

EFFECT OF SUBSTANCE DEPENDENCE ON THE QUALITY OF LIFE OF PATIENTS REGISTERED IN TERTIARY HOSPITAL'S DRUG DE-ADDICTION CENTER**^{1,*}Renu Sharma, ²Karobi Das, ³Sunita Sharma and ⁴Anamika**^{1,4}Tutor, N.I.N.E.; PGIMER Chandigarh, India²Clinical psychologist, N.I.N.E., PGIMER Chandigarh, India³Associate Professor, N.I.N.E., PGIMER ChandigarhReceived 18th July 2025; Accepted 27th August 2025; Published online 30th September 2025

Abstract

Introduction: Substance dependence significantly impacts various dimensions of an individual's life, leading to a decline in physical health, emotional stability, and social functioning. The quality of life (QoL) in these individuals is often compromised due to the long-term consequences of addiction, such as deteriorating relationships, poor mental health, and decreased occupational productivity. **Objective:** An exploratory study was conducted to assess the effect of substance dependence on the Quality of life of substance-dependent subjects in DDTC, PGIMER, Chandigarh. **Material & methods:** The sample size consisted of 50 subjects from the DDTC ward and OPD. A convenience sampling technique was adopted. Data was collected using a socio-demographic profile sheet and the standardized tool "WHO QOL BREF." **Results:** The results of the study indicated that the majority of participants (48%) rated their quality of life as neither poor nor good, and 38% were neither satisfied nor dissatisfied with their general health. Pain was a significant issue for 46%, impacting their daily activities, while 40% felt the need for medical treatment to perform daily tasks. Regarding energy levels, a substantial number of subjects reported adequate energy, and 36% were satisfied with their sleep. In terms of psychological health, 32% enjoyed life to a moderate degree, 48% found life to be very meaningful, and 30% had moderate concentration ability. Social health showed that 48% were satisfied with their relationships, though 28% expressed dissatisfaction with support from friends. In terms of environmental health, 44% felt very safe in their daily life, 54% viewed their physical environment as healthy, and 50% were satisfied with their living conditions. **Conclusion:** Current study findings emphasize the need to consider various life challenges in treatment and recovery programs for substance-dependent individuals.

Keywords: Substance dependence, Quality of life, Effect.

INTRODUCTION

Drugs are typically defined as substances, other than food, that alter the normal functioning of the body or mind. These substances may be derived from natural sources, such as plants, or created synthetically in laboratories.¹ Drugs can be classified as legal, illegal, or harmful, and are considered abused when used intentionally for non-medical purposes or without a prescription. Substance abuse manifests in various forms, such as consuming excessive amounts at once, taking smaller doses at frequent intervals, or using drugs beyond the prescribed duration.² Additionally, drugs can be abused when mixed with other substances, either knowingly or unknowingly, with such combinations often posing severe health risks, including sudden death.³ Drug addiction is a significant challenge faced by families, communities, and law enforcement agencies. A large number of individuals suffering from addiction remain untreated due to financial barriers, limited access to services, and a lack of comprehensive care, thereby exacerbating the problem at a societal level.⁴ Substance dependence, commonly referred to as drug addiction, is characterized by the compulsive need to use controlled substances to maintain normal functioning. Withdrawal symptoms occur when these substances become unavailable.⁵ The repeated and compulsive use of drugs can lead to tolerance, requiring increased dosages to achieve the same effect, and withdrawal symptoms when use is reduced or stopped.

Drug dependence is a condition resulting from repeated substance use, and its defining features include a persistent desire to continue using the substance despite its harmful effects, and a tendency to increase the dose. There is often psychological dependence, although physical dependence may not be present, and an abstinence syndrome may not occur. The effects of drug dependence primarily affect the individual, although the broader societal impact is also significant.⁶ Drug abuse is a multifaceted issue, influenced by various social, cultural, biological, geographical, historical, and economic factors. Industrialization, urbanization, and migration have contributed to the weakening of traditional social controls, leaving individuals more vulnerable to the stresses of modern life.⁷ This changing social environment is a key driver in the increasing prevalence of drug abuse, both of traditional substances and newer psychoactive drugs.⁸ Long-term abuse of illicit substances contributes to millions of deaths and imposes significant financial burdens on healthcare systems and rehabilitation services, while the societal effects of drug abuse extend beyond the individual, resulting in substantial economic costs.⁹

MATERIALS AND METHODS

An exploratory research approach was employed for this study, which was conducted at the DDTC OPD and ward, PGIMER, Chandigarh. The study sample comprised substance-dependent subjects admitted to the DDTC ward or attending the DDTC OPD for follow-up and further treatment. A convenience sampling technique was utilized, and 50 substance-dependent subjects were selected from both the OPD and ward settings.

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The WHOQOL-BREF tool, a standardized instrument available in the public domain, was used to assess the quality of life of the subjects. This tool consists of 26 items, categorized under four domains: physical, psychological, social, and environmental. The inclusion criteria were substance-dependent subjects who were admitted to the DDTC ward or attending the DDTC OPD, as well as those who were willing to participate in the study. Subjects under 18 years of age and those unwilling to participate were excluded from the study. Prior to data collection, permission was obtained from the head of the Department of Psychiatry, PGIMER Chandigarh. The staff posted at the DDTC ward and OPD were informed about the study, and written consent was obtained from each participant. Interviews were conducted in a private room to maintain confidentiality. Each subject was interviewed separately, with interviews lasting approximately 30-35 minutes. Participants were selected based on the inclusion and exclusion criteria, and each subject was briefed on the purpose of the study before being interviewed. Confidentiality of responses was ensured, and the same set of questions was asked to each participant.

RESULTS

Table 1. Socio-demographic profile of subjects

N=50	
Variables	F (%)
1.Age (in years)	
19-30	20(40.0)
31-40	14(28.0)
41-50	08(16.0)
Above 50	08(16.0)
2.Education	
Illiterate	01(02.0)
Primary	04(08.0)
Secondary	19(38.0)
Graduate and above	26(52.0)
3.Marital status	
Married	32(64.0)
single	17(34.0)
Separated	01(02.0)
4.Domocile	
Chandigarh	07(14.0)
Punjab	27(54.0)
Himachal Pradesh	11(22.0)
Haryana	05(10.0)
5.Family type	
Nuclear	28(56.0)
Joint	22(44.0)

Age* Mean±SD 35.88±11.46, Range = 19-63

Table 1 presents the socio-demographic characteristics of the substance-dependent subjects. The mean age of the participants was 35.88 (±11.46) years. A majority of the subjects, 26 (52%), had completed higher education (graduates), while only 4 (8%) were educated up to the primary level, and 1 (2%) was illiterate. In terms of marital status, most subjects, 32 (64%), were married, 17 (34%) were single, and 1(2%) subject was separated. Geographically, 27 (54%) of the subjects were from Punjab, 11 (22%) from Himachal Pradesh, 7 (14%) from Chandigarh and 5 (10%) from Haryana. Regarding family structure, 28 (56%) of the subjects came from nuclear families, while 22 (44%) were from joint families. There were no subjects from extended families.

Table 2 presents the distribution of subjects across various levels of Quality of Life (QoL) in different domains. In the physical domain, the majority of 20 (40%) subjects rated their

QoL as average. In the psychological domain, the majority of 18 (36%) subjects reported their QoL as above average. In the social domain, 12 (24%) subjects exhibited an equal distribution of QoL ratings between average and above average. In the environmental domain, the majority of 22(44%) subjects rated their QoL as above average.

Table 2. Quality of Life in subjects according to domains N=50

Score	Levels of QoL	Physical	Psychological	Social	Environmental
<20	Poor	01 (2%)	02 (4%)	09(18%)	--
21-40	Below average	10 (20%)	08 (16%)	09 (18%)	01(2%)
41-60	Average	20(40%)	17(34%)	12(24%)	19 (38%)
61-80	Above average	12 (24%)	18 (36%)	12(24%)	22(44%)
81-100	Good	07 (14%)	05 (10%)	08(16%)	08 (16%)

DISCUSSION

Drug use and disorders arising from substance abuse or dependence significantly impact the physical, psychological, and social well-being of individuals. Consequently, the measurement of "Quality of Life" (QoL) is an effective method for understanding the extent to which these disorders affect people's lives.¹⁰ In the present study, the socio-demographic characteristics of substance-dependent subjects showed that the mean age of participants was 35.88 (±11.46) years. A majority of the subjects (52%) had education beyond senior secondary, 64% were married, 54% were from Punjab, and 56% came from nuclear families. Regarding the QoL and general health of the participants, most (48%) rated their QoL as average (neither poor nor good), with 24% rating it as neither poor nor good but leaning towards good, and 14% indicating a very poor QoL. Concerning general health, 38% of subjects were neither satisfied nor dissatisfied, 30% were satisfied, and 22% were dissatisfied. These findings align with a 2011 study by Kessler et al, which found a significant association between substance dependence and poor QoL, though it remains unclear whether this impairment is due to lifestyle, comorbidities, or concurrent use of multiple substances.¹¹ Regarding physical health, the majority of participants rated their physical health as average, with a few reporting poor physical health. A similar study conducted by Rigg KK et al found that individuals who rated their physical health as poor were notably dissatisfied with their work capacity and energy levels. Other research also highlighted that substance use impacts the ability to perform daily activities, requiring more time or causing difficulty in completing them¹²

A study by **Vinson et al. (2011)** found a significant association between substance dependence and lower QoL, particularly in the physical and psychological domains. The research highlighted that individuals with substance use disorders reported significantly lower scores in QoL, especially when compared to the general population. The study suggested that substance abuse directly contributes to deterioration in health and well-being, and the resulting poor QoL can persist even after long-term sobriety, emphasizing the importance of ongoing support and rehabilitation for affected individuals.¹³ A study conducted by **Nunes et al. (2017)** examined the psychological and social impacts of substance dependence. The results indicated that substance-dependent individuals had significantly poorer psychological well-being and social functioning compared to the general population. Notably, the psychological domain showed high levels of anxiety,

depression, and emotional distress. The social domain also revealed strained relationships and social isolation, further exacerbating the difficulties in recovery.¹⁴

The **World Health Organization (WHO)** study (2010) highlighted that individuals with substance use disorders frequently experience physical health challenges, including chronic diseases, infectious diseases, and liver complications. The study indicated that these physical health impairments were directly related to lower QoL scores in the physical domain. This study also pointed out that substance-dependent individuals often report lower energy levels and are less satisfied with their overall health and physical well-being.¹⁵

Kawashima et al. (2018) conducted a study exploring the role of social support in improving the QoL of substance-dependent individuals. The study found that individuals with higher levels of social support reported significantly better QoL scores, particularly in the social and psychological domains. The research emphasized the importance of building a support system, including family, peers, and treatment professionals, to enhance recovery outcomes and improve overall well-being.¹⁶

Vitorino et al. (2020) examined the environmental health domain in substance-dependent individuals and found that low socioeconomic status and living in impoverished conditions were significant predictors of poor environmental QoL. Individuals from lower-income backgrounds or those living in substandard housing reported higher levels of stress and limited access to resources such as healthcare, education, and treatment. The study concluded that environmental factors, such as socioeconomic status and access to healthcare, significantly impacted QoL in substance-dependent individuals.¹⁷

Martins et al. (2015) conducted a longitudinal study that assessed the QoL of individuals over 12 months following treatment for substance use disorders. The study found that while substance dependence had a long-lasting negative effect on QoL, there were significant improvements in both the physical and psychological domains after treatment. However, the social domain remained challenging, with many individuals reporting ongoing difficulties in their relationships and social functioning, even after treatment.¹⁸ In the current study, psychologically, most subjects rated their psychological health as above average, while a few rated it as poor. This finding is consistent with previous studies, which indicated poorer psychological health among substance-dependent individuals compared to the general population. In terms of social health, the majority rated it as average, with a few reporting good social health. Research has shown that social support is a significant factor in improving QoL for individuals in recovery. Strengthening social support may contribute to better treatment outcomes and higher rates of abstinence. Most participants rated environmental health above average, with only one subject rating it as poor. Previous studies have suggested that environmental QoL tends to be the lowest among all domains, particularly for individuals with low incomes living in disadvantaged neighbourhoods, which may hinder access to treatment and support.

Conclusion

The study results indicated that most subjects rated their Quality of Life as average or above average, with very few in the poor (<20 scores) or good (81-100 scores) categories.

- Thirty-two subjects reported average or above average physical health.
- In the psychological domain, 35 subjects had average or above-average scores.
- In the social domain, an equal number of subjects (12 each) rated their social health as average and above average.
- Lastly, 41 subjects rated their environmental health as average or above average.

These findings highlight the general challenges faced by substance-dependent individuals across multiple dimensions of life, underscoring the importance of addressing these factors in treatment and recovery programs.

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