INTRODUCTION

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial and environmental factors influencing its development and manifestations. It’s characterized by behaviours that include one or more of the following: impaired control, over drug use, compulsive use, continued use despite harm and craving. To deal with this epidemic, the present study was an attempt to see the effectiveness of relapse prevention therapy.

Relapse prevention is a cognitive behavioural therapy, cognitive-behavioural strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioural patterns. Individuals learn to identify and correct problematic behaviours. Relapse prevention encompasses several cognitive behavioural strategies that facilitate abstinence as well as provide the help for people who experiences relapse.

The relapse prevention approach to the treatment of addiction consists of a collection of strategies intended to enhance self control. Specific techniques include exploring the positive and negative consequence of continued use, self-monitoring to recognize drug craving early on and to identify high-rises situations for use, and developing strategies for coping with and avoiding high-risk situations and the desire to use. A central element of this treatment is anticipating the problems patients are likely to meet and helping them develop effective coping strategies.

Objectives

1. To study the effectiveness of relapse prevention therapy for the treatment of drug addictions.
2. To study the personality correlates of drug abstinence.
3. To study the personality correlates of drug relapse.
4. To study link between coping strategies and drug abstinence.
5. To study link between coping strategies and drug relapse.
6. To study the personality differences in the addicts undergoing group therapy and the addicts without any therapeutic intervention.
7. To study the difference in coping strategies of addicts undergoing group therapy and the addicts without any therapeutics intervention.
Hypotheses
1. Relapse prevention therapy will have a positive effect on maintaining abstinence and preventing relapse.
2. There exists an association between personality traits and treatment outcome.
3. There exists a link between maladaptive coping strategies and relapse.

METHODOLOGY
Sample
For the experimental group (which underwent relapse prevention therapy), sample of 103 opiate drug addicts was taken from Bhatia Neuropsychiatric and Drug Addiction Center Amritsar.
For the control group, (which did not undergo relapse prevention therapy) sample of 50 opiate drug addicts was taken from Red Cross Drug Addiction Center, Amritsar.
The addicts were selected from various socio-economic strata and their age ranging from 18 to 46 years.
Mean age = 27.74
S.D = 7.37

PROCEDURE
I. Tests used
i) Ways of coping questionnaire by (Lazarus and Folkman, 1984).

II. Relapse Prevention Therapy
Relapse Prevention Therapy, in group setting was used as an treatment intervention. Comprehensive guidelines of relapse prevention techniques were collaborated from empirically tested models of relapse prevention therapy.
Following the Modules of RPT are mentioned in brief:

Session I
• Introduction and building of rapport.
• Information on how drugs work on brain?
• Discussing mental health issues.

Session II
• Working on acceptance and understanding denial.
- Enhancing motivation.
- Understanding relapse.

**Session III**
- Understanding how relapse happens?

```plaintext
Something happens (Trigger situation)
Core beliefs influence your thoughts and decision
Craving
Permission giving thoughts
Focus on Action
Taking drug
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**Session IV**
- Discussing high risk situations
- Identifying triggers

**Session V**
- Understanding craving and how to handle it.

**Session VI**
- Identifying resources
- Anticipating high risk situations and coping with them.

**Session VII**
- Anticipating high risk situations and coping with them.

**Session VIII**
- Anticipating relapse situation and coping with them.

**III. Assessment**
At the end of 12 weeks, the effectiveness of RT was assessed. The criteria for assessment was the compliance with treatment shown by the addicts.

**Analysis**
The data obtained were processed to obtain the following information:

1. Frequency distributions, means, standard deviations, skewness and kurtosis of all the variables included in the study.
2. Z-test was applied to see the difference between the two groups i.e. experimental and control.

3. Discriminant Analysis was applied to identify which variables predicted the relapse and success in the sample.

**Results**

Our study was an attempt to see the effects of relapse prevention therapy. But the results we witnessed were contrary to the empirical evidence we had reviewed. So we rejected our hypothesis, as on our sample relapse prevention therapy did not exert a positive impact to prevent relapse. This brought us to an important conclusion that individual differences exerted greater influences on our sample to abstain from drugs. Hence our other hypothesis were proved. Further, our study proceeded to clarify which personality characteristics and coping strategies were congenial to facilitate abstinence and prevent relapse and which variables lead them towards relapse. Our results indicated the following:

1. Relapsed addicts differ significantly from the successful drug addicts.
2. Neuroticism was a single dominant trait predicting relapse.
3. Escape avoidance coping strategy was identified to be a strong predictor of relapse.
4. Confronting coping was highly associated with relapse.
5. In personality traits, conscientiousness is very strongly associated with success for abstaining from drugs, followed by Agreeableness and Extraversion traits of personality.
6. Planfull coping strategy, positive reappraisal and seeking social support is highly correlated with success in our sample.
7. Personality trait, Openness is relatively a low predictor of successful group.
8. Self controlling coping strategies and distancing coping strategies are weakly associated with the successful group.
9. Neuroticism and agreeableness personality traits were dominant predictors of the group which opted to undergo psychotherapy while conscientiousness and coping strategies: seeking social support and planful coping were lighter predictors of this group.
10. Control group where therapy was not a desired option, confronting coping and escape avoidance were the most dominant predictors of the addicts followed...
by personality trait of Openness and self controlling coping strategy. The weaker predictors of this group were extraversion, positive reappraisal, distancing and accepting responsibility.

Implications
1. RPT alone doesn’t render most effective results for addiction treatment, it should be used in conjunction with other interventions.
2. It’s very important to initially have personality assessment and assessing coping styles of addicts is most important before assigning them to any treatment plan. The treatment plans should cater to individual characteristics.
3. Initially addicts should be given individual counseling and then they should be made to join the group sessions.
4. RPT should be given in the action and the maintenance stage of recovery.
5. The socio culture milieu of the patients should also be considered while developing RPT for them.