

“QUALITY OF LIFE OF DRUG ABUSERS’ FAMILY MEMBERS”

A QUALITATIVE STUDY IN MOLDOVA

Utilizing Professional Publication Framework

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Abstract

The dramatic increase of drug addiction in Moldova started in 1992, due to political, economic, and social changes in the country. As the result the incidence and prevalence of drug users is increasing every year, targeting more young people. Drug abuse induces fundamental changes in personality and makes people susceptible to psychiatric illnesses. It has a negative impact on the family members (family conflicts, divorces, physical and psychological abuse, neglect etc.) and on the other members of the society (ethical aspects). Drug abusers drain the family and society economic resources. Abuse of illicit drugs deludes people out of participation in social development, and hence, detracts from quality of the life of drug addicted persons and the people surrounding them.

This study is an attempt to describe quality of life of the drug abusers family members applying the qualitative study design, using in-depth interview sessions to describe different areas of human life: describing psycho – emotional status, describing self reported well being, satisfaction of needs, and social completion of the study participants. As well, the researcher tried to reveal the participants needs for information regarding the drug abuse/addiction and the ways they would prefer to obtain this information.

The main study findings are: the presence of the drug abuser in a family is a big challenge for other family members and have a negative impact on their quality of life; they suffer physically and psychologically. Very often they put on risk their well being and mental health trying to deal with the drug abuser; their personal and social needs are often deprived. Based on this a number of recommendations were made and put forward.

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1. Background Information/Literature Review

Whilst alcohol, tobacco and other drugs are used in most countries of the world, the extent, patterns and consequences of use differ from country to country and from time to time. The effective prevention of public health problems and other direct and indirect consequences of substance use require multidisciplinary approaches involving specialists and professionals from various domains: lawyers, physicians, policemen and custom officers; psychologists, pedagogues, public health professionals etc.

1.1 Burden of drug use:

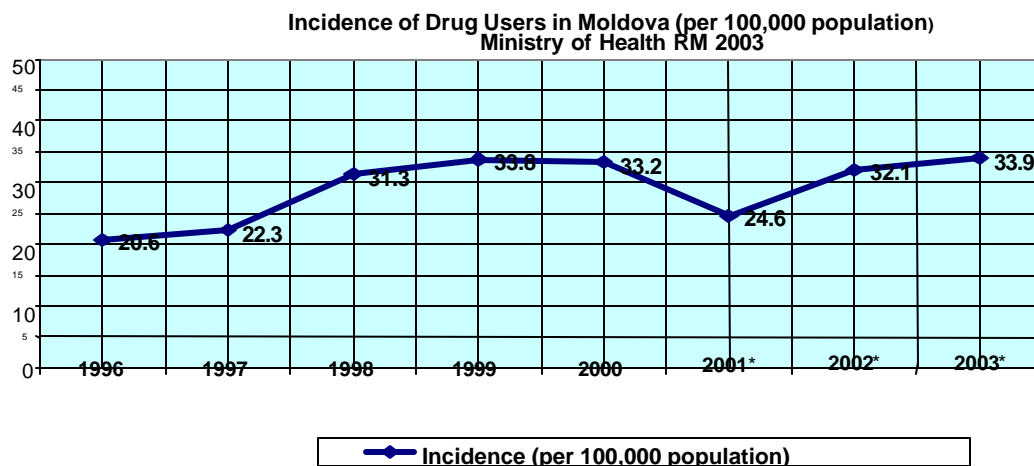
The spread of HIV/AIDS among injection drug users has raised special concerns about the importance of drug use and drug injection in public health and prompted some assessment of the situation in a number of countries (1). The health and other problems related to drug abuse are numerous. It increases accidents and injuries, both on the roads and at the workplace and home. This problem is associated with suicide and violence as well as with absenteeism and decreased productivity. If used during pregnancy, many psychoactive substances affect the fetus. Drug abuse can shorten life by increasing a person's susceptibility to cancer, cardiovascular, respiratory, infectious (hepatitis), chronic diseases (liver cirrhosis) and immune system diseases, particularly, Acquired Immune Deficiency Syndrome (AIDS). Whilst some deaths can be directly attributed to drug use (e.g. some overdose deaths for many others, drug use is only one of several causes in a complex network of effects (2). There is a direct relationship between crimes, corruption and drug abuse. Drug traffickers commit many criminal acts against the state and individuals, and an addict is capable of any wrongdoing to obtain the desired drug (2). Drug users contribute to the degradation of the gene pool of a nation, for example, in 2002 in the Russian Federation about 60% of drug abusers were under the age of 30 years (3).

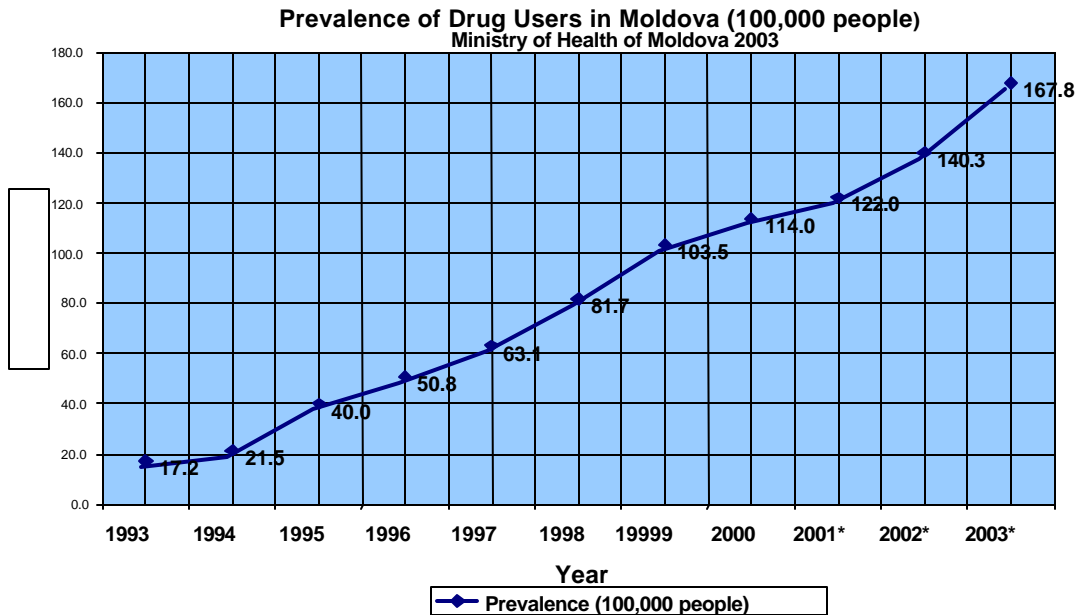
Drug abuse induces fundamental changes in personality and makes people susceptible to psychiatric illnesses. It has a negative impact on the family members (family conflicts, divorces, physical and psychological abuse, neglect etc.) and on the other members of the society (ethical aspects) (4). Drug abusers drain the family and society economic resources. Abuse of illicit drugs deludes people out of participation in social development, and hence, detracts from quality of the life of drug addicted persons and the people surrounding them. (5).

According to European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Lisbon, a drug abuser is considered to be a person with the current injecting drug use (twice in recent week/5 times in the recent month). Inhalant substances, ecstasy are not considered to be a problem drug abuse. (6)

1.2 Drug use in the Republic of Moldova

The Republic of Moldova is situated in the center of Eastern Europe. The dramatic increase of drug use in Moldova started in 1992, due to political, economic, and social changes in the country. As the result the incidence and prevalence of drug users is increasing every year, targeting more young people. Figures 1 and 2 present data of the officially registered incidence and prevalence of drug users in Moldova. (7). Figure 1,2



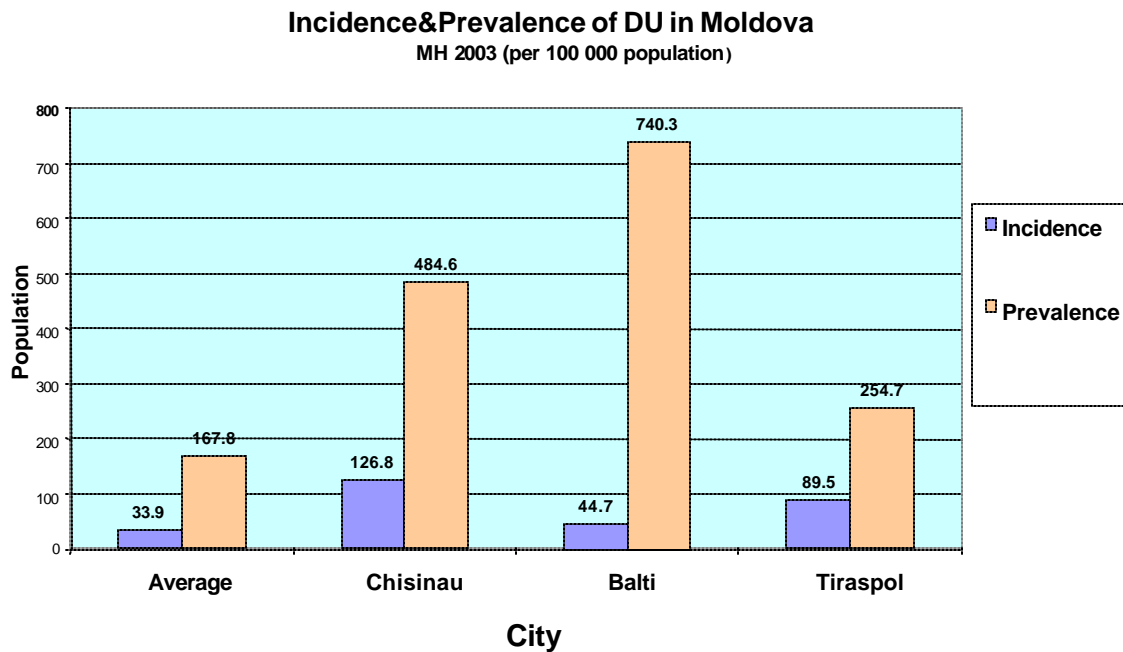


* without Transnistria region

By January, 1 2004 there were registered 7985 drug users in Moldova (7), but unfortunately, these official data do not reflect the real situation. According to some experts these figures should be multiplied by 6-8 to get the real picture of drug users in the country and there were no studies conducted to estimate prevalence of problem drug abuse in Moldova. Moldova's overall HIV prevalence rate continues to increase; however, the proportion of injecting drug users among newly detected HIV cases decreased from about 80% in 2000 to less than 42.4% in 2004. (8) The HIV spread among injecting drug users has slowed, thanks to educational and 'harm reduction' activities being carried out as part of a nationwide program supported by donors and the government of the country (9).

There are three localities where the situation with drug abuse is threatening: Chisinau, Tiraspol and Balti (Figure 3). These are the biggest cities in the country and the prevalence and incidence of drug users there are much above than in other cities and the country averages. (7).

Figure 3



1.3 Thesis Argumentation

Quality of life is a relatively new notion in the public health field; emerging in the scientific literature early in 90th. First attempts to measure quality of life were made by clinicians and had direct goals to assess the quality of life of a person with the specific diseases: for example cancer, tuberculosis, diabetes (10,11) or after medical interventions (12,13).

In these studies aspects of quality of life mainly referred to objective dimensions connected to disease related index rather than to generic functioning of the person: functioning status, psycho-emotional status, satisfaction of needs and social completion.

As time passed, aspects of quality of life were applied to social, educational, economic, public health and other domains of human life to assess the quality of life of a person, groups of people, groups of population and nations in general (14,15,16).

As it was mentioned above, increasing drug abuse is a crucial point for the public health specialist in the Republic of Moldova. A number of governmental organizations

(Ministry of Health, Ministry of Education, Ministry of Internal Affairs, Ministry of Justice, Ministry of Youth and Sport etc), international organizations (UNDP, WHO, UNICEF, SIDA, Soros – Foundation of Moldova), numerous of NGOs (New Life, Credinta, Youths for the Right for Life) are active in drug prevention, support, medical, law and social assistance, rehabilitation of drug addicted people in Moldova.

At this time, there is no institution, center, or organization for family members of drug users in Moldova. Such organizations exist in many countries of the world, for example: USA, Sweden, Canada, France, Romania etc. Studies confirm that the presence of a drug addicted person in the family has a negative impact on other family members and can cause harmful consequences for their wellbeing and safety. Having in mind the real prevalence of drug use in the country (about 60.000 of drug users) and making rough calculations that there are about 2 family members per one drug user makes 120.000 people in Moldova, family members of drug users comprise about 2% from the total population of Moldova (about 4.2 ml). That is why such people need professional assistance and social supports to the same extent as other vulnerable groups in a population. Besides, support and family member's education might help in tackling problems of drug addicted people as well. Being prepared, family members will be able to take action accordingly and help effectively addicts in the critical situations that appear in their daily life

(17).

1.4 Research question

The research question of the study was “Does the presence of a drug abuser in the family have a negative impact on the quality of life of other family members?”

1.5. Study Goals and Objectives

The study had the goal: “*to describe quality of life of the family members of drug abusers and to identify possible areas of activities for professional and social support for this group of people in Moldova*”.

The study had the following objectives:

- to describe family members of drug abusers by sex, age, social status, education, occupation
- to explore and describe psycho-emotional status of family members of drug abuser’ family members
- to describe level of needs fulfillment of drug abuser’ family members
- to describe social fulfillment of drug abuser’ family members
- to describe level of wellbeing, as self reported by responders
- to describe the needs of information regarding drug addiction and preferable ways to obtain this information

2. Study Methodology

2.1 Study settings

The study was carried out in the three cities of the Republic of Moldova: Chisinau, Balti and Tiraspol. These cities were chosen for the study because the incidence and the prevalence of drug users in these cities are the highest in the country, and probability to identify the interviewees is higher than in other locations where drug addiction rates are smaller.

2.2 Study population

Target population was drug abusers’ family members from 18 to 50 years from category I (husband/wife, sister/brother, parents, and children of drug addicted person).

Drug abuse – a person administering the intravenous drugs more than 2 years.

Study population was drug abusers' family members from 18 to 50 years from category I chosen by snow ball method from Chisinau, Balti and Tiraspol in June 2005.

2.3 Study design

A qualitative study was conducted, in order to reach study goals and objectives. There were carried out twelve in-depth interviews, per four in every chosen location. Every session took about 40-50 minutes and was recorded and transcribe according to interview protocol.

2.4 Sample Size and Sampling Strategy

Identifying the interviewees was done on the base of sampling by convenience, snow-ball method. The researcher contacted several non-governmental organizations in the chosen locations in order find interviewees (participants in in-depth interviews). The possible way of identifying them by official contacts (police, Republican Narcological Dispensar) did not work in this situation due to the fact that the issue of study "to be a family member of a drug abuser" is a sensitive issue in Moldavian society. Before the interview, the researcher studied family history and spoke with outreach workers in order to the meet the study inclusion criteria while identifying the responders for the interview.

Inclusion criteria: relatives of category I from 18 to 55 years, living at the same place (apartment, house) with the addicted person.

Exclusion criteria: people with mental and physical disabilities, with severe acute illnesses (cancer, tuberculosis, and diabetes), relatives of category II (uncle, aunt, grandparents), people less than 18 years and above 50 years, relatives of former drug abusers.

2.5 Study instrument

It was elaborated in -depth guide. The number of open-ended questions was 17. The instrument consisted of four main parts: describing psycho – emotional status, describing

self reported well being, satisfaction of needs, and social completion of the study participants. Additionally, at the beginning of every session some questions concerning family history were discussed in order to reveal the drug/alcohol/nicotine addiction in the family. As well, the researcher tried to reveal the participants needs for information regarding the drug abuse/addiction and the ways they would prefer to obtain this information. The guide was translated into Romanian and Russian languages.

2.6 Data collection

The data was collected in June 2005. The researcher visited all three cities during the week ends and conducted the interviews in a quiet, safety room. Only 3 people (one in Chisinau and two in Tiraspol refused to take part in the interview and they were replaced by new responders). The necessary time to conduct a session was about 40-50 minutes.

3. Ethical Considerations

The study goals, objectives and methodology were approved by the Institutional Review Board of the American University of Armenia. The proposed study did touch on sensitive issue (to have a family member, who is a drug abuse), that is why the interview guideline was built in a tactfully manner, avoiding direct questions about drug addiction. The participants were free to close the interview at any time, and in addition, the oral disclosure statement was obtained. It is impossible to identify interview participants as any last names/addresses were not taken from the interviewees.

4. Data Entry and Analysis

During the interview the researcher took short notes (to recall the main point of the discussion), additionally, all the interviews were tape recorded and transcribed in the original language (language the interview was held). Statistical methods for processing the data collected in the qualitative study were not available for the researcher; therefore the

descriptive report on “Quality of Life of Drug Users Family Members” became basis for the study results presentation.

5. Results

5.1 Background information

All the interview participants gave real names, and this fact speaks about their willingness to participate and their trust in the confidentiality for information they were going to give. The majority of participants (10 out of 12) were females, 11 out of 12 were working 8 of 12 responders have a higher education, 4 – secondary. There is a tendency of positive relationship of drug/alcohol/smoking family history and the presents of a drug abuser in the family. Male drug abusers were revealed in 11 sessions, and only one interviewee had the experience of dealing with female drug abuser (his wife). The average years of intravenous drug administration, reported by the responder is 4.5 years.

Table 1. *Background characteristics of the study participants*

| No | Sex | Years | Education | Occupation | Drug history of F.M. | Relationships with DA | Family history |
|----|-----|-------|-----------|------------|-------------------------------------|-----------------------|-----------------------------------|
| 1 | F | 22 | Higher | Accounter | 2 years (i/v) 3 years (inhalant) | Brother | Alcohol (father) |
| 2 | F | 32 | Secondary | Seller | 5 years (i/v) | Husband | Drugs (cousin) |
| 3 | F | 49 | Secondary | Seller | 10 years (i/v) | Son | No |
| 4 | F | 29 | Higher | Accounter | 8 years (i/v) | Brother | Alcohol/smoking (relatives) |
| 5 | F | 50 | Higher | Dentist | 5 years (i/v) | Son | Alcohol/smoking (father) |
| 6 | F | 54 | Higher | Teacher | 3-4 years (i/v) | Son | Alcohol/smoking (father) |
| 7 | M | 31 | Secondary | Welder | 2 years (i/v) 3 years (inhalant) | Wife | Smoking (parents) |
| 8 | F | 48 | Higher | Teacher | 3 years (i/v) | Son | Alcohol/smoking (father) |
| 9 | M | 51 | Higher | Guard | 2-3 yeas (i/v) | Daughter | Smoking (father) |
| 10 | F | 26 | High | Seller | 3-4 years (i/v) | Brother | Smoking/alcohol (father) |
| 11 | F | 20 | Secondary | Student | 7 years (i/v) | Father | No |
| 12 | F | 45 | Higher | Seller | 2-3 years | Son | Drugs(cousin) Alcohol (father) |

5.2 Psycho-emotional status

All the interviewees confirmed the fact that their family member's drug involvement has a negative impact on their life and their emotional status. These are some of the answers "I am living in the continuous stress", "I am in a deep panic", "I do not know how to act, just eating and working, trying not to think about this", "...only miracle can help us to be, as we were before". The majority of interviewees (10 out of 12) were depressed and felt desperation during the last month. Only two young responders (sister and daughter of drug abusers) pointed that they are trying to enjoy their personal life and just made themselves not to concentrate on the drug problem in their families. Nevertheless, they also pointed out that "drug problem" is a serious one, and very often they do feel bad, but "they just do not want to pay much attention to it". The females whose sons were involved in drugs seem to be the most depressed and hopeless; they pointed the numerous attempts made to tackle the drugs problem and all of them failed. All their thoughts are concentrated only on the son's drug problem; they do not enjoy anything they do; only thinking about the drug problem their family is facing "sometimes I do not want to see what is going on around me", "It happens that I do not remember the date, and the day, I have to make an effort to recall this information"

The reasons for depression and hopeless atmosphere all the participants named the presence of the drug abuser in their family and the problems appeared in their families (conflicts, draws, loss and stealing of valuable things by the addicts). As well they pointed to the desperate situation with drug abuse treatment and rehabilitation, majority of the interviewee participants mentioned about attempts to treat the drug addiction, but they failed and this fact makes them see the drug problem very pessimistically.

5.3 Social completion/Fulfillment of needs

It was observed that interviewees working at prestigious and well paid positions, for example: teachers, physicians and accountants, were satisfied with their occupation and would not change it, if being given a chance. Moreover, they were repeating again and again “my work is the only source of inspiration in my life”, “without my work I would not live through all these troubles”. Others, who were doing low qualified work, as sellers, guard, were unsatisfied with their occupation, looking at it as the just the source of income and would change it. One old lady, a market seller, mother of the drug user with more than 10 years addiction history and HIV positive said “..nobody will hire me, as everybody in our city knows about my son’s addiction and diagnosis”. Another responder, market seller on the open air, said “The circumstances made me accept this work, because it is relatively well paid. From the other side I know that it affects my health, because of the weather conditions, but I am not able to find something more suitable.”

While discussing strengths and weaknesses of their families, the participants, whose families consist of more family members than just drug abuser, pointed such characteristics as love to each other, common interests, mutual help and support; the weakness was pointed as the drug problems with their son/daughter/brother. Those, whose family consisted only from the interviewee and drug abuser, said that their families do not have strong points, only weaknesses – the drug abuse of one of the family members and the problems connected with it.

All of the interviewees with one accord pointed that the situation with the drug abuser needs to be changed in order to be a contented family. They think that as soon as the problem is solved all the other problems will go away. A responder said “I am strong enough to solve all the other problems, but unfortunately I am not able to change the situation with drug abuse in my family”. Another, the lady in a very difficult situation said

“I do not believe that our family can convert to a happy family. I just understand that fairy tales are written only in books and the miracle will never happen with me.”

Only the youngest responders were satisfied with their social life to the certain extent, at the same time complaining that their social contacts would be bigger, if the brother would not administrated drugs. The rest of the interviewees complained about lack of friends, because not everybody accepts the situation as it is. Majority of interviewees (7 out of 12) said that they have very bad relations with their relatives, because of different reasons. Several responders reported that “relatives blame me for that fact that my son abuses drugs, they think that I am guilty, as I did not educated him in a good way. That is why I stop communicating with them a long time ago”.

Others said that the relations with their colleagues and neighbors are not so bad “sometimes they help me, when I do not have money for bread”, “My neighbors know my situation as nobody else, they support me and help in a difficult moments, and I am grateful them for this. Sometimes I feel necessity to speak about my son, and they listen to me giving me advises”. Only several interviewees went to cinema, theater, picnics, the rest complained about lack of money, time and desire for any hobbies and entertainments.

The private life of the interviewees was affected as well. Only the youngest interviews shared that they have a private life, nevertheless they pointed that they have some tension with partners because of “drug abuse family history”. In other two families husbands left the families because they could not cope with the situation and the woman just do not think that their personal life will be complete anytime in the future. They mentioned that they do not pay much attention at their appearance, clothes, make up “just to be clean, no bijouterie, no make up etc”. Other study participants pointed that it is difficult for them to find a partner as “many people think that I am the same as my brother is”. All

of the interviewees confirmed the fact that their private life has changed since their family member started to administrate drugs and “they are very sorry about this”.

Regarding the items the interviews have at home, all of the participants have natural gas, safe water and electricity. However, all of them confirmed the cases of “loss” and stealing of the valuable things. The only way to protect the family property is to lock the doors in every room to stop the abusers’ way to the valuable items (money, jewelry, CD-player, good clothes, etc.). One of the interviewees said “I do not have anything valuable at home anymore. My son took out and sold everything he could take. We have only refrigerator, as it is very heavy and my son is not able to carry it out”. Some of them said that the only way to save the family property is to give money to the drug abuser under the agreement not to touch things at home but “I do not know how much it will work, I do not have any guarantees”.

5.4 Self reported well- being

The majority of the interviewees older than 40 years (4 out of 6) reported their well-being as poor. Only younger responders reported their well-being as good “not so bad as it could be, taking into consideration the situation in my family”, “sometimes after a just another brawl, I do not look good, and my colleagues can suspect that a day before something bad, connected with my brother, happened in my family”.

From those who reported well-being as poor, the major complaints were regarding to some chronic disease (hypertension, gastritis, liver problems, continuous weakness/fatigue and terrible headaches). Besides, they mentioned about lack of time and money to go to the family physician or other specialists in domain. Some of them resort to the help of self-treatment or/and herbal/nontraditional medicine to solve the health problems, even without seeing any physician. At the same time all of them reported that

they need a medical care. None of the responders reported of having severe health illnesses.

All of the interviews, regardless of age/sex/occupation said that they do need help from the social assistance. The main areas of interests referring to its competency were: psychological support, social support, consultations on the legal issues, help in finding working places. One of the responder remarked “it seems to me that nobody takes care of us, neither governmental nor international organizations”, “we are left alone with our problems, and feel only public condemnation, but not only we are responsible for drug addiction breakout in the country. The circumstances after the collapse of Soviet Union were changing dramatically and we were not able to prepare our children for the new reality and this made them to start taking drugs”. Some of the responders said “I just need to have a trusty person to speak about my family problems”, others wanted to obtain “a piece of professional advice and support”.

5.5 Needs of information

Researcher tried to construct the main domains of informational needs of the interviewees. These are the following groups:

- information regarding drug abuse, complications of intravenous drug administration, crisis and way of tackling them
- information regarding drug addiction treatment/rehabilitation, last researches in this area
- information about organizations dealing with drugs users and their problems in the country
- information regarding drug regulation legislation in the country

One of the interviews remarked “if I had known the information about drug addiction and the first sign of drug abuse in children before, I would have observed that in my child, and may be my child would be healthy and cheerful now”.

The interview participants named the following preferred ways to receive the information about drugs (descending order): TV/radio programs, family physicians, social workers, leaflets/brochures.

Majority of the interviewees would agree to participate in the programs for the drug users family members “we would be very happy to share with others our thoughts, experience and to listen to the specialist’ opinion”. Only two of the responders were not very enthusiastic of the idea with the center, as they thought it would break their confidentiality. From another side, they expressed their view “such center would be very helpful for my mother and grandmother”, “I think my mother will be happy to participate in such kind of program”.

6. Discussion

Many aspects of human suffering (or its absence) can be reliably investigated. One of the approaches to make this task is use of the concept of “quality of life”. This concept, developed in the social science, was first applied in medical practice to determine if available cancer treatment could not only increase the survival time of patients but also improve their sense of well-being (18, 19).

The concept of quality of life was later applied to drug addiction studies in terms of functioning, well-being, and life satisfaction (20, 21, 22) According to Patrick D.L. and Erickson P., life has two dimensions: quantity and quality. Quantity of life is expressed in terms of biomedical data, such as mortality rates or life expectancy. Quality of life refers to

complex aspects of life that can not be expressed by using only quantifiable indicators; it requires sometimes ultimately subjective evaluation of a person's life (22, 23, 24).

This study is an attempt to describe the existing quality of life of the drug abusers family members applying the qualitative study design, using in-depth interview sessions to describe different areas of human life: describing psycho – emotional status, describing self reported well being, satisfaction of needs, and social completion of the study participants , at the end making a conclusion of quality of life of study responders basing on the gathered information .

Unfortunately, the researcher did not find similar reported study conducted in the region that is why it is very difficult to compare the study methodology and findings with other similar. Nevertheless, while creating the study methodology and interview guideline the researcher took the best practices trying to combine concept of “quality of life” and “qualitative study design”.

While analyzing study results, we should take into consideration that the other factors as poor economics, low population incomes, high unemployment rate, and imperfection of health care system of Moldova (27, 28) could influence the study findings. However, the presence of drug abuser in a family is a very hard burden, and the study shows this.

The study setting was limited by three cities of Moldova and by the number of the in-depth interview conducted (12 interviews, per 4 interviews in every city), but the researcher tried include in the study the various responders (age, sex, type of relation with drug abuser etc) in order to increase the reliability of study findings.

The study could be continued to a quantitative study, to assess the aspects of quality of life of family members of drug abusers described by qualitative method. The following

aspects could be included in study limitation as well: study results could not be generalized, the researcher carried out the data collection and analysis.

7. Conclusions and Recommendations

After reviewing study results and discussion, the following conclusion can be made: the presence of the drug abuser in a family is a big challenge for other family members and has a negative impact on their quality of life; they suffer physically and psychologically. Very often they put on risk their well being and mental health trying to deal with the drug abuser; their needs are often deprived, personal and social life is incomplete.

Based on this it could be recommended:

- To encourage the creation of the Centers for Family Members of Drug Addicted people in Chisinau and other cities where it is necessary. In these centers this category of people should receive medical, psychological and legal consultations and support.
- To elaborate a system of social, medical and legal support of this category of Moldavian population on the national level
- To elaborate and implement national drug information campaign in order to prevent spread of drug use among Moldavian population

References and Bibliography

1. World Health Organization, Programme on substance abuse, WHO initiative on Cocaine,WHO/PSA/92.8, 1992.
2. Edwards G, Arif A. Drug problems in the sociocultural context. A basis for policies and programme planning. Geneva, World Health Organization, 1980
Available from
<http://216.239.59.104/search?q=cache:rTs26mY7m34J:www.unodc.org/pdf/india/ncdap/women%26drug.PDF+Burden+of+drug+usage+&hl=en>
3. ?????? ?., ? ??? ? ??????????, «???????????????????? ????????????? ????????????????? ????????? ? ?????????????????????», ? ?????, ? ??? 2003
4. Donoghoe, M.C. and Wodak, A. Health and social consequences of injecting drug use. In: Stimson, G.V., Des Jarlais, D.C., and Ball, A. (Eds.). Drug injecting and HIV infection. Taylor and Francis, New York, 1998
5. Johnston, K.D., O'Malley, P.M. and Bachman, J.G. National survey results on drug use from the monitoring the future study 1975-1996. Vol I: Secondary Students. Rockville, M.D. National Institute on Drug Abuse, 1997
6. Epidemiology of drug abuse and drug addiction. European Monitoring Center for Drugs and Drugs Addiction
Available at <http://www.emcdda.eu.int/>
7. Public Health in Moldova 2003, Scientific and Practical Center for Public Health and Sanitary Management, Ministry of Health of Moldova, Chisinau, 2004
8. Public Health in Moldova 2004, Scientific and Practical Center for Public Health and Sanitary Management, Ministry of Health of Moldova, Chisinau, 2005

9. International Harm Reduction Development Program in Moldova
Available from http://www.soros.md/programs/health/harm_reduction/en.html
10. Perez DJ, McGee R, Campbell AV. A comparison of time trade-off and quality of life measures in patients with advanced cancer. *Quality of Life Research* 1997 Mar;6(2):133-8;
11. Maille AR, Kaptein AA. Assessing quality of life in chronic non-specific lung disease—a review of empirical studies published between 1980 and 1994. *Qual Life Res.* 1996 Apr;5(2):287-301)
12. (Whynes DK, Neilson AR. Symptoms before and after surgery for colorectal cancer. *Quality of Life Research.* 1997 Jan;6(1):61-6;
13. Bryan S, Ratcliffe J, Neuberger JM. Health-related quality of life following liver transplantation. *Quality of Life Research* 1998 Feb;7(2):115-20).
14. Gershon RR, Qureshi KA. Health and Safety Hazards Associated with Subways. *Urban Health.* 2005 Feb 28;
15. Tamarit J. Autism: educational models for a quality life. *Rev Neurol.* 2005 Jan 15;40 Suppl 1:S181-6;
16. Lewis JE, Hilditch JR, Wong CJ. Further psychometric property development of the Menopause-Specific Quality of Life questionnaire and development of a modified version, MENQOL-Intervention questionnaire. *Maturitas.* 2005 Mar 14;50(3):209-221).
17. Panic, frustration, despair, fear and loneliness are all common feelings among those who've ever loved an addict. *Families of Drug Addicts: Where to Turn.*
Available from http://www.drug-abuse.gb.net/families_of_drug_addicts.htm
18. Spitzer WO. Measuring the quality of life of cancer patients: a concise OL-index for use by physicians. *J Chronic Disease* 1981: (34) 85-97

19. Mendlowicz MV. Quality of life in individuals with anxiety disorders. Am J Psychiatry 2000; 157 (5); 669-682
20. Torrens M. methadone and quality of life. Lancet 1999;353 (9158):1101
21. Giacomuzzi S.M. Buprenorphine versus methadone maintenance treatment in an ambulant setting: a health related quality of life assessment. Addiction 2003; 98(5) 693-702
22. Dimenas E.S. defining quality of life in medicine. Scan J primary Health Care 1990 (Supple 1):7-10
23. Kirk J Miller ML. Reliability and validity in qualitative research Newbury park .CA. Sage Publications: 1986
24. Sandelowski M. The problem of rigor in qualitative research. Advances in Nursing Science. 1986; (8) 27-37
26. Giedrius V. Drug addiction maintenance treatment and quality of life measurements. Department of Preventive Medicine, Medicina. Kaunas. 2004; 40 (9) 833-841
27. Highlight on Health in the Republic of Moldova : WHO European Region Report. Available from URL: <http://www.euro.who.int/document/e72418.pdf>
28. Economic development of Moldova 2004. Government of the Republic of Moldova Available from <http://www.guvern.md>
30. Sanatatea si dezvoltarea tinerelor. Studiu de evaluare a cunostintelor , atitudinilor si practicilor tinerilor. UNICEF,Chisinau, 2005
31. ??????? ? .? .? ?? ?? ??????????. ?????????? ?????? ?????? ? ??????? ??????????? ?????????????? ? ?????????????? ??????????. ? ??????-?????? 2000

Appendix 1

Consent form in English

Quality of Life of Drug Users' Family Members Study in Moldova

General Disclosure Statement:

Hello, my name is Ecaterina Perean. I am a second year student at the American University of Armenia. As the final component of the Public Health Program at the AUA I am conducting the research on quality of life of family members of drug addicts. The goal of my study is to analyze the quality of life of the family members of drug addicted people and to identify possible domains of activities for professional and social support for this group of people in Moldova. You have been selected for inclusion in this study, because you were identified by NGO/your acquaintance. The interview will last about 40-50 min. Our discussion will be focused on some aspects of your life: psycho – emotional status, self reported well being, satisfaction of needs, social completion. If you do not want to answer a question or a part of question, we are free to skip it.

I understand how delicate is to speak about this issue, but I would really appreciate your decision to participate in the study, as it might contribute to the changes in public policy regarding such group of people. The information I gathered here will only be used for my project and not be published or shared with public. In addition, I do not need your name or any information that will link you with the information I am going to collect and I will do every effort to protect the gathered data and to protect the confidentiality of information.

It is your decision whether or not to be in this study. You can stop being in this study at any time. Whether or not you are in the study will not affect your job. You should ask the person in charge listed below any questions you may have about this research study. *You* should ask him/her questions in the future if you do not understand something about the study. The researchers will tell you anything new they learn that they think will affect you. If you want to talk to anyone about this research study you should call the person in charge of the study, Barbara Crace Sullivan at [tel:+(3741) 51 25 12, (3741) 51 25 70 /e-mail: sullivan@aua.am]

Thank you for participation

Appendix 2

Consent form in Romanian

Calitatea Vietii Membrilor Familiilor Utilizatorilor de Droguri

Contract de confidentialitate

Buna ziua (Va salut), ma numesc Ecaterina Peraan. Sunt studenta în anul doi la Universitatea Americana din Armenia. Unul din compartimentele de finalizare a programului de studii „Masterat în Sanatate Publica” constituie petrecerea studiului „Calitatea Vietii Membrilor Familiilor Utilizatorilor de Droguri”. Scopul acestui studiu este analiza calitatii vietii membrilor familiilor utilizatorilor de droguri si identificarea potentialelor domenii pentru ajutor social si medical al persoanelor din categoria data.

Ati fost invitati pentru a participa la un interviu, la recomandarea Interviul va avea o durata de 40 – 50 minute. Discutia noastra va include unele aspecte ale vietii Dvs.: Statutul emotional, Starea sanatatii Dvs., Cadrul necesitatilor Dvs., Activitatea sociala.

Înteleg, ca subiectul discutiei este foarte delicat si de aceea va sunt recunoscatoare pentru acceptul de a participa la acest studiu. Aceasta va contribui la modificarea în politici si atitudinii sociale fata de persoanele din aceasta categorie vulnerabila. Informatia primita va fi utilizata în exclusivitate pentru studiul meu si nu va fi divulgata altor persoane. În completare, vreau sa mentionez, ca nu voi folosi nominalizari sau alta informatie confidentiala, care ar permite atribuirea Dvs. la datele prezentate în interviul dat. Voi depune toate eforturile pentru a pastra confidentialitatea informatiei colectate.

În cercetarea concreta Dvs. participati benevol, daca nu doriti sa raspundeti la o întrebare sau la un set de întrebări, puteti sa le omiteti sau sa stopati interviul la orice etapa. Refuzul Dvs. de a participa sau continua interviul, în nici un caz nu va avea influenta negativa asupra Dvs. sau a membrilor familiei Dvs.

În cazul, daca la Dvs. apar unele întrebări, nemijlocit în legatura cu cercetarea efectuata, scopul, obiectivele sau metodele studiului – Dvs. aveti posibilitatea de a contacta persoana mentionata mai jos, care este responsabila de petrecerea studiului:

Barbara Grace Sullivan, profesor la Universitatea Americana din Armenia

Telefon: + 3741 51 25 12; + 3731 51 25 70

Adresa electronica: sullivan@aua.am

Va multumesc pentru participare

Appendix 4

In-depth interview guide in English

The items made in *Italic* are only for the interviewer needs, they will not be named orally.

Introduction: I appreciate very much your agreement to participate at the interview. Today it is the beautiful day, nothing will bother us, let's start

How would you prefer to be called during the interview? (any name)

How old you?

What is your educational background?

What is your occupation?

I know that one of your family members is a drug user (DU), is he/she your son, daughter, husband?

How long he/she is taking the drugs?

Please, tell me about your family history, who are (were) your parental grandparents, do you have other family members with the similar/related problems (drugs, alcohol, smoking)?

Psycho-emotional status

1. Can you tell me about how you feel emotionally? Does your family member drug involvement affect your life and if so how?
2. During the last month has it happen to you during the last month to be depressed, hopeless, felt desperation? How often?
3. During the last month has it happen to you to loss interest and pleasure from what you were doing? How often?
4. On your opinion, what were the reasons for this?

Social completion/Satisfaction of needs

5. Describe, please, your occupation (what are you doing in details). Do you feel happy with your occupation?
6. If you were given the chance to change your occupation, would you change it? Why? What area would you choose? Why?
7. Can you, please, describe the strengths of your family, the weaknesses – in your opinion?
8. What, do you think, need to be changed in order to be a contented family?

9. Could you please, tell more about your social life? Are you satisfied with you social life? Could you please, tell more about your private life? Are you satisfied with you private life? Why yes (if yes)? Why not (if not)?
10. On your opinion, has your social/private life changed from the time your (son, daughter, husband) started drugs? In what way?
11. Please, describe what items you have at home (electricity/natural gas /safety water, TV/video/music box, refrigerator, washing machine, mobile phone, car).

Self reported well-being

12. How would you describe your well being?
13. Would you need a medical care? What are the problems that worry you?
14. Would you need help from social assistant? What are the problems that worry you?

Needs of information

15. What information, related to drugs, would you like to get? Why?
16. What are the ways you would prefer to get this information?
17. Would you participate in such of program for families if it became available?

Appendix 5

In-depth interview guide in Romanian

Punctele marcate *cu italic*, sunt predestinate pentru interviator si nu vor fi citite în voce tare.

Introducere: Îmi permiteti sa va multumesc înca o data, ca ati acceptat sa participati la interviu. Astazi este o zi frumoasa, ne gasim într-o încăpere confortabila si un anturaj linistit, nimeni nu ne va deranja si deci putem sa începem.....

Cum ati dori sa ma adresez Dvs. în timpul interviului (poate fi orice nume, nu este obligator sa fie numele Dvs. adevarat)?

Câti ani aveti?

Ce studii aveti?

Cu ce va ocupati?

Cunosc, ca cineva din membrii familiei Dvs. este afectat de narcomanie (droguri). Cine este el pentru Dvs.?

De cât timp aceasta persoana consuma droguri?

Povestiti-mi putin despre istoria familiei Dvs.?

Mai este cineva din familie sau rudele Dvs., care are probleme asemanatoare (droguri, alcoolism, fumat)?

Statutul psiho-emotional

1. Povestiti-mi , va rog, despre starea psihologica al Dvs.? Va influenteaza faptul, ca cineva din membrii familiei Dvs. consuma droguri? Daca da, atunci cum va influenteaza?
2. În ultima luna Dvs. ati avut sentimentul de deprimare, disperare si apatie; ura sau iritare? Cât de frecvent?
3. Ati avut în ultima luna sentiment de dispret pentru ceia cu ce va ocupati, lipsa interesului pentru lucrul efectuat? Cât de frecvent?
4. Cum credeti Dvs., care este cauza acestei stari?

Semnificatia sociala/ satisfacerea necesitatilor

5. Descrieti, va rog, serviciul sau ocupatia Dvs.. Va place ceia cu ce va ocupati?
6. Ati schimba ocupatia Dvs., daca ati avea asa o posibilitate? De ce? Ce ati alege? De ce?

7. Cum credeti, ce este o familie fericita? Ati putea sa-mi descrieti partile forte (puternice) ale familiei Dvs.? Dar partile sensibile, slabe? (Dupa parerea Dvs.)
8. Cum credeti, ce trebuie de schimbat în familia Dvs. pentru ca ea sa devina o familie fericita?
9. Povestiti-mi, va rog, despre viata sociala al Dvs. (prieteni, rude, colegi). Sunteti multumit de viata sociala, personala. Cum va petreceti timpul liber?
10. Dupa parerea Dvs., viata sociala si personala s-a schimbat din momentul când cineva din familie a început sa consume droguri? Cum s-a schimbat? Ce s-a schimbat?
11. Spuneti-mi va rog, ce comoditati aveti acasa (electricitate, gaz, apeduct, televizor, frigider, masina de spalare, centru muzical, telefon mobil, automobil).

Aprecierea personala a starii sanatatii

12. Cum ati descrie starea sanatatii Dvs.?
13. Aveti nevoie de ajutor sau de consultatie medicala? Ce va supara?
14. Aveti nevoie de ajutorul sau de consultatia psihologului sau lucratorului social? De care ajutor aveti nevoie? Ce va deranjeaza, ce va supara?

Necesitatea în informatie

15. Ce fel de informatie despre droguri ati dori Dvs. sa cunoasteti, sa aflati? Cu ce scop?
16. Cum sau în ce mod, ati dori sa primiti informatia care va intereseaza?
17. Daca ar exista posibilitatea de a participa în programe speciale pentru membrii familiilor utilizatorilor de droguri, Dvs. ati fi de acord sa participati, ati participa? De ce?

