

Assess The Lived Experiences And Quality Of Life In Substance Abuse Patients Admitted To De-Addiction Centres Of Himachal Pradesh And Punjab

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Abstract

Introduction: Substance abuse or drug addiction represents a critical global crisis, posing a significant threat to public health and impacting society at various levels. This pervasive issue affects individuals, families, and communities. Substance Abuse and Addiction Statistics for 2023 report that an estimated 50%, of individuals aged 12 and older, totaling between 138 and 543 million people, have experimented with illicit drugs at least once.

Method: A mixed method research using embedded research design. The patients admitted in the de-addiction centres of Himachal Pradesh and Punjab selected by non- probability convenience sampling technique.. The quantitative data i.e. quality of life was collected from 50 patients by using WHOQOL- BREF) and the qualitative data i.e. lived experiences were explored from 20 patients after achieving data saturation by using interview guide.

Results: The current study found that the majority of the patients 32(64%) had moderate total QOL, 17(34%) had high total QOL and 1(2%) had low total QOL. The mean found was 101.20 and SD was 9.77. It was found that with regard to the type of substance use and have you ever been admitted to de- addiction centres were statistically significant with quality of life at significant level at $p < 0.05$. Additionally, for lived experiences a total of 160 responses, 147 meaningful insights were extracted and the four main themes were that were comprehension of the substance abuse, impact of substance abuse on quality of life, impact on the relationship and experience related to the health care services.

Conclusion: The study evaluated the quality of life concerning substance abuse among 50 patients, revealing that the majority of them had a moderate quality of life while receiving treatment. Additionally the study delved into the lived experiences, involving 20 patients, resulting in the identification of four key themes.

Key words: Lived Experiences, Quality of Life, Substance Abuse Patients, De-addiction centres

INTRODUCTION

Substance abuse or drug addiction represents a critical global crisis, posing a significant threat to public health and impacting society at various levels. This pervasive issue affects individuals, families, and communities, akin to a destructive force that can undermine potential growth before it bears fruit. It shows no discrimination in its victims, disregarding factors like social status, education, caste, or creed. Unfortunately, it disproportionately affects adolescents and youths, who, in their exploratory and transformative phase of life, often fall victim to the allure of drugs, driven by curiosity and misconceptions. The initial excitement of trying something new often leads down a treacherous path of drug dependency, wreaking havoc on every aspect of an addict's life. It erodes physical health and distorts moral values, particularly during the vulnerable adolescent years, pushing individuals toward substance abuse. Productive individuals can be reduced to a state of uselessness, sometimes even resorting to criminal activities, becoming a burden on society. The roots of drug initiation are indeed intriguing to explore. The scourge of drug dependence inflicts profound damage on the physical, emotional, and socio-cultural well-being of individuals, leading to a radical lifestyle transformation. Regrettably, drug abuse remains a pervasive issue worldwide, and the battle against it persists.¹

Nevertheless, it's essential to acknowledge that substance abuse is, in fact, a chronic relapsing brain disorder. This disorder compels individuals to repeatedly use drugs despite the harm they cause, leading to potential brain damage and a loss of control over their drug consumption. The underlying causes of substance abuse are complex and multifaceted, falling into four fundamental categories: biological, psychological, socio-cultural, and spiritual factors.²

The data from the UN Office on Drugs and Crime (UNODC) reveals significant trends in drug use on a global scale. In 2021, the estimated number of injecting drug users worldwide reached 13.2 million, marking an 18% increase from previous estimates. Moreover, over 296 million people globally used drugs in 2021, representing a 23% rise over the past decade. Shockingly, the number of individuals suffering from drug use disorders surged to 39.5 million, reflecting a substantial 45% increase over the same ten-year period. This increase is particularly pronounced among youth

populations, who are more susceptible to drug use, and certain areas experience a higher prevalence of substance use disorders.³

Additionally, Substance Abuse and Addiction Statistics for 2023 report that an estimated half, or 50%, of individuals aged 12 and older, totaling between 138 and 543 million people, have experimented with illicit drugs at least once. Notably, drug overdose deaths in the United States have been nearing the one-million mark since the year 2000.⁴

This research aims to shed light on the lived experiences of substance abuse patients admitted to treatment centres. By delving into these experiences, including the triggers, underlying reasons, and consumption patterns that lead to substance abuse, we take a multi-faceted approach to comprehending the complexities of this issue and the addiction it entails. Furthermore, the study also examines the quality of life of the patients dealing with substance abuse while undergoing treatment. By understanding the impact of substance abuse on an individual's quality of life and by assessing the quality of life before, during, and after treatment, we seek to gauge the effectiveness of treatment programs at these centres. Continuous assessment of the quality of life not only helps in monitoring the evolving needs and challenges of individuals in maintaining their sobriety but also serves as a holistic approach to enhance overall well-being and recovery.

OBJECTIVES

1. To assess the lived experiences and quality of life in substance abuse patients.
2. To find out the association between quality of life with their demographic variables.

REVIEW OF LITERATURE

The mixed-method research aimed to uncover the lived experiences, challenges, and recommendations of individuals who have used methamphetamine and sought hospital services in Southwestern Ontario, Canada. Data was collected through interviews with 104 participants selected via purposive sampling. The study's findings revealed that interactions between patients and healthcare providers often involved stigmatization and a lack of comprehension regarding addiction and methamphetamine use. These factors led to a lack of trust, avoidance of hospital care, and reduced willingness to seek help and engage in healthcare services. Nearly all participants supported the implementation of harm reduction strategies within the hospital setting. The study's conclusion highlighted the potential for these strategies, as identified by participants, to create a safer care environment and enhance therapeutic relationships through the education of healthcare professionals and hospital staff.⁵

The objective of the phenomenological study was to delve into the lived experiences of adolescents struggling with substance abuse at a public psychiatric hospital in the Greater Giyani Municipality, situated in the Limpopo Province. The research employed a purposive sampling technique to select adolescents engaged in substance abuse, and data collection was conducted through individual, in-depth, phenomenological interviews, complemented by field notes. The study's results unveiled five distinct themes: adolescent substance abuse behavior, the motivation driving continued substance abuse among adolescents, the impact of substance abuse on the lives of adolescents, factors influencing adolescents' decisions to discontinue substance abuse, and the pressing need for substance abuse cessation. The study's conclusion shed light on the hardships faced by adolescents abusing substances, including a loss of control, fractured relationships, diminished academic performance, the stigma associated with mental illness, and the prevalence of negative emotions. These adolescents often perceived their future as uncertain and devoid of direction.⁶

A descriptive study conducted at the Addiction Clinic of Istanbul Erenkoy Psychiatric and Neurological Diseases Training and Research Hospital in Turkey, researchers aimed to explore the impact of perceived social support on the quality of life in Turkish men with alcohol, opiate, and synthetic cannabinoid use disorders. The study included 131 male patients, comprising 32 with synthetic cannabinoid use disorders, 51 with opiate use disorders, and 48 with alcohol use disorders. The findings revealed a significantly higher rate of self-injury (93.8%) in the substance user group when compared to the alcohol group. Additionally, the alcohol group exhibited significantly higher levels of depression and anxiety. Patients with substance use disorders had significantly higher scores in the "effect on life" and "motivation" subscales. In the opioid group, social support was significantly correlated with the social subscale of health-related quality of life. In contrast, the alcohol group showed significant correlations between environmental and social subscales of quality of life and perceived social support. The study concluded that addiction is a recurring and chronic condition that inevitably diminishes the quality of life, emphasizing the pivotal role of social support in enhancing it. Comprehensive care, addressing medical, mental, and social needs, is essential alongside pharmacological treatment.⁷

A longitudinal study conducted in de-addiction centres in France with the objective to describe changes in health-related quality of life (HRQOL) and identify associated factors during a 6-month follow-up among outpatients with substance use disorder. The study used a prospective multicentric cohort design and collected data from 126 patients using the

Short Form Health Survey (SF-12) and the Hospital Anxiety and Depression Scale (HADS). The results showed a rapid improvement in HRQOL within the first 3 months, followed by stable levels for the subsequent 3 months. Additionally, a significant percentage of patients experienced moderate to severe anxiety and depression. The study concluded that HRQOL changes over time among individuals in recovery from substance use disorder.⁸

RESERCH METHODOLOGY

A mixed method research approach was employed for study to Assess the Lived Experiences and Quality of Life in Substance Abuse Patients Admitted to De-Addiction Centres of Himachal Pradesh and Punjab. The qualitative approach was for the lived experiences and quantitative approach was for the quality of life. Embedded design was opted for the study to collect the qualitative and quantitative data simultaneously from the same group of participants. The present study was conducted in DeAddiction Centres of Akal Psychiatry cum Drug De- Addiction and Rehabilitation Centre, Baru Sahib, H.P.; Akal Drug De- Addiction and Rehabilitation Centre, Cheema Sahib, Punjab and Care Home Drug and Rehabilitation Centre, Solan, H.P. Non- Probability Convenience Sampling Technique was employed to collect the data from the samples. Informed consent was taken from the participants. The quantitative data i.e. quality of life was collected from 50 patients by using WHOQOL- BREF) and the qualitative data i.e. lived experiences were explored from 20 patients after achieving data saturation by using interview guide. Both quantitative and qualitative data were collected concurrently from the same group of participants. The collected data be organized and presented to report the research findings.

RESULTS

Quantitative Analysis

Table: Frequency and Percentage Distribution of Demographic Variables of the Personal Profile for the Quality of Life in Substance Abuse Patients

N = 50			
S. NO.	Demographic Variables	F	%
1.	Age		
	a) 11 - 20 Years	1	2
	b) 21 - 30 Years	25	50
	c) 31 - 40 Years	13	26
	d) 41 - 50 Years	7	14
	e) 51 - 60 Years	3	6
	f) 61 - 70 Years	1	2
2.	Educational Status		
	a) No Formal Education	0	0
	b) Primary School	1	2
	c) Middle School	4	8
	d) Secondary School	13	26
	e) Higher Secondary	7	14
	f) Graduation & Above	23	46
3.	Employment		
	a) Student	9	18
	b) Unemployed	4	8
	c) Private	8	16
	d) Government	3	6
	e) Self Employed	25	50
	f) Retired	0	0
4.	Income		
	a) 1000 – 10000		21
	b) 10001 – 20000		11
	c) 20001 – 30000		7
	d) 30001 – 40000		2
	e) 40001 – 50000		2
	f) above 50000		7
5.	Civil Status		

	a)	Unmarried	29	58
	b)	Married	17	34
	c)	Divorced/ Separated	3	6
	d)	Widower	1	2
6.		Perception of Relationship with Family Members and Others		
	a)	Satisfactory	46	92
	b)	Unsatisfactory	4	8
	c)	No Relationship	0	0
7.		History of Family Member with Substance Use		
	a)	No	42	84
	b)	Yes	8	16
8.		Residential Background		
	a)	Rural	26	52
	b)	Urban	24	48
	c)	Slums	0	0

Table: Frequency and Percentage Distribution of Demographic Variables of the Substance Abuse related Profile for the Quality of Life in Substance Abuse Patients

N = 50

S. NO.	Demographic Variables	f	%
9.	Type of Substance Use		
	a) Alcohol	9	18
	b) Heroin	8	16
	c) Cannabis	0	0
	d) Smoking	0	0
	e) Opium	0	0
	f) Heroin & Cannabis	6	12
	g) Cannabis & Alcohol	8	16
	h) Heroin & Alcohol	9	18
	i) Alcohol & Smoking	4	8
	j) Heroin & Opium	6	12
10.	Age of Onset (In Years)		
	a) 5 – 12	3	6
	b) 13 – 20	31	62
	c) 21 – 28	11	22
	d) 29 – 36	4	8
	e) 37-44	0	0
	f) 45-52	0	0
	g) 53 – 60	1	2
11.	Duration of Substance Abuse (In Years)		
	a) 1 – 5	14	28
	b) 6 – 10	12	24
	c) 11 – 15	9	18
	d) 16 – 20	3	6
	e) 21 – 25	6	12
	f) 26 – 30	3	6
	g) More than 30	3	6
12.	Length of Stay in De- Addiction Centre (In Months)		
	a) 0 – 1	17	34
	b) 1 – 2	14	28
	c) 2 – 3	8	16
	d) 3 – 4	1	2
	e) 4 – 5	1	2
	f) 5 – 6	4	8
	g) More than 6	5	10
13.	Have You Ever Been Admitted to De- Addiction Centres		

a)	No	31	62
b)	Yes	19	38

Frequency and Percentage Distribution of the Domains and Overall Quality of Life in Substance Abuse Patients

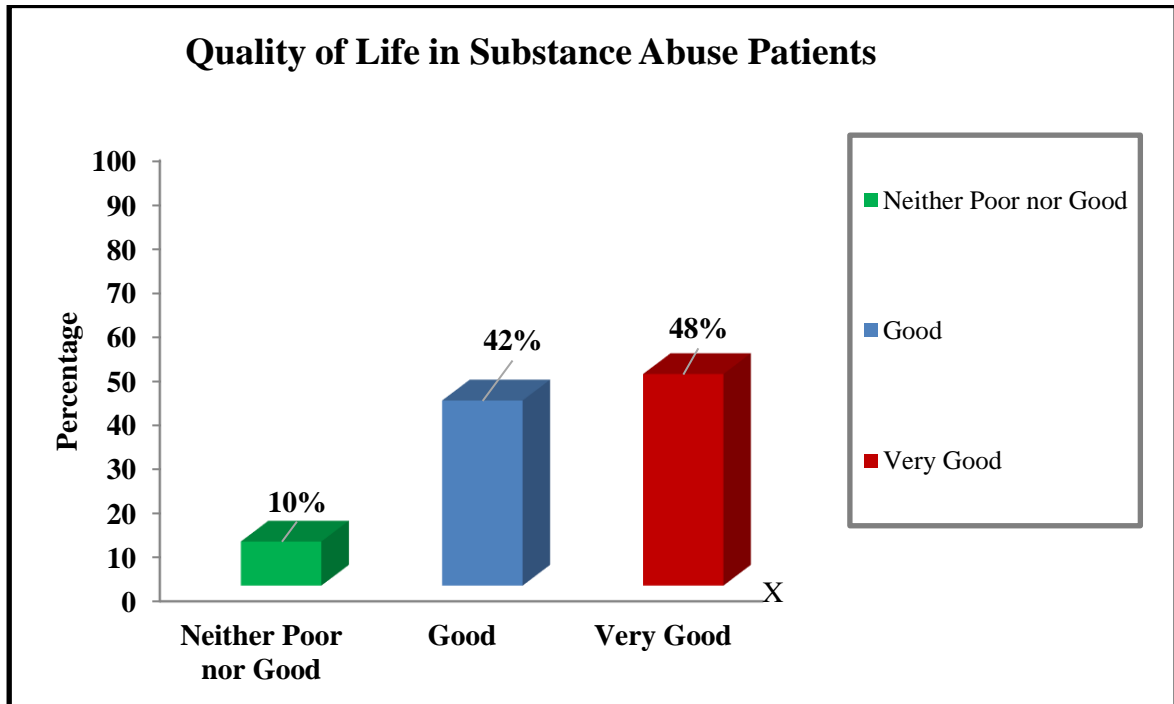


Figure: Column Graph Showing Frequency and Percentage Distribution of the Quality of Life in Substance Abuse Patients.

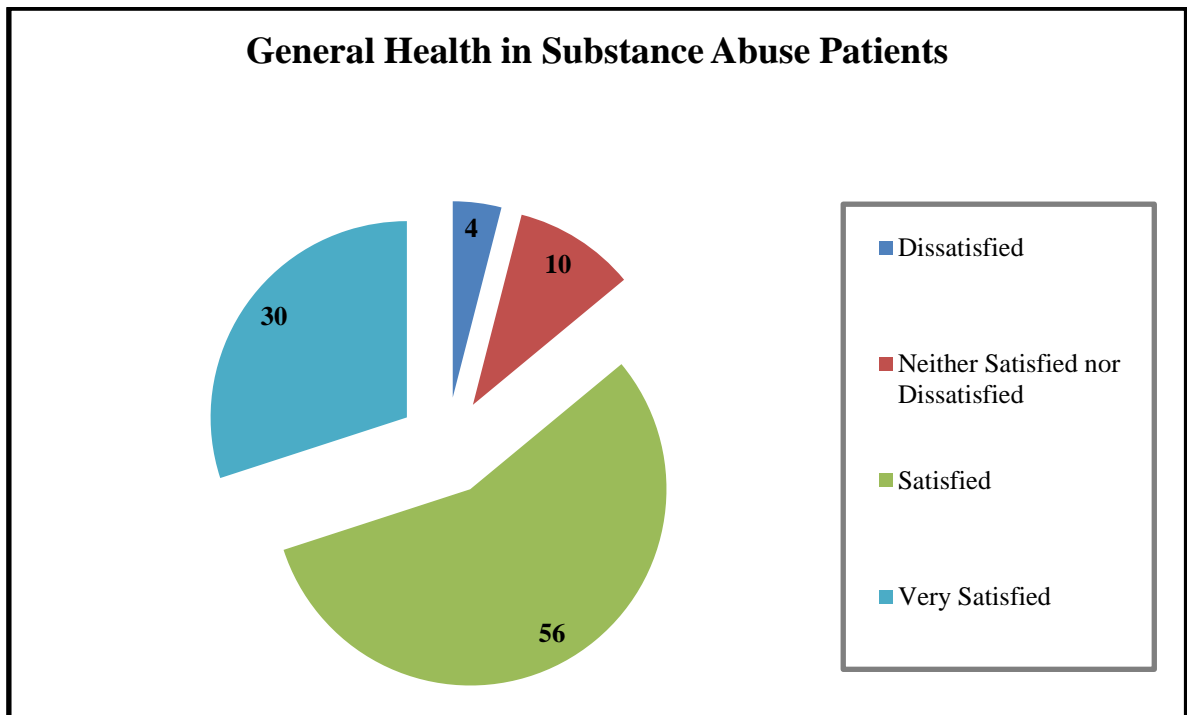


Figure: Pie Diagram showing Frequency and Percentage Distribution of the General Health in Substance Abuse Patients

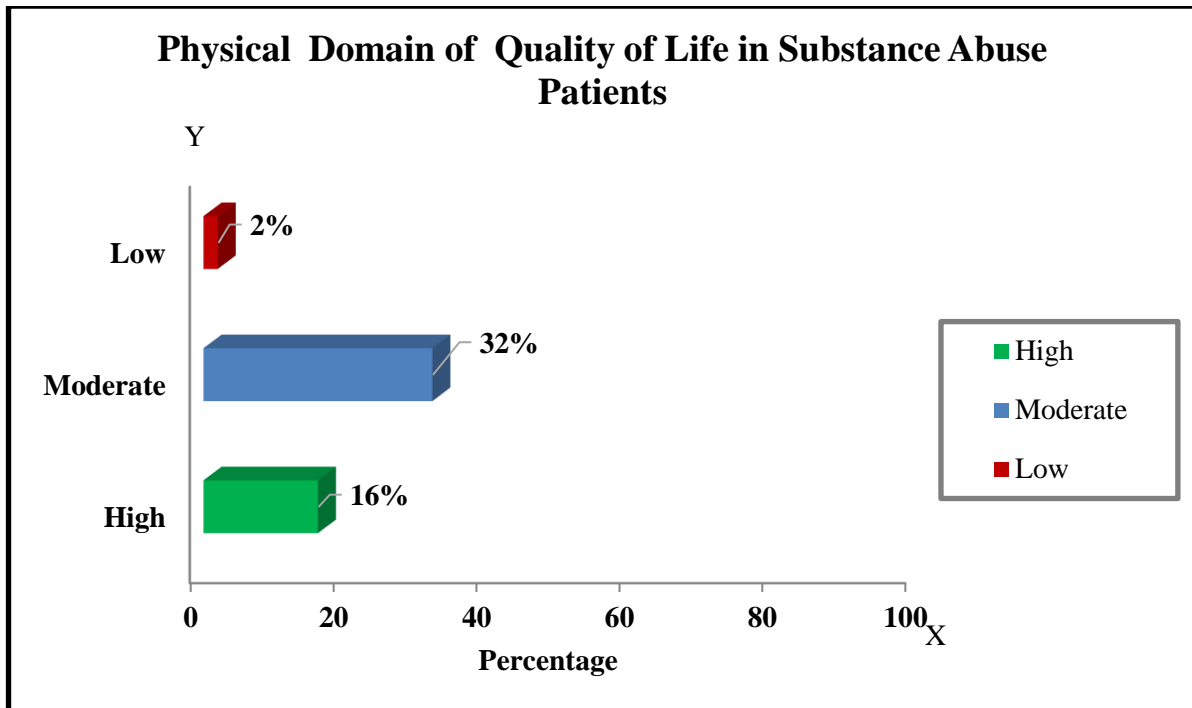


Figure: Bar Graph showing Frequency and Percentage Distribution of the Physical Domain in Substance Abuse Patients

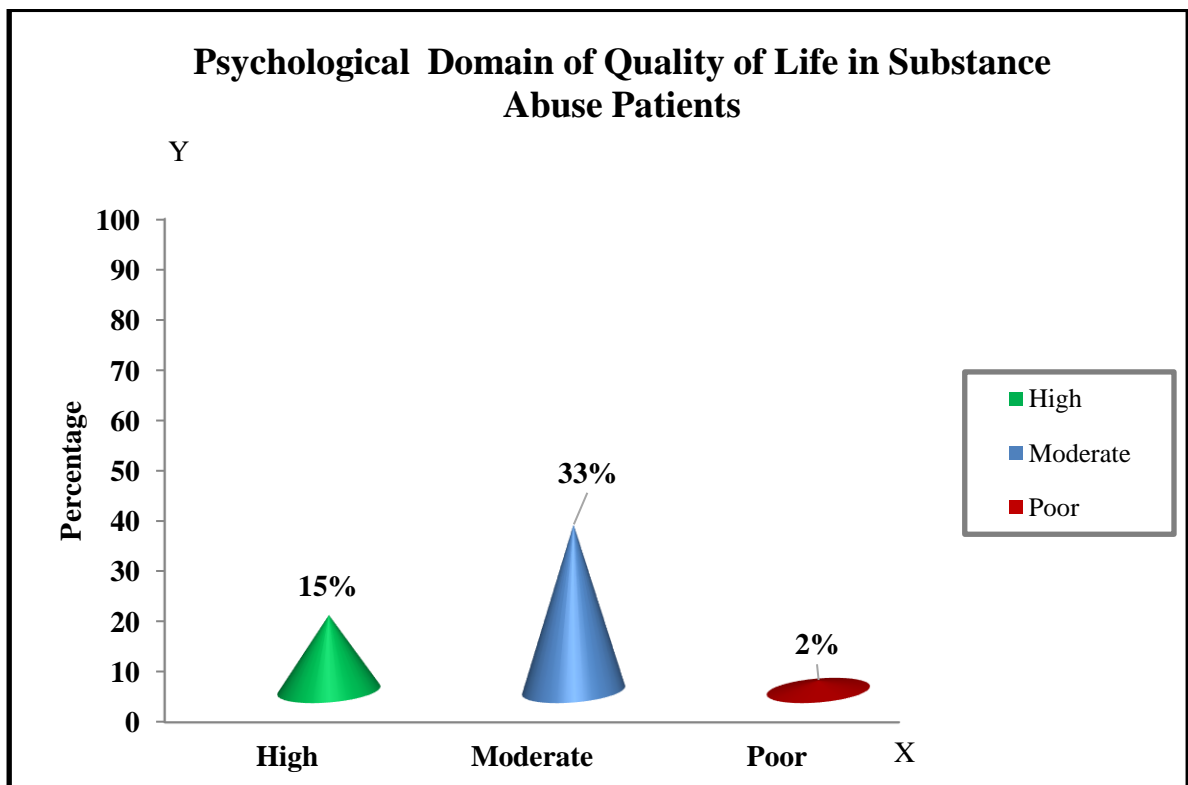


Figure: Column Graph showing Frequency and Percentage Distribution of the Psychological Domain in Substance Abuse Patients.

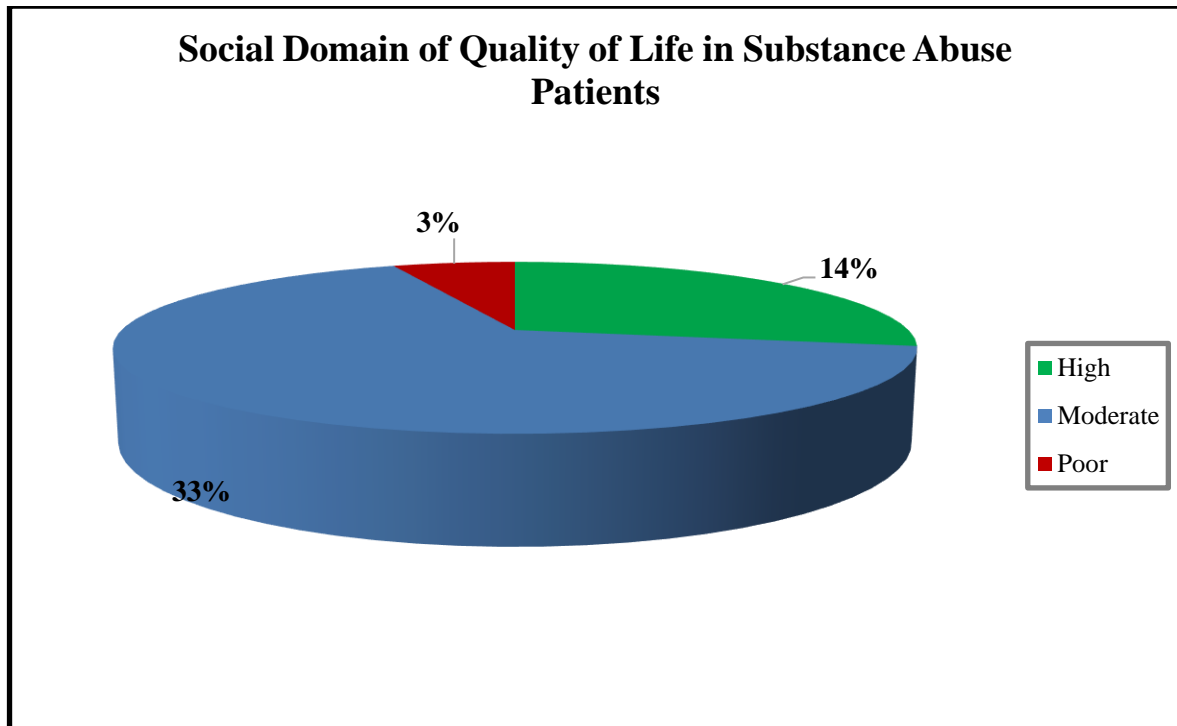


Figure: Pie Diagram showing Frequency and Percentage Distribution of the Social Domain in Substance Abuse Patients.

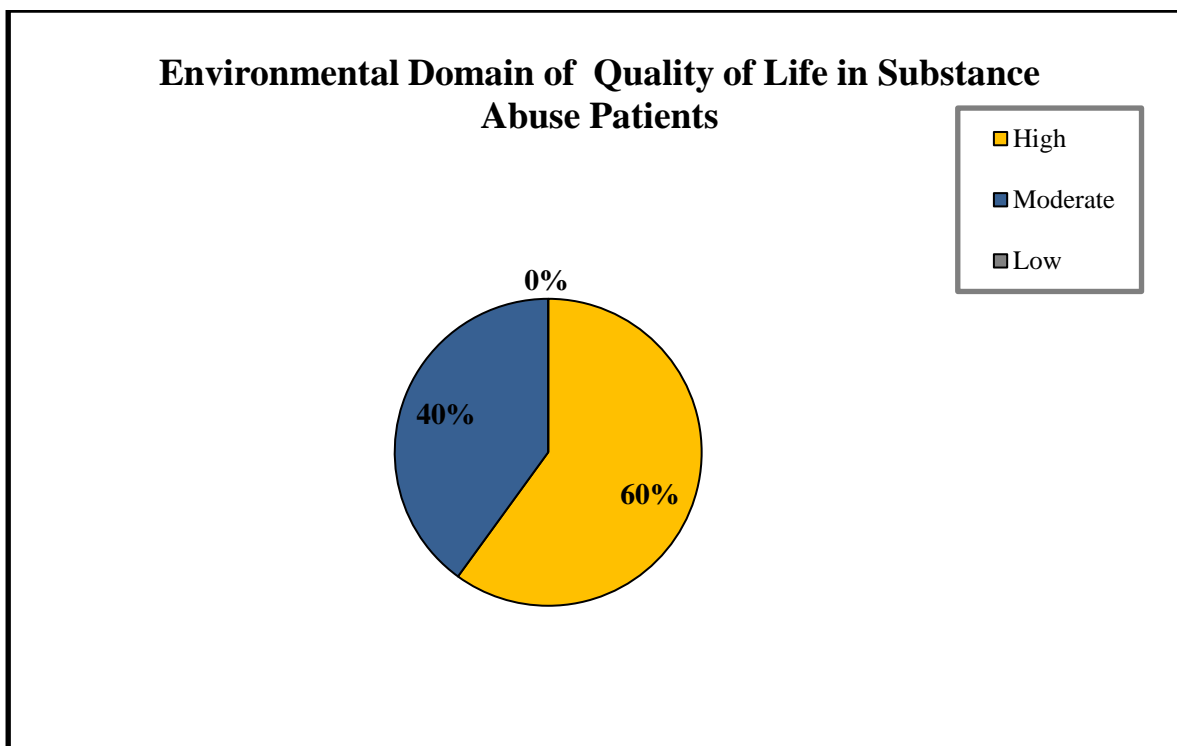


Figure: Pie Diagram showing Frequency and Percentage Distribution of the Environmental Domain in Substance Abuse Patients.

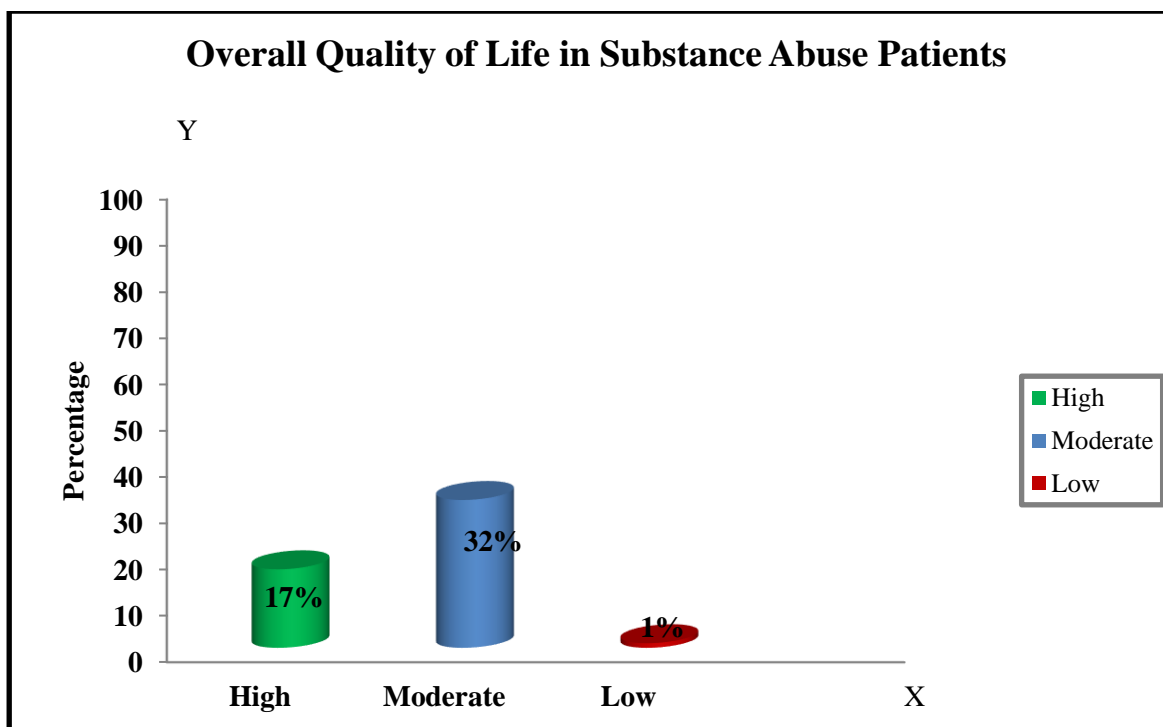


Figure: Column Graph showing Frequency and Percentage Distribution of the Overall Quality of Life in Substance Abuse Patients.

Table: Mean and Standard Deviation of Domains of Quality of Life and Overall Quality of Life in Substance Abuse Patients

N=50

Domain	Mean	SD
Physical	25.94	3.73
Psychological	22.66	2.953
Social	11.48	1.961
Environmental	32.62	2.892
QOL	Mean	SD
OVERALL QOL	101.20	9.777

Table: Association between Overall Quality of Life with their Demographic Variables

S. NO	Demographic Variables	Quality of Life			Fisher's Exact test	p Value	Df	Result
		High	Moderate	Low				
1.	Age							
					11.729	0.642	10	NS
	a) 21 - 30 Years	9	16	1				
	b) 31 - 40 Years	3	10	0				
	c) 41 - 50 Years	3	4	0				
	d) 51 - 60 Years	1	2	0				
	e) 61 - 70 Years	1	0	0				
2.	Educational Status							
					10.996	0.640	10	NS
	a) No Formal Education	0	0	0				
	b) Primary School	0	1	0				
	c) Middle School	1	3	0				
	d) Secondary School	4	9	0				
	e) Higher Secondary	1	6	0				
	f) Graduation & Above	11	11	1				
	g) Vocational	0	2	0				
3.	Employment							

					12.866	0.354	10	NS
	a)	Student	2	7	0			
	b)	Unemploye-d	0	4	0			
	c)	Private	3	4	1			
	d)	Government	1	2	0			
	e)	Self Employed	10	15	0			
	f)	Retired	0	0	0			
	g)	Loss of Job due to	1	0	0			
		Substance Use						
4.		Income						
						14.032	0.176	10 NS
	a)	1000 – 10000	7	13	1			
	b)	10001 – 20000	5	6	0			
	c)	20001 – 30000	0	7	0			
	d)	30001 – 40000	0	2	0			
	e)	40001 – 50000	2	0	0			
	f)	above 50000	3	4	0			
5.		Civil Status						
						6.758	0.626	6 NS
	a)	Unmarried	8	20	1			
	b)	Married	7	10	0			
	c)	Divorced/ Separated	1	2	0			
	d)	Widower	1	0	0			
6.		Perception of Relationship with Family Members and Others						
						2.869	0.341	2 NS
	a)	Satisfactor-y	17	28	1			
	b)	Unsatisfact-ory	0	4	0			
	c)	No Relationshi-p	0	0	0			
7.		History of Family Member with Substance Use						
						2.429	0.356	2 NS
	a)	No	16	25	1			
	b)	Yes	1	7	0			
8.		Residential Background						
						1.071	0.880	2 NS
	a)	Rural	8	17	1			
	b)	Urban	9	15	0			
	c)	Slums	0	0	0			

* p<0.05 level of Significance

NS – Not Significant

S. NO	Demographic Variables	Quality of Life			Fisher's Exact test	p Value	Df	Result
		High	Moderate	Low				
9.	Type of Substance Use							
	a)	Alcohol	7	2	0			
	b)	Heroin	2	6	0			
	c)	Cannabis	0	0	0			
	d)	Smoking	0	0	0			
	e)	Opium	0	0	0			
	f)	Heroin & Cannabis	3	2	1	22.899	0.006	12 S*
	g)	Cannabis & Alcohol	0	8	0			
	h)	Heroin & Alcohol	4	5	0			
	i)	Alcohol & Smoking	0	4	0			
	j)	Heroin & Opium	1	5	0			
10.	Age of Onset (In Years)							
	a)	12 – 20	7	26	1			
	b)	21 – 28	6	5	0			
	c)	29 – 36	3	1	0	14.101	0.075	8 NS
	d)	37- 44	0	0	0			
	e)	45- 52	0	0	0			
	f)	53 – 60	1	0	0			
11.	Duration of Substance Abuse (In Years)							
	a)	1 – 5	7	7	0			
	b)	6 – 10	6	5	1			

	c)	11 – 15	2	7	0				
	d)	16 – 20	1	2	0	15.320	0.239	12	NS
	e)	21 – 25	0	6	0				
	f)	26 – 30	1	2	0				
	g)	More than 30	0	3	0				
12.	Length of Stay in De- Addiction Centre (In Months)								
	a)	0 – 1	8	8	1				
	b)	1 – 2	3	11	0				
	c)	2 – 3	2	6	0				
	d)	3 – 4	0	1	0	14.274	0.554	12	NS
	e)	4 – 5	1	0	0				
	f)	5 – 6	2	2	0				
	g)	More than 6	1	4	0				
13.	Have You Ever Been Admitted to De- Addiction Centres before								
	a)	No	14	16	1	5.447	0.045	2	S*
	b)	Yes	3	16	0				

* p<0.05 level of Significance

NS – Not Significant

With regard to the type of substance use and have you ever been admitted to de- addiction centres found statistically significant with quality of life at significant level at p<0.05. **The Hypothesis H₁**, There will be significant association between quality of life with demographic variables, significant level at p<0.05. **The Null Hypothesis H₀**, There will be no significant association between quality of life with their demographic variables, significant level at p<0.05. **Hence, the Research Hypothesis (H₁) was accepted and the Null Hypothesis (H₀) was rejected.**

Qualitative Analysis

Thematic analysis was employed to elucidate the lived experiences in substance abuse patients. Through careful analysis of the interview transcripts, multiple themes and corresponding subthemes emerged from the data. In total, 160 responses were transcribed from the audio-recorded interviews. However, 147 distinct meanings were derived from these responses, as some of them were interrelated and overlapping. These meanings were then categorized into four main themes and various subthemes, providing a comprehensive understanding of the patients' lived experiences.

S. No.	THEMES	SUBTHEMES
1.	Comprehension of the Substance Abuse	1.1 Denial a Coping Mechanism 1.2 Struggling with Social Pressure 1.3 Easy Availability and Accessibility
2.	Impact of Substance Abuse on Quality of Life	2.1 Physical 2.2 Psychological 2.3 Social 2.4 Occupational and financial
3.	Impact on the Relationship	3.1 Impact on the Family 3.2 Impact on the Society
4.	Experience Related to Health Care Services	4.1 Experience related to Health Care Resources 4.2 Experience related to Health Care Personnel

Table: Themes and Subthemes of Lived Experiences of substance abuse patients.

CONCLUSION

The research adopted a mixed-method approach, employing both qualitative and quantitative methodologies to explore the multifaceted aspects in substance abuse patients. This research provides valuable insights into the experiences of individuals with substance abuse and their quality of life. The study underscores the need for comprehensive interventions addressing substance abuse and its far-reaching consequences on individuals, their families, and society. The findings also emphasize the significance of healthcare services and support systems in the recovery process. Further research and tailored interventions are warranted to enhance the overall quality of life for those affected by substance abuse.

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