

RESEARCH ARTICLE

The relationship between social support and suicidal behavior among alcohol and drug addicts

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ABSTRACT

Objective(s): This study aims to assess the relationship between social support and suicidal behavior among alcohol and drug addicts.

Methodology: A quantitative descriptive analytic study using an assessment approach with questionnaire items is conducted to assess the relationship between social support and suicidal behavior among alcohol and drug addicts for the periods of 5.11.2021 to 10.5.2022. Participants were informed that their participation was voluntary in the study. The purpose and the benefits of the study were explained by the researcher. After they agreed to participate in the study, an anonymous questionnaire was published for the patients to participate in the present study. A convenient sample of (N=100) alcohol and drug-addicted males are selected through the use of a convenient, non-probability sampling approach. The study sample is distributed at Ibn-Rushed psychiatric hospital, department of substance abuse (In-patient wards and consultancy department). A self-report questionnaire (Oslo social support scale) is developed from the literature, for assessing the prevalence of suicidal behavior among alcohol and drug addicts. After completing the required approvals, data was collected by the use of a self-report questionnaire (Hard copy) and interview technique.

Results: Results indicate that addicts are perceived low to moderate social support in which 47% perceive moderate social support and 35% perceive low social support.

Conclusion: There is a lack of social support between alcohol and drug addicts.

Recommendation: Activate the role of group sessions therapy, rise the importance of consulting psychiatrists and minimize social stigma toward psychological consultations.

Keywords: Social support, Suicidal Behavior, Alcohol, and Drug Addicts.



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INTRODUCTION

A lack of data and a research gap in the Middle East make it impossible to determine whether there is a link between suicidal conduct and substance abuse (Badr & Francis, 2018). In addition, the intensity and consistency of the link between alcohol and drug use and suicide, suicidal thoughts, and suicide attempt differ from one individual to the next (suicidal behavior). Others (Rossow & Norström, 2014) argue that research on alcohol use is more plentiful and consistent than other types of study. Recent meta-analyses have established a link between alcohol use disorders and an increased risk of several negative effects (Darvishi et al., 2015; Roerecke & Rehm, 2014).

On the other hand, a growing amount of research suggests that drug usage is linked to suicidal conduct "(especially illegal substances such as cocaine, amphetamines, and opiates)". This means that the evidence for a link between illegal drug use and suicidal behavior is scarce, as most studies are cross-sectional (Wong et al., 2013) and just a few case-control or follow-up studies exist (Wong and colleagues, 2013). Both (Hjorthoj and colleagues, 2015, as well as Westman and colleagues, 2015) have been published. While most of the study is done in high-income nations, drug misuse and suicide are common in low- and middle-income countries as well. In low- and middle-income nations, alcohol is the most often used substance, but the prevalence of other drugs varies by country (Borges et al., 2017).

In addition, factors like substance abuse, alcohol and tobacco, distressful life incidents, despair, risky behaviors, and low social support and affective deregulation play role in the emergence of a suicidal ideations and behaviors. In addition, feeling of loneliness as a pre-construct of thwarted belongingness has been reported to have a significant relationship with suicidal ideation . This includes the lack of necessary social relationships and also lack of affection in the present social relationship of the person. Also the rate of perceived social support has a significant relationship with the physical and mental health reduction of stress and the increase in resisting against stressful life incidents , as well as the amount of the occurrence of suicidal ideations and behaviors in college students(Rashid et al).

While some researchers have confirmed that the use of opioids is by far the most common factor associated with suicidal behavior when compared to other types of drugs (Bakhshani et al., 2010; Eaton et al., 2011), recent studies have discovered that all types of drugs, including opiates, are associated with suicidal behavior (Marshall et al., 2011).

On the other hand, numerous investigations have suggested that taking multiple substances is a significant risk factor for suicide behavior, as opposed to using only one type of drug (Vehbiu & Bodinaku, 2014).

METHOD

A quantitative descriptive analytic study used an assessment approach with questionnaire items conducted to assess the relationship between social support and suicidal behavior among alcohol and drug addicts for the periods of 5.11.2021 to 10.5.2022.

Participants were informed that their participation was voluntary in the study. The purpose and the benefits of the study were explained by the researcher. After they agreed to participate in the study, an anonymous questionnaire was published for the patients to participate in the present study.

A convenient sample of (N=100) alcohol and drug-addicted males are selected through the use of a convenient, non-probability sampling approach. The study sample is distributed at Ibn-Rushed psychiatric hospital, department of substance abuse (In-patient wards and consultancy department).

The Oslo 3-items Social Support Scale (OSS-3) A self-report questionnaire is developed from the literature, for assessing the prevalence of suicidal behavior among alcohol and drug addicts. The OSS-3 scores ranged from 3-14, with a score of 3-8 = poor support; 9-11 = moderate support; and 12-14 = strong support.

After completing the required approvals, data was collected by the use of a self-report questionnaire (Hard copy) and interview technique. The researcher introduced himself to the participants and explained the purpose of the study to get oral agreement. The questionnaire fills out an answer from the participants (Patients). The researcher gathered the questionnaire after participants' self-administration on individual bases. Approximately each self-report took (15 to 20) minutes. Data collection was performed for the period of 5.1.2022 to 15.2.2022.

RESULTS

Table (1): Regression Analysis for Predication of Suicidal Behavior with Sociodemographic Variables of Alcohol and Substance Addicts (N=100)

Suicidal behavior Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Age	-.038	.066	-.066	-.580	.563
Educational level	.468	.411	.127	1.141	.257
Marital status	-.001	.773	.000	-.001	.999
Occupational status	.211	1.102	.021	.192	.848
Monthly Income	.490	.649	.079	.754	.453
Residency	-.886	.737	-.132	-1.202	.232

Dependent variable: Suicidal behavior

The regression analysis in this table shows that sociodemographic variables of addicts are not predicted to suicide as indicated by insignificant difference among suicidal behavior with sociodemographic characteristics of age, educational level, marital status, occupational status, monthly income, and residency.

Table (2): Assessment of Perceived Social Support among Alcohol and Substance Addicts

Social support	f	%	M	SD
Low	35	35	4.45	1.982
Moderate	47	47		
High	18	18		
Total	100	100		

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score

Low= 0-3, Moderate= 3.1-6, High= 6.1-9

This table indicates that addicts are perceived low to moderate social support in which 47% perceive moderate social support and 35% perceive low social support.

Table (3): Mean and Standard Deviation for Items related to Perceived Social Support among Alcohol and Substance Addicts

No	Items	Mean	SD	Severity
1	How many people are so close to you that you can count on them if you have great personal problems?	1.16	.929	Moderate
2	How much interest and concern do people show in what you do?	2.03	.881	High
3	How easy is it to get practical help from neighbors if you should need it?	1.26	.860	Moderate

No: Number, SD: Standard Deviation

Low= 0-1, Moderate= 1.1-2, High= 2.1-3

This table presents the mean scores and standard deviations for items related to the Perceived social support scale; the mean scores show moderate levels in items 1 and 3 while showing high in item 2.

Table (4): Assessment of Suicidal Behavior among Alcohol and Substance Addicts

Suicidal behavior	f	%	M	SD
None problematic	63	63	5.37	5.136
Problematic	37	37		
Total	100	100		

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score

Non problematic= 0 - 8, Problematic= 9 - 16

This table indicates that alcohol and drug addicts are at risk of suicide evidenced by problematic suicidal behavior among 37% of them.

Table (5): Correlation among Suicidal Behavior and Perceived social support among Alcohol and Substance Addicts (N=100)

Correlation		Perceived social support	Suicidal behavior
Perceived social support	Spearman Correlation	1	
	Sig. (2-tailed)		
Suicidal behavior	Spearman Correlation	-.018	1
	Sig. (2-tailed)	.863	

Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

Sociodemographic variables of addicts do not predict suicidal conduct, as evidenced by insignificant differences between suicidal behavior and sociodemographic features of age, level of education, marital status, occupation, monthly income, and place of residence (Table 1). In the same context of our study, previous studies indicated that women receiving treatment for addiction were more likely to report having suicidal thoughts and making attempts than males were. According to the findings of this study, being male is a protective factor against both suicidal ideation and conduct. According to the findings of other research, women are more likely to come out with their problems than men, who may be more reluctant to seek aid, which increases the likelihood of an incorrect diagnosis being made. Despite this, there is evidence from

several studies that suggests men are more dangerous (Rodríguez-Cintas et al., 2018).

Concerning social support, addicts perceived low to moderate social support in which 47% perceive moderate social support and 35% perceive low social support (Table 2).

The mean scores indicate a moderate amount of support for items; “How many people are so close to you that you can count on them if you have great personal problems?” and “How easy is it to get practical help from neighbors if you should need it?”, but a high level of support for an item which it is “How much interest and concern do people show in what you do?” (Table 3).

The findings demonstrates that alcohol and drug users are at risk of suicide evidenced by

problematic suicidal behavior among 37% of them (Table 4).

The current study findings are consistent with a large body of research that documents an association between heavy alcohol consumption and suicidal behavior among general populations. Additionally, the current study findings are consistent with the findings of other studies, albeit limited studies, that identify associations among alcohol consumption and negative health and social outcomes among drug users. The current study is the first study that, to the best of our knowledge, prospectively identifies a connection with both excessive drinking practices and suicidal behavior among a community-recruited group of drug users, after adjusting for intensive patterns of illicit drug use. This was done by comparing participants' drinking patterns to their suicidal behavior. According to these findings, treatments that aim to reduce excessive alcohol consumption among people who use drugs could help bring about a reduction in suicidal ideation and behavior. This presumption is supported by recent observational studies which found that addiction therapy may reduce suicidal behavior in those who suffer from drug use disorders (Kennedy et al., 2015).

CONCLUSIONS

There is a lack of social support between alcohol and drug addicts. Alcohol and drug users are at danger for suicide, as one third of them exhibit problematic suicidal behavior. There are no significant differences have been reported in suicidal behavior with regard to the demographic attributes of the sample.

RECOMMENDATIONS

Activate the role of group sessions therapy, rise the importance of consulting psychiatrists and minimize social stigma toward psychological consultations. Support people who complain of lack of social support to minimize the risk of suicide. Constructing health promoting programs to rise the populations awareness about the risk of alcohol and drug addiction and its relation to possible suicide.

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