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## Stress coping strategies of Drug and Alcohol Addicted patients in Latvia

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### Abstract

It is believed that people are starting to use drugs to cope with stress on a daily basis because they do not see other option. Aim is to discover Drug and Alcohol Addicted patients' stress coping strategies. We used Demographic questionnaire and "The Ways of Coping" scale. Results shows that there are statistically significant differences between alcohol and drug addicted patients were observed in subscales: Confrontive Coping, Seeking Social Support, Distancing, Self-Controlling and Positive Reappraisal. This study is important because it allows realizing and evaluating the range of stress-coping types of patients with addiction and to compare the result of alcohol and drug addicts.

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### 1. Introduction

It is known that there is significant association between acute, chronic stress and the motivation to abuse addictive substances, it is identified that stress plays an important role in addiction processes. It is believed that people are starting to use drugs to cope with stress on a daily basis because they do not see other option. On the other hand stress promotes the use of drugs and reduces the motivation to quit drug use.

There are different perspectives to interpret patterns of substance use and abuse. From a cognitive-behavioural perspective model of stress-coping araised (Wills & Shiffman, 1985) and proposed that people often use alcohol as a coping response to stress, where it is used to improve positive affect or reduction uncomfortable feelings. Within this

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context, the use of alcohol as a coping response may be seen as adaptive and successful in the short term, however consuming alcohol to cope with chronic stress or persistent negative mood is generally considered to be a maladaptive response (Kassel, Bornovalova, & Mehta, 2006) and limited in its long-term effectiveness. The model assumes that alcohol is used in the absence of effective and adaptive coping strategies, and therefore individuals lacking such coping responses are at risk of engaging in problematic drinking behaviour (Wagner, Myers, & McNinch, 1999; Hasking et al, 2011).

The deficiency of more effective skills for coping with stress is one potentially important adjuster of the relation between stress and drinking outcomes. It is possible, when faced with stressors, individuals with deficit of adaptive coping methods or problem-focused strategies are more likely to engage in alcohol use, to cope with negative emotion. Research literature supports this model as avoidant coping strategies are consistently associated with both heavy drinking and alcohol-related problems (Britton, 2004; Evans & Dunn, 1995; Karwacki & Bradley, 1996; Rafnsson, Jonsson, & Windle, 2006; Corbin, Farmer, & Hoekesma, 2013)

Of course, not all efforts to manage the emotional complications of stress are maladaptive, for example strategies like seeking social support have been shown to be generally protective against negative effects of stress on health (Cohen & Wills, 1985) and Hussong (2003) found that risk for heavy drinking was amortised by social support. (Corbin, Farmer, & Hoekesma S.N., 2013)

Several stress coping researches shows that adaptive stress coping considered as effective stress coping and leads to improvement and better adaptation.

Adaptive coping is often on action oriented ( Lazarus, 1991) and involves altering the problem or environment that is causing the distress ( Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). On the other hand, among the types of maladaptive coping, avoidant coping is the most commonly researched. Avoidant coping generally involves removing from experiencing or thinking about a stressful situation ( Carver et al., 1989). Specific types of coping skills typically identified as avoidant includes behavioural disengagement, denial, mental disengagement, and substance use ( Litman, 2006). In general, adaptive coping strategies predict better health outcomes and less drinking, greater reliance on maladaptive coping styles, and avoidant coping in particular, is associated with greater drinking ( Bonin, McCreary, & Sadava, 2000; Cooper et al. , 1995; Willis, Wallston, & Johnson, 2001).

In order to judge whether a particular stress coping strategy is adaptive or not, it is necessary to analyse the various psychological factors and factors related to personality.

## **2. Purpose of Study**

To discover drug and alcohol addicted patients' stress coping strategies.

## **3. Methods**

In order to achieve study aim we used 2 research tools: Demographic questionnaire, developed by the study authors and "The Ways of Coping" scale (Folkman & Lazarus, 1985). "The Ways of Coping" scale consists of 66 items which are divided into 8 subscales. Confrontive coping, Seeking Social Support and Planful problem solving corresponds to Problem- oriented stress coping, whereas Distancing, Self-Controlling, Accepting Responsibility, Escapes-Avoidance and Positive Reappraisal refers to Emocional-oriented stress coping. Data were processed using SPSS program. Cronbach's alpha for The Ways of Coping Questionnaire was 0.90 which means that the survey is consistent.

## **4. Results**

The study took place in all those Republic of Latvian institutions that realize SUD patient's treatment.

The study enrolled 208 SUD patients. Of those 100 SUD patients were from the Methadone program and 108 SUD patients treated in Minnesota program. Participants were aged from 17 to 67, mean age  $38.24 \pm 10.28$ , women 36.3% and 63.7% men. Study participants were divided into two groups – alcohol and drug addicts. Results of the Ways of Coping investigation are shown in the Table 1.

Table 1. Mean values of the Ways of Coping Questionnaire of alcohol and drug addictive patients.

Scale	Drug addicts (n=107)		Alcohol addicts (n=93)		P
	M	SD	M	SD	
Confrontive Coping	1.84	0.50	1.50	0.52	0.000
Seeking Social Support	2.02	0.55	1.63	0.59	0.000
Planful Problem Solving	1.93	0.55	1.68	0.60	0.030
Distancing	1.85	0.46	1.45	0.55	0.000
Self-Controlling	1.98	0.44	1.68	0.44	0.000
Accepting Responsibility	2.08	0.54	2.08	0.58	0.832
Escape-Avoidance	1.81	0.45	1.63	0.51	0.160
Positive Reappraisal	1.93	0.55	1.59	0.57	0.000
Problem-oriented Stress Coping	1.92	0.43	1.60	0.44	0.000
Emotion-oriented Stress Coping	1.93	0.36	1.67	0.40	0.000

Statistically significant ( $<0.001$ )

After summarisation of „The Ways of Coping” scale data we observe that for drug addicted patients most common ways of stress coping were Accepting responsibility ( $M = 2.08$ ), Seeking Social Support ( $M = 2.02$ ) and Self-controlling ( $M=1.98$ ). While for alcohol addictive patients Accepting Responsibility was the most common way of stress coping, although second most common stress coping way were Planful Problem-Solving ( $M=1.68$ ), as well as Self-Controlling ( $M=1.68$ ), but third most common way of stress coping was Escape-Avoidance ( $M=1.63$ ) and Seeking Social support ( $M=1.63$ ). Drug addicted patients as well as alcohol addicted both were on emotion-oriented.

Statistically significant differences between alcohol and drug addicted patients were observed in several Ways of Coping questionnaire subscales. These differences were found in subscales: Confrontive Coping, Seeking Social Support, Distancing, Self-Controlling and Positive Reappraisal. It should be stressed that in both - problem and emotion-oriented Stress coping were found statistically significant differences between groups. As it is possible to see from the data shown in the Table 1 mostly all scales shows higher scores for drug addicts patients comparing to alcohol addicts.

Table 2. Self-perceived adverse effects of alcohol and drug use in different areas.

Areas	Drug addicts (n=100)	Alcohol addicts (n=96)
Health	92%	56.2%
Job	84%	66.7%
Relationship	86%	80.2%
Finances	85%	64.6%
Law	87%	32.3%
Ethics	83%	54.2%
Emotional area	70%	56.2%
There is no effects of substance use	2%	6.6%

Evaluating the results of the sample concerning self-perceived adverse effects of alcohol and drug use in different areas it should be noted that drug addicts and alcohol addicts register problems in all areas but the frequency of highlighted problem area is higher for drug addicts.

## 5. Discussion

According to results of stress coping of alcohol and drug addicted patients it should be noted the following trends: drug addicts and alcohol addicts use more emotional oriented stress coping strategy than problem oriented. Methadone maintenance treatment receiving drug addicted patients most common ways of stress coping were Accepting responsibility, Seeking Social Support and Self-controlling. While for alcohol addicted patients Accepting Responsibility was the most common way of stress coping, although second most common stress coping way were Planful problem-solving, as well as Self-Controlling. It was noticed that higher scores of ways of stress coping were found for drug addicts patients comparing to alcohol addicts. It should be taken into account the fact that the frequency of highlighted problem area is much higher for drug addicts and this is very controversial.

Our assesment of alcohol addict patients were made when starting treatment in the Minnesota program when stress might be reinforced and participants were preparing to quit problematic behaviour. While methadone maintenance treatment program participants in their way of life significant lifestyle changes do not experience. It is possible that stress could increase joining the Minnesota program, because there is complete abandonment of the use of alcohol and is carried out a specific psychosocial intervention. This correspond with others researche data. (Moitra et al., 2013; Childress et al., 1993; Rohsenow et al., 1990).

It is also known that dependent personality have Superego defects and in the same way it is also known from the psychodynamic perspective SUD patients defense mechanisms are immature, what could potentially affect the patients' answers to study questions. (Kernberg et al.2005)

The study had limitations. Our measure is based on self-report and that could be inaccurate.

## 6. Conclusions

This study is important because it allows realizing and evaluating the range of stress-coping types of patients with addiction and to compare the result of alcohol and drug addicts. This study's scientific results are important step towards evaluating and understanding of SUD patients. Due to the fact that the research took place in all those Republic of Latvian institutions that realize SUD patients' treatment, the study has even greater value.

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