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THE RELATIONSHIP BETWEEN QUALITY OF LIFE, HAPPINESS AND SELF-EFFICACY WITH DRUG CRAVING IN GLASS CONSUMER

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ABSTRACT

This study aims to investigate the relationship between the quality of life, happiness and self-efficacy with drug craving in glass consumer. The method is correlational. All patients referred to addiction treatment centers in Tehran constitute the statistical population of this study and among them 50 samples were selected randomly. The Questionnaires of Life Quality of World Health Organization (WHO) (1994), Happiness of Oxford Arjil and colleagues (1989), self-efficacy (GSE-10) of Schwarzer and Jerusalem (1996) and momentary drug craving of Franken *et al.*, (2002), respectively, with reliability of 0.83, 0.79, 0.74, 0.89 were used to collect data. The results indicated that there is a negative correlation calculated between life quality and craving ($r = -0.449$, $P = 0.001$). In other words, when the life quality style increases, craving decreases. Also, there is a negative correlation between happiness and craving is significant in ($P = 0.011$, $r = -0.325$). In other words, the more the happiness style, the less the craving. Furthermore, the correlation coefficient calculated between self-efficacy and craving is meaningful in $p < 0.05$ ($r = -0.260$, $P = 0.034$). Namely, with enhancement of self-efficacy style, craving is decreased. The results showed the negative and significant relationship between the quality of life, happiness and self-efficacy with drug craving in glass consumer. In other words, with enhancement of the quality of life, happiness and self-efficacy, the drug craving in glass consumer will reduce.

Keywords: *Life Quality, Happiness, Self-Efficacy, Drug Craving In Glass Addicted*

INTRODUCTION

The disease of addiction is one of the fundamental problems of society. Every day a large number of people encounter to drug abuse and suffer from the physical, psychological, social, cultural and economic negative consequences. Drug dependence comes from two concepts: behavioral or psychological dependence and physical dependence. The behavioral dependence emphasizes on the drug-seeking activities and evidences associated with the sick-being consumption pattern and the physical dependence (physiological) focuses on the physical effects of the several periods of drug abuse (Fairways, 2010). The psychological dependence is also called habit which is specified with the intense, continuous, intermittent desire to substance in order to avoid boredom mode (Kaplan and Sadouk, 1998). Drug abuse is a multi-dimensional problem, namely, many factors including social, psychological, personality factors, family and life play role in its occurrence. The quality of life is a multi-dimensional matter which includes the physical, mental and social dimensions. These features are consistent with today's definition of health. The World Health Organization (2000), defines life quality as: The quality of life refers to the individuals' perception of their position in life in terms of culture, the value system in which they live, goals, expectations, standards and preferences, so it is quite personal that cannot be viewed by others and is based on the individuals' perception of the various aspects of their life. The life quality of consumer is one of the factors that provide the context for drug abuse. Studies have shown that the abuse of opium, sedatives and alcohol is associated with lower quality of life (as cited in Tehran, 2011). Studies have shown that the overlap of psychiatric symptoms, particularly depression and anxiety has a direct and negative relationship with life quality in individuals who are addicted to drugs. Abusers who are suffering from personality disorders have shown lower life quality than the addicts who had personality disorders. The onset and history of social and familial problems are other factors associated with the quality of life

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in long-term opiate addiction. Therefore, all conducted studies indicated that drug abuse is associated with lower quality of life (Ventegodt, 2003).

Factors maintaining addictive behaviors include craving (Heyman, 2011), and deviance in cognitive and emotional adjustment. Righte *et al.*, (1993) stated that craving has a cognitive origin in incorrect beliefs regarding the need for substance. It seems that craving is controlled by automatic or non-automatic cognitive-emotional processes, so that the theories of craving consider craving as one of the debates that is highly emphasized and followed in the science of addiction disorders. Tifani and Drabzer (1990) have defined craving as a term that includes a wide range of phenomena including waiting for reinforcing effect of drug and the strong tendency to substance. This definition may be known as the most comprehensive definition of craving. Hermans and Rosin (2010) defined craving as: the very strong feeling and urgent desire to thing, so that makes impossible the concentration on any subject other than the required subject (as cited in Pourseyed Mosaei, 2011). The level of happiness in person's life is another factor that is associated with the substance abuse. According to Berbenz (1998), happiness is a variable with biological basis that is not created due to the environmental and situational factors. From the perspective of Eshnaider (1991), happiness is an attitude that makes individuals resistant in dealing with difficult events and prevents them to fall into the indifference, hopelessness and depression hole. Arjil (1995) states that three basic components of happiness are positive excitement, life satisfaction and the absence of negative emotions such as depression and anxiety. He found that the positive relations with others, meaningful life, personal growth, love oneself, others and nature are also components of happiness (as cited in Khodayari, 2009). According to Bouton (2000), the probability of drug consumption or tendency is more in individuals with positive or neutral attitude to drug. Beginning to use any substance subsequently leads to the positive belief or attitude towards its consumption. In fact, positive attitudes and beliefs towards substances are facilitators to use it (as cited in Khodayari, 2009).

Another factor contributing to substance abuse refers to the amount of self-efficacy is individual's life. Self-efficacy as a personality construct is a judgment by individual about his ability in occurrence of certain behaviors that lead to specific goals or it may help him to cope with stress situations. In other words, self-efficacy represents a sense of optimism about personal ability and is a universal structure that seems to be involved in human motivation. Researches have shown that high self-efficacy is associated with better quality of life, more confidence, less addiction and better therapeutic outcomes (Giovanni, 2012). Difficulties, troubles, and the personal and family, career, financial and social effects and sides of addiction like reduced quality of life has led individuals, families and community officials to seek professional assistance of specialist for prevention, treatment and prevention of relapse. Meanwhile, the appeal to dangerous and protective factors like personality characteristics of individuals, demographic factors and the type of drug abuse, dependence and addiction treatment and reducing its detrimental effects can be a big step in the continuation or discontinuation of drug addiction and preventing the personal and social consequences of drug dependence (Bakhtiyari, 2007). According to the mentioned contents, the question raised is whether there is any relation between the quality of life, happiness and self-efficacy with drug craving in glass consumer or not.

MATERIALS AND METHODS

The present study is a correlational type. The correlational method is used when two or more different set of information about a group or a set of information about two or more groups are available. This method is used to study the amount of variations in one or more factors which caused by the changes of one or some other factor (Naderi & Seyf Neraghi, 2010). Because this study sought to examine the relationship between the quality of life, happiness and self-efficacy (as predictor variable) with drug craving in glass consumer (as the criterion variable), therefore, the correlation method was used. The statistical population of this study is all the people referred to addiction treatment centers in Tehran and among them 50 subjects were selected as sample.

Instruments

The life quality questionnaire of (WHO): this questionnaire is the brief and short form of life quality ques-

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tionnaire of World Health Organization (1994) (BRIEF-WHOQOL) with 100 questions (WHOQOL-100). The reliability and validity of Persian translation of this questionnaire are evaluated by Nejat (2007). This questionnaire has 26 dimensions and 4 materials of physical, psychological, social health and physical environment which is used as a comprehensive measure and totally includes the overall quality of life and level of general health. There are five options for each questions (no, very low, moderate, high, very high) and no is equal to 1 and very high equal to 5. Therefore, it should be noted that questions 3, 4 and 26 are graded as negative. In this scale, the minimum score is 26 and the maximum score is 130. The reliability of this questionnaire in Iran is reported to be 0.83 by Karimloo (2007).

Oxford Happiness Questionnaire: This questionnaire was made by Arjil *et al.*, (1989) having 29 multiple-choice options and its potions are graded respectively from 0 to 3 and scores of each subject is placed between 0 and 87. The reliability of this test in Iran is obtained to be 0.94 by Tabatabai (1999). The reliability and validity of this questionnaire were examined in several studies. For example, Argayl and colleagues by using Cronbach's alpha obtained 0.90 the reliability of this questionnaire and its concurrent validity 0.43. In Iran, the Oxford Happiness Questionnaire was translated by Alipour and Noorbala and eight experts have verified the accuracy of this translation. The Cronbach's Alpha has been 0.98 and Alpha reliability 0.92 in 110 undergraduate students of Shahed and Allameh Tabatabai University. Also, the test-retest reliability after three weeks was obtained to be 0.79. This questionnaire was determined and normalized by Mohammad Reza Abedi and colleagues and its concurrent validity has been 73% in a sample of 727 patients that is useful for assessing students.

Self-Efficacy Questionnaire (GSE-10): The 10-item questionnaire was used to assess the self-efficacy which is provided by Nezami *et al.*, (1996). The scale was translated into Persian by Nezami in 1996 and in Iran it was normalized and validated in previous studies that the alpha coefficients were obtained to be 0.81 in Moayeni's study and 0.82 in Rajabi's study. This test is scored in ordinal form and Likert type. Each question has four options of quite opposite to me, a bit like me, very much like me, and quite like me that each of these options are scored respectively from 1 to 4. Therefore, the lowest score for an individual is 10 and the maximum 40. This test has appropriate validity and positive correlation with self-esteem and optimism and negative correlation with anxiety and depression. In most studies, factor analysis results have introduced this tool as a validated instrument to measure the self-efficacy. Kadirvar (2003) has used Cronbach's alpha for reliability of test that its coefficient has been equal to 0.80. In this study, the Cronbach's Alpha was also used to calculate the scale reliability coefficient which is obtained equal to 0.74. Therefore, this test was able to predict the actual scores of subjects.

Momentary Craving Questionnaire: This questionnaire with focus on craving as a motivational state was designed by Franken, Hendricks, Ven Bernik den (2002) and evaluates the drug craving at the moment. This questionnaire includes 14 questions with three factors (consumer's desire and intention, desire to consume and negative reinforcement, pleasure and intensity of control value). The first factor includes the desire to substance and going to consumption, the second factor, the desire to consume and negative reinforcement or believe to solve problems and the third factor, pleasure and lack of control intensity. It is worth noting that these three components are highly correlated with each other. Internal consistency of components of this questionnaire in study of Mokri, Ekhtiyari, Hasni Abhriyan and Ganjgahi (2010) in abusers of different opiate types is respectively, 0.78, 0.65 and 0.81, and to amphetamine abusers is respectively 0.89, 0.79, and 0.4.

RESULTS AND DISCUSSION

The descriptive statistics characteristics for the studied variables (n =50) are as follows:

Table 1: Descriptive statistics for the variables

Variable	Mean	SD
Carving	18/6200	8/29283
Life quality	92/2600	9/22244
Happiness	55/5600	9/80662
Self-efficacy	34/8600	3/06401

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Table 2: Correlation coefficient matrix of craving variable and predictor variables

Variables	1	2	3
Craving	0.449	0.325	0.260
Life quality	-	.20	.34**
Happiness	.20	-	.29*
Self-efficacy	.34**	.29*	-

According to the results of above table, there is a significant and negative relation between all variables of life quality, happiness and self-efficacy with craving.

Two regular sets of multivariable regression model were used with simultaneous and partial correlation method to determine the best predictor variable of craving among individuals addicted to glass through the response to three basic questions: 1- How much the quality of life variable can predict the craving in addicts? 2- How much happiness can predict the craving with quality of life? 3 - How much self-efficacy can predict the craving with the quality of life and happiness? And the obtained results are presented in Table 3.

Table 3: The multiple correlation coefficients and multiple squared correlations of variables of life quality, happiness and self-efficacy in predicting craving

Model	Variable	R	R Square	Adjusted R square	F	Sig.
1	Life quality and carving	0/449	0/202	0/202	12/128	0/001
2	Life quality and happiness	0/509	0/259	0/058	3/648	0/062
3	Life quality, carving, and happiness	0/512	0/262	0/003	0/193	0/662

Table 4: The standard and non-standard regression analysis coefficients to predict craving

Model	Index	Unstandardized Beta	Std. Error	Standardized Beta	t	Sig.
1	Constant	55.878	10.751	-	5.198	0.000
	Life quality	-0.40	0.116	-0.44	-3.48	0.001
2	Constant	63.31	11.167	-	5.67	0.000
	Life quality	-0.36	0.115	-0.4	-3.12	0.003
	Happiness	-0.20	0.10	-0.24	-1.91	0.06
3	Constant	66.90	13.91	-	4.8	0.000
	Life quality	-0.34	0.12	-0.38	-2.81	0.007
	Happiness	-0.19	0.113	-0.231	-1.73	0.09
	Self-efficacy	-0.16	0.37	-0.06	-0.44	0.66

Considering the results in the above tables and the significance of F in variance analysis table (4) and t in the above table, the regression equation for Model 1 is as follows

$$Y=a+b_1x_1$$

Therefore, by replacing the coefficients in the above formula, the equation of craving prediction based on the quality of life variables is obtained as follows:

craving prediction = 55.878 - 0.404 (Quality of life)

Due to the amount of slope, the greater quality of life leads the lower craving to be predicted. Indicators presented in Table 5 shows the relative ability of each predictor.

Table 5: The bivariate and partial correlations of predictors with craving

Variable	Bivariate correlation	Partial correlation
Life quality	-.449**	-.383**
Happiness	-.325**	-.247
Self-efficacy	-.260*	-.065

*Correlation of dual variables: The correlation between each predictor and craving; Partial correlations: The correlation of each predictor and craving with control of other predictors; P**<.01, p*<.05*

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As can be seen all dual correlations between the amount of life quality, happiness and self-efficacy with craving in individuals addicted to glass are significant and in the partial correlation the quality of life is significant in the level of 0.01. According to this correlation analysis, it can be concluded that only life quality predictor anticipates 20% and Happiness 5% (R^2) and self-efficacy 0.3% of the craving variations in individuals addicted to glass. ($R^2=0.003, 0.058, 0.003$).

According to the data from the above tables, the research hypotheses are tested:
First hypothesis: There is a relationship between the quality of life and craving in glass consumer.

Based on the data of above table, the calculated correlation coefficient between the quality of life and craving is significant ($r=-0.449, P=0.0001$). In other words, the increase of life quality style leads to the reduction of craving.

Second hypothesis: There is a relationship between happiness and craving in glass consumer

By looking at the data in above table, it can found that the correlation coefficient calculated between happiness and craving is meaningful ($r=-0.325, P=0.011$). It means that the enhancement of happiness style leads to the reduction of craving.

Third hypothesis: There is a relationship between self-efficacy and craving in glass consumer

The above table shows that the correlation coefficient calculated between self-efficacy and craving is significant at $p<0.05$ level ($r=-0.260, P=0.034$). Namely, the more self-efficiency style, the lower craving.

Conclusion

The research results on the basic hypothesis "the relationship between quality of life, happiness and self-efficacy with craving in glass consumer" indicated the negative and significant relationship between the quality of life, happiness and self-efficacy with craving in glass consumer. Namely, due to the enhancement of life quality, happiness and self-efficiency, the craving in glass consumer is decreased. This result is consistent with the findings of Ghomri (2011), Pournaghash Tehrani and colleagues (2012), Shams Esfandabadi and Nezhad Naderi (2009), Fallah (2012), Alten (2010), Sanjay (2012), Hyde (2008), Kumar (2011), Zikler (2008).

Drug use makes human indifference to ups and downs, it means that the addicted person withdraw from the community. Most of them are in the state of flight and flight and without good relationship with community. They are not loyal not only to individuals but also to the community (Ghorbani, 2011). They have a very low self-efficacy and violate the national and religious practices. They do not have any sense of personal and social responsibility and often do not feel any constraint and they have very low quality of life. They are selfish and know others responsible for their own actions and behaviors. They cannot feel guilty and frequently criticize others. They do not have any desire to work and if they do a work, they fail to do it well. Addicts have no interest to their own appearance and tell very lies. They have strange thoughts and live in depression and isolation. Actually, the use of drug destroys their will, courage and dare (Kumar, 2011). It completely makes addicted individuals purposeless and undermines their physical strength and they lose their courage to resist, stand and persevere in confronting to problems. The only goal for addicted person is to get the substance. He has faith and belief until he is ecstatic and when he becomes hangover, he does not accept anything else except the drug (Mohammad Khani, 2012). Addicts often like to live alone and without family responsibilities because they are happy with drug and have no need to family. Substance abuse leads to the physiological and psychological dependence of individual to addictive substance and influences her self-efficacy, life quality and happiness.

Addiction will change the normal life of individual by changing his behavior, self-esteem, work and social relationships and these variations will lead to the reduction of self-efficacy and life quality of addicted person. Substance abuse has a great impact on the body and mind of addicted person and this factor reduces the person's happiness in life (Chen, 2012).

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