

The Moderating Role Of Perceived Social Support Between Quality Of Life And Suicidal Ideation Among Patients Of Substance Use Disorders

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ABSTRACT

Background: Perceived social support is the only external important factor which improves quality of life and overcome the worries and suicidal thoughts during problematic and stressful situations.

Objective: Aim of present research is to conclude the moderating role of perceived social support between quality of life and suicidal ideation among the patients of substance use disorders.

Methods: Cross sectional and co-relational research design was used in current study to test the study hypothesis. The convenient sampling technique was used to select the sample of (N= 500) male patients of substance use disorders with age ranging from 20-40 years. The sample was selected based on G power software. The data were collected from different public and private sector hospitals and drugs rehabilitation centers of Peshawar, Batkhela Malakand, Charsada and Mardan cities of, Khyber Pakhtoon khawa province of Pakistan.

Results: Results of the current study showed that perceived social support is significantly positively associated with quality of life and further showed that social support is significant negative co-relation with suicidal ideations among patients with substance use disorders.

Conclusion: The current study reveal that the perceived social support play a key role to overcome the psychological distress which are the causes of suicidal ideation and increase the quality of life. Study further show that those patients who have social support have less chance of suicide and high level of quality of life as compare to those patients who haven't any social support.

Keywords: Social support, Quality of life, Suicidal Ideation, Substance Use Disorders.

Introduction

Different substance used by human beings is not a new experience but it's very old. The different extracts of different plants were used as a remedy in pain. At the time of modernization and industrialization the

use of substance increased severely disturbing a lot of individuals, thus, causing it a severe psychological and environmental problems. People use to consume such substances as food which cause extreme dependency and used to change the system of the body and brain function. Equally, when these substances are abused they modify mental and physical functions of normal human. The different substances are divided into different groups such as depressants, like Opium, morphine, Opioid, methadone, and other narcotics and stimulants, Hallucinogens, (Cocaine, and Peyote, other hallucinogens); Cannabis these substances are frequently used in all over the world¹.

The scientific classification of substance use disorders only begin in the early 19th century. These researches suggest that the relationships of human societies and substance use over time may provide proper and precious conditions for appropriate and theoretical consideration for diagnosis².

The statistic of 2015 reports show that around 29.5 million individuals, or 0.6 percent of the adult's population, in all over world were involved in problematic use or suffered from substance use disorders, including dependency. Opioids were the most dangerous type of drug and responsible for 70% of the worldwide adverse health impact associated with drug use disorders³. In last 35 years the substance addiction model has changed two times in Pakistan. The lower socioeconomic class people who used bhang and cannabis were high in 1960s. In 1983 there were only hardly five thousands substance abusers. In 1987 the second change of substance addicts' model were observed when the Opioid was introduced in 1980s. During short time of five years, the number of substance abuse increased from 20000, to 365,000. In 1985, there were two million Opioid addicts in Pakistan. The ratio increase to 3.1 million abusers in 1993. The 2002 survey reported that the Opioid was the most accepted substance used by 2.1 million people around. The ratio of substance users rise to 4.1 million which is (2.8%) of the overall population, 1 million substance user are increased in only 8 years. Now the substance abuse ratio has increase to 8 million⁴.

The multiple theories of suicide and substance abuse indicated that the relationship of substance abuse and suicide. The theories revealed that the people with depress mood are more prone to self-medicate substances use. Otherwise, the substance abuse is associated to high levels of aggression and impulsivity that turn to conduct problems that can support risk for suicidal behaviors⁵. The escape theory of suicidal behavior is helpful in explanation of relationship of difficulty in emotion regulation and suicidal ideation. The theory further explains that people consider suicide as an option when they are incapable to produce alternative to getaway situation that they find to be emotionally unbearable. Some painful emotions may happen too difficult if person has lack of essential ability to control their emotions⁶.

A research study showed that the patients of substance users face significantly high psychological distress and relationship conflicts in all domains of quality of life. Patients of substance users proves to be more commanding in nature, less rewarding and giving less cooperation as compared to normal people which results they face many problems and developed the suicidal thoughts^{7,8}.

Another study was conducted to examine the relationship between social support and stress. The results indicated that social support is inversely correlated to the significant predictor of stress level, experienced by the substance patients. The insight about Social Support was recognized as positive parental source for lowering the stress level and for controlling and for reducing negative effect of stress.

A study was conducted to examine the association between stress and quality of life among drugs addicted patients. Results confirmed that drugs addicted patient's experience more stress if they have lower level of quality of life than patient children with good quality of life.^{9, 10, and 11}.

Current research was planned to study the relationship among social support, stress and quality of life in substance use disorders to assess the effect of the social support on quality of life and suicidal ideation. This study will provide us platform to find out the basic elements/factors which can then be sort out to provide mental health relief to patients to move a step ahead towards improving patient quality of life.

Materials and Methods

The sample size was consisted of 500 adults' for present study via convenient sample techniques at the age range 20 -40 years substance users. The sample size was calculated through G Power software. Those participants were selected for current study that used the substance from at least 1 year. Participants with relapse and living with family were include in study. The data was composed from multiple drugs rehabilitation centers and different public and private hospitals of Peshawar, Malakand, Charsada, and Mardan cities of Kpk Pakistan.

In current study the translated version questionnaires were used for data collection which included perceived social support scale¹², suicidal ideation attributes scale¹³, and Quality of life scale¹⁴. The perceived social support scale was use used in current study. The scale was designed by Zimet, (1988). Insight of support by family, friends, and a significant other was identifying by using of scale. The scale consists of 12 items and 7-point Likert. The validity value of the scale is > .78 and Cronbach's is 0.92. SIDAS used to recorded the presences of suicidal thoughts and identify the severity level of these thoughts. Scale has 5 items and responses are shown on the 10 points. The high score of items shows the severe suicidal thoughts. The questionnaire used to investigate the quality of life was the WHOQOL-BREF Field Trial Version December 1996, which was developed by the World Health Organization (WHO). The QOL consists of twenty-six questions that have four sub-scales that are Physical, Psychological, Social and Environmental.

SPSS Version 25.0 was used to evaluate the data. Correlational analysis, hierarchical multiple regression analyses and t test analysis was run to analyze the data of current paper.

The approval was taken from the drug rehabilitation centers and hospitals authorities. Substance abusers were approached for data collection from different hospital and rehabilitation centres of Lahore Pakistan. The participants were briefed on the essence and intent of current research before the research questionnaires administration. First, the researcher fulfilled the consent form, from participants then administered the screening scales. Based on the instructions given, the participants were asked to fill out a questionnaire.

Results

Total 500 participants were diagnosed with substance use disorders with age range of 18 to 35 years and age mean is (28.23 ± 10.3).

Bivariate correlations between variables measures are displayed in **Table1**, presented for patients with substance use disorders. As shown in the table, Perceived social support was positively and significantly related to quality of life, ($r = .302^*$), but significantly negative associated with suicidal ideation ($r = -.214^*$), in substance users. Similarly the quality of life was significantly negative correlated to suicidal ideation ($r = -.779^{**}$), among substance users.

Table: 1 Inter-correlations among measures for patients with substance use disorders.

Variables	1	2	3
Perceived social support	---	.302*	-.214*
Quality of life	—	---	-.779**
Suicidal ideation (SI)	—	—	—

N = 500 **p < 0.01., *p < 0.05 Coefficients are for substance users (N = 500).

Tests for a possible moderating impact of Perceived social support in quality of life suicidal ideation findings were used in hierarchical regression analysis, several different analyses were performed with quality of life and suicidal ideation as the dependent variables of drug users for the total study. Independent variables were entered as a covariate in the first step. In Step2, scores for quality of life were entered. Perceived social support scores were entered in phase 3. Finally, in the third phase to investigate the moderating effects, the relationships between quality of life and perceived social support following centering procedures were entered into (Aiken and West, 1991). **Table 2** summarizes the outcomes of these studies. We found, as can be seen in **Table 2**, that the Perceived social support was significantly positively moderated in relationship of quality of life and suicidal ideation [$\beta = .403, = 0.637, p < 0.05$] among substance users.

TABLE: 2. Hierarchical Regression analysis results for the moderating effect of Perceived social support between Quality of life and suicidal ideation in patients with substance.

Variables	ΔR	B	P
Model 1	0.637		
Birth order		.216	.034
Qualification		.334	.000
Socioeconomic status		.316	.001
Marital status		.145	.026
Family structure		.321	.053
R	.345		

R ²	.121		
F	2.60		
Model 2	0.78		
Quality of life		-.403	.000
R	.354		
R ²	.125		
F	2.67		
Model 3	.76		
Moderator variable		-.798	.000
R	.444		
R ²	.214		
F	2.56		

Note: Dependent Variable: Suicidal ideation (SI) & moderator is Perceived Social Support.

Discussion

Results of the present paper indicates that the moderating role of perceived social support in link between quality of life and suicidal ideation among patients with substance use disorders. The first hypothesis of the current study is that the perceived social support would be moderator in link between quality of life and suicidal ideation among patients with substance use disorders. The current findings of the study indicated that of perceived social support significantly positively moderated in relationship of quality of life with suicidal ideation among substance users. The results of the present study are consistent with a number of previously studies^{7, 8, and 9}. Perceived social support is commonly characteristic in a number of clinical settings, and describes to decrease the intensity of several clinically relevant behaviors and problem, such as depression, substance addiction and suicidal ideation. The low quality of life causes the many consequence of the disturbance occur in form of interpersonal relationships problems, guilt feeling inability to inhibit negative behaviors, social isolation feeling loneliness, serious physical and mental health problems suicidal ideation.

Substance use disorders defects mental functions and affect the quality of life which may causes social interactions and it correlated with having less intimacy, more uncertainty, conflicts, psychological problems and suicidal ideation Many research studies have shown that people reflect their emotion with isolation, psychological distress, substance use, delinquency, and suicide¹².

This is exacerbated by the fact that substance use frequently damages or destroys familial, professional, personal, and financial relationships and further increasing the risk of suicide, substance use actually increases the severity and duration of depressive episodes, and despite any temporary relief they may provide, actually greatly increasing the likelihood of suicidal thoughts (suicidal ideation). Even worse, many substances severely impact judgment, leading to suicide ideation³². Suicidal ideation and substance use disorders have a very close relationship. More than 90% of people who fall victim to suicide suffer from depression, have substance abuse disorder, or both. Loss of relationships, job and other financial problems and may lose all hope they starting suffer depression and substance abuse combine to form a

vicious cycle that all too often leads to suicide. Many who experience such severe depression and other conditions frequently turn to substance use, gambling, and other risky behaviors to numb their pain and/or alleviate their negative feelings which increase the risk of suicide. Some evidence showed that the disinhibition of the certain substances, caused and facilitate suicidal ideation and increase risk factors of suicidal thoughts, while depression and other mood disorder is main cause of suicidal ideation and attempts.

The overall findings were supported to our hypotheses, which illustrate that perceived social support is significant positively moderating between quality of life and suicidal ideation with substance users. The individuals who are involved with ice, cannabis, cocaine etc. have difficulty in regulating their emotions and have more tendencies of suicidal ideation and psychological distress, but those individuals who are not connected with substance use related problems have less emotion regulation problems, suicidal ideation and psychological issue due to their positive coping skills and proper emotion regulation.

Limitations and Future Research Direction

This article recommended that the psychologist should work on individuals' social support quality of life and coping skill to control suicidal thoughts and attempts and other psychological problems.

The study recommended that the family of patients should educate about the substance use disorders and its related problems like lack of emotion regulation, suicidal ideation and psychological problems. The family should make the strict roles regulation for their children to overcome the substance using and other problems.

Furthermore, it is suggested that parental training program could be improve and increased effectiveness of substance user's quality of life.

The study provides a scientific proof through the study finding to government and private hospitals and rehabilitation centers to hire the more psychologist staff to treat the patient's emotion problems and taught him the positive coping skill to manage and express their emotion in an effective ways.

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