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Effectiveness of Strengthening Resilience Training Program on Patients with Substance Abuse

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Abstract: ***Background****: It is necessary to identify lack of resilience as risk a factor associated with drug dependency and high risk behaviors and coping strategies against them since these variables may form a constitutive part of a health and safety management plan among people with substance abuse disorders. It was founded that, resiliency in drug abusers is lower than others and such tendency could play a critical role in addiction. This study* ***aimed*** *to examine the effectiveness of Strengthening Resilience training program on patients with Substance Abuse****. Design:*** *Aquasi experimental research design was utilized.* ***Sample:*** *purposive sample of 45 patients with drug abuse attending at the inpatient of addiction management unit at Assiut University hospital was used.* ***Tools****: Data were collected through, Personal data sheet, Pattern of drug addiction questioner & Connor-Davidson Resilience scale (CD-RISC).* ***Results****: there were significant increase in the mean scores of achievement motivation, self-confidence, tenacity, and adaptability factors in post program and one month follow up than preprogram.* ***Conclusion****: According to the data, resilience of patients were improved significantly by resilience training (P < 0.001).****Recommendations****: Use the training program at hospitals, centers and institutions that deal with psychological rehabilitation for drug addicts and psychotropic substances.*

Key Word: *Resilience, Training, program, patients, Substance Abuse.*

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I. Introduction

The most challenging, violent, and critical social problem overall the world is drug abuse because this problem also brings to other various negative impacts. The number of people with drug abuse is increasing day by day. This problem has been mentioned and coped for long time but still expanding its impacts, Thangrattana et al.,(2014).People have been using different kinds of psychotropic substances not only as a mean of coping with various problems of life but also to derive pleasure out of it and to facilitate religious and ritualistic aims Corps,(2018).

National Council for Fighting and Treating Addiction reported that, roughly 8.5 % of Egypt's populations, approximately 6 million people are addicted to drugs. The majority Egypt's populations of drug addict are aged between 15 and 25. "This statistic is not casual users, which is 25-30 % of the population and includes consumers of hashish and alcohol, it means 5-7% are abusing drugs harmfully and are dependent, which is incredibly high," **Sharaf,(2018).**

Croft, (2016) reported that, the psychological effects of drug addiction caused by that, many people start using drugs to cope with problems. This is one of the psychological effects of drug addiction involved in "craving" of the drug. Craving is an effect of drug addiction whereby the addict is obsessed with obtaining and using the drug, to the exclusion of all else. Other psychological effects of drug addiction include, wild mood swings, depression, anxiety, paranoia, violence, decrease in pleasure in everyday life, complication of mental illness, desire to engage in risky behavior.

Drugs abuses not only threaten the health of addicts and society, but also ease the way to the moral and intellectual corruption that can have dangerous consequences for the health of the consumer. Attempt to understand, predict, prevent, and treat substance abuse and mental illnesses is initiated with the answer to the question, why. Questions such as why do people take drugs? Why do they continue taking drugs and drinking alcohol even after seeing the consequences of drug and alcohol consumption? Therefore, concept of resilience is lighted **Salamabadi et al.,(2015).** Therefore, resilience is referred to as a successful compliance that comes into existence in the face of debilitating disasters and stresses. This definition of resilience is indicative of structural productivity and mobility that entails a complex interaction between risk and protective **Diener & Ryan, (2019)**.

Arce et al. (2019) believed that people who have resilience often restore to the normal situation after experiencing negative emotions as a result of stressful encounters. Resilient individuals leave behind stressful events without facing any problems in mental health.

DeTerte etal.,(2014),defined Resilience as that, it is the ability to successfully cope with a crisis and to return to pre-crisis status quickly. Resilience exists when the person uses "mental processes and behaviors in promoting personal assets and protecting an individual from the potential negative effects of stressors". In simpler terms, psychological resilience exists in people who develop psychological and behavioral capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences. Psychological resilience is an evolutionary advantage that most people have and use to manage normal stressors.

Robertson etal.,(2015) .

Most research now shows that resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. Resilience can be regarded as a kind of psychological resources or a buffer, which enables people to bounce back from stress, adversity, and challenge Masten, (2014).

Building resilience is a matter of mindfully changing basic behaviors and thought patterns. The first step is to change the nature of self-talk. Self-talk is the internal monologue people have that reinforce beliefs about the person's self-efficacy and self-value. To build resilience, the person needs to eliminated negative self-talk, and to replace it with positive self-talk, This small change in thought patterns helps to reduce psychological stress when a person is faced with a difficult challenge **Padesky** etal,(2012) . The second step a person can take to build resilience is to be prepared for challenges, crises, and emergencies. For personal preparedness, the individual can create a financial cushion to help with economic crises, develop social networks to help him through trying personal crises, and can develop emergency response plans for household. Resilience is also enhanced by developing effective coping skills for stress, Coping skills help the individual to reduce stress levels, so they remain functional. Coping skills include using meditation, exercise, socialization, and self-care practices to maintain a healthy level of stress, **Chua, et al., (2014)**.

Significance of the study:

Substance abuse is a physical, mental, social, and spiritual illness. It is one of the top four global crises of the third millennium and is considered one of the top social threats and ills, and also one of the most tragic problems that has challenged most of today's societies and its impact has an objective realization on the emergence of other social problems **Galanter,(2014).** Problem of substance abuse may be determined by environmental risk and prognostic factors such as cultural attitudes toward drinking and intoxication, the availability and price of drug, and stress levels which perceived according to individual resiliency **McLaughlin et al.,(2014).** Therefore, resilience is essential in preventing and reducing the severity of mental health problems and substance abuse. Equipping drug abusers with resilience, coping skills and protective behavior can help them react positively to change and obstacles in life **Fenwick-Smith et al.,(2018).** So, the present study could be helpful in strengthening resilience of patients with drug abuse.

Aim of the study :-

The study was aimed to examine the effectiveness of Strengthening Resilience training program on patients with Substance Abuse.

Hypothesis:

Patient who receive strengthening resilience training program will be more resilient and adapted.

Subjects and methods:

Research Design:-

Aquasi experimental research design was utilized in this study.

Research setting:

The study was carried out at inpatient of addiction management unit at Assiut University Hospital.

Sample:

Non probability purposive **sample** were utilized. The study subjects mounted to 45 patients with drug abuse who met the inclusion criteria. The study program was conducted in 5 months from November to March 2019.

Inclusion criteria:-
1- Patients who accepted to participate in the study.
2- Drug abuse patient with no positive history of psychiatric disorder.
3- Drug abuse patient with no organic brain disorders.
4- Drug abuse patient with no history of chronic and debilitating illness.
Tools of data collection:-

Each patient was evaluated through the following tools:
Toll (1)
Part(A) Personal data sheet:

Developed by the researchers; It includes (patient code , age ,marital status , residence ,occupation , level of education ,and financial income).

Part(B)Pattern of drug addiction questioner:

Developed by the researchers ;It includes, Route of administration(oral, inhalation, injection, others),duration of abuse(days, months, years),motivation for use (peer pressure, trial , to give the patient strength and activity, to escape from social financial problems, weakness sexual ability, to relieve chronic pain) and desired effects (extroversion ,elation, stimulation, excitement sexual potency ,happiness).

Tool(2) The Connor-Davidson Resilience scale (CD-RISC):

It was developed by Conner and Davidson (2003). The scale consists of 25 positively described items. The answers are quantified based on a 5-point Likert -type response format having five response options ("not at all", "rarely", "sometimes", "often", and "almost always", with values ranging from 0 to 4. Where 0 means "not at all" and 4 means "almost always." So, the final scores can vary between 25 and 100 points. To measure resilience levels, Conner and Davidson proposed the following score ranges: very low resilience (0-25), low resilience(26-62), moderate resilience (63-74) and high resilience (75-100).The scale divided into 4 factors:1-achievement motivation(compromises items,13-14-15-19&25), self-confidence (includes items 3-5-10-12-16-17-20-22&23), tenacity(covers items4-6-18&21) and adaptability (1-2-7-8-9-11&24).

Reliability test was done by applying the questionnaire to 10 patients using test-retest and Pearson Coefficient factor was 90%. Cronbach's alpha showed strong reliability with standardized alpha of 0 point 0.87 among 25 items. The previous scale was translated into Arabic language to suit patients' culture and was revised by a jury of five experts in the psychiatric nursing and medicine field to ensure that they give the same meaning of the original ones.

Administrative and ethical considerations:
1-An official permission was granted from The Dean of faculty of Nursing and the Director of mental health hospital to carry out the study after explaining the purpose of study.
2-Research proposal approved from ethical committee in the faculty of nursing.
3-There is no risk for the study subjects during application of the research.
4-The study followed common ethical principles in clinical research.
5-Informed oral consent was obtained from every patient after explaining the purpose of the study.
6-Privacy and confidentiality were assured during the whole study steps.

Pilot study:-
A pilot study was carried out before starting data collection. It was carried out on five patients to test clarity and applicability of the study tools and to estimate the time needed to collect data. These 10% patients were included in the study because no modification was done.

II. Procedure

A) Assessment phase:
First, initiate trustful nurse patient relationship. Maintain patient safety, and provide supportive teaching methods for the patients.
Then assess the patient **by Pattern of drug addiction questioner and Connor-Davidson Resilience scale (CD-RISC).** Based on the assessment phase simple booklet were prepared by the researches. The program content was revised by a group of experts for content validity and relevancy based on the opinion of the experts and results of the pilot study.

B): Implementation phase:
-The implementation phase included the program strategy (time, and number of sessions, interaction methods), the number of sessions was 3 sessions per week (the session lasting about 45m to one hour) for each group, each group ranged from 3 to 5 patients. The interaction sessions of the program were conducted at inpatient of addiction management unit at Assiut University hospital.
-A pre-designed booklet by the researchers was given to each patient. Resilience program is including 10 sessions.
Session1: Introduce the concept of resilience to help the patients become familiar with the concept, aim of program, stages of program, methods of teaching and patients' duties.

Session2: Help the patients to **build Positive Beliefs in his Abilities** to increase patient self-esteem and coping with stress and recovery from difficult events.

Session3: Teach the patient; **Find a Sense of Purpose in his Life** .In the face of crisis or tragedy, finding a sense of purpose can play an important role in recovery. This might involve becoming involved in community, or participating in activities that are meaningful.

Session 4:-. Help the patients, **o develop a Strong Social Network** i.e., having caring, supportive people around patient acts as a protective factor during times of crisis. In addition, help the patients to **embrace Change**: Flexibility is an essential part of resilience by teaching the patient how to be more adaptable.

Session5:- Help the patients to **accept the things that cannot change:** Changing a difficult situation is not always possible. If this proves to be the case, recognize and accept things as they are.

Session 6:- promote the patients to **be Optimistic** i.e., Staying positive during difficult times can be difficult, but maintaining a hopeful outlook is an important part of resiliency.
Session7:-Help the patients **to be nurture his/ her self:** building self-nurturance skills, even when you are troubled. Make time for activities that you enjoy. i.e., by taking care of your own needs, you can boost your overall health and resilience and be fully ready to face life's challenges. Don't use alcohol, nicotine or caffeine as a coping mechanism. Long term these faulty coping mechanisms will add to the problem.

Session 8: Help the patients t**o develop Problem-Solving Skills.** Research suggests that, people who are able come up with solutions to a problem are better able to cope with problems than those who cannot.

Session9: Help the patients to building abilities to **establish Goals:** Crisis situations are daunting. Resilient people are able to view these situations in a realistic way, and then set reasonable goals to deal with the problem.

Session10: Building patients abilities to **Take Steps to Solve Problems**
Simply waiting for a problem to go away on its own only prolongs the crisis. Instead, start working on resolving the issue immediately. While there may not be any fast or simple solution, you can take steps toward making your situation better and less stressful. This can be done by giving patients some scenarios and ask them how to resolve it. The immediate posttest was administered during this session.

Evaluation phase:
- Patients were assessed immediately after program implementation by Connor-Davidson Resilience scale (CD-RISC).
-After one month from patients' discharge, patients reevaluated by telephone by using Connor-Davidson Resilience scale (CD-RISC) to evaluate the effect of program.

Statistical analysis:
The data were computerized and verified using the SPSS (Statistical Package for Social Science) version 20 to made tabulation and statistical analysis. For quantitative data, the frequencies, percentages, paired t-test, Pearson correlation coefficient, mean and standard deviation were calculated. P- Value is considered significant if it was less than 0.05.

Table (1) Distribution of patients according to personal data sheet (n=45)

Variables	No.	%
Age		
range	**20-50**	
Mean ±SD	**28.48±6.46**	
Marital status		
Single	23	**51.1**
Married	19	42.2
Divorced	3	6.7
Residence		
Rural	31	**68.9**
Urban	14	31.1
Occupation		
Employee	2	4.4
Farmer	3	6.7
Student	1	2.2
Other	39	**86.7**
Educational level		
Illiterate –Read write	5	11
Primary& Preparatory	16	35.6
Secondary	22	**48.9**
Universal	2	4.4
Income		
Enough	26	**57.8**
Average	12	26.7
Not-enough	7	15.6

Table (1) showed that, patients' age ranged from 20/50years old with mean **28.48±6.46** , more than half of the participants were single, and **68.9**% of them living in rural area. Also, **48.9** % of the participants have Secondary education and **57.8** % of them were having enough income.

Table (2) Distribution of patients according to Clinical data (n=45)

Variables	No.	%
1-Diagnosis		
Poly	10	22.2
Non pol	35	**77.8**
2-Addict type		
One type	25	**55.6**
More than one	20	44.4
3-Administration type		
Oral	39	**86.7**
Inhalation	2	4.4
Injection	4	8.9
6- Motivation for use		
a-Peer pressure	22	**48.9**
b-Trial	6	13.3
c-Increase strength and activity	12	26.7
d-Escape from social &financial problems	4	8.9
e-Weakness sexual ability	1	2.2

Table(2) demonstrated that, more than two third (**77.8**%) of the participants were diagnosed as non poly drug abuse, more than half of them(55.6%) of them taking one type of drug . As regard Administration type, majority of the studied sample (86.7 %) used oral medication and less than half of them(48.9%) of them motivated for using drug by Peer pressure . .

Table (3) Comparison between resilience subscales regarding to pre, post program and one month follow up (n=45)

Item	Mean		
	Pre	post program	one month
Factor(1) Achievement motivation	Mean	Mean	Mean
13-Know where to turn to for help	**1.29**	**2.60**	**2.98**
14- Under pressure, focus and think clearly	**.84**	**2.61**	**2.18**
15- Prefer to take the lead in problem solving	**1.13**	**2.20**	**2.69**
19- Can handle unpleasant feelings	**.89**	**2.56**	**2.42**
25- Pride in your achievements	**1.04**	**2.27**	**2.38**
Factor(2) Self-confidence			
3- Sometimes fate or God can help	**2.13**	**3.13**	**3.02**
5- Past success gives confidence for new challenge	**1.27**	**2.40**	**2.20**
10- Best effort no matter what	**1.49**	**2.87**	**3.00**
12-When things look hopeless, I don't give up	**1.40**	**2.73**	**2.80**
16- Not easily discouraged by failure	**1.24**	**2.69**	**2.87**
17- Think of self as strong person	**1.38**	**2.53**	**2.60**
20- Have to act on a hunch	**1.27**	**2.22**	**2.49**
22- In control of your life	**1.22**	**2.56**	**2.80**
23- I like challenges	**1.00**	**2.49**	**2.60**
Factor(3) Tenacity			
4- Can deal with whatever comes	**1.42**	**2.53**	**2.60**
6- See the humorous side of things	**1.16**	**2.40**	**2.33**
18- Make unpopular or difficult decisions	**1.22**	**2.13**	**2.31**
21- Strong sense of purpose	**1.47**	**2.20**	**2.27**
Factor(4) Adaptability			
1-Able to adapt to change	**1.22**	**2.47**	**2.53**
2- Close and secure relationships	**1.27**	**2.40**	**2.49**
7-Coping with stress strengthens	**1.29**	**2.18**	**2.09**
8- Tend to bounce back after illness or hardship	**2.36**	**1.47**	**1.58**
9- Things happen for a reason	**2.16**	**3.16**	**3.04**
11-You can achieve your goals	**1.44**	**2.73**	**2.78**
24- You work to attain your goals	**1.38**	**2.69**	**2.56**

R = corralation coffecient PV = signficant value
P v > .05 NS pv < 0,05 sig

Table (3) represented that, there were significant increase in the mean scores of achievement motivation, self-confidence, tenacity, and adaptability factors in post program and one month follow up than pre program. It was observed that the highest mean score was in items 3and 10of factor 2 (**Self-confidence)** and item 9 of factor 4 (**Adaptability).**

Table (4) Correlation coefficient sub-scales between before and after program.

Subscales	**post-program**							
	Achievement motivation		Self-confidence		Tenacity		Adaptability	
	R	P	R	P	R	P	R	P
Preprogram								
Achievement motivation	.052	.739	-.052-	.737	.006	.966	**.408****	**.005**
Self-confidence	-.081-	.601	.033	.827	.076	.620	**.505****	**.000**
Tenacity	-.084-	.588	-.014-	.927	.132	.388	**.505****	**.000**
Adaptability	-.029-	.851	.061	.689	.075	.626	**.611****	**.000**

R = corralation coffecient PV = signficant value
P v > .05 NS pv < 0,05 sig

Table (4) showed that there were a highly statistically significant differences between the pre and post program in *achievement motivation*, *self-confidence* , tenacity, and *adaptability* factors (P=.005, .000). This result suggests that, resilience sessions was effective in improvement coping skills among the patients with drug abuse .

Table (5) Correlation coefficient sub-scales between after and follow-up program.

Subscales	**one month - Follow up**							
	Achievement motivation		**Self-confidence**		**Tenacity**		**Adaptability**	
	R	**P**	**R**	**P**	**R**	**P**	**R**	**P**
post – program								
Achievement motivation	**.477****	**.001**	**.362***	**.016**	**.370***	**.013**	**.364***	**.015**
Self-confidence	**.368***	**.013**	**.390****	**.008**	**.350***	**.018**	**.296***	**.049**
Tenacity	**.386****	**.009**	**.386****	**.009**	**.511****	**.000**	**.345***	**.020**
Adaptability	**-.003-**	**.986**	**.152**	**.320**	**.260**	**.085**	**.524****	**.000**

R = corralation coffecient PV = signficant value
P v > .05 NS pv < 0,05 sig

Table (5) illustrated that, there were positive correlation between post program and one month follow up in all factors of resilience , while there was negative correlation between **adaptability factor and achievement motivation, self-confidence and tenacity factors .** This result suggests that resilience sessions were effective to enhanced effective coping skills adaptability among the patients with drug abuse.

Table (6) Correlation coefficient sub-scales between Preprogram and one month - Follow up

Subscales	**one month - Follow up**							
	Achievement motivation		Self-confidence		Tenacity		Adaptability	
	R	P	R	P	R	P	R	P
Preprogram								
Achievement motivation	-.199-	.190	-.018-	.905	-.074-	.631	.266	.077
Self-confidence	-.285-	.058	-.045-	.769	-.069-	.654	.309*	.039
Tenacity	-.307-*	.041	-.111-	.467	-.082-	.594	.206	.175
Adaptability	-.275-	.067	-.038-	.804	-.060-	.695	.322*	.031

R = corralation coffecient PV = signficant value
P v > .05 NS pv < 0,05 sig
Table (6) illustrated that, there were negative correlation between pre program and one month follow up in all factors of resilience , while there was positive correlation between self-confidence and adaptability factor(R=.309*P=.039).
This result suggests that resilience sessions wer effective to enhanced adaptability as a coping skills among the patients with drug abuse.

III. Discussion

Drug abuse has confirmed the decrease in the rate of ego-control and resilience **Roustaei, et al,(2017)**. Evidences proposed that resilient people have a better mental health status; have greater self-regulatory skills; higher self-esteem; greater parental support; and are less likely to get involved in high-risk behaviors such as drug abuse **Bernad et al.,(2018).** The aim of this study was to examine the effectiveness of Strengthening Resilience training program on patients with Substance Abuse.

The current study represented that, participants age ranged from 20to 50years old with mean 28.48±6.46. This finding partially supported with **Carlini et al (2010)**,who reported that, the initiation of drug use occurs at an early age in Brazil, with 10.4% reporting first use at 10 to 12 years, 22.5% reporting first use at 13 to 15 years, and 42.8% reporting first use at 16 to 18 years . This might be attributed to adolescence is a critical phase of human development, and it is characterized by the tendency to adopt risk behaviors as drug addiction.

As regard participant income, nearly two third of the studied sample were have enough income. This finding was congruent with, **Goodman & Huang (2012) and Hamilton, (2009),** who found that, number of studies state that adolescents from families with a low socioeconomic status are more prone to substance use.While, **Humenssky. (2010),** reported that, there is growing evidence that adolescents with a higher socioeconomic status may also be at risk for developing substance use disorders, as having more financial resources may indicate greater ease in acquiring substances.

The present study demonstrated that, less than half of the studied sample motivated for using drug by peer pressure. This finding was supported by **Fujimoto & Valente,(2012)** who stated that, a number of studies have highlighted the influence of one's type of social network on behavior and peer influence is regarded as one of the factors associated with drug use. Also, **Mednick, (2010)** reported that, although evidence also suggests that the negative influence of friends on drug use is sometimes overestimated. Similarly **Birhanu,(2014)**, stated that ,this finding is a further demonstration of the impact of social norms and learned behaviors on the use of substances among adolescents. Peer pressure exerts a very powerful influence on behavior, especially in young

people. This might be due to external factors, such as family, friends, siblings, as well as negative perceptions of school and community, are powerful mediators of risk of substance use. Having friends who use drugs and being more susceptible to peer pressure are the strongest predictors of adolescent substance use.

The present study presented that, there were significant increase in the mean scores of achievement motivation, self-confidence, tenacity, and adaptability factors in post program and one month follow up than pre program. This result was congruent with **Letzring, et al (2015)** who stated that, resilience training is a potential factor for change in a positive form of it .Similarly **Belcher,et al., (2014)** who reported that, resilience training referred to as "natural mechanism of human's self-reformation". In addition, it refers to the adjustment in the ability of control level on the basis of environmental circumstances.

In this respect, **Tugade,& Fredrickson,(2014)** & **Friborg, et al (2015)** stated that, resiliency process can reform, adjust or even disappear unpleasant effects that results in poor mental health of the injured persons. Resilience training can adjust the stress level and disability in unpleasant circumstances. Studies showed that resilience training can be useful for persons to behave in front of difficult circumstances in a flexible manner.

Also the present study showed that, the highest mean score was in items 3and 10of factor 2 (Self-confidence) and item 9 of factor 4 (Adaptability). This result could be due to that, individuals who belong to a religion justify their choice for not using drugs based on religious concepts and strong family ties.

The present study revealed that, there were a highly statistically significant differences and positive correlation between the pre , post program and one month follow up in achievement motivation, self-confidence , tenacity, and adaptability factors. This finding was supported by**, Roustaei, et al,(2017)** who examined the ,Effectiveness of Resilience Training on Ego-control and Hardiness of Illicit Drug Users, who showed that, the significance level of the interaction between the independent group and hardiness pretest, and the interaction between independent group and ego–control pretest was found to be more than 0.05 . Also there was a relation between the eta squared to new combinational variable (0.838) that demonstrates the effect of resilience training upon ego–control and hardiness. The calculated partial eta squared indicated the high effect of resilience program. in addition , there was a significant difference between hardiness and ego-control posttest scores for both experimental and control groups, and resiliency increased as resilience training strengthens ego-control and hardiness.

In this respect **Oginska& Kobylarczyk (2016)** stated that, resiliency is a kind of self-amendment with positive emotional, affective and cognitive conclusions that leads to reversing the consequences of earlier distressing experiences. Therefore, resiliency training helps a person to agree with the changes happening in the world.

Similarly, **Scheftel, (2008)** stated that, Self-restraint including suppressing anger, impulse control, consideration of others and responsibility increased in participants after resilience training program. Also hardiness of them including challenge, commitment and control improved.

In addition, **Morris, et al., (2014)** found that, positive compatibility with life is referred to as resilience training. Also, bouncing back and going strong can result in high level of resiliency training. Hardiness plays an important role in person's recovery from stress, and the good news is regardless of the reason to distress, resilience is highly learnable. In the same context, **Argyle,(2013)** added that, resiliency is a very important psychological resource to help persons use more affective confronting strategies against stress

IV. Conclusions

This study concluded that:

-Findings may have clinical implications because resilience can be learned, and thus it presents an opportunity for patients to increase their resilience.

- The principles of the resilience program encourage the development of skills and abilities of the clients, which are essential to fight an addiction and for their general recovery processes.

-Resilience not only encourages abstinence from drug use, but also offers social resources for rebuilding one's life: a new network of friends, a way of spending one's free time, , value placed in the individual's potentials and cohesion within a group,

V. Recommendation

1. Conduct more studies to be effective Extension programs in reducing hazardous of drug abuse.
2. Use the training program at hospitals, centers and institutions that deal with psychological rehabilitation for drug addicts and psychotropic substances.
3. Developing therapeutic programs for rehabilitation and psychological intervention of a holistic nature to prevent or reduce addictive behavior

Limitation :-

- Decreased number of addict patients flow .This might be due to the inpatient of addiction management unit is a privet unit.
- The study was retained on male addict patients only.so the results can't generalized to female patients.

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