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Relationship between Perceived Social Support, Life Satisfaction and Treatment Motivation among Substance Abuse Dependents

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Abstract
Background: Substance abuse has an impact on a person's emotional, mental, and physical health. Individuals with substances abuse require considerable social support than others, since it contributes greatly to their recovery. Social support plays a crucial role in helping individuals cope with substance dependence by enhancing their life satisfaction and motivation for treatment as treatment motivation is influenced by a combination of social support and the potential for improved life satisfaction. **Aim of the Study:** To assess the relationship between perceived social support, life satisfaction and treatment motivation among substance abuse dependents. **Research Design:** A descriptive correlational research design. **Setting:** The study was conducted in Assiut mental health hospital. **Sample:** A purposive sample of 394 substance users was included. **Tools:** Demographic and clinical characteristics sheet, multidimensional scale of perceived social support, satisfaction with life scale, treatment motivation questionnaire. **Results:** Nearly two-thirds of patients have high level of perceived social support, above the half of patients are satisfied and above two-thirds of patients have high level of treatment motivation. **Conclusion:** Results show that, perceived social support is strongly positively correlated with life satisfaction and treatment motivation. Additionally, a significant positive relationship exists between life satisfaction and treatment motivation. **Recommendations**: Integrating social support into rehabilitation and treatment programs as part of the treatment process.

Keywords: Life satisfaction, Social support, Substance abuse & Treatment motivation

Introduction
Substance abuse refers to the hazardous or dangerous use of alcohol, illegal narcotics, and psychotropic substances. Substance abuse is characterized as a maladaptive usage pattern demonstrated by ongoing consumption despite awareness of persistent or recurrent social, occupational, psychological, or physical issues that are caused or worsened by repeated use in physically hazardous circumstances **Saladino et al., (2021).** Using psychoactive substances repeatedly can lead to dependence syndrome, which is characterized by a number of behavioral, cognitive, and physical symptoms **Reichert et al., (2021)**

Substance abuse is a global issue that negatively affects people's physical and mental health, their social statues and responsibilities, livelihood, and security of nations. Patients with substance abuse disorder typically have a variety of coexisting medical, psychological, and social conditions **Kabbash et al., (2022)**. Additionally, it has developed to become a severe, persistent public health issue that impacts practically every family and community in some way, with young people being the most vulnerable to consuming different psychoactive substances **Shegaw et al., (2022)**

According to **Ahmad et al., (2020),** individuals with substance abuse requires more comprehensive and intensive support compared to physical disorders. Social support is the extent to which an individual has or feels they have access to resources and help from people in their social network **Bauer et al., (2021).**

Researches indicate that individuals who receive assistance from family, friends, or professionals tend to be happier and more satisfied with their lives. Also, recent researches indicates that social support contributes to health promotion through both behavioral and psychological mechanisms. Moreover, social support can positively influence mental and physical health by reducing stress which subsequently facilitates the promotion of overall health **Fathnezhad-Kazemi et al., (2021)**

Individuals with substance use disorder (SUD) are more prone to experience a greater variety of issues than those who do not use drugs. While it is well recognized that individuals with SUD are at a heightened risk of experiencing prolonged bad experiences, a wealth of research has demonstrated that SUD is linked to psychological and physiological problems such social anxiety, depression, impulsivity, schizophrenia, and other mental disorders **Yang et al., (2022).** According to the same author, the

buffering model states that when people are exposed to high levels of stress in their lives, perceived social support can either completely or partially protect those who are impacted by stressful situations, improving their health in the result.

Additionally, social support meets fundamental psychological needs by fostering connectedness and intimacy, as well as promoting autonomy and competence through emotional expression and reflective decision-making. It also provides instrumental assistance that equips individuals to navigate challenges effectively, fulfilling their need for competence and positively influence life satisfaction **Chia et al., (2024).**

Having a high degree of life satisfaction is essential for promoting healthy mental wellness **Jensen et al., (2021).** A drop in life satisfaction was suggested as a possible precursor to illegal drug use **Cao et al., (2019) .** High life satisfaction contributes to long-term recovery because it boosts a person's motivation, which in turn helps sustain their recovery efforts **Laudet et al., (2009).**

In substance-related diseases, treatment motivation is acknowledged as an important indicator of treatment outcomes **Chege et al., (2022).** Motivation for treatment often described as "the probability that a persons will enter, continue and maintain a certain change strategy", and it reflects both the internal desire for change and the external pressures perceived by the individual to make that change **Metwaly et al., (2024)**

Individuals with high treatment motivation are more likely to adhere to treatment for extended periods, successfully complete programs, and sustain the progress achieved during treatment compared to those with low motivation levels. Moreover, such individuals exhibit notable improvements in addressing their substance use issues. Conversely, low motivation for treatment has been shown to negatively impact the treatment process and its outcomes **Chege et al., (2022)**

In this context, **Kizilkurt & Gıynaş, (2020)** demonstrated that a person's motivation for change can be greatly influenced by their social interactions, emotions, and the support of friends and family. Furthermore, Social support has been found to dramatically boost motivation for drug abstinence **Xu et al., (2022).** In addition, reduced relapse rates are among the many outcomes that is associated with addiction that have been linked to higher levels of social support **Rathinam& Ezhumalai, (2022)**

Significance of the study:

The United Nations Of Drug and Crime (UNODC, 2024) reported that, in 2022, an estimated 292 million individuals, about one in every 18 people globally, had engaged in drug use within the past year, reflecting a 20% increase compared to a decade earlier. Among these, approximately 30 million individuals had consumed amphetamines, while opioid use was reported by 60 million people, with nearly half of them specifically using opiates. Revised estimations, based on an updated methodological approach, indicate that around one in 81 individuals worldwide approximately 64 million people experienced a drug use disorder in 2022, marking a 3% rise since 2018.

In addition, Studies have shown that greater perceived social support is linked to lower stress, higher self-control, hope, and life satisfaction. **Cao & Liang, (2020).** According to **Kim et al., (2021)**, higher life satisfaction over four years was linked to better psychosocial outcomes and healthier behaviors.

On the other hand, a number of studies have demonstrated that the environment and family support have a major influence on the motivation of substance users and their ability to recover from drug use **Hong et al., (2021)**. Additionally, research findings indicate that a strong motivation for change significantly influences client behavior in treatment centers **Chege et al., (2022).** As treatment motivation has been shown to strongly correlate with treatment commitment, retention, as well as readiness of those who suffer from substance abuse conditions to engage in treatment **Kamarudin et al., (2021).**

As a result, the current study was initiated to assess the relationship between perceived social support, satisfaction with life and motivation for treatment among substance abuse dependents.

Aim of the Study:

To assess the relationship between perceived social support, life satisfaction and treatment motivation among substance abuse dependents.

Subjects and Method

Research Design:

A descriptive correlational research design was utilized in the present study.

Research questions:

Q1: Is there a relationship between perceived social support, life satisfaction and treatment motivation among substance abuse dependents?

Setting:

The study was conducted at Assiut Mental Health Hospital (AMHH), one of the biggest medical facilities in Upper Egypt that affiliated in the ministry of health and operates under the auspices and direct supervision of the General Secretariat for Mental Health and addiction treatment. It serves several governorates in Upper Egypt, including Minia, Sohag and Qena. It provides treatment for patients with both

acute and chronic mental illnesses, as well as individuals struggling with addiction. The hospital is divided into two floors. The first floor houses the psychiatric inpatient department for males, the pharmacy, the nursing office, and outpatient clinics for addiction and mental health care. The out-patient clinics for addiction treatment provide service three days a week on Saturday, Monday, and Wednesday. The second floor of the hospital includes both male and female in-patient's psychiatric units as well as addiction management department. There are 117 beds accessible at this facility for both males and females. The department of addiction management is divided into 2 separate sections: the 12-bed detoxification portion and the 16-bed rehabilitation section.

Subjects:

According to the admission office at Assiut Mental Health Hospital, the total number of addict's out-patients and in- patients who recruited to Assiut Mental Health Hospital from 1 July 2022 to 30 June 2023 was 5153. The estimated sample size found to be 358 addict patients. By using software EPI/Info, version 3.3 with expected error 5%, confidence interval (CI) 95%, the estimated sample size found to be 358 addict patients. To compensate the drop out (10%) was added to the sample size and the final sample size was 394 patients.

Inclusion criteria:

- All patients that are between the ages of 18 and 60 years and more of both sexes.
- Individuals with substance use disorder to various types of drugs or substances
- Patients who have been substance abused for at least six months.
- Patients who do not have any other psychotic disorders.

Tools of Data collection: the study tools consist of four tools

Tool (1): Demographic and clinical characteristics sheet:

Part (I): Demographic characteristics sheet include age, sex, marital status, level of education, occupation and place of residence.

Part (II): Chronic diseases, past hospitalizations, family history, substance abuse type, methods, age of onset, duration, and reason of addiction are all included in clinical data sheet.

Tool (2): Multidimensional Scale of Perceived Social Support (MSPSS) :

Zimet et al., (1990) developed the multidimensional scale of perceived social support [MSPSS]. The 12 item self-report scale designed in an English language to assess the perceived adequacy of social support from family, friends, and significant others. It was originally scored using a seven-point Likert scale ranging from 1 to 7, but the scale was modified and translated into Arabic by **Mohammed et al., (2015)**. In the modified version, responses are recorded on a five-point Likert scale, with options ranging from [1] "very strongly disagree" to [5] "very strongly agree ".

All items are scored as the following

Strongly disagree=1 -Mildly disagree=2 -Neutral=3, Mildly agree=4 - Strongly agree=5

Scoring system

The total score is ranged from 12-60 .

12-28 (Low acuity)

29-44 (Moderate acuity)

45-60 (High acuity)

This tool reliability was measured by Cronbach alpha which was ($\alpha = 0.766$)

Tool (3): The Satisfaction With Life Scale (SWLS): The satisfaction with life scale was developed by **Pavot& Diener, (1993**) in an English language to evaluate individuals' level of life satisfaction. The satisfaction with life scale (SWLS) consists of five statements. The tool was translated into Arabic by the researcher , and content validity was assessed by 5 expert jurors from faculty of nursing at Assiut University, and Cronbach alpha, which measures tool reliability, was ($\alpha = 0.788$).

Items are rated on a 7-point Likert scale:

(1) if the response is strongly disagree, (2) if the response is disagree, (3) if the response is slightly disagree, (4) if the response is neither agree nor disagree, (5) if the response is slightly agree, (6) if the response is agree and (7) if the response is strongly agree.

Scoring system

The range of the overall score is from 5 to 35: 31-35 is very satisfied, 26-30

is satisfied, 21-25 is slightly satisfied, 20 is neutral, 15-19 is slightly dissatisfied, 10-14 is dissatisfied and extremely dissatisfied is 5-9

Tool (4): Treatment motivation questionnaire:

Ryan et al., (1995) developed this questionnaire in an English language to find out why the patient was seeking treatment and how they felt about it. The tool translated into Arabic language by **Mohamed et al., (2022).** It had 26 items on a 3-point Likert scale divided into three dimensions: reasons for treatment (5 items, from Q1 to Q5), probability of treatment (6 items, from Q6 to Q11), and feeling about treatment (15 items, from Q12 to Q26). The score on the 3-point Likert scale is 1, 2, and 3. Ranging from (1) if the response is not at all true, (2) if the response is somewhat true and (3) if response is very true. Conversely items (3, 10, 12, 13, 16, 21, 24) scoring system is (1) if the response is very true, (2) if the response is somewhat true and (3) if the response is not at all true.

Scoring system

The total score is ranged from 26-78, classified into 3 categories: very true (high treatment motivation) if score (> 52), somewhat true (moderate treatment motivation) if score is (39 - 52) and not at all true (low treatment motivation) if score is (< 39).

This tool reliability was measured by Cronbach alpha which was (α =0.872)

Pilot study:

A pilot study was done on 10% of the study sample (40 patients) at the beginning of the study to assess the clarity, objectivity, and applicability of the tools in the study. The pilot study included all subjects who met the inclusion criteria. The pilot study found that no modifications are required. Thus, the sample chosen for the pilot study was included in the study sample.

Validity of tools:

The satisfaction with life scale translated into Arabic and 5 expert jurors from psychiatric and mental health nursing department at Assiut University examined its content validity. Clarity, comprehensiveness, understanding, relevance, applicability, and ease of use were the main evaluation criteria.

Reliability of tools:

Social support scale (α = 0.766)

Satisfaction with life scale (α = 0.788)

Treatment motivation scale (α =0.872)

Administrative phase:

The general secretariat of mental health and the director of Assiut Mental Health Hospital received an official letter of approval from the dean of the faculty of nursing to conduct the study. The letter formally outlined the nature and objectives of the study, while also comprising permission to perform the study.

Ethical considerations:

The ethical committee at the Faculty of Nursing, Assiut University, approved the research proposal, ensuring that the study posed no risks to participants. Prior to participation, the study's purpose was clearly explained to the participants, and informed written consent was obtained from those willing to participate. Participants were fully informed of their rights, including the option to refuse or withdraw from the study at any time without needing to provide a reason. As well as confidentiality and anonymity were strictly upheld by the researcher throughout the study and beyond. And throughout the research process, every effort was made to maintain the privacy and dignity of the participants. Ethical code: in 26/12/2023 (N. 1120230730)

Data collection:

Field work:

Data collection was conducted in the previously indicated setting for six months, from 1 July, 2024, to 31 December, 2024 in three days a week (Saturday, Monday, and Wednesday) from 1 pm to 4 pm. The researcher collected data, interviewing an average of five to seven patients each day. Patients were chosen by the researcher based on the inclusion criteria. The objective and nature of the study have been explained to each patient who agreed to participate. Participants provided written, informal consent and were guaranteed of their privacy and confidentiality. Each patient was interviewed individually, and the researcher documented their responses on the questionnaire sheet. The approximate time spend during the filling of the sheet was 20 minutes for each participant

Statistical design:

Data input and analysis were carried out using the Statistical Package for Social Science (SPSS) version 22. Data were presented as frequency, percentage, mean, standard deviation. The correlation between quantitative variables was measured using Pearson correlation. A P-value of less than 0.05 is deemed statistically significant.

Results:

Table (1): Frequency and percentage distribution of patients with substance abuse according to Demographic data.

Demographic data	No. (394)	%
Age: (years)		
< 30	166	42.1
30 - < 45	203	51.5
≥ 45	25	6.4
Mean ± SD (Range)	31.80 ± 8.38 (18.0-58.0)	
sex:		
Male	378	95.9
Female	16	4.1
Educational level:		
Not read and write	34	8.6
Read, write	18	4.6
Primary	30	7.6
Preparatory	34	8.6
Secondary	217	55.1
Technical Institute	23	5.8
University	38	9.6
Marital status:		
Single	144	36.5
Married	226	57.4
Divorced	22	5.6
Widow	2	0.5
Occupation:		
Unemployed	127	32.2
Manual work	229	58.1
Office employee	24	6.1
Student	14	3.6
Residence:		
Rural	246	62.4
Urban	148	37.6

Table (2): Frequency and percentage distribution of patients with substance abuse according to Clinical data.

Clinical data	No. (394)	%
Chronic diseases:		
Yes	63	16.0
No	331	84.0
Type of chronic disease: N=63		
Hypertension	11	17.5
DM	9	14.3
HCV	15	23.8
HIV	24	38.1
HCV & HIV	4	6.3
Previous hospitalization		
No	170	43.1
Yes	224	56.9
Number of Previous hospitalization N=224		
Once	124	55.4
Twice	88	39.3
Three times	12	5.4

Clinical data	No. (394)	%
Family history of substance abuse:		
Yes	250	63.5
No	144	36.5
Type of drugs or substances taken:		
Hashish	182	46.2
Methamphetamine	150	38.1
Tramadol	130	33.0
Opium	66	16.8
heroin	49	12.4
Alcohol	7	1.8
Cocaine	17	4.3
Method of substance use:		
Oral	155	39.3
Smoking	252	64.0
snorting	21	5.3
Injection	81	20.6
Age at onset of addiction: (years)		
< 20	257	65.2
≥ 20	137	34.8
Mean ± SD (Range)	23.08 ± 6.15 (18.0-46.0)	
Duration of addiction: (years)		
< 5	138	35.0
5 - 10	110	27.9
> 10	146	37.1
Cause of addiction:		
Peer pressure	185	47.0
Trial/ curiosity	152	38.6
Stress/ tension	50	12.7
Family problems	45	11.4
increase activity and work ability	24	6.1
To enhance sexual ability	11	2.8

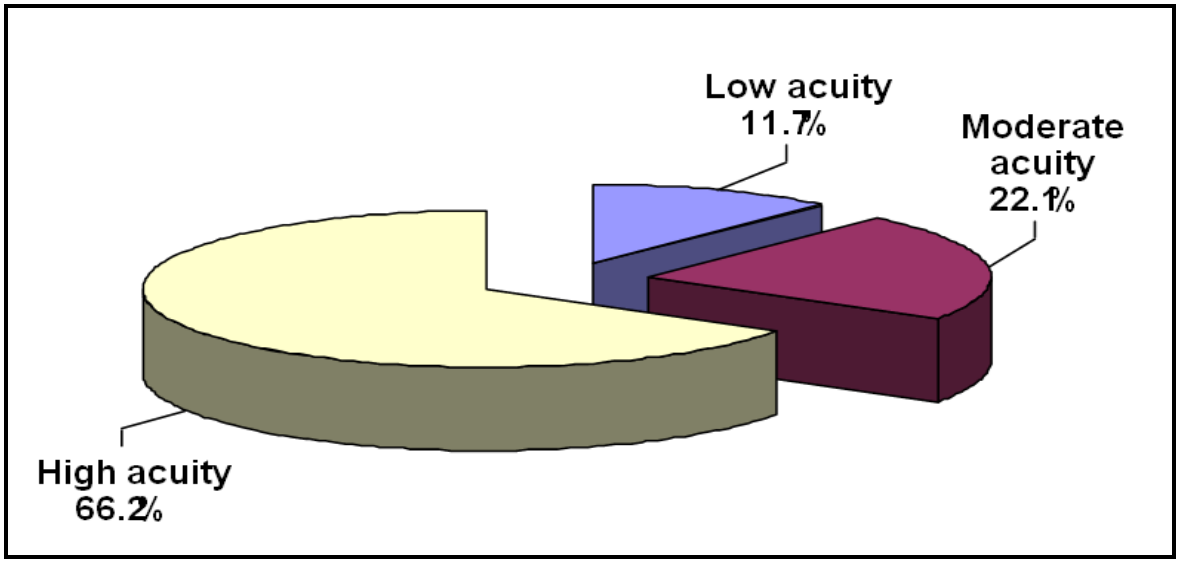

Figure (1): Percentage Distribution of Perceived social support levels among patients with substance abuse

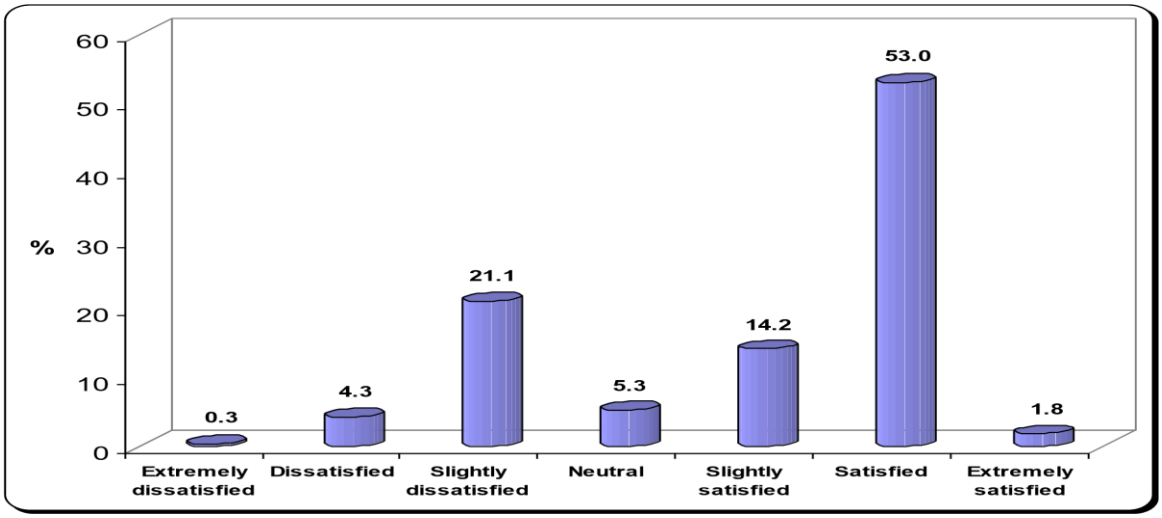

Figure (2): Percentage Distribution of satisfaction with life levels among patients with substance abuse

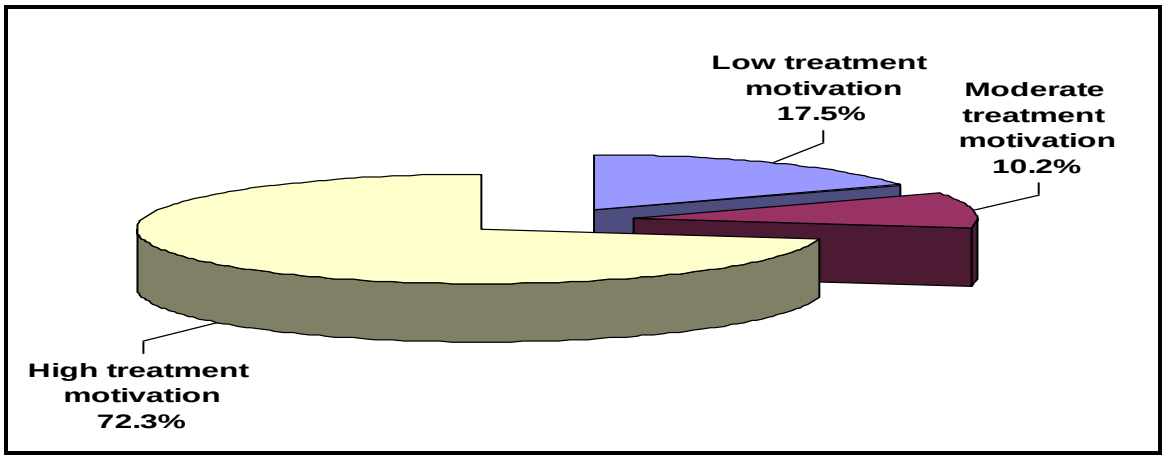

Figure (3): Percentage Distribution of treatment motivation levels among patients with substance abuse

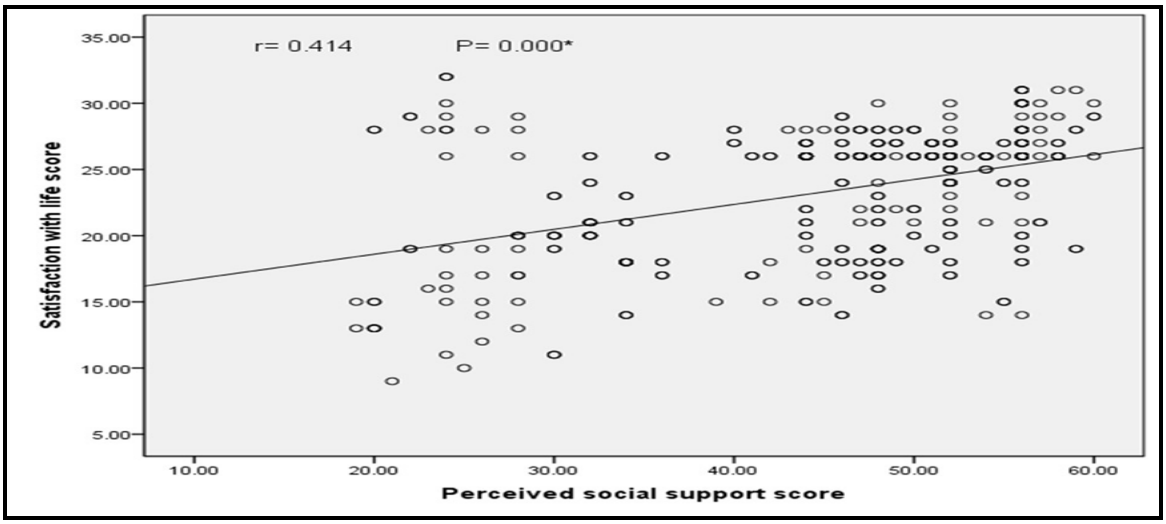

Figure (4): Correlation between perceived social support score and satisfaction with life score

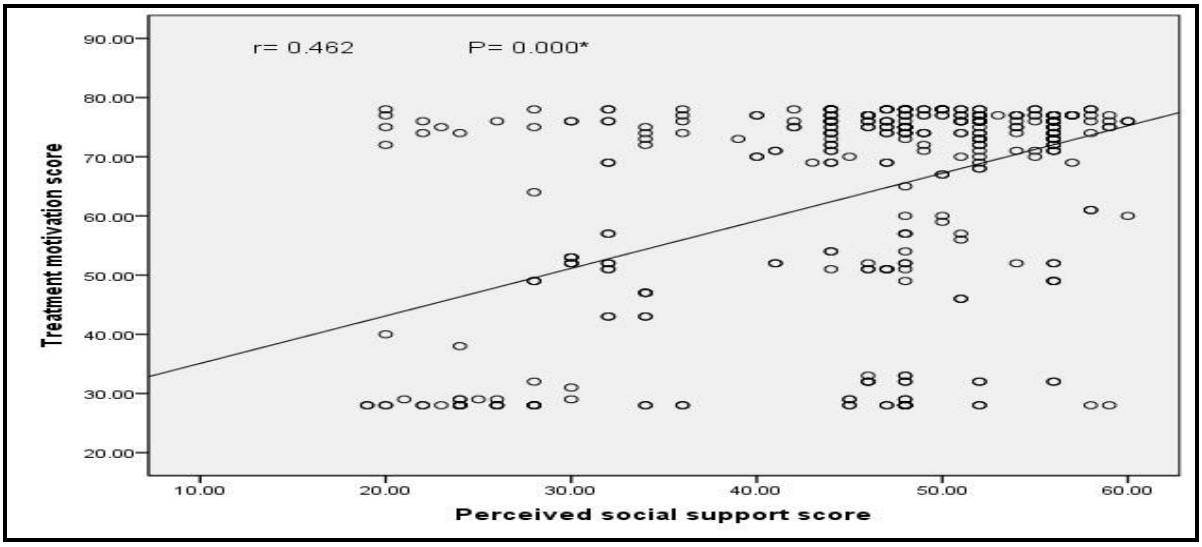

Figure (5): Correlation between perceived social support score and treatment motivation score

Figure (6): Correlation between satisfaction with life score and treatment motivation score

Table (3): Correlation between perceived social support, life satisfaction and treatment motivation among patients with substance abuse.

Variables	Perceived social support score		Satisfaction with life score		Treatment motivation score	
	r-value	p-value	r-value	p-value	r-value	P-value
Perceived social support score						
Satisfaction with life score	**0.414**	**0.000***				
Treatment motivation score	**0.462**	**0.000***	**0.495**	**0.000***		

**Statistically significant Correlation at P. value <0.01*

Table (1): Demographic data of patients with substance abuse shows that, the patients age range between 18.0-58.0 years with Mean ± SD 31.80 ± 8.38, above the half of patients 51.5 % at the age from 30-<45, and the majority of patients 95.5 % are males , regarding to level of education; above the half of patient 55.1 % have secondary education level , more than half of patients 57.4 % are married , in relation to occupation; result shows that more than half of studied patients 58.1 % have manual work .Also result shows that ,above half of patients 62.4 %are from rural areas.

Table (2): Demonstrate clinical data of patients with substance use, above four- fifths of patients with substance abuse 84.0% don't have chronic disease, for patients who have chronic disease; 38.1% of them have HIV, 17.5% of patients have hypertension, 14.3% have diabetes mellitus, 23.8% have HCV, and 6.3% of them have HIV & HCV. Results show that, above the half of patients 56.9 % have previous hospitalization with more than one half of them 55.4 % have once admission and more than one-third of them 39.3 % have twice admission. The result also shows that, more than three-fifths of patients 63.5 % have family history. As regard to type of substance abused, results show that, above two-fifths of patients 46.2% abuse hashish, more than one-third 38.1% abuse methamphetamine, approximately one third 33.0 % abuse tramadol, 16.8 % abuse opium, 12.4% abuse heroin, 1.8% abuse alcohol and 4.3% abuse cocaine.

In relation to the method of substance use; result shows that, smoking is the common method and it represent more than three-fifths 64.0% of methods that patients used in drug abuse , oral method represent more than one-thirds 39.3% , injection method represent 20.6% and snorting method represent 5.3% of drug abuse methods .Result depicts that , nearly two-thirds of patients 65.2% started addiction at the age <20 years old and more than one-third of patients 34.8% started addiction at the age ≥ 20 years old with Mean ± SD (Range) 23.08 ± 6.15 (18.0-46.0). Also results illustrate that, nearly two-fifth of studied patients 37.1% have duration of addiction > 10 years, more than one-third of studied patients 35.0% have duration of addiction <5 years and less than one-third of studied patients 27.9% have duration of addiction between 5-10 years. concerning the cause of addiction; result conveys that, peer pressure is the most common cause of substance abuse and it represent 47.0% of causes, then curiosity represent 38.6%, then stress, family problems, increase activity and work ability and enhance sexual ability represent 12.7%, 11.4%, 6.1%, 2.8% respectively.

Figure (1): Represents that, nearly two-thirds of patients 66.2% have high acuity of perceived social support, 22.1% of patients have moderate acuity of perceived social support and 11.7% of patients have low acuity of perceived social support.

Figure (2): Demonstrates that, above the half of patients 53.0% are satisfied, 1.8% of patients are extremely satisfied and 14.2% of patients are slightly satisfied, 5.3% are neutral, also results show that, 21.1% are slightly dissatisfied, 4.3% of patients are dissatisfied and 0.3% of addict patients are extremely dissatisfied.

Figure (3): Represents that, above two-thirds of patients 72.3% have high treatment motivation, 10.2% of patients have moderate treatment motivation and 17.5% of patients have low treatment motivation.

Figure (4): Reveals that, there is a statistically significant positive correlation between perceived social support and life satisfaction at (r= 0.414, p= 0.000*)

Figure (5): Reveals that, there is a statistically significant positive correlation between perceived social support and treatment motivation at (r=0.462, p=0.000*)

Figure (6): Reveals that, there is a statistically significant positive correlation between life satisfaction and treatment motivation at (r= 0.495, p= 0.000*)

Table (3): Shows the relationship between perceived social support , life satisfaction and treatment motivation among substance abuse dependents , it reveals that, there is a statistically significant positive correlation between perceived social support and life satisfaction at (r= 0.414, p= 0.000*) , also

between perceived social support and treatment motivation at (r=0.462, p=0.000*) and a statistically significant positive correlation between life satisfaction and treatment motivation at (r= 0.495, p= 0.000*)

Discussion:

Substance abuse is a significant social deviation that serves as a root cause of numerous societal issues and challenges at the community level. It adversely impacts various aspects of an addict's life, including their social interactions, family dynamics, work efficiency, physical well-being, and personal relationships **El-Sayed et al., (2020**). On the other hand, social support is associated with better health outcomes for people with substance use disorders, including increased subjective well-being and quality of life, also, it is generally believed that social support is important for recovering from alcohol and drug abuse **Islam et al., (2023)**

Thus, the goal of the current study was to assess the relationship between perceived social support, life satisfaction and treatment motivation among substance abuse dependents.

According to clinical data , this study showed that, 63 patients (16.0%) have chronic diseases and above two-thirds of them have HIV and HCV, this is because patients with substance abuse who inject drugs are at a high risk of exposure to these viruses if they share needles and other paraphernalia, as this greatly raises the likelihood of blood-to-blood transmission, additionally many patients with substance abuse engage in high-risk sexual behaviors,

such as having unprotected sex, which can lead to the transmission of both HIV and HCV. These findings were aligned with **Abdelmoneim et al., (2022)** in the study entitled "clinical pattern of synthetic cannabinoids users in Upper Egypt" revealed that, HCV and HIV were positive in (26 %) of cases. Additionally, these findings were in same line with **AbddelMoneim et al., (2020)** who depicted that, 15 patients with substance-abuse had positive HCV (18.75%). However, this result was incongruous with **Mohamed et al., (2022)** who demonstrated that, hypertension and ortho arthritis were the most chronic diseases that patients with Substance abuse had.

Pertaining to previous hospitalization in mental hospital, the current study depicted that, more than half of the sample had previously been admitted to the hospital for addiction treatment. It might be related to withdrawal symptoms of drugs; substance use relapse due to lack of follow up care from family and poor adherence to treatment plans. These findings were agreed with a study done by **El-Genady& Wahab, (2020)** which reported that, most of the study samples were readmitted to the hospital for reasons related to addiction. Whereas, **Mohamed et al., (2022)** showed that, nearly two-thirds of addict patients have no previous admission to hospital.

Regarding to number of previous hospitalizations, the current study disclosed that, majority of patients who had previous admissions to mental hospital, had admitted fewer than three times for addiction treatment. As Well, these study findings were in the same line with **Shahin et al., (2021)** who showed that, most of the patients had admitted to a mental health facility one or two times for addiction management. While, this was in opposite to **Elyamany et al., (2020)** who found that, over half of the participants in their study, had never been admitted to an addiction treatment facility.

Concerning to family history, the current study depicted that, over three-fifths of patients had a family history of substance abuse. This could be because genetic factors which are important in the development of substance use disorders, also a majority of individuals with substance abuse exhibit strong identification with their parents and other family members. This result was agreed with **Ebrahem et al., (2022)** who reported that, above the half of patients had family history of substance use**.** On the other hand, this was contrary to **Maghawry et al., (2024)** who reported that, almost of addict patients hadn't family history of substance use disorder. Also, **Marzouk et al., (2021)** study reported that, above two-thirds of individual with substance abuse haven't family history of drug addiction.

Owing to the type of substance abused, the finding of current study showed that, the most substances abused among patients were hashish, methamphetamine and tramadol respectively, this may be due to the ease of access and availability of hashish in Egypt and spread of hashish in slum areas in Egypt and rural areas. This was supported by **Naguib et al., (2021)** who revealed that, Hashish was the most substance used among studied patients. Also, this was contradictory to **Andersson et al., (2021)** who indicated that, Alcohol was the main SUD of concern for about one-third of the patients while, opioids were the most common drug among patients with major drug use disorders, followed by stimulants and cannabis. This is because the perception and consumption of alcohol can vary greatly due to differences in cultures and social norms from one country to another.

In relation to methods of substance use, the current study declared that, the most common method of substance use was smoking and this because smoking is the most common method of hashish and meth-amphetamine abusing. Also, it could be because, smoking is socially acceptable, easy to conceal, and provides a quick effect. It requires minimal preparation, also it is affordable, and is influenced by peer pressure, making it more accessible to users. In the same line **Maghawry et al., (2024)** reported that, inhalation was the most common method of substance abuse. Whereas, **Elyamany et al., (2020)** demonstrated that, oral method was the most common method of drug abuse.

Regarding the age at onset of addiction, current findings reported that, the age at the onset of addiction was less than 20 years in nearly two-thirds of patients, this is possibly because adolescence is a critical period for vulnerability due to developmental issues, peer pressure, curiosity, and limited awareness of illegal drug dangers. The easy availability of drugs, combined with family conflicts or lack of parental supervision, further increases the risk. Additionally, academic pressure and feelings of failure may push some teenagers toward substance use as a way to cope with stress. This study was similar to **Atia & Ahmed, (2020)** who showed that, more than two-thirds of the individuals in the study had experienced addiction at an age less than 20 years. On the other side, this was incongruent with **Maghawry et al., (2024)** who reported that, more than half of addict patients started addiction at the age between 20-30 years.

Concerning to the duration of addiction, nearly two-fifths of the patients in this study had been addicted for at least ten years, according to the data. There could be several reasons for this, one major reason is delayed treatment, as many individuals do not seek help early, making withdrawal more difficult over time due to increased physical and psychological

dependence. Living among other addicts further reinforces drug use, increasing the likelihood of relapse, especially without a structured recovery plan. Additionally, many individuals face social problems and use drugs as a way to cope with stress, which makes quitting even more challenging. This was aligned with **Abdelmouttelb et al., (2022)** who reported that, about half of the patients in the study had been addicted for at least ten years. Also this was agreed with study of **Elkalla et al., (2023)** showed that, more than half of the patients had substance dependence for ten years or more. While, these findings were contradicted with **Montaser et al., (2023)** who discovered that, a largest percentage of participants had been drug addicts from one year to five years.

Regarding to the cause of addiction, the findings of this study revealed that, the main causes of substance abuse among the studied patients were peer pressure and curiosity respectively, the reason is that a person may be especially vulnerable to peer pressure if they say that peer acceptance is important to them, or if they are sensitive to rejection. This was in agreement with **Moustafa et al., (2020)** who conducted study about "Causes and clinical characteristics of drug abuse" and found that, the most common reason of substance abuse was peer pressure, and the second cause was curiosity. Additionally, these results were similar to findings of **Sayed et al., (2020)** stated that, more than one third of the study and control groups of addict patients were impacted by peer pressure. But this was in contrast to **Obiagu & Onele, (2024)** as they reported that, the reasons for substances abuse were strong desire to forget worries, get high and cope with depression respectively. Also, this was inconsistent with **mehany et al., (2021)** revealed that, the most common reasons of addiction were the performance related causes, followed by emotion regulation.

In relation to the levels of perceived social support the present study demonstrated that, nearly two-thirds of patients had high acuity of perceived social support, this is mainly because of strong involvement from their families, that could be explained by the fear of stigma and shame among family members, which encourages them to provide strong social support in order to facilitate the treatment process. This was contrary to **Tanriverdi et al., (2020)** who carried out study about "Treatment motivation and social support levels among individuals with substance use disorders, and influencing factors" revealed that, individuals with substance use disorders expressed a modest level of social support. This also was in contrast to **El Sebaie & Abdelfatah, (2021)** who stated that, more than half of the substance-abusing patients in the study were thought to have moderate social support.

Regarding the levels of satisfaction with life, the present study revealed that, above the half of patients were satisfied, this is because more social support leads to higher life satisfaction by reducing stress and making patients feel cared for. This was inconsistent with **Cao & Zhou, (2021)** who conducted study about "Association between social support and life satisfaction among people with substance use disorder: the mediating role of resilience" indicated that, the sample's substance abuse participants had lower levels of life satisfaction. Also, this was incongruent with **El-Genady & Wahab, (2020)** who revealed that, nearly half of the study group of substance users were dissatisfied and extremely dissatisfied.

Concerning to the levels of treatment motivation, the current study found that, more than two-thirds of patients showed a high level of treatment motivation, this may because that, supportive relationships encourage patients to stay motivated and committed to treatment. This study was similar to **Mohamed et al., (2022)** confirmed that, the total treatment motivation was high among outpatient and inpatients particularly higher in outpatients. Conversely, this study wasn't in agreement with **Tanriverdi et al., (2020)** who revealed that, treatment motivation among patients with substance abuse disorder was moderate.

Regarding to the relationship between perceived social support and life satisfaction, the present study showed that, there was a statistically significant positive correlation between perceived social support and life satisfaction in patients with substance abuse at ($r= 0.414$, $p= 0.000$*). This positive relationship could be because that, social support provides individuals with a sense of belonging and emotional security, reducing feelings of loneliness Additionally, having supportive relationships helps people to cope with stress and challenges more effectively through enhancing resilience leading to lower levels of anxiety and increased the life satisfaction. This was in the same line with **Cao & Zhou, (2021)** who showed that, there was a significant positive relationship between social support and life satisfaction based on the results of the hierarchical regression analysis in people with substance use disorders. Also, **El-Genady& Wahab, (2020)** demonstrated that, social support and life satisfaction were positively correlated and perceived social support was a significant factor in life satisfaction.

Concerning to the relationship between perceived social support and treatment motivation, the results of the current study demonstrated a strong positive relationship between perceived social support

and treatment motivation among patients with substance abuse, at (r=0.462, p=0.000*). This is because that, social support provide encouragement, fostering hope and belief in the possibility of recovery. Additionally, social support reduces feelings of isolation and loneliness, which can often discourage individuals from seeking help Furthermore, social support lowers stress and anxiety, making individuals more willing to commit to treatment. This was supported by **Mohamed et al., (2022)** who demonstrated that, there was a positive correlation between social support and treatment motivation among patient with substance use disorders at (r=.107, p=.049*), additionally, **Tanriverdi et al., (2020)** reported that, there was a significant positive correlation observed between social support and treatment motivation (p< .05), suggesting that as individuals received greater social support, their motivation for treatment also increased. While, this study was incongruent with Study of **Kapuci & Ünübol, (2024)** which found a weak negative correlation between social support and treatment motivation among gambling disorder patients at (r=-0.175, p<0.05). According to the study, the inconsistency may stem from the elevated percentage of daily gamblers, the escalation in gambling severity, the reduction of familial social support due to rising family issues, and the intensification of psychiatric disorders.

The present study found that, there was a statistically significant positive correlation between life satisfaction and treatment motivation at (r=0.495, p=0.000*). This could be because, the high level of life satisfaction is associated with stronger psychological resilience, a greater sense of purpose, and a more optimistic outlook on the future. When people feel that their lives have value and meaning, they may be more willing to invest in their recovery and work towards long-term sobriety. Additionally, individuals with higher life satisfaction often have stronger social support networks, healthier coping mechanisms, and a more stable emotional state, all of which can enhance their commitment to treatment. In contrast, those with lower life satisfaction may struggle with feelings of hopelessness, emotional distress, and a lack of motivation, making them less likely to engage in or adhere to treatment. These findings were agreed with **Laudet et al., (2009)** who reported that, the individuals with higher life satisfaction at baseline were more likely to maintain recovery from substance use for one or two years, it also found that, motivation partially mediates this relationship, meaning it helps explain part of the effect of life satisfaction on sustained recovery. On the other hand, these findings weren't in the same line with **Diulio et al., (2014)** study which suggested that, symptoms of dependence and poor life satisfaction were generally linked to higher motivation to change.

Limitation of the study:

Number of female participants seeking treatment was lower compared to male participants, which made a gender imbalance within the study sample.

Conclusion:

This study emphasizes the relationship between perceived social support, life satisfaction and treatment motivation among substance abuse dependents. The results show that, perceived social support is strongly positively correlated with life satisfaction and treatment motivation. Additionally, a significant positive relationship exists between life satisfaction and treatment motivation.

Recommendations:

- Strengthening social support networks by encourage family involvement in treatment programs through counseling, support groups, and education about substance abuse recovery.
- Integrating social support into rehabilitation and treatment programs as part of the treatment process.
- Provide preventive education and awareness programs by implement school based and community awareness programs to educate individuals, especially youth, illiterates and individuals living in rural areas about the risks of substance abuse and how to prevent this phenomenon.
- Use social media, workshops, and public campaigns to promote healthy coping mechanisms and alternatives to substance use.
- Providing psychological therapies to enhance life satisfaction for patients with substance use problems.

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