

## Drug Dependence

The role of perceived self-efficacy in the exercise of control over opiate drug use has received much less attention than alcoholism. The several studies that speak to this issue, however, indicate that efficacy beliefs operate as a regulative influence in opiate use in much the same way as they do in other forms of substance abuse. Perceived self-regulatory efficacy at the end of cognitive therapy partly mediates changes in marijuana use over a period of a year after controlling for use status at that time (Stephens, Wertz, & Roffman, 1995). The conditions that have been identified as relapse precipitants, such as peer pressure and aversive emotional states, exert strains on perceived self-regulatory efficacy in regard to heroin use (Sitharthan, McGrath, Cairns, & Saunders, 1993). Heroin users with a low sense of efficacy cannot resist pressures to use opiates even if they are ill or refrain from sharing needles, which involves high risk of infection. The stronger the perceived self-regulative efficacy instilled by treatment, the more successful are opiate users in staying off drugs (Gossop et al., 1990). Gossop and his colleagues examined a variety of predictors of drug status at short and long follow-up periods. The two factors that consistently emerged as significant predictors of outcome were perceived self-efficacy to refrain from drug use and protective factors in the form of supportive associates and involvement in purposeful occupational activities. Positive social and occupational involvements contributed to a satisfying life that helped former users to remain drug-free. Number of coping strategies predicted short-term drug status but was unrelated to long-term status. In these regression analyses, efficacy beliefs were entered last in the order of predictive factors. Thus, they accounted for variation in drug status after multiple statistical controls were applied for the effects of protective factors, time in treatment, previous history of abstinence, and coping strategies.

Methadone programs, in which heroin abusers are placed on a synthetic narcotic either during detoxification or on a continuing basis, are widely used. Reilly and his colleagues examined changes in perceived self-regulatory efficacy during different phases of methadone detoxification treatment (Reilly et al., 1995). Perceived efficacy to refrain from opiates increased after methadone was begun, stabilized at a moderate level during a maintenance dose, and declined as the methadone dose was gradually diminished. Efficacy beliefs predicted subsequent drug use at critical junctures in the treatment. The stronger the regulatory efficacy beliefs at the start of the stabilization phase and before the tapering phase, the less the subsequent drug use. The predictive relationship remained after controlling for level of prior drug use.

Most people who seek help for drug addiction are put through an inpatient detoxification program, whereupon they are discharged and urged to seek treatment in their community. Heller and Krauss (1991) examined predictors of entry to aftercare treatment following detoxification. The importance that polydrug users attached to behaviors that would gain entry to and aid aftercare treatment, such as finishing the detoxification program, arranging and sticking to the aftercare activities, enlisting social support, and other forms of self-management, did not predict whether they sought such aftercare. But belief in their efficacy to carry out those activities predicted who entered aftercare treatment in their communities.

The severely addicted must make fundamental lifestyle changes if they are to sustain recovery from drug addiction. To begin with, they have to disabuse themselves of the belief that they can continue to engage in the same activities with the same consorts in the same settings but simply refrain from using drugs. They must learn a new way of life rather than merely change a consumptive behavior. McAuliffe and his associates graphically document the magnitude of the behavioral, cognitive, valuational, and self-conceptual changes required in the different facets of life to achieve enduring recovery from drug addiction (McAuliffe, Albert, Cordill-London, & McGarraghy, 1991). Recovery involves

the daunting dual task of casting off a detrimental way of life and adopting a beneficial one. Recovering addicts have to sever ties with drug-using friends and dealers. They have to restructure their social and recreational activities, which have been heavily oriented around drug-related routines. They have to learn to avoid permanently highly risky situations that are avoidable and to master self-regulatory skills for managing those that are unavoidable. They have to learn to exercise control over their patterns of thinking so that they are not drawn to drugs by anticipated gratifications. Those who lack a stable means of livelihood have to develop occupational competencies that structure a large part of their life and give new meaning to it.

In making the break from drug use, recovering addicts initially face a rather bleak, restrictive life stripped of the social ties and activities of their old lifestyle. Idle weekends are especially tormenting. This difficult transitional phase in the process of personal change creates the highest vulnerability to relapse. If recovering addicts are to weather it, they need a highly supportive environment as they are adopting a new way of life that will provide competing satisfactions for those they have forsaken. Treatment programs that develop the various facets of a nonaddictive life increase the success rate (Agrin et al., 1996; McAuliffe et al., 1991). Even after comprehensive treatments, however, many of the participants revert to drug use. The high relapse rate underscores the need to include, as part of the formal treatment program, an ongoing supportive subcommunity of the type devised by Azrin to counteract relapse in alcoholism (Azrin, 1976).