CHAPTER-8

SUMMARY

The aim of the present study is to compare abstinent and relapsed opioid dependents on personality, stress, coping and social support. For this purpose, total of 200 subjects were taken, which were divided into two groups. First group comprised of relapsed opioid dependents (n=100) & second group comprised of abstinent opioid users (n=100). The study explored differences among relapsed and abstinent opioid dependents on all study variables. The study also explored the predictors of Impulsiveness, Hardiness, Self-Efficacy and Perceived Social Support among relapsed and abstinent opioid dependents.

For Personality assessment, NEO-Five Factor Inventory (Costa & McCrae, 1992) was used which assesses Neuroticism, Extraversion, Openness, Agreeableness and Conscientiousness.

For measuring Impulsiveness, Impulsiveness Scale–Brief (Patton, Stanford, & Barratt, 1995) was used which measures three dimensions of Impulsivity viz. Attentional Impulsiveness, Motor Impulsiveness, Non-planning Impulsiveness and Total Impulsiveness.

For measuring Hardiness, Hardiness Scale (Kobasa & Kahn, 1982) was used which measures three dimensions of Hardiness namely score viz Control, Commitment, Challenge and Total Hardiness.

For measuring Self-Efficacy, Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was used.

For measuring Social Support, Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988) was used, which measures three dimensions of social support viz. Support from Family, Support from Friends and Support from Support from Significant Others and Total Perceived Social Support.
For measuring Depression, Anxiety and Stress, Depression, Anxiety and Stress Scale (DASS 21) (Lovibond & Lovibond, 1995) was used, which measures Stress, Anxiety and Depression.

For measuring Coping, Brief COPE Scale (Carver, 1997) was used which measures 14 dimensions viz. Active Coping, Planning, Denial, Substance Use, Behavioral Disengagement, Use of Instrumental Support, Use of Emotional Support, Venting, Acceptance, Humor, Religion, Positive Reframing, Self-blame and Self Distraction.

Research Questions

- Are there any differences between relapsed and abstinent opioid dependents on different dimensions of personality?
- Are there any differences between relapsed and abstinent opioid dependents on stress, depression and anxiety?
- Are there any differences between relapsed and abstinent opioid dependents on different dimensions of coping?
- Are there any differences between relapsed and abstinent opioid dependents on dimensions of perceived social support?
- Are there any differences in predictors of impulsivity and hardiness among relapsed and abstinent opioid dependents?

Aim of the Present Study

The present study aims to compare the abstinent opioid dependents and relapsed opioid dependents on Personality, Stress, Coping and Social Support; and also aims to determine the predictors of impulsivity, hardiness, self-efficacy and social support among relapsed and abstinent opioid dependents.

Objectives

- To compare relapsed and abstinent opioid dependents on different dimensions of personality viz; openness to experience, conscientiousness, extraversion, agreeableness, neuroticism, impulsivity, hardiness and self-efficacy.
Summary

- To compare relapsed and abstinent opioid dependents on stress, depression and anxiety.
- To compare relapsed and abstinent opioid dependents on different dimensions of coping.
- To compare relapsed and abstinent opioid dependents on dimensions of perceived social support.
- To determine predictors of impulsivity and hardiness among relapsed and abstinent opioid dependents.
- To derive the discrimination function of relapsed and abstinent opioid dependents.

HYPOTHESES

Based on the review of literature, following hypotheses were formulated:

**Difference on Personality**

1.1 Relapsed opioid dependents were expected to be higher on neuroticism, extraversion and impulsivity in comparison to abstinent opioid dependents.

1.2 Relapsed opioid dependents were expected to be lower on conscientiousness, self-efficacy and hardiness and its components in comparison to abstinent opioid dependents.

1.3 Relapsed opioid dependents and abstinent opioid dependents were expected to be different on openness and agreeableness.

**Difference on Stress, Anxiety and Depression**

2.1 Relapsed opioid dependents were expected to be higher on depression, anxiety and stress in comparison to abstinent opioid dependents.

**Difference on Coping and its dimensions**

3.1 Relapsed opioid dependents were expected to be higher on avoidance focused coping and emotion focused coping in comparison to abstinent opioid dependents.

3.2 Relapsed opioid dependents were expected to be lower on problem focused coping and socially supported coping in comparison to abstinent opioid dependents.
Difference on Perceived Social Support

4.1 Relapsed opioid dependents were expected to be lower on dimensions of perceived social support in comparison to abstinent opioid dependents.

SAMPLE

The sample comprised of 200 subjects within the age range of 18-35 years. There were 100 relapsed and 100 abstinent opioid dependents. All subjects were males from rural background. Sample was collected from OPD’s/IPD’s/Rehabilitation Centres of government and private hospitals of Punjab.

Inclusion Criteria

- Patients having opioid dependence syndrome as per ICD-10 (1992) and seeking active treatment for the same in OPD’s/IPD’s/Rehabilitation centres in government and private hospitals.
- Age range 18-35 year.
- Educated upto Matric & above.

Inclusion Criteria for relapsed opioid dependent subjects

- Gained previous pattern of substance use within 6 months of the treatment.

Inclusion Criteria for abstinent opioid dependent subjects

- Opioid dependence in past, now abstinent for at least past 6 months.

Exclusion Criteria.

- Subjects who are reluctant to participate in study.
- History of organic brain syndrome, epilepsy, mental retardation etc.
- Subjects having multiple substance dependence except tobacco.
- Subjects having co-morbid psychiatric illness i.e. schizophrenia.

Ethical Considerations

1. Informed consent of the participants will be obtained.
2. The confidentiality of the information given by the participants will be ensured.
The raw scores on all the above mentioned variables were analyzed using appropriate statistical analyses viz. Descriptive statistics, t-ratios, correlation analysis and stepwise Multiple Regression analysis and Discriminant Function Analysis.

**Tables 1-12** and **Figures 1-12** depict the frequency distribution and graphical representation, respectively, of socio demographic indices viz. Religion, Marital Status, Socio-Economic Status, Education Level, Birth Order, Type of Family, Closeness to Family Member, Schooling, Education in Public/Private school, Food Preferences, Choice of Drug and Occupation for relapsed and abstinent opioid dependents.

First of all, normality for the total sample was checked. **Table 13** shows Means, Standard Deviations, Kurtosis and Skewness for the Total sample (n=200) which is indicative of normal distribution of data.

**Table 14** shows Means, Standard Deviations and t-ratios depicting differences on all study variables between for relapsed and abstinent opioid dependents. Means of all the variables for relapsed and abstinent opioid dependents have been graphically presented in figures **13 to 22**.

**Table 15-16** show the inter-correlation matrix for all the study variables among abstinent opioid dependents (n=100) and relapsed opioid dependents (n=100) respectively.

**Table 17** shows the discriminant function analysis for relapsed opioid dependents (n=100) and abstinent opioid dependents (n=100).

**Tables 18-25** show regression analysis for Relapsed opioid dependents (n=100) and abstinent opioid dependents (n=100) for the criterion variable attentional impulsiveness, motor impulsiveness, non-planning impulsiveness and total impulsiveness.

**Table 26-33** show regression analysis for Relapsed opioid dependents (n=100) and abstinent opioid dependents (n=100) for the criterion variable control, challenge, commitment and total hardiness.

**Table 34-35** show Stepwise multiple regression analysis for criterion variable Self-Efficacy for abstinent opioid dependents sample and relapsed opioid dependents sample.
Table 36-37 show Stepwise multiple regression analysis for criterion variable Perceived Social Support for abstinent opioid dependents sample and relapsed opioid dependents sample.

DESCRIPTIVE STATISTICS

Table 14 Mean and Standard Deviations on all variables for both the group shows t-ratios for abstinent and relapsed opioid dependents. Means of all the variables for abstinent and relapsed have been graphically presented in Figures 13 to 22.

GROUP DIFFERENCES

t-ratios were calculated to find out the significance of differences between means of the two groups on the measured variables. Table 14 shows Abstinent opioid dependent scored higher than relapsed opioid dependents on Extraversion, Conscientiousness, Self-Efficacy, Support from Support from Significant Others, Support from Friends, Total Perceived Social Support, Control, Commitment, Challenge, Total Hardiness, Active Coping, Planning, Total Problem Focused Coping, Religion, Positive Reframing, and Self-Distraction.

Relapsed opioid dependent scored higher than abstinent opioid dependents on Neuroticism, Non Planning Impulsiveness, Total Impulsiveness, Depression, Anxiety, Stress, Behavioral Disengagement, Denial, Substance Use, Total Avoidant Coping, and Self-blame.

CORRELATION

PERSONALITY: GROUP DIFFERENCES AND CORRELATES FOR RELAPSED AND ABSTINENT OPIOID DEPENDENTS.

The results of the present study have reported that abstinent opioid dependents scored higher on Extraversion and Conscientiousness as compared to relapsed opioid dependents (hypotheses are not upheld), and the relapsed opioid dependents scored higher on Neuroticism as compared to abstinent opioid dependents (hypothesis is upheld). No significant differences were found on Openness to Experience and Agreeableness (hypotheses are not upheld). Existing literature has also indicated similar trends among substance dependents.

NEO-FFI and Correlates

Neuroticism and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Neuroticism and Attentional Impulsiveness, Motor Impulsiveness, Non Planning Impulsiveness, Total Impulsiveness, Positive Reframing, Total Emotion Focused Coping, Support from Family, Total Avoidant Coping, and Self-distraction.

**Significant negative correlations** were found between Neuroticism and Challenge, Total Hardiness, Planning, Total Problem Focused Coping, Conscientiousness, Commitment, Self-Efficacy, and Active Coping.

Neuroticism and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Neuroticism and Attentional Impulsiveness, Motor Impulsiveness, Non-planning Impulsiveness, Total Impulsiveness, and Behavioral Disengagement.

**Significant negative correlation** was found between Neuroticism and Active Coping, and Total Problem Focused Coping.

Extraversion and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Extraversion and Support from Family, Total Perceived Social Support, Total Avoidant Coping, Non Planning Impulsiveness, Stress, Substance Use, Use of Instrumental Support, Use of Emotional Support, Venting, and Total Socially Supported Coping.
Extraversion and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Extraversion and Total Problem Focused Coping, Agreeableness, Conscientiousness, Challenge, Total Hardiness, Support from Support from Significant Others, Support from Friends, Total Perceived Social Support, Use of Instrumental Support, Use of Emotional Support, Total Socially Supported Coping, Openness to Experience to Experience, Support from Family, Planning, Venting, and Active Coping.

**Significant negative correlations** were found between Extraversion and Depression, Substance Use, Total Problem Focused Coping, Self-blame, and Behavioral Disengagement.

Openness to Experience and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Openness to Experience and Non Planning Impulsiveness, Agreeableness, and Total Impulsiveness.

**Significant negative correlations** were found between Openness to Experience and Denial, and Total Avoidant Coping.

Openness to Experience and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Openness to Experience and Support from Friends, Use of Emotional Support, and Extraversion.

**Significant negative correlation** was found between Openness to Experience and Attentional Impulsiveness.

Agreeableness and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Agreeableness and Challenge, and Openness to Experience.

**Significant negative correlations** was found between Agreeableness and Support from Family.

Agreeableness and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Agreeableness and Challenge, Stress, Extraversion, and Conscientiousness.
Conscientiousness and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Conscientiousness and Challenge, Total Hardiness, Total Problem Focused Coping, Active Coping, Planning, and Control.

Significant negative correlations were found between Conscientiousness and Total Avoidant Coping, Behavioral Disengagement, Self-blame, Denial, Substance Use, Total Emotion Focused Coping, and Neuroticism.

Conscientiousness and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Conscientiousness and Support from Friends, Total Problem Focused Coping, Planning, Extraversion, Challenge, Use of Emotional Support, Total Perceived Social Support, Use of Instrumental Support, Total Socially Supported Coping, and Agreeableness.

Impulsivity

The results of the present study have reported that relapsed opioid dependents scored higher on Non-planning Impulsiveness and Total Impulsiveness (hypotheses are upheld) as compared to abstinent opioid dependents. But no significant differences were found on Attentional Impulsiveness and Motor Impulsiveness (hypotheses are not upheld). Existing literature has also indicated similar findings among substance dependents.

Attentional Impulsiveness and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Attentional Impulsiveness and Total Impulsiveness, Non Planning Impulsiveness, Motor Impulsiveness, Neuroticism, and Behavioral Disengagement.

Attentional Impulsiveness and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Attentional Impulsiveness and Total Impulsiveness, Neuroticism, Non Planning Impulsiveness, Motor Impulsiveness, and Humor.
Significant negative correlations were found between Attentional Impulsiveness and Use of Emotional Support, Total Problem Focused Coping, Planning, Active Coping, and Openness to Experience.

**Motor Impulsiveness and Correlates for Abstinent Opioid Dependents**

Significant positive correlations were found between Motor Impulsiveness and Total Impulsiveness, Non Planning Impulsiveness, Neuroticism, and Attentional Impulsiveness.

**Motor Impulsiveness and Correlates for Relapsed Opioid Dependents**

Significant positive correlations were found between Motor Impulsiveness and Non Planning Impulsiveness, Total Impulsiveness, Behavioral Disengagement, Total Avoidant Focused Coping, Neuroticism, Depression, Denial, and Attentional Impulsiveness.

**Non-planning Impulsiveness and Correlates for Abstinent Opioid Dependents**

Significant negative correlations were found between Motor Impulsiveness and Planning, Total Problem Focused Coping, and Use of Emotional Support.

**Non-planning Impulsiveness and Correlates for Relapsed Opioid Dependents**

Significant positive correlations were found between Non-planning Impulsiveness and Total Impulsiveness, Openness to Experience, Neuroticism, Attentional Impulsiveness, Motor Impulsiveness, Positive Reframing, and Extraversion.

Significant negative correlations were found between Non-planning Impulsiveness and Planning, Total Problem Focused Coping, Total Hardiness, and Commitment.

**Non-Planning Impulsiveness and Correlates for Relapsed Opioid Dependents**

Significant positive correlations were found between Non-planning Impulsiveness and Total Impulsiveness, Motor Impulsiveness, Neuroticism, and Attentional Impulsiveness.

Significant negative correlations were found between Non-planning Impulsiveness and Planning, Conscientiousness, Total Problem Focused Coping, Use of Emotional Support, and Use of Instrumental Support.
Summary

Total Impulsiveness and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Total Impulsiveness and Neuroticism, Non Planning Impulsiveness, Attentional Impulsiveness, Motor Impulsiveness, Positive Reframing, and Openness to Experience.

**Significant negative correlations** were found between Total Impulsiveness, Planning, and Total Problem Focused Coping.

Total Impulsiveness and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Total Impulsiveness and Behavioral Disengagement, Total Avoidant Focused Coping, Attentional Impulsiveness, Motor Impulsiveness, Neuroticism, Non Planning Impulsiveness, and Humor.

**Significant negative correlations** were found between Total Impulsiveness and Planning, Total Problem Focused Coping, Use of Emotional Support, Active Coping, and Total Socially Supported Coping.

Hardiness

The results of the present study have reported that abstinent opioid dependents scored higher on Control, Commitment, Challenge and Total Hardiness as compared to relapsed opioid dependents (*hypotheses are upheld*). Existing literature has also indicated similar findings among substance dependents.

Control and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Control and Planning, Total Problem Focused Coping, Total Hardiness, Commitment, Challenge, Active Coping, Support from Family, Self-Efficacy, Use of Emotional Support, Total Socially Supported Coping, Total Perceived Social Support, and Conscientiousness.

**Significant negative correlation** was found between Control and Anxiety.

Control and Correlates for Relapsed Opioid Dependents

**Significant Positive Correlations** were found between Control and Active Coping, Total Socially Supported Coping, Total Problem Focused Coping, Use Of
Instrumental Support, Commitment, Total Hardiness, Total Perceived Social Support, Venting, Humor, Challenge, Self-Efficacy, Support from Family, Support from Friends, and Religion.

**Significant negative correlations** were found between Control and Behavioral Disengagement, and Depression.

**Commitment and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Commitment and Total Perceived Social Support, Planning, Total Problem Focused Coping, Total Hardiness, Challenge, Active Coping, Support from Family, Self-Efficacy, Control, and Total Socially Supported Coping.

**Significant negative correlations** were found between Commitment and Anxiety, Neuroticism, and Non Planning Impulsiveness.

**Commitment and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Commitment and Active Coping, Total Problem Focused Coping, Total Hardiness, Challenge, Planning, Control, and Self-Efficacy.

**Significant negative correlations** were found between Commitment and Behavioral Disengagement, Depression, Total Avoidant Focused Coping, Denial, Substance Use, Humor, Anxiety, and Stress.

**Challenge and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Challenge and Planning, Total Problem Focused Coping, Total Hardiness, Active Coping, Self-Efficacy, Use of Instrumental Support, Control, Commitment, Conscientiousness, Agreeableness, Total Socially Supported Coping, and Self-blame.

**Significant negative correlations** were found between Challenge and Depression, Neuroticism, Anxiety, and Positive Reframing.

**Challenge and Correlates for Relapsed Opioid Dependents**
Significant positive correlations were found between Challenge and Active Coping, Total Problem Focused Coping, Total Hardiness, Planning, Total Socially Supported Coping, Use of Instrumental Support, Use of Emotional Support, Commitment, Extraversion, Agreeableness, Self-Efficacy, Support from Family, Control, and Conscientiousness.

Significant negative correlations were found between Challenge and Behavioral Disengagement, Depression, Total Avoidant Coping, Denial, Substance Use, Anxiety, and Self-blame.

Total Hardiness and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Total Hardiness and Total Socially Supported Coping, Planning, Total Problem Focused Coping, Active Coping, Self-Efficacy, Use of Instrumental Support, Total Perceived Social Support, Support from Family, Control, Commitment, Challenge, Conscientiousness, and Use of Emotional Support.

Significant negative correlations were found between Total Hardiness and Anxiety, Neuroticism, Depression, and Non Planning Impulsiveness.

Total Hardiness and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Total Hardiness and Active Coping, Total Problem Focused Coping, Planning, Total Socially Supported Coping, Use of Instrumental Support, Use of Emotional Support, Self-Efficacy, Support from Family, Total Socially Supported Coping, Control, Challenge, Commitment, Extraversion, and Venting.

Significant negative correlations were found between Total Hardiness and Behavioral Disengagement, Depression, Total Avoidant Coping, Denial, Substance Use, Anxiety, and Self-blame.

Self-Efficacy

The results of the present study have reported that abstinent opioid dependents scored higher on Self efficacy as compared to relapsed opioid dependents (hypothesis
Summary

is upheld). Existing literature has also indicated similar findings among substance dependents.

Self-Efficacy and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Self-Efficacy and Total Socially Supported Coping, Planning, Total Problem Focused Coping, Active Coping, Support from Family, Venting, Control, Total Hardiness, Commitment, Challenge, and Total Perceived Social Support.

Significant negative correlations were found between Self-Efficacy and Anxiety, Depression, Positive Reframing, and Neuroticism.

Self-Efficacy and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Self-Efficacy and Total Hardiness, Use of Instrumental Support, Control, Challenge, and Commitment.

Significant negative correlations were found between Self-Efficacy and Total Avoidant Coping, and Denial.

Stress, Anxiety and Depression

The results of the present study have reported that relapsed opioid dependents scored higher on Stress, Anxiety and Depression as compared to abstinent opioid dependents (hypothesis is upheld). Existing literature has also indicated similar findings among substance dependents.

Stress and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Stress and Behavioral Disengagement, Anxiety, and Extraversion.

Significant negative correlations were found between Stress and Use of Instrumental Support, and Humor.

Stress and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Stress and Denial, Anxiety, Agreeableness, and Depression.

Significant negative correlation was found between Stress and Commitment.
Anxiety and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Anxiety and Stress, Depression, Self-blame, and Behavioral Disengagement.

**Significant negative correlations** were found between Anxiety and Total Hardiness, Self-Efficacy, Total Problem Focused Coping, Planning, Challenge, Control, and Commitment.

Anxiety and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Anxiety and Denial, Stress, Depression, and Substance Use.

**Significant negative correlations** were found between Anxiety and Total Hardiness, Challenge, and Commitment.

Depression and Correlates for Abstinent Opioid Dependents

**Significant positive correlation** was found between Depression and Anxiety.

**Significant negative correlations** were found between Depression and Challenge, Self-Efficacy, Total Problem Focused Coping, Planning, and Total Hardiness.

Depression and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Depression and Total Avoidant Coping, Substance Use, Denial, Behavioral Disengagement, Self-blame, Anxiety, Total Emotion Focused Coping, Stress, and Motor Impulsiveness.

**Significant negative correlations** were found between Depression and Active Coping, Total Problem Focused Coping, Total Hardiness, Challenge, Commitment, Extraversion, Planning, and Control.

Coping

Results of the present study have reported that abstinent opioid dependents scored higher on Active Coping, Planning, Total Problem Focused Coping, Use of Instrumental Support, Use of Emotional Support, Venting, Total Socially Supported Coping, as compared to relapsed opioid dependents (**hypotheses are upheld**). But
Summary

Abstinent opioid dependents scored higher on Religion, Positive Reframing and Self Distraction as compared to relapsed opioid dependents (hypotheses are not upheld). The relapsed opioid dependents scored higher on Behavioral Disengagement, Denial, Substance Use, Total Avoidance Focused Coping and Self-blame as compared to abstinent opioid dependents (hypotheses are upheld). No significant differences were found on Humor, Acceptance and Total Emotion Focused Coping between abstinent and relapsed opioid dependents (hypotheses are not upheld). Existing literature has also indicated similar findings among substance dependents.

Active Coping and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Active Coping and Total Problem Focused Coping, Planning, Conscientiousness, Total Perceived Social Support, Total Hardiness, Challenge, Control, Self-Efficacy, Commitment, Support from Family, and Support from Significant Others.

Significant negative correlation was found between Active Coping and Neuroticism.

Active Coping and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Active Coping and Total Problem Focused Coping, Planning, Use of Instrumental Support, Venting, Total Socially Supported Coping, Use of Emotional Support, Total Hardiness, Challenge, Commitment, Extraversion, Control, Religion, Support from Family, Total Perceived Social Support, and Support from Significant Others.

Significant negative correlations were found between Active Coping and Denial, Substance Use, Total Avoidant Coping, Behavioral Disengagement, Depression, Self-blame, Total Emotion Focused Coping, Attentional Impulsiveness, Total Impulsiveness, and Neuroticism.

Planning and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Planning and Total Problem Focused Coping, Use of Instrumental Support, Venting, Total Socially
Summary

Supported Coping, Support from Friends, Total Perceived Social Support, Support from Family, Total Hardiness, Challenge, Control, Self-Efficacy, Commitment, Active Coping, and Conscientiousness.

**Significant negative correlations** were found between Planning and Total Avoidant Coping, Neuroticism, Non Planning Impulsiveness, Anxiety, Total Impulsiveness, Depression, Positive reframing and Total Emotion Focused Coping.

**Planning and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Planning and Total Problem Focused Coping, Use of Instrumental Support, Venting, Total Socially Supported Coping, Use of Emotional Support, Support from Family, Conscientiousness, Total Hardiness, Active Coping, Challenge, Commitment, Religion, Total Perceived Social Support, and Extraversion.

**Significant negative correlations** were found between Planning and Denial, Substance Use, Total Avoidant Coping, Behavioral Disengagement, Total Impulsiveness, Non Planning Impulsiveness, Depression, Motor Impulsiveness, and Attentional Impulsiveness.

**Total Problem Focused Coping and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Total Problem Focused Coping and Venting, Total Socially Supported Coping, Conscientiousness, Total Perceived Social Support, Support from Family, Planning, Total Hardiness, Challenge, Control, Self-Efficacy, Commitment, Active Coping, Support from Significant Others, and Support from Friends.

**Significant negative correlations** were found between Total Problem Focused Coping and Behavioral Disengagement, Total Avoidant Coping, Neuroticism, Non Planning Impulsiveness, Anxiety, Total Impulsiveness, and Depression.

**Total Problem Focused Coping and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Total Problem Focused Coping and Use of Instrumental Support, Venting, Total Socially Supported Coping,
Use of Emotional Support, Conscientiousness, Extraversion, Control, Total Hardiness, Active coping, Planning, Challenge, Commitment, Religion, Total Perceived Social Support, and Support from Family.

**Significant negative correlations** were found between Total Problem Focused Coping and Denial, Substance Use, Total Avoidant Coping, Behavioral Disengagement, Depression, Total Impulsiveness, Self-blame, Motor Impulsiveness, Neuroticism, Non Planning Impulsiveness, and Attentional Impulsiveness.

**Behavioral Disengagement and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Behavioral Disengagement and Denial, Substance Use, Total Avoidant Coping, Stress, Self-blame, Total Emotion Focused Coping, Anxiety, Attentional Impulsiveness, and Positive reframing.

**Significant negative correlations** were found between Behavioral Disengagement and Conscientiousness, and Total Problem Focused Coping.

**Behavioral Disengagement and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Behavioral Disengagement and Denial, Substance Use, Total Avoidant Coping, Depression, Motor Impulsiveness, Total Impulsiveness, Neuroticism, Self-blame, Total Problem Focused Coping, and Self Distraction.

**Significant negative correlations** were found between Behavioral Disengagement and Use of Instrumental Support, Total Socially Supported Coping, Use of Emotional Support, Total Hardiness, Active Coping, Total Problem Focused Coping, Planning, Challenge, Commitment, Support from Friends, Conscientiousness, Extraversion, and Control.

**Denial and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Denial and Substance Use, Total Avoidant Coping, Support from Family, Behavioral Disengagement, Total Perceived Social Support, Venting, Use of Emotional Support, Total Emotion Focused Coping, and Total Socially Supported Coping.
**Summary**

**Significant negative correlations** were found between Denial and Openness to Experience, and Conscientiousness.

**Denial and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Denial and Substance Use, Avoidant Coping, Anxiety, Behavioral Disengagement, Depression, Stress, Self-Distraction, and Motor Impulsiveness.

**Significant negative correlations** were found between Denial and Use of Instrumental Support, Total Socially Supported Coping, Use of Emotional Support, Total Hardiness, Active Coping, Total Problem Focused Coping, Planning, Challenge, Commitment, Conscientiousness, Support from Friends, and Self Efficacy.

**Substance Use and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Substance Use and Total Avoidant Coping, Denial, Extraversion, Support from Family, Behavioral Disengagement, Use of Emotional Support, and Positive reframing.

**Significant negative correlation** was found between Substance Use and Conscientiousness.

**Substance Use and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Substance Use and Total Avoidant Coping, Behavioral Disengagement, Denial, Depression, and Anxiety.

**Significant negative correlations** were found between Substance Use and Use of Instrumental Support, Total Socially Supported Coping, Use of Emotional Support, Total Hardiness, Extraversion, Active Coping, Total Problem Focused Coping, Planning, Support from Friends, Challenge, Commitment, Conscientiousness, Total Perceived Social Support, and Positive Reframing.

**Total Avoidance Focused Coping and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Total Avoidance Focused Coping and Denial, Substance Use, Behavioral Disengagement,
Extraversion, Support from Family, Neuroticism, Positive Reframing, and Total Emotion Focused Coping.

**Significant negative correlations** were found between Total Avoidance Focused Coping and Conscientiousness, Planning, Total Problem Focused Coping, and Openness to Experience.

**Total Avoidance Focused Coping and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Total Avoidance Focused Coping and Behavioral Disengagement, Substance Use, Denial, Motor Impulsiveness, Total Impulsiveness, Depression, and Self Distraction.

**Significant negative correlations** were found between Total Avoidance Focused Coping and Use of Instrumental Support, Total Socially Supported Coping, Use of Emotional Support, Total Hardiness, Extraversion, Active Coping, Total Problem Focused Coping, Planning, Support from Friends, Challenge, Commitment, Conscientiousness, Self-Efficacy, and Total Perceived Social Support.

**Use of Instrumental Support and Correlates for Abstinent Opioid Dependents**

**Significant positive correlations** were found between Use of Instrumental Support and Use of Emotional Support, Total Socially Supported Coping, Venting, Total Hardiness, Challenge, Extraversion, Total Perceived Social Support, and Planning.

**Significant negative correlations** were found between Use of Instrumental Support and Support from Significant Others, Self-blame, and Stress.

**Use of Instrumental Support and Correlates for Relapsed Opioid Dependents**

**Significant positive correlations** were found between Use of Instrumental Support and Total Socially Supported Coping, Use of Emotional Support, Positive Reframing, Venting, Total Hardiness, Extraversion, Active Coping, Total Problem Focused Coping, Planning, Support from Significant Others, Support from Family, Support from Friends, Total Perceived Social Support, Challenge, Control, Conscientiousness, and Self-Efficacy.
**Summary**

Significant negative correlations were found between Use of Instrumental Support and Behavioral Disengagement, Substance Use, Denial, Total Avoidant Coping, and Non Planning Impulsiveness.

**Use of Emotional Support and Correlates for Abstinent Opioid Dependents**

Significant positive correlations were found between Use of Emotional Support and Total Socially Supported Coping, Venting, Use of Instrumental Support, Denial, Extraversion, Control, Support from Significant Others, Total Hardiness, Total Perceived Social Support, and Substance Use.

Significant negative correlation was found between Use of Emotional Support and Self-blame.

**Use of Emotional Support and Correlates for Relapsed Opioid Dependents**

Significant positive correlations were found between Use of Emotional Support and Total Socially Supported Coping, Venting, Total Hardiness, Extraversion, Active Coping, Total Problem Focused Coping, Planning, Use of Instrumental Support, Support from Significant Others, Support from Family, Support from Friends, Total Perceived Social Support, Challenge, Openness to Experience, and Conscientiousness.

Significant negative correlations were found between Use of Emotional Support and Behavioral Disengagement, Substance Use, Denial, Total Avoidant Coping, Self-Distraction, Attentional Impulsiveness, Motor Impulsiveness, Non Planning Impulsiveness, and Total Impulsiveness.

**Venting and Correlates for Abstinent Opioid Dependents**

Significant positive correlations were found between Venting and Total Socially Supported Coping, Use of Instrumental Support, Use of Emotional Support, Self-Efficacy, Planning, Denial, Extraversion, and Total Problem Focused Coping.

**Venting and Correlates for Relapsed Opioid Dependents**

Significant positive correlations were found between Venting and Total Socially Supported Coping, Humor, Control, Active Coping, Total Problem Focused Coping, Planning, Use of Instrumental Support, Use of Emotional Support, Support
from Significant Others, Support from Family, Support from Friends, Total Perceived Social Support, Total Hardiness, and Extraversion.

**Total Socially Supported Coping and Correlates for Abstinent Opioid Dependents**

*Significant positive correlations* were found between Total Socially Supported Coping and Support from Significant Others, Use of Instrumental Support, Use of Emotional Support, Self-Efficacy, Total Hardiness, Total Perceived Social Support, Venting, Challenge, Planning, Denial, Extraversion, Control, Commitment, and Total Problem Focused Coping.

*Significant negative correlation* was found between Total Socially Supported Coping and Self-blame.

**Total Socially Supported Coping and Correlates for Relapsed Opioid Dependents**

*Significant positive correlations* were found between Total Socially Supported Coping and Control, Venting, Active Coping, Total Problem Focused Coping, Planning, Total Hardiness, Extraversion, Challenge, Use of Instrumental Support, Use of Emotional Support, Support from Significant Others, Support from Family, Support from Friends, Total Perceived Social Support, Positive Reframing, and Conscientiousness.

*Significant negative correlations* were found between Total Socially Supported Coping and Behavioral Disengagement, Substance Use, Denial, Total Avoidant Coping, Self-blame, and Total Impulsiveness.

**Humor and Correlates for Abstinent Opioid Dependents**

*Significant positive correlations* were found between Humor and Total Emotion Focused Coping, Religion, Positive reframing, Self-Distraction, and Support from Family.

*Significant negative* correlation was found between Humor and Stress.

**Humor and Correlates for Relapsed Opioid Dependents**
Significant positive correlations were found between Humor and Total Problem Focused Coping, Venting, Control, Attentional Impulsiveness, and Total Impulsiveness.

Significant negative correlation was found between Humor and Commitment.

Acceptance and Correlates for Abstinent Opioid Dependents

Significant positive correlation was found between Acceptance and Total Emotion Focused Coping,

Acceptance and Correlates for Relapsed Opioid Dependents

Significant positive correlation was found between Acceptance and Total Problem Focused Coping.

Religion and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Religion and Total Emotion Focused Coping, Humor, Positive reframing, and Self-distraction.

Religion and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Religion and Total Emotion Focused Coping, Active coping, Total Problem Focused Coping, Control, and Planning.

Self-blame and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Self-blame and Total Emotion Focused Coping, Behavioral Disengagement, and Anxiety.

Significant negative correlations were found between Self-blame and Challenge, Conscientiousness, Total Socially Supported Coping, Support from Significant Others, Use of Instrumental Support, and Use of Emotional Support.

Self-blame and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Self-blame and Total Problem Focused Coping, Depression, Self-Distraction, and Behavioral Disengagement.
Summary

Significant negative correlations were found between Self-blame and Extraversion, Challenge, Total Socially Supported Coping, Active Coping, Total Hardiness, and Total Problem Focused Coping.

Positive Reframing and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Positive Reframing and Total Emotion Focused Coping, Self-distraction, Neuroticism, Religion, Total Avoidant Coping, Substance Use, Humor, Behavioral Disengagement, Non Planning Impulsiveness, and Total Impulsiveness.

Significant negative correlations were found between Positive Reframing and Planning, Challenge, and Self Efficacy.

Positive Reframing and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Positive Reframing and Self Distraction, Total Problem Focused Coping, Use of Instrumental Support, and Total Socially Supported Coping.

Significant negative correlation was found between Positive Reframing and Substance Use.

Self-Distraction and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Self Distraction and Total Emotion Focused Coping, Religion, Positive Reframing, Neuroticism, and Humor.

Self-Distraction and Correlates for Relapsed Opioid Dependents

Significant positive correlations were found between Self Distraction and Total Problem Focused Coping, Positive Reframing, Self-Blame, Behavioral Disengagement, Denial, and Total Avoidant Coping.

Significant negative correlation was found between Self Distraction and Use of Emotional Support.
Total Emotion Focused Coping and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Total Emotion Focused Coping and Neuroticism, Total Avoidant Coping, Humor, Acceptance, Religion, Self-blame, Positive Reframing, Self-distraction, Behavioral disengagement, and Denial.

**Significant negative correlations** were found between Total Emotion Focused Coping and Planning, and Conscientiousness.

Total Emotion Focused Coping and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Total Emotion Focused Coping and Depression, Humor, Acceptance, Religion, Self-Blame, Positive Reframing, Self-distraction, and Behavioral Disengagement.

**Significant negative correlation** was found between Total Emotion Focused Coping and Active Coping.

Perceived Social Support

The results of the present study have reported that abstinent opioid dependents scored higher on Support from Friends, Support from Significant Others and Total Perceived Social Support as compared to relapsed opioid dependents (*hypotheses are upheld*). But no significant difference was found in Support from Family (*hypothesis is not upheld*). Existing literature has also indicated similar findings among substance dependents.

Support from Significant Others and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Support from Significant Others and Total Perceived Social Support, Total Socially Supported Coping, Total Problem Focused Coping, Active Coping, and Use of Emotional Support.

**Significant negative correlations** were found between Support from Significant Others and Use of Instrumental Support, and Self-blame.

Support from Significant Others and Correlates for Relapsed Opioid Dependents
Summary

Significant positive correlations were found between Support from Significant Others and Extraversion, Support from Family, Support from Friends, Total Perceived Social Support, Use of Instrumental Support, Use of Emotional Support, Venting, Total Socially Supported Coping, Active Coping.

Support from Family and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Support from Family and Total Problem Focused Coping, Total Perceived Social Support, Planning, Denial, Self-Efficacy, Control, Total Hardiness, Commitment, Extraversion, Active Coping, Total Avoidant Coping, Substance Use, Humor, and Neuroticism.

Significant negative correlation was found between Support from Family and Agreeableness.

Support from Family and Correlates for Relapsed Opioid Dependents

Significant Positive Correlations were found between Support from Family and Use of Instrumental Support, Venting, Total Socially Supported Coping, Use of Emotional Support, Total Perceived Social Support, Support from Friends, Planning, Support from Significant Others, Total Hardiness, Active Coping, Total Problem Focused Coping, Control, Extraversion, and Challenge.

Support from Friends and Correlates for Abstinent Opioid Dependents

Significant positive correlations were found between Support from Friends and Total Perceived Social Support, Planning, and Total Problem Focused Coping.

Support from Friends and Correlates for Relapsed Opioid Dependents

Significant Positive Correlations were found between Support from Friends and Use of Instrumental Support, Venting, Total Socially Supported Coping, Use of Emotional Support, Total Perceived Support, Extraversion, Support from Family, Support from Significant Others, Conscientiousness, Openness to Experience, and Control.

Significant negative correlations were found between Support from Friends and Total Avoidant Coping, Substance Use, Denial, and Behavioral Disengagement.
Total Social Support and Correlates for Abstinent Opioid Dependents

**Significant positive correlations** were found between Total Social Support and Total Problem Focused Coping, Planning, Active Coping, Total Socially Supported Coping, Total Hardiness, Commitment, Extraversion, Support from Family, Support from Significant Others, Support from Friends, Denial, Use of Emotional Support, Use of Instrumental Support, Self-Efficacy, and Control.

Total Social Support and Correlates for Relapsed Opioid Dependents

**Significant positive correlations** were found between Total Social Support and Use of Instrumental Support, Venting, Total Socially Supported Coping, Use of Emotional Support, Control, Total Hardiness, Extraversion, Support from Family, Support from Significant Others, Support from Friends, Planning, Active Coping, Total Problem Focused Coping, and Conscientiousness.

**Significant negative correlation** was found between Substance Use, and Total Avoidant Coping.

REGRESSION ANALYSIS

Stepwise Multiple Regression was carried out to delineate the significant predictors for the criterion variables Impulsiveness. For impulsiveness and its dimensions as the criterion variables, the predictor variables entered were viz. Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness, Self-Efficacy, Support from Significant Others, Support from Family, Support from Friends, Depression, Anxiety, Stress, Active coping, Planning, Behavioral disengagement, Denial, Substance use, Use of instrumental support, Use of Emotional Support, Venting Humor, Acceptance, Religion, Self-blame, Positive reframing and Self-distraction for relapsed and abstinent opioid dependents.

**Table 18-25** show Stepwise multiple regression analysis for criterion variable Impulsiveness and its dimensions for abstinent opioid dependents and relapsed opioid dependents.

**Table 18** shows predictor variables for abstinent opioid dependents for the criterion variable Attentional Impulsiveness and one variable emerged as significant predictor i.e. Neuroticism.
Table 19 shows predictor variables for relapsed opioid dependents for the criterion variable Attentional Impulsiveness and three variables emerged as significant predictors i.e. Neuroticism, Humor and Extraversion.

Table 20 shows predictor variables for abstinent opioid dependents for the criterion variable Motor Impulsiveness and one variable emerged as significant predictor i.e. Neuroticism.

Table 21 shows predictor variables for relapsed opioid dependents for the criterion variable Motor Impulsiveness and two variables emerged as significant predictors i.e. Neuroticism and Depression.

Table 22 shows predictor variables for abstinent opioid dependents for the criterion variable Non-planning Impulsiveness and three variables emerged as significant predictors i.e. Neuroticism, Openness and Use of Emotional Support.

Table 23 shows predictor variables for relapsed opioid dependents sample for the criterion variable Non-planning Impulsiveness and two variables emerged as significant predictors i.e. Neuroticism and Conscientiousness.

Table 24 shows predictor variables for relapsed opioid dependents for the criterion variable Total Impulsiveness and two variables emerged as significant predictors i.e. Neuroticism and Planning.

Table 25 shows predictor variables for abstinent opioid dependents for the criterion variable Total Impulsiveness and one variable emerged as significant predictors i.e. Neuroticism.

Stepwise Multiple Regression was carried out to delineate the significant predictors for the criterion variable Hardiness. For criterion variables, the predictor variables entered were viz. Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness, Self-Efficacy, Support from Significant Others, Support from Family, Support from Friends, Depression, Anxiety, Stress, Active coping, Planning, Behavioral disengagement, Denial, Substance use, Use of instrumental support, Use of Emotional Support, Venting Humor, Acceptance, Religion, Self-blame, Positive reframing and Self-distraction for relapsed and abstinent opioid dependents.

Table 26-33 show Stepwise multiple regression analysis for criterion variable Hardiness for abstinent opioid dependents and relapsed opioid dependents.
Table 26 shows predictor variables for abstinent opioid dependents for the criterion variable Control and three variables emerged as significant predictors i.e. Planning, Self-Distraction and Self Efficacy.

Table 27 shows predictor variables for relapsed opioid dependents for the criterion variable Control and five variables emerged as significant predictors i.e. Active Coping and Humor, Self-Efficacy, Support from Family and Conscientiousness.

Table 28 shows predictor variables for abstinent opioid dependents for the criterion variable Commitment and three variables emerged as significant predictors i.e. Planning and Self Efficacy and Active Coping.

Table 29 shows predictor variables for relapsed opioid dependents for the criterion variable Commitment and five variables emerged as significant predictors i.e. Active Coping, Substance Use, Stress, Humor and Conscientiousness.

Table 30 shows predictor variables for abstinent opioid dependents for the criterion variable Challenge and six variables emerged as significant predictors i.e. Planning, Conscientiousness, Agreeableness, Use of Instrumental Support, Active Coping, and Depression.

Table 31 shows predictor variables for relapsed opioid dependents for the criterion variable Challenge and five variables emerged as significant predictors i.e. Active Coping, Use of Instrumental Support, Agreeableness, Anxiety and Support from Friends.

Table 32 shows predictor variables for abstinent opioid dependents for the criterion variable Total Hardiness and five variables emerged as significant predictors i.e. Planning, Self-Efficacy. Active Coping, Self-Distraction, and Agreeableness.

Table 33 shows predictor variables for relapsed opioid dependents for the criterion variable Total Hardiness and four variables emerged as significant predictors i.e. Active Coping, Self-Efficacy, Use of Instrumental Support and Stress.

Stepwise Multiple Regression was carried out to delineate the significant predictors for the criterion variable Self Efficacy. For this purpose, the predictor variables entered were Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness, Attentional Impulsiveness, Motor Impulsiveness, Non-planning Impulsiveness, Control, Commitment, Challenge, Self-Efficacy, Support from

**Table 34-35** show Stepwise multiple regression analysis for criterion variable Self-Efficacy for abstinent opioid dependents sample and relapsed opioid dependents sample.

**Table 34** shows predictor variables for abstinent opioid dependents for the criterion variable Self Efficacy and only three variables emerged as significant predictors i.e. Commitment, Venting and Motor Impulsiveness.

**Table 35** shows predictor variables for relapsed opioid dependents for the criterion variable Self Efficacy and only two variables emerged as significant predictors i.e. Control and Conscientiousness.

Stepwise Multiple Regression was carried out to delineate the significant predictors for the criterion variable Perceived Social Support. For this purpose, the predictor variables entered were Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness, Attentional Impulsiveness, Motor Impulsiveness, Non-planning Impulsiveness Control, Commitment, Challenge, Self-Efficacy, Depression, Anxiety, Stress, Active coping, Planning, Behavioral disengagement, Denial, Substance use, Use of instrumental support, Use of Emotional Support, Venting Humor, Acceptance, Religion, Self-blame, Positive reframing and Self-distraction for relapsed and abstinent opioid dependents.

**Table 36-37** show Stepwise multiple regression analysis for criterion variable Perceived Social Support for abstinent opioid dependents sample and relapsed opioid dependents sample.

**Table 36** shows predictor variables for abstinent opioid dependents for the criterion variable Perceived Social Support with, and only four variables emerged as significant predictors i.e. Extraversion, Planning, Agreeableness and Acceptance.

**Table 37** shows predictor variables for relapsed opioid dependents for the criterion variable Perceived Social Support with, and only three variables emerged as significant predictors i.e. Use of Instrumental Support, Venting and Extraversion.
Stepwise Discriminant Functional Analysis

The number of predictor variables in the present study being large, it was thought advisable to conduct Stepwise Discriminant Analysis instead of standard or direct Discriminant Analysis. It was aimed to enter the predictors which meet the criteria of entry into the equation, i.e. F to enter with p < 0.05 and F to remove with p > 1.0. In case of such a large number of predictor variables, researcher has no reason for assigning some predictors higher priority than others. Therefore, it was left to the statistical criteria to determine order of entry of the predictors into the equation.

The number of predictor variables used for both the groups i.e. Abstinent and Relapsed Opioid Dependents was 32.

Table 17 shows Discriminant Function for both the groups i.e. abstinent and relapsed opioid dependents where 32 variables were entered.

Description of Discriminant Function for Abstinent and Relapsed Opioid Dependents

In order to examine the predictive efficiency of the independent variables pertaining to various areas like various personality dimensions neuroticism, extraversion, openness to experience, conscientiousness, agreeableness, impulsivity, hardiness, self-efficacy, social support, stress, anxiety, depression and styles of coping a total of 32 predictors were included in the analysis.

Lambda Coefficient which is the ratio of the within groups Sum of squares to the total groups Sum of Squares represents the proportion of total variance in the discriminant scores not explained by differences among groups. Therefore, smaller the lambda coefficient, better the discrimination between the groups.

Wilk’s Lambda statistics pertaining to the variables entered into the equation is presented in Table 17. It is clear from the table that only 18 predictors have entered the equation contributing significant lambda to the discrimination of group members. Interestingly, two predictors that were entered into the equation were removed later, thereby suggesting that only 14 predictors discriminate between the groups successfully.

A perusal of Table 17 reveals that lambda coefficient of the 14 predictors entered in the equation ranged between 0.369 & 0.126 from step 1 to step 18.
At step 18, with the entry of last predictor in the equation, lambda coefficient reduced to 0.126, F being 91.93 (df 14,185) is significant beyond 0.0001 probability level.

In other words, the set of 14 variables accounted for 0.874 (87.4 %) of the total variance attributable to differences among the groups. These results suggest to conclude that about 0.126 (12.6%) proportion variance in the group membership could not be accounted for by the predictors included in the equation.

The eigen value of the present analysis equals to 6.95 and the % variance accounted for by all the 14 variables is 100. It clearly indicates that the set of 14 variables discriminates 100% between the two groups.

The canonical correlation which is the measure of association between discriminant scores and the group membership is very high, i.e.0.93 for the function, which is significant at a probability level below 0.0001.

The stability and cross validity of these results have been confirmed in terms of the frequency of predicted group members. An inspection of Table 17 reveals that Discriminant Function based on 14 predictors could predict group membership with 100% accuracy, interestingly in both the groups.

Overall it may be concluded that the set of 14 predictors selected out of 32 variables are the best discriminants of Abstinent and Relapsed Opioid Dependents i.e. Neuroticism, Substance Use, Use of Instrumental Support, Positive Reframing, Motor Impulsiveness, Stress, Significant Other, Support from Friends, Extraversion, Self-Efficacy, Denial, Self-blame, Planning, Conscientiousness, and Attentional Impulsiveness.

The Discriminant Functional Analysis clearly brought out the differences between relapsed and abstinent opioid dependents on personality dimensions of Neuroticism, Extraversion, Conscientiousness, Motor Impulsiveness, Attentional Impulsiveness and Generalized Self efficacy; Stress, Coping dimensions of Substance Use, Use of Instrumental Support, Positive Reframing, Distancing and Self-blame; and Perceived Support from Friends and Significant Others.

The findings suggest that our relapse prevention programs should focus on enhancing emotional stability, emotional, cognitive and behavioral regulation and
Summary

control, self-efficacy, support structures and inculcation of problem focused coping. This approach can help the addicts to stay abstinent.

Socio Demographic Findings

In our sample, the following frequencies were found for various socio-demographic indices:

With respect to religion, it was found that among abstinent opioid dependents, 33%, were Hindu, 66% were Sikhs, and 1%, were Muslim; and among relapsed opioid dependents, 29% were Hindu and 71% were Sikhs.

With respect to marital status, it was found that among abstinent opioid dependents, 46% were single, 52% were married, 1% were divorced and 1% were separated; and among relapsed opioid dependents, 59% were single, 28% were married, 7% were divorced and 6% were separated.

With respect to socio-economic status, it was found that among abstinent opioid dependents, 100% belonged to middle class socio-economic status; and among relapsed opioid dependents, 93% belonged to middle class, 4% belonged to high and 3% belonged to poor.

With respect to education level, it was found that among abstinent opioid dependents, 45% were educated below secondary, 42% were educated up to secondary and 13% were educated up to senior secondary; and among relapsed opioid dependents, 62% educated below secondary, 30% educated up to secondary 8% and educated up to senior secondary.

With respect to birth order, it was found that among abstinent opioid dependents, 41% were first born, 26% were second born, 23% were third born and 10% were fourth born; and among relapsed opioid dependents, 37% were first born, 38% were second born, 16% were third born and 9% were fourth born.

With respect to type of family, it was found that among abstinent opioid dependents, 48% lived in nuclear family and 52% lived in joint family; and among relapsed opioid dependents, 43% lived in nuclear family and 57% lived in joint family.
With respect to Closeness to family member, it was found that among abstinent opioid dependents, 7% were close to their father and 74% were close to their mother and 13% sibling and 6% were close to their wife; and among relapsed opioid dependents, 10% were close to their father and 76% were close to their mother and 7% were close to their sibling and 7% were close to their wife.

With respect to schooling, it was found that among abstinent opioid dependents, 41% studied in urban area schools and 59% studied in rural; and among relapsed opioid dependents, 53% studied in urban schools and 47% studied in rural area schools.

With respect to education in public / private school, it was found that among abstinent opioid dependents, 60% studied in public schools and 40% studied in private schools; and among relapsed opioid dependents, 52% studied in public schools and 48% studied in private schools.

With relation to food preferences, it was found that among abstinent opioid dependents, 59% were vegetarian and 41% were non-vegetarian; and among relapsed opioid dependents, 9% were vegetarian and 91% were non-vegetarian.

With relation to choice of drug, it was found that among abstinent opioid dependents, 91% were using heroin, and 75% were smack, 58% were using opium, 47% were using poppy husk, and 69% were using medical (prescription) drugs; and among relapsed opioid dependents, 92% were using heroin, and 69% were using smack, 65% were using opium, 60% were using poppy husk, and 31% were using medical (prescription) drugs.

With relation to occupation, it was found that among abstinent opioid dependents, 10% were businessman, 1% were into dairy farming, 20% were into farming; 9% were into govt. job, 1% were gym trainer, 27% were in private job, 10% were shopkeeper, 7% were social worker, 9% were students, 1% were teachers and 5% were unemployed; and among relapsed opioid dependents, 2% were barber, 4% were businessman, 1% were into dairy farming, 4% were driver, 1% were electrician, 22% were into farming, 5% were into govt. job, 3% were labourer, 1% were into poultry farm, 2% were in private job, 6% were shopkeepers, 15% were students, 1% were teachers, 33% were unemployed.