Quality of Life and its Related Factors in Iranian Drug-dependent Women Referring to Substance Abuse Treatment Centers

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Abstract

**Background:** Substance-Related Disorders are among the most common social problems caused by the use of legal and illegal substances. Therefore, this study aimed at determining the quality of life and its related factors among drug-dependent women referring to substance abuse treatment centers in Hamadan, west of Iran.

**Methods:** This cross-sectional study was carried out on 120 Iranian female substance users recruited through the census sampling method in 2018. Data collection tools consisted of demographic characteristics and quality of life questioner (SF-36). Data were analyzed using SPSS-16 via one way ANOVA and chi-square tests.

**Results:** The mean age of the participants was 33.2±12.1 years. The mean score of the total quality of life was 35.35±13.5. The results of multiple linear regression analysis indicated that using methamphetamine (β=-6.62) was the predictor of Qol in women. Moreover, there was a significant association between quality of life and age (p <0.001), educational level (p = 0.011), age at first use (p <0.001).

**Conclusion:** According to the results, the participants' quality of life was found to be an unsatisfactory level. So, implementing educational help-seeking behavior for treatment and effectiveness intervention education in substance abuse prevention programs is essential, especially in adolescents and young, low-educated and early drug use, methamphetamine user women, which may increase the quality of life.

Background

Substance abuse is one of the most common social issues and problems (1, 2). According to the definition proposed by the World Health Organization, addictive substances include every substance that the complications resulting from its consumption can affect the physical and psychological health of the individual and family, and also affect the economic, social, political, and cultural systems of the community (3, 4).

According to the World Drug Report 2019, the number of Drug Trafficking has increased (2). Perhaps, drug abuse had previously been a problem exclusively observed in males; however, due to the departure from the traditional lifestyle, the growth of urbanization, and the social movements of females, women are also similarly subjected to social phenomena such as substance abuse (5). Based on the statistical data on population published by the United Nations 2017, about 271 million people aged 15 to 64 years old, which form about 5% of the world's total population, practice substance abuse. Globally in 2019, some 35 million people are estimated to suffer from drug use disorders and who require treatment services, according to the latest World Drug Report (UNODC) (2). Although addiction seems to be a male issue in Iran, women as half of the population are directly and indirectly affected by drug use disorders (6). In general, statistical data indicate that women account for 9% of all drug-dependent women, quadrupled over the past decade (7). Various studies have investigated the etiology of addiction and drug-
dependence among women; based on the results of such studies, several factors such as the availability of substance, lack of awareness, pressure from spouses or friends, the need for a detachment from reality, poverty, domestic violence, and sexual abuse, psychological anxiety, the presence of drug-dependent persons in the family, and divorce are the reasons for drug use in females (8, 9).

The use of narcotic substances by females has negative consequences and outcomes. We may note abandonment, the formation of an addicted generation, violence, self-mutilation, tattooing, shared injection, unprotected sexual behavior, and reduced communication with ordinary individuals (10). According to studies conducted in Iran, of all women with a drug dependence problem, 5-17% have a history of unprotected sexual relationships; moreover, hepatitis C is observed in 1.9-100%, tattooing in 35.7%, the use of shared syringes for injection in 45%, sexually transmitted infections such as syphilis in 1-6%, chlamydia in 1-5%, herpes in 38-61%, and HPV in 42% of female drug users (11). Due to the most prevalent HCV transmission mode is injecting drugs with unclean needles or syringes, intravenous drug users are the most crucial group who should be considered (12). However, drug-dependent Women share needles and syringes with partners who have high-risk sexual behaviors (11). One study reported 78.1% of females with substance abuse problems reporting repeat sexual abuse, and 82.1% reported repeat physical abuse (13). However, most women with drug dependence and drug use disorders conceal their problems as they fear stigma and discrimination (10, 14). Nowadays, improving the quality of life is one of the most important goals of treatment intervention programs. Based on the definition, the quality of life is an individual's perception of his / her health status and the degree of satisfaction with that condition. The World Health Organization defines the quality of life as a person's perception of his / her status in life associated with goals, expectations, values, and individual concerns. Existing evidence suggests an undesirable quality of life among Iranian drug-dependent women (15) and generally confirm the Iranian female population as a high-risk group that did not satisfy their QoL(16). Evidence showed that Self-assessed addiction to crack was strongly and negatively associated with all SF-36 subscales (17).

Since women are responsible for motherhood and the next generation's upbringing, the presence of a drug-dependent mother in the family can cause serious harm to spouse and children and, consequently, to the community (18). Therefore, it is essential to design and implement comprehensive interventions to prevent substance abuse in women. Furthermore, to devise effective educational programs and interventions to improve the quality of life of drug-dependent women, it is essential to obtain information about the status of abusing drugs and the related changes in the quality of life. Therefore, the present study aimed at determining the quality of life and its related factors among drug-dependent women covered by substance abuse treatment centers in Hamadan.

Methods

The present study was a cross-sectional study conducted on women referring to Hamadan's substance abuse treatment centers in 2018. The present study was carried out on 120 Iranian female substance
users recruited through census sampling methods. After identifying and listing substance abuse treatment centers in Hamadan that exclusively provided services for females, the samples were selected from all women referring to the centers using the census methods.

After coordinating with the authorities and obtaining their approval, the researcher visited the substance users and invited them to participate in the study.

Data gathering in the present study attempted to achieve diversification by distributing questionnaires at various days and times in the multi-centric, high traffic substance abuse treatment centers to complete questionnaires and allow all willing women to fill out questionnaires and participate in the study concerning inclusion and exclusion criteria.

The researcher ensured the volunteers about the confidentiality of the research and collected data on quality of life. The study had specific inclusion criteria, and it only recruited drug-dependent people who were living in the city or suburbs of Hamadan, had a history of substance abuse in the past or present, were willing to take part in an interview or complete a questionnaire, and had a history of referring to public substance addiction treatment centers exclusively designed for women. Based on the exclusion criteria, the researchers excluded individuals visiting private centers and were unwilling to cooperate with the research team. In this study, data collection tools consisted of one standard questionnaire and one checklist that collected data on the status of substances and life quality. After obtaining informed consent, the questionnaires were completed using interviews and self-reports by the participants.

Moreover, demographic data, including age, life status, education level, and job status, were obtained from the participants. Also, the status of substances abuse Checklist was used to collect data on the type of substance, including cannabis, opium, heroin, cocaine, ecstasy, and new industrial substances abused by the subjects within the past one month, six months, and one year. Each item was investigated using a separate question, answered with yes or no (19).

Questionnaire on the quality of life with 36 questions (SF-36): This questionnaire has 36 items categorized into eight subscales. These subscales are physical functioning (10 questions), role impairment due to physical health /role physical (4 items), role impairment due to emotional health /role emotional (3 items), energy and fatigue /vitality (4 questions), mental health (5 items), social functioning (2 questions), bodily pain (2 items), and general health (5 questions). Furthermore, two other general subscales are achieved by integrating the subscales known as Physical Component Summary (PCS) and Mental Component Summary (MCS). In this questionnaire, lower scores represent a lower quality of life, and vice versa (20). It is necessary to be mention; the previous study indicated that the SF-36 tool produced reliable data on the health status of substance abuse disorders populations (17).

The collected data were analyzed by SPSS 23 using descriptive statistics (mean, standard deviation, etc.) and linear regression tests to determine the predictors of quality of life. Statistical analysis was performed at a significance level of 0.01.
Results

In this study, 120 drug-dependent women participated, and all women present in treatment centers during data gathering took part in the survey. It is needed to be mention; 20 participants were excluded from the study due to incomplete completion of the questionnaire and were not analyzed.

The age range of the participants was between 15 to 73 years old, with a mean age of 33.2 ± 12.1 years; of all, 33.3% of the participants were in the age group of 26-35 years old and 30.8% of the participants were in the age group of 15-25 years old. Other demographic data are presented in Table 1.

| variables          | Category     | N  | Percentage |
|--------------------|--------------|----|------------|
| AGE                | 15-25        | 37 | 30.8       |
|                    | 26-35        | 40 | 33.3       |
|                    | 36-45        | 25 | 20.9       |
|                    | 46-55        | 10 | 8.3        |
|                    | >55          | 8  | 6.7        |
| Level of Education | Illiterate   | 6  | 5          |
|                    | Elementary Education | 29 | 24.2 |
|                    | Secondary Education | 62 | 51.7 |
|                    | Diploma      | 19 | 15.8       |
|                    | University Education | 4  | 3.3        |
| Living Condition   | With Parent  | 7  | 5.8        |
|                    | With Father  | 3  | 2.5        |
|                    | With Mother  | 6  | 5          |
|                    | Lonely       | 47 | 39.2       |
|                    | With Family  | 57 | 47.5       |
| Job Status         | Jobless      | 73 | 60.8       |
|                    | College      | 4  | 3.3        |
|                    | Student      | 6  | 5          |
|                    | Worker       | 22 | 18.3       |
|                    | Farmer       | 1  | 0.8        |
|                    | Employee     | 3  | 2.5        |
|                    | Free Job     | 8  | 6.7        |
|                    | Other        | 3  | 2.5        |
The most commonly used drugs by the study participants, which were abused in the past one month, were crystal, methadone, and heroin, with a prevalence of 53.3%, 20.8%, and 12.5%, respectively. Moreover, the most commonly used drugs by the drug-dependent women, which were abused in the past six months, were crystal, methadone, and heroin, with a prevalence of 48.3%, 18.3%, and 18.3%, respectively. The most commonly used drug in the past year was crystal, with a prevalence of 45.8%. The most commonly used drug among the studied participants, abused in their life span, was opium and its derivatives (burnt, sap, etc.) that was reported by 64.2% of the participants, followed by crystal, methadone, and heroin that, respectively, were reported by 53.3%, 49.2% and 40% of the participants (Figure 1).

Based on the results, the participants obtained only 35.3% of the maximum achievable score of the quality of life (total score of quality of life), indicating the low quality of life among the drug-dependent women in Hamadan. Moreover, considering the pain and discomfort score results, the participants obtained 38.3% of the maximum achievable scores, which indicated an unfavorable status. The participants got a score of 8.75 in the subscale of physical function (role physical), which was the minimum score among all the subscales and indicated the most favorable condition. Table 2 presents the scores of all subscales of the quality of life among the studied people.

| Table 2. Mean, SD, and Range of Scores and Percentage of Mean from Maximum Obtainable Score for Dimensions of Life Quality |
|---------------------------------------------------------------|
| QOL Dimensions                  | Mean | SD  | Range | Percentage |
| General Health                      | 34.79 | 17.2 | 0-100  | 34.7 %     |
| Physical Functioning               | 36.07 | 25.2 | 0-100  | 36.1 %     |
| role physical                      | 8.75  | 25.4 | 0-100  | 8.75 %     |
| bodily pain                        | 38.27 | 21.6 | 0-100  | 38.3 %     |
| social functioning                 | 44.06 | 21.1 | 0-100  | 44 %       |
| mental health                      | 10.56 | 26.2 | 0-100  | 10.5 %     |
| vitality                           | 35.79 | 19.2 | 0-100  | 35.8 %     |
| role emotional                     | 41.17 | 14.5 | 0-100  | 41.1 %     |
| Total score of QOL                 | 35.35 | 13.5 | 0-100  | 35.3 %     |

Besides, there was a significant relationship between the women's quality of life with age (p <0.001), educational level (p = 0.011), Age at First Use (p <0.001). There was a statistically significant difference based on the post hoc analyses with Tukey tests in 15-25, 46-55 and >55 years old, Elementary and diploma level of Educations, 10-15, 16-20 and 26-30 ages at First Use which concerning means QOL were lower in adolescent and young, low educated and early drug use women. (Table 3).

| Table 3. Association between QOL with demographic variables in study participants |
The National Drug Strategy framework suggested several drug types that cause the most harm. This classification included: alcohol, tobacco, cannabis, methamphetamines (e.g., MDMA) and other stimulants such as cocaine, new psychoactive substances — synthetic drugs, opioids, including heroin, the non-medical use of prescription drugs (21). Base on this framework, we classified substances into five categories: cannabis category included marijuana, cannabis; opium category included opium, heroin, methadone, tramadol and, crack; the non-medical use of prescription drug category included norjizak; methamphetamine category included ecstasy (MDMA), crystal; cocaine category include cocaine. The present analysis of crack's chemical combination showed that this substance in Iran is a heroin-based narcotic that is different from the cocaine-based crack used in Western countries (22).

Based on the simple linear regression analysis results, the methamphetamine category (B = -6.62) was identified as the predictor of the quality of life of the women who participated in the study (Table 4).

Table 4. Linear regression analysis to predict the QOL base on substance abuse

| variables                      | QOL         | The significance level |
|--------------------------------|-------------|------------------------|
|                                | Mean (SD)   | N                      |
| **Age**                        |             |                        |
| 15-25                          | 26.88 (9.96)| 37                     |
| 26-35                          | 28.78 (8.94)| 40                     |
| 36-45                          | 34.87 (13.51)| 25                    |
| 46-55                          | 40.51 (21.87)| 10                    |
| >55                            | 42.46 (21.5)| 8                      |
| **Level of Education**         |             |                        |
| Illiterate                     | 24.57 (3.71)| 6                      |
| Elementary Education           | 25.61 (6.23)| 29                     |
| Secondary Education            | 32.36 (15.80)| 62                    |
| Diploma                        | 36.58 (9.72)| 19                     |
| University Education           | 42.75 (21.04)| 4                     |
| **Age at First Use**           |             |                        |
| 10-15                          | 25.66 (7.74)| 70                     |
| 16-20                          | 38.77 (16.31)| 23                    |
| 21-25                          | 34.75 (6.79)| 6                      |
| 26-30                          | 41.22 (17.18)| 21                    |
| **Living Condition**           |             |                        |
| With Parent                    | 35.02 (19.35)| 7                      |
| With Father                    | 38.25 (29.88)| 3                      |
| With Mother                    | 36.98 (8.06)| 6                      |
| Lonely                         | 29.60 (11.58)| 47                    |
| With Family                    | 31.388 (13.80)| 57                   |
| **Job**                        |             |                        |
| Jobless                        | 32.11 (14.9)| 73                     |
| College Student                | 26.96 (5.73)| 4                      |
| Student                        | 27.61 (4.95)| 6                      |
| Worker                         | 26.25 (7.27)| 22                     |
| Farmer                         | 32.26 (0)| 1                      |
| Employee                       | 24.4 (6.36)| 3                      |
| Free Job                       | 41.1 (17.91)| 8                      |
| Other                          | 40.82 (1.39)| 3                      |
| Independent Variables | B     | SE    | β     | 95% CI Lower | 95% CI Upper | P-value |
|-----------------------|-------|-------|-------|--------------|--------------|---------|
| Cannabis category     | -5.50 | 2.89  | -0.17 | -11.21       | 0.22         | 0.059   |
| Opium category        | 7.21  | 4.66  | 0.14  | -2.01        | 16.44        | 0.12    |
| Methamphetamine category | -6.62 | 2.44  | -0.24 | -11.45       | -1.79        | 0.008   |
| Cocaine category      | -9.82 | 13.61 | -0.06 | -36.48       | 17.41        | 0.49    |

β: Standardized regression coefficient, SE: Standard error, CI: Confidence Interval.

**Discussion**

This study aimed to determine the quality of life and its related factors among drug-dependent women covered by substance abuse treatment centers in Hamadan. According to the study results, the age of the participants at the first abuse of different materials ranged between 16 and 25 years, with a mean age of 23.57 ± 1.54. These findings indicate that the vulnerability to substance abuse is higher among people at a young age (23). Therefore, it can be concluded that the probability of drug abuse increases in this age range. Undoubtedly, women in the mentioned age range experience severe stress and distress and may consider drug abuse to reduce stress. As observed in the results, the most commonly used drugs by the participants in their lifetime were opium and its derivatives and crystal, methadone, and heroin. This finding is in line with the results reported by Rahimi-Movaghar et al. (7).

The findings of this study indicate an undesirable quality of life among the drug-dependent women in Hamadan. Consistent with our research, Muller et al.'s study reported the undesirable status of life quality among drug-dependent women (24). Moreover, a study by Tracy et al. in the United States also indicated the low quality of life among drug-dependent women (25).

The development of the phenomenon of tolerance and physiological and psychological dependence on addictive substances can lead to irritability, aggression, and other psychological symptoms. In general, this process reduces physical functioning, undermines psychosocial capabilities, and decreases individuals’ quality of life. Generally, QoL is considered multifactorial, one of which is the mental health dimension. In the current study, this dimension was lower than the others. Although, mental state disorders usually encompass those psychiatric disorders seen such as mood, anxiety, and substance use disorders (26). Thus, personality disorder commonly co-occurs with mental state disorders, causing enormous consequences of substance abuse disorders. Several studies indicated that mental state disorders were associated with an increased risk of low quality of life in physical, psychological, social domains (27). Therefore, mental state disorders have been associated with significant impairment in
quality of life (26, 28). So, it seems that the analytical study includes a case group (substance abuse disorder women), and a control group (healthy women) was essential. Also, it is necessary to design and implement educational interventions to improve these women's quality of life.

In the present study, age, education, and age at first drug abuse were associated with women's quality of life. As observed, the quality of life was lower among drug-dependent women who were younger, had lower education levels, and started drug abuse at younger ages. The results of this study are consistent with the results of other studies. For example, in research by Marini et al., the quality of life of people with a history of substance abuse had a relationship with the level of education (29). Findings of a study by Muller et al. showed that the quality of life in illiterate women and those with a low level of education was unfavorable (24). The results of Sadeghi et al.’s study showed that implementing therapeutic interventions in young women and those who started taking drugs at an early age helped to improve different dimensions of quality of life improved one, four, and eight months after the treatment (30). Therefore, it is necessary to design interventions for drug-dependent women who are younger have a low level of education, and those who started taking drugs at an early age to improve their quality of life.

In the present study, the methamphetamine category's abuse was identified as the predictor of drug-dependent women's quality of life. Findings of a study by Falck et al. showed low quality of life in Crack-cocaine users (17). Hence, it is essential to design interventions for drug-dependent women who are Crack users.

This study had some limitations, as it was conducted only on women with a history of drug abuse referring to substance abuse treatment centers in Hamadan. It is recommended to conduct similar studies on other drug-dependent women who do not refer to substance abuse treatment centers. Self-reporting and the use of a cross-sectional design were among the other limitations of the study. Due to this study design, causality could not be demonstrated; it is suggested to conduct qualitative studies to explain the reasons for women's addiction and explain the low quality of life in women who abuse substances. Examination variance in the severity of harm with Substance Consumption level and purity of substance investigations in participation is another limitation of our study, which performs preclinical toxicology and observational assessment to understand the damages related to the quality of life the future research were suggested. A multi-centric data gathering method was used; as indicated, all women present in treatment centers during data gathering took part in the study. But the sample size is small and doesn't represent all the substance abuse disorder women population for generalizability. This current study's strengths include age, education, early drug use, abuse of methamphetamine category, and cocaine category are essential factors in identifying QOL in substance abuse disorder women population. Also, applying the SF-36 questionnaire for evaluating QOL in drug-dependent women seems to possess some additional evidence of using this reliable questionnaire even in this sample.

**Conclusion**
According to the results, the participants' quality of life was found to be at an unsatisfactory level. So, implementing educational help-seeking behavior for treatment and effectiveness intervention education in substance abuse prevention programs is essential, especially in adolescents and young, low educated, early drug use, methamphetamine user women, which may increase the quality of life.

**Abbreviations**

PCS: Physical Component Summary; MCS: Mental Component Summary; QOL: Quality of life.

**Declarations**

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**Availability of data and materials:**

All supporting data is available through the corresponding author.

**Authors' contributions**

MB and HJ developed the original idea and the protocol, abstracted, and prepared the manuscript. AK participated in the study design and analyzed the data. KB and TN contributed to study design and data gathering. All authors read and approved the final manuscript.

**Ethics approval and consent to participate:**

All the women were informed about the quality of the project's implementation, confidentiality of the information, and the project's purpose, and only if they would like, they were enrolled in the study. Participants indicated their informed consent by clicking the "I Agree" button before completing the questionnaire. Also, the number of participants under 16 was low (n=3), without any parents. According to the Iranian ethics committee guidelines, the participants were considered emancipated minors and written informed consent was received from them and the care centers' manager. The Ethics Committee approved this study with all consent process at Hamadan University of Medical Sciences (No: IR.UMSHA.REC.1397.3).

**Consent for publication:**
Not applicable.

Competing of Interest:

The authors declare that they have no competing interests.

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Figures

**Figure 1**

Frequency of substance abuse within the past one and six months and one year among the studied participant.