

EXPLORING THE ASSOCIATION BETWEEN COPING STYLES AND RISK-TAKING BEHAVIORS IN YOUNG ADULTS WITH SUBSTANCE USE DISORDER

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ABSTRACT

Objectives: The present research examined the predictive association of coping styles (i.e., problem-focused, emotion-focused, avoidant coping) and risk-taking behaviors in young adults diagnosed with substance use disorders (SUDs).

Design of the Study: Quantitative correlation design.

Place and Duration of Study: Data was collected from April-November 2024 from different rehabilitation centres in Karachi.

Sample and Method: A sample of 100 young adults, ages 18-26 years ($\bar{x} = 23.2$, $SD = 1.9$) was collected through Purposive Sampling. The Urdu version of the Brief COPE and RT-18 questionnaire were used as study tools. Regression analysis was utilized for making the inference from the data using SPSS-V27.

Results and Conclusion: Results demonstrated that coping styles both problem-focused and emotion-focused appeared to be significant negative predictors of risk-taking. Whereas, avoidant coping found as a significant positive predictor of risk-taking. These findings support theoretical models suggesting that coping styles are the critical determinants of behavioral regulation for the individuals with SUDs. The study indicates the need for coping-focused interventions in addiction rehabilitation in Pakistan.

Keywords: Problem-focused coping; emotion-focused coping; avoidant coping; risk-taking behavior; substance use disorder; young adults

INTRODUCTION

Substance use disorder is associated with notorious and harmful behaviors such as impulsivity, aggression, delinquency, inappropriate sexual activities, and other criminal acts (Feldstein & Miller, 2006; Lynam et al., 2000; Schulte et al., 2009). Those youngsters who have a higher use of drugs are more involved in related risky behaviors (Feldstein & Miller, 2006). Research conducted in Western countries shows that drug usage is associated with other high-risk behaviors such as unsafe sex and antisocial behavior, often occurring simultaneously (Lynam et al., 2000; Schulte et al., 2009).

Researches indicate that young adulthood is a time of heightened risk for substance misuse. The National Institute on Drug Abuse notes that this group shows particularly high rates of misusing prescription medications like pain relievers, ADHD drugs, and anti-anxiety medications (American Addiction Centers, n.d.). Therefore, this phase becomes important in the context of choosing impulsive coping strategies or practicing self-control.

Psychological theories have long emphasized that coping strategies determine how a person may respond to stress in adaptive or maladaptive ways (Lazarus & Folkman, 1984). According to the Stress–Negative Affect Model, stressful events develop negative emotions. These negative emotions lead towards negative or unhelpful behaviors such as dependency on maladaptive coping. The maladaptive coping may strengthen risky behaviors (Dermody et al., 2013). Similarly, the Transactional Model by Lazarus and Folkman (1984), is based on the theory that a stress is experienced by the person when he perceives the situation as a threat. In the first stage, the individual appraises the situation and then assesses the available coping resources. The level of stress is determined by this interaction between the appraisal and coping resources.

In the context of addiction literature, coping models stated that substance use itself is frequently employed as a form of maladaptive coping purpose at reducing distress or mood enhancement (Jacinda & Frances, 2020; Sinha, 2001).

A number of studies have highlighted that engaging coping strategies typically are active problem-solving or positive emotional processing serve as protective factors against substance initiation, relapse, and risk-taking (Cooper et al., 1995; Eftekhari et al., 2004). Conversely, avoidant coping, that includes

denial, withdrawal, and disengagement, has been linked with increased substance use, aggressive behavior, and sexual risk-taking (Schneider, 2001; Wills et al., 2001). In addition to these global findings, recent work highlights coping as an important mediator between stress, substance use, and engaging in high-risk activities among vulnerable youth populations (Jacinda & Frances, 2020). Instead of strong evidence internationally, there remains limited empirical investigation in Pakistan exploring how coping strategies are predictive of risk-taking within clinically diagnosed young adults with SUD. Given the rising prevalence of substance use in Pakistan (Ghazal, 2019; UNODC, 2023), and the lack of local studies integrating coping and risk-taking in clinical populations, the present research addresses an important gap.

It was hypothesized that coping styles (i.e., problem-focused, emotion-focused, avoidant coping) would predictive risk-taking behaviors in young adults diagnosed with Substance Use Disorders.

METHOD

Participants

The study was conducted using a quantitative correlation design. A purposive sample of 100 young adults aged 18–26 years (23.2; SD = 1.9) was recruited from drug rehabilitation centres located across Karachi. All participants met diagnostic criteria for SUD in accordance with DSM-5-TR (American Psychiatric Association, 2022).

Inclusion criteria

Participants with age 18 to 26 years were included.

Only those participants were added who was currently the resident of rehab centre, diagnosed with substance use disorder, and already completed their detoxification.

The minimum education till Grade 10, had been set to be included.

Individuals with Pakistani nationality were included.

Exclusion criteria

Participants with below 18 years and above 26 years were not included. Participants having education less than grade 10 were not included. Individuals diagnosed with comorbid psychological problems as well as medical conditions of HIV and AIDS were not taken as research participants.

Measures

Demographics Information Sheet:

The demographics include personal and family information, age, education, religion, marital status, type of drug used, duration of substance use, socioeconomic status.

Coping Orientation to Problems Experienced Inventory (Brief COPE; Carver, 1997):

Brief COPE is a self-report reliable measure consists of 28 statements, to analyze which measures multiple components coping including problem-focused, emotion-focused, and avoidant coping people use to deal with challenging life situations. The scale items are scored on a 4-point Likert type scale, 1 = I haven't been doing this at all, 2 = A little bit, 3 = A medium amount, 4 = I have been doing this a lot. The alpha reliabilities ranged from .50 to .90 (Carver, 1997). The Urdu version of Brief COPE (Nisa & Siddiqui, 2020) showed internal consistency from 0.70 to 0.89 for the sub-scales, while 0.90 for the total scale. Strong test-retest reliability i.e., 0.84 was also found.

RT-18 (De Haan et al., 2011):

RT-18 is a self-report measure to assess impulsivity and risky decision-making tendencies in young adults. The scale consisted of 18 items, with response measuring on 'Yes' and 'No' format. A few items (i.e., 2, 9, 10 & 11) are reverse items, and the total score gives a range od 0-18 where high score reflects higher tendency of risk-taking. The scale shows good internal consistency (i.e., .74 - .83) as well as high test-retest reliability (i.e., .82). In this study, the Urdu translated version was used (Shehzad & Mansoor, unpublished article), showed Chronbach's $\alpha = .81$ for current data.

Procedure

Approval of the Ethical Review Board, Institute of Clinical Psychology, University of Karachi was sought before conducting the research. Data was collected from various drug rehabilitation centres located in Karachi after taking permission from the relevant authorities. Written consent was taken from each participant, which included the objective of the study, the right to confidentiality and autonomy, their voluntary participation and their right to withdraw at any stage. It was also taken care if any of the participants experience distress during the process, the researcher would provide counselling to them. Demographic information form and research questionnaires were given to the participants individually to fill-up and assistance was provided to those who requested during the process.

Statistical Analysis

Study variables (i.e., coping styles and risk-taking) were analyzed through regression analyses using SPSS-27.

RESULTS

Table 1
Demographic Characteristics of the Participants (N=100)

Variable	f	%
Religion		
Islam	95	95
Christianity	4	4
Hinduism	1	1
Education		
Matric	38	38
Intermediate	38	38
Graduation	23	23
Masters	1	1
Occupation		
Student	52	52
Government Employee	3	3
Businessman/woman	10	10
Private Employee	10	10
Labour	7	7
Without a job	18	18
Matrimonial Status		
Married	7	7

Unmarried	89	89
Separated	3	3
Divorced	1	1
Family system		
Joint	23	23
Nuclear	77	77
Socioeconomic status		
Lower	13	13
Middle	53	53
Upper-middle	30	30
Upper	4	4

Table 1 shows the Descriptive statistics of the sample characteristics.

Table 2

Regression Analysis for Problem-Focused Coping Predicting Risk-Taking among all participants of the study (N = 100)

Predictor Variables	β	R^2	F (Model)	P
Problem focused coping	-.31	-.42	18.15***	.001

*** $p < .001$

Table 2 describes that predictor variable problem focused coping can explain 42% of the variance in risk taking $\{F (1,98) = 18.15, p < .001\}$ and the predictor's problem focused coping ($\beta = -.31, t = -4.67, p < .001$) was a significant negative predictor of risk-taking.

Table 3

Regression Analysis for Emotion-Focused Coping Predicting Risk-Taking among all participants of the study (N = 100)

Predictor Variables	β	R^2	$F (Model)$	P
Emotion focused coping	-.53	.53	40.15***	.001

*** $p < .001$

Table 3 describes that predictor variable emotion focused coping can explain 53% of the variance in risk taking $\{F (1,98) = 40.15, p < .001\}$ and the predictor's emotion focused coping ($\beta = -.53, t = -6.33, p < .001$); was a significant negative predictor of risk-taking

Table 4

Regression Analysis for Avoidant Coping Predicting Risk-Taking among all participants of the study (N = 100)

Predictor Variables	B	R^2	$F (Model)$	P
Avoidant focused coping	.33	.39	18.15***	.001

*** $p < .001$

Table 4 describes that predictor variable avoidant coping can explain 39% of the variance in risk taking $\{F (1,98) = 18.15, p < .001\}$ and the predictor's avoidant coping ($\beta = .33, t = 4.26, p < .001$); was a significant positive predictor of risk-taking.

DISCUSSION

These findings suggest that when people face difficulties through the use of problem-focused coping, they are less likely to fall into risky habits (Table 2), such as using substances or getting involved in other unsafe behaviors. By applying problem-focused coping, one may actually deal with the stressors. This reduces the chances of individuals having such a problem solving approach to engage in substance use or other risky behaviors. By opting for this problem solving approach, the recovery process also becomes relatively easier and helps in managing the substance use related challenges (Lazarus & Folkman, 1984).

Furthermore, emotion-focused coping strategies appeared to be another important and strong negative predictor of risk-taking behaviors (Table 3). This further suggests that individuals who are able to regulate their emotions, seek support from others, or keep themselves composed are at a lower risk of engaging in risky behaviors (Aldao et al., 2010; Eisenberg et al., 2018).

On the contrary, avoidance coping found a significant, positive predictor of risk-taking, signifying that individuals choose to use avoidance as a coping inclined to get involved in risk-taking (Table 4). This reflects that people who remain in denial, tend to procrastinate, or emotionally withdraw from their problems have higher chances of being involved in risky activities (Schneider, 2001; Starcke & Brand, 2012).

The findings of the study can be explained by the theoretical models that draw upon the importance of problem-solving style in managing stress and modifying behavior (Dermody et al., 2013). They also correspond with the Stress Negative-Affect Model that posits that unhealthy coping fails to break the cycle of distress and risky behaviors (Dermody et al., 2013). Similarly, the work of Lazarus and Folkman (1984) also supports the results of the study, as emotion-focused coping and problem-focused coping emerged as positively associated factors to reduce stress. Literature from recent years reveals the significance of emotional competence and management for effective day-to-day functioning (Aldao et al., 2010; Eisenberg et al., 2018). Research also suggests that people who exhibit avoidant coping style are more likely to make risky and impulsive decisions, specifically under distressing situations (Aldao et al., 2010). Putting everything together, the findings suggest that coping styles have a significant impact on behavior among young adults diagnosed with Substance Use Disorders. The clinical implications of the findings raise attention toward

reinforcing healthy coping styles. Furthermore, they also suggest reducing the dependency on avoidant coping strategies in rehabilitation programs. Introducing coping-skills training and minimizing impulsive behavior would be helpful in reducing the chances of relapse and promoting recovery.

Conclusion

The current research focused on examining the role of coping styles as predictor of risk-taking behaviors among young adults diagnosed with SUD. The findings conclude that problem-solving and emotion-focused coping to be significant negative predictors of risk taking behavior. The inverse relationship of both predictors with risky behaviors also corroborates with the literature (Lazarus & Folkman, 1984; Aldao et al., 2010). Nevertheless, a relatively weak significant positive relationship was found between avoidant coping and risky behaviors, which aligns with existing evidence (Aldao et al., 2010). The findings explain the interaction of coping and risk-taking behaviors among individuals with substance use disorders. Suggestions are made to introduce strategies that focus on coping skills and help reduce impulsive and risky behaviors.

Limitations and Recommendations

In regard to limitations, the sample had a limited representation of females as the rehabilitation centres are mostly with males. This also limits the findings of the research to be generalized or to examine gender differences. The measurement tools included in the study were lengthier, and there may have been an impact of fatigue on the responses of the participants. The small sample size also resulted in reduced power in statistical analysis. Future recommendations include improving gender representation and using brief measurement tools to further improve generalizability of the results.

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