Relation between Self-esteem and Agitation Behavior Among Patients with Substance Use Disorder

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Abstract

Background: substance use disorders are a constellation of behaviors involved in compulsive drug seeking including impaired control of substance use, impaired social interactions with others, risky drug use, and experiencing withdrawal symptoms. Substance abuse can profoundly affect an individual's escalation of agitation behavior. **Aim:** This study aimed to assess self-esteem and agitation behavior among patients with substance use disorder. **Design:** A descriptive research design will be used to conduct the current study. **Setting:** This study will be carried out in psychiatric outpatients' clinics at Okasha Institute of Psychiatry, which is affiliated with "Ain-Shams University Hospitals". **Subject:** A purposive sample of 41 patients. **Tools of data collection:** 1) an interview questionnaire. 2) Drug abuse screening test. 3) Index of self-esteem. 4) The Agitation Behavior Rating Scale. **Results:** The results of this study showed that there was a high statistically significant strong negative correlation between cumulative agitated behavior and cumulative self-esteem among patients with substance use disorder at (r =– 0.978 respectively & P= 0.000). **Conclusion:** The current study concluded that there was a relation between self-esteem and agitation behavior among patients with substance use disorder. **Recommendations:** The current study recommended setting up educational training programs for psychiatric mental health staff to enhance self-esteem, handle agitation behavior and life-long monitoring for health promotion among patients with substance use disorder.

Keywords: Substance use disorder, Compulsive drug-seeking, agitation behavior, Self-esteem

Introduction:

Drugs can provide an escape from reality, a euphoric experience, an altered perception of reality, or a different understanding of the world. Differences are based on the site of action or the direct or indirect receptor interactions with each drug. People frequently initiate substance use for a euphoric experience, which is tied to increased dopamine activity in the mesolimbic system. Dopamine hijacks the reward system of the brain, leading to addiction and drug-seeking behavior. While substance use may begin for a pleasurable experience, eventually one's neuro circuitry can be reorganized through tolerance and neuro adaptation, and eventually use becomes more about preventing withdrawal than obtaining a pleasurable experience **(Bundaram, 2023).**

Substance use disorder is a devastating crisis in Egypt that has sounded alarm bells in both the society and government. According to the United Nations Office on Drugs and Crime, 6–8% of adult Egyptians use cannabis. According to the national addiction survey, Egyptians aged 20 to 45 were the most vulnerable age group, leading to an impact on educational, medical, and legal issues. According to the Ministry of Health report on drug addiction in Cairo, 1.4 million people were addicted to drugs, particularly heroin and/or tramadol **(Nagy et al., 2022).**

Self-esteem refers to an individual overall positive evaluation of the self. High self-esteem consists of an individual respecting himself and considering himself worthy. In a similar vein, self-esteem refers to an individual's perception or subjective appraisal of one's self-worth, one's feelings of self-respect and self-confidence, and the extent to which the individual holds positive or negative views about self. Self-esteem is related to personal beliefs about skills, abilities, and social relationships. Self-esteem is also

defined as a global barometer of self-evaluation involving cognitive appraisals about general self-worth and affective experiences of the self that are linked to these global appraisals. Self-esteem involves an evaluation of oneself followed by an emotional reaction towards oneself **(Opakunle et al., 2022).**

As substance abuse may change a person's schema of themselves and the people around them, psychosocial resources are used to stabilize social relationships and interactions. If these resources (e.g., self-esteem) are lacking, the stability may not develop and social relationships may be disrupted. Self-esteem may be an important link between substance abuse and disruptions in social relationships. Individuals with low self-esteem may fail to preserve or form new social relationships because they are less likely to seek out social activities. The poor self-concept associated with low self-esteem in patients with substance abuse may hinder them from escaping their 'disease-focused world', making it difficult to immerse themselves in social interactions and maintain relationships. Further, it may be that low self-esteem predicts fewer social interactions because the individual is not physically able to expend the effort to engage in interpersonal contact. Lower expectations of pleasantness associated with social interactions may also block motivation to interact with others **(Salazar et al., 2021).**

Agitation behavior is an excessive motor activity associated with a feeling of inner tension. Motor activity is usually non-productive and repetitious and can include behaviors such as pacing, fidgeting, hand wringing, pulling one's clothes, and an inability to sit still. Even if aggression and violence are not core agitation features, a progression in agitation severity can lead to aggressive and violent behaviors. Agitation behavior was defined also as "a state where patients cannot remain still or calm, characterized by internal features such as hyper-responsiveness, racing thoughts, and emotional tension; and external ones, mainly motor and verbal hyperactivity, and communication impairment" **(Garrote-Camara et al., 2023).**

Agitation behavior directly stems from drug ingestion and crime committed due to compulsive drug-seeking. The actual causal effect that drugs have on persons committing violence is difficult to measure without controlling for an individual's preexisting tendency to engage in violence. The reward pathway is greatly stimulated by drugs of abuse and seeking the "high" often becomes of utmost importance. Given the illegal nature and costs of most psychoactive substances, addictions can be quite expensive. Drug-abusing persons sometimes engage in robberies or other illegal activities to provide money to purchase substances to satisfy their cravings. For instance, a heroin-addicted person may sell available stock of heroin at a higher price or marijuana to someone they know to purchase larger quantities of their drug of choice. While this is considered low-level drug dealing, there is still a risk of apprehension or conflict that could escalate **(Booth & Shaw, 2023).**

Significance of the study

The total drug overdose deaths were 67.367, with 46.802 (69.5%) involving opioids **(Wilson et al., 2020).** The prevalence of substance use disorders is 5.9% in Egypt. Substance use disorder negatively affects self-esteem through psychological and cognitive changes. Low self-esteem leads to feelings of failure, dissatisfaction with one's role in society, dissatisfaction with quality of life, impaired interpersonal skills, social interactions, and social adjustment. It serves as a risk factor for increased aggression behavior. It serves as a risk factor for increased agitation behavior. Agitation behavior creates enormous burdens on society by impairing the function of the person in multiple life roles, disrupting families and neighborhoods, and motivating crime, Agitation behavior has a number of adverse consequences. Agitated behavior can make it difficult to form and maintain relationships and lead to exclusion from educational, work, and social settings. Furthermore, such behavior may generate stress for family members **(Elsayed, et al. 2020).** Therefore, this study is held at outpatient clinics in the dependence stage and aims at improving agitation behavior among patients with substance use disorder.

Aim of the study

This study aims to assess self-esteem and agitation behavior among patients with substance use disorder.

Research Questions:

-What is the level of self-esteem among patients with substance misuse disorder?

-What is the level of agitation behavior among patients with substance use disorder?

-What is the relation between self-esteem and agitation behavior among patients with substance use disorder?

Subjects and Methods

Research design:

A descriptive research design was used to conduct the current.

Setting:

This study was carried out in psychiatric outpatients' clinics at Okasha Institute of Psychiatry, which is affiliated with "Ain-Shams University Hospitals".

Subjects

A Purposive sample was obtained from 41 patients with substance use disorder who receive care at outpatient clinics at Okasha Institute of Psychiatry which is affiliated with "Ain-Shams University Hospitals".

Inclusion criteria:

-Patients with SUD are diagnosed according to DSM-5 (according to medical records) criteria.

-Patients quit substance one month ago.

-Age: From 18 years to 45 years.

-Gender: Males only.

-Free from chronic physical or other psychiatric disorders.

Tools for data collection

Pre-designed questionnaire:

Tool 1: An interview questionnaire:

It was designed by the researcher after reviewing the related literature and reviewed by supervisors. It was written in the Arabic language for gathering data in relation to the following parts:

Part (1): Demographic characteristics of the studied patients:

Such as; age, sex, educational level, marital status, occupation, income and living status.

Part (2): Clinical data of patients with substance use disorder's clinical characteristics: such as age of initiation of substance use, type of substance used, method of use, problems caused by substance abuse, cause of the first dose, and family history of substance abuse.

Tool 2: Drug Abuse Screening Test (DAST-10):

The DAST-10 is 10 item brief screening tool developed by **(Skinner, 1982),** it is designed to assess drug use, not including alcohol or tobacco use, in the past 12 months.

Scoring system:

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point (No problem reported=0, Low level=1-2, Moderate level=3-5, Substantial level=6-8, Severe level=9-10).

Tool 3: Index of self-esteem (ISE):

The Index of self-esteem is a 25-item scale developed by **(Hudson, 1997)**, it is designed to measure the degree, severity, or magnitude of a problem the client has with self-esteem which is central to social and psychological difficulties. The scale is answered on a 7-point Likert scale (1= none of the time, 2=very rarely, 3= a little of the time, 4=some of the time, 5=a good part of the time, 6=most of the time, 7=all of the time). This tool consisted of 25 items with a total grade (175). The total grades for each item were summed up and then converted into a percentage score. They were classified in to three levels as the following:

Scoring system:

Low self-esteem is less than 50%, it means < 88 point. Moderate self-esteem is equal or more than 50 % to less than 70%. It means ≥

88 point < 123 points. High self-esteem is equal or more than 75%. It means ≥ 123 point.

Tool 4: The Agitation Behavior Rating Scale (ABS):

This scale was originally developed by **(Buss & Perry, 1992)** to assess agitated behavior and will be modified by the researcher to adapt to patients with substance use disorder; this tool consisted of 41 items with a total grade (123).

Scoring system:

using a 3-point Likert scale that rating the studied patient 's responses as (1) Rarely, (2) Sometimes, and (3) Always. Additionally, 1 on the 3-point Likert scale (< 50%) are classified as low, 2 on the 3-point Likert scale (≥ 50% to < 70%) as moderate, and 3 on the 3-point Likert scale (≥ 70%) as high. Three grades were given for each always response, two grades given for sometimes response and one grade was given for rarely response. The total grades for each item were summed up and then converted into a percentage score. They were classified in to three levels.

Tool Validation and Adaptation:

All study instruments underwent rigorous validation for cultural and clinical appropriateness in the Egyptian context. The Arabic versions were developed through a multi-stage process: (1) forward-translation by bilingual psychiatrists, (2) back-translation by independent linguists, and (3) expert review by five addiction specialists to confirm content validity. The modified Aggression Questionnaire demonstrated excellent internal consistency (Cronbach's α=0.84) during pilot testing with 5 participants (10% of target sample), meeting reliability thresholds without requiring item modifications. Pilot testing further confirmed that all tools were comprehensible (100% of participants completed questionnaires without requesting clarifications) and feasible to administer within clinic time constraints.

Method:

- A certified agreement was taken from the Dean of Faculty of Nursing to gather data from outpatients' clinic.

-The study was approval by Ain-Shams University Research Ethics Committee (**No. 24.07.336**).

-The developed degree of Agitated Behavior tool will be formulated, submitted and reviewed by five experts in psychiatric and mental health nursing or another specialty who will review the content of the tools for their comprehensiveness, accuracy, clarity, and relevance.

-A written initial approval was obtained from the research ethical committee at the faculty of nursing, at Ain Shams University.

-Individual written consent was obtained from each participating patient after explaining the nature and benefits of the study; it was secured through the hospital patient rights office.

-The researcher cleared the objectives and aim of the study and its expected outcomes for participating patients with substance use disorder.

-The researcher maintained the anonymity and confidentiality of participating patient.

-Patients were allowed to choose to participate or not in the study and given the right to withdraw at any time from the study without giving reasons.

-A pilot study was carried out after the adaptation of the tools and before starting the data collection. It was conducted on (10%) of the expected sample size to test the clarity, feasibility, and applicability of the study tools. In addition, it served to estimate the approximate required time for interviewing the substance user-patient as well as to find out any problems that might interfere with data collection. After obtaining the result of the pilot study, there were no modifications of tools. The participants in the pilot study were not excluded from the main study sample.

Field work:

The actual process of data collection consumed one month from Mars to April 2024, data were collected twice weekly (Saturday, and Monday), two groups for each. Before conducting

the study, participating patients were asked to give a written agreement to participate in the study and the researcher explained the aim and objectives of the study to participating patients. All patients were informed that participation is voluntary. The study was assessed in the form of small group for patients; each group range from 5 to 7 patients. After conducting the assessment, patients were thanked for their participation. The study implemented at the outpatient clinic for addiction at Okasha Institute of Psychiatry which is affiliated with "Ain-Shams University Hospitals".

Statistical design:

The collected data were organized and analyzed using appropriate statistically significant tests. The data were collected and coded using the computer statistical package for Social Science (SPSS), version 20, and was also used to do the statistical analysis of data. Quantitative data were expressed as mean ± standard deviation (SD). Quantitative data were expressed as frequency and percentage.

The following tests were done:

-The chi-square (x_2) test of significance was used in order to compare proportions between qualitative parameters.

-Pearson and (t) tests were used to compare frequencies and correlation between study variables and a nova test for measuring quantity.

-Pearson's correlation coefficient (r) test was used to assess the degree of association between two sets of variables.

-The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

Probability (P-value):

P-value ≤0.05 was considered significant.

P-value ≤0.001 was considered as highly significant.

P-value> 0.05 was considered insignificant.

Results:

Table (1): Demographic characteristics among patients with substance use disorder, it shows that nearly half (48.8%) of the age of patients with substance use disorder was ranged from 27 < 36 years old, with a mean age of 33.39 ± 6.81. Considering marital status, more than half (56.1%) of them were single. Additionally, more than one-third, (39% & 43.9%) of them were holding university certificate and have a manual work respectively. finally, more than three fifths (65.9%, 75.6% & 68.3%) of patients with substance use disorder have insufficient monthly income and lived with their parents respectively.

Table (2) describes that more than three-quarters (80.5 & 85%) of patient with substance use disorder use Cannabis-Marijuana and alcoholic beverages respectively. Additionally, more than three-fifths (65.9% & 61%) of them use nasal and injection method of drug administration. Finally, more than four-fifths (85.4%, 90.2% & 92.7 of patient with substance use disorder use substance use without doctor's consultation, use it to enhance of sexual performance and to overcoming shyness respectively.

Table (3) describes that all (100%) of patients with substance use disorder using of drugs other than those required for medical reasons, more than four-fifths (85.4%, 92.7%, 80.5 & 82.9%), of them using of more than one drug at a time, their spouse (or parents) complain about their involvement with drugs, neglecting the family because of use of drugs and having medical problems as a result of your drug use respectively.

Figure (1): clarifies percentage distribution of level of self-esteem among patients with substance use disorder. It denotes that, more than two-thirds (70.7%) of patients with substance use disorder have a low level of self-esteem while a minority (9.9%) of them have high level.

Figure (2): clarifies percentage distribution of level of agitated behavior among patients with substance use disorder. It denotes that, more than two-thirds (68.3%) of patients with substance use disorder have a high level of agitated behavior while a minority (14.6%) of them have low level.

Table (4) illustrated that, there was a high statistically significant strong negative correlation between agitated behavior and self-esteem among patients with substance use disorder at (r = - 0.971 & – 0.702 respectively & P= 0.000).

Table (1): Frequencies and distribution among patients with substance use disorder regarding demographic characteristics (n= 41).

Socio-demographic characteristics		No	%
Age (year)	▪ 18 < 27 Yrs.	5	12.2
	▪ 27 < 36 Yrs.	20	**48.8**
	▪ 36 < 45 Yrs.	16	39.0
	▪ **Mean ± SD**	**33.39 ± 6.81**	
Marital status	▪ Single	23	**56.1**
	▪ Married	12	29.3
	▪ Divorced	6	14.6
Educational level	▪ Cannot read or write	1	2.4
	▪ Can read and write	6	14.6
	▪ Intermediate education	14	34.1
	▪ University education	16	**39.0**
	▪ Postgraduate education	4	9.8
Occupation	▪ Unemployed	10	24.4
	▪ Student	11	26.8
	▪ Manual labor	18	**43.9**
	▪ Administrative work	2	4.9
Monthly income	▪ Insufficient	27	**65.9**
	▪ Sufficient	11	26.8
	▪ Sufficient and more	3	7.3
Residence	▪ Alone	8	19.5
	▪ With parents	31	**75.6**
	▪ With spouse and children	2	4.9

Table (2): Frequencies and distribution among patients with substance use disorder Regarding their drug history (n= 41).

Drug history		Yes		No	
		No	%	No	%
Type of used substance.	▪ Opioids (Heroin-Morphine-Codeine)	25	61.0	16	39.0
	▪ Cannabis-Marijuana	8	19.5	33	**80.5**
	▪ Cocaine	12	29.3	29	70.7
	▪ Sedative & Hypnotic Medications	15	36.6	26	63.4
	▪ Alcoholic Beverages:	6	14.6	35	**85.4**
	▪ Inhalation of Volatile Substances	4	9.8	37	90.2
Method of drug use.	▪ Oral	25	61.0	16	39.0
	▪ Nasal	14	34.1	27	**65.9**
	▪ Injection	16	39.0	25	**61.0**
	▪ Combination of the above	24	58.5	17	41.5
Reasons for substance use.	▪ Experimentation or Curiosity	32	78.0	9	22.0
	▪ Peer Influence	27	65.9	14	34.1
	▪ Self-medication without doctor's consultation	6	14.6	35	**85.4**
	▪ Relief from Anxiety and Stress	18	43.9	23	56.1
	▪ Enhancement of Sexual Performance	4	9.8	37	**90.2**
	▪ Coping with Problems	31	75.6	10	24.4
	▪ Overcoming Shyness	3	7.3	38	**92.7**

Table (3): Frequencies and distribution among patients with substance use disorder regarding drug abuse screening test (n=41).

Drug abuse screening test:	Yes		No	
	No	%	No	%
Using of drugs other than those required for medical reasons.	41	**100.0**	0	0.0
Using of more than one drug at a time.	35	**85.4**	6	14.6
Able to stop using drugs when you want to.	15	36.6	26	63.4
Having of "blackouts" or "flashbacks" as a result of drug use.	28	68.3	13	31.7
Feeling bad or guilty about drug use	18	43.9	23	56.1
Spouse (or parents) ever complain about your involvement with drugs	38	**92.7**	3	7.3
Neglecting the family because of use of drugs.	33	**80.5**	8	19.5
Having engaged in illegal activities in order to obtain drugs.	17	41.5	24	58.5
Having ever experienced withdrawal symptoms when you stopped taking drugs.	31	75.6	10	24.4
Having medical problems as a result of your drug use	34	**82.9**	7	17.1

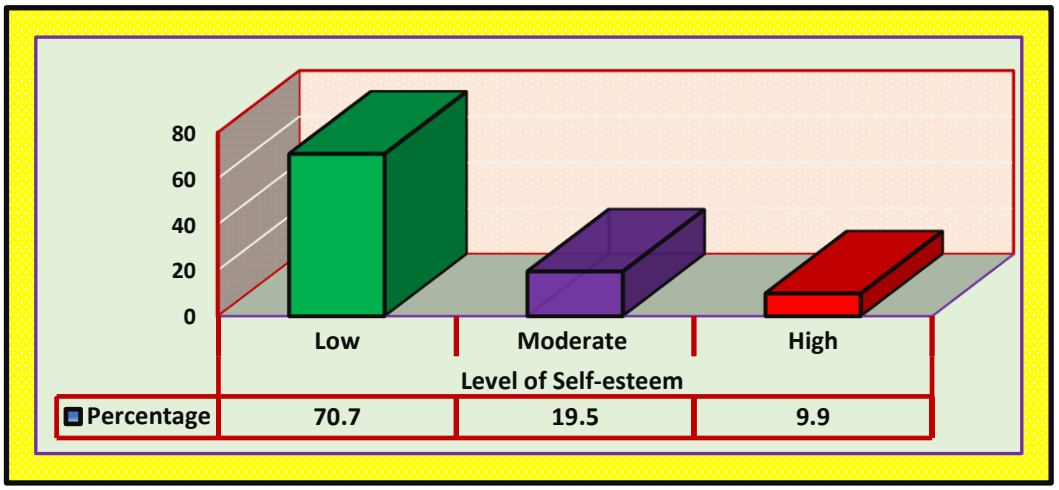

Figure (1): Frequencies and distribution of levels of self-esteem among patients with substance use disorder throughout (n=41)

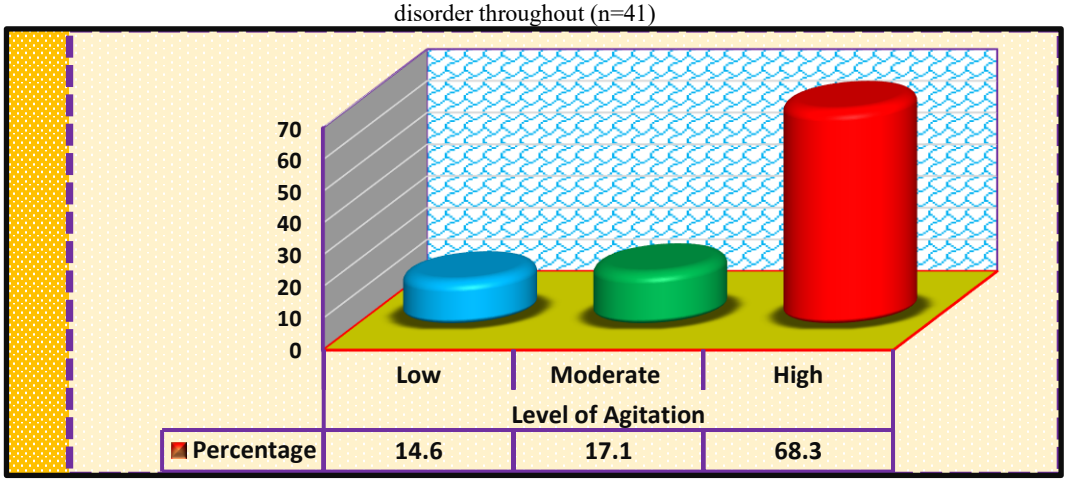

Figure (2): Frequencies and distribution of levels of agitation behavior among patients with substance use disorder (n=41)

Table (4): Correlation between agitation behavior and self-esteem among patients with substance use disorder (n=41)

Items		Agitation behavior
▪ **Self-esteem**	r	- 0.971
	p-value	0.000**

Significant p ≤ 0.05; **Highly significant p ≤ 0.01; R-Pearson Correlation Coefficient;

Discussion:

Concerning age, these results of the present study findings focused on that nearly half of the age of patients was ranged from 27 < 36 years old. In addition, considering marital status, more than half of them were single. Additionally, more than one-third of them were holding university certificate and have a manual work respectively. It is notably that more than three fifths of patients with substance use disorder have insufficient monthly income and lived with their parents respectively. This disparity in results was comparable to the findings of **Kapoor et al., (2024)** who studied patients with mental disorders and substance use disorders and found that the mean age of the participants was 37 years old, also in consistent with **Fleury et al., (2023)** that revealed quality of outpatient care use, associated sociodemographic and clinical characteristics, and adverse outcomes among patients with substance-related disorders and found that patients with substance use disorder were 25–44years old. In congruence with **Kabisa et al., (2021)** who studied prevalence of relapse and found that the mean age was 33 years and the patients was aged between 18 and 30 years that SUD mostly occur among younger people than older age people who can maintain abstinence. It has highlighted that more than three fifths of patients with substance use disorder were single by **Ramadan et al., (2024)** and **Kabisa et al., (2021)** who studied evaluation of substance use disorder and prevalence of relapse respectively. The previous findings are consistent with **Mohamed et al., (2020)** who studied anxiety and depression among substance use disorder patients. It has demonstrated that less than quarter of patients with substance use disorder held a university degree and about half of them have a manual work. Indeed, our study results are agreed with **Sonbol et al., (2024)** who studied Family-based contributors in relapse and relapse prevention and found that nearly quarter of patients with SUD had lower socioeconomic status and familial factors have a significant influence in reducing risk factors of substance use disorder. These previous findings are supported with **Okumu et al., (2023)** who studied substance use disorder and associated factors and found that nearly half of patients with substance use disorder were living with their nuclear family. These current study results are contradicted with **Zaman et al., (2024)** who studied Sociodemographic characteristics and related factors of substance use and explained that substance users had low level of education, approximately more than four fifths of patients with substance use disorder were below secondary school education whereas more than three fifths of patients were at secondary school level of education. These current results are contradicted with **Mohamed et al., (2020)** who studied anxiety and depression among substance use disorder patients and reflects that most of the patients with substance use disorder were married. These results of the current study is contradicted with **Hasan et al., (2022)** who studied dependence Severity and explain that more than one third of patients with substance use disorder perceived sufficient monthly income, dependence severity increased with the increased in duration of alcohol use and people have less control over their alcohol consumption. It could be due to Anxiety increased, history of depression, early problem behavior is associated with later drug use and abuse, first using substances before age 20, impulsivity, curiosity, family dysfunction, socioeconomic status, feelings of shame or embarrassment, fear of disclosure according to personality trait, substance use promoting peers, academic achievement, unemployment.

This study described that more than three-quarters of patient with substance use disorder use Cannabis-Marijuana and alcoholic beverages respectively. Additionally, more than three-fifths of them use nasal and injection method of drug administration. Considering, more than four-fifths of patient with substance use disorder use substance without doctor's consultation, use it to enhance of sexual performance and to overcoming shyness respectively. These results of the current study are agreed with **Estévez-Lamorte et al., (2021)** who studied Routes of administration of illicit drugs and exhibit that more than half of patients used illicit drugs only nasally. Drug users with the former motivations may want to experience the effect of the drug without risking adverse consequences and may, consequently, choose different routes of

administration that are believed to allow more control over the drug and are, therefore, perceived as relatively safe. These results are agreed with **Ferreira et al., (2022)** who studied Impact of the use of illicit and licit substances and anxiety disorders and found that more than four fifths and more than one third of patients were addicted to alcoholic beverage and marijuana respectively. It could be due to worse academic performance. These results agreed with **Vold et al., (2023)** who studied sociodemographic characteristics, and substance use among patients receiving opioid agonist therapy and demonstrate that more than three fifths and more than half of patients had used cannabis and alcohol respectively. More than one third of them had injected substances. This result is agreed with **Hill et al., (2024)** who studied Cannabis use and. reported that more than three fifths of patients used cannabis; it is possible that cannabis use may be associated with poorer treatment outcomes. This study is agreed with **Adan et al., (2024)** who studied patients with and without substance use disorder comorbidity and found that less than quarter and recently half of patients with substance use disorder had no income and relapsed. This result is contradicted with **Subbaraman et al., (2021)** who studied Cannabis use frequency, route of administration, and co-use with alcohol and highlight that the prevalence of no cannabis use decreased significantly and more than three fifths of the patients used oral administration. It could be due to individuals who use cannabis may be at particularly high risk of health problems because, in addition to frequent cannabis use, they also are more likely to engage in other risky substance use like co-use with alcohol. It could be due to use of one to lead to use of the other, users also had more depressive symptoms, users were younger, less educated, less likely to have a partner, male gender, unmarried/un-partnered individuals, individuals who use cannabis at home with friends and in places like bars, taverns, parties, clubs, concerts, and sporting events, using when feeling stressed, angry, tired, and/or out of control, use of one substance if use of the other substance is also increased, feeling of euphoria, potent effective method, easily accessible and available, Abusers prefer drugs with a rapid onset of effects, The intranasal route of administration is widely used by abusers because of the ease in preparation (simply crushing the tablet into a fine powder), self-injection at home, or anywhere, clients who have less education may have fewer internal or external resources to help them sustain remission, Unemployment and low levels of education, peer pressure, escape from stressful situation. increased sexual pleasure, relieve pain and cause sedation during intercourse, social symbolic expectations of how drugs affect sexual performance, persons communicate to others in their social networks how certain drugs affect them, social phobia, anxiety disorders, seeking "novel, complex, and intense sensations and experiences, and the willingness to take physical, legal, social and financial risks for the sake of such experiences.

These results of the current study revealed that more than four-fifths of them using of more than one drug at a time, their spouse (or parents) complain about their involvement with drugs, neglecting the family because of use of drugs, In addition to all of patients with substance use disorder were using of drugs other than those required for medical reasons. It could be due to increase drug efficacy, enhance feeling of euphoria, low socio-economic status, pain relief, to get high, to go to sleep, and to relax. to under treatment of pain, stigmatization, opiophobia, there is a greater availability of drug, lost social identity, social connectedness, and bodily integration, an ineffective coping mechanism, caregiver helplessness and hopelessness, drug seeking behavior, deteriorating health condition of substance abusers, increasing socioeconomic burden on family, high cost of illicit drugs. This study is agreed with **Schepis et al., (2023)** who studied Family history of substance use disorder and found that patients had the highest rates of lifetime or past year prescription drug misuse with family history of substance use, sleep disturbances and family disruptions. This study is contradicted with **Slocum et al., (2023)** who studied people who use illicit opioids and found that less than quarter of patient's family member used illicit opioids; it could be due to stress, self-blame, conflict within the family and financial setbacks. This study is contradicted with **Grant et al., (2020)** who studied Family history of substance use disorders and found that family history of substance use disorder was significantly associated with higher rates of substance use; it could be due to the influence of genetic, cognitive, environmental factors, and lower quality of life. These results agreed with **Hochstatter et al., (2021)** who studied substance use disorders and found that there was an increase less than quarter

in the proportion of people using other illicit substances (including heroin, prescription opioids, cocaine, methamphetamine, or sedatives). This study is agreed with **Cohn et al., (2023)** who studied First use of cannabis compared to first use of alcohol and tobacco and founded that minority of those who initiated cannabis and alcohol (i.e. concurrent cannabis initiation), it may be due to the greatest risk of reporting all substance use outcomes at a subsequent wave, perceptions of taste, experiences of the high/intoxication, peer use. This study is contradicted with **Engelgardt et al., (2023)** who studied Life time use of illicit substances and founded more than one third of people were taking only one illicit substance, It may be a consequence of its high price, the interaction between multiple drugs can increase the neurological, physiological, and psychological impact on the user, it could potentially increase the negative consequences of poly drug abuse. This study is agreed with **Kibet et al., (2023)** who studied Alcohol Use and reported that patients with substance use disorder experienced shouting from their family members and more than three fifths experienced anger also, the stigma could be perceived, feelings of shame, feelings of anger. Additionally, more than one third of them has experienced health complications, it may be due to blood-borne viral infectious diseases such as HIV and hepatitis C are prevalent among intravenous drug users, consumption through inhalation increases the risk of pneumonia and other respiratory problems, Drug mixing, frequent use, quantity used, and injecting route of administration increase the risk of a nonfatal overdose. This study is agreed with **Kåberg et al., (2020)** who studied High risk of non-alcoholic liver disease mortality in patients with chronic hepatitis C with illicit substance uses disorder and found that nearly one third of the patients with chronic HCV used illicit drugs. It could be due to depression resulting from long term disease.

These results of the current study clarified that clarifies that percentage distribution of level of agitation behavior among patients with substance use disorder. It denotes, patients with substance use disorder gained more than half of levels of agitation behavior, These results are agreed with **Richert (2020)** who studied Mental health problems among young people in substance abuse, founded that Agitation behavior, which may be linked to the condition often referred to as conduct disorder, was mainly associated with early onset of drug use., it could be due to substance intoxication, mental health decreased, patient self-harm. This study is agreed with **Akçay et al., (2020)** who studied the factors that contribute to aggression in patients with co-occurring antisocial personality disorder, patient was found to have higher scores in anger, hostility, and physical and verbal aggression and substance abuse substance use was associated with aggressive behavior, it may be due to antisocial behavior, stimulus seeking behavior, the impairment of social-cognitive abilities among those with substance use disorders, the desire for substance use, and the motivation to discontinue substance use.

These results of the current study clarified that mean score of self-esteem among patients with substance use disorder gained lower total mean of score of self-esteem. This result is agreed with **Moniz-Lewis et al., (2022)** who studied Self-efficacy and founded that greater self-efficacy was also associated with significantly fewer days of heavy drinking among those who drank. It may be due to blame for failure, negative feedback, and focus on negative events, expecting potential failures.

These results of the current study illustrated that, there was a high statistically significant strong negative correlation between agitated behavior and self-esteem among patients with substance use disorder, It may be due to high self-confidence, fostering positive social relationship with other people, ability to manage time, ability to self-enhancement, using problem solving techniques appropriately, adaptive coping to different situations, communicate assertively with other people, ability to set limitations to others, self-awareness of strengths and weaknesses, self-control, using relaxation techniques effectively, all of this are linked to reduced agitation behavior. These results are agreed with **Ebrahem (2022)** who studied self-esteem and aggressive behavior among patients with substance use disorders and founded that there was a statistically significant negative correlation between self-esteem, and total aggression.

Conclusion:

The current study concluded that there was a relation between self-esteem and agitation

behavior among patients with substance use disorder.

Recommendations:

The current study recommended setting up educational training programs for psychiatric mental health staff to enhance self-esteem, handle agitation behavior and life-long monitoring for health promotion among patients with substance use disorder.

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