

ASSOCIATION BETWEEN DRUG
DEPENDENCY, QUALITY OF LIFE AND LIFE
SATISFACTION AMONG DRUG ADDICTS.



by

Laraib Tariq

BSP191019

A Research Thesis submitted to the

DEPARTMENT OF PSYCHOLOGY

In partial fulfilment of the requirements for degree of

BACHELOR OF SCIENCE IN PSYCHOLOGY

Faculty of Management and Social Science

Capital University of Science and Technology,

Islamabad

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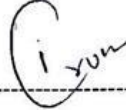
Islamabad

January 2023

CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Association between drug dependency, quality of life, and life satisfaction among drug addicts" carried out by Laraib Traiq, Reg. No, BSP191019, under the supervision of Ms. Irum Noureen, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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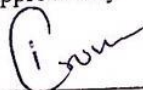
Relationship Between Drug Dependency, Quality of Life and Life Satisfaction Among
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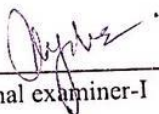
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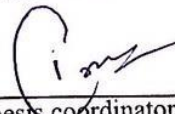
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DEDICATION

To my parents, Tariq Cheema and Shama Firdous. I am eternally grateful to their love and support and encouragement throughout my life and especially during my years of higher education their belief in my and the support they gave to me financially and emotionally have played a vital role in my academic journey I am deeply grateful for all of the sacrifices they have made to support me their unwavering support has been a constant source of strength and motivation for me and I could not have made it through challenging but rewarding process without them this thesis is testament to their love and guidance and I am proud to dedicate it to them.

DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.



Laraib Tariq

BSP191019

January 2023

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ABSTRACT

The study aim was to find the association between drug dependency, quality of life, and life satisfaction among drug addicts. A cross-sectional study was conducted with a sample of 300 respondents, both men and women, through convenient sampling. After taking consent and debriefing the participants, data was collected through different rehabilitation centers in the twin cities of Islamabad and Rawalpindi, and they were given three Urdu scales related to variables (the Leeds dependence questionnaire, the SWLS for life satisfaction, and the HRQOL-BREF for quality of life), and the alpha reliability was reliable for all of the scales. Data was analyzed through a statistical package for social science, and the results indicates a non-significant negative relationship between drug dependency and Quality of Life ($r = -.08$, $p = >.05$), a significant relationship between drug dependency and life satisfaction ($r = -.98^*$, $p = <.05$) and a non-significant positive relationship between life satisfaction and quality of life ($r = .029$, $p = <.05$). The study's outcomes will help patients in establishing new connections, engaging in work-related activities, and coping mechanisms, ultimately improving their quality of life and happiness. These findings will also help individuals prevent relapse by coping with the following factors that are influenced by drug addiction.

Keywords: Drug Dependence, Quality of Life, Life Satisfaction, Drug Addiction

TABLE OF CONTENT

DEDICATION.....	vi
ACKNOWLEDGEMENTS	viii
ABSTRACT.....	ix
LIST OF TABLES.....	xiii
LIST OF FIGURES.....	xiv
CHAPTER 1-INTRODUCTION	1
Literature Review.....	4
<i>Drug Dependency and Quality of Life</i>	<i>4</i>
<i>Drug Dependency and Life-Satisfaction.....</i>	<i>8</i>
Theoretical framework	11
Rationale.....	12
Objectives	12
Hypotheses.....	12
Chapter 2- Methods.....	14
Research design.....	14
Population and sample	14
Sampling Procedure.....	14
<i>Inclusion Criteria</i>	<i>14</i>

<i>Exclusion Criteria</i>	14
Instruments	14
<i>Satisfaction with life scale (SWLS)</i>	14
<i>Quality of life (WHOQOL-BREF)</i>	15
<i>Leeds Dependence Questionnaire (LDQ)</i>	15
Procedure	15
<i>Leeds Dependence Questionnaire (translation procedure)</i>	16
Pilot study	17
Objectives	17
Ethical consideration	19
Analysis	19
CHAPTER 3 – RESULTS	20
Sample Characteristics	21
Descriptive and reliability analysis	23
Distribution curve	24
Correlation analysis	26
Chapter 4-Discussion	27
Conclusion	30
Limitations	31
Future Implications	31

Appendix A	44
معلوماتی پرچہ.....	44
Appendix B	45
رضامندی فارم.....	45
Appendix C	46
ذاتی معلومات کا فارم.....	46
Appendix D	47
Drug Dependence Questionnaire	47
Satisfaction With Life Scale (SWLS)	49
Appendix F	50
Quality of Life (QOL)	50
Appendix F	55
Permission grant from authors of the scales	55
Appendix-G	57
Support letter for data collection	57

LIST OF TABLES

Sr #	Title	Pg #
Table 1	Sample characteristics	16
Table 2	Descriptive and reliability analysis	18
Table 3	Correlation analysis	21

LIST OF FIGURES

Sr #	Title	Pg #
Figure 1	Distribution of scores for Leeds Dependency Questionnaire.	20
Figure 2	Distribution of scores for Quality of Life	21
Figure 3	Distribution of scores for Satisfaction With Life Scale	21

CHAPTER 1-INTRODUCTION

The occurrence of drug abuse and rising number of people with substance use disorder is increasing day by day. According to the report of United Nations population Statistics about 275 million people used drugs worldwide from them 16 percent billion individual's 4 percent of the world's population use opiates. At least half of those receiving treatment relapse within 6 months and the number of those who relapse within a year of treatment is 75% however around 6.7 million drug users in Pakistan from almost 2 million of these are addicts (Dwan news, 2022 report). DSM-V-TR (2022) recognizes 10 drug classes associated with dependence: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidines, and sedatives, hypnotics, or anxiolytics. Often used synonymously with the term addiction, substance dependence has been subsumed with substance abuse which is also known as chemical dependence.

World health organization (2019) define the drug dependence as psychoactive substance when consumed or injected into person's system, affect mental processes. Psychoactive drugs include broader category of psychoactive substance that includes alcohol and nicotine. A habit of drug consumption typically includes psychoactive substances. Damage could be both physical (as in case of hepatitis from self-injecting narcotics) and mental (includes episodes of depressive disorders secondary to heavy consumption of alcohol).

Heroin is highly addictive opioid that can produce hallucinations and psychosis. Diseases like HIV and hepatitis can be spread by injection. Users quickly become

physically dependent on the chemical (Sun et al., 019).

Cocaine is a particularly harmful stimulant even a small amount can result in deadly heart attacks, strokes and euphoria or increases in heart rate. Users who become dependent on it are willing to give up any element of their lives to obtain more of it. Drug misuse can result in financial, legal and physical issues (Frazer et al., 2018). Crack is one of the cocaine subtypes. Any form of Cocaine has a strong potential for addiction, and smoking crack than snorting powdered cocaine appears to increase the onset of addiction. Crack users may experience severe respiratory problems, including bleeding from the lungs, lung damage, and coughing, as well as aggressive and paranoid behavior (Fukushima et al., 2019).

Hallucinogens include PCP (phencyclidine) and LSD (lysergic acid diethylamide). Users might experience unreal feelings, sights, and sounds. Users of hallucinogens become disconnected from reality and their mental state. People who are addicted and who frequently take may experience permanent neurological damage (Jurič et al., 2021). Amphetamine substances enhance the abilities of both the body and the mind. It may cause users to experience different episodes of distress. Some users become violent and they unintentionally attack their loved ones, and some users may feel permanent physical changes in their appearance (McNealy et al., 2021).

Marijuana is also known as (weed, cannabis) mostly people use first time in friends gathering and in social setting. Users see marijuana as not addictive but continuously use may lead to addiction and once the persons become addict it's difficult to stop. It can damage the physical coordination, memory and mental functions over time also people lose their relationships, homes, and jobs (Sevigny et al., 2021). Alcohol is very common due to its availability it can cause psychological, physical, and social difficulties as

well as break up friendships, and other relationships. People who use alcohol for a long period of time they may experience permanent heart, and liver damage, as well as being arrested for public intoxication, or other legal violations (Karoly et al., 2020).

Spray paint, butane, and nitrous oxide are inhalants. Individuals inhale to get intoxicated. Using inhalants can create feelings of exhilaration and numbness, and it's quite dangerous. Because it has the potential to inflict lasting brain damage or death (Levariet al., 2021).

Literature Review

Drug Dependency and Quality of Life

Substance misuse is increasingly seen to be persistent, relapsing condition that is not reversible and necessitates long-term treatment rather than episodic treatment. In the context of drug and alcohol use, Quality of Life (QOL) is becoming an essential clinical and research result (Hat et al., 2022b).

Findings revealed that patients had a normal QOL with factors such as job, family support, and health insurance being connected with higher QOL ratings (Quyen et al., 2020). Moreover, patients with alcoholism have a lower quality of life (Donovan et al., 2005). The research finding suggest that as drug dependence grows increasingly quality of life decreases (Campêlo et al., 2017).

Quality of life significantly low in severe cases of substance dependence as compared to depressive symptoms (Marini et al., 2013). The result from a recent study suggests that physiological factors may affect opioid users' physical and mental withdrawal symptoms as well as their Health-Related Quality of Life (HRQoL) (Heslin et al., 2011). Participants dependent among methamphetamine (MA) had lower Quality of

Life (Gonzales et al., 2011). Poorer Quality of Life, psychological and social domains found in groups of patients with and without dual diagnosis (Bizzarri et al., 2005).

People with schizophrenia, who also have comorbid, alcohol, or substance abuse problems, have lower quality of life and have more difficulty adjusting clinically and psychologically (Carrà et al., 2016). Opiate dependence was associated with lower physical mental quality of life (Millson et al., 2004).

According to a recent study perceived family support is associated with physical health, psychological health, and environmental health but also negatively correlated with substance use (Lin et al., 2011).

Moreover alcohol-related anxiety and depression drive people to become dependent on alcohol they also discovered that people with higher levels of severity had negative impact on quality of life (Srivastava & Bhatia, 2013). Findings suggests that quality of life is only not related with health but also includes more than what generally measured in terms of health-related quality of life (HRQoL) (De et al., 2009)

Crack cocaine users have a negative impact on quality of life, particularly on their overall and physical health (Narvaez et al., 2015). Cocaine dependence users has the greatest amount of HRQoL variation women declared worsened QOL (Lozano et al., 2008). Marijuana users was positively related to mental and physical health conditions but negative related to HRQoL domain (Liao et al., 2019).

Previous study suggested that improved HRQoL was linked with less cannabis usage (Brezing et al., 2018). A recent meta-analysis found a relationship between worse HRQoL and experience marijuana. However, the correlation varied among studies and the quality of the included studies was determined to be low (Goldenberg et al., 2016).

Additionally, prospective epidemiological research found that cannabis use had a significant negative impact on the mental domains of HRQoL and not the physical ones (Cogle et al., 2015).

The research shows that the general quality of life of addicted participants was associated with caries experience, low income and cocaine or crack use (Fathi, 2008). Study from the study shows clearly indicates that women live in Irish prisons have a high level of psychological morbidity and poor quality of life (Friel et al., 2002). According to the research the participants with drug dependency quality of life was found unsatisfactory level (Keshavarzi, 2021).

The study shows that female with substance use disorder problems report sexual abuse and repeat physical abuse and low quality of life (Mejía et al., 2015). Moreover, it was confirmed that Iranian female population linked with opiate dependent was not satisfied with their quality-of-life (J Nurs Midwifery Res, 2020). Cannabis use were associated with lower self-reported quality of life and they also revealed that cannabis use had a more significant effect on self-reported quality of life among females (Lev et al., 2012).

Marijuana use and smokers has found to be linked with poorer general and mental health and according to their research there has been no reports on health-related quality of life among cannabis users (Hall et al., 2009). As compare to other chronic diseases the quality of life was worse with drug addicts' participants (Ma et al., 2022). Women associated with alcohol consumption had lower quality of life (Dişsiz et al., 2015) regular cannabis use was associated with lower mental health summary as compare to occasional users (Lev-Ran et al., 2012).

Women who lived with heavy drinking spouse experience had higher levels of anxiety and depression as well as lower satisfaction with life (Callinan et al., 2019). Participants with illicit drug and alcohol users perceived positive QOL (Santos et al., 2017). The findings show significantly related to changes in the following quality of life (QoL) (Foster et al., 2000). People with alcohol consumption and other illicit drug users had poorer quality of life and satisfaction with life (Muller et al., 2016).

Alcohol-dependent individuals have lower quality of life (QoL) than the general, public, and people with long-term health issues (Donovan et al., 2005). The association between emotional abuse during childhood and contributes in impairment of (Evren et al., 2011). However, among medical students, burnout was closely linked to alcohol dependence and misuse, and larger debt from college suggested a higher (Jackson et al., 2016).

Participants who used methadone and the drugs emotionally paralyzing effects were identified as typical negative consequences (Maeyer et al., 2011). In a recent study, participants who used drugs and those who did not found no significant difference in their quality of life (Aghayan et al., 2018) relationship between heroin users and the other domains of drugs dependent participants had complex quality of life (Maeyer et al., 2011). Participants associate with old age smoking addiction had long-term effect on their health-related quality of life (Strandberg et al., 2008) participants associated with lower and moderate dependence on opiate had score lower quality of life (Lima et al., 2005) low levels of quality of life connected to epilepsy were linked to positive smoking (Olfson et al., 2018).

There was no difference in productivity and quality of life between participants maintained on buprenorphine with or without cannabis use (Bagra et al., 2018) moreover higher cannabis usage increases pain, and subsequent decreases in opioid use indicate that cannabis may play a harm-reduction role in drug overdose crisis, potentially improving patients' quality of life (Lucas et al., 2021) cannabis usage was common and associated with a lower quality of life in cancer patients (Nielsen et al., 2022).

According to (Rubenis et al., 2018) methamphetamine-dependent individuals had impulsively predicted lower social and quality of life. individuals dependent on methamphetamine had poorer quality of life from general population this being associated with both methamphetamine and other factors particularly poor mental health also the study found poorer mental health among women dependents (McKetin et al., 2019) however negative relationship with found with opiate dependent participants (Canuto et al., 2018).

Drug Dependency and Life-Satisfaction

Statistical manual of mental disorder defines the extent to which a person perceives life to be rich, meaningful, or of high quality is refers to as life satisfaction. Different standardized measures have been developed to provide an index of a person's life satisfaction in comparison to various normative groups (DSM-V-TR; APA 2022).

According to recent study, moderate alcohol consumption is linked to higher life satisfaction than heavy drinking, and people who use cannabis daily report less life happiness than who use it rarely (Maccagnan et al., 2019). People who are treated for opioid dependence showed lower life satisfaction than other groups (Luty et al., 2008). They believe that resilience is key in the relationship between stress and happiness also

they suggest that men's drinking has a favorable relationship with social contentment but is unrelated to other aspects of life happiness (Laudet et al., 2006).

Alcohol-related issues were linked to lower life satisfaction in both men and women, demonstrating that early adult alcohol use has both positive and negative effects (Murphy et al., 2010). Furthermore, they found that moderate consumption of alcohol is related with higher life satisfaction than excessive drinking and that people who regularly use cannabis report less life satisfaction than who use it rarely (Maccagnan et al., 2019). The study found significant negative connections between adolescent's life satisfaction and usage of marijuana, alcohol and cigarettes (Nordfjaern et al., 2010).

There is a significant negative effect on life satisfaction of drug users due to access to drugs on substance use (Cao et al., 2019). Moreover, a recent longitudinal study, smoking is unrelated to life satisfaction as compare to daily usage of marijuana, weekly use of illicit drugs, and alcohol dependence all result in lower life satisfaction (Moschion et al., 2018).

Furthermore, numerous research finds that individuals with severe consumption of alcohol dependence report lower satisfaction of life in different domains of life (McKenna et al., 1996). A study conducted in Australia states male and females' abstainers reported lower life satisfaction as compare to moderate drinkers and daily drinkers (Dear et al., 2002).

Lower life satisfaction was linked to alcohol and drug usage in both males and females (Zullig et al., 2001). However moderate drinkers and frequent users were lined to poor levels of closeness and social engagement, and alcohol-related issues were linked to higher levels of stress, depression and life satisfaction (Murphy et al., 2005).

Alcohol intake showed a positive connection with life satisfaction but it was not significant, and there was a significant inverted U-shaped relationship between life satisfaction and illegal drug (Clifford et al., 1991).

Moreover, individuals under treatment had mean satisfaction with life as compared to general population (Luty et al., 2008). However, cohort participants who drink heavily are more likely to commit violent acts and have lower life satisfaction (Dietze et al., 2013). Recent study finds out negative relationship between dose and quality of life satisfaction (Pedrero-Pérez et al., 2016).

However, during treatment methadone maintenance users improve their quality-of-life satisfaction as compared to untreated individuals (Chou et al., 2013). People who use injectable drugs, steroid use, marijuana, cocaine, chewing tobacco, frequent alcohol use, binge drinking, were not satisfied with their lives (Clark et al., 1996). According to recent study alcohol drinkers have lower life satisfaction (Petrakis & Simpson., 2017). A longitudinal study finds out causal relationship between the alcohol users and specific life satisfaction domains (Newcomb et al., 1986).

According to a recent study, life satisfaction was influenced by perceived social support in both positive and negative ways (Cao et al., 2019). Moreover, perceived social support was negatively connected with loneliness and drug users while being positively correlated with self-esteem and life satisfaction (Cao et al., 2020) significant negative effect of access to drugs and pharmacy on drug usage and there had a significant mediating effect of life satisfaction through access to drugs on drug usage (Jermittipars et al., 2019).

People with substance use disorders, social support was significantly correlated with life satisfaction (Zhou et al., 2021) lower levels of life satisfaction was associated with weekly use of illegal street drugs, daily use of cannabis, and alcohol misuse and smoking has no relationship with life satisfaction (Moschion et al., 2018) However, moderate alcohol was associated with higher satisfaction of life as compare to abstainers or regular users (Maccagnan et al., 2020)

Findings revealed that there is slight significance relationship between satisfaction with life and drug usage (Mohamad et al., 2018) social support that were given by family was significantly and negatively associated with life satisfaction among opiate deponents (Khatiwada et al., 2021). Comparing students with high-risk consumption to those with low-risk consumption, participants reporting harmful consumption reported lower life satisfaction as well as greater mental health problems, emotional and social isolation, and other issues (Sæther et al., 2019)

Moreover, among women low satisfaction increased coping expectations which in turn increased alcohol consumption (Karataş et al., 2021) environment of classroom, and family were indirectly related to life satisfaction (Povedano-Diaz et al., 2020).

Theoretical framework

Denier's bottom-up and top-down theory (1984) and Diener's life satisfaction scale are in positive psychology. According to the bottom-up theory, individuals can find happiness in a several areas of life, such as work, relationships, family, and friends, as well as personal development, fitness, and health. The level of happiness experienced in these domains of life contributes to one's overall life satisfaction. On the other hand, top-down theory emphasizes the link between overall life happiness and contentment in other

domains of life. This research is relevant to the theory as drug addiction can prevent individuals from fully taking responsibilities for their lives and achieving their goals due to their dependence on drugs. As a result, their life satisfaction is negatively impacted.

Drug dependency

Rationale

In P [Quality of life] is becoming increasingly frequent [Life satisfaction] (20).

The study's goal is to examine the impact of drug addiction on drug users' quality of life and life satisfaction. The findings will assist patients to build new connections, different activities, coping mechanisms, and ultimately improve their quality of life and life happiness. However, study will help educate people about illegal drug usage in order to prevent it while also emphasizing the dangers of problematic substance use in addition the research will show people how to improve their quality of life and life satisfaction. As well as findings will also help individuals prevent relapse by coping with the following factors that are influenced by drug addiction.

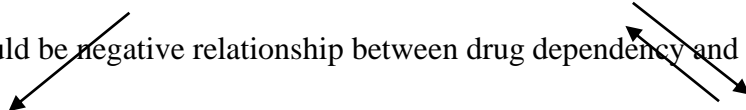
Objectives

1. To study the impact of drug dependency on quality of life.
2. To study the impact of drug dependency on life satisfaction.
3. To study relationship between quality of life and life satisfaction.

Hypotheses

H1: There would be a negative relationship between drug dependency and quality of life.

H2: There would be negative relationship between drug dependency and life satisfaction.



H3: There would be positive relationship between life satisfaction and quality of life.

Chapter 2- Methods

This chapter tells the details of the methodology used in the thesis which including research design, inclusion and exclusion criteria, instruments used and the procedure of the study.

Research design

This was a correlational study design.

Population and sample

The study consisted of a total N = 300 drug users who were selected using convenience sampling. Participants were drawn from several rehabilitation centers in Islamabad and Rawalpindi and were comprised of both male and female drug addicts over the age of 19.

Sampling Procedure

Inclusion Criteria

- Participants must be male and female.
- Participants must be over the age of 19.

Exclusion Criteria

- Any physical disability that hinders them to perform in the study will be excluded.
- Any mental disability that hinders them to perform in the study will be excluded.

Instruments

Satisfaction with life scale (SWLS)

A questionnaire was developed by (Diener et al., 1985) for the purpose to assess satisfaction with the respondent's life as a whole. Which consist of 5-items participants will asked to choose on a 7-point Likert scale (1=strongly disagree, 2=disagree,

3=slightly agree, 4=neither agree/nor agree, 5=slightly disagree, 6=agree, 7=strongly agree) to describe their own feeling related to their life. The internal consistency (Cronbach's alpha) of 0.87 and 2-months test-retest reliability of 0.87.

Quality of life (WHOQOL-BREF)

The WHOQOL- BREF is a 26-item questionnaire developed by the WHOQOL group in 2004 as a global, cross cultural measures for evaluating quality of life. The responses to the reflection selection vary from 1 (very dissatisfied/very poor) to 5 (very satisfied/very good) and are collected over a period of four weeks, with a focus on subjective thoughts rather than objective life circumstances. Its internal consistency is 0.89 (Cronbach's alpha).

Leeds Dependence Questionnaire (LDQ)

The LDQ developed by (Raistrick et al., 1994) consists of 10 items and is based on a psychological understanding of the nature of dependence. It is suitable for measuring dependence during periods of substance use and abstinence is scored from 0 to 3. Its Internal Consistency is 0.69 (Cronbach's alpha).

Procedure

Convenience sampling was utilized to recruit participants from various rehabilitation centers in Islamabad and Rawalpindi. The Sample consisted of both male and female individuals above the age of 19. Institutional approval was obtained from CUST. The participants were introduced to the study topic, its rationale and their role in the study. They were provided with a demographic form and a consent form, and they were assured that their information would be kept confidential. They were allowed to leave the study at any time they desired. Data collection was purely for research

purposes. After the participants were introduced to the study, they were given all scales for data collection. Data analysis was carried out using IBM SPSS statistics 22.

Leeds Dependence Questionnaire (translation procedure)

The World Health Organization (WHO) method was utilized for the translation of the scale. This method involves systematic process of translation and cross-cultural adaptation to ensure the equivalence and cultural appropriateness of the scale in a specific target population. The process typically involves translation by bilingual experts, review by a committee of bilinguals, back-translation, and presenting with a sample of participants to ensure the clarity and accuracy of the items and the construct validity of the scale. By using the WHO method, the study aims to ensure that the translated scale accurately measures the intended constructs and is appropriate for use with the target population.

Step 1: Translation of Scale

The translation of the scale was carried out with the approval of the original author. A team of four individuals who were proficient in both English and Urdu were responsible for initial translation. After the initial translations were completed, a committee of four bilinguals reviewed and consolidated the translations to produce a final version of the scale in Urdu. This process ensured that the translated scale accurately reflected the original content while also being culturally appropriate for the target population.

Step 2: Pilot Study

A pilot study was conducted with a sample of 50 participants, utilizing the translated version of the scale. The aim of the pilot study to assess the reliability of the

scale by analyzing the responses collected from the participants. The data collected was analyzed using statistical package SPSS. The results of this pilot study served as an initial evaluation of the validity and reliability of the translated scale, providing valuable information for further refinement and improvement of the scale in future studies.

Step 3: Validation of Scale

The purpose of conducting the pilot study was to validate the effectiveness of the translated version of the scale in accurately measuring its intended constructs and to assess the clarity and comprehension of its items among the participants. The results of this pilot study were used to make and necessary revisions to scale before it was administered to the larger study sample. This step was important in ensuring the reliability and validity of the data collected through the use of the scale in main study.

Pilot study

The sample for the pilot study consisted of 50 (N=50) male and females' participants from Islamabad and Rawalpindi. Permission was obtained from the Capital University of Science and Technology (CUST).

Objectives

1. To determine the psychometric properties of the translated scale.

Table 1

Psychometric properties of the translated scale

Cronbach's alpha reliability of the Drug dependency, Quality of Life, and Life Satisfaction (N=50)

Measure	items	α	M	SD	skew	Kurt
LEEDS	10	.61	33.54	1.63	-.03	-.66
QOL	5	.87	77.24	18.10	.67	-.29

SWLS	26	.92	11.64	5.41	1.4	1.6
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Note: m= mean, SD = standard deviation, α = Alpha Reliability, Kurt = Kurtosis, Skew = skewness, K-S = Kolmogorov – Smirnov, LEEDS = Drug dependence questionnaire, SWLS = satisfaction with life scale, QOL = quality of life

Table 1 shows the item numbers, alpha reliabilities, mean, standard deviation, skewness, kurtosis, k-s value, of all the scales used in the present study. Drug dependence LEEDS ($\alpha=.81$), Satisfaction with life scale SWLS ($\alpha=.92$), Quality of life QOL ($\alpha=.87$) all of these scales are reliable according to Nunnally and Bernstein's (1994) criteria, that is 0.7 and above alpha value means highly reliable which indicates drug dependence LEEDS (M=33.54, SD= 1.63), satisfaction with life scale SWLS (M=11.64, SD=5.41), and quality of life QOL (M=77.24, SD=18.10) to be highly reliable. According to skewness and kurtosis data is normally distributed and the results are not significant.

Ethical consideration

The study was carried out after obtaining approval from Capital University of Science and Technology (CUST). Consent and debriefing were conducted in accordance with the APA's ethical guidelines. A consent form was designed to obtain participants' consent for participating in the study. Participants had the freedom to withdraw from the study at any time, and the researcher ensured participant confidentiality.

Analysis

(SPSS version 2021) statistical package for social sciences was used for quantitative analysis. Data was analyzed after entered in SPSS. After that data was cleansed, the data was further analyzed by using this software.

For distribution of data, descriptive statistics was used. Frequency and percentages were calculated for mean, median, mode, standard deviation, skewness, and kurtosis were computed for continuous variables.

The reliabilities of the scales were calculated through SPSS i.e., drug dependency (LEEDS), quality of life (QOL), satisfaction with life scale (SWLS).

The Data was non normally distributed, so a Spearman correlation was used to examine the relationship between the independent variable (Leeds dependence Questionnaire (LEEDS), Quality of life (QOL), and life satisfaction (satisfaction with life scale).

CHAPTER 3 – RESULTS

In this chapter, results of the current study were presented in the form of frequencies and percentages of demographic variables, descriptive statistics, and alpha reliability, and a correlation between the study variables were discussed. The aim of the study was to find the relationship between drug dependency, quality of life, and life satisfaction among drug addicts. As the distribution was non-normal, non-parametric test spearman correlation and man Whitney test was used in the results section. Non-parametric tests were used when the data distribution is non normal.

Sample Characteristics

Table 1

Frequency distribution and percentages of demographic variable.

Variable	<i>f</i>	%
Gender		
Male	200	66.7
Female	100	33.3
Socioeconomic status		
Lower class	127	42.3
Middle class	137	45.7
Upper class	36	12.0
Marital status		
Married	116	38.7
Unmarried	184	61.3
Income		
10k-20k	119	39.7
20k-30k	122	14.7
30k-40k	27	9.0
40k and above	32	10.7
Age		
19y-25y	64	21.3
25y-30y	119	39.7
30y-35y	76	25.3
35y and above	41	13.7
Education		
Below matric	92	30.7
Matric and Fsc	149	49.7
Undergraduate	46	15.3
Graduate	13	4.3

Note: f = frequency, % = percentage

Table 1 exhibits the demographic variables and their frequency and percentage. The variables include age of drug dependent person, gender, socio-economic status, marital status, income and education. It shows that 25y-30y ($f = 119$) has higher frequency than 19y-25y ($f = 64$), 30y – 35y ($f = 76$), 40k and above ($f = 32$). Table also shows middle class ($f = 137$) drug dependent person has higher frequency than lower class ($f = 127$) and upper class ($f = 36$). It shows that unmarried ($f = 184$) dependent person than married ($f = 116$). The table also shows participants who had 20k-30k ($f = 122$) has higher frequency than 10k-20k ($f = 119$), 30k-40k ($f = 27$), 40k and above ($f = 10.7$). Above table also shows participants who did matric and FSC ($f = 149$) had higher frequency than below metric ($f = 92$), undergraduate ($f = 46$), and graduate ($f = 13$). Table shows males ($f = 200$) has higher frequency than females ($f = 100$).

Descriptive and reliability analysis

Table 2

Descriptive statistics and alpha reliability of study variables

measures	Items	α	M	SD	$Range$		$skew$	$Kurt$	$k-s$	p
					<i>potential</i>	<i>actual</i>				
LEEDS	10	.67	33.25	3.49	0-30	19-39	-1.31	2.62	.14	.00
SWLS	5	.75	9.34	3.13	26-13	44-12	2.24	8.94	.14	.00
QOL	26	.87	66.97	12.23	5-35	5-28	1.40	2.90	.12	.00

Note: m= mean, SD = standard deviation, α = Alpha Reliability, Kurt = Kurtosis, Skew = skewness, K-S = Kolmogorov – Smirnov, LEEDS = Drug dependence questionnaire, SWLS = satisfaction with life scale, QOL = quality of life

Table 2 shows the item numbers, alpha reliabilities, mean, standard deviation, potential and actual range, skewness, kurtosis, k-s value, and significance value of all the scales used in the present study. Drug dependence LEEDS ($\alpha=.67$), Satisfaction with life scale SWLS ($\alpha= .75$), Quality of life QOL ($\alpha=.87$) all of these scales are reliable according to Nunnally and Bernstein's (1994) criteria, that is 0.7 and above alpha value means highly reliable which indicates drug dependence LEEDS ($M=33.25$, $SD= 3.49$), satisfaction with life scale SWLS ($M=9.34$, $SD=3.13$), and quality of life QOL ($M=6.97$, $SD=12.23$) to be highly reliable. According to skewness and kurtosis data is not normally distributed and the results are not significant.

Distribution curve

Following are the figures representing the shape of distribution curve drug dependency (LEEDS), Satisfaction with Life Scale (SWLS) and Quality of Life (QOL) where total number of participants (N) for all three measures is 300.

Figure 1

Distribution scores of drug dependency (LEEDS) scale N = 300.

Figure one shows non normal distribution.

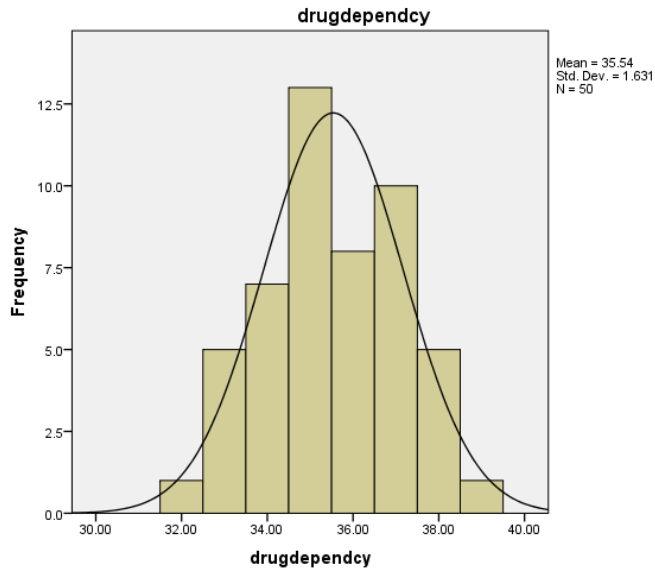


Figure 2

Distribution curve of Quality of Life (QOL) N = 300.

Figure 2 shows non normal distribution.

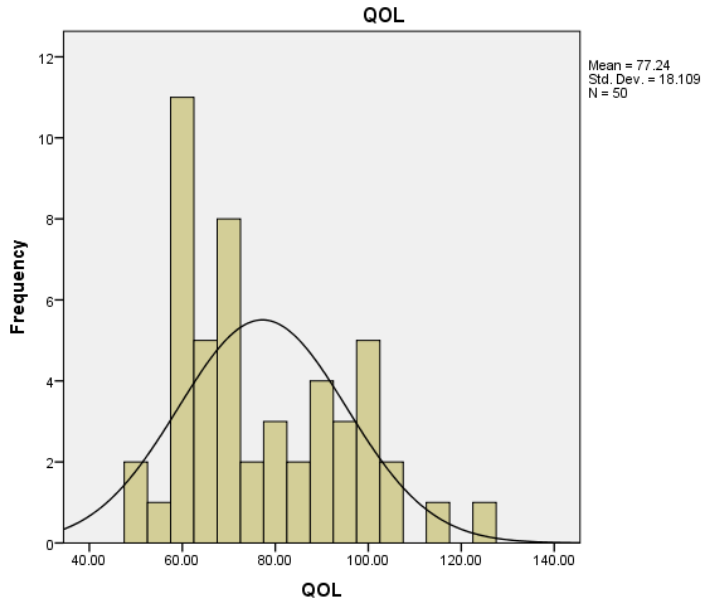
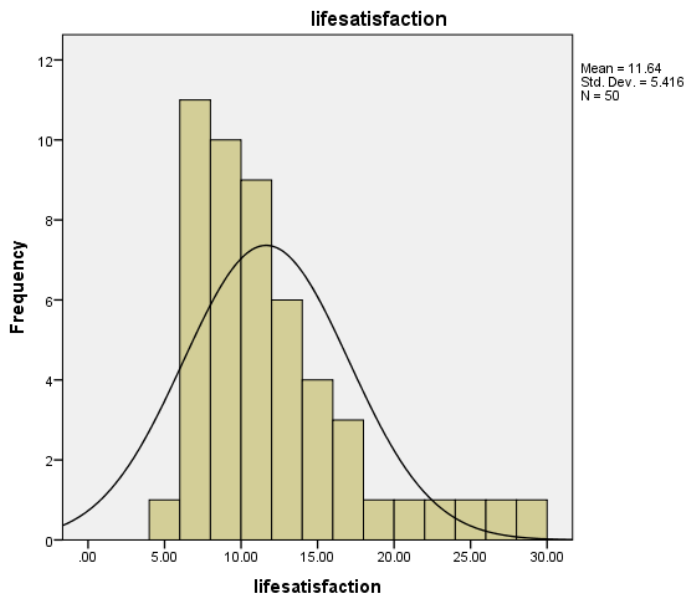


Figure 3

Distribution curve of Satisfaction with life scale (SWLS) scale N = 300.

Figure 3 shows non-normal distribution of Life Satisfaction.



Correlation analysis

Table 3

Correlations for Drug Dependency, Quality of Life and Life Satisfaction among Drug Addicts

Variable	N	1	2	3
1. Drug dependence	300	-	-	-
2. Quality of Life	300	-.008	-	-
3. Life Satisfaction	300	-.098*	.029	-

*. Correlation is significant at 0.05 level (1 tailed)

Spearman correlation analysis was used to analyze the relationship between drug dependency, quality of life and life satisfaction. The results showed a weak and non-significant negative relationship between drug dependency and Quality of Life ($r = .008$). Whereas drug dependency and life satisfaction also have negative but slightly significant relationship ($r = -.098^*$) and life satisfaction and quality of life has non-significant positive relationship was found ($r = .029$). it was concluded that drug dependency had no effect on life satisfaction and no effect on quality of life.

Chapter 4-Discussion

A correlational study was conducted to test for the relationship between drug dependency, quality of life, and life satisfaction among drug addicts. The sample of present study was 300 drug dependent individuals both male and female from the twin cities of Islamabad and Rawalpindi. Three variables were measured by using three scales. The (LEEDS) drug dependent questionnaire was used to measure drug dependence. The (SWLS) satisfaction with life scale was used to measure life satisfaction. And the world health organization quality of life scale was used to measure quality of life (WHOQOL-BREF).

Frequency and percentage for the demographics were found by using SPSS, and then the relationship between drug dependency quality of life and life satisfaction was statistically observed by using spearman correlation. For the distribution and frequency of demographic data which includes gender, socioeconomic status, marital status, income, age, and education was asked to the participants.

The alpha reliability for all three variables was reliable to use LEEDS($\alpha=.67$), SWLS($\alpha=.75$), and QOL ($\alpha=.87$). To determine if the data is normally distributed or not, the values of skewness and kurtosis were obtained and the normality of data was found using normal distribution on histogram. And the results show the data was not normally distributed. For non-normal distribution spearman correlation was used.

Following is the discussion based on research hypothesis

Relationship between drug dependency and quality of life.

It was hypothesized that there would be a negative relationship between drug dependency and quality of life. It appears that the hypothesis has been supported by the results of a spearman correlation analysis, which showed a weak negative but non-significant relationship between the two variables, drug dependency and quality of life. This means that if the drug dependency increases, so quality of life of decreases, but it cannot have significant impact on the quality of life. This is supported by the findings of the previous research, which has also observed that drug use can negatively impact and perceived quality of life (O'Brien et al., 2015).

Other findings also revealed that alcohol dependency is associated with negative impact on health-related quality of life (Daepfen et al., 1998). Other studies have found that alcohol-related anxiety and depression can lead to dependence on alcohol, and that the people with a higher level of severity of drug dependency have a greater negative impact on their quality of life (Srivastava et al., 2013).

Relationship between Drug Dependency and Life Satisfaction.

It was hypothesized that there would be a negative relationship between drug dependency and life satisfaction, and it appears that the hypothesis has been supported by the results of a spearman correlation analysis. Which revealed a negative but weak significant relationship between two variables drug dependency and life satisfaction. This means as drug dependency increases, satisfaction with life decrease but it does not affect that much on life satisfaction. This is supported by the findings of the previous research, which has observed that cannabis/marijuana users have a negative association with life satisfaction, which is an attribute of subjective well-being that is becoming more and

more important (Tartaglia et al., 2016).it is supported by other findings in which they reveal strongly negative connections between adolescent life satisfaction and alcohol, cigarette, and marijuana use (Nordfjaern et al., 2010).

Relationship between Life Satisfaction and Quality of Life

According to the study, it was hypothesized that there would be a positive relationship between life satisfaction and quality of life, and the hypothesis is supported by the results of a spearman correlation analysis. which revealed that life satisfaction and quality have a non-significant positive relationship with each other. And it is supported by the research findings which showed that professional quality of life showed a positive relationship with life satisfaction (Sansó et al., 2020). judo participant was positively correlated with a number of life satisfaction and quality of life indices (Matsumoto et al., 2005).

Conclusion

According to recent research drug dependency was associated with lower life satisfaction among alcohol-related problems among both men and women and it was associated with both positive and negative effects. However, people with alcohol-related anxiety and depressive derive to become dependent on alcohol and they had a negative impact on their quality of life. The present study aimed to find the association between drug dependency quality of life and life satisfaction among both men and women.

All the hypothesis in the present study is accepted by the current data it has been concluded that there is a non-significant negative relationship between drug dependency and quality of life. while there is slightly significant negative relationship between drug dependency however quality of life and there is positive non-significant relationship between life satisfaction and quality of life.

Limitations

Following are the limitations of the study

- One limitation of this study is the relatively small sample size, which may affect the generalizability of the results.
- The study only looked at the association between these variables and did not investigate the casual relationships between them. It is possible that there are other factors that contribute to drug dependency quality of life and life satisfaction.
- The other limitation of the study is that it was difficult to obtain data from rehabilitation centers due to a the busy and understaffed, or some of the patients being unwilling to participate in the study.
- Further research is needed to fully understand the complex relationship between drug dependency, quality of life, and life satisfaction.

Future Implications

According to this research, the government should create more accessible rehabilitation programs by appointing more psychologists for counselling and raising awareness about drug addiction and its consequences. They should provide support for individuals in recovery, such as through peer support groups and recovery housing.

Moreover, promoting prevention efforts, such as education campaigns and initiatives to reduce the availability of drugs, therapy sessions, and public awareness campaigns, will assist in gaining an understanding of drug addiction and its effects on quality of life and life satisfaction.

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Appendixes

Appendix A

معلوماتی پرچہ

میرا نام لاریب طارق ہے اور میں فحال بی ایس سائیکالوجی کر رہی ہوں میں پاکستانی خواتین اور مردوں میں مشروبات اور نشیات، زندگی کا اطمینان، اور زندگی کے

معیار کے درمیان تعلق تلاش کر رہی ہوں اور میں آپ کو مطالعہ میں شرکت کی دعوت دوں گی۔

Appendix B

رضامندی فارم

میں تصدیق کرتی ہوں کہ میں نے معلوماتی پرچہ پڑھ اور سمجھ لیا ہے۔ میری شرکت مکمل طور پر رضاکارانہ ہے، اور مجھے کسی بھی وقت مطالعہ سے دستبردار ہونے کا حق

ہے۔ میں تحقیق میں اپنی معلومات کو گمنام طور پر استعمال کرنے کی اجازت دیتی ہوں۔ میں مطالعہ میں حصہ لینے پر راضی ہوں۔

دستخط

تاریخ

Appendix C
ذاتی معلومات کا فارم

برائے مہربانی درج ذیل تفصیلات فراہم کریں

_____ عمر

خاندانی حیثیت (نچلا درجہ / اعلیٰ درجہ / درمیانہ)

_____ آمدنی

ازدواجی حیثیت (شادی شدہ / غیر شادی شدہ)

_____ تعلیم

Appendix D

Drug Dependence Questionnaire

یہاں ادویات اور مشروبات کے بارے میں اور الگ قسم کی ادویات یا منشیات جن کا استعمال آپ کی روزمرہ کی زندگی میں ہے اس سے متعلق کچھ سوالات ہیں اس اہم

چیز کے بارے میں سوچیں جو آپ پچھلے چار ہفتوں سے استعمال کر رہے ہیں اور قریب ترین پر نشان لگائیں؟

1. کیا آپ اپنے آپ کو یہ سوچتے ہوئے پاتے ہیں کہ آپ اگلی بار کوئی نشہ آور ادویات یا منشیات گے؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

2. کیا نشہ آور ادویات یا منشیات لینا دن کے باقی کاموں سے زیادہ اہم ہے؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

3. کیا آپ محسوس کرتے ہیں کہ آپ کا نشہ آور ادویات یا منشیات کے استعمال پر قابو پانا مشکل ہے؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

4. کیا آپ نشہ آور ادویات یا منشیات لینے کے ارد گرد اپنے دنوں کی منصوبہ بندی کرتے ہیں؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

5. کیا آپ نے اس کے اثر کو بڑھانے کے لیے کسی مخصوص طریقے سے ادویات یا منشیات کا استعمال کیا ہے؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

6. کیا آپ صبح، دوپہر اور شام پیتے ہیں یا لیتے ہیں؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

7. کیا آپ محسوس کرتے ہیں کہ ایک بار نشہ آور ادویات یا مشروبات شروع کرنے کے بعد اس کو جاری رکھنا پڑے گا؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

8. کیا آپ کے لیے کسی مخصوص ادویات یا مشروبات کے استعمال سے زیادہ اہم اس کا اثر حاصل کرنا ہے؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

9. کیا آپ نے اثر کو کم / ختم ہونے پر مزید ادویات یا مشروبات لینا چاہا؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

10. کیا آپ کو زندگی کا مقابلہ کرنا مشکل لگتا ہے شراب یا مشروبات کے بغیر؟

کبھی نہیں، کبھی کبھار، اکثر اوقات، تقریباً ہمیشہ۔

Appendix E

Satisfaction With Life Scale (SWLS)

مندرجہ ذیل جملوں کو پڑھیں، ان کی مناسبت سے موذیوں عبارت کا انتخاب کریں۔ منتخب عبارت کے عدد پر نشان لگا کر اپنی رائے کا اظہار کریں۔

1	2	3	4	5	6	7
بہت اختلاف کرتا ہوں	اختلاف کرتا ہوں	تھوڑا اختلاف کرتا ہوں	نہ اتفاق نہ اختلاف کرتا ہوں	تھوڑا اتفاق کرتا ہوں	اتفاق کرتا ہوں	بہت سے اتفاق کرتا ہوں

1. بہت سے طریقوں / راستوں میں میری زندگی، مثالی زندگی کے قریب ہے؟

2. میری زندگی کے حالات بہترین ہیں۔

3. میں اپنی زندگی سے مطمئن ہوں۔

4. ابھی تک میں نے زندگی میں ہر ضروری یا اہم چیز حاصل کی ہے۔

5. اگر میں اپنی زندگی اور جی رکا، تو میں اسے بالکل بدلنا نہیں چاہوں گا۔

Appendix F

Quality of Life (QOL)

ہدایات

اس سوالنامہ میں آپ کی زندگی کے معیار، صحت اور زندگی کے دیگر پہلوؤں کے بارے میں پوچھا جائے گا۔ براہ مہربانی اپ تمام سوالات کے جواب دیں۔ اگر آپ کسی سوال کے جواب کے بارے میں یقینی طور پر کچھ نہیں کہہ سکتے کریں۔ عموماً تو سب سے مناسب جواب کا چناؤ یہ وہ جواب ہو سکتا ہے جو کہ آپ کے ذہن میں سب سے پہلے آئے۔ آپ سے گزارش ہے کہ اپنے ذاتی معیار، اُمیدیں، خوشیاں اور خدشات ذہن میں رکھیں۔

سوالات دیتے وقت پچھلے دو ہفتوں کی زندگی کو ذہن میں رکھیں۔

لیکن اگر پچھلے دو ہفتوں سے آپ کو دوسروں کی مدد بالکل بھی نہیں ملی تو آپ نمبر 1 پر دائرہ لگا سکتے ہیں۔

آپ کے تعاون کا شکریہ۔ آپ سے گزارش ہے کہ ہر سوال کو غور سے پڑھیں اور اپنے احساسات کا جائزہ لیں اور پھر نمبر پر دائرہ لگائیں جس جو آپ کے احساسات کو بہتر طور پر ظاہر کرتا ہو۔

1	آپ اپنے معیار کی زندگی کو کس درجہ کا محسوس کرتے ہیں۔	بہت برا	برا	نہ اچھا نہ برا	اچھا	بہت اچھا
2	آپ اپنی صحت سے کس حد تک مطمئن ہیں۔	بہت غیر مطمئن	غیر مطمئن	نہ مطمئن نہ غیر مطمئن	مطمئن	بہت مطمئن

مندرجہ ذیل سوالات میں آپ کچھ مخصوص چیزوں کے بارے میں پوچھا جائے گا کہ ان سے آپ کا پچھلے دو ہفتوں میں کس حد تک تجربہ ہوا ہے۔

3	آپ کس حد تک محسوس کرتے ہیں کہ جسمانی درد	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
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					آپ کے لئے وہ کام کرنے میں رکاوٹ بنتی ہے جس کا کرنا آپ کے لئے ضروری ہوتا ہے۔	
4	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	روزمرہ کاموں کی ادائیگی کے لئے آپ کس حد تک طبی علاج کی ضرورت پڑتی ہے۔
5	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	آپ کس حد تک اپنی زندگی سے لطف اندوز ہوتے ہیں۔
6	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	آپ کس حد تک اپنی زندگی کو بامعنی محسوس کرتے ہیں۔
7	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	آپ کس حد تک اپنے آپ کو توجہ مرکوز کرنے کے قابل سمجھتے ہیں۔
8	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	آپ روزمرہ زندگی میں اپنے آپ کو کس حد تک محفوظ کرتے ہیں۔
9	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	آپ کے ارد گرد کا طبی ماحول کس حد تک صحت مند ہے۔
10	بہت زیادہ	بہت زیادہ	درمیانی حد تک	تھوڑا بہت	باکل نہیں	کیا آپ روزمرہ زندگی کے لئے مناسب توانائی

					محسوس کرتے ہیں۔	
11	کیا آپ کے لئے اپنی ظاہری جسمانی شکل و صورت قابل قبول ہے۔	باکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
12	کیا آپ کے پاس اپنی ضروریات پوری کرنے کے لئے مناسب پیشہ موجود ہے۔	باکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
13	پ کو روزمرہ زندگی گزارنے سے متعلق کتنی ضروری معلومات دستیاب ہیں۔	باکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
14	آپ کو سیر و تفریح کے مواقع کس حد تک میسر ہیں۔	باکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
15	آپ اپنے ارد گرد جسمانی طور پر کس حد تک چلنے پھرنے کے قابل ہیں۔	باکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ

مندرجہ ذیل سوالات میں آپ سے پوچھا گیا ہے کہ پچھلے دو ہفتوں سے آپ نے اپنے زندگی کے مختلف پہلوؤں کے حوالے سے کس قدر اچھا یا مطمئن محسوس کیا۔

16	آپ اپنی نیند سے کس حد تک مطمئن ہیں	انتہائی غیر	غیر مطمئن	نہ مطمئن نہ غیر	مطمئن	انتہائی مطمئن
17	آپ اپنی روزمرہ کام سرانجام دینے کی	انتہائی غیر	غیر مطمئن	نہ مطمئن نہ غیر	مطمئن	انتہائی مطمئن

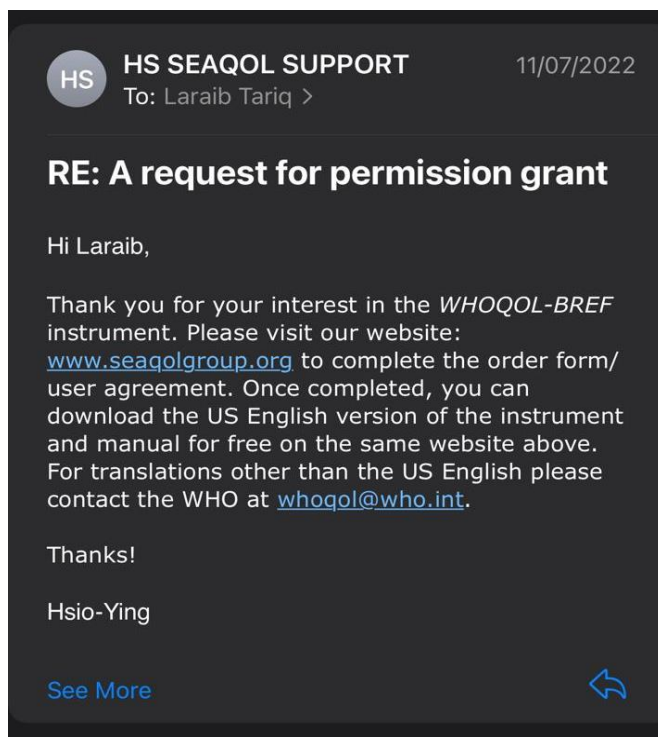
					صلاحیت سے کس حد تک مطمئن ہیں۔	
18	آپ اپنی کام کرنے کی صلاحیت سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
19	آپ اپنی ذات سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
20	آپ اپنے تعلقات سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
21	آپ اپنی جنسی زندگی سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
22	آپ اپنے دوستوں سے ملنے والی مدد سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
23	آپ اپنی رہائش کی جگہ کے حالات سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
24	آپ طبعی سہولتوں تک اپنی رسائی سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ

25	آپ اپنے ذرائع آمدورفت سے کس حد تک مطمئن ہیں۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ
26	آپ کس حد تک منفی احساسات کا شکار رہتے ہیں اداسی، مایوسی، پریشانی اور افسردگی مثلاً وغیرہ۔	بالکل نہیں	تھوڑا بہت	درمیانی حد تک	بہت زیادہ	بہت ہی زیادہ

Appendix F

Permission grant from authors of the scales

Quality Of Life




Drug dependency (LEEDS)



Life satisfaction (SWLS)

Appendix-G
Support letter for data collection



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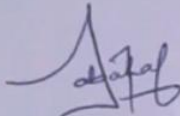
TO WHOM IT MAY CONCERN

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Laraib Tariq, registration number **BSP191019** is a bona fide student in BS Psychology program at this University from Spring 2019 till date. In partial fulfillment of the degree, she is conducting research on "Association between drug dependency, quality of life and life satisfaction". She is required to collect data from your institute.

Your cooperation is highly appreciated. Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,



Dr. Sabahat Haqqani
 Head, Department of Psychology
 Ph no. 111-555-666 Ext: 178
 sabahat.haqqani@cust.edu.pk

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