Relationship between Anxiety Level and Emotional Regulation among Drug Addict Patients

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Abstract: Background: anxiety is associated with drug addiction that worsens the psychological and physical symptoms of mental health. Emotional regulation is a significant problem in patients with drug addiction. **Purpose:** Investigate the relationship between anxiety level and emotional regulation among drug addict patients. **Design:** Descriptive correlational design was used to achieve the study purpose. **Setting:** the study was conducted at the drug addiction department of Meet-Khalaf Hospital, Menoufia Governorate, Egypt. **Sample**: A purposive sample of 80 drug addicted patients who attend in-patient in the psychiatric and Addiction Treatment Hospital in Meet-Khalaf, Shebin El-kom City, Menoufia Governorate, Egypt. **Instruments:** The data was collected using Structured interview questionnaire, Depression, Anxiety and Stress Scale-Anxiety (DASS-A -7), and Emotion Regulation Scale. **Results:** more than two thirds (66%) of studied participants had moderate level of anxiety. and more than of three-quarters (78%) of them had unsatisfactory emotional regulation level. There was a significant statistical negative correlation between the total anxiety mean score and the total emotional regulation mean score among studied subject ; mean that when anxiety increase, emotional regulation decrease and vice versa. **Conclusion:** there was a significant statistical negative correlation between the total anxiety mean score and the total emotional regulation mean score among studied subject. **Recommendation:** Regular assessments and monitoring of anxiety and emotional regulation should be included in the treatment process for drug addict patient.

Keywords: Anxiety, Drug addict patients, Emotional regulation.

Introduction

Drug addiction, is one of the major global public health problems. It is a relapsing, chronic brain disorder that includes drug seeking and abuse despite the harmful effects of these substances. As a result, the individual experiencing clinically and functionally significant impairment, including health problems, disability, and failure to fulfill major

responsibilities at work, school, or home. It also produces harmful consequences on the physical, psychological, interpersonal, legal, and/or financial aspects of the clients' life (National Institute of Mental Health (NIDA), 2017).

Drug addiction also refers to Substance abuse disorders which are chronic mental illness marked by substance cravings and compulsions, as well as a lack of control despite negative consequences. It is considered a" relapsing" disease because patients who are recovering from it are at risk of relapse after years of abstaining from substance misuse (Marc, 2017). Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (Alfonso Troisi., 2020).

Drug addiction has a large impact on the psychological symptoms of anxiety. Anxiety is linked to fear and manifests as a future-oriented mood state that consists of a complex cognitive, affective, physiological, and behavioral response system associated with preparation for the anticipated events or circumstances perceived as threatening (Chand & Marwaha, 2022).

Drug abuse is the frequent and prolonged use of a drug where depriving of it causes an uncontrollable desire to reuse it, leading to physical and psychological problems. Drug dependence is a global problem, and statistics from international organizations, notably the World Health Organization, the World Narcotics Control Committee, and UNESCO, indicate increasing use of drugs worldwide (Vsevolozhskaya & Anthony .,2016).

Lack of cognitive-emotional regulation is one of the major problems with other drug abusers. People with no cognitive-emotional adjustment are more likely to be at risk for drug abuse than others. Emotion regulation is an important motivation for consuming or not consuming drugs. Drug users often attribute their consumption to the relieving effects of the drug. Reports also indicated that drug and tobacco use increases when people are angry, anxious, sad, and distressed. Effective emotion management reduces the risk of drug abuse when one is pressured to use drugs. The ability to manage emotions enables one to use appropriate coping strategies in situations where the risk is high. People with high emotion regulation are more capable of anticipating what others want. They understand the unwanted pressures of others and better control their emotions, thereby making them more resistant to drug use. In contrast, those with lower emotion regulation tend to move toward drug abuse to counteract

their negative emotions (Zareban, et al., 2017).

Significance of the study:

The United Nations, (2019) estimated in the 2016 World Drug Report that 275 million persons were involved in illicit drugs, including cannabis, amphetamines, opioids, and cocaine. When combined, these present an annual prevalence of illicit drug abuse of 5.6% (WHO, 2018). Approximately 11 million people who inject drugs, 1.3 million are living with HIV, 5.5 million with hepatitis C, and 1 million with both HIV and hepatitis C (WHO, 2018). According to the National Addiction Research Study from 2018, 33% of Cairo residents regularly use drugs, compared to 22.4% of Upper Egypt residents and 9.6% of Delta residents (Rabie et al., 2020)

The risk of morbidity and mortality of mental disorders increases with substance misuse. In China, there has been evidence of positive comorbidity between mental and substance use among men (48%) and women (47%), as well as between substance-induced anxiety (weighted prevalence 5.0%, 4.2-5.8). The frequency of comorbid mental health illnesses in those who abuse substances has also been confirmed by several systematic reviews. Addictive substances cause symptoms of depression and/or anxiety, difficulty regulating emotions or make an existing problem worse, while making recovery much harder. Some people with depression and/or anxiety can also develop problems with drugs and alcohol, which may

also need treatment (Hjemsæter et al., 2019).

There is an urgent need to study emotional dysregulation and anxiety levels in drug addiction patients in Egypt because addiction and mental health are closely interlinked. Individuals with addiction often develop psychiatric disorders such as depression, anxiety, and other mood disorders. Egypt has significant substance abuse issues, with estimates suggesting a large percentage of the population are addicts. However, there is a lack of research on the emotional and mental wellbeing of these patients. Understanding the psychological factors that contribute to addiction is important to develop effective prevention and treatment programs. Identifying the level of emotional dysregulation and anxiety in drug addiction patients is essential for providing effective treatment and developing tailored intervention to improve their overall quality of life.

Purpose of the study

The purpose of the study was to investigate the relationship between anxiety level and emotional regulation among drug addict patients

Research questions:

1) What is anxiety level for patient with drug addict?
2) What is emotional regulation level for patient with drug addict?
3) What is the relationship between anxiety level and emotional regulation among drug addict patients?

Methods

Design:

Descriptive correlational research design was used to achieve the study purpose.

Setting:

This study was conducted at inpatient clinic in the psychiatric and addiction treatment hospital in Meet-khalaf, Menoufia Governorate, Egypt.

Description for the setting:

The hospital consists of two buildings, the first is the addiction building, and it consists of two floors. The capacity to accommodate the department is 25 beds between detoxification and rehabilitation. Secondly, the psychiatric building, which consists of five floors, the ground floor, clinics, and there are three psychiatric clinics and addiction work mutually and a reception clinic, dermatological, viral, and disability. For the four floors, there are internal departments, three floors for men and one for women and the capacity of the hospital is 118 beds.

Sample:

A purposive sample of 80 drug addicted patients who attend inpatient clinic in the psychiatric and Addiction Treatment Hospital in Meet-Khalaf. The inclusion and exclusion criteria include: Male gender, 20–50 years of age, orientation and agreement to participate in the study, absence of major neurological and mental illnesses, and history of chronic physical illness.

Sample Size:

The sample size was obtained using the following formula:

$$n = [DEFF*Np(1-p)]/ [(d^2/Z^2_{1-\alpha/2}*(N-1)+p*(1-p)]$$

- ➢ (n) = Sample Size
- ➢ DEFF = Design effect (for cluster surveys-DEFF): (1.5)
- ➢ d= Confidence level (95%)
- ➢ N = Population size
- ➢ P = margin of error (0.05).

So calculated sample size was 80 patients with drug addict.

Data collection instruments

Instrument One: Structured interview questionnaire: -

It was designed by the researcher to assess the patients' socio demographic characteristics and disease history as age, sex, occupation, marital state. In addition to comprehensive mental history including the onset, course, duration, and existence of substance misuse risk factors, family history admission to psychiatric hospital and prescription of medications was done. ……..etc.

Instrument Two: Depression, Anxiety and Stress Scale-Anxiety (DASS-A -7);

It was taken from Depression, Anxiety, and Stress Scale, which developed by Lovibond & Lovibond, (1995). The DASS consists of 21 items, is a self-report screening tool which measures the frequency of behaviors or intensity of feelings based on three subscales; anxiety (DASS-A) 7 items, depression (DASSD) 7 items and stress (DASS-S) 7 items. A DASS total score computed

from the three subscales. Scores of items rated on a three point scale (i.e., from 0 = ''never'' to 2 = always''). Higher scores indicate higher degrees of depression, anxiety and stress. In this study, the researcher used anxiety self- reported subscale. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious effect. Researcher calculated the score for anxiety by summing the scores for the relevant items. A higher score indicates negative emotional status. NB Scores on the (DASS-A -7) will need to be multiplied by 2 to calculate the final score. Anxiety scoring comprises normal (0–7), mild (8–9), moderate (10–14), severe (15–19), and extremely severe (20+).

Instrument three: Emotion Regulation Scale:

This questionnaire was designed by Gross and John (2003) based on the process model of ER.The ERQisa10-itemself-reportquestionnaire, designedtomea-sure the use of two ER strategies :an antecedent focused strategy called cognitive reappraisal (6 items) where an individual attempts to change how they consider a situation to change its emotional impact; a response-focused strategy, called expressive suppression(4items).where a subject attempts to inhibit the behavioral expression of their emotions . The two subscales can be scored separately; Respondents answer each item on a 3-point Likert-type scale ranging from 0 (disagree) to 2(agree).

Reliability of instruments

The internal consistency of the questionnaire was calculated using Cronbach's alpha coefficients. The reliability of the instrument was done using test - retest reliability and proved to be strongly reliable at 0.85 for Depression, Anxiety and Stress instrument and at 0.90 for Emotion Regulation instrument.

Validity of Instruments

The data collection instruments were tested for content validity by a jury of five experts in the field specialty of psychiatric mental health nursing, psychiatric medicine, community nursing, and psychologist to ascertain the relevance, coverage of the content and clarity of the questions. The instruments were approved to be valid following the judgment of the experts.

Data Collection methods:

The data was gathered from drug addiction department of Meet-Khalaf, Menoufia Governorate, Egypt; using the above-mentioned tools for data collection. An administrative approval: was obtained from the dean of faculty of nursing and the director of The Psychiatric Hospital in Meet-Khalaf. After explanation of the purpose of the study, the questionnaire used in the study was administered by the researchers. Ethical consideration: Ethical approval was attained from an ethical research committee of the Faculty of Nursing, Menoufia University. An oral consent was obtained from patients to participate in the study. During the initial interview the purpose of the study was explained.

The subjects were assured that all information would be confidential and the data would be used for scientific purposes only and the patient have full right to withdraw from the study at any time. Pilot study was carried out on 10% of the total sample (8 patients) before starting data collection to estimate the time required for filling out the sheet and also to check the clarity of the tools. The sample of the pilot study was excluded from the study.

Procedure of Data Collection

- Before starting any step in the study an official letter was addressed from the faculty of nursing, Menoufia University to the director of the General Secretariat of Mental Health, Meet Khalaf Psychiatric Hospital at Menoufia governorate, requesting their cooperation and permission to conduct the study

- Once the official permissions were obtained from the principal person, and the other authorized personnel, the researchers started the data collection.

- All of the authorized personnel provided with the needed information about the study from the researchers.

- All patients who fit in the inclusion and exclusion criteria were approached by the researchers to fill the questionnaires according to the following steps: - The researchers started data collection by introducing themselves to the participants.

- Oral informed consent was obtained from each participant. - Then a brief description of the purpose of the study and the type of questionnaire required to fill was given to each participant.

- The process of data collection took a period of 2 months (from the first of September 2022 to the end of October 2022), 2 days / week (Monday and Thursday), from 10 A.M. : 1 P.M., 5 patients / day and each patient's interview lasted (`30-35 minute).

Statistical analysis:

Data was coded and transformed into specially designed form to be suitable for computer entry process. Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 20. Data was entered and analyzed using Statistical Package of Social Science (SPSS) version 20. Quantitative data were presented in the form of mean ($\overline{X}$), standard deviation (SD), and qualitative data were presented in the form numbers and percentages. Chi-square test ($\chi2$), Fischer exact test, Pearson correlation (r) were used to find out the possible association between studied factors. P<0.05 was considered statistically significant and P value < 0.001 was highly significant while P>0.05 indicated non-significant.

Results

Table1:- shows that the average age of the studied drug addict are (31.1±5.02), In terms of marital status, more than one-third (38%) are single, fewer than half (45%) are married, and only 16% are divorced. Regarding educational

level, more than one-quarter (28%) had middle certification, compared to 25% who had preparatory education and (22.5%) had Primary education. In terms of occupation, more than half (55%) are employed, compared to less than half (45%) who are unemployed. Less than half (46 % and 48 %, respectively) have low and average economic levels.

Table2:- shows that more than a third of the studied subject (35%)are drug addicts from six months to one year, more than a third of the studied subject (36%) are drug addicts from one year to five years, and a quarter of participants (26%), are addicts for longer than five years. As regards to types of drug usage more than a quarter (27%) of drug users are addicted to marijuana and (21%) are addicted to tramadol.

Table3:- illustrates that there is a variety of addiction-related reasons with varying percentages within the studied subjects, bad friends contributing for 30% of those reasons.

Figure1:- shows that more than two thirds (66%) of studied subject have moderate level of anxiety.

Figure2:- shows that more than of three-quarters (78%) of studied subject have unsatisfactory emotional regulation level.

Table4:- shows that there is a significant statistical negative correlation between the total anxiety mean score and the total emotional regulation mean score among studied subject; mean that when anxiety increase ,emotional regulation decrease and vice versa.

Table (1): Socio demographic data of the drug addicts (N=80):

Studied variables	No.	%
Age / years		
Mean±SD	31.1±5.02	
Range	22.0 – 45.0	
Marital state		
Unmarried	31	38.8
Married	36	45.0
divorced	13	16.2
Educational level		
Illiterate	6	7.50
Read and write	8	10.0
Primary	18	22.5
Preparatory	20	25.0
Middle certification	23	28.8
University or more	5	6.30
Occupation		
Works	44	55.0
Doesn't work	36	45.0
Economic level		
Low	37	46.2
Average	39	48.8
High	4	5.00

Table (2): Clinical characteristics of the drug addicts (N=80):

Studied variables	Studied groups (N=80)	
	No.	%
Duration of drug use		
Less than 6 months	2	2.50
From 6 months to year	28	35.0
From one year to 5 years	29	36.2
More than 5 years	21	26.3
Types of drug		
Tramadol	17	21.3
Cocaine	8	10.0
Morphine	2	2.50
Amphetamine	12	15.0
Alcohol	5	6.30
Nicotine	3	3.80
Marihuana	22	27.5
Heroin	11	13.8

Table (3): Motives for drug addiction among the drug addicts (N=80):

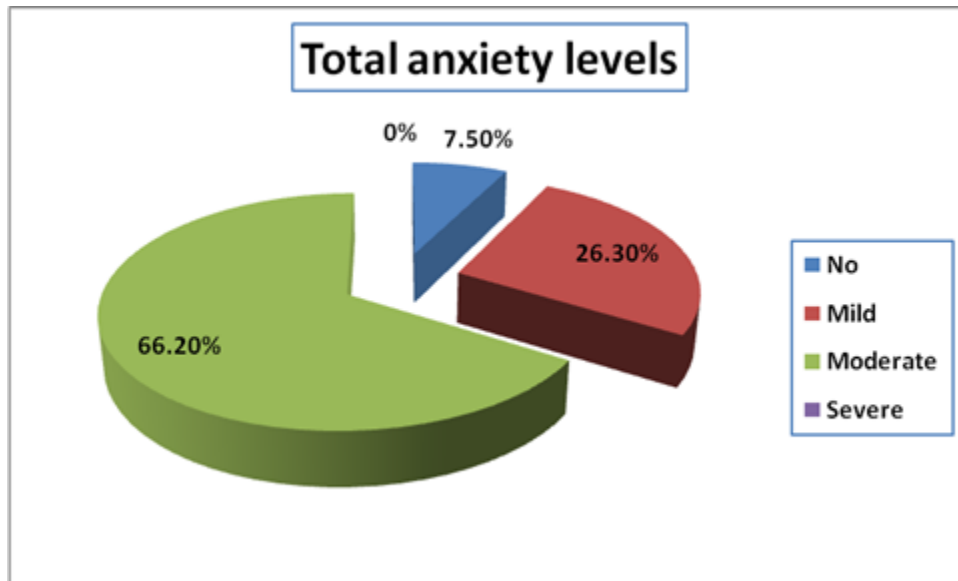| Studied variables	Studied groups (N=80)	
	No.	%
motives of addiction		
Bad role models by parents	11	13.8
Parents addiction	6	7.50
Disintegration of the family	10	12.5
Neglecting children	10	12.5
Bad friends	24	30.0
Loneliness	2	2.50
Weak faith	6	2.70
Curiosity	8	10.0
Dependence on hypnotics	3	3.80

Figure (1) Percentage distribution of total level of anxiety among the drug addicts
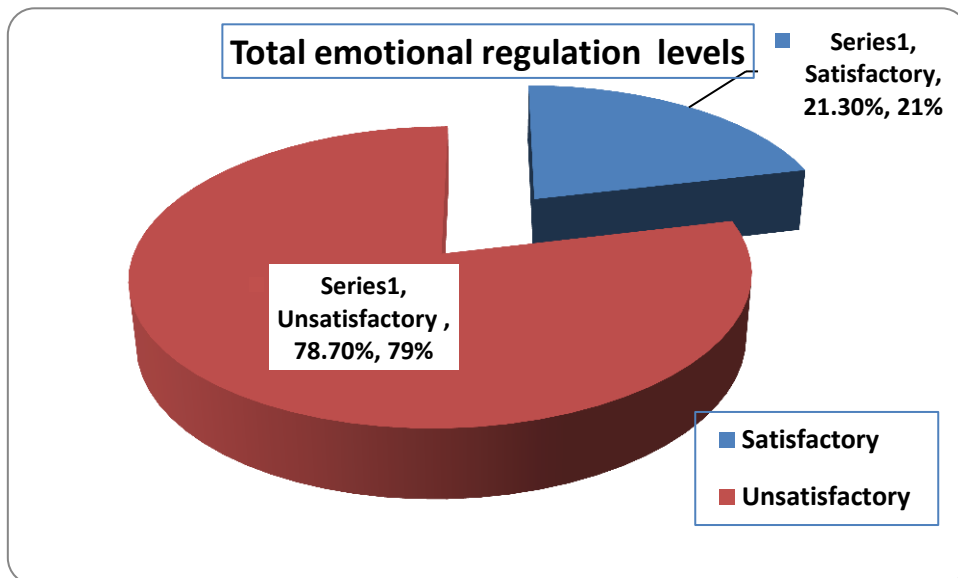

Figure (2) Percentage distribution of level of emotional regulation among the drug addicts

Table (4): Correlation between total anxiety mean score and total emotional regulation mean score among drug addicts (N=80):

Studied variables	Total anxiety score	
	R	P value
Total emotional regulation score	-0.361	**0.022***

r: Spearman's correlation   *Significant

Discussion

Anxiety and emotional dysregulation are common triggers for relapse among drug addict patients. Addressing anxiety and emotional dysregulation issues can significantly improve the overall mental health and wellbeing of drug addict patients. It can improve their ability to cope with stressors, reduce negative moods, and improve their overall quality of life. Also, incorporating anxiety management techniques into addiction treatment can help reduce emotional dysregulation and improve treatment outcomes. So this study aims to investigate the relationship between anxiety level and emotional regulation among drug addict patients.

The current study revealed that the mean age of the studied subject was (31.1±5.02); this might be due to factors such as increased stress and pressure among young adults, easy access to drugs, peer pressure, poor coping mechanisms, mental health issues, and other social and environmental factors. This result was consistent with Adel ,et al., study's in 2019 about" Study of respiratory complications of addiction among civilian patients at Maadi Military Hospital" reported that mean age of the studied subject was 31.98±7.07 years. Regarding marital status current study revealed that, forty-five percent of the studied sample was married; this may due to stress associated with marriage and family issues that lead to substance abuse as a way to cope with stressors. This finding was agreed with Jalali et al., study's in 2018 about " Investigating the effect of family

counseling on the acceptance and support of patients under methadone maintenance treatment" reported that, (84%) were married and (16%) were single. while this result was contradicted Bayır & Aylaz finding,s in 2021 studied " The effect of mindfulness-based education given to individuals with substance-use disorder according to self-efficacy theory on self-efficacy perception" reported that 67.9% of studied participants were single.

As regards to educational level the findings of the present study showed that more than one-quarter had middle certification, compared to who had preparatory education and had Primary education. This might be because those with secondary, preparatory, or primary education usually have technical or commercial jobs with relatively high incomes which are directed to the substance use instead of other beneficial activities. This result was supported by El-Genady &Wahab, (2020) conducted study about" Effect of perceived social support and resilience on life satisfaction and stress tolerance among patients with substance use disorders" reported that majority of participants were Primary/ preparatory educational level. Also, Abdelkawy et al finding's in 2022 about" Relation between Substance Use Craving and Self-Efficacy in Addict Patients" they reported that majority of studied sample were primary education. Moreover, Hassan & Atta finding's in 2018studied" Factors Correlated with Relapse among Substance Abuse Patients" reported

that, most of the studied sample was diplom after prep school (38.3%). Contrary to this results Ibrahim et al., (2018) studied" Patterns and socio demographic characteristics of substance abuse in Al Qassim, Saudi Arabia" reported that (49.2%) of studied sample were high education; this contradiction may be due to different sample size.

As regarding to occupational status the finding of the current study showed that, more than half were employed, this might be due to the individuals who are employed might have more financial resources to purchase drugs compared to those who are unemployed. They may also have access to drugs through colleagues or friends. In addition to their belief that using drugs will help them cope with the stress and hardship of their work. This result was in line with Abou El-Magd et al., (2018) studied" Tramadol misuse and dependence in Egypt and the UAE: user characteristics and drug-use patterns "showed that the majority of participants were employed., Beside El-Wasify et al., study's in 2018 about "The socio demographic and clinical characteristics of tramadol dependence among Egyptians and their relationship to the associated insomnia" founded that more than half (52%) of studied sample were working. As regards to economic level, less than half of drug addicts patients had low and average economic levels this might be one of the cause of stress that lead increases the likelihood of substance abuse. In addition to that drug addiction itself can quickly lead to financial instability, job loss, and homelessness, which

tends to disproportionately affect people with low economic levels. This result was in disagreement with Bogaers, et-al, (2022); entitled as "Seeking treatment for mental illness and substance abuse" found that more than half of the target populations were get enough monthly income to buy substance; this contradiction may be due to different sample size.

The current study found that a quarter of participants had been drug addicts for more than five years, more than a third had been addicted from six months and a year and between a year and five years, respectively. This might be the result of a variety of factors, including the difficulty of breaking the addiction cycle, limited access to treatment options, and other social conditions that contribute to drug addiction. This finding was contradicted with the Adel, et al., in 2019 studied " Study of respiratory complications of addiction among civilian patients at Maadi Military Hospital" they reported that Average duration of abuse in all patients was 7.63±2.62 years., Besides Abd Allah, et al (2022) in a study entitled "A study of comorbidity between opioid addiction and major depressive disorders in El Hussein University hospital." Found that most of patients were addicted for ≥ 10 years. Also Filiz, & Polat (2022), in the study titled "The correlation between the addiction profile and general self-efficacy of patients receiving treatment for substance use disorder." Reported that the mean duration for addiction in their patient were 5:10years; this

contradiction may be due to different sample size.

As regarding drug use types, the present study revealed that more than a quarter of drug users reported a marijuana addiction, and less than a quarter reported a tramadol addiction. This might be due to that marijuana is one of the most widely used illicit drugs Tramadol is an opioid painkiller that has the ability to produce feelings of pleasure and relaxation. The finding of the present study was supported by Gemeay et al., finding's in 2019 about "Effect of Psych-educational Program on Self-Efficacy of Patient with Substance Use Disorders "they reported, the first line of used substances was tramadol (70%). Also, Andersson et al study's in 2021 reported that, among patients with primary drug use disorders, opioids represented the most prevalent drug.

The present study displayed that there were a variety of causes associated to addiction with varying percentages within the study group, with bad friends contributing for thirty percent of those reasons. This might be due to that bad friends and peer pressure can certainly contribute to someone's decision to experiment with drugs. This is often because individuals want to fit in or feel accepted by their peers. Bad friends who are drug users themselves might have a negative influence on others. They may encourage their friends to try drugs and see it as a way to bond or have fun together. Bad friends may also use peer pressure to get their friends to use drugs. This result was incongruent with Dumbili, et al (2021) studied"

Cannabis use motivations: a study of young adults in Nigeria" reported that, the most common cause of drug abuse is for experiment, besides Azim study's in 2019 about Case studies of drug abused youth of Kashmir valley indicated that, (38.9%) respondents were using drugs in order to enhance their self-confidence; this differences may be due to that drug addiction is a complex issue and can have multiple contributing factors. It's not as simple as just having "bad friends" or experimenting with drugs. Genetics, mental health, trauma, and other environmental factors can all play a role in whether a person becomes addicted to drugs.

The current study revealed that the total mean anxiety score of the participants in the study was 10.0±1.65 and more than two thirds of studied participants had moderate level of anxiety. This may be due to that anxiety is a significant issue among drug addict population. It is possible that drug use may exacerbate or contribute to anxiety symptoms, leading to higher levels of anxiety in this population. Additionally, individuals struggling with addiction may experience stress and worry related to their drug use, lifestyle, and social and financial problems, which can also contribute to anxiety. This result was contradicted with Regmi et al.,(2020) studied " Assessment of Anxiety and Depression among Patients with Substance Use Disorder Attending at a selected Rehabilitation Center Kathmandu" they reported that 28.7% had no anxiety, 41.7% had borderline anxiety where as 29.6% of

them had anxiety baseness .Also., Hassan ,et al (2021) studied" The association of anxiety and depressive disorders with substance use disorders: frequency and relationship with substance use severity" they showed that moderate anxiety was present in 43.7% of the sample, followed by severe anxiety (28.2%), mild anxiety (24.3%), and lastly, no anxiety (3.9%).This differences may be due to different sample size.

The present study showed that the total mean emotional regulation score of studied group was 4.89±2.34 and more than of three-quarters of studied group had unsatisfactory emotional regulation level. This might be because it is possible that drug addiction can have a negative impact on a person's ability to regulate their emotions effectively. The mean emotional regulation score of 4.89±2.34 indicates that, on average, the drug addict patients studied had a relatively low level of emotional regulation. Additionally, the fact that more than three-quarters of the studied group had an unsatisfactory emotional regulation level suggests that emotional regulation may be an important area of concern for individuals struggling with drug addiction. This result was in line with Al-Ziadat,(2021) studied "The Prediction Ability of Emotional Regulation in Self-Compassion and Self-Esteem among Jordanian Substance Abusers" who reported that there was average level of difficulties with emotional regulation among participants ,low emotional quotient among drug abusers. Also, Decker et al .,(2016) studied" Emotion regulation

strategies in individuals with cocaine use disorder maintained on methadone " they reported that people with SUD had more use of dysfunctional and maladaptive ER strategies when compared to people without SUD, significant results of emotional impairment were observed in relation to SUD.

The current study revealed that there was a significant statistical negative correlation between the total anxiety score and the total emotional regulation score among studied participants; suggest that as anxiety increases, emotional regulation decreases and vice versa. This might be because drug addiction can impair a person's capacity to control their emotions, which leaves them feeling very anxious. As an alternative, high levels of anxiety may make it difficult for individuals to effectively regulate their emotions. Additionally, a lack of emotional regulation might exacerbate anxiety: On the other hand, it's also possible that difficulties with emotional regulation are causing the patients under study to experience higher levels of anxiety. People may be more prone to experiencing overwhelming, stressful, and worrying feelings if they find it difficult to effectively control and regulate their emotions. This result was in agreement with Juhás ,(2022) studied" Examining the Mediating Effect of Emotion Regulation and Emotion Crafting Between Parenting Dimensions and Anxiety Symptom" reported emotion dysregulation related to higher levels of anxiety. Also, Megreya, et al.,(2020) they conducted research about"

Cognitive emotion regulation strategies, anxiety, and depression in mothers of children with or without neurodevelopmental disorders". They found mothers of children with ASD experienced higher levels of anxiety reported less use of positive reappraisal, positive refocusing, and refocus on planning (emotional regulation strategies).

Conclusion:

There was a significant statistical negative correlation between the total anxiety mean score and the total emotional regulation mean score among studied subject.

Recommendations:

- Implement a targeted intervention program that focuses on helping individuals break away from their bad friend cycle
- Regular assessments and monitoring of anxiety and emotional regulation should be included in the treatment process for drug addict patients.
- Designing and implementing a psychosocial counseling program for drug addict patients to improve emotional regulation and reduce anxiety.

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