

SOCIAL ANXIETY AND SUICIDAL IDEATION AS CORRELATES AND PREDICTORS OF QUALITY OF LIFE IN DRUG ABUSERS

Somia Shabbir, Dr. Bushra Hassan

Department of Psychology, Forman Christian College (A Chartered University)

Abstract

Aims. This study aimed to investigate the relationship between social anxiety, suicidal ideation, and quality of life in substance abusers, as well as the predictive role of social anxiety and suicidal ideation. **Methods.** Using a correlational research design and non-probability purposive sampling, a sample of 80 drug addicts ranging in age from 18 to 50 ($M = 35.01$; $SD = 6.90$) years old were selected. The participants completed the Liebowitz Social Anxiety Scale (Liebowitz, 1987), the Scale of Suicidal Ideation (Beck et al., 1979), and the Quality-of-Life Scale (Flanagan, 1970). **Results.** There was a strong correlation between social anxiety and quality of life. Suicidal ideation was found to be significantly negatively correlated with quality of life. According to regression analysis, social anxiety and suicidal ideation were significant predictors of quality of life. **Conclusions.** This study's findings may be useful for drug users, adolescents, parents, counsellors, and therapists seeking information on drug addiction.

Keywords: Social Anxiety, Suicidal Ideation, Quality of Life

Introduction

Substance abuse presents numerous negative social and mental health risks for the younger generation and making it a serious global health issue (Khezri et al. 2020). The phenomenon of drug use is one that can cause death and morbidity all over the world. Substance abuse, which includes smoking, drinking, and using other drugs, is well known to pose a threat to young people everywhere (World Health Organization, 2019). Alcohol is thought to be responsible for 1.8 million deaths, or 3.2% of all deaths worldwide, while tobacco is thought to be responsible for more than 5 million deaths each year (Dida et al. 2014; WHO, 2009). According to recent research, the relationship between substance abuse and suicide must be resolved in order to reduce the burden of suicide (Pompili et al. 2010; Vijaya kumar et al. 2011).

Social anxiety disorder, also known as social phobia, is a severe mental disorder that usually affects adolescents between the ages of 8 and 14 years old, worsens gradually over time, and is linked to a significant reduction in social functioning, productivity increases, and quality of life (Maki, 2015). Many university students develop or worsen social phobia symptoms (Akcaoyun, 2018). During this time, students work hard to prove themselves in order to be accepted by others as self-governing individuals. The majority of people were afraid of speaking in front of an audience or performing in front of them, both of which were linked to a higher risk of disability and a lower quality of life (Ahmad et al. 2017; Goodwin et al. 2005). At some point in their lives, 13% of people will experience social anxiety, with symptoms typically appearing during adolescence or early adulthood (Alarcon, 1992).

However, recent studies suggest that lifetime prevalence rates may be significantly higher (Stein & Kean, 2000; Landell, 2010). Only major depression and alcoholism are more prevalent in the general population than the most prevalent anxiety disorder is social anxiety disorder (Stein et al. 2017). Social anxiety has been linked to substance abuse, low socioeconomic status, unemployment, lack of education, and lack of social support (Hakami et al. 2017; Cogle et al. 2010). Poor academic performance, ineffective clinical exam performance, and a lower quality of life have all been linked to social anxiety (Menezes et al. 2006; Sartorius & Ostroff, 1996). Even though social anxiety affects a significant portion of the world's population, there is little evidence to support its existence, especially in developing nations.

Though, suicide is a serious public health concern due to the approximately 703000 suicides and numerous suicides attempts that occur annually throughout the world (Qamar & Ibrahim, 2024; World Health Organization, 2021). Theoretically, the strongest predictor of successful suicide in the general population is a history of failed suicide attempts (World Health Organization, 2021). Substance use disorders (SUDs) like cannabis use disorder, alcohol use disorder (AUD), and drug use disorder increase the suicide risk (Westman et al., 2015; Hjorthoj, et al., 2015; Lynch et al., 2020). According to research that state that AUD accounts for 22% of all suicides and that SUDs account for 25 to 50% of all suicides, alcohol consumption may have avoided every fifth suicide (Cavanagh et al., 2003).

Given the importance of substance abuse symptoms as risk factors for suicidal ideation, attempt, and death, it is essential to assess suicide utility weights (Bachmann, 2018; Ribeiro et al., 2018). Furthermore, because people have different preferences for different health states, weights differ across communities, and what is better or worse depends on the specific environment in which each person lives, as well as their personal experiences. As a result, gathering information about the quality of life in the neighborhood in terms of suicidal ideation is critical. Globally, utility weights for the various states of suicide attempt or suicide death have been firmly established (Salomon et al., 2016).

Furthermore, quality of life of drug users has been shown to be similar to that of people with psychiatric issues (Hofmann et al., 2017). Data on drug users' quality of life may be important for policymakers, program administrators, and program evaluators to use as a baseline treatment. It can be valuable for drug abuse treatment program management to compare quality of life with outcomes from self-perceived health outcomes (Lee, 2020). According to the author's knowledge, no research has examined the impact of social anxiety on Pakistan's quality of life. Therefore, this study aimed to determine the prevalence of social anxiety among drug addicts, as well as its associations with suicidal ideation and quality of life.

People suffering from drug addiction or substance abuse frequently experience social anxiety and suicidal thoughts, and approximately one-third to one-half of opioid abuser's experience lifetime experience with at least one major depressive episode (Sadock, 2007). Furthermore, studies have revealed that the most common co-morbidity of addiction is anxiety and suicidality (Flavio 2005; Harrell & Karim 2008). It appears that factors other than depression and stress may influence patients' substance abuse.

A variety of social stressors, the economy, and psychological factors all have an impact on addiction. Anxiety is a natural physiological reaction to stress. Distress is an unpleasant emotional experience that can occur naturally, such as when a family member suffers from a chronic illness over time. His family and friends gradually stop sympathizing with him, and they are less likely to meet his needs and pay attention to his sufferings (Harrell & Karim 2008). They may not fully understand what he is going through and may deny him the emotional support he requires. In light of the above discussion, this study looks into social anxiety, suicidal ideation, and quality of life in addicts and people who appear to be in a normal state.

The current study aims in order to gain a better understanding of drug users' quality of life and an association between social anxiety and suicide ideation. The current study intended to better understand how social anxiety and suicidal thoughts affected the quality of life of drug users by collaborating with mental health professionals, Pakistani families, and doctors. The primary goal of this research is to shed light on clinical and social settings and to increase knowledge of the methods that policy makers, volunteers, and mental health professionals can use some strategies to reduce suicidal ideation, minimize social anxiety in addicts, and enhance quality of life.

Method

Research Design

The study investigates the link between social anxiety, suicidal ideation, and life quality in drug addicts. Therefore, this study used a correlational research design.

Sampling Strategy and Sample

Males and females between the ages of 18 and 50 (as determined by the g power formula), were included in the sample of 80 drug addicts selected from Pakistani drug rehabilitation centers using a non-probability, purposive sampling method.

Demographic Information Sheet

Demographics include information such as name initials, age, gender, education, marital status, hospital, and occupation.

The Liebowitz Social Anxiety Scale (LSAS; Leibowitz, 1987)

The Liebowitz Social Anxiety Measure (LSAS) used to obtain better understanding that how social anxiety affects your life in various contexts. A self-rating scale with 24 items, was developed by Leibowitz in 1987. Liebowitz is a physician and researcher who developed the LSAS. This tool utilized a four-point scale, with zero being none and four being severe. As a result, a high score implies that you suffer from a severe level of social anxiety. Cronbach's alpha for the LSAS is high ($\alpha=.86$).

The Scale of Suicidal Ideation (Beck et al. 1979)

Suicidal ideation scale was developed by Beck et al., (1979). An interviewer uses the SSI, a 19-item rating scale, to assess the seriousness of certain attitudes, behaviours, and suicide plans in the present. According to the dependability findings, this scale's Cronbach alphas range is ($\alpha= .75-.92$).

Quality of Life Scale (QOLS; Flanagan, 1970)

In 1970, Flanagan developed the first instrument for measuring quality of life. This scale has sixteen distinct categories. This scale consists of 5 Likert points (1 being very strongly agree, and 5 being very strongly disagree). This scale's Cronbach's alpha reliability is ($\alpha=.79$). The current study's overall scale had a Cronbach's alpha coefficient of ($\alpha=.72$).

Procedure

The topic was first selected and approved by the study board. After the topic was approved, scales were selected with the authors' permission. The researcher collected information and provided tools to participants in the study who met the eligibility requirements. Data was collected from a variety of drug treatment rehabilitation centers in Pakistan. Participants were given instructions and asked to fill out questionnaires. Every ethical consideration was taken into account. Written permission was obtained. They were given the option to withdraw from the study at any time and were assured they would not be penalized. Their responses to the questionnaires would be kept confidential and that their identities would be anonymous.

Results

The first step in the data analysis process was to conduct a reliability analysis of Cronbach alpha value of instruments. In the second step, the Pearson Product Moment Correlation was utilized to assess the correlation between the study variables. Analysis of regression using the hierarchy regression analysis, the predictive value of social anxiety and suicidal ideation for drug users' quality of life was investigated. Table 2 shows the actual and potential ranges of the variables, as well as, for each assessment measure, descriptive and reliability analyses were performed.

Table2

Descriptive Statistics and Reliabilities of Social Anxiety, Suicidal Ideation and Quality of Life (n=80)

Variables	<i>K</i>	<i>M</i>	<i>SD</i>	α
Social Anxiety	19	38.71	27.0	.70
Suicidal Ideation	24	23.52	11.2	.92
Quality of Life	16	60.40	16.0	.94

k = number of items; M = mean; SD = standard deviation; α = Cronbach's alpha coefficient

The assessment scales' means, standard deviations, number of items, and reliability are presented in Table 2. Cronbach's Alpha was utilized to determine the reliability of every scale. Across all scales, internal consistency varied between 0.70 and 0.94. In order to investigate the

relationship between social anxiety, suicidal ideation, and quality of life in drug addicts, Pearson product moment correlation analysis was employed. Table 3 displays the results of this study.

Table3

Correlation between Social Anxiety, Suicidal Ideation and Quality of Life(n=80)

Variables	1	2	3
Social Anxiety	-	-.02*	-.05*
Suicidal Ideation		-	-.56*
Quality of Life			-

p<.05=*, p<.01=**

Findings showed that social anxiety is negatively correlated with quality of life. It implies that those with higher social anxiety have a lower quality of life. Additionally, suicidal ideation negatively affects quality of life. Suicidal ideation impairs a person's cognitive and emotional abilities, resulting in poor social performance. In addition, it suggests that drug users have difficulty forming strong, dependable relationships. They care less about other individuals. They lack compassion and affection. It was also proposed that social anxiety and suicidal ideation would be predictors of quality of life. This claim was evaluated using hierarchal hierarchical regression analysis. Table 4 shows the findings.

Table 4

Hierarchal Regression Analysis Predicting Quality of Life (n=80)

*p < .05., **p < .01., ***p < .001.

The results of the regression analysis are shown in Table 4. In the results, both models were found to be significant. In the first phase, social anxiety was a predictor that was statistically significant ($\beta=.05$, $p<.05$) ($R^2 = .01$, $F(1, 198)$), suggesting that social anxiety predicted quality of life. In the second model, suicidal ideation ($\beta = -.56$, $p<.05$) was a predictor that was statistically significant ($R^2 = .30$, $F(2, 197)$). Finally, social anxiety and suicidal thoughts were discovered to be significant predictors of quality of life.

4. Discussion

This study aimed to investigate the relationship between drug users' quality of life, suicidal

Predictors	Quality of Life Drug Abusers	
	ΔR^2	β
Step 1	-.01*	
Social Anxiety		.05*
Step 2	.30*	
Suicidal Ideation		-.56*
Total R ²	32%	

ideation, and social anxiety. There was a significant inverse relationship between the quality of life, suicidal ideation, and social anxiety of drug users. A statistically significant inverse relationship was found between social anxiety and life satisfaction. This result

was consistent with the findings of Hajure and Abdu (2020), discovered that adults with higher levels of social anxiety scored lower on all dimensions of life quality, including physical and mental health, social relationships, and the environment. Individuals with social anxiety had a lower quality of life, increased negative emotions, poor health, depression, and psychological distress. Previous research examined at how loneliness and drug need moderated the anxiety and dissatisfaction of male substance abusers. Loneliness and drug addiction acted as mediators in the anxiety-depression relationship. Male anxiety, loneliness, drug usage, and depression were all found to be strongly associated with substance abusers. Drug use and loneliness significantly reduced the anxiety and depression relationship (Chen et al. 2022).

The current study's findings revealed, suicidal ideation and quality of life are negatively

correlated. Previous studies have provided support for the findings. A study looked at drug-using men's quality of life, as well as their levels of worry, depression, and suicidal ideation. According to research, the Persons Who Inject Drugs (PWID) population in Delhi is socially rejected, has little education, and frequently sleeps on the streets. In outcomes, people are more prone to be subjected to physical violence, poverty, poor health, unemployment, and family separation. The study's high rate of psychological suffering will have an impact on activities aimed at involving, treating, and rehabilitating participants (Armstrong et al., 2013). According to the findings of the current study, social anxiety and suicidal thoughts were significant predictors of drug users' quality of life. A combination of negative emotions is the primary cause of a poor quality of life. Due to anxiety, over thinking, and insecurities, a person may simultaneously experience extreme stress and distress over numerous issues (Norhizan et al., 2019).

Social anxiety makes it difficult for sufferers to function in a variety of social situations; as a result, their overall mood and wellbeing suffer. Their lives are significantly impacted by social anxiety. Those with social anxiety are more likely to be bullied, to leave class early, to lack adequate credentials, to miss more classes, and to perform poorly overall (Jefferies & Ungar, 2020). Because it can cause emotional and physical instability, social anxiety disorder negatively impacts quality of life. Physical and cognitive functioning deteriorated, particularly in leisure and social activities (Al-Omari, 2017). Another study investigates the relationship between suicidal ideation risk factors (such as depression and social anxiety) and protective factors (such as low self-esteem, low ego resilience, and low social support). In contrast to depression and social anxiety, higher levels of self-esteem and social support were associated with a decreased risk of suicidal ideation. Despite the lack of a significant independent effect, the combination of ego-resilience, depression, and social anxiety significantly increased suicidal ideation (Seo et al., 2022).

Conclusion

The objective of this quantitative study was to examine the relationship between social anxiety, suicidal ideation, and quality of life in drug users and to generalize the results to a large population. The investigation revealed a significant inverse relationship between social anxiety, suicidal ideation, and overall quality of life. Social anxiety and suicidal ideation were also significant predictors of life satisfaction. Social anxiety and suicidal ideation are related disorders, and future research must focus on a number of crucial aspects. Is it acceptable, for example, to effectively treat psychological problems while ignoring the underlying fear of death? This research could greatly increase our knowledge of psycho-educational functions that social anxiety and suicidal ideation play in psychopathology, with significant theoretical and therapeutic consequences.

References

1. Akçakoyun F. (2018). Analysis of self-esteem levels of students in physical education and sports high school. *J Educ Train Stud.* 6(2):73. doi:10.11114/jets. v6i2.2951
2. Ahmad RJ, Bayan H, Faque T, Seidi PM. (2017). Prevalence of social anxiety in students of college of education university of Garmian. *Res World J Arts Sci Commer.* VIII(1):78–82.
3. Alarcon RD. (1992). Synopsis of psychiatry: behavioural sciences and clinical psychiatry, 6th ed. *Am J Psychiatry.* 149:972–974 p. doi:10.1176/ajp.149.7.972
4. Al-Omari FK, Altowairiqi IF, Al Saadi KK (2017) Magnitude of Social Anxiety Disorder, and Impact on Quality of Life among Medical Students, Taif City-Ksa. *J Psychol Clin Psychiatry* 7(5): 00454. DOI: 10.15406/jpcpy.2017.07.00454
5. Armstrong, Natalie & Herbert, Georgia & Aveling, Emma-Louise & Dixon-Woods, Mary & Martin, Graham. (2013). Optimizing patient involvement in quality improvement. *Health expectations: an international journal of public participation in health care and health policy.* 16. 10.1111/hex.12039.
6. Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. *International journal of environmental research and public health*, 15(7), 1425.

7. Cougle JR, Zvolensky MJ, Fitch KE, Sachs-Ericsson N. (2010). The role of comorbidity in explaining the associations between anxiety disorders and smoking. *Nicotine Tob Res.* 12(4):355–364. doi:10.1093/ntr/ntq006
8. Chen, X., Qiu, N., Zhai, L., & Ren, G. (2021). Anxiety, Loneliness, Drug Craving, and Depression Among Substance Abusers in Sichuan Province, China. *Frontiers in pharmacology*, 12, 623360. <https://doi.org/10.3389/fphar.2021.623360>
9. Dida, N., Kassa, Y., Sirak, T., Zerga, E., & Dessalegn, T. (2014). Substance use and associated factors among preparatory school students in Bale Zone, Oromia Regional State, Southeast Ethiopia. *Harm reduction journal*, 11(1), 1-6.
10. De Menezes GB, Fontenelle LF, Versiani M. (2006). Trans-cultural aspects of social anxiety disorder and related conditions: a Brazilian case series and a review of international clinical studies. *J Bras Psiquiatr.* 55(3):196–200. doi:10.1590/S0047-20852006000300004
11. Goodwin RD, Faravelli C, Rosi S, et al. (2005). The epidemiology of panic disorder and agoraphobia in Europe. *Eur Neuropsychopharmacology.* 15(4):435–443. doi: 10.1016/j.euroneuro.2005.04.006
12. Green-Landell M. (2010). Social anxiety disorder in Swedish adolescents: prevalence, victimization & development. *Unitryck, Linköping, Sweden.* <http://www.diva-portal.org/smash/record.jsf?pid=diva2:329270>.
13. Hajure, M., & Abdu, Z. (2020). Social Phobia and Its Impact on Quality of Life Among Regular Undergraduate Students of Mettu University, Mettu, Ethiopia. *Adolescent Health, Medicine and Therapeutics*, Volume 11, 79–87. <https://doi.org/10.2147/ahmt.s254002>
14. Hofmann, S. G., Curtiss, J., Carpenter, J. K., & Kind, S. (2017). Effect of treatments for depression on quality of life: a meta-analysis. *Cognitive behaviour therapy*, 46(4), 265–286. <https://doi.org/10.1080/16506073.2017.1304445>
15. Hakami RM, Mahfouz MS, Adawi AM. (2017). Social anxiety disorder and its impact in undergraduate students at Jazan University, Saudi Arabia. *Ment Illn.* 9:42–47. doi:10.1108/mi.2017.7274
16. Jefferies P, Ungar M. (2020). Social anxiety in young people: A prevalence study in seven countries. *PLoS ONE* 15(9): e0239133. <https://doi.org/10.1371/journal.pone.0239133>
17. Khezri, M., Mirzazadeh, A., McFarland, W., Iranpour, A., Shahesmaeili, A., Zarei, J., ... & Sharifi, H. (2020). Prevalence of substance use and associated risk factors among homeless youth in Iran: A cross-sectional study. *Children and Youth Services Review*, 116, 105070.
18. Kwon, J., Kim, S. W., Ungar, W. J., Tsiplova, K., Madan, J., & Petrou, S. (2018). A systematic review and meta-analysis of childhood health utilities. *Medical Decision Making*, 38(3), 277–305.
19. Lee, S. A. (2020). Coronavirus anxiety scale: a brief mental health screener for COVID-19 related anxiety. *Death Studies*, 44, 393–401.
20. Mäki P. (2015). Social phobia and depression in adolescence in general population and 2 years follow up. Social phobia and depression in adolescence in general population concurrent associations. *Acta Univ Tampere*.2040.
21. Madsen, L. B., Eddleston, M., Hansen, K. S., & Konradsen, F. (2017). Quality assessment of economic evaluations of suicide and self-harm interventions. *Crisis*.
22. Norhizan, N. F. A., Ghazi, H. F., Abdalrazak, H. A., Abdalqader, M. A., Baobaid, M. F., Hasan, T. N., & Hassan, M. R. (2019). Social phobia and its association with body shape and internet addiction among private university students in Selangor, Malaysia. *International Journal of Medical Toxicology & Legal Medicine*, 22, 106. <https://doi.org/10.5958/0974-4614.2019.00025.1>
23. Pompili, M., Serafini, G., Innamorati, M., Dominici, G., Ferracuti, S., Kotzalidis, G. D., ... & Lester, D. (2010). Suicidal behavior and alcohol abuse. *International journal of environmental research and public health*, 7(4), 1392-1431.
24. Qamar, T., & Ibrahim, N. (2024). A Quasi-Experimental Clinical Trial of the Detached

- Mindfulness Group Therapy for Married Women with Major Depressive Disorder. *Revista De Gestão Social E Ambiental*, 18(7), e07137. <https://doi.org/10.24857/rgsa.v18n7-113>
25. Ribeiro, J. D., Huang, X., Fox, K. R., & Franklin, J. C. (2018). Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *The British Journal of Psychiatry*, 212(5), 279–286.
 26. Salomon, J. A., Haagsma, J. A., Davis, A., de Noordhout, C. M., Polinder, S., Havelaar, A. H., ... & Vos, T. (2015). Disability weights for the Global Burden of Disease 2013 study. *The Lancet Global Health*, 3(11), e712-e723.
 27. Seo, E.H., Yang, HJ., Kim, SG. *et al.* Ego-resiliency moderates the risk of depression and social anxiety symptoms on suicidal ideation in medical students. *Ann Gen Psychiatry* 21, 19 (2022). <https://doi.org/10.1186/s12991-022-00399-x>
 28. Schneider, B. (2009). Substance use disorders and risk for completed suicide. *Archives of suicide research*, 13(4), 303-316.
 29. Stein MB, Kean YM. (2000). Disability and quality of life in social phobia: epidemiologic findings. *Am J Psychiatry*. 157(10):1606–1613. doi: 10.1176/appi.ajp.157.10.1606
 30. Stein DJ, Lim CCW, Roest AM, et al. (2017). The cross-national epidemiology of social anxiety disorder: data from the World Mental Health Survey Initiative. *BMC Med*. 2017; 15:1–21.
 31. Sartorius N, Oston B. (1996). Depression comorbid with anxiety: results from the WHO study on psychological disorders in primary health care. *Br J Psychiatry*. 168:38–43
 32. Vijayakumar, L., Kumar, M. S., & Vijayakumar, V. (2011). Substance use and suicide. *Current opinion in psychiatry*, 24(3), 197-202.
 33. World Health Organization. (2019). *Global status report on alcohol and health 2018*. World Health Organization.
 34. World Health Organization. (2009). *WHO report on the global tobacco epidemic, 2009: implementing smoke-free environments*. World Health Organization.

Article received 2025-02-10