A good quality of life under the influence of methadone: A qualitative study among opiate-dependent individuals

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A B S T R A C T

Background: Attention from researchers and health care workers to the quality of life (QoL) of opiate users is growing, but most studies are quantitative, giving limited attention to the consumer's perspective. No information is available on how opiate-dependent individuals themselves perceive QoL and what they see as the important components that contribute to a good QoL.

Objectives: This qualitative study aims to expand our knowledge concerning opiate-dependent individuals’ perceptions of a good QoL and the impact of methadone on components of a good QoL.

Methods: In-depth interviews were conducted with 25 opiate-dependent individuals aged between 26 and 46 years old who started a methadone maintenance treatment at least 5 years ago. Purposive sampling was used to recruit participants with different socio-demographic characteristics and drug use profiles. The interviews were audio-tape recorded, transcribed verbatim and analysed thematically.

Results: Thematic analyses revealed five key themes contributing to a good QoL for opiate-dependent individuals: (1) having social relationships, (2) holding an occupation, (3) feeling good about one's self, (4) being independent and (5) having a meaningful life. Opiate-dependent individuals valued methadone's ability to help them function normally, overcome their psychological problems and dependence on illicit opiates, and support them in achieving certain life goals. On the other hand, stigmatisation, discrimination, dependence on methadone and the drug's paralysing effects on their emotions were mentioned as common negative consequences.

Conclusions: The findings of this study highlight the importance of supporting opiate-dependent individuals in their daily life by means of practical, social and environmental support (alongside pharmacological treatment) in order to improve their QoL. This study further illustrates the ambivalent influence of methadone on opiate-dependent individuals’ QoL, and demonstrates how something commonly perceived as a ‘good’ can also be a ‘bad’ for some people. Efforts should be made to limit the negative consequences of methadone on opiate-dependent individuals’ QoL, while increasing its potential benefits.

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What is already known about the topic?

- Opiate dependence is a serious health and social problem affecting individuals and families worldwide.

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Several quantitative studies have shown that opiate-dependent individuals have lower QoL-scores on various domains (e.g. family situation) as compared with the general population.

Methadone substitution treatment is the standard medical treatment for opiate dependence in most countries.

What this paper adds

This study demonstrates the importance of social integration, meaningfulness, independence and psychological wellbeing as components of a good QoL for opiate-dependent individuals.

Although methadone helps individuals to stabilize their situations and ultimately to participate in society, several negative consequences (e.g. dependence) are associated with the use of methadone, which may affect their QoL.

This study demonstrates the multiple and continuing support needs of opiate-dependent individuals in order to enhance their QoL.

1. Introduction

Over the last two decades, the growing attention paid to the consumer’s perspective in health care has been noticeable (Smith et al., 1997; McKeagney et al., 2004; Wiklund, 2004). In contrast with other fields (e.g. cancer research), drug users have not been seen as important sources of information and their personal perspectives about substance abuse treatment and their life in general are not widely reported in the literature (Drumm et al., 2003; Kolind, 2007; Montagne, 2002). Furthermore, the majority of studies on substance abuse tend to start from a problem-oriented focus without paying attention to the strengths and abilities of individuals (Saleebey, 1996; Stajduhar et al., 2009).

One concept strongly focusing on individuals’ personal perspectives and strengths is the notion of quality of life (QoL) (Diener and Suh, 1997; King and Napa, 1998). Despite the concept of QoL’s long history and its recognition as a central concept in health care, there is still no consensus about its definition (Carr and Higginson, 2001; Dijkers, 2007; Moons et al., 2006). In general, QoL is seen as a subjective and multidimensional phenomenon that starts from an individual's own perspective (Bonomi et al., 2000; Costanza et al., 2007).

Today, there is an overall consensus that QoL consists of both objective and subjective components of life, although the subjective component of QoL tends to prevail (Cummins, 2000; Schalock et al., 2002). Also, it is a dynamic construct that changes throughout the life cycle, influenced by individuals’ expectations (Allison et al., 1997; Carr and Higginson, 2001). For this reason the WHO Quality of Life Group has defined QoL as “individuals’ perceptions 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, standards and concerns” (The WHOQOL Group, 1998, p. 551).

Only recently has QoL begun to receive attention in the field of substance abuse research, in particular among opiate-dependent individuals (Zubaran and Foresti, 2009). A recent review of the literature on QoL of opiate-dependent individuals (including the search terms ‘addiction/substance (ab)use/drug (ab)use’, ‘quality of life/health-related quality of life/health status/satisfaction with life’ and various opiate drugs such as ‘heroin’, ‘methadone’ and ‘buprenorphine’), showed that QoL is often used as an umbrella term, covering concepts as health status, functional status and health-related quality of life (HRQoL) (De Maeyer et al., 2010). This inconsistent use of the concept QoL, results in a number of studies stating that they are addressing the same ‘concept’, but actually measuring something completely different. In substance abuse research attention to the broad concept of QoL, starting from a holistic approach is rather limited, and the focus is often restricted to HRQoL, a concept frequently misused as a synonym for QoL (Rudolf and Watts, 2002).

Nevertheless, available evidence demonstrates that the QoL of opiate-dependent individuals is low as compared with the general population, and is most comparable with the QoL of individuals with psychiatric problems (De Maeyer et al., 2010). A recent study among individuals who started outpatient methadone treatment at least 5 years ago revealed that one third of the respondents were dissatisfied with their global QoL and the aspects they were least satisfied with were their financial situation and family relations (De Maeyer et al., 2011).

Given the subjective nature of the concept of QoL, opiate-dependent individuals’ own experiences should be the starting point for QoL research in this field (Bonomi et al., 2000; Carr and Higginson, 2001; Fischer et al., 2001a). Like other marginalised groups, the perspectives of drug users on QoL have been largely ignored (Corrigan and Cook, 2007; De Maeyer et al., 2009). There are few studies on the effects of drug use on QoL, and those that do exist are mainly quantitative and rarely user-led (Fischer et al., 2001a; Rudolf and Watts, 2002). As a consequence, outcomes in QoL studies are mostly measured according to what is important to health care professionals rather than to the users themselves, which may account for the poor performance of such measures (Carr and Higginson, 2001; Fischer et al., 2001b; Gilbert, 2004). Quantitative studies can hardly capture the complex and idiosyncratic impact of drug use on people’s lives. Furthermore, research into which factors constitute the QoL of opiate-dependent individuals is limited. An inverse relationship has been observed between age and QoL (Bizzarri et al., 2005), while conflicting results were noted with regard to gender (Bizzarri et al., 2005; Dazord et al., 1998). No significant influence of current substance use on QoL was found (Bizzarri et al., 2005), while psychiatric problems seem to have a negative impact on opiate-dependent individuals’ QoL (Bizzarri et al., 2005; Fassino et al., 2004). These findings were confirmed in a recent study among opiate-dependent individuals which revealed that QoL was mainly determined by psychological well-being and a number of psychosocial variables (e.g. having a good friend) (De Maeyer et al., 2011). One of the limitations of these studies is that only a small part of the statistical
variance in QoL is explained by the predictors included in the model, leaving a blind spot on other aspects that may have an impact on opiate users’ QoL.

The exclusive focus on quantitative research is also found in studies on the effectiveness of methadone treatment for improving opiate users’ QoL (De Maeyer et al., 2010). Methadone substitution treatment is the standard, evidence-based treatment for opiate-dependent individuals and is mostly provided in specialized centres under the supervision of medical doctors and nurses (Amato et al., 2005). Methadone is a long-acting opiate agonist that provides physiological stability, eliminates opiate withdrawal symptoms and blocks the euphoric effects of heroin use (Mattick et al., 2009). There is abundant evidence that methadone maintenance therapy and higher doses of methadone (>60 mg) are more effective than detoxification and lower doses of methadone in achieving abstinence from illegal opiates and prolonging treatment retention (Amato et al., 2005; Bao et al., 2009; Mattick et al., 2009). In addition to the medical supply of methadone, psychosocial support is an essential component of substitution treatment (Amato et al., 2004; WHO, 2009). Generally, opiate users report low QoL scores at admission to substitution treatment (e.g., methadone), which is usually followed by a significant increase in various life domains during the first months of treatment. Quantitative studies looking at the long-term effects of substitution treatment are almost non-existent (De Maeyer et al., 2010). There is little qualitative research on clients’ perspectives of the impact of methadone on their overall functioning (Fischer et al., 2002; Neale, 1998), and QoL in particular. Available studies illustrate clients’ mixed views about methadone treatment (e.g., reduced illicit drug use; adverse health consequences). If one of the goals of methadone treatment is to improve the QoL of opiate-dependent individuals, then it will be important to involve clients in participatory research on QoL and the influence of methadone treatment on their daily lives, so that they can be part of the process rather than spectators on the sidelines (Enriquez et al., 2005; Ruefl and Rogers, 2004).

Given the complex nature of QoL, and its uniqueness to each individual, it should be investigated using several approaches, including qualitative methods (Katschnig, 2000; Serber and Rosen, 2010). Qualitative research can provide in-depth information about quantitative study results (Fountain and Griffiths, 1999; Serber and Rosen, 2010), which are often limited to average scores and levels of significance, and can further explore aspects of QoL not yet probed by quantitative research (Camfield et al., 2009). Moreover, qualitative research based on a bottom-up approach is most appropriate to focus on individuals’ subjective experiences (Ager and Hatton, 1999; Davidson et al., 2008; Neale et al., 2005), which is one of the basic components of QoL investigation (Moons et al., 2006).

Since QoL among opiate-dependent individuals has predominantly been studied in quantitative studies and few studies have incorporated opiate users’ personal perspectives, a qualitative approach, through the use of in-depth interviews, was used in this study to answer the following research questions: ‘Which components identify a good QoL for opiate-dependent individuals?’ and ‘What is the impact of methadone on those components?’ The aim of this study was to gain more in-depth knowledge about the themes that opiate-dependent individuals consider important in attaining a good QoL and how methadone can negatively or positively influence on those themes. By focusing on positive moments in opiate-dependent individuals’ lives, this study starts from a strengths-based standpoint rather than taking a problem-oriented approach.

2. Methods

2.1. Sample

This qualitative study is part of a larger research project on QoL of opiate-dependent individuals who started methadone treatment 5–10 years ago (n = 159). In this study, we have evaluated the current QoL of the first cohort of opiate-dependent individuals who started outpatient methadone treatment in Ghent (Belgium) between 1997 and 2002. Although a number of opiate-dependent individuals received methadone since the eighties, large-scale methadone treatment in specialized centres only started in 1997 and it was not until 2002 that a legal framework for substitution treatment was installed (Pelc et al., 2005). This is in contrast with other European countries, such as the Netherlands, Sweden and the United Kingdom, where methadone treatment was already introduced in the late sixties (EMCDDA, 2000; Solberg et al., 2002). Today, methadone substitution is the most commonly available treatment for opiate dependence in Western Europe, but in central Eastern Europe there is still governmental resistance towards substitution treatment in general (Gerevich et al., 2006). The provision of methadone is organised through general practitioners (e.g., Austria, Ireland), through specialized centres (e.g., Sweden, Greece) or a combination of both (United Kingdom, Belgium) (Solberg et al., 2002). In the Flemish community of Belgium where this study was conducted, methadone substitution treatment is mostly dispensed by specialized low-threshold services, while only a small percentage of methadone is prescribed by general practitioners. This is in contrast with the French community of Belgium, where methadone is mainly prescribed by general practitioners (Lamkaddem and Roelands, 2010). According to the latest available estimates, a total of 14,480 persons follow methadone treatment in Belgium (Ledoux, 2008).

The entire sample of this study (n = 159) participated in a quantitative study on current QoL of opiate-dependent individuals and factors that influence their QoL. The Lancashire Quality of Life Profile (LQOLP), an instrument commonly used in mental health research (van Nieuwenhuizen et al., 2001), was used to measure QoL. The LQOLP measures individuals’ satisfaction with various QoL domains (e.g., living situation) and their global well-being, but also contains a number of objective items (e.g., their occupation). The methodology of the quantitative study is extensively described elsewhere (De Maeyer et al., 2011). Inclusion criteria for the study were being over 18 years
and opiate dependent at the start of treatment and having started methadone treatment in the region of Ghent between January 1997 and December 2002. During the quantitative research participants were asked if they were also willing to participate in a qualitative in-depth interview on QoL and the role of methadone treatment. One hundred and fifty-four participants volunteered to participate (96.4%). Purposive sampling (Patton, 1990) was used to ensure that a range of different QoL experiences and treatment statuses were included. None of the people selected refused to participate in the study. Twenty-five opiate-dependent individuals both in and out of treatment, with various levels of heroin use (e.g. daily use, irregular use, no use), and different socio-demographic characteristics that could possibly influence their QoL (e.g. age, gender, employment) were included. The characteristics of this 25-participant sub-sample were comparable with the total sample of the research project. Table 1 presents the characteristics of the study sample.

### 2.2. Data collection

The interviews were conducted by two female researchers. The majority of the interviews (n = 22) were conducted by the first author, the remaining interviews (n = 3) were administered by a last-year student in educational sciences (as part of her master thesis) under the supervision of the first author (M. Sc. Ed.). At the time of writing the first author was a PhD student in educational sciences, who focused on QoL among opiate-dependent persons. Both interviewers had practical experience in the field of substance abuse treatment, but were at the time of the study attached as independent researchers at Ghent University. The participants were informed about the reasons for doing the study and the position of the interviewers. Both interviewers were involved in the quantitative phase of this study (cf. supra) and were familiar with QoL-research. Respondents were familiar with the researchers, as the researchers had already interviewed them during the quantitative phase of the study, resulting in a higher degree of trust. Data were collected through audio-recorded, open-ended interviews that took place in a setting of participants’ choice (e.g. participants’ houses, public places and treatment centres). Besides the interviewer and the participant, no other persons were present during the face-to-face interviews. Interviews lasted approximately 40–120 min and were administered between September 2008 and August 2009. Individuals received €20 for participation in this qualitative study. A written informed consent was obtained from all participants before starting the interview. Participation was entirely voluntary and confidentiality was assured. The study was approved by the ethical committee of the Faculty of Psychology and Educational Sciences of Ghent University in accordance with internationally accepted criteria for research (2006/51).

At the beginning of the interview, participants were asked to think about the period in their life, from the moment they started their methadone treatment until the present time, when their QoL was the highest and to describe important components that contributed to this period. QoL was defined in terms of satisfaction with various life domains and life in general (Van Nieuwenhuijzen et al., 2002). Since all interviewees had participated in the quantitative study, they were already familiar with the concept of QoL and the multidimensional approach taken to it in this study. Since the focus in the quantitative study was on different domains of QoL, we wanted to examine what are important components that influence their general QoL. By doing so, we aimed to take a holistic perspective and look at relationships between components as well as the components themselves. Afterwards, participants were asked to discuss the impact of methadone (positive or negative) on these components. The two research questions were the only structure used in the interview, because we wanted to give participants the freedom to start from their own frame of reference rather than accommodating to a strict structure. Participants were asked to narrate their personal experiences in their own way. Based on these experiences, the components of QoL were further explored.

### 2.3. Data analysis

The researchers involved, are working at the Department of Orthopedagogics of the Ghent University (Belgium) and start from a holistic, integrative perspective on science and practice (Broekaert et al., 2004, 2010). Therefore, the empirical–analytical approach of the quantitative study was complemented with a phenomenological approach in the qualitative study, based on an interpretative understanding of the concept QoL. Thematic analysis was applied to analyse our qualitative data. This technique is a method for finding patterns of meaning across qualitative data (Braun and Clarke, 2006). An inductive (bottom-up) approach was used, which was data-driven and did not pre-suppose which themes would

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (M SD)</td>
<td>34.6 (5.2)</td>
</tr>
<tr>
<td>Male (%)</td>
<td>68.0</td>
</tr>
<tr>
<td>Marital status (%)</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>72.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>24.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>4.0</td>
</tr>
<tr>
<td>Education level (%)</td>
<td></td>
</tr>
<tr>
<td>Secondary education</td>
<td>56.0</td>
</tr>
<tr>
<td>Higher education</td>
<td>36.0</td>
</tr>
<tr>
<td>Paid job (%)</td>
<td>8.0</td>
</tr>
<tr>
<td>Intimate relationship (%)</td>
<td>48.0</td>
</tr>
<tr>
<td>Currently following methadone treatment (%)</td>
<td>68.0</td>
</tr>
<tr>
<td>Current methadone dose (%)</td>
<td></td>
</tr>
<tr>
<td>1–39 mg</td>
<td>28.0</td>
</tr>
<tr>
<td>40–59 mg</td>
<td>24.0</td>
</tr>
<tr>
<td>60–109 mg</td>
<td>16.0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>32.0</td>
</tr>
<tr>
<td>Current heroin use (last 30 days) (%)</td>
<td>44.0</td>
</tr>
<tr>
<td>Injecting behaviour (%)</td>
<td></td>
</tr>
<tr>
<td>Ever</td>
<td>76.0</td>
</tr>
<tr>
<td>In the last 30 days</td>
<td>12.0</td>
</tr>
</tbody>
</table>
be important (Braun and Clarke, 2006; Patton, 1990; Rhodes and Moore, 2001). The interpretation of the data consisted of three interrelated phases, based on a phenomenological–hermeneutical approach (Lindseth and Norberg, 2004). In a first phase, the interviews were read several times by the first author, to get insight into the broad content of the individuals’ stories (‘naïve understanding’) (Lindseth and Norberg, 2004). This first phase provided the first author with ideas and a first impression on the content for the second phase, which was a thematic structural analysis of the data in which ‘meaning units’, e.g., impact of methadone on daily life experiences, were identified and formulated. After identifying these units, a line by line analysis was done noting similarities and differences. Based on these findings the meaning units were then divided into dominant themes and different sub-themes (phase 3). Dominant themes in the factors contributing to QoL and the impact of methadone on these themes were identified.

A cross-case analysis was used to compare individuals’ perceptions from the various interviews and to identify patterns across the different participants (Patton, 1990). The transcripts and emerging themes and sub-themes were reviewed by the second author to ensure external validation of the data analyses and to increase the reliability of the coding process. In addition, the interviews (n = 3) conducted by the last-year student were analysed by the first author as well as by the last-year student. Afterwards, they checked whether there was consensus on the themes and also on the reason for consensus (Sandelowski and Barroso, 2003). Data saturation was evaluated after the 20 first interviews and no new themes emerged when five additional interviews were analysed. In order to ensure validity of the themes that were retrieved from the interpretative process, we compared the major themes and sub-themes with the naïve understanding (Lindseth and Norberg, 2004). As a result, our in-depth interpretation of the interviews is based on the pre-understanding of the authors (based on previous research and the literature), the naïve reading, and the structural thematic analyses. Furthermore, we compared the retrieved themes with the conceptualisation of QoL by Schalock (1996), which is a widely accepted framework in the field of disability studies and applicable to drug users (De Maeyer et al., 2009). The transcripts were not returned to the participants for comments or corrections. However, during the process of data analysis the first author had frequent contacts with one of the participants and discussed the interpretation of the data with him in order to enhance credibility and validity of the study.

In Table 2, an overview is given of the themes and sub-themes derived from the thematic analysis of the in-depth interviews (coding tree). Finally, the thematic structural analysis showed five major themes and a number of sub-themes. Each theme is illustrated by a number of quotes from the interviews. To stay close to the data and to gain in-depth insight into the aspects of analysing qualitative data, analyses were done manually instead of by using a computer-assisted qualitative data analysis software (Webb, 1999).

### Table 2

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Impact of methadone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having social relationships</td>
<td>Support</td>
<td>Stigma/discrimination (−)</td>
</tr>
<tr>
<td></td>
<td>Social integration</td>
<td>Being able to take responsibilities (+)</td>
</tr>
<tr>
<td></td>
<td>Sense of belonging</td>
<td>Being able to function normally/integrate into society (+)</td>
</tr>
<tr>
<td></td>
<td>Responsibility</td>
<td></td>
</tr>
<tr>
<td>Psychological well-being</td>
<td>Coping</td>
<td>Paralysing effect on feelings (−/+*)</td>
</tr>
<tr>
<td></td>
<td>Positive self-image</td>
<td>Getting control over psychological problems (+)</td>
</tr>
<tr>
<td></td>
<td>Inner rest/peace of mind</td>
<td>Freedom from worry (+)</td>
</tr>
<tr>
<td></td>
<td>Emotional stability</td>
<td>Being able to take a break (+)</td>
</tr>
<tr>
<td>Having an occupation</td>
<td>Preventing boredom</td>
<td>Being able to do a job and keep it (no withdrawal) (+)</td>
</tr>
<tr>
<td></td>
<td>Replacement for their drug use</td>
<td>Low-quality jobs (−)</td>
</tr>
<tr>
<td></td>
<td>Contributing to society</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased self-esteem</td>
<td></td>
</tr>
<tr>
<td>Being independent</td>
<td>Gaining control over their life</td>
<td>Dependence on methadone (−)</td>
</tr>
<tr>
<td></td>
<td>Independent of drugs</td>
<td>Restriction of their personal freedom (−)</td>
</tr>
<tr>
<td></td>
<td>Financially independent</td>
<td>Vicious circle (−)</td>
</tr>
<tr>
<td></td>
<td>Independent of others (partner, family)</td>
<td>Enhancement of their financial independence (+)</td>
</tr>
<tr>
<td>Having a meaningful life</td>
<td>Stability and security (e.g. settling down)</td>
<td>Recovering stability and structure (+)</td>
</tr>
<tr>
<td></td>
<td>Enjoying small things</td>
<td>Support in achieving life goals (+)</td>
</tr>
<tr>
<td></td>
<td>Feeling useful and meaningful</td>
<td>Limited impact, substitute for heroin use (−)</td>
</tr>
<tr>
<td></td>
<td>New start</td>
<td>Transitional stage (−/+*)</td>
</tr>
<tr>
<td></td>
<td>Future perspectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goals and prospects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal development</td>
<td></td>
</tr>
</tbody>
</table>

(+): positive impact, (−): negative impact, (−/+): both positive and negative impact.
QoL for opiate-dependent individuals. The five themes were: having social relationships, psychological well-being, having an occupation, being independent and having a meaningful life, and included sub-themes, such as support and a positive self-image. Table 2 provides an overview of themes and sub-themes important for a high QoL and whether methadone had a positive or a negative impact on them. In what follows, we will describe in detail these components and methadone’s impact on them.

3.1. Social relationships

The positive impact of having personal relationships on an individuals’ QoL was raised in all interviews. Participants frequently cited that the presence of a good friend, children, or a supportive, caring partner was very characteristic for the period in their life with the highest QoL.

“The time I had a girlfriend really stands out. She had a little kid of two years old. I was really happy that I could help her bringing up her kid. That was a really good time; going for a walk in the park, playing football, doing fun things. And my girlfriend really understood me, we could talk for hours.” (Man, 35 years)

The availability of social contacts and the importance of becoming socially active were highlighted by various participants. Being integrated to and supported in society, or even only in their immediate environment, had a positive impact on their QoL, including feelings of acceptance and respect. The presence of like-minded people often created a feeling of solidarity and a sense of belonging.

“Friendship has always been important to me, a good conversation means so much more than whatever form of medication. I can’t explain it, but friendship is a sort of recognition for me. It makes me feel I am part of the world again.” (Man, 38 years)

Maintaining relationships also resulted in feelings of responsibility and taking care of someone (e.g. partner, children). Those feelings enhanced individuals’ self-esteem, resulting in a better QoL. Therefore, the directionality of social networks is not unilateral as people valued not only receiving support, but also sharing nice moments and taking responsibility for others.

3.1.1. Impact of methadone

When talking about the influence of methadone on social relationships, participants frequently cited the negative impact of stigma on their social integration. When opiate-dependent individuals are open and honest about the fact they are taking methadone, this often results in negative reactions (in their direct environment) based on stereotypes. They often experience feelings of stigma in their daily life, for instance, when they need to go to the pharmacist to publicly drink their methadone. Opiate-dependent individuals have the feeling family and employers do not know what methadone actually is; for them, it is also a drug and goes hand in hand with a deep distrust of the people using it.

“People don’t trust you, when you take that kind of medicine [methadone]. Imagine you’re having a talk with someone, and you tell them you’re on methadone. Immediately, they put their wallet in their pocket, because they don’t trust you. That’s how it goes. It does not help you with your social contacts.” (Man, 38 years)

Those negative, social experiences interfere with opiate-dependent individuals’ sense of belonging and their social inclusion. One participant considered himself as ‘a problematic case’ as long as he was taking methadone because he felt ‘different’ than ‘normal’ people. For other participants, taking methadone is a personal secret they carry with them because they are afraid of the social consequences of openly admitting their methadone use.

Despite the negative impact of methadone treatment on important aspects of this theme, methadone helped opiate-dependent individuals to take responsibility for their children, one of the most important components of their QoL. For some respondents, being on methadone prevented their children from being taken away and placed in foster families.

“I set my alarm one hour in advance for seven o’clock. I knew it took one hour before my methadone started to work and at eight o’clock I brought my daughter to school.” (Man, 39 years)

Furthermore, methadone supported opiate-dependent individuals’ integration, because they were able to function normally (e.g. being able to have a job) and operate in society. Often, those participants kept their methadone use secret.

3.2. Psychological well-being

When participants told the interviewers about the best period in their lives since they started taking methadone, this involved a general feeling of psychological well-being or “feeling good about yourself”. A number of participants mentioned the need to be able to cope with emotions and incidents that happened in the past in order to achieve this feeling of psychological well-being. Psychological well-being was also strongly correlated with a positive self-image. When individuals were able to become clean or achieve something in life, this often involved a feeling of satisfaction and increased feelings of self-esteem. Increased self-respect also resulted in more intensive self-care (e.g. taking care of their body, well-cared for appearance, and healthy eating).

“I never achieved something, I never completed any form of education, I really lacked any form of self-esteem. Then, I was determined to finish something, and I achieved a certificate of bricklayer. It was at least something. And I finished it this time. That was proof to myself that I was able to do something, and from that moment I started to change.” (Man, 36 years)

This general feeling of psychological well-being also contained a state of inner calm and emotional stability. In the past, this inner calm was frequently obtained by the
use of heroin (or medication), resulting in a brief feeling of inner calm.

“I feel really good about myself, I’ve never felt that way. I am satisfied with myself and with my life. It’s all about feeling good about myself, emotionally, psychologically. I’m balanced. I became stable, I know much more what I want in life, who I am, yeah, I’m really stable now and that gives me an enormous feeling of inner calm. I’ve always been looking for tranquillity of mind; somebody who uses drugs is very restless, there’s a reason why they use drugs.” (Woman, 30 years)

3.2.1. Impact of methadone

Both negative and positive effects of methadone were reported on psychological well-being. A large number of the participants cited the paralysing impact of methadone on their emotions. This restriction of feelings made it impossible to fully enjoy life and lowered their QoL. One participant described it as “tying a knot in his feelings”. On the other hand, the same person mentioned that when taking heroin, his feelings were also limited to “scoring drugs”, illustrating that his situation before taking methadone was worse.

“The last 10 years, I was taking doses of 100 mg or more, it stunned me. I had no pain; I lived on automatic pilot, but nothing more. Nothing or nobody was able to make me feel something, neither good, nor bad. I would rather feel bad now and then, so that I’m able to feel good once in a while, than always living on automatic pilot.” (Man, 39 years)

For a limited number of opiate-dependent individuals, methadone contributed to a stabilisation of their psychological well-being and enhanced their coping abilities, e.g. because psychological problems caused by their heroin use (e.g. psychoses, paranoia) were under control or less intense. Taking methadone does not take away the reason why people start taking drugs (e.g. inner calm, coping with emotions), but it temporarily puts a film on those feelings. For some participants this blockade created the possibility of first dealing with other problems (e.g. practical issues) affecting their QoL.

“Because of my methadone, I had more moments that I was able to deal with it. Without that methadone, I was deeply unhappy and depressed. With methadone, step by step things were getting better. I became more stable. Certain feelings were paralysed, that’s my experience, a certain warmth inside of you. Even when I was feeling completely on my own, methadone made this feeling less intense.” (Man, 36 years)

A number of people cited that methadone indirectly brought a certain feeling of peace of mind and body, because they were no longer confronted with the direct consequences of their drug use (e.g. financial problems, looking for drugs, or being sick).

3.3. Structured daily activities

Having an occupation had a prominent place in opiate-dependent individuals’ stories about the time they experienced their highest QoL. Various reasons are given to demonstrate the importance of ‘having something to do’. First of all, being occupied with something (e.g. work, hobbies, training) prevents individuals from being bored.

“My job is very important to me, I don’t want to be on welfare again, being home the whole day, one month and I will be right down in the dumps.” (Woman, 34 years)

When people stop using drugs, this can leave a great emptiness, and having a job or a daily activity was often a replacement for their drug use, or at least took their minds of using drugs. Most participants were heroin-free during the time that their QoL was the highest, but this was only a prerequisite for a good life. A replacement for their drug use (e.g. family life, job, motorcycle) was essential to actually enhancing their QoL.

“I was really sporty, I trained a lot. Maybe it’s not noticeable anymore, but I had enormous muscles. I needed a form of addiction, but a positive one. I really felt good about myself; those were the best years of my life.” (Man, 38 years)

It is not only having something to stay occupied that is important, but also the meaning that is attached to that occupation (e.g. recreation, emotional release, expanding their social network). Having a job for instance, resulted in higher self-esteem and a positive self-image, because participants felt responsible and that they were contributing to society instead of being ‘a lazy junkie’.

“It’s important for me that I have a job with a lot of responsibilities. I have an executive function, and that’s very good for my self-image, because my self-confidence took a terrible knock in the last 10 years.” (Man, 28 years)

3.3.1. Impact of methadone

The positive impact of methadone on daily activities was most noticeable for making it possible for an individual to practice a job. By taking methadone, some participants were able to keep their jobs, despite the fact they were using heroin on a daily base. Being able to continue working also prevented participants from falling into a sort of limbo that carried the risk of relapse into (even more) excessive heroin usage.

“It also makes a difference for your job. When you have no dope, and you need to go to work, that’s just not possible. But now, you just drink your methadone and off you go. For that, it helps a lot. You’re able to do your job and be busy.” (Man, 27 years)

Nevertheless, side-effects often restricted them concerning the jobs they were able to do. A participant explained that although with methadone he was able to work, these were all jobs below his standards, not fully using his capacities.
3.4. Independence

Being independent is one of the most important components of a high QoL for opiate-dependent individuals. Most participants have been dependent on opiates for many years, resulting in a lower QoL. The majority of the participants’ best periods since they started taking methadone was characterised by being clean and independent of any substance.

“In my head, I’m an anarchist. I always want to have the feeling that I’m free. When you’re dependent on something, this always lowers your quality of life. When I’m not free, I can’t be happy. You’re always dependent on something anyhow, but for god sake not on some stupid powder?” (Woman, 26 years)

The use of drugs can have a positive impact on QoL (in the short-term), but because their heroin use resulted in a strong dependence, recreational use was no longer an option for the majority of participants.

“In general, I think the use of stimulants can have a place in a life of high quality, absolutely. Before I was dependent on heroin I also took other products, but very moderate, I could deal with that to a certain extent, and I really enjoyed it. But now, things are different. I am an ex-junkie, you know, and it’s just not for me anymore.” (Man, 28 years)

Being independent resulted in a feeling of gaining control of their lives and standing on their own feet, resulting in a strong sense of self-efficacy. Participants’ stories about the importance of independence were not limited to independence from drugs. They also cited the significant impact of being financially independent, and the possibility of experiencing a feeling of well-being on their own, without being dependent on a partner.

“That’s one of the biggest changes in my life, the fact that I now exist on my own and that I’m not dependent on anyone. I’m happy because of all those aspects I created myself.” (Woman, 30 years)

3.4.1. Impact of methadone

The impact of methadone on the theme of independence is very ambivalent. On the one hand, methadone can have a positive impact on the financial situation of individuals, because it is much cheaper than heroin and quite easy to obtain. This might result in an enhancement of their financial independence and keeps them from ending up in illegal situations while trying to get money to buy ‘dope’.

“When I started my methadone treatment, I was really happy that I wasn’t sick anymore, especially when I ran out of money. Then I could get things under control again. When I was short of money to buy heroin, I always had my methadone.” (Man, 35 years)

Another positive aspect of methadone is that it limits dependence on illicit opiates by making opiate-dependent individuals no longer sick when they are not using heroin, increasing their control over their heroin use. However, at the same time, a new dependence on methadone is created.

“If there hadn’t been methadone, I would have never managed without those drugs, because my drug use would have always come first. And with methadone, I could function without the need to take drugs. That helped, but I did have the feeling I was tied down to methadone.” (Man, 39 years)

The practical and institutional dependence on methadone, together with a long treatment duration and heavy withdrawal, restrict individuals’ personal freedom. Moreover, by taking methadone participants were unable to leave their past behind and gave them the feeling that they were still part of the drug scene, resulting in a vicious circle.

“I would like to end it, but it’s not possible. Each time I need to go there [the methadone centre], I always run across those (ex-)junkies. It’s really shocking. I have moments that I have the feeling I’m still right in the middle of it. You are forced to take it every day. I try to put it off, but I can’t deal with it physically. I would like to end it, but it’s living inside of you.” (Man, 36 years)

Take-home doses of methadone were mentioned as a way to improve their QoL and control their methadone dependence. Finally, becoming methadone-free was one of their major victories in life.

“I found it terrible with my philosophical ideas to be dependent on methadone. I didn’t want to be dependent on anything any longer, and especially not a tablet of methadone. Every morning, those 2 or 3 tablets, I was really sick of it. And then, all those times you forgot to take it, or a closed pharmacy, or not being able to reach my doctor, then I really had a hard time, panicking and running myself into a sweat. […] I’m so happy that’s no longer the case, because it determined my whole day, your whole life, continuously, and that has been such a relief, I’m really satisfied with it.” (Man, 37 years)

3.5. Meaningful life

Having a meaningful life was associated with settling down, the security of a family and striving for stability in life (e.g. financial security, housing, basic comfort). In general, opiate-dependent individuals’ expectations about life are low. In particular, the importance of enjoying the small, ordinary things in life (e.g. walk in the park, eating an ice cream) was frequently mentioned.

“Happiness is being happy with what you’ve got, and when you’ve been living in a situation 10 centimetres under hell, from the moment you’re a few centimetres above, you’ll be happy.” (Man, 46 years)

Purposeful living is strongly connected with having daily activities that a person is interested in and that make them feel useful. After many years of isolation, it is
important for these individuals to feel that they actually mean something in this world.

“I need the feeling that I mean something for society. I know my place, but I want to be somebody. I don’t want to stand on the side line, being a drug user or needing my methadone. It’s also important I can mean something for myself and that I am able to attain something.” (Man, 39 years)

An important sub-theme that was mentioned frequently when talking about a meaningful life was the importance of having future perspectives, about which two important aspects emerged from the interviews. First, the existence of future goals and prospects is significant. Lacking concrete future goals in life can result in a desperate situation, through which individuals linger in a vicious circle of hopelessness. One of the participants called it “the need for a small plan he could strive for”.

The second important aspect connected to future perspectives is the ability to further develop one’s personality and discover new things by broadening one’s horizons. The importance of travelling has been cited by several individuals as a way of discovering and experiencing new aspects of life. This was often linked with the necessity to start all over again in another environment, without prejudices and with a clean slate.

3.5.1. Impact of methadone

Methadone had a positive impact on recovering the stability and security in opiate-dependent individuals’ lives. By taking methadone, individuals were able to deal with certain problems (e.g. financial, relational), preventing further escalation of their situation. While taking methadone, opiate users could step off “the roller coaster of drug use” for a moment and take time to think about their lives (from a more long-term perspective). Methadone could provide the stability and the necessary balance some people needed to get their lives back on the right track and further develop their life plans.

“Methadone can give you the time and the necessary space to reflect on your life, and to think for a moment what you are doing with your life. Otherwise, it’s an automatism to score, to take drugs; and if you can stop this for a while, because of methadone, that’s a good thing.” (Man, 30 years)

For some participants methadone supported them in achieving certain life goals that were important to them.

“I graduated on methadone, absolutely, and also during the exams I did not take any dope, nothing, maybe a joint, but apart from that only methadone. For 4 weeks, I didn’t use any drugs, except my methadone. I was really stern with myself, because I really wanted my certificate, but without methadone, I would have probably never graduated.” (Woman, 30 years)

Notwithstanding the above mentioned benefits of methadone, a number of participants mentioned methadone’s limited impact on achieving a meaningful life, stating that they experienced methadone purely as a substitute for their heroin use. They cited the importance of psychosocial counselling, alongside their pharmacological methadone treatment, to support them in achieving a meaningful life. Dependence on opiates often has a negative impact on various life domains, and methadone alone is not enough to completely change a lifestyle and create the right conditions for a meaningful life.

“I don’t think there’s one form of medication that makes you happy. Happiness, you have to make by yourself, you have to look for it. I don’t think methadone makes you happy, because you have so much misery, with all other aspects in your life.” (Man, 34 years)

For most people, a meaningful life involved being drug and methadone free, but methadone was seen as a ‘middle-stage’ in this life-long process.

“When I took my methadone, and my dose was okay, I was able to do my job, with my family things were going well. Now I realise it was not completely natural, but it was bearable, I could manage, and I was able to deal with people. So in this respect, it helped a lot to tide me over for a certain period.” (Man, 37 years)

4. Discussion

Based on this in-depth study of the personal stories of opiate-dependent individuals on important components of a high QoL, we identified five key themes contributing to a good QoL. Opiate-dependent individuals’ periods of time with the highest QoL are characterised by the availability of supportive and caring relationships, having an occupation, high psychosocial well-being, being independent and having a meaningful life. The availability of supportive relationships has been one of the major themes in this study. It demonstrates a clear contextual component in opiate-dependent individuals’ QoL, and urges for attention to be paid to a person’s social life in methadone treatment, alongside their psychological functioning (Goginieni et al., 2001; Heinz et al., 2009).

Furthermore, feeling good about yourself and having a balanced psychological well-being were often the starting point for a good QoL, which is comparable with findings of qualitative studies in mental health research (Michalak et al., 2006; Pitkänen et al., 2009). This is not surprising, given the high occurrence of psychiatric co-morbidity in opiate-dependent individuals (Cacciola et al., 2001; Carpentier et al., 2009), which often results in a number of restrictions (e.g. social exclusion, stigma) affecting individuals’ QoL. This points out the necessity of addressing the common prejudices which lead to people being stigmatised (Radcliffe and Stevens, 2008) and the need for an integrated treatment of drug dependence and mental health problems (Drake et al., 2007).

In addition, purposeful living was cited as one of the most important components for a good QoL. Feeling useful and being able to give something back to society bring about positive life events and feelings of empowerment, both connected with experiencing a higher QoL (Davidson et al., 2006). Purposeful living was strongly connected with personal development and growth. Creating possibilities
for personal development not only results in a higher QoL, but brings about more positive feelings regarding the effectiveness and benefits of methadone treatment (Gourlay et al., 2005). While the importance of meaningfulness for QoL has already been demonstrated in the literature (Debats et al., 1995; Harlow and Newcomb, 1990), it receives limited attention in clinical practice. This might be due to the strong subjective character of a meaningful life, making it hard to measure from an objective approach (Debats et al., 1995). Nevertheless, interventions in the field of substance abuse that give attention to future goals and meaningfulness in life and counter the discrepancy between an individual’s current situation and their hopes and expectations, are likely to increase satisfaction in various life domains (Irving et al., 1998).

The urge for independence has been another key finding in this study that has received little attention in previous research on opiate users’ QoL. (De Maeyer et al., 2010). However, in (mental) health care research, the importance of independence on individuals’ QoL has been frequently demonstrated. (Dale, 1995; Michalak et al., 2006; Pickens, 1999). One of the most successful ways to increase feelings of control and independence is by supporting opiate-dependent individuals in finding a job, which goes hand in hand with increased self-esteem and financial independence (Ruefli and Rogers, 2004). Supporting individuals through vocational therapy and financial aid increases their feelings of control and sense of mastery over their lives, once more resulting in empowerment (Frain et al., 2009; Rosenfield, 1992).

Notably, the quoted themes involving high QoL are universally relevant, as much among people with opiate dependence as among people with mental health problems and the general population (Corring and Cook, 2007; Diener and Ryan, 2009; Pickens, 1999). This generic character of the themes is not surprising since, besides being dependent on drugs, these individuals also fulfil diverse social roles (e.g. partner, parent, employee) that are part of everyday life (Neale et al., 2007). Furthermore, as with people with mental illnesses (Corring and Cook, 2007; Pickens, 1999), opiate-dependent individuals hold a strong ‘desire for normalcy’. Nevertheless, as demonstrated in this study, the interpretations of those themes and the factors influencing them might be specific to a certain population. Opiate-dependent individuals have (to be able) to cope with a number of limitations (e.g. social isolation, psychological problems, stigma), which are often a result of their drug using lifestyle and function as barriers to achieve a ‘normal life’ (Woods, 2001). When working with opiate-dependent individuals, nurses and social workers should be sensitive to the impact of these, often long-lasting limitations that are beyond the direct consequences of drug use. Therefore, a comprehensive and continuing care approach, with attention for individuals strengths and abilities is a must (McLellan, 2002; Vanderplasschen et al., 2010). Case management is an example of an intervention that acknowledges the unicity and multiplicity of clients’ needs and helps them to link with needed services (Hesse et al., 2007; Rapp, 2006). Nurses and other case workers can be employed as case managers to deal with opiate-dependent individuals’ multiple needs and to improve coordination and continuity of care, starting from a client-centred approach (Vanderplasschen et al., 2004). Nurse case management has been demonstrated to be a successful intervention for the treatment of various diseases (e.g. diabetes, chronic pain) (Lamb et al., 2007; Stuckey et al., 2009) and offers opportunities for supporting opiate-dependent persons in methadone treatment. In particular, strengths-based case management that builds on persons’ strengths and abilities, appears to be a useful alternative for the predominant pathology-oriented practice in substance abuse services, and links perfectly with the QoL-paradigm by stimulating clients’ involvement and empowerment (Brun and Rapp, 2001).

This study further demonstrates the holistic character of the concept QoL (Michalak et al., 2006; Schalock et al., 2002). Identified themes were often interconnected and could not be assessed in a linear way, instead urging an integrated treatment approach that looks at the broader context of QoL (Schalock et al., 2002). Finally, a good QoL (starting from a consumer’s perspective) had little to do with strictly health-related issues, illustrating the difference between an individual’s QoL and HRQoL, a concept frequently misused by professionals in the field of addiction research as a synonym for QoL (De Maeyer et al., 2010).

Paying attention to only the pharmacological and health consequences of methadone treatment, without observing its influence on opiate-dependent individuals’ QoL, will result in a one-sided representation of this intervention (Neale, 1998). Methadone treatment is a social intervention as well as a pharmacological treatment, and therefore may have adverse effects unrelated to its success as a chemical substitute for heroin (Lilly et al., 2000).

Participants’ attitudes towards the impact of methadone on QoL were characterised by a strong ambivalence, demonstrating the complex nature of this treatment form. The positive impact of methadone on daily life cited in the interviews, corroborated with findings of previous research (Fischer et al., 2002; Neale, 1998). Gaining control over one’s life and daily functioning and no longer being sick when no heroin is available, were only some of the frequently mentioned benefits of following a methadone treatment. These findings illustrate the potential of methadone treatment to create the necessary preconditions to deal with a number of issues (e.g. developing one’s skills to practice a job) that can enhance individuals’ QoL. Taking methadone itself does not always result in drastic changes, but can have a positive impact on a number of themes (e.g. relationships) that contribute to a high QoL.

Conversely, a number of consequences (e.g. heavy withdrawal effects, stigmatisation and dependence) were mentioned as having a negative impact on important aspects of QoL. Being dependent on methadone is an issue frequently mentioned in the literature (Fischer et al., 2002; Holt, 2007; Järvinen, 2008) and the impact of methadone dependence on QoL should not be underestimated. Institutional and practical dependence restrict opiate-dependent individuals’ freedom and are often accompanied by anxiety about a chronic dependence on methadone (Holt, 2007; McKeganey et al., 2004). Given their histories
of dependence on drugs, a dealer, or a using partner, this replaced feeling of dependence strongly limits opiate-dependent individuals’ feelings of overall well-being. Dependence on methadone often goes hand in hand with the occurrence of stigmatisation and discrimination (Järvinen, 2008). Experiences of stigmatisation and discrimination are long-lasting (Link et al., 1997) and frequently hinder drug users in their daily functioning and the development of a positive identity (Ahern et al., 2007; Radcliffe and Stevens, 2008; Simmonds and Coomber, 2009).

Feelings of dependence and stigmatisation can be mitigated by making individuals active participants and empowered decision-makers in their own treatment process (Holt, 2007; Ruefl and Rogers, 2004) and by helping them to gain control over their lives, both of which are prominent components of a high QoL (Frain et al., 2009; Rosenfield, 1992). This can be advanced by providing methadone treatment through primary health care services, which is an effective way to minimise the social consequences of methadone treatment and improve opiate users’ QoL (Fiellin et al., 2001; Harris et al., 2006; Schwartz et al., 1999).

In general, opiate-dependent individuals consider methadone maintenance a transitional phase to tide them over during a certain period in their life (Potik et al., 2007). The majority of participants in this study aim for an opiate-free life without methadone dependence, but given the chronic, relapsing nature of opiate dependence this is not a simple objective (Van den Brink et al., 2003; Van den Brink and Haasen, 2006). Harm reduction, and methadone treatment in particular, can be a vital link in the recovery process (McKeganey et al., 2004). Instead of placing harm reduction and abstinence-oriented approaches in opposition to each other, both approaches could be part of a continuum in order to enhance opiate-dependent individuals’ QoL from a long-term perspective (Broekaert and Vanderplasschen, 2003; McKeganey et al., 2004; McKeganey, 2005). Nevertheless, for a number of participants, abstinence might not be realistic or even desirable (Magura and Rosenblum, 2001), and for those individuals substitution treatment can be a life-long aid in enhancing their QoL and gaining control over their drug use and their lives. Moreover, participants’ stories reveal that getting clean is a prior condition for – rather than a direct component of – a high QoL (Granfield and Cloud, 2001).

Based on the findings of this study, the role of nurses in substitution treatment cannot be restricted to dispensing methadone, but should also include psychosocial support and positive interactions with clients (Lilly et al., 2000; WHO, 2009). Aspects as trust and giving clients the chance to tell their story are deemed important to enhance individuals’ QoL. Nevertheless, (non-speciality) nurses often have stereotypical ideas of individuals with dependency problems, which may increase feelings of stigmatisation and may affect medical decisions negatively, illustrating the need for well-educated nurses in the alcohol and drug field (Brener et al., 2010; Lovi and Barr, 2009). A recent study in Australia about nurses’ views on harm reduction showed a lack of knowledge of drug treatment approaches and a preference for abstinence-oriented interventions (e.g. rapid detoxification) (Ford, 2010). These observations demonstrate the need to correct nurses’ misconceptions and increase awareness of the chronicity of drug dependence (McLellan, 2002; Van den Brink and Haasen, 2006). However, until today curricula of nursing schools often do not address central concepts and theories of drug dependence, including the role of personal and social determinants (Marcellus, 2007). Besides drug and alcohol education, supervision and role support are necessary to increase nurses’ personal well-being, professional skills and attitudes and create a supportive environment to work with this challenging population (Ford et al., 2009; McKenna et al., 2010).

5. Limitations

One of the frequently mentioned limitations of in-depth qualitative research is the subjective character of these methods. However, this subjectivity turns out to be a large advantage in QoL studies, since it allows for the focus on individuals’ own perspectives (Dale, 1995). Qualitative research is more likely to provide context-specific information about drug users’ lives and to address the complexity of their life experiences (Fountain and Griffiths, 1999; Neale et al., 2005). Furthermore, exploratory, qualitative research methods create the possibility for participants to introduce themes that they find relevant without the bias of the researcher and apart from existing stereotypes (Neale et al., 2005). Diener and Suh (1997) demonstrated the complexity of the construct of QoL and encouraged research that measures QoL from different methodological and theoretical approaches. Although the sample size of this study is rather limited, the interviews were rich in their content and saturation was observed after 25 interviews. Nevertheless, the findings of this exploratory study may not be generalisable. This study focuses on a specific group of opiate-dependent individuals, so caution is needed when generalising these results to other drug-using populations or to opiate-dependent individuals in general. Further qualitative research is advisable to explore the themes revealed in this paper and to expand our knowledge about the conceptualisation of QoL to other groups of substance users, both in and out of treatment.

6. Conclusion

From this qualitative study, it was possible to gain insight in the complex nature of components that contribute to opiate-dependent individuals’ QoL and the ambivalent effects of methadone on those components. Efforts should be made to limit the negative consequences (e.g. stigmatisation) of methadone treatment on opiate-dependent individuals’ QoL, as well as to increase its benefits in opiate-dependent individuals’ daily life (e.g. by making individual active participants in their own treatment process). The findings of this study highlight the fundamental importance of social integration, psychological well-being, independence (obtaining control and mastery of one’s life) and purposeful living in achieving a high QoL. Opiate-dependent individuals must be supported in their
daily lives by means of practical, social and environmental support, alongside pharmacological treatment, in order to achieve a general feeling of satisfaction. Several of the themes that were relevant according to individuals’ own perspectives (e.g. independence, meaningful life) are seldom introduced into QoL research and are miles away from current treatment goals. Finally, it is important to employ a user-driven approach to gain insight into the aspects that determine individuals’ QoL, and to empower opiate-dependent individuals as active agents in their own process towards a ‘good life’.

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