Effect of Perceived Social Support, and Resilience on Life Satisfaction and Stress Tolerance among Patients with Substance Use Disorders

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Abstract: Substance use is an important and widespread health problem, Stress among patients with substance use is associated with life satisfaction and increasing the demand for social support. *Aim:* The study was conducted to assess the effect of perceived social support, and resilience on life satisfaction and stress among patients with substance use disorders, and relation of these factors on abstence and relapse. *Design:* Comparative research design was utilized for the conduction the current study such design fits the nature of the problem under investigation. *Sample:* A sample of convenience of 100 males (study group) substance use patients who attended at outpatient clinic in El-Abbassia Mental Health Hospital (AMHH), and A sample of (100) males (control group) person were selected without psychotic illness, and no history of substance use, the assessment group were recruited from Cairo university hospital. *Data collection tools:* both groups were selected to the following; socio-demographic and Medical Data Sheet, a multi-dimensional social support perceived questionnaire (MSPSS), The Perceived Stress Scale (PSS), Resilience The Connor–Davidson Resilience Scale (CD-RISC), and Satisfaction with Life Scale (SWLS). *Main finding:* the findings of the current study reveals that, 49% of the studied sample were addict for (6-15) years, 41% of them were admitted to hospital three times and more. There is a significant difference between study and control group in relation to resilience as the control group express higher level of resilience more than study group. There is a significant difference between study and control group in relation to life satisfaction as the control group expreses higher level of life satisfaction more than study group, and there us significant difference between study and control group in relation to stress tolerance, as the control group express higher level of stress tolerance more than study group. *Conclusion*: Patients with substance use experience, low resilience, life satisfaction, and stress tolerance than normal population. Social support, and resilience play an imprtant role in to life satisfaction determing the relation between stress and life satisfaction. *Recommendation:* The study results recommended that: Providing accessible rehabilitation programs for patients with substance use, providing stress management program for them is essential in their management during hospitalization, and family education regarding importance of social support for addict patients

Keywords: Social support, resilience, life satisfaction, stress tolerance, substance use.

1. INTRODUCTION

Substance use is one of the important and serious problems at the international level that can distress many aspects of economic, social, physiological and emotional wellbeing, and considered one of the main problems in the present era is that most countries, both developed and undeveloped (E'temadi, & Masteri, 2014). Substance use is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves

or others (Chan, Sidhu, Lim, & Wee, 2016). Substance use are often initiated as a maladaptive mechanism for coping with stress (Valentino, Lucki, VanBockstaele, &Corticotropin, 2010). Stress may enhance abstinent individuals' memories of addictive behaviors so stress may increase the risk of relapse (Zhao, etal., 2010).

Substance use not only threaten the health of addicts and society, but also affect 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 use 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).

Problem of substance use 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).

Life stress exposure has a significant effect on behavior and has been associated with a number of clinical disorders. Nevertheless, life stress exposure has been associated with anxiety, depression, and substance use (Andersen, 2018). The association between acute, chronic stress and the motivation to use addictive substances, it is identified that stress plays an important role in addiction processes. It is believed that people are starting to use drugs to cope with stress on a daily basis because they do not see other option, on the other hand stress promotes the use of drugs and reduces the motivation to quit drug use (Sudrabaa etal., 2015).

Stress tolerance is a psychological construct relating to an individual's perceived ability to experience and withstand negative emotional states (Leyro, Zvolensky, & Bernstein, 2010). The construct of stress tolerance is gaining interest in psychology, across disorders from substance use to anxiety and mood disorders and has theoretical implications for psychopathology generally. It has been proposed that individuals low in distress tolerance will attempt to minimize exposure to distressing situations, often engaging in avoidant behaviours (McHugh & Otto, 2011) or by restricting or limiting their expression of emotions and affectivity (Leyro et al., 2010).

Resilience is the ability to successfully cope with 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". Psychological resilience is an evolutionary advantage that most people have and use to manage normal stressors (DeTerte etal., 2014). Therefore, resilience is essential in preventing and reducing the severity of mental health problems and substance use. Preparing drug users with resilience, coping skills and protective behavior can help them react positively to change and obstacles in life (Fenwick-Smith et al., 2018).

Resilient individuals can maintain physical and mental health by alleviating the negative consequences of difficult situations (Ronen, Hamama, Rosenbaum, Mishely-Yarlap, 2016, Liu , Chang , Wu , Tsai, 2015). Resilience has been positively identified as an important source of life satisfaction. Shi, Wang, Bian,& Wang, (2015) found that resilience plays the role of a partial mediator in the relationship between stress and life satisfaction among individuals.

Perceived social support is the most important coping force for a successful person to deal with stressful situations, which facilitates patient satisfaction (Feeney, Collins, 2015, Ong, Vaingankar, Abdin, 2018). Abstinence from substance use was positively associated with perceived social support. Another study indicated that social support provided by peers and adults could prevent people from engaging in high-risk behaviors, and substance use (Davis, Jason, 2005).

Life satisfaction is increasingly an important dimension of subjective wellbeing (Ou, 2017). As the main indicator of individual subjective well-being, life satisfaction is also a general evaluation of the quality of!life of a person according to their own choice criteria (Yi, Liang, Rui, 2016). Previous studies have shown that life satisfaction is closely related to social support. There is a direct correlation between levels of social support and subjective perceived individual life satisfaction (Feng & Wan 2016; Cui & Yao 2012; Ma & Wang, 2013).

Significance of the study

National Council for Fighting and Treating Addiction reported that, roughly 8.5 % of Egypt's populations, approximately 6 million people are abusing the drugs. The majority of Egyptian drug addicts 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. This means that5-7% are abusing drugs harmfully and are dependent, which is incredibly high," (Sharaf, 2018).

Worldwide, over 29 million people suffer from substance use disorders (SUDs) (UNODC, 2017). These disorders represent a challenge for Arab countries, which witnessed an outburst of illicit drugs in the last two decades (Sweileh, etal., 2014). Egypt reports substance use disorder among 12.4% of the population, which is more than twice the global rate (5%) (Hamdi,etal., 2016). The problem of using Bango and Tramadol peaks in young groups and unskilled workers have been raised since thay are the most cheap and accessible substances. These drugs have poor quality and lead to severe cognitive and behavioral impairments. Substance use disorders patients can getserious infections, suffer from poor physical and psychological health, social problems, criminality, and are at a high risk of premature death (UNODC, 2017).

Psychiatric Nurses can play a vital role in the care of patients with substance use.When persons with substance use are approached by providers with rejection, no matter how subtly, they may reject the care offered by these providers. In fact, such negative behaviors may result in a missed opportunity for the addicted person to learn about the importance of treatment (Bartlett, Brown, Shattell, Wright, Lewallen, 2013).

Nurse should correctly asses patients and immediately report any signs and symptoms of substance use. Abrupt alteration in behaviors and personality, reduced occupational performance, preoccupation with substances used, and weight changes are among the commonly reported symptoms of substance use (Rayan, 2017).

2. SUBJECTS AND METHODS

Aim of the Study: The study was conducted to assess the effect of perceived social support, and resilience on life satisfaction and stress among patients with substance use disorders, and relation of these factors on abstence and relapse.

Hypothesises:

Hypothesis1: There is a significant difference between studied group (patients with substance use) and control group (normal population) in relation to resilience.

Hypothesis2: There is a significant difference between studied group (patients with substance use) and control group (normal population) in relation to life satisfaction.

Hypothesis3: There is a significant difference between studied group (patients with substance use) and control group (normal population) in relation to social support.

Hypothesis4: There is a significant difference between studied group (patients with substance use) and control group (normal population) in relation to stress tolerance.

Hypothesis5: The possibility of relapse increases with decreased resilience, life satisfaction, and social support.

Research Design

Comparative research design was utilized for the conduction the current study such design fits the nature of the problem under investigation. Comparative design used to differentiate in variables in two groups that occur naturally in a setting. A comparative design compare data obtained from each group and compare in quantitative and outcomes studies (Kramer, & Elsbach, 2016).

Sample:

The study sample was divided into two group:

1. Group (1) Study group (patients with substance use): A sample of convenience of 100 male substance use patients who attended at outpatient clinic in El-Abbassia Mental Health Hospital (AMHH) were selected for the conduction of the current study. The patients fulfill the diagnostic criteria of substance use disorders according to the Diagnostic and Statistical manual of Mental disorders (DSM-5) (American Psychaitric Association, 2013). Inclusion criteria of 100 substance use patient aged between 18 to 50 years and the following substance use disorders were included alcohol, cannabis, hallucinogen, Opioids, sedatives/hypnotic, strokes, and stimulant use disorders. Patient's in intoxication or withdrawal state, patient's with comorbid psychiatric disorders, and suffering from any medical disease were excluded from the study.

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2. Group (2): Control group (normal population): A sample of (100) male person were selected without psychotic illness, and no history of substance use, the assessment group were recruited from Cairo university hospital (nurses, doctors, and employee).

Setting

The study was carried in outpatient clinic for addiction at El-Abbassia Mental Health Hospital (AMHH), it one of the largest hospital throughout Egypt affiliated in the ministry of Health. The hospital provide care for patients diagnosed with acute and chronic mental illness., and the control group selected from El-kasr EL-Anni Hospitals.

Tools of Data Collection

Data were collected over a period from March 2019 till Sept 2019 by using a socio-demographic data sheet and .

1. ***Socio-demographic and Medical Data Sheet for substance user***: it includes, level of education, marital status, occupation, residence, duration of use, number of previous admissions, type of substance use.

2. ***Socio-demographic Data Sheet for control group***: it includes, age, level of education, marital status, children, occupation, and residence.

3. ***A multi-dimensional social support perceived questionnaire (MSPSS)***: Zimet, Dahlem, Zimet, &Farely, (1988) it used to measure perceived social support from the family, friends and important individuals of one's life. The questionnaire has 3 subscales of family, friends, important people and 12 subjects in total. Each item is consisted of seven-level Likert options (totally opposite=1 to totally agree=7). The score for the questionnaire is from 12 to 84, obviously the higher the score points, the greater the perceived social support. Salimi et al. have achieved the validity and reliability of this tool, so that its validity was declared with proper factor analysis and its coefficient of reliability was 0.86, 0.86 and 82 for each dimension, respectively (Salimi, Jokar, Nikpoor, 2009).

4. ***The Perceived Stress Scale (PSS):*** Cohen, Kamarck, & Mermelstein,(1983): It was administered to assess stress level. It consists of 15 items, which measure the degree of stress experienced by the respondents. The scale uses a five-point Likert scale response format (from 0 = never to 4 = very often). The PSS-14 achieves good levels of reliability (0.808) and validity among the Chinese population (Geng, Xiang, Yang, Shen, Sang, 2016).

5. ***Resilience The Connor–Davidson Resilience Scale (CD-RISC)***: (Connor, Davidson, 2003): the scale was administered to assess resilience, it comprises 25 items, which can be rated using a five-point scale (0 = not true at all, 1 = rarely true, 2 = sometimes true, 3 = often true, 4 = true nearly all the time); a high score reflects greater resilience. The score of the scale is 0 to 100. The cut-off point for this questionnaire is 50, in which, the higher the score more than 50, the higher resilient of patients (Connor, Davidson, 2003). The CD-RISC achieves good validity and reliability, the Cronbach's alpha of CD-RISC in this study is 0.908, which indicates the high reliability of the scale. The validity of this tool was declared acceptable. Also, the reliability of this tool was confirmed by Cronbach's alpha coefficient of 0.89 (Yang, Xia, Han, and Liang, 2018).

6. ***Life Satisfaction the Satisfaction with Life Scale (SWLS):*** (Pavot, Diener, 1993):

The scale was administered to assess the life satisfaction level, SWLS consists of five statements to assess the participants degree of agreement to these statements using a seven-point Likert scale. The five statements are listed below. (1) In most ways, my life is close to my ideal. (2) The conditions of my life are excellent. (3) I am satisfied with my life. (4) So far, I have achieved the important things I want in life. (5) If I could live my life over, I would change almost nothing. The seven-point scale is as follows: 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 = slightly agree, 6 = agree, and 7 = strongly agree. The SWLS score is derived by summarizing the rating of each participant for the five statements.

Procedure:

A. For study group (patients with substance use): An official permission was granted after the investigators presented the documented papers, and introduced themselves to director of addiction outpatient clinic, El-Abbassia Mental Health Hospital (AMHH). After explaining the aim of the research the investigator obtain patient's oral agreement to participate in this study. The investigators assured the voluntary participation and confidentiality to each subject who agreed to

participate. assessment was carried out by using the selected tools, each patient was interviewed individually, in semi-structured interview for about 45-60 minutes. The questionnaires were read and explained and the choices were recorded by investigator. The data collection took place in the period from March 2019 to Sep 2019.

B. For control group (normal people): An official permission was granted after the investigators presented the documented papers, and introduced themselves to director of ElKaser El Anni hospitals, after explaining the aim of the research the investigator obtain participant's oral agreement to participate in this study. Assessment was carried out by using the selected tools. Each participant was interviewed individually, in semi-structured interview for about 45-60 minutes. The questionnaires were read and explained and the choices were recorded by investigator.

Ethical Considerations:

All subjects were informed that anonymity and confidentiality of each participant was protected by the allocation of a code number for each response to the questionnaire. Patients were informed that; they can withdraw at any time during the study without giving reasons. Their withdrawal will not affect the care they are receiving and relationship with the investigators. Confidentiality was assured and subjects were informed that the content of the tool will be used for the research purposes only.

Pilot Study

A pilot study was conducted in order to test the reliability and validity of the questionnaire items and clarity of the questions. A total of 10% of the study sample were recruited for the pilot study. All subjects included in the pilot study met the criteria for inclusion. The pilot study revealed that no modification need to be done.

Statistical Analysis

Data were analyzed using statistical package for social (SPSS) version 20. Numerical data were express as a mean, SD qualitative data were expressed as frequency and percentage. For testing the homogeneity between two groups Chi Square was tested. For statistical relations among different study variables were done by using Pearson correlation test with probability (p- value) > 0.05 indicates non- significant result.

3. RESULTS

It is clear from table (1) that, the studied sample consisted of 100 patients diagnosed with substance use disorder according DSM-5 criteria (DSM-5, 2013), with mean age (31.2±7.4), and 100 normal individual with mean age (32.6± 6.9), as regards age of the studied sample more than one third of them (36%) with age between 35-50 years, and (30%) with age between (25-35) years and 24% of them their age between (18-25) years, as regard age of the control group (42%) with age between 35-50 years, and (38%) with age (25-35) years and more than one quarter of them with age between (18-25) years. the study results shows that, most of the studied sample were not married (46%, 12%, and 1%) single, divorced, and widow respectively, while (41%) were married, and (64%) have no children. On the other hand most of the control group were not married (47%, 10%, and 5%) single, divorced, and widow respectively, while (38%) were married, and (51%) have children, with no statistically significant difference between the mentioned variable between study group, and control group.

Table (1) Comparison between study group (substance user), and control group (normal population) as regards age, social status, and children

Item	Study group (Substance user) (n= 100)		Control group (normal population) (n=100)		X^2	p-value
	No	%	No	%		
Age						
- 18-	23	23	20	20	12.228	0.997
- 25-	42	42	38	38		
- 35-50	35	35	42	42		
	Mean±SD (31.2± 7.4)		Mean±SD (32.6± 6.9)			

Social Status						
- Single	46	46	47	47	2.97	0.396
- Married	41	41	38	38		
- Widow	1	1	5	5		
- Divorced	12	12	10	10		
Children						
- Have children	47	47	51	51	1.252	0.535
- Heven't children	53	53	49	49		

Table (2) revealed that, (48%, 20%, and 13%) of the studied group were free work, technical work, and employee respectively, as for the control group (55%, 24%, and 15%) were free work, technical work, and employee respectively, and (19%, 6%) of the studied group, and control group were not work respectively, with statistically significant difference between them where $\chi2= 7.74$, at p= 0.052. As regards educational level of the studied group (31%, 28%, 26%, 18%, and 15%) were primary, read and write, secondary, illiterate, and university education respectively, on the other hand the control group (38%, 20%, 19%, 14%, and 11%) were primary, secondary, illiterate, read and write, and university education respectively, with no statistically significant difference between them. As regards residence the results shows that, (96%, 84%) of the studied group and control group were from urban area respectively, with no statistically significant difference between them where $\chi2= 8.6$, at p= 0.004.

Table (2) Comparison between study group (substance user), and control group (normal population) as regards occupation, educational level, and residence.

Item	Study group (Substance user) (n= 100)		Control group (normal population) (n=100)		X^2	p-value
	No	%	No	%		
Occupation						
- Technical	20	20	24	24	7.74*	0.052
- Employee	13	13	15	15		
- Free works	48	48	55	55		
- Not work	19	19	6	6		
Educational level						
- Illiterate	18	18	19	19	2.499	0.645
- Read and write	28	28	14	14		
- Primary/ preparatory	31	31	38	38		
- Secondary	26	26	20	20		
- University	15	15	11	11		
Residence						
- Rural	4	4	16	16	8.600*	0.004
- Urban	96	96	84	84		

Significant ≤ 0.05

Table (3) shows that, (49%) of the studied sample were addict for (6-15) years, and more than one third (39%) were addict (1-5) years. As regards previous admission the study results show that, (41%) of the study sample were admitted to hospital three times and more.

Table (3): Frequent distribution of the sample according to history of addiction (n=100)

Items	No	%
Length of addiction		
- 1-5 years	39	39
- 6-15 years	49	49
- 16-27 years	12	12
M±SD = 8.94±5.97		

Number of previous admissions		
- No previous admission	12	12
- Once	33	33
- Twice	14	14
- Three times and more	41	41

As regards type of addictive substance among the studied sample table (4) shows that, (42%) were opioid addict, (30%) were poly substance, and (16%, 12%) were addict to cannabis, and Sensetic cannabinoids respectively.

Table (4) Frequency distribution of the studied sample according to Type of addictive substance (n=100).

Type of addictive substance	No	%
- Opioids	42	42
- Cannabis	16	16
- Sensetic cannabinoids	12	12
- Poly substance	30	30

As regards the level of resilience among the studied group and control group table (5) showed that, (4%, 47%, and 49%) of the studied group experience low, middle, and high level of resilience respectively, meanwhile, (3%, 30%, and 67%) of the control group experience low, middle, and high level of resilience respectively. Also, there is a statistically significant differencewere detected between studied group and control group as regards level of resilience where $\chi 2 =$ 6.689 at p= 0.035.

Table (5) Comparison between study group (substance user), and control group (normal population) as regards level of resilience

Resilience level	Study group (Substance user)		control group (normal population)		X^2	p-value
	No	%	No	%		
- Lower resilience	4	4	3	3	6.689*	0.035
- Middle resilience	47	47	30	30		
- Higher resilience	49	49	67	67		

Significant ≤ 0.05

As regards the level of social support among the studied group and control group table (6) revealed that, (7%, 48%, and 45%) of the studied group experience low, middle, and high level of social support respectively, meanwhile, (8%, 33%, and 59%) of the control group experience low, middle, and high level of social support respectively, which reveals that there is no a statistically significant difference between studied group and control group as regards level of social support.

Table (6) Comparison between study group (substance user), and control group (normal population) as regards level of social support:

Social support	Study group (Substance user)		control group (normal population)		X^2	p-value
	No	%	No	%		
- Low social support	7	7	8	8	4.729	0.09
- Moderat social support	48	48	33	33		
- High social support	45	45	59	59		

The level of life satisfaction as mentioned by the studied group, and control group, table (7) revealed that, (5%, 22%, 4%, 22%, 19%, and 28%) of the studied group experience satisfaction, slightly satisfaction, neutral, slightly dissatisfaction, dissatisfaction, and extremely dissatisfaction respectively, meanwhile, (33%, 14%, 14%, 3%, 12%,10% and 14%) of the control group experience extremely satisfaction, satisfaction, slightly satisfaction, nutral, slightly dissatisfaction, dissatisfaction, and extremely dissatisfaction respectively,which reveals that there is a statistically significant difference between studied group and control group as regards level of life satisfaction where $\chi 2 = 49.585$ at p= 0.000.

Table (7) Comparison between study group (substance user), and control group (normal population) as regards level of life satisfaction:

Life satisfaction	Study group (Substance user)		control group (normal population)		X^2	p-value
	No	%	No	%		
- Extremely satisfied	0	0	33	33	49.585	0.000*
- Satisfied	5	5	14	14		
- Slightly satisfied	22	22	14	14		
- Natural	4	4	3	3		
- Slightly dissatisfied	22	22	12	12		
- Dissatisfied	19	19	10	10		
- Extremely dissatisfied	28	28	14	14		

Significant ≤ 0.05

As regards the level of distress tolerance among the studied group and control group table (8) showed that, (9%,88%, and 3%) of the studied group experience low, moderate, and high level of distress tolerance respectively, meanwhile, (5%, 35%, and 60%) of the control group experience low, moderate, and high level of distress tolerance respectively, which reveals that there is a statistically significant difference between studied group and control group as regards level of distress tolerance where $\chi 2$ = 75.55 at p= 0.000.

Table (8) Comparison between study group (substance user), and control group (normal population) as regards stress:

Distress tolerance	Study group (Substance user)		control group (normal population)		X^2	p-value
	No	%	No	%		
- Low disress tolerance	9	9	5	5	75.55*	0.000
- Moderat distress tolerance	88	88	35	35		
- High distress tolerance	3	3	60	60		

Significant ≤ 0.05

Table (9) showed that, there were statistically significant correlation between duration of disease and resilience, social support, life satisfaction, and stress tolerance among the studied sample where r= (0.326, 0.282, 0.343, and 0.235) where p (0.001, 0.004, 0.000, and 0.019) respectively. Also, there were statistically significant correlation between previous admission and social support, and stress tolerance among the studied group (0.210, 0.263) where p (0.036, and 0.008) respectively. Meanwhile there were no statistically significant correlation were detected in relation to the other mentioned variables.

Table (9) relation between sociodemographic characteristics of the studied sample and resilience, life satisfaction, and social support, stress among :

Sociodemographic characteristics	Resilience		Social support		Life satisfaction		Stress level	
	r	p-value	r	p-value	r	p-value	r	p-value
- Gender	0.159	0.114	0.156	0.120	0.083	0.414	0.108	0.284
- Marital status	0.063	0.531	0.189	0.060	0.029	0.774	0.100	0.32
- Occupation	0.117	0.248	0.053	0.601	0.069	0.493	0.171	0.089
- Educational level	0.007	0.947	0.015	0.881	0.009	0.933	0.082	0.419
- Residence	0.094	0.353	0.001	0.994	0.043	0.674	0.086	0.394
- Duration of addiction	0.326*	0.001	0. 282*	0.004	0.343*	0.000	0.235*	0.019
- Previous admission	0.018	0.860	0.210*	0.036	0.078	0.443	0.263*	0.008

Significant ≤ 0.05

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4. DISCUSSION

The results of the current study revealed that, the mean age of the studied sample were (31.2±7.4), moreover near half of them were addict (6-15years) and (41%) were admitted to addiction hospitals three times and more, there were statistically significant correlation between between duration of addiction and resilience, social support, life satisfaction, and stress tolerance among patients with substance use patients, and there were statistically significant correlation between previous admission and social support, and stress tolerance among patients with substance use disorder, this may be related to that, less family support can lead to relapse of addiction, more over lack of satisfaction with life, low resilience and lack of the coping skills with stressors considered to be a major contributor to the development and maintanace of substance abuse.

Yang, Xia, Han, and Liang, (2018) stated that, the mediating role of social support and resilience on the relationship between stress tolerance and life satisfaction were significant among people with substance use disorder. Individuals with low stress levels can maintain higher social support than others, which enhances their resilience. All these advantages will enhance their life satisfaction levels.

The study in the same line with, Ronan et al., 2016; Wurcel et al., 2016) who found that, patients with substance use disorders are elevated risk of rehospitalization. Moreover, Gryczynski et al., (2016) found that each year about 1 in 4 individuals with substance use experience inpatient hospitalization. Some of these hospitalizations may be avoidable with engagement in preventive care or improved adherence to medical advice and medication regimens.

The current study results revealed that, there's a significant difference between study and control group in relation to resilience, as the control group express higher level of resilience more than study group. This may be related to that, the patients capability to resist against stress and return to normal stable condition is low, and their potential for adaptation to risky condition is little.

The results in the same line with, Jazayeri, Saadat, Ramezani, & Kaviani, (2015) who reported that, the higher resilience was related to lower levels of drug use. Inaddition, Zamani, etal. (2014) showed that, 51.1% substance use is have high level of resilience, followed by 46.9% have moderate level and 2% respondents have low level of resilience.

Also, Hao, etal. (2015) showed that, stress has been found to be positively correlated with decreased resilience. Moreover, Hullar, Schutte, Malouff, (2013) reported that, long-term stress exposure undermines a person's successful adaptation to a threatening environment, which is not conducive to the development of resilience

The study results showed that, there's a significant difference between study and control group in relation to life satisfaction, as the control group express higher level of life satisfaction more than study group. This may be related to that, social support plays an important role in the physical and psychological development of an individual. The family cohesion is the emotional bonding of family members, a situation whereby every member of the family is responsible towards the others while adaptability refers to the extent of a family system that is flexible towards change, and family support protect normal poplation from falling in substance use disorders.

In accordance to Laudet, ecker, White, (2008) who showed that, higher life satisfaction and less stress are positively associated with high levels of social support among individuals with substance use disorder. Morover, Yi, Liang, & Rui, (2016) founded that, life satisfaction is negatively related to substance use.

The results is supported by, Hamama, Ronen, Shachar, Rosnbaum (2013), who said that Patients with substance use have low life satisfaction than general population.

The results of the current study revealed that, there's no significant difference between both groups in relation to perceived social support. This may be interpreted as, the stronger family bonds and social relations in our country, and the difficulty to isolate and hide people suffering from substance use and use, for fear of stigma.

In the same line, Nikmanesh, Honakzehi, 2016 who found that enhancing perceived social support and supportive relationship plays a significant role in increasing resistance to drug use. Moreover, Piko and Kovács, 2010; Walsh et al., 2010 founded that, social support has also been studied as a protective factor against health-risk behaviors, such as

substance use and drinking. Also, Dunkle, & Schetter (2011) revealed that, social support is hypothesized as a mediator between stress and life satisfaction.

In the same line with, (Zhou, etal., 2017) stated that, having good family relationships and good communication with others constitue significant social network support factors that influenced life satisfaction. Having good family relationships is important for ensuring that these individuals acquire care and support from their family, while good communication with others can be said to reflect participants' physical and mental health status

In accordance to, Shi, Wang , Bian, Wang, (2015), who showed that, there were a relation between resilience and low psychological distress subjective well-being among patients with substance use disorders.

As regards stress tolerance results of the study showed that, there is significant difference between both groups in relation to stress tolerance, as the control group express higher level of stress tolerance than the study group. This may be related to that, stress can initiate drug use or relapsing of use. Also, people may start to take drugs as they imagine that drugs will relieve their stress, and provide a kind of escape from reality.

In the same line with, Wang, Huang, Kong, (2017) found that the relationship between stress and life satisfaction can be mediated by support from family and friends, but not from a person's significant other. Stress is associated with decreased life satisfaction and increasing the demand for social support. In other words, the level of social support can mediate the relationship between stress and life satisfaction.

In accordance to, Holzhauer, Wemm, & Wulfert, (2017) who added that, the importance of improving distress tolerance as a means of reducing substance use has been shown for patients who are currently using substances, as well as for those in treatment. as less distress tolerance were more likely to engage in problematic alcohol use

The results are supported by Altairi, (2018) who stated that distress tolerance was significantly correlated with both the frequency of substance use related problems, supporting the hypotheses that low distress tolerance may be related to increased drug use frequency and drug-related consequences. Moreover, distress tolerance was significantly correlated with substance use and related problems, supporting the hypotheses that low distress tolerance may be related to increased drug use frequency and drug-related consequences. This study was limited to focusing on one substance

The study is supported by, Dunkel, & Schetter, (2011) who showed that individuals with extremely high stress levels rarely feel satisfied with themselves and are likely to have low social support. Inaddition, Sonnentag, Fritz, 2015, reported that, stress is negatively related to life satisfaction. Stress exerts a negative effect on people over time, which results in dissatisfaction with life and other emotional reactions.

5. CONCLUSION

The results of the study concluded that, Patients with substance use experience, low resilience, life satisfaction, and stress tolerance than normal population. Social support, and resilience play an imprtant role in to life satisfaction determing the relation between stress and life satisfaction. Avoiding stress and improving resilience can be used as a preventive therapy to help such people to improve their life satisfaction.

6. RECOMMENDATION

The results of the current study recommended that.

1. The substance use patients have to be provided by:

   a. Accessible rehabilitation programs

   b. Stress management programs during hospitalization

   c. Family education regarding importance of social support for addict patients

   d. Resilience programs for the family and included them in hospital programs

2. Implementing psychological interventions to improve the life satisfaction, and resilience of patients with substance use disorder.

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