FACTORS OF QUALITY OF LIFE OF METAMPHETAMINE USERS

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Abstract

The article discusses the factors of quality of life of metamphetamine users. The abuse of metamphetamine often destroys human dignity in many ways, as it devastates the self-respect and acceptance of the person in question and of the person's social networks. It leads to multiple issues, including serious psychological problems, criminality, partner problems, emotional and social problems and employment instability.

This article offers a systematic synoptic study. The data were acquired through secondary analysis of data extracted from professional databased journals without any specific time interval. The following source databases were used: Scopus, Web of Science, Elsevier, Google Scholar. The following key words were chosen: quality of life, metamphetamine user, cocaine, alcohol.

It was found that relations with the family and with the surroundings, or social support, respectively, constitute the most important factor influencing the quality of life of users of habit-forming substances in general. The analysis also showed that the quality of life differs within individual types of habit-forming substances (stimulants, inhibitors, halucinogens). Another important factor is the therapy that improves the quality of life, positively influencing social support and other areas of the user.

Keywords: *Alcohol; Cocaine; Quality of life; Metamphetamine user*

REVIEW ARTICLE

INTRODUCTION

At present, the abuse of habit-forming substances is a very widespread phenomenon subject to current trends. The most frequently used illegal stimulation drugs include amphetamines, primarily metamphetamine – called pervitin in the Czech Republic (Zábranský, 2007). The abuse of metamphetamine often destroys human dignity in many ways, as it devastates the self-respect and acceptance of the person in question and of the person's social networks. It leads to multiple issues, including serious psychological problems, criminality, partner problems, emotional and social problems and employment instability (Lende et al., 2007; Scott et al., 2007). All of the above-mentioned aspects deteriorate the quality of life (QoL) and the lifestyle of metamphetamine users.

This synoptic study is aimed at determining the factors which have an impact on the quality of life of the drug user addicted to metamphetamine. The data were acquired through secondary analysis of data from professional databased journals. The studies were extracted from the following source databases: Scopus, Web of Science, Elsevier, Google Scholar. In view of the specific topic, no time interval was defined. The following key words were

searched: quality of life, metamphetamine user, cocaine, alcohol. The studies were selected based on their relevance for the goal set.

Concept of quality of life

Up to now, there is no generally accepted definition of quality of life; the main problems with its scientific definition consist in technical heterogeneity of the use of the concept, selectiveness, and lack of uniformity of the number and designation of its constituents (Mareš et al., 2006). However, there is agreement on the fact that it includes the individual's subjective opinion concerning a broad range of clinical, functional and personal variables (Bonomi et al., 2000). Researchers formulated two types of quality of life (QoL). The first of them, health-related quality of life (HRQOL), is described as the patient's perception of how their health condition influences the physical, mental and social functions and wellbeing (Revicki et al., 2014).

HRQOL is related to traditional – pathology-oriented – care in its focus on the limitations caused by illness and therapy.

On the other hand, the general or overall quality of life (OQOL) includes the patient's satisfaction with life in general and not only in relation to limitations in functioning, related to illness. One of the definitions of OQOL, formulated by the World Health Organization (WHO), reads "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations and standards" (The WHOQOL Group, 1995).

Diener (2000) states that human life is considered compact and complete with respect to quality of life if the individual's physical and mental needs are met. According to Bowling (2005), the phenomenon of quality of life covers a number of aspects including lifestyle, relations between individuals and their surroundings, their passions and emotions. It is a dynamic process, which is comprehensive and includes different dimensions in the individual's life. In general, the level of quality of life is very closely related to physical health, mental condition, economic status, as well as to interpersonal relationships and life environment. It is also related to the level of dependence or independence of the environment (Bowling, 2005; Cummins, 2005; Kalová et al., 2002).

Payne et al. (2005) state that the quality of life can be considered from two basic perspectives; specifically from a subjective and an objective perspective. The subjective quality of life consists of the individual's subject assessment of their life situation; it shows the general satisfaction or wellbeing, the feeling of life happiness. At present, the subjective dimension is essential and determinative; it is considered an individual assessment of one's own life – it includes the experiencing and perception of one's own status, of one's own personal goals, expectations and interests. It depends on past experiences and on the system of personal values and one's ideas of their own life. It includes emotional answers to individual life domains and global perception of satisfaction when assessing life in general. It is influenced by personality features, but also by cultural and socio-economic factors which influence each other and are involved in self-assessment and self-perception (Gullone and Cummins, 2002). On the other hand, the objective quality of life describes the satisfaction of material and social conditions of human life, as well as the fulfilment of the requirements concerning the health or social status of the given individual (Payne et al., 2005).

Quality of life of drug users

The study by Samadzadeh and Sharifi (2012), which was made in order to compare the quality of life of drug users and healthy individuals, discovered that addicts had a generally lower quality of life when compared to healthy individuals. Similar results were found also by Tracy et al. (2012) and Vecchio et al. (2007), who added a lower self-esteem of drug users when assessing the QoL. Independent individuals had better physical fitness, better general health condition, more vitality, the right social function and better mental health, and less physical limitations, emotional conflicts and physical pain. Karow et al. (2008) identified a lower QoL of drug users in the social area where there were more frequent interpersonal conflicts in the family and with the partner. Haranin et al. (2006) state that drug addicts, as compared to non-addicts, have problems with access to resources and with life tension, and are therefore less satisfied with the quality of their life and may develop problematic behaviour. Interestingly, accord-

ing to Vecchio et al. (2007), the quality of life rises in the short time with the use of a drug; however, when the drug effects decrease, it drops again.

The level of quality of life plays an important role for abstaining users who try to return to "normal" life without drugs. The study by Connolly and Myers (2003) shows that the quality of life can be designed as the factor that influences the reduction of the risk of relapse in abstaining drug users. It turns out that two thirds of the respondents not using any habit-forming substances report a high quality of life and are surrounded by a positive environment, while one third of the respondents using drugs reports dissatisfaction with their life (Vecchio et al., 2007). Zullig et al. (2005) found that a low quality of life can not only be the cause for relapse but that it also has a negative impact on the addicts' health. The study also found that low quality of life contributes to a breach of the abstinence and relapse.

Several studies have examined how the abuse of habit-forming substances during adolescence influences the life satisfaction in adult life when drugs were not used any more. The longitudinal research by Georgiades and Boyle (2007) reports a negative impact of drug abuse in adolescence on QoL in adult life. Rohde et al. (2007) described how individuals who used habit-forming substances during adolescence had deteriorated life satisfaction in the age above 30 years.

Factors influencing QoL of drug users

Socio-demographic factors influencing QoL of drug users

Age is one of the socio-demographic factors influencing the QoL of both users and non-users.

Rohde et al. (2007) stated that if individuals use a substance only during adolescence, their life satisfaction in adulthood is usually not significantly affected. However, they support the finding that quality of life in adulthood is very significantly affected by long lasting use of a substance which starts in adolescence and continues well into adulthood.

The common belief that drug use is terminated in middle age due to illness, death, voluntary discontinuation or due to other reasons is oversimplifying and may not reflect actual ageing and cohort effects (Gilhooly, 2005; Levy and Anderson, 2005). The findings of several studies agree that some people are late-start users – as a result of life events and relationships – rather than early youthful escapes or experiments (Johnson and Sterk, 2003; Levy and Anderson, 2005). There is evidence that drug use continues into adulthood, and research is needed to understand the problems and consequences for older people and their families and the consequences for public services (Crome and Bloor, 2006; Gossop and Moos, 2008; Phillips and Katz, 2001).

Gender

There is not a significant gender difference in drug and alcohol abuse, but recently, alcohol and drug abuse has been increasing. Compared to men, women are less likely to use illegal drugs, but in case of regular use, they tend to lapse into addiction more quickly and their negative consequences of drug use emerge sooner than in men (Khajedaluee et al., 2013).

In their study, Moreira et al. (2013) found that drug-addicted women showed a lower level of quality of life when compared to men. It can be said in general that women using a habit-forming substance have an aggravated quality of life and face higher stress and health disorders related to the abuse. Safari (2004) states that, compared to non-addict women, the women addicted to habit-forming substances suffer from more serious diseases and transmissible diseases like hepatitis and AIDS. Compared to men, women are less likely to get support from their families and friends to overcome the addiction.

Types of the habit-forming substances used

As for legal habit-forming substances like alcohol, Saatcioglu et al. (2008) state that persons using alcohol report a lower level of quality of life compared to the general population. Similar conclusions were drawn by Smith a Larson (2003). Rudolf and Watts (2002) state that alcohol-addicts have lower HRQOL in the mental and physical domain, as well as a lower subjective health status. A similar finding also applies to other legal habit-forming substances; smoking, or nicotine, respectively. The study by Heikkiner et al. (2008) showed that the health-related quality of life of smokers was linked to a worse assessment of overall quality of life when compared

to non-smokers (Goldenberg et al., 2014). According to the research studies found, the use of illegal habit-forming substances can also be linked to a lower quality of life. Let's start with stimulants. As for amphetamine users, Ventegodt and Merrick (2003) found a correlation between the use of the said substance and their quality of life, which was lower when compared to the general population group – although not significantly. The authors explain this by the fact that amphetamines are used to increase self-confidence in social interactions – influencing the quality of life. A relation between lower quality of life and abuse can be found in case of cocaine too (Lozano et al., 2008; Ventegodt and Merrick, 2003).

A lower subjective quality of life was found for example in the case of users of drugs with suppressing effects, like opiates. The quality of life of users of hallucinogenic drugs also differs from that of the general population (Goldenberg et al., 2017; Ventegodt and Merrick, 2003). On the other hand, according to Senbanjo et al. (2007), in the case of therapy, the quality of life increases during the first three months, while the speed of improvement gradually decreases after that period. However, as Costenbader et al. (2007) state, there is no unambiguous evidence confirming a direct impact of the use of habit-forming substances on the resulting quality of life of the users. The fact is that the quality of life of the users can be negatively affected by comorbidity related to the use of habit-forming substances, including asthmatic, ulcerous, infectious or neurological diseases, as well as different psychiatric diseases (Costenbader et al., 2007; Kalman et al., 2004; Lozano et al., 2017).

Social support

Rooks (2010) dealt with the relation between the level of quality of life of addicted persons and the support chain – such as family, friends and surroundings. In the case of most respondents, the available social bonds were shown to influence their quality of life (Sharma, 2018). Supporting surroundings can help the individual to achieve a high quality of life, while less supporting surroundings imply that the individual will achieve a high quality of life with more difficulty. At the same time, according to Cao and Liang (2017), the quality of relations in the individual's social surroundings has a significant effect on the perception of one's own quality of life. Social support may significantly influence the therapy of addiction or the relapse; users with low social support may prematurely discontinue the therapy and return to addiction (Dobkin et al., 2002).

Poling (2016) found, based on a longitudinal study using in-depth interviews with heroin users who had started methadone therapy, that in the course of a three-month period, the social support rose – which may suggest that the start of the therapy may improve relations and thus increase social support and reduce the risk of relapse.

Therapy

Mroczek and Spiro (2005) observed the quality of life of 106 addicts who had repeatedly been through therapy. Their study shows that the respondents stated a high quality of life after the therapy termination, specifically within six months after the therapy termination. According to them, the level of quality of life had increased during that period. The findings in literature concerning anti-drug therapy usually focus on the objective and socially desirable change indicators (e.g. withdrawal from drugs), while the indicators of results important to the drug users (e.g. quality of life or satisfaction with therapy) were mostly ignored. Nevertheless, the quality of life (QoL) has become an important concept for evaluation of the therapy efficiency in studies focused on the research of mental health, health care and health handicap (Giacomuzzi et al., 2003). At present, the therapy of addictions applies different approaches, such as the use of an exercise program, and the results show that it has a positive influence on the quality of life of addicted persons (Giménez-Meseguer et al., 2015).

DISCUSSION

The analysis of the research studies shows that there are not many studies dealing specifically with the quality of life of users of metamphetamine or of habit-forming substances; even with regard to the great time span between the studies – the oldest study available was from 1983 and the newest, from 2013.

Individual types of habit-forming substances can be in part difficult to compare, because of different research tools for measurement of quality of life. The authors of the studies made use of a broad range of tools like Health-Related Quality of Life (HRQOL), SF-12, WHOQOL BREF, and also made use of different research strategies. Despite using different measurement tools and strategies, Ghasemi et al. (2014) and Moreira et al. (2013) came to the conclusion that the quality of life of users of habit-forming substances is, at different levels, lower as compared to general population. On the other hand, some authors like Costenbader et al. (2007) and Smith and Larson (2003) highlight that there is no direct evidence showing a direct impact of the use of habit-forming substances on the user's quality of life, which may be affected by secondary diseases. The method of application of the habit-forming substance and the duration of addiction may have an influence too.

As for the quality of life of users of habit-forming substances, differences between men and women were found. According to some authors (Moreira et al., 2013), females addicted to habit-forming substances have a lower quality of life than male addicts.

The quality of life is also significantly influenced by the therapy which, according to the analyzed studies, increases the quality of life both after the therapy termination and during the therapy – because of improved social support.

CONCLUSION

Relations with the family and with the surroundings, or social support, constitute the most important factor influencing the quality of life of users of habit-forming substances in general. The analysis also showed that the quality of life differs within individual types of habit-forming substances (stimulants, inhibitors, halucinogens). Another important factor is the therapy that improves the quality of life – positively influencing social support and other areas of the user.

Conflict of interests

The authors have no conflict of interests to declare.

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