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Original Research Article

Descriptive Study to Assess the Quality of Life and Disability among Substance Abusers

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ABSTRACT

The abuse of drugs and alcohol is an international problem which affects almost every country in the world, both developed and developing. Substance abuse has been a topic of interest to many professionals in the area of health, particularly mental health. Quality of life can be described as a sense of well-being, meaning and value. Quality of life is a holistic approach that not only emphasizes on individual's physical, psychological, and spiritual functioning. A Descriptive study was carried out to assess the Quality of life and Disability among substance abusers at SGRD Hospital, Vallah, Amritsar. 100 substance abusers from Psychiatric ward and De-addiction centre was selected by using Convenience sampling technique. Socio-demographic profile, BREF WHOQOL scale and WHO disability assessment schedule was used to collect the data and was analyzed by descriptive and inferential statistics. The results revealed that 6 % substance abusers had poor quality of life, 78% substance abusers had average quality of life and 16% substance abusers had good quality of life with an average mean 163.2 and S.D was 37.74. The results of level of disability among substance abusers showed that 10 (10.5%) had mild disability, 81 (85.3%) had moderate disability and 4 (4.2%) had severe disability. The average mean for disability was 46.49 and SD was 12.92. The study concluded that substance abusers experience average quality of life and moderate disability in the society which requires particular attention to improve their quality of life and to prevent disability among substance abusers.

Key words: Quality of life, substance abusers, disability.

INTRODUCTION

The abuse of drugs and alcohol is an international problem which affects almost every country in the world, both developed and developing. Substance abuse has been a topic of interest to many professionals in the area of health, particularly mental health. It includes the use of licit substances such as alcohol, tobacco as well as illicit substances. The most common reason for substance abuse includes peer pressure, boredom, deal with stress, self medication to deal with mental illness, relationship problems, financial worries, loss of loved one, for relaxation, to have fun, growing up in a home where alcohol and drug abuse is considered normal behavior and curiosity enjoy to pleasure. [1]

The substance users and alcoholism encompasses a variety of problems associated with it in various areas of functioning of an individual, health, physical, mental health, social, economical, and legal. Because of stigma, discrimination and disturbed cognitive functions, these people removed from jobs, isolated in families and are outcasted in the society. The evidences to prove that the consequences are due to biological factors, all these directly and indirectly contribute to

quality of life and cause disability in terms of morbidity and mortality. [2]

Quality of life can be described as a sense of well-being, meaning and value. Within different societies there are certain common core values and their absence or presence provides a means for them to measure their quality of life. This has resulted in innumerable quality of life definitions and instruments. According to WHO various related terms to Quality of life include well-being, happiness, family, autonomy, satisfaction and independence. Quality of life can be seen as a complex interaction between the individual and the factors in his environment from an objective and subjective view. Being thus a multidimensional concept the main themes are objective environment, behavioural competence, perceived quality of life and psychological well-being. It is broad-ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationship and their relationship to salient features of their environment. [3]

Quality of life is a holistic approach that not only emphasizes on individual's physical, psychological, and spiritual functioning but also their connections with their environments and opportunities for maintaining and enhancing skills. Quality of life is a surrogate indicator for general well-being. Quality of life is a multidimensional phenomenon composed of core domains influenced by personal characteristics and environmental factors. They state that these core domains are the same for all people, although they may vary individually in relative value and importance. In this regard, the assessment of quality of life domains is based on culturally sensitive indicators. [4]

Disability can be defined as the expression of limitations in individual functioning within a social context that represent a substantial disadvantage to the individual. There are currently two frequently referenced models of human functioning or disability that reflect this ecological understanding of professional approach to human functioning and disability. The World Health Organization (WHO, 1980) presented the "International Classification of Impairment, Disability and Handicap-ICIDH" model of human functioning. This model introduced three planes of experience for human functioning: body structures and functions, activities within an individual context (skills and abilities), and activities in the social context (participation). The significance of this model was the conceptualization of disability as a multidimensional phenomenon. Three aspects of functioning "impairment," "disability," and "handicap" were clearly defined and linked to organize information from different disciplines. [5]

Quality of life and disability are important indices that may help to change the perception, treatment and care of those with alcohol or drug dependence problem. Drug and alcohol dependence is thought to cause considerable disability and changes to the quality of life of an individual. Quality of life and disability measurement can be viewed as a broader assessment of patients with a drug and alcohol dependence. Quality of life and disability measure should be combined with traditional clinical and biochemical assessments. [6]

Maeyer DJ. (2009) conducted exploratory study to assess the quality of life among substance abusers. The results showed that 'personal relationships', 'social inclusion' and 'self-determination' domains were discussed most frequently by the participants. It can be concluded that QOL (Quality of life) is not primarily associated by drug users with health. [7]

Research Problem

A Descriptive study to assess the Quality of life and Disability among substance abusers at SGRD Hospital, Vallah, Amritsar, Punjab.

Objectives of the study

- To assess the Quality of life and disability among substance abusers.

- To find out the relationship between Quality of life and Disability among Substance abusers.
- To find out the association of Quality of life and Disability level with selected Demographic variables.

Operational Definitions

Substance abuse

It refers to chronic or habitual use of any chemical substances to alter states of body or mind other than medically warranted purposes leading to effects that are detrimental to the individual 's physical or mental health or the welfare of others.

Quality of Life

It refers to the subjective experience of substance abusers related to physical, psychological and social state as measured by WHO Quality of life-BREF.

Disability It is a abnormality faced by substance abusers in terms of cognition, mobility, self care, life activities & participation as measured by WHO Disability Assessment Schedule.

MATERIALS AND METHODS

Research Design

A descriptive study design, was adopted for this study

Research Setting

The setting of the study was Psychiatric ward and De-addiction centre in SGRD Hospital, Vallah, Amritsar, Punjab.

Target Population

The study populations comprised of substance abusers at Psychiatric ward and De-addiction centre in SGRD Hospital, Vallah, Amritsar, Punjab.

Sampling Technique

Sample is a small portion of the population selected for observation and analysis. 100 substance abusers were selected by using Convenience sampling technique.

Sample Size

A total of 100 substance abusers at Psychiatric ward and De-addiction centre in SGRD Hospital, Vallah, Amritsar, Punjab. Patients were taken as study subjects.

Inclusion criteria:

- Patients who are admitted in psychiatric ward and De-addiction centre
- Patients who can cooperate for the study.

Exclusion criteria:

- Patients who are aggressive and abnormal.
- Who are not willing to participate in the study.

Description of Tool

Part-A: Socio-Demographic variables:

It Includes items for obtaining personal information of patients i.e. age, gender, educational status, occupational status, marital status, type of family, habitat, duration of substance use, type of substance use, sources of substance use, family income (monthly), type of family and routes of taking drugs.

Part–B: World Health Organization - Quality of life – BREF (WHOQOL) scale.

The WHOQOL-BREF instrument comprises 26 items, which measure the four broad domains:

- Physical health (Q.NO - 3,4,10,15,16,17,18),
- Psychological health (Q.NO - 5,6,7,11,19,26),
- Social relationships (Q.NO - 20,21,22)
- Environment (Q.NO - 8,9,12,13,14,23,24,25).

Score Interpretation:

- Poor (0-100), Average (101-200), Good (201-300) and Very good (301-400).

Part--C: WHO disability assessment schedule (WHODAS-2.0).

The WHODAS-2.0 instrument comprises 36 items, which measure the six broad domains:

- Understanding &communication (1,2,3,4,5,6)
- Getting around (7,8,9,10,11)
- Self care (12,13,14,15)
- Getting along with people (16,17,18,19,20)
- Life activities (21,22,23,24,25,26,27,28)
- Participation in society (29,30,31,32,33,34,35,36)

Scoring was done as follow: Mild disability (<=25), Moderate disability (26-

50), Severe disability (50-75) and Extreme disability (75-100).

RESULTS AND DISCUSSION

Table 1: Frequency and percentage distribution of demographic variables. N=100

Demographic Data	Frequency (f)	Percentage (%)
1. Age (in years)		
a. <20	2	2.0
b. Above 20	98	98.0
2. Gender		
a. Male	99	99.0
b. Female	1	1.0
3. Educational Status		
a. Illiterate	5	5.0
b. Primary Education	8	8.0
c. Secondary Education	30	30.0
d. Higher Education	40	40.0
e. Graduation	16	16.0
f. Post Graduation	1	1.0
4. Occupational Status		
a. Unemployed	35	35.0
b. Unskilled	12	12.0
c. Semi Skilled	48	48.0
d. Skilled	5	5.0
5. Marital Status		
a. Married	59	59.0
b. Unmarried	39	39.0
c. Divorced	2	2.0
6. Habitat		
a. Rural	68	68.0
b. Urban	32	32.0
7. Duration of Substance abuce		
a. <2years	9	9.0
b. 2-6years	67	67.0
c. 6-10 years	5	5.0
d. Above 10 years	9	9.0
8. Type of Subsance		
a. Opioids	36	36.0
b. Alcohol	24	24.0
c. Cannabis	3	3.0
d. Multiple drug abusers	37	37.0
9. Sources of Substance		
a. Peer group	83	83.0
b. Wine Shops	17	17.0
10. Familly Income monthly		
a. >5,000	6	6.0
b. 5,000-10,000	20	20.0
c. 10,001-15,000	28	28.0
d. 15001-20,000	27	27.0
e. Above 20,001	19	19.0
11. Type of Family		
a. Nuclear Family	80	80.0
b. Joint Family	20	20.0
12. Route of taking drugs		
a. Oral	54	54.0
b. Nasal	1	1.0
c. Multiple routes	45	45.0

Table 2: Frequency and Percentage distribution of quality of life among substance abusers. N=100

Quality of life	f	%	Mean	SD
Poor (0-100)	6	6.0	163.2	37.74
Average (101-200)	78	78.0		
Good (201-300)	16	16.0		
Excellent (301-400)	0	0.0		

Table 2 and fig 1 reveals the quality of life of substance abusers shows that 6% substance abusers had poor quality of life, 78% substance abusers had average quality of life and 16% substance abusers had good quality of life with an average quality of life mean and SD was 163.2±37.74.

The similar study was conducted by Stevanovic Dejan (2013) to assess association between substance use and quality of life. The study results showed that 43.7% reported substance use, 38.4% use alcohol, 14.9% use tobacco, 8.7% use marijuana/hashish and 8% use other substances. The study concluded that adolescents using substances had significantly lower QOL than those who did not using any substance. [8]

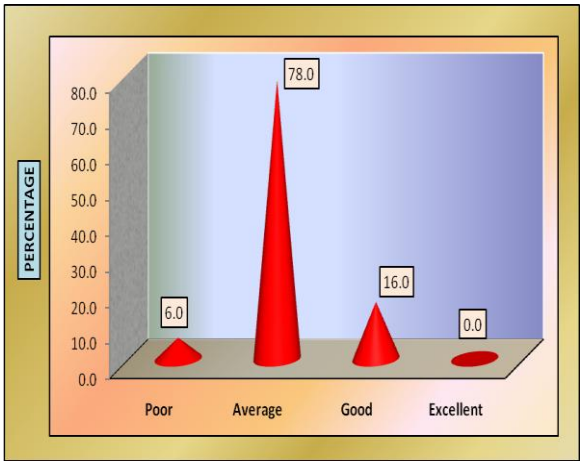

Fig 1. Quality of life among substance abusers

Table 3 and fig 2 reveals the domains of quality of life shows that in physical domain, 47(47.o%) substance abusers had poor quality of life, 53 (53%) substance abusers had average quality of life with mean 26.55 and SD 14.59.In psychological domain, 10 (10.0%) substance abusers had poor quality of life, 72 (72.0%) substance abusers had average quality of life and 18 (18.0%) substance abusers had good quality of life with mean 41.77 and SD 10.97. In social domain,17 (17.0%) substance abusers had poor quality of life, 63 (63%.0) substance abusers had average quality of life,19 (19.0%) substance abusers had good quality of life and only 1 (1.0%) substance abuser had excellent

quality of life with mean 42.50 and SD 16.68. In environment domain 48 (48.0%) substance abusers had poor quality of life, 51 (51.0%) substance abusers had average quality of life and only 1 (1.0%) substance abuser had good quality of life with mean 52.30 and SD 8.99.

Table 3: Frequency and percentage distribution of domains of quality of life Among substance abusers N=100

Domain (Quality of life)	frequency	percentage	Mean	SD
Physical health wellbeing				
Poor	47	47.0	26.55	14.59
Average	53	53.0		
Good	0	0.0		
Excellent	0	0.0		
Psychological wellbeing				
Poor	10	10.0	41.77	10.97
Average	72	72.0		
Good	18	18.0		
Excellent	0	0.0		
Social relationship wellbeing				
Poor	17	17.0	42.50	16.68
Average	63	63.0		
Good	19	19.0		
Excellent	1	1.0		
Environment wellbeing				
Poor	48	48.0	52.30	8.99
Average	51	51.0		
Good	1	1.0		
Excellent	0	0.0		

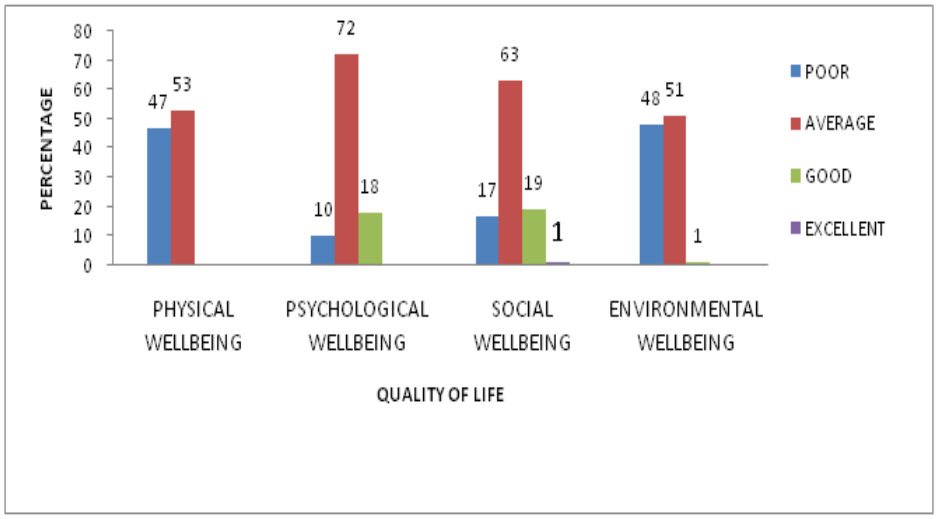

Fig 2: Domain wise quality of life among substance abusers

Table 4: Frequency and Percentage distribution of Disability among substance abusers. N=100

Disability	Frequency	percentage	Mean	SD
Mild disability (≤25)	10	10.5	46.49	12.92
Moderate disability (26-50)	81	85.3		
Severe disability (50-75)	4	4.2		
Extreme disability (75-100)	0	0.0		

Table 4 reveals the level of disability among substance abusers shows that 10 % substance abusers had mild disability, 81% substance abusers had moderate disability and only 4% substance abusers had severe disability. The average mean and SD for disability was 46.49±12.92.

Table 5: Domain wise frequency and percentage distribution of Disability among substance abusers.

Domain classification	Frequency	percentage	Mean	SD
Understanding &communicating				
Mild disability	17	17.0	50.83	20.84
Moderate disability	29	29.0		
Severe disability	47	47.0		
Extreme disability	7	7.0		
Getting around				
Mild disability	33	33.0	36.30	21.68
Moderate disability	39	39.0		
Severe disability	28	28.0		
Extreme disability	0	0.0		
Self-care				
Mild disability	92	92.0	12.63	9.85
Moderate disability	7	7.0		
Severe disability	1	1.0		
Extreme disability	0	0.0		
Getting along with others				
Mild disability	20	20.0	51.10	22.06
Moderate disability	21	21.0		
Severe disability	55	55.0		
Extreme disability	4	4.0		
Household & work activities				
Mild disability	9	9.0	61.60	19.06
Moderate disability	12	12.0		
Severe disability	75	75.0		
Extreme disability	4	4.0		
Participation in society				
Mild disability	2	2.0	66.47	15.78
Moderate disability	11	11.0		
Severe disability	59	59.0		
Extreme disability	28	28.0		

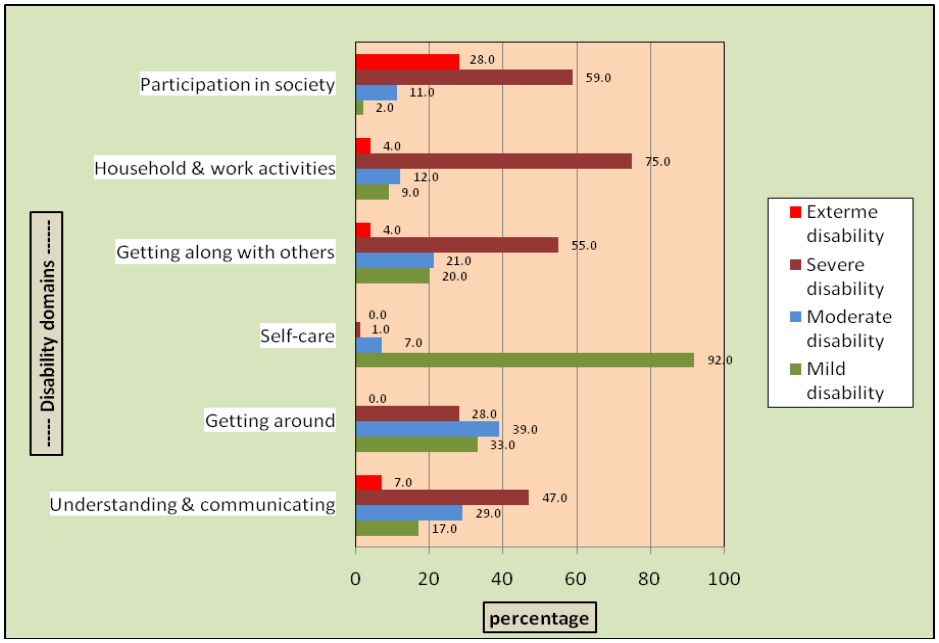

Fig 4. Domains wise disability among substance abusers

Table 5 reveals the domains of the disability. It show that in understanding and communicating domain, 17 (17.0%) substance abusers had mild disability, 29 (29.0%) substance abusers had moderate disability, 47 (47.0%) substance abusers had severe disability and 7 (7.0%) substance abusers had extreme disability with mean 50.83 and SD 20.84. In getting around domain, 33 (33.0%) substance abusers had mid disability, 39 (39.0%) had moderate disability, 28 (28.0%) had severe disability with mean 36.30 and SD 21.68. In self care domain, 92 (92.0%) substance abusers had mild disability, 7 (7.0%) had moderate and 1(1.0%) had severe disability with mean

12.63 and SD 9.85. In getting along with others domain 20 (20.0%) substance abusers had mild disability, 21(21.0%) had moderate disability, 55 (55.0%) had severe disability and 4 (4.0%) had extreme disability with mean 51.10 and SD 22.06. In household & work activities domain 9(9.0%) substance abusers had mild disability, 12 (12.0%) had moderate disability, 75 (75.0%) had severe disability and 4 (4.0%) had extreme disability with mean 61.60 and SD 19.06. In participation in society domain 2 (2.0%) substance abusers had mild disability, 11 (11.0%) had moderate disability, 59 (59.0%) had severe disability and 28 (28.0%) had extreme disability with mean 66.47 and SD 15.78.

Table 6: Correlation between quality of life and Disability among substance abusers.

Correlation	Mean	SD	'r' value	'p' value
Quality of life	163.2	37.74	.330	
Disability	46.49	12.92		0.001

Table 6 reveals the correlation between quality of life and disability among substance abusers indicates that quality of life was negatively associated with disability and having negative correlation between the quality of life and disability.

CONCLUSION

The findings of the study show that substance abusers had average quality of life and mild to moderate disability. Substance use has negative impact on quality of life. Appropriate measures to be taken to improve quality of life of substance abusers and to prevent them from disability.

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