to pay the fees on time, I do not know what to do (pause). I was just puzzled and restarted drinking day and night to deal with the situation.

The above excerpt reflected how family stressors along with negative emotional state and faulty coping are leading to the relapse state. In this case financial problem is a major stressor which is creating problems in the family of this person and that is leading to sadness and frustration (negative emotional state) and as he wasn't able to cope with this situation he was taking help of alcohol to deal with it (faulty coping style). Thus, it can be observed that all the factors are somehow interlinked or connected to each other. A single factor isn't enough to understand the reason behind the relapse.

Excerpt 2: Okay, one thing is that it is easily available in the market (alcohol). It is not like the drugs that you will face difficulty to get it. But along with this (pause) death is something inevitable (pause), his death is like a lesson to us to know this cruel world. The so-called family members neither did they stand beside me nor do they ready to giveme share ofmy ancestral property. Uncles started making my lives hell at home, every day they criticize me for being unemployed and call me 'sarabi' (alcoholic) even though I did not touch it since last four months. I gotfrustratedwith these people and I started drinking post dinner to have a good sleep as I could not find any other way to deals with these issues.

In this the person has highlighted on the availability of the of the alcohol in the market. According to him, one of the chief reason behind relapse is its easy availability. If it would have been far away from his reach, then there would have been some other factor behind his relapse. While analyzing this interview it has been seen that family stressor, is a salient feature in this case also. The interpersonal conflict with his family giving rise to critical comments due to his unemployment which produce immense frustration in him. He tried to cope with the situation but he couldn't. So, he started bringing alcohol while returning from the market as it was easily available. He started with small amount of drink and gradually increased it.
Excerpt 3: First time I snorted heroin secondary to peer pressure while I was pursuing masters. I did not know whether I liked it or not but it did not cause any harm to me so at another outing, I tried it again when encouraged by peers and this continue, after the marriage I started facing sexual problem and I tried to stop with the help of professionals but it was very hard to stop due to intense pain and craving. Somehow, I managed to control it but when I get free times from job or I visit to my friends I just cannot stop myself. I feel, I am losing my control over myself and it became impossible to resist.

While dealing with Opioid patients, lack of self-control has been found to be one of the prominent factors due to severe craving. In this excerpt, while discussing about the factors behind the relapse of this person, he mentioned how peer pressure has always played a role as a maintaining factor for his opioid

consumption. Moreover, another interconnected factor accompanying peer pressure is his lack of self-control. If he has optimum amount of control on his will or if he could have the ability to resist himself then he wouldn't have always come under the influence of his friends.

Excerpt 4: I was in the athletics team and physical stress was part of my daily routine. I consumed alcohol in moderation on social occasions. Around five years ago, following a sprain injury in my leg, I took a pain killers (tramadol) from a chemist shop. I got significant relief in pain and had some euphoric effect. Having become comfortable with the medicine I started taking it on my own after any injury. Gradually I increased it in frequency and amount over next five years to three times daily. Now if I do not take, I would start having headache, sneezing, extreme fatigue, body ache and disturbed sleep.I had taken professional help and I maintain well for 2-3 months but after that when I left medication.I would often wake up at night and have body pain the strong urge to consume tramadol and would eventually do so, to feel better.

The factors that are evident from this excerpt are physiological craving and increased desire. As he stopped taking tramadol, he started having withdrawal symptoms in the form of physiological signs like headache, body ache, sneezing and he wasn't able to neither control this pain nor able to control his intense craving. He mentioned due to his craving he wasn't able to sleep or take rest. It created a restlessness in him. And all these factors intensify his craving and he could not resist himself and started consuming tramadol.

After analyzing the themes, we find the following major reasons of relapse:

Reason for relapse in Alcohol

- Family Stressors: 6 patients out of 10 reported due to family stress they started drinking again.
- Negative Emotional States: 7 patents out of 10 reported negative emotional states related with family & other professional and personal life caused to relapse.
- Easy Availability: Only 3 patients reported easy availability as a reason for relapse.
- Faulty Coping Mechanism: Most patients (80%) of this group used alcohol to cope with ongoing stress or fatigue.

Reason for relapse in Opioid

- Physiological Craving: 7 (70%) patients of opioid dependent report this.
- Poor Self-Control: 2 patients reported poor self-control.
- Increased Desire: 2 patients reported increased desire as a reason for relapse.

Common factors

- Peer Pressure: out of 20 patients of both group 4 of alcohol and 3 of opioid group were reported peer pressure as a reason for relapse i.e. 35% of total relapse in both patient caused by peer pressure.
- Interpersonal conflicts: 7 patients of alcohol and 6 patients of opioid dependent reported family stresses and interpersonal conflict as a reason of relapse, i.e. 65% of relapse are sole caused by impaired interpersonal relationships.
- Environmental cues: Only one patient of opioid and alcohol group had reported this as one of the reasons for relapse.

Discussion

The themes which arose from the current study seemed to revolve around individual factors and perceived environmental stressors as the principle reasons of relapse. Despite the overlap of factors between these two groups, few factors were predominantly responsible for relapse in either of the groups. In the group

of opioid users, it was seen that increased physiological craving leading to states of increased aggression, irritability anxiety and subsequent agitation. Moreover, poor self-control, increased desire, and impulse to indulge in entertainment led these patients to regain consumption of opioids. Among alcohol users, resorting to alcohol consumption to cope with perceived family stressors like criticism and taunting behavior of family members appeared to be the primary reason for relapse.A similar study reported that family related factors like domestic violence financial constraintsand stigma were the major reasons for relapse[6].

The resulting experience of negative emotional states like frustration and sadness further added to the drinking behavior[7]. It was seen that comparatively greater ease in the availability of alcohol, further contributed to the relapse factor. Both the groups also reported that conflictual interpersonal relationships especially disturbed relationship with spouse, was another reason which pushed them to consume the substances as a means of respite. Also, almost all alcohol and opioid users cited the persuasion of their friends to drink as another reason for relapse. Also, in the presence of 'substance cues,' the urge or temptation to give up abstinence found in both the groups[8].

Conclusion

Relapse seems to be an unavoidable phenomenon after a period of abstinence. There are certain integral factors that triggers relapse in an individual. The cardinal factors in case of relapse in opioid use disorder are physiological cravings, poor self- control, increased desire and urge to indulge in entertainment. On the other hand, patients regain consumption of alcohol to cope with perceived family stressors, negative emotional states like frustration and sadness and primarily due to easy availability of the alcohol. Factors like peer pressure, interpersonal conflicts found to be common in both the groups.

Limitations

Social undesirability on the part of the patients in responding to the interview questions might have prevented other factors from coming to the forefront. The current study employed only married male patients.

Implications

The factors which have emerged may help in anticipating the probable occurrence of relapse in the course of abstinence and therefore might be incorporated as part of the management programme where patient along with family members might be educated about these risk situations, how to identify them and prevent the likelihood of their occurrence. Also, if certain circumstances cannot be avoided as in the case of conflictual interrelationships, then patient might be taught healthy coping mechanisms, assertiveness and ways of regulating the negative emotional states which will help in maintaining abstinence.

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Appendix

Peer Group:
1. What happens when you meet your friends and you are abstinent? How do you all spend your time/celebrate?
2. If they are drinking, then what do you do?
3. Could you describe the last time you were abstinent and resumed during the meeting with your friends?

Family:
4. How is your relationship with your family members?
5. What happens when there is an unpleasant episode? Does that contribute to your drinking? Could you recount one such experience?

Environmental Cues:
6. What happens when you pass by the shop/bar which you used frequently earlier? What kind of thoughts come to your mind?
7. Are there any other places or things in your environment that remind you of alcohol? Could you elaborate on these? Do you have any craving at that time? How do you handle it?
8. Did the sight of the bar trigger you to take alcohol again? Could you describe the last time that happened?

Mood States:
9. Does your mood play any role in your drinking? Could you please describe?

Physiological Craving and symptoms:
10. When you stop drinking, how do you feel? Could you describe your symptoms? How do you cope with the discomfort? Have you ever resumed alcohol to avoid the uncomfortable symptoms? Could you describe one such episode?

Entertainment:
11. Could you describe me what you do for your entertainment?

Cognition and Motivation:
12. Do you feel in control of your drinking? Does that make you try out your first drink after you have been abstinent? What has been your experience? Could you stop at one drink only or did you take more? Could you please describe what happened?