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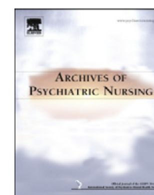

Social Functioning and Self-Esteem of Substance Abuse Patients

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A B S T R A C T

Aim: This descriptive study was conducted to examine the levels of social functioning and self-esteem in individuals diagnosed with substance abuse.
Material and Method: The study was conducted at the AMATEM (Alcohol and Substance Abuse Treatment Center) service of a psychiatry clinic in the Elazığ province in eastern Turkey between September 1, 2014 and February 1, 2015. The population is comprised of 249 patients being treated in this clinic, and the sample included 203 patients who comply with the research criteria and agreed to participate in the study. A Socia-Demographic Questionnaire, Coopersmith Self-esteem Scale (CSI) and Social Functioning Scale (SFS) were used for data collection. Percentages, averages, standard deviations and Pearson's correlation were used for data analysis.
Results: This study found that the patients' mean sore on the Self-esteem Scale is 50.97 ± 18.01. Their score on the Social Functioning Scale is 115.76 ± 22.41. A significant correlation between the patients' self-esteem and the age of first substance use was detected ($p = 0.001$). A significant correlation was detected between their social functioning and the duration of their substance use ($p < 0.005$). This study found a positive significant correlation between social functioning and self-esteem ($p < 0.001$).
Conclusion: This study found that substance abuse patients have a medium level of self-esteem and social functioning. A significant positive correlation between social functioning and self-esteem was found. It was also found that the age of first substance use and self-esteem are directly correlated. Counseling to increase patients' levels of self-esteem and improve their social functioning is recommended.

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Addiction is a disease that may emerge due to the abuse of one or more substances. It causes a variety of physical and psychological symptoms in cases of withdrawal. It is treatable, but may recur, and it causes addicts to value their substance abuse more than previously valued activities or objects (Sezgin, Evren, Çinar, Küçükgoncü & Kiliç Bayram, 2010; Yorgancıoğlu & Esen, 2000).

Annual average opiate usage prevalence among adults for 2012 across the world is estimated to be approximately 0.4% (EMCDDA, 2014). In Turkey, it is estimated to be 1–8/1000 (EMCDDA, 2014). Marijuana is the most widely used drug in Europe and Turkey (Devlet Denetleme Kurulu, 2014; UNODC, 2014). Despite the fact that the level of prevalence of substance abuse of students of ages 15–16 varies greatly from country to country as of 2011, recent data estimate that approximately one-fourth of students of ages 15–16 use illegal drugs (EMCDDA, 2014). Substance abuse behavior and its prevalence among the youth are issues of concern for many countries (Evcin, 2014).

The rate of substance abuse and use is lower in Turkey than the United States and European countries (Albayrak & Balcı, 2014). However, substance use frequency in Turkey is higher than the normal population growth rate (Albayrak & Balcı, 2014). Turkey is affected negatively both by being a crossroads between Asia, Europe and Africa and by being a target country for substance possession (Devlet Denetleme Kurulu, 2014). As the youngest European country and with its rare bulge in youth population, Turkey is the most important target of this global threat (Karaca, 2010).

Today, substance abuse is one of the most important public health issues faced by all societies (Karatay & Kubilay, 2004). Gradual increases have been observed in the rates of substance abuse and diseases, morbidity and mortality compared to all other preventable disorders (Gezek, 2007). Substance use is an extremely costly and destructive social disease that profoundly affects personal health, family life, public safety and the economy in a negative way (Gezek, 2007).

In addition to the medical dimension of the problem of substance abuse, its psychosocial and economic dimensions are also very important (Ceylan, Yanık, & Gencer, 2005). One of the most important indicators of psychosocial health is valuing oneself. Self-esteem, which represents the emotional dimension of the self, means self-acceptance, self-approval, self-respect and self-assessment regarding one's own values (Yıldız & Çapar, 2010). It has been determined by numerous studies that individuals with low self-esteem have a tendency toward substance use to satisfy their need for self-esteem and to control their

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emotions and behavior (Satan, 2011; Toker, Tiryaki, Özçürümez, & İskender, 2011; Zengin & Altay, 2014). Self-confidence, social support and the improvement of self-esteem are important preventive factors (Turhan, İnandı, Özer, & Akoğlu, 2011).

The problem of substance abuse emerges as an important social issue that negatively affects social functioning, disrupts social harmony and causes negative social interactions (Ceylan et al., 2005). Social functioning is the ability to work, sustain interpersonal relations and take care of oneself (Ateş Budak, 2011). Antisocial individuals negatively affected by substance abuse have a tendency to commit crimes (Çöpür et al., 1995). Substance use pushes individuals into homicidal and/or suicidal behavior and causes crime (Altuner, Engin, Gürer, Akyay, & Akgül, 2009). Drug or stimulant users are three to four times more likely to commit crimes than non-users (Altuner et al., 2009).

Research is needed to prevent the increase of substance abuse and the problems it causes. Acquiring broader information on the prevalence of substance use, making retrospective assessments, making related public policies and conducting preventive studies are extremely important (Altuner et al., 2009; Bilici, Karakaş Uğurlu, Tufan, Güven, & Uğurlu, 2012; Can & Tanrıverdi, 2015; Ceylan et al., 2005; Çöpür et al., 1995; Ögel et al., 2004; Sezgin, Evren, Çınar, Küçükgöncü, & Kılıç Bayram, 2010).

Psychiatric nursing and alcohol and substance abuse nursing have a determinant role in alcohol and substance abuse. Psychiatric nursing and alcohol and substance abuse nursing can help in every stage of substance abuse (Şimşek, 2010; Vallerand & Sanoski, 2014.).

There are more studies of the biological aspect of addiction than its psychosocial aspects. This limitation leads to temporary and palliative solutions to addiction. For these reasons, this descriptive study was planned to examine the levels of substance abuse, self-esteem and social functioning in individuals diagnosed with substance abuse.

MATERIALS AND METHOD

Type of Study

This is a descriptive, correlational, cross-sectional study.

Population and Sampling

The population of the study is comprised of 249 patients who were diagnosed with substance abuse according to DSM-IV TR diagnosis criteria and received inpatient treatment at the AMATEM service of a psychiatry clinic in Elazığ province located in eastern Turkey between September 1, 2014 and February 1, 2015. The sample included 203 (Elazığ Psychiatric Hospital AMATEM service, where the study was conducted, accepts only male patients) patients who complied with the study criteria and volunteered to participate in the study after being informed about it. Inclusion criteria of the study; having been diagnosed with substance abuse according to DSM-IV TR criteria, having passed the withdrawal stage, being between the ages of 16 and 65, volunteering to participate in the study. Exclusion criteria of the study include; having other and/or additional axis 1 mental disorders and patients with organic brain syndrome or mental retardation.

Data Collection

The informed consent form was read to the patients, the purpose of the study was explained and their consent was obtained. Afterwards, an introductory information form, the Coopersmith Self-esteem Scale (CSI) and the Social Functioning Scale (SFI) were administered in 20–30 minutes. The scales were applied in lounges where patients can express themselves comfortably face-to-face with the researcher.

Instruments

Socia-Demographic Questionnaire

This form was constructed by the researcher to determine the personal characteristics, characteristics regarding substance use and family properties and has 14 questions in total. Introductory information form has questions that aim at determining individual characteristics such as age, marital status, level of education, substance use characteristics such as the type of substance, duration of use and age of first use of substance and family properties.

Coopersmith Self-esteem Scale (CSI)

This scale was prepared by Stanley Coopersmith in 1986 for a variety of age groups, and for adults in particular (Coopersmith, 1986). In 1987, Tufan and Turan in Turkey conducted validity and reliability studies every other year and found the test–retest reliability of the scale to be 0.65 and 0.76 (Tufan & Turan, 1987). Coopersmith test vehicle's found the scale of the test–retest reliability coefficient of 0.88 (5 weeks apart) and 0.70 (3 years apart). Pişkin conducted a reliability test on the long and short forms of the inventory with high school students by using both Kuder–Richardson-20 formula and the split-half method. The KR-20 short form's reliability coefficient was found to be .76, and its internal consistency was found to be .81 (Pişkin, 1996). The self-esteem scale has 25 questions that can be answered either yes (like me) or no (unlike me). It includes items about world-view, behavior in social settings and the ability of the individual to tolerate certain circumstances. Negative responses to negative items and affirmative responses to positive items score one point. The total points scored are multiplied by 4 to obtain a score from zero to 100 points on the scale. The level of self-esteem increases proportionally to score. The level of self-esteem is low if the score is between 10 and 30, intermediate if it is between 31 and 70 and high if it is between 71 and 100. This study found its Cronbach's alpha internal consistency to be 0.75.

Social Functioning Scale (SFS)

This scale was developed by Birchwood, Smith, Cochrane, Wetton and Copestake (1990), and its validity and reliability were demonstrated in a study by Erakay (2001). Birchwood et al.'s study Cronbach's alpha coefficient to be SFS total score 0.80; social withdrawal 0.72; interpersonal functioning 0.71; pro-social activities, 0.82; recreational activities, 0.69; independence–competence, 0.87; independence–performance, 0.85 and work, 0.63 (Birchwood, Smith, Cochrane, et al., 1990). Erakay's study validity and reliability study Cronbach's alpha coefficient to be SFS total score 0.80 (Erakay, 2001). In the validity and reliability test they conducted in 2015, Iffland et al. found that alpha value of the entire scale was 0.81, and the internal reliability of its sub-scales ranged between 0.59 and 0.88 (Iffland, Lockhofen & Gruppe, 2015). The SFS consists of 7 sub-scales: 1. social withdrawal, 2. interpersonal functioning, 3. pro-social activities, 4. recreational activities, 5. independence-competence, 6. independence-performance and 7. work. Scores on this scale range between 0 and 223 points. The score obtained on each subscale indicates positive progress in the social functioning (Erakay, 2001). This study found its Cronbach's alpha coefficient to be SFS total score 0.88; social withdrawal 0.61; interpersonal functioning 0.67; pro-social activities, 0.87; recreational activities, 0.76; independence–competence, 088; independence–performance, 0.79 and work, 0.58.

Statistical Analysis

The SPSS Statistics 21 program was used for statistical analyses. To analyze individuals' socio-demographic and introductory characteristics percentage distributions were used. Pearson correlation analysis was used to determine the scores of both scales' averages and for the correlation between the self-esteem scale, the social functioning scale and the patients' ages, duration of substance abuse and age of first

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