

Jan Szałański, Agnieszka Wyrwich

Quality and Sense of Life in Patients Participating in the Methadone Programme and in Those Aspiring it

Acta Universitatis Lodzianis. Folia Psychologica 10, 123-132

2006

Artykuł został opracowany do udostępnienia w internecie przez Muzeum Historii Polski w ramach prac podejmowanych na rzecz zapewnienia otwartego, powszechnego i trwałego dostępu do polskiego dorobku naukowego i kulturalnego. Artykuł jest umieszczony w kolekcji cyfrowej bazhum.muzhp.pl, gromadzącej zawartość polskich czasopism humanistycznych i społecznych.

Tekst jest udostępniony do wykorzystania w ramach dozwolonego użytku.

JAN SZALAŃSKI, AGNIESZKA WYRWICH
Department of Resocialization Psychology
Institute of Psychology
University of Łódź

QUALITY AND SENSE OF LIFE IN PATIENTS PARTICIPATING IN THE METHADONE PROGRAMME AND IN THOSE ASPIRING IT

INTRODUCTION

Since the end of the 80s, there has been noted a fast growing spread of infection with HIV among persons who take psychoactive substances intravenously. HIV prevention among drug addicts requires a change in current activities. Evaluation researches show that in Poland 2-year rehabilitation programmes based upon the rule of absolute abstinence from psychoactive substances, are completed by only less than 2% of the addicted (Chmielewska et al., 1998). For many persons who are addicted to opiate derivatives taken intravenously, this form of treatment often seems ineffective.

For years in numerous western countries an alternative form of treatment is the use of methadone (Alcabe, 1995; Borg, 1995). Due to the fact that methadone is a synthetic narcotic, its use in therapy is still controversial. Methadone programmes have many advocates, but also many persons object to this form of treatment.

Opponents appeal to an ethical aspect of methadone therapy. They speak aloud about treating with methadone as a misunderstanding. They stress that methadone is an addictive drug, and one cannot learn to live in sobriety while taking at the same time another drug – a ‘scientific’ one (Cekiera, 1994; Karaczyńska, Sękiewicz, 1995). Whereas advocates of methadone therapy centre around minimisation of losses caused by drug addiction and also around low effectiveness of rehabilitation programmes based on absolute abstinence (Baran-Furga, Steinbarth-Chmielewska, 1987; Pach et al., 2001).

These controversial views on the problem of using methadone in therapy encouraged us to make the research on quality and sense of life in patients

participating in the methadone programme and in patients of a drug addiction clinic (waiting to participate in the programme). We hope that the research will render it possible to dissipate – to some extent – the controversial views on the methadone programmes.

THE AIM OF THE RESEARCH

The research has been aimed at defining whether opiate addicts participating for at least a year in the methadone programme – in comparison with opiate addicts who do not participate in such a programme – display a significantly higher intensity of the global quality of life, sense of life, and their components.

It has been assumed that patients included in the methadone programme – in comparison with those aspiring to it – display a significantly higher intensity of the following variables:

- Subjective general assessment of the quality of life and its components like:
 - physical form,
 - functioning in social roles,
 - functioning related to somatic state,
 - functioning related to psychic state,
 - psychic health,
 - vitality and energy,
 - painfulness;
- Global sense of life and its components like:
 - life goals;
 - sense of life;
 - life affirmation;
 - self-esteem;
 - evaluation of one's own life;
 - freedom and responsibility;
 - attitude towards death and suicide.

METHODS

The quality of life was assessed using the SF-36 Questionnaire (after having obtained permission from its authors to use it in the research). Reliability and validity of the questionnaire was verified by the authors. There are 3 spheres contained in the SF-36 Questionnaire (Functioning,

Well-being, General Health Evaluation). It comprises 36 items, the results of which – with use of a special key – may be grouped into 8 subscales (Ware et al., 1993).

The first sphere (Functioning) includes the following:

OPF – Physical Functioning – physical form;

OSF – Social Functioning – functioning in social roles;

ORP – Role – Physical – restrictions to functioning related to somatic state;

ORE – Role – Emotional – restrictions to functioning related to psychic state.

The second sphere (Well-being) comprises:

OMH – Mental Health – evaluation of one's psychic health;

OVT – Vitality – vitality and energy;

OBP – Bodily Pain – pain.

The third sphere (General Health Evaluation) includes:

OGH – General Health – general evaluation of one's health/disease (Habrat et al., 2002).

In order to assess the sense of life, the 'Purpose in Life Test' (P.I.L.) by J. C. Crumbaugh and L. T. Maholick, was used. It has been translated into Polish by Z. Płużek, and is known in our country as the 'Sense of Life Scale' (Cekiera, 1985). Coefficient of reliability for P.I.L. is 0.81 and its validity is satisfactory (Popielski, 1987).

The scale has been constructed to examine the level of awareness of one's own life, i.e. how much aware a person is that his/her life has got a sense and a goal. It consists of three parts. The first one comprises 20 statements regarding the sense of life. Expressing an attitude towards them by an examinee makes it possible to define the intensity of his/her global sense of life and its components listed above. The second part is composed of 15 unfinished sentences to be filled. The third part requires completing a few sentences regarding aspirations, ambitions, and goals in one's life.

The second and the third parts serve to make qualitative analyses of research results. In the current research only the first part was used as we centred around quantitative analysis of the results.

PARTICIPANTS

Two groups of patients participated in the research:

- 31 men, aged 23–49, addicted to opiates for 6–29 years, participating in the methadone programme for at least a year. 17 persons were undergoing their therapy in the Institute of Psychiatry and Neurology in Warsaw, 14 – in the Centre of Addiction Prevention in Poznań.

- 31 men, aged 22–49, addicted to opiates for 9–31 years, who were selected to participate in the methadone programme in Drug Addictions Clinic in Łódź.

RESULTS AND THEIR DISCUSSION

Results of the research regarding the quality of life, which are contained in Tab. 1, submit evidence for the existence of marked, statistically significant differences between men participating in the methadone programme and those aspiring to it, with regard to functioning, well-being, and general health evaluation.

Table 1

Means of scores on SF-36 for participants of the methadone programme and persons aspiring to it

Quality of life	Participants of the methadone programme		Men aspiring to the programme		<i>t</i>	Level <i>p</i>
	$\bar{X}B_M$	s_M	$\bar{X}B_A$	s_A		
PF – Physical Functioning	25.68	2.48	20.81	2.53	7.64	0.00
SF – Social Functioning	6.87	1.61	4.03	1.02	8.31	0.00
RP – Role-Physical	6.29	1.44	4.65	0.80	5.56	0.00
RE – Role-Emotional	4.55	1.18	3.81	0.87	2.81	0.00
MH – Mental Health	17.39	3.09	12.74	3.17	5.83	0.00
V – Vitality	14.74	2.78	7.87	2.40	10.41	0.00
BP – Bodily Pain	8.17	2.34	8.01	1.69	0.71	0.15
GH – General Health	16.11	3.79	10.06	3.56	6.47	0.00

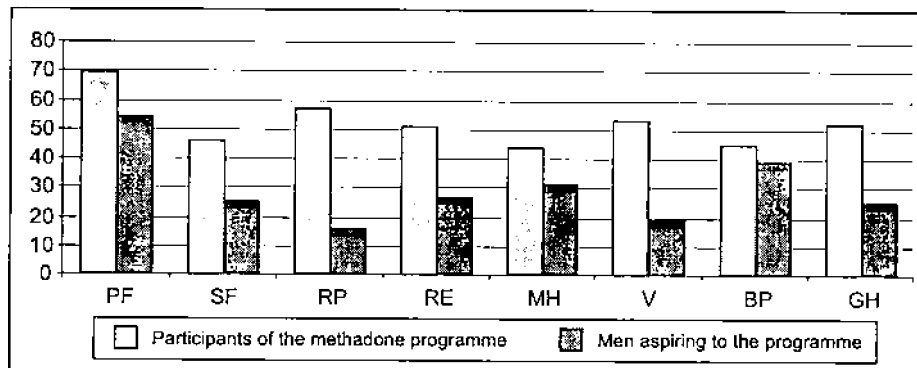


Fig. 1. SF-36 questionnaire results among participants of the methadone programme and persons aspiring to it

The examined persons from the methadone programme group obtained considerably higher results in the sphere of Functioning than persons from the clinic. A highly significant statistical difference was noted for functioning in social roles ($t = 8.31$, $\bar{X}_M = 6.87$, $\bar{X}_A = 4.03$). Physical health and emotional problems in men from the methadone programme did not influence their normal social activity in their families, among friends, neighbours, or in other groups, which is contrary to functioning of men aspiring to the programme. The former also estimate their own physical form higher ($t = 7.64$, $\bar{X}_M = 25.68$, $\bar{X}_A = 20.81$). This means that typical activities performed during a day, i.e. housework, shopping, or tiring sport activities, are not restricted with physical form in persons from the methadone programme.

Some statistically significant differences occur also for functioning related to psychic state ($t = 2.81$, $\bar{X}_M = 4.55$, $\bar{X}_A = 3.81$). The methadone programme patients cope considerably better with their emotional problems. These problems do not limit their work time and do not influence the way of performing their job, which is contrary to functioning of persons from the clinic group. A similar rule is adequate for functioning related to somatic state. Participants of the methadone programme obtained considerably higher results than persons aspiring to it ($t = 5.56$, $\bar{X}_M = 6.29$, $\bar{X}_A = 4.65$). This means that the somatic state exerts no impact upon their work and everyday activities, which is contrary to persons from the clinic group. A statistical significance is observed for differences in vitality and energy ($t = 10.40$, $\bar{X}_M = 14.74$, $\bar{X}_A = 7.87$) and for evaluation of one's psychic health ($t = 5.83$, $\bar{X}_M = 17.39$, $\bar{X}_A = 12.74$). Thus, it appears that persons from the methadone programme felt happy, joyful, and full of energy more often than persons from the clinic group.

A similar case applies to the third sphere, i.e. General Health Evaluation. The methadone group perceives their health as good ($t = 6.47$, $\bar{X}_M = 16.11$, $\bar{X}_A = 10.06$) and changes in their health that occurred during the last year – as having a positive influence upon the present state.

The examined groups do not differ at a statistically significant level with regard to perceived pain.

The analysis of the research results obtained by persons participating in the methadone programme in comparison to those who undergo treatment in the Drug Addictions Clinic, renders it possible to state statistically significant differences with regard to particular factors of the sense of life.

A highly significant statistical difference is observed for life affirmation ($t = 6.38$, $\bar{X}_M = 18.77$, $\bar{X}_A = 11.77$). Men belonging to the methadone group claim their life to be more interesting, with subsequent days bringing much novelty, and everyday duties being a source of satisfaction and joy, which is contrary to the perception by men treated in the clinic.

Table 2

Sense of life in participants of the methadone programme and persons aspiring to it

Subscales	Participants of the methadone programme		Men aspiring to the programme		<i>t</i>	Level <i>p</i>
	\bar{X}_M	s_M	\bar{X}_A	s_A		
Life goals	25.16	4.99	24.35	4.91	0.64	0.52
Sense of life	13.55	4.43	9.32	3.21	4.30	0.00
Life affirmation	18.77	4.62	11.77	3.99	6.38	0.00
Self-esteem	9.06	2.26	7.77	2.57	2.10	0.04
Evaluation of one's own life	8.61	3.16	8.06	2.25	0.79	0.43
Freedom and responsibility	9.55	2.66	7.00	1.77	4.45	0.00
Attitude towards death and suicide	8.74	2.27	7.10	1.68	3.25	0.00
Total	93.58	18.83	75.45	11.63	4.56	0.00

Also differences regarding sense of life are statistically significant ($t = 4.3$, $\bar{X}_M = 13.55$, $\bar{X}_A = 9.32$). Men participating in the methadone programme find an explanation of their life to a greater extent. They see a greater chance for finding a goal and a role in their life, and they less frequently feel lost and powerless in comparison to men treated in the clinic. A statistical significance is noted also for the difference regarding self-esteem ($t = 2.1$, $\bar{X}_M = 9.06$, $\bar{X}_A = 7.77$). This means that patients participating in the methadone programme perceive themselves as responsible persons. They usually are full of life and enthusiasm.

As for the evaluation of one's own life and life goals, no statistically significant differences are observed.

While considering a man's ability to free choice, patients from the methadone programme more often think that a man has an absolutely free choice throughout the life cycle, he directs and controls his own life ($t = 4.45$, $\bar{X}_M = 9.55$, $\bar{X}_A = 7.00$).

A similar case applies to the attitude towards death and suicide. The methadone group displays a significantly higher level of readiness to death, and suicide is not perceived by them as the only way out of a difficult situation ($t = 3.25$, $\bar{X}_M = 8.74$, $\bar{X}_A = 7.10$).

On the basis of the total score on the P.I.L. questionnaire, it has been found that the sense of life is higher in the methadone group ($\bar{X}_M = 93.58$) than in the group of patients from the clinic ($\bar{X}_A = 75.45$).

In order to check whether there are any dependencies between quality and sense of life, correlations between scores on the Short-form General Health Survey (SF-36) and the P.I.L. questionnaire have been computed.

Table 3

Correlation coefficients between scores on SF-36 and P.I.L. obtained patients from the methadone programme (*M*) and those aspiring to it (*A*)

	Life goals				Sense of life				Life affirmation				Self-esteem				Evaluation of one's own life				Freedom and responsibility				Attitude towards death and suicide			
	<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>		<i>A</i>		<i>M</i>	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Physical Functioning	0.09	0.64	0.28	0.12	0.14	0.47	0.20	0.28	0.46**	0.01	0.28	0.13	-0.24	0.20	0.07	0.69	0.07	0.70	0.14	0.45	-0.16	0.38	0.18	0.32	0.04	0.85	0.29	0.11
Role-Physical	0.40	0.03	0.25	0.17	0.36*	0.05	0.05	0.32	0.38*	0.03	0.12	0.52	0.17	0.36	0.15	0.44	0.18	0.33	0.11	0.54	0.00	1.00	0.21	0.26	-0.02	0.90	0.38*	0.03
Bodily Pain	0.30	0.10	0.17	0.35	-0.04	0.84	0.07	0.70	0.02	0.92	-0.04	0.82	0.07	0.73	0.04	0.82	0.30	0.10	0.04	0.85	-0.04	0.82	-0.05	0.81	0.16	0.40	0.20	0.29
General Health	-0.08	0.66	0.16	0.40	-0.14	0.47	0.23	0.22	0.23	0.22	0.19	0.32	-0.20	0.29	0.12	0.51	0.09	0.62	0.18	0.34	-0.19	0.31	0.37*	0.04	0.09	0.65	0.27	0.15
Vitality	0.00	0.98	0.25	0.18	-0.19	0.31	0.15	0.44	0.14	0.47	0.16	0.40	0.10	0.58	0.09	0.62	0.23	0.21	0.07	0.72	-0.23	0.22	0.17	0.37	0.20	0.28	0.16	0.40
Social Functioning	0.09	0.63	0.20	0.29	0.01	0.97	0.07	0.71	0.13	0.50	0.02	0.93	-0.20	0.28	0.07	0.70	0.25	0.18	-0.04	0.85	-0.26	0.16	0.06	0.75	-0.12	0.52	0.19	0.32
Role-Emotional	0.28	0.13	0.12	0.53	0.07	0.71	0.03	0.89	0.15	0.42	0.01	0.97	-0.11	0.56	0.00	0.99	0.13	0.50	-0.02	0.92	-0.11	0.56	0.03	0.89	-0.08	0.68	0.23	0.22
Mental Health	0.15	0.43	0.18	0.89	0.04	0.85	0.10	0.61	0.15	0.44	0.10	0.59	-0.09	0.65	0.10	0.75	0.11	0.56	-0.01	0.94	-0.18	0.34	0.25	0.19	-0.01	0.91	0.23	0.22

* $p < 0.05$; ** $p < 0.01$.

The analysis of the dependencies shows that in the methadone group the general evaluation of health correlates with the feeling of freedom and responsibility ($r = 0.37$, $p < 0.05$). At the significance level $p < 0.05$, functioning related to somatic state correlates positively with the attitude towards death and suicide ($r = 0.39$).

Summing up the analysis of correlations for SF-36 and P.I.L. in the methadone group, it may be noticed that:

1) perception of one's own health as good and changes that have occurred during the last year – as favourable, exerts a positive impact upon the feeling that a man has free choice throughout the whole life cycle, that he directs and controls his life;

2) performing typical everyday activities, if they are not restricted by the state of health, creates favourable conditions for not-thinking about suicide as the only way out of a difficult situation.

In the group treated in the clinic, functioning related to somatic state correlates positively at the significance level $p < 0.05$ with the following:

- life goals ($r = 0.40$),
- sense of life ($r = 0.36$),
- life affirmation ($r = 0.38$).

A positive correlation at the significance level $p = 0.01$ is observed also for physical form and life affirmation ($r = 0.46$).

Summing up the analysis of correlations for SF-36 and P.I.L. in the clinical treatment group, it may be noticed that:

1) restrictions related to performing typical everyday activities create favourable conditions for:

- monotony of life and treating one's duties, which could become a source of satisfaction and joy, as unpleasant and full of torment;
- lack of precise life goals and little chance for finding an explanation of one's own life;

2) social activity among family members, friends, or other social groups is considerably limited in the group of patients from the clinic, which encourages monotony and the feeling that subsequent days contribute to life with little novelty, and thus, few reasons for joy.

SUMMARY AND CONCLUSIONS

In the spheres of Functioning, Well-being, and General Health Evaluation, the examined persons from the methadone programme scored considerably higher than persons aspiring to the programme. This means that the subjective assessment of the quality of life is higher in this group of the examinees. Physical health or emotional problems in men from the me-

methadone programme do not influence their normal social activity among family members, neighbours, friends, or in other groups. They cope with their emotional problems better, they more often feel happy and full of joy, they have more energy than persons waiting to participate in the programme.

The examined groups do not differ – in a statistically significant way – in their perception of pain. Patients from the methadone programme display a higher level of sense of life in comparison to patients aspiring to the programme. Men included in the programme perceive their lives as interesting. Everyday duties are a source of satisfaction and joy for them. They regard themselves as responsible persons, full of life and enthusiasm. They do not treat suicide as the only way out of a difficult situation.

Such attitudes stimulate optimistic thoughts about the future, give chances for a life filled with goals and sense. The examined groups do not differ significantly with regard to their life goals and evaluation of their own lives. Using methadone is a truly controversial issue. We respect opinions of opponents to this form of treatment. Yet, we ask persons who have read the current text to reflect for a while on the differences regarding the sense and quality of life in patients examined in this research.

Surely, one cannot refer to methadone as a panacea, but the research results presented here may prove positive effects of this form of treatment. The methadone programme gives a chance to motivate a patient to give up the addiction. For many persons it is the last hope, as they have tried many times to be through with drugs, but they have not managed, and their organisms demand doses that may kill them.

Making a decision regarding the use of methadone one should always consider all the pros and cons and always choose for a particular patient's good.

REFERENCES

- Alcables P. (1995), *Komentarz na temat stosowania w Polsce terapii metadonowej*, [in:] A. Zieliński (red.), *Program metadonowy na tle innych programów rehabilitacyjnych osób uzależnionych w profilaktyce HIV/AIDS*, Biuro ds. Narkomanii, Warszawa, 217–218
- Baran-Furga H., Steinbarth-Chmielewska K. (1987), *Podtrzymujące leczenie metadonem zależności opiatowej*, [in:] M. Staniaszek (red.), *Farmakoterapia w stanach uzależnień*, PTP, Warszawa, 77–81
- Borg L. (1995), *Komentarz na temat stosowania w Polsce terapii metadonowej*, [in:] A. Zieliński (red.), *Program metadonowy na tle innych programów rehabilitacyjnych osób uzależnionych w profilaktyce HIV/AIDS*, Biuro ds. Narkomanii, Warszawa, 221–226
- Cekiera Cz. (1994), *Metadon. Granice ryzyka*, "Problemy Alkoholizmu", 10, 6–8
- Cekiera Cz. (1985), *Toksykomania. Narkomania. Alkoholizm. Nikotynizm*, PWN, Warszawa
- Chmielewska K., Baran H., Dąbrowski S., Habrat B. (1998), *Kontynuowanie terapii w programie substytucyjnego leczenia metadonem przez pacjentów uzależnionych od opiatów*, "Alkoholizm i Narkomania", 3, 309–318

- Habrat B., Baran-Furga H., Chmielewska K., Kęszycka B., Taracha E. (2002), *Subiektywna ocena jakości życia przez pacjentów uzależnionych od opiatów przed przyjęciem, po 6 miesiącach i po roku uczestnictwa w programie metadonowym*, "Przegląd Lekarski", 4-5, 351-354
- Karaczyńska B., Sękiewicz J. (1995), *Przeciw metadonowi*, [in:] A. Zieliński (red.), *Program metadonowy na tle innych programów rehabilitacyjnych osób uzależnionych w profilaktyce HIV/AIDS*, Biuro ds. Narkomanii, Warszawa, 65-74
- Pach J., Kamenczak A., Chrostek-Maj J., Foryś Z. (2001), *Ocena stanu zdrowia uczestników programu metadonowego w Krakowie po roku leczenia substytucyjnego*, "Przegląd Lekarski", 4, 240-244
- Popielski K. (1987), *Człowiek – pytanie otwarte*, Towarzystwo Naukowe KUL, Lublin, 244-247
- Siek S. (1993), *Wybrane metody badania osobowości*, ATK, Warszawa
- Steinbarth-Chmielewska K., Baran-Furga H. (1995), *Pilotażowy program metadonowy. Zasady organizacyjne i cele*, [in:] A. Zieliński (red.), *Program metadonowy na tle innych programów rehabilitacyjnych osób uzależnionych w profilaktyce HIV/AIDS*, Biuro ds. Narkomanii, Warszawa, 75-84
- Ware Joho E., Snow K. K., Kosiński M., Gandek B. (1993), *SF-36 Health Survey*, The Health Institute – New England Medical Center, Boston (MA)

JAN SZALAŃSKI, AGNIESZKA WYRWICH

POCZUCIE JAKOŚCI I SENSU ŻYCIA U OSÓB UCZESTNICZĄCYCH W TERAPII METADONOWEJ I ASPIRUJĄCYCH DO NIEJ

Celem tej pracy było ustalenie, czy osoby uzależnione od opiatów, uczestniczące co najmniej rok w programie metadonowym w porównaniu z osobami uzależnionymi od opiatów, które nie uczestniczą w takim programie, przejawiają istotnie wyższe nasilenie globalne poczucia jakości i sensu życia oraz ich komponentów.

Badanie przeprowadzono w 2002 r. wśród pacjentów programu metadonowego w Warszawie i Poznaniu. Takie samo badanie zostało przeprowadzone wśród pacjentów zakwalifikowanych do programu metadonowego w Łodzi.

Jakość życia oceniona została za pomocą kwestionariusza SF-36. Do oceny sensu życia zastosowano "Purpose in Life Test" (P.I.L.).

Istotne statystycznie różnice wystąpiły w zakresie 7 z 8 podskal SF-36 jak również w 5 z 7 sfer P.I.L.

Słowa kluczowe: jakość życia, sens życia, program metadonowy, uzależnienie od opiatów.