Relationship between Self- Empowerment, Treatment Motivation Substance Abusers and Relapse among

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ABSTRACT

Background: The problem of substance use is becoming one of the most serious and rapidly growing phenomena all over the world. Self-empowerment and treatment motivation are tools that can be used to take control over life after addiction. **Aim:** this study aimed to explore the relationship between self- empowerment, treatment motivation and relapse among substance abusers in Port Said city. **Subjects and Method: Design:** A descriptive correlation research design was utilized. **Setting:** the study conducted in psychiatric outpatient clinic through hotline for substance abuse at Port Said Psychiatric Health and Addiction Treatment Hospital, Egypt. **Subjects:** a purposive sample of 186 substance abusers were included. **Tools:** three tools used for data collection consisted of; the Self-empowerment Scale, Treatment Motivation Questionnaire, and addiction Relapse Scale. **The Results**: The current findings showed that, the highest percentages of the studied patients had moderate sense of self-empowerment, the majority of the studied patients had very true treatment motivation, and less than half of them had moderate level of relapse. **Conclusion**: There was statistically significant positive correlation between studied patients' level of Self-empowerment and motivational treatment. While, there was statistically significant negative correlation between studied patients' self-empowerment and addiction relapses and between addiction relapses and motivational treatment. **Recommendations**: Designing and implementing continuous counseling programs based on patients' experiences and needs to advice knowledge regarding substance abuse issues to increase self-empowerment and improve their treatment motivation to prevent relapse of drug addiction.

Keywords: Addiction, Relapse, Self-empowerment, Substance abusers, Treatment motivation,.

INTRODUCTION

Substance use disorders is a disorder associated with an unhealthy pattern of drug consumption and causes social problems for the individual. These problems include lack of responsibility in the home, workplace and school or even legal problems for the individual. It imposes a serious damage on the societies that could be social, economic, political, cultural or related to health. It also results in socio-cultural problems like increased addiction- induced crimes such as theft, murder, self-immolation, joblessness, family rudeness, child abuse, increased separations, and the educational failure of students with addiction (Kabbash, Zidan & Saied, 2022).

Substance use disorders refers to the destructive or dangerous use of psychoactive substances, containing alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome which refers to a group of behavioral, cognitive, and physiological phenomena develop after repeated substance use (Abdulwahab, Kehyayan & Al-Tawafsheh, 2020). The most commonly used substance during lifetime was nicotine, and after the exclusion of nicotine, benzodiazepines were the commonest substance abused (5.1%) followed by alcohol (3.3%) and organic solvents (3.1%). The prevalence of the regular use of any substance was 1.5%, while the prevalence of the dependence syndrome was 0.9% (excluding nicotine dependence). Regarding the rates of substance regular use, the prevalence of use to be 33% in Cairo, 22.4% in Upper Egypt, and 9.6% in Delta (Rabie et al., 2020).

Self-empowerment entails choosing consciously to control one's own fate. It entails acting to progress, making wise judgments, and having faith in one's capacity to decide. Self-empowered individuals are driven to learn and succeed because they are aware of their talents and shortcomings. Involvement in the treatment plan's development helps guarantee that the needs are taken into consideration. As the course of treatment advances, the feedback is also very important (Abdullah, Carr & Lee, 2023).

On the other hand, treatment-related behaviors like adherence, compliance, and treatment engagement may be predicted by the vague term "treatment

motivation." The term "treatment motivation" refers to the drive to participate in treatment or make a particular behavioral change in those who are already getting treatment. Prior research has frequently been unable to distinguish between treatment motivation and behavior, leading to conceptual confusion as treatment motivation is frequently mistaken for the engagement (behavior) itself (Krausb, Kristona, & Buchholza, 2023).

Relapse among substance abusers is characterized as a failure in an individual's attempt to alter substance use behaviors, go back to drinking at levels prior to treatment, or resume substance use following a period of sobriety, or as a setback in an individual's attempt to modify any target behavior. A relapse occurs when an individual resumes their prior levels of alcohol or drug usage after losing motivation to cut back or refrain from using these substances. This differs from a lapse, which is a brief deviation from an individual's objectives related to alcohol and other drugs, followed by a restoration to those objectives (Sharif-Brown, 2023; Shultz, 2023).

Self-empowerment has a significant impact on relapse rates in substance abusers by enabling them to understand how their substance abuse issues may be extremely self-destructive attempts to gain control over problems that appear insurmountable, like rejection from peers or parents, low self-esteem, losing their job, or addictions that either precede or coexist with these other issues (Christodoulakis, 2023). Treatment motivation is also essential for keeping substance abusers from relapsing and for helping them understand the mechanisms that lead to long-lasting, fruitful outcomes. Therapists must adjust their methods according to the client's motivational readiness and change stage since the individual's position in the change process is connected to important change variables (Westwell, 2022; Lang et al., 2024).

Recovery from substance addiction relapse is significantly influenced by self-empowerment and motivational factors. As rehabilitation phases progress, the proportion of substance abusers decreases, demonstrating the influence of self-empowerment and motivation. There is a desire among many substance abusers who are currently dependent to stop consuming substances. Restricting the substance's

accessibility can lead to a change in substance-abusing habits, as is the case when abusers go through detoxification treatments or go to jail (Volkow & Blanco, 2023).

Psychiatric nurses have a critical role in substance use disorders by comparing to other health care practitioners, they have greater and more frequent encounters with substance abusers and can assist at any stage of substance usage. One of the main thing's nurses do to promote empowerment and drive is to help. When families are under stress, they are typically the primary source of support for substance addicts. In order to safeguard and comfort the substance abuser in addition to treating their sickness, a nurse will provide a range of basic and specialized medical interventions as part of supportive care (Seabra et al., 2024).

A key function of the psychiatric nurse is to empower, boost motivation, and keep substance abusers from relapsing. When families are under stress, they are typically the primary source of support for substance addicts. To safeguard and comfort the substance abuser in addition to treating his condition, a nurse will provide a range of general and specialized medical interventions as part of supportive care for both patients and their caregivers (Mechling, Ahern, & Palumbo, 2024).

Significance of the study

The problem of substance use is becoming one of the most serious and rapidly growing phenomena all over the world (Li et al., 2022). In 2022, the Egyptian Ministry of Social Solidarity estimated that 5.9% of the total population was consuming illicit drugs (Ministry of Social Solidarity, 2022). Furthermore, the Freedom Drugs and HIV program has estimated 2.8% of all Egyptians (around 2.4 million people) have significant problems with drug use and dependence (El-Zoghby, Madroumi, Kewley, & Van Hout, 2024). It is meant to describe the true magnitude of the substance abuse problem among Egyptian adolescents, taking into consideration that Egypt has the 16th largest population over the world, the largest Mediterranean population, and the largest Arab population (Rabie et al., 2020).

Self-empowerment is a tool that can use to take control over life after addiction. The primary goal of empowerment is to transform into a stronger, more confident person. It is used as a gradual yet highly effective form of addiction

treatment that encourages self-discovery, confidence, and independence (Galanti, Fantinelli, Cortini & Di Fiore, 2022). Treatment Motivation also, is the most crucial initial step in evaluating patients' reasons for wanting to change or receive help. Since addiction has both physiological and psychological components, substance abusers have a strong incentive to stop using, which lowers their risk of relapsing (Bagheri Sheykhangafshe et al., 2023). So, the current study conducted to explore the relationship between self- empowerment, treatment motivation and relapse among substance abusers.

AIM OF THE STUDY

Explore the relationship between self- empowerment, treatment motivation and relapse among substance abusers.

Objectives

- Evaluate levels of self- empowerment among substance abusers.
- Determine levels of treatment motivation among substance abusers.
- Measure levels of relapse among substance abusers.
- Find out the relationship between self-empowerment, treatment motivation and patient's level of relapse.

Research Question

Is there a relationship between self- empowerment, treatment motivation and relapse among substance abusers?

SUBJECTS AND METHODS

A. Technical design

This design includes a description of the research design, setting, subjects, and tools of data collection.

Study design

A descriptive correlation research design was utilized in this study.

Study setting

The study was conducted in psychiatric outpatient clinic through hotline for substance abuse at Port Said Psychiatric Health Hospital which affiliated to General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health.

Subjects

The study subjects were a purposive sample of substance abusers recruited based on the following criteria.

- The age of patients ranges from 18 - 60 years.
- From both sexes.
- Patient's with at least one history substance abuse.
- Patient's with at least one relapse.
- Patients with no comorbid psychiatric or mental disorders.
- Patient's willing to participate in the study.

Sample size

Based on data from literature Kabbash, Zidan, & Saied (2022), to calculate the sample size with precision/absolute error of 5% and type 1 error of 5%, Sample size is calculated according to the following formula,

$$\mathbf{n= \frac{(Z1-\alpha/2)\text{^}2.P(1-P)}{d\text{^}2}}$$

where, Z1-α/2 at 5% type 1 error ($p<0.05$) is 1.96, P was the expected proportion in population based on previous studies and d is the absolute error or precision. Therefore, sample size

$$\mathbf{n=\frac{(1.96)2.(0.089)(1-0.089)}{(0.043)2} =168.5}$$

Based on the formula, the total sample size required for the study was 169. The calculated sample size was 169 s patients. Due to expected non- participating rate (10%), the final sample size were 186 patients.

Tools for data collection

Three tools were used for data collection:

Tool (I): The Self-Empowerment Scale (ES)

This scale was developed by Rogers, Chamberlin and Ellison (1997) in an English language and translated by Elsherif et al., (2022) in an Arabic language. This scale is used to evaluate the sense of self- empowerment among substance abusers. It consisted of 28 items rated on a 4-point Likert scale (ranging from 1 strongly disagree to 4 strongly agree). It consists of five subscales which include: Self-efficacy/self-esteem (9 items), Power/powerlessness (6 items), Community activism and autonomy (5 items), Optimism and control over the future (4 items), Righteous anger (4 items). The Arabic empowerment scale done by Elsherif et al., (2022) showed validity and high Internal consistency, with Cronbach's Alpha $\alpha = 0.785$ which represented highly reliable tool.

Scoring system: Total scores ranged from 28 to 112, where higher scores indicated a stronger sense of self-empowerment. It was calculated as follows: low sense of empowerment is less than 50%, moderate sense of empowerment ranges from 50% to 75%, high sense of empowerment is more than 75 %.

Tool (II): Treatment Motivation Questionnaire

This questionnaire was developed by Ryan, Plant and O'Malley (1995) in an English language and translated by Mohamed, Abdelmonem & Hassan (2022) in an Arabic language. This scale is used to assess the level of treatment motivation among substance abusers. This scale consists of 26 items rated on a 3-point Likert scale. The 3 Likert scale score is (1, 2, and 3) (1) if the response is not at all true, (2) somewhat true and (3) if very true scores. It consists of three dimensions which include: causes for treatment (Q1- Q 5), probability of treatment (Q6 - Q11), patient's feeling about treatment (Q12 - Q26).

The Cronbach's alpha coefficient test of Arabic version for treatment motivation questionnaire done by Mohamed et al., (2022) showed high internal consistency when measure in the study; it equalized 0.842.

Scoring system: It classified into three categories: very true treatment motivation if score is 52, ≤ 78, somewhat treatment motivation if score is ranges from 26 to ≤ 51, not at all true treatment motivation if score is ≤ 25.

Tool (III): Addiction Relapse Scale

This scale was developed by Hassan, Sherif and Abdel Hamid (2021) in an Arabic language. This scale is used to measure the relapse among substance abusers. It consists of two parts. These two parts measure seven dimensions for substance abusers' relapses which are; the cognitive dimension, the self- confidence dimension, the therapeutic aspect dimension, the behavioral aspect dimension, the psychological aspect dimension, the meaning of life dimension, the longing and drug hints dimension. The first part consists of 57 items rated on a 3-point Likert scale. The three-Likert scale score is: often = 1, sometimes = 2, rarely = 3. These for positive sentences and negative sentences are rated into the opposite side as: often = 1, sometimes = 2, rarely = 3. Negative sentences are: (4, 5, 7,11, 28, 32, 34, 35, 41, 42, 55, 56, 57). The Second part composed of 13 items about situations in daily substance abusers' life and his reaction to them.

The Cronbach's alpha test was used to measure the internal consistency of questionnaire with seven dimensions of relapse that done by Hassan et al., (2021) represented in the following table as the following: the cognitive dimension =0.910, the self-confidence dimension =0.749, the therapeutic aspect dimension =0.803, the behavioral aspect dimension =0.892, the psychological aspect dimension =0.751, the longing and drug hints dimension =0.819, the meaning of life dimension =0.979.

Scoring system: It classified into four categories: low level of the relapse if the score is from 70 to less than116, moderate level of the relapse if the score ranged from 116 to less than140, high level of the relapse if the score is from 140 to less than175, very high level of the relapse if the score from 175 to less than 210.

In addition to the previous tools, a personal and clinical data sheet was developed by the researcher in an Arabic language. The sheet elicited personal characteristics as age, sex, marital status, levels of education, working status, and

income. Clinical characteristics were also included which cover data related to history of substance abuse such as age of initiation of substance abuse, type of substance used, method of use, the cause of the first dose and problems caused by substance abuse.

B- Operational design

The study field of work was carried out through the following phases:

Preparatory Phase

It includes reviewing of relative and recent literature related to the research topic, different studies and theoretical knowledge of various aspects of the problems using all official websites as PUBMED, GOOGLE SCHOLAR, MEDLINE database, CINAHL, EBESCO Cochrane Database and Scopus, Scientific books, Articles, and Periodicals as well as Nursing Centre so as to assist the researcher to be more familiar with the matter and develop the tools for data collections.

Pilot Study

Before entering the actual study, the pilot study was conducted on 10% (17 substance abusers) of the sample to assess the clarity, practicability, and feasibility of the study tools, and to estimate the proper time required for interview.

Field work

Before embarking in the field work, the actual days that the substance abusers attended in psychiatric outpatient clinic through hot line for substance abuse were obtained to detect days for data collection. The data was collected two days (Sunday and Wednesday) per week. The collection of data covered a period of four months from the first of April 2024 to the end of July 2024. The data collection process was conducted using face to face interview technique that was done on an individual basis and this was done on a private area in the outpatient clinic to ensure privacy and confidentiality of the collected data. A number ranging from 5 to 6 of substance abusers were interviewed on daily basis from 2 p.m. to 5 p.m. Each interview lasted from 30 to 40 minutes depending on the responses of the subjects. After completion,

the researcher ensured that all statements included in the tools were completed. Then, the studied substance abusers were thanked for their cooperation.

C- Administrative design

Before starting any step in the study, an official letter from the Dean of the Faculty of Nursing was sent to the Directors of the above-mentioned settings requesting their permission and cooperation to conduct the present research after explaining the aim of the study.

Ethical considerations

The study was approved by the Research Ethics Committee (REC), Faculty of Nursing/ Port Said University with (code number: NUR 1/10/2023) (30) based on the standard of the committee, Faculty of Nursing/ Port Said University. It was also approved by the Ethical Committee of the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health. An acceptance was obtained from the director of Port Said Psychiatric Health and Addiction Treatment Hospital. The head of the clinic will be informed about the purpose of the study and time of data collection. An informed written consent was obtained from the studied subjects after explanation of the purpose of the study and assured that data collection was used only for the purpose of the study. Privacy and confidentiality of the collected data was assured and participants was allowed to withdraw from the study at any stage without any responsibility.

D. Statistical design

Data entry and statistical analysis were done using statistical package for social science (SPSS) version (20.0). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative categorical variables were compared using chi-square test. Moreover, that there was statistically significant positive correlation between studied patients' Self-empowerment and Motivational treatment at (P=0.000), while there was statistically significant negative correlation

between studied patients' self-empowerment and addiction relapses at (P=0.000) and between addiction relapses and motivational treatment at (P=0.010).

RESULTS

Table 1 Shows that more than two thirds 66.1% of the studied patients were aged between 20-30 years old, majority of the studied patients 89.2% were male and 51.6% had a secondary level of education. Also, 55.4% were single and 74.2% had technician occupation (e.g., Mechanical, Marine). Also, 68.3% of the studied patients were living inside Port Said area, 36.6% had more than enough monthly income and 87.1% referred by self to Addiction Treatment Hospital. In addition, 57% had substances for experience temptation and 89.8% had more than 12 month of substance addiction, 52.7% addiction lead to forgetting problems/ignore. Also,74.7% of the studied patients had daily substance abuse.

Figure 1 Reveals that 70.4% of the studied patients had moderate sense of self-empowerment, while 16.7% had low sense of self-empowerment and only 12.9% had high sense of self-empowerment.

Figure (2) Clarifies that 87.1% of the studied patients had very true treatment motivation, while 12.9% had somewhat treatment motivation and no one had not at all true treatment motivation.

Figure (3) Shows that 45.7% of the studied patients had moderate level of relapse, 32.8% had high level, while 21.5% had low level of the relapse.

Table 2 reveals that, there were statistically significant relations between studied patients' level of self-empowerment and duration of addiction/months, history of family members addiction to substance, previous admission to mental health and addiction treatment hospital, suffering from any chronic diseases and previous surgeries at (P<0.05). Also, there was statistically significant relation between studied patients' level of motivational treatment and their frequency of taking substance abuse and number of relapses (returning to drug use after recovery). Furthermore, there were statistically significant relations between studied patients' level of addiction relapses, duration of /months, frequency of taking substance abuse, number of relapses

(returning to drug use after recovery) and previous admission to mental health and addiction treatment hospital at ($P<0.05$).

Table 3 Illustrates that there was statistically significant positive correlation between studied patients' level of self-empowerment and motivational treatment at ($r =.465$, $P=0.000$), while there was statistically significant negative correlation between studied patients' self-empowerment and addiction relapses at ($r = -.264$, $P=0.000$) and between addiction relapses and motivational treatment at ($r= -.188$, $P=0.010$).

Table (1): Frequency distribution of the studied patients' personal characteristics (n=186).

Socio-demographic data	No	%
Age:		
<20 years old	9	4.8
20-30 years old	123	66.1
31-40 years old	36	19.4
≥ 40 years old	18	9.7
Gender		
Male	166	89.2
Female	20	10.8
Educational level		
Illiterate	19	10.2
Read and write	56	30.1
Secondary education	96	51.6
University	15	8.1
Marital status		
Single	103	55.4
Married	69	37.1
Divorce/ widowed	14	7.5
Occupation		
Not working	19	10.2
Technician occupation (e.g., Mechanical, Marine)	138	74.2
Professional Employee	9	4.8
House wives	20	10.8
Residence		
Outside Port Said	59	31.7
Inside Port Said	127	68.3
Monthly income (as reported by subjects)		
Not enough	52	28.0
Enough	66	35.5
More than enough	68	36.6
Source Referral		
The patient himself	162	87.1
Relatives/friends	19	10.2
Practitioner	5	2.7
Causes of addiction		
To experience temptation	106	57.0
Friends	90	48.4
Stressors as family problem	20	10.8
Tension	14	7.5
Depressed mood	28	15.1
Sexual desire	27	14.5
/monthsDuration of addiction		
6 < months	0	0.0
6-12 months	19	10.2
≥12 months	167	89.8
The addiction effect		
To be calm	88	47.3
To be excess	41	22.0
To increase sexual desire	41	22.0
To ignore problems	98	52.7
Frequency of taking substance abuse:		
Daily	139	74.7
Weekly	33	17.7
Monthly	5	2.7
On occasions	9	4.8
History of family members addiction to substance		
Yes	63	33.9
No	123	66.1

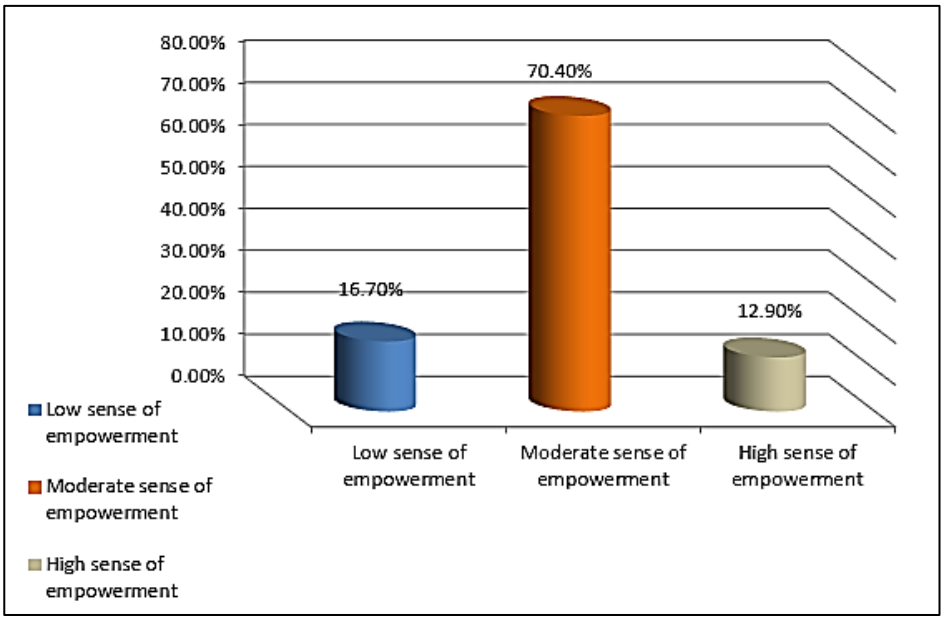

Figure (1): Distribution the studied patients' Self-empowerment level (n=186).

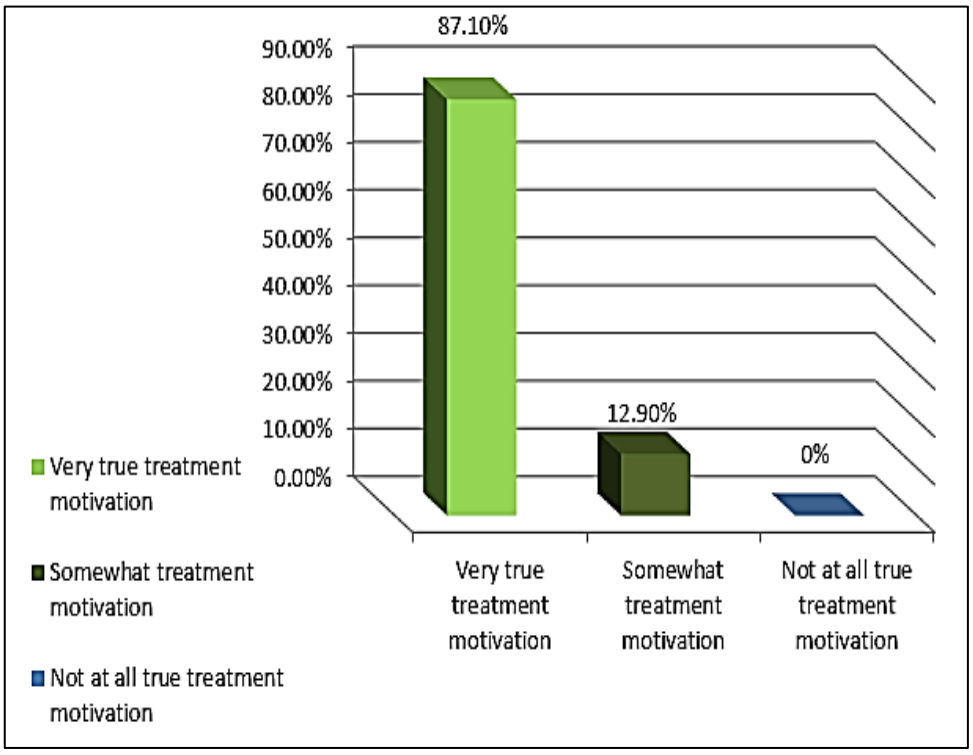

Figure (2): Distribution the studied patients' motivational treatment level (n=186).

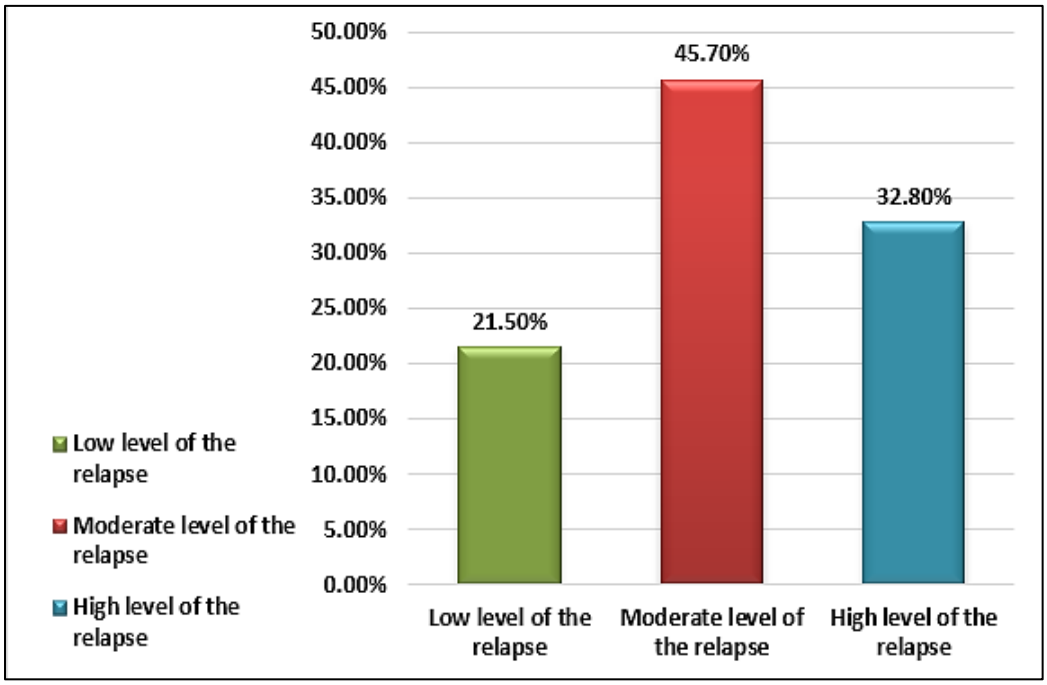

Figure (3): Distribution the studied patients' addiction relapses level (n=186).

Table 2: Relation between the studied patients' Self-empowerment, Motivational treatment, addiction relapses level and their clinical data.

Clinical data	Self-empowerment		Motivational treatment		Addiction relapses	
	X^2	P-Value	X^2	P-Value	X^2	P-Value
Type of substance used	.120[a]	.547	.324	.476	.435	.076
Method of substance abuse administration	.499[a]	.215	.314	.443	.665	.143
Cause of addiction	.354	.445	.538	.0876	.875	.3215
Duration of addiction/months	7.821[a]	.000**	.521	.095	.687	.0243*
Frequency of taking substance abuse	.094	.394	.972	.006**	.824	.043*
History of family members addiction to substance	7.896[a]	.005**	.386	.143	.465	.394
Number of relapses (returning to drug use after recovery	.436	.332	.748	.032*	.998	.003**
Longest drug withdrawal period after treatment	.635	.354	.153	.223	.436	.0324
Previous admission to Mental Health and Addiction Treatment hospital	6.383[a]	.012*	.047	.382	1.434	.005**
Your level of satisfaction with the current treatment	.463	.194	.875	.065	.054	.403
Suffering from any chronic diseases	21.39[a]	.000**	.265	.943	.387	.943
Diagnosis of the chronic disease	.204	.694	.662	.332	.657	.2094
Previous surgeries	4.095	.043*	2.654	.572	.464	.404

Table 3: Correlation between studied patients' self-empowerment, motivational treatment and addiction relapses.

Study variables	Self-empowerment		Motivational treatment		Addiction relapses	
	r	P	r	P	R	P
Self-empowerment	-	-	.465	.000**	-.264	.000**
Motivational treatment			-	-	-.188	.010*
Addiction relapses					-	-

****Highly statistically significant correlation at P-value <0.01, * statistically significant correlation at P-value <0.05**

DISCUSSION

Generally, Substance abuse is one of the important and serious problems at the international level that can distress in many aspects of economic, social, physiological and emotional wellbeing, and considered one of the main problems in the present era (Ornell et al., 2020). Additionally, substance use disorders are a chronic and relapsing disease that is difficult to control despite harmful its consequences. Self-empowerment and treatment motivation shown to be important factors in the initiation and recognition enactment of behavioral changes (Mohamed et al., 2022). Accordingly, the present study aims to explore the relation between self-empowerment, treatment motivation and relapse among substance abusers.

The findings of the current study revealed that more than two thirds of substance abusers demonstrate a moderate sense of self-empowerment. This probably due to that nearly three quarters of the studied patients were taking substances with daily dose for more than a year to ignore problems and to be calm as they mentioned, this refers to they encounter conflicts, guilt trips, and dissatisfactions by substance abuse and negatively affect the self-empowerment and self-esteem of the studied substance abusers. On this context, Resuelo, (2023) found that most individuals in substance rehabilitation reported moderate levels of personal empowerment. This moderate empowerment may stem from a partial awareness of patients' potential to overcome addiction, tempered by the challenges of withdrawal and dependency. Similarly, Ahmed et al. (2022) reported that 72% of individuals with substance use disorders scored within a moderate range on empowerment scales.

However, a study conducted by Taylor, (2023) contradicted this result and observed a higher prevalence of low self-empowerment (40%) among substance abusers. This discrepancy may be attributed to differences in cultural or regional factors, availability of support systems, or variations in the demographic profile of study populations. Additionally, Chen (2022) noted that in environments with strong community support programs, the proportion of individuals with high self-empowerment increased to 25%. This suggests that targeted interventions can significantly enhance feelings of agency and self-worth among substance users. Moreover, research by Brown, (2023) showed that individuals with substance abuse disorders often experience diminished global self-esteem, driven by feelings of guilt, stigma, and social exclusion.

The current study clarified that the majority of the studied patients had very true treatment motivation. This might be explained by several factors that include feeling of burden on family, and stigma that attached to addict patient, all of these factors motivates patients to seek treatment. Also, recognizing the potential long-term consequences about the risks associated with continued use can prompt addicts to engage in treatment. Additionally, the desire to prevent further loss may encourage them to seek treatment.

These results were in the same line with study conducted by Razali, (2023) in Malaysia which revealed that the highest mean score was readiness to enter treatment, followed by motivation, and the least mean score was Circumstances. The total mean score of treatment motivation was. Additionally, Metwaly et al., (2024) reported that the total mean score of treatment motivation was high. Similarly, a study carried out by Kizilkurt & Gıynaş, (2020) who assessed treatment motivation in Turkish patients with substance use disorders and reported that treatment motivation is higher in patients undergoing treatment voluntarily.

The present study clarified that slightly less than half of the studied patients had moderate level of relapse and nearly one-third had high relapse level. Similarly, McLellan, Lewis, & O'Brien (2020) reported that nearly half of patients in recovery programs experienced moderate relapse within the first year of sobriety. Additionally, Nagy et al., (2022) who stated that 45.33% have a moderate relapse rate supported the

current result. The study emphasized that emotional triggers and insufficient coping strategies were key contributors to moderate relapse levels. On the same hand, Marlatt & Donovan, (2021) highlighted that 30%-40% of individuals in addiction treatment exhibited high levels of relapse. Furthermore, Sinha et al. (2021) documented that between 30%-35% of individuals in substance recovery programs faced severe relapse episodes due to chronic stress and poor emotional regulation.

Conversely, Suwanchatchai, Buaphan, & Khuancharee (2024) reported the prevalence rate of relapse among patients with SUD was estimated at 24 %. Furthermore, Klimas, Gorfinkel, & Fairbairn (2020) observed a reduced proportion of high relapse levels (18%) among participants engaged in structured post-treatment care, including cognitive-behavioral therapy (CBT) and peer-support networks. Moreover, Meulewaeter, De Pauw, & Vanderplasschen, (2019). showed that substance use following treatment typically is higher up to more than 75 % in the 3-6-month period following treatment. On the same line, Moradinazar et al. (2020) demonstrated that relapse rates after treatments are high.

Concerning correlation between studied patients' self-empowerment and motivational treatment, the present study results showed that there was statistically significant positive correlation. The finding was consistent with Nagy et al. (2022) who found that individuals with a higher sense of autonomy and competence demonstrated significantly greater motivation for substance use treatment. This result also was congruent with Miller (2023) who revealed that a positive correlation between self-empowerment and intrinsic motivation was observed. Moreover, Mohamed, Abdelmonem, & Hassan, (2022) showed that there was a positive significant correlation between self-efficacy and treatment motivation as (P=.053). Contrary to the present findings, Chen (2022) noted that external support systems play a larger role in motivating individuals, which may diminish the observable impact of self-empowerment on treatment motivation.

Regarding correlation between studied patients' self-empowerment and addiction relapses, the present study results showed that there was statistically significant negative correlation. Similarly, Bhullar & Gupta, (2023) study showed statistically significant negative correlation between general self -efficacy and

addiction relapse. Conversely, Saboula et al. (2019) discovered a statistically significant positive correlation between relapse and total self-efficacy in the studied addicts.

As regards correlation between studied patients' motivational treatment and addiction relapses, the present study results showed that there was statistically significant negative correlation. The current result is in agreement with Miller (2023) study that demonstrated higher levels of intrinsic treatment motivation significantly reduce the risk of relapse. In addition, a study exploring the role of self-determination in addiction recovery found that individuals with strong motivation, especially intrinsic motivation, demonstrated significantly lower relapse rates (Ryan & Deci, 2020).

CONCLUSION

There was statistically significant positive correlation between studied patients' level of Self-empowerment and motivational treatment. While, there was statistically significant negative correlation between studied patients' self-empowerment and addiction relapses and between addiction relapses and motivational treatment. Designing and implementing continuous counseling programs based on patients' experiences and needs to advice knowledge regarding substance abuse issues

RECOMMENDATIONS

Based on the results of the present study, the following recommendations were suggested:

- Designing and implementing psych-educational programs are essential for substance abusers to increase self-empowerment and improve their treatment motivation to prevent elapse of drug addiction.
- Further cognitive and behavioral studies should be undertaken to strengthen social support mechanisms, increase the supportive participation of family members and to develop motivational techniques in order to increase the substance abusers' compliance and motivation.

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العلاقة بين التمكين الذاتي، التحفيز العلاجي ، و الانتكاس بين مدمني المخدرات

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تعد مشكلة تعاطي المخدرات وإدمانها من المشكلات التي تفاقمت في الآونة الأخيرة. خاصة وأنها بدأت تنتشر في كافة المجتمعات بشكل لم يسبق له مثيل حتى أصبحت خطرًا يهدد هذه المجتمعات وتنذرها بالانهيار.بينما يلعب التمكين الذاتي والتحفيز العلاجي دورًا مهمًا في زيادة الفعالية في التعامل مع ضغوط الحياة، والتزام المريض بالعلاج ضد الإدمان، والوقاية من الانتكاس. ولذلك، تهدف الدراسة الحالية الى استكشاف العلاقة بين التمكين الذاتي والتحفيز العلاجي والانتكاس بين مدمني المخدرات بمدينة بورسعيد. تم اجراء الدراسة الحالية في عيادة الخط الساخن لعلاج الإدمان بمستشفى الصحة النفسية ببورسعيد بين 186 من مدمني المخدرات. تم جمع البيانات باستخدام استبيان تقييم التمكين الذاتي، استبيان دافع العلاج، مقياس الانتكاسة للإدمان. **النتائج:** 70.4% من المرضى الذين شملتهم الدراسة كان لديهم شعور متوسط بالتمكين الذاتي، بينما كان لدى 87.1% لديهم شعور كان لديه دافع علاجي حقيقي جداً 45.7% كان لديهم شعور متوسط من الانتكاس. وقد خلصت الدراسة بوجود علاقة ايجابية ذات دلالة احصائية بين كلا من التمكين الذاتي التحفيز العلاجي والانتكاس. وأوصت الدراسة إن تصميم وتنفيذ البرامج النفسية التعليمية أمر ضروري لمرضى الإدمان لتحسين تمكينهم الذاتي وتحسين دوافعهم للعلاج للوقاية من مشكلة الإدمان على المخدرات.

الكلمات المرشدة: الإدمان ، التمكين الذاتي ، التحفيز العلاجي ، الانتكاس، مدمني المخدرات.