

Patients in Opioid Maintenance Programs: Psychological Features that Predict Abstinence

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Abstract : Intro: The positive impact of opioid maintenance programs on the health of heroin addicts, and on public health in general, has been widely recognized, namely on the prevalence reduction of infectious diseases as HIV, and on the social reintegration of this population. Nevertheless, a part of patients in these programs cannot remain heroin abstinent, or has relapses, during the treatment. Method: Thus, this cross-sectional research aims at analyzing the relation between a set of psychological and psychosocial variables, which have been associated with the onset of heroin use, and assess if they are also associated with absence of abstinence in participants in an opioid maintenance program. A total of 62 patients, aged between 26 and 58 years old ($M = 40.87$, $DP = 7.39$) with a time in opioid maintenance program between 1 and 10 years ($M = 5.42$, $DP = 3.05$), 77.4% male and 22.6% female, participated in this research. To assess the criterion variable (heroin use) we used the mean value of positive results in urine tests during the participation in the program, weighted according to the number of months in program. The predictor variables were the coping strategies, the dispositional sensation seeking, and the existence of Posttraumatic stress disorder (PTSD). Results: The results showed that only 33.87% of the patients were totally abstinent of heroin use since the beginning of the program, and the absence of abstinence, as the number of positive heroin tests, was primarily predicted by less proactive coping, and secondarily by a higher level of sensation seeking. 16.13% of the sample fulfilled diagnosis criteria for PTSD, and 67.74 % had at least one traumatic experience throughout their lives. The total of PTSD symptoms had a positive correlation with the number of physical health problems, and with the lack of professional occupation. These results have several implications for the clinical practice in this field, and we suggest the promotion of proactive coping strategies should integrate these opioid maintenance programs, as they represent the tendency to face future events as challenges and opportunities, being positively related to positive results on several fields. The early identification of PTSD in the participants, before entering the opioid maintenance programs, would be important as it is related to negative features that hinder social reintegration. Finally, to identify individuals with a sensation seeking profile would be relevant, not only because they face a higher risk of relapse, but also because the therapeutical approaches should not ignore this dispositional feature in the alternatives they propose to the patients.

Keywords : opioid maintenance programs, proactive coping, PTSD, sensation seeking

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