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European Portuguese Version of the Stimulant Relapse Risk Scale (SRRS): Preliminary Psychometric Characterization [Project]

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INTRODUCTION

The abuse of psychoactive substances (PS) has always accompanied the history of humanity (SICAD, 2023). The pattern of abuse and the type of substances consumed varies according to the geographic area (Sharma et al., 2012). In Portugal, the abuse of PS is verified in the following order of prevalence: alcohol, cannabis, cocaine, heroin (Cruz, 2020). Due to the withdrawal effects of the consumption of PS, relapse is frequent in PS abusers: around 75% in a period of 3 to 6 months after treatment (Appiah et al., 2017). According to Almeida (2015) there are interpersonal and intrapersonal factors that influence them. Among these factors are: 1) **impulsivity traits** that influence and are influenced by the abuse of PS (Wit, 2008); 2) **emotional regulation**, PS abusers show higher negative emotional levels and thus a loss in emotional regulation, compared to people without these traits (Stellern, 2022); 3) and greater frequency and quantity of consumption is also associated with greater **emotional dysregulation**, namely in controlling impulsive behaviors (Garke et al., 2021; Pattij & De Vries, 2013). Therefore, in recent years, relapse prevention in PS abusers has been widely studied and related to other dimensions, such as emotional regulation and impulsivity (Garke et al., 2021; Ogai et al., 2007; Wit, 2008).

Literature shows that there is still a shortage of valid and reliable scales for assessing relapse factors for the Portuguese population. In this sense, this study aimed to adapt and validate the Stimulant Relapse Risk Scale (SRRS) for the Portuguese population. The SRRS was developed and validated in Japan by Ogai et al. (2007), based on the Marijuana Craving Questionnaire, with the objective of evaluating the factors that are at the base of the relapse in the abuse of PS.

SRRS Scale: The SRRS scale assesses 5 main factors of relapse in substance abuse: (a) compulsiveness, (b) negative experience with drug use, (c) clear intent to use drugs, (d) positive experience with drug use, and (e) emotional problems; these 5 factors are divided into 35 items (cf. Table 1).

Factor	Item example
Factor 1: Anxiety and intention to use drug (AI)	E 8) I am anxious about reusing the drug
Factor 2: Emotionality problems (EP)	E 33) I cannot control my feeling
Factor 3: Compulsivity for drug (CD)	C 47) I want to obtain the drug even by working illegally
Factor 4: Positive expectancies and lack of control over drug	(PL) P 45) If I use the drug, I would feel invigorated
Factor 5: Lack of negative expectancy for the drug (NE)	N 23) I would not be able to control myself if I use the drug (inverse)

Table 1 – Based on Ogai et al. (2007)

OUR AIM: This investigation intends to provide a European Portuguese version of the SRRS - **ERR-SPs Scale** - a valid instrument to assess the risk of relapse in substance users and a validated tool for health professionals and researchers.

METHOD

Firstly, we conducted a **pilot-study** (see flowchart in this poster).

Then, we will conduct the main study with a **sample around 350 people** with substance use in treatment or outpatient, from the central region of Portugal; approximately 300 male and 50 female; aged over 18 years.

Participants will respond to the **ERR-SPs Scale** (Portuguese Version), **Barratt Impulsivity Scale (BIS-11)** and the **Emotional Regulation Questionnaire**.

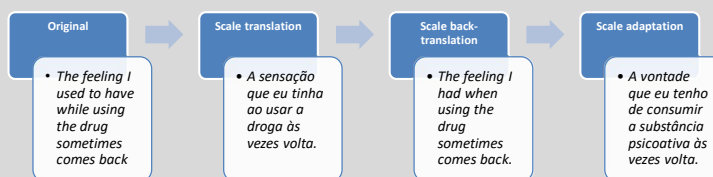
Finally, we will conduct typical **statistical analyses** in validation studies, such as: internal consistency, construct validity, content validity, and exploratory and/or confirmatory factor analysis.

PILOT STUDY

This investigation aims to demonstrate the preliminary results in the adaptation and validation of the Stimulating Relapse Risk Scale for the Portuguese population, namely the first stages, which concern:



In the preliminary results, it is expected that people with substance use in treatment or outpatient in abstinence for less than 6 months have higher levels of compulsiveness, consumption intention and emotional problems, lesser negative experiences and greater positive experiences. It is also expected that abstinent people for more than 6 months will have more positive results compared to people who have abstinent for less than 6 months in the different factors.



The pilot study consisted questioning 5 people with substance use. Completing the informed consent, sociodemographic questionnaire and the 3 instruments, took an average 15 minutes. The participants showed that they understood all the questions presented. This phase was important to detect small errors at the linguistic level in the ERR-SPs Scale.

FUTURE STEPS

To collect data in the central area of Portugal; therefore, we are currently awaiting authorization from the Ethics Committee and the entities that work directly with this population to proceed with the study, in order to reach the expected targeted population.

We hope to produce a scientific article that compiles the validation and results of the application of the ERR-SPs Scale in the central region of Portugal.

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