

# QUALITY OF LIFE AND HEALTH OUTCOMES OF FORMER SUBSTANCE USERS: REHABILITATION AND RESOCIALIZATION PERSPECTIVES IN MONTENEGRO

## ABSTRACT

*Dependency on psychoactive substances is a sociopathological phenomenon with medical, psychiatric, psychological and other dimensions. It is typically chronic and progressive in nature, often leading to physical and mental health impairments not only for the individual consuming the substance but also causing destruction and destabilization of the entire family and, subsequently, the social community. This paper examines the perception of quality of life and its impact on the health status of users of the Public Institution for Housing, Rehabilitation, and Resocialization of Users of Psychoactive Substances in Podgorica. The research problem is defined and directed toward the subject matter, focusing on the level and correlation of quality of life as a key determinant in the rehabilitation process, with other constructs derived from*

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*the theoretical framework-health status and quality of life. The aim of this paper is to examine the relationship between quality of life and the health status of former psychoactive substance users after periods of rehabilitation and resocialization. Given the lack of research in this field, the results are expected to highlight the importance of promoting services aimed at improving the quality of life during the post-rehabilitation and resocialization period for both former addicts and their family members.*

## INTRODUCTION

The misuse of psychoactive substances is a significant societal and health issue, posing a threat to the health and safety of the entire population, particularly adolescents (the Strategy of Montenegro for the Prevention of Drug Abuse 2013–2020). Until the establishment of the Public Institution for Housing, Rehabilitation, and Resocialization of Psychoactive Substance Users in Podgorica, Montenegro lacked a specialized facility for inpatient drug addiction treatment. Treatment at this institution consists of two phases, each lasting one year. During the first year (residential phase), the institution conducts individual, group and family therapy, as well as activities within occupational therapy programs. The second phase, following discharge, is the so-called non-residential treatment phase, which represents the most critical part of the treatment process. Therefore, it is crucial to involve clients in psychosocial support and professional rehabilitation programs to ensure a successful resocialization process upon their return to the broader community.

In 2017, Montenegro's Institute of Public Health conducted the "Survey on Quality of Life, Lifestyles, and Health Risks of the Population of Montenegro." The study examined perceptions of quality of life, lifestyles, and health risks associated with the use of legal and illegal drugs. The overall health status of respondents was rated on a scale from "very good" to "very poor", with an average health satisfaction score of 7.8. The youngest respondents (15-24 years old) gave the highest quality of life ratings, while health perception worsened with age. Less than half of the respondents (45.1%) considered themselves to be in very good health, while 17,8% rated their health as "average," 3.7% as "poor," and 1% as "very poor." Regarding the use of illegal drugs, 8.7% of adults reported lifetime use, 5.4% in the past year, and 2.3% in the past month. Prevalence was twice as high in urban areas compared to rural ones, with the average age of first drug use being 18-19 years (Đurišić, Golubović and Mugoša, 2017).

The European Drug Report (2021) provides an overview based on data through the end of 2020. It estimates that 83 million adults (15-64 years old) in the EU (28.9%) have tried illegal drugs at least once, with higher prevalence among men (50.6 million)

than women (32.8 million). Cannabis is the most commonly used drug (47.6 million men and 30.9 million women), followed by cocaine, MDMA, and amphetamines. Cannabis use varies across countries, from 4% in Malta to 45% in France. In 2019, 1.4 million young adults (15-34 years old) used drugs, with men twice as likely as women to do so. High-risk opioid use prevalence is 0.35% of adults, equating to one million users and 510,000 receiving substitution therapy. Opioids are linked to 76% of overdose deaths. Cannabis remains the most used drug, with five times the prevalence of other substances.

In 2019, Montenegro's Institute of Public Health conducted the fourth ESPAD (European School Survey on Alcohol and Other Drugs) survey on youth alcohol and drug use. Although the increase in illegal drug prevalence has slowed, the trend continues to rise. Among boys, the trend has stagnated, while a continuous rise is observed among girls, particularly in cannabis use. Marijuana is the primary indicator of drug use, but there is a notable increase in cocaine users, who consider it a "trendy" drug, necessitating adjustments in preventive and repressive measures. Lifetime cannabis prevalence shows a gradual increase driven by a rise among girls, while boys' rates have stagnated. Ecstasy use trends remain unchanged since 2011, inhalant use is declining and new psychoactive substances prevalence remains stable (Đurišić, Golubović and Mugoša, 2020). Quality of life has become a central focus in social and health care, psychology, sociology and philosophy. It represents a desired outcome of services for regular and special needs in education, protection, and social services (Stewart et al., 2001; Ager, 2002).

Social protection reforms in the West have increased emphasis on individual needs, using quality of life as an indicator of service satisfaction. WHO (1998.) defines quality of life as an individual's perception of their position in life, within the context of culture and values, aligned with expectations and interests. As a multidimensional concept, it includes physical, mental, emotional, social and behavioral components (Janse et al., 2004), with definitions varying based on research goals (Joković et al., 2017). Social support emerges as an important predictor of quality of life (Vuger-Kovačić, 2011), while a multidisciplinary approach can enhance health and quality of life (Marčinko, Vuletić and Šincek, 2011).

## **AIM AND PURPOSE OF THE STUDY**

The aim of this research was to examine the correlation between quality of life, as a key determinant in the rehabilitation process and the health status of former psychoactive substance users after periods of rehabilitation and resocialization. The study focused on understanding how specific aspects of quality of life can influence

the success of social reintegration and prevention of relapse in this population. This research provides valuable insights into the mechanisms linking quality of life to the rehabilitation of former psychoactive substance users. The findings can serve as a foundation for developing future rehabilitation programs, emphasizing the strengthening of domains that contribute most to positive outcomes.

## METODOLOGY

### Participants

The sample includes 107 male respondents from the Public Institution for Housing, Rehabilitation and Resocialization of Psychoactive Substance Users in Podgorica, which represents 44.58% of the total population (N = 240) that was part of this institution during the research period. The sample was selected using a random method, which increases the representativeness of the data and allows for the generalization of results to the population of former psychoactive substance users within the institution. At the time of the research, only male clients were residing in the institution. This fact may limit the generalizability of the results to female users, which should be considered when interpreting the findings.

### Instruments

Assessment of quality of life was conducted with **the Comprehensive Quality of Life Scale for adults** (ComQoL, Cummins, 1997), which consists of 14 questions. Responses were measured on a seven-point Likert scale across seven domains of quality of life. These domains are: 1. *material well-being*, 2. *health*, 3. *achievement*, 4. *intimacy* (close relationships with others, friends, and/or family), 5. *security* (sense of safety), 6. *community* (belonging to the community), and 7. *emotional well-being and happiness*. The scale shows good internal consistency, with Cronbach  $\alpha = .863$ . It was found that this model demonstrated the highest value of Cronbach's alpha, and no other "combination" of variables yielded "matching" results. Responses range from 1 - not important at all to 10 - most important. Therefore, higher values on the scale indicate greater importance that respondents attach to certain domains.

**The SF-36 questionnaire**, developed by RAND Health Corporation (RAND Health, 2017), was used to measure the health status of participants in the study, aiming to provide a comprehensive and comparative analysis of the respondents' health status. The following areas were analyzed: *physical functioning, limitations due to physical health problems, limitations due to emotional problems, vitality, emotional*

*well-being, social functioning, pain, and general health.* The SF-36 is a multiple-item short form that evaluates eight domains of quality of life over the past four weeks and one domain assessing health changes over the past year. The SF-36 represents a theoretically grounded and empirically validated operationalization of two general health concepts-physical health and mental health-and their two general manifestations-functioning and well-being. The results were analyzed to determine the correlation between various dimensions of quality of life and health status, aiming to identify key factors contributing to successful rehabilitation and resocialization.

## Procedure

This study is part of the author's doctoral dissertation. It was conducted from June 1, 2015., to September 1, 2017., using face-to-face interviews with the respondents. The interviews lasted between 45 minutes and one hour per respondent. Anonymity and confidentiality of the participants were ensured through data encryption during entry into the database, with access restricted solely to the researcher. Each respondent was informed about the aim and procedure of the research before the interview and gave written consent to participate. One of the main challenges was ensuring the trust of the respondents, given their sensitive situation. Additionally, some respondents showed a tendency to answer selectively, requiring extra attention from the researcher to encourage honesty. Despite these challenges, data collection was successfully completed. Data entry was carried out using Microsoft Access 2013, and the data were then processed using SPSS (version 20.0) for statistical analysis. Descriptive statistics were applied to summarize the data, correlation analysis was conducted to examine the relationships between variables, factor analysis was used to identify latent constructs and methods to assess the reliability of the measurement scale were applied. The formed summary scores provided a clearer insight into complex variables.

## RESULTS AND DISCUSSION

A significant percentage of participants exhibited deviant behavior in the past. Most (86%) had been legally penalized and over half (53.3%) had served time in prison. Other concerning behaviors include running away from home (57%) and experiencing deprivation (61.7%). Suicide attempts were less common but still notable, with 7.5% of participants having attempted suicide (Table 1).

**Table 1.** Psychological and Penal Characteristics

Behavior	Yes (%)	No (%)
Ran away from home	57.9	42.1
Penalized (criminal/administrative)	86.0	14.0
Served time in prison	53.3	46.7
Experienced deprivation	61.7	38.3
Attempted suicide	7.5	92.5

Participants reported significant changes in their behavioral patterns over time. While 60% exhibited hyperactivity, quarrelsomeness or aggressiveness during childhood, these traits declined in adulthood, with the majority now describing themselves as calm (51.6%) (Table 2).

**Table 2.** Behavioral Nature

Behavior	Childhood (%)	Adulthood (%)
Calm	17.3	51.6
Restless	23.5	11.3
Extremely restless	9.7	2.5
Shy	19.0	17.6
Quarrelsome	15.0	11.3
Aggressive	15.0	5.7

Participants frequently reported psychological difficulties, including mood swings (71%), guilt (63%), and loss of interest in their surroundings (53%). Thoughts of death and aggressive outbursts were less prevalent, but still significant (Table 3).

**Table 3.** Participant Challenges (Multiple Responses)

Problem	Frequency	Percentage
Loss of interest	53	53.0%
Mood swings	71	71.0%
Aggressive behavior/outbursts	37	37.0%
Frequent guilt	63	63.0%
Frequent thoughts of death	24	24.0%

Nearly half (48.6%) of the participants had undergone treatment three times, followed by 30.8% with 4-6 treatment sessions. Only a small percentage (1.9%) had not undergone any treatment (Table 4).

**Table 4.** Number of Treatment Sessions

Times Treated	Frequency	Percentage
One to three times	52	48.6%
Four to six times	33	30.8%
Seven to ten times	13	12.1%
Over ten times	7	6.5%
No treatment	2	1.9%

Most participants (96.3%) reported being in abstinence at the time of the study, with an average of five abstinence attempts over their lifetime. Nearly all (95.3%) found the 12-step program effective, and 76.6% attended self-help groups, often multiple times a week (56.3%) (Table 5).

**Table 5.** Abstinence and Treatment Effectiveness

Question	Frequencies	Percentages
<b>Abstinence</b>		
Yes	103	96.3%
No	4	3.7%
<b>How often do you abstain?</b>		
	<b>Mean</b> 5,18	<b>SD</b> 2,483
<b>Do you consider the 12-Step Program successful?</b>		
	<b>Frequencies</b>	<b>Percentages</b>
Yes	102	95.3%
No	5	4.7%
<b>Do you attend self-help groups?</b>		
	<b>Frequencies</b>	<b>Percentages</b>
Yes	82	76.6%
No	25	23.4%
<b>How often do you attend self-help groups?</b>		
	<b>Frequencies</b>	<b>Percentages</b>
Once a week	10	9.3%
Multiple times a week	56	52.3%
Once a month	7	6.5%
Multiple times a month	13	12.1%

The participants' health status was suboptimal, with 24.3% diagnosed with Hepatitis C.

Table 6 shows the average values expressed through the arithmetic mean, as well as the values for standard deviation and skewness, which were used to measure deviations within the distribution. As shown in the table, respondents are least satisfied with material well-being, as well as their position in the community and achievements in life. For clients, health is neither the most nor the least important domain. Participants reported the highest satisfaction with feelings of security, closeness to others (family, friends), and emotional well-being. The skewness values also indicate a negative skew of the data, meaning that almost all distributions tend to have an "excess" above the average values.

**Table 6.** Assessment of Satisfaction and Importance of Life Quality by Domain for Study Participants

	Satisfaction with Life Quality			Importance of Life Quality (by Domains)		
	M	SD	Skewness	M	SD	Skewness
Material Well-being	6.07	2.565	-.307	6.11	2.682	-.403
Health	8.97	1.718	-2.333	7.41	2.442	-1.053
Achievement in Life	8.43	2.106	-1.808	6.62	2.583	-.587
Intimacy	9.03	1.575	-2.794	7.49	2.459	-1.025
Security	9.01	1.799	-2.601	7.78	2.143	-1.180
Position in the Community	8.14	2.332	-1.558	7.40	2.394	-1.013
Emotional Well-being	9.15	1.660	-2.525	7.40	2.445	-1.019

On the other hand, in terms of the importance that the study participants attribute to these domains, it can be observed that they assign the least importance to material well-being compared to the other areas, while the domains of health, intimacy, position in the community and emotional well-being were of almost equal importance in their lives. The security domain is of the greatest importance. To examine the overall score when it comes to life quality and the importance of life quality, summary scores were used. Seven variables were grouped into two blocks that tested the latency of these two constructs. After combining the variables, a categorical variable was obtained that shows the level of satisfaction in these two constructs. Satisfaction with life quality is important for most clients (a cumulative

94.4% of respondents held this view). Additionally, a high percentage shows that the importance of life quality is present in more than 70% of the respondents (Table 7).

**Table 7.** Life Quality of Study Participants - Binary Values

Quality of Life (binary variable)	Satisfaction with Life Quality	Importance of Life Quality
Not important to me at all	1.9%	1.9%
Somewhat important to me	0.9%	3.7%
Neither important nor unimportant	2.8%	17.8%
Important to me	25.2%	40.2%
Extremely important to me	69.2%	36.4%

Table 8 shows the values indicating the average health status of the clients. The values were recoded so that higher values indicate a better health status of the respondents. The values range from 0 to 100, with values below 50 indicating poorer health and values above 50 indicating improved health in that domain.

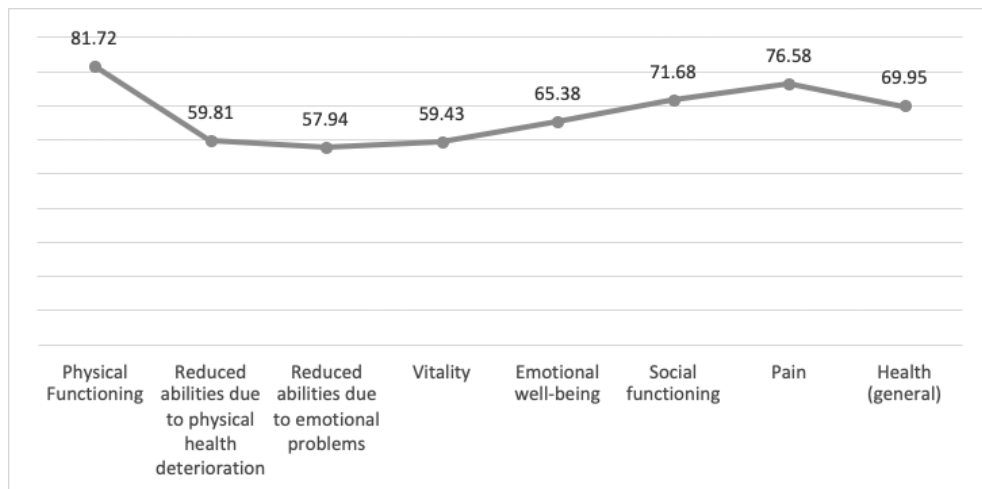
**Table 8.** Health Status of Study Participants

	Number of Variables	Cronbach's Alpha	M	SD
Physical Functioning	10	.922	81.72	31.34
Reduced abilities due to physical health deterioration	4	.879	59.81	42.16
Reduced abilities due to emotional problems	3	.851	57.94	43.51
Vitality	4	.759	59.43	19.62
Emotional well-being	5	.761	65.38	17.07
Social functioning	2	.698	71.68	22.78
Pain	2	.913	76.58	25.32
Health (general)	5	.712	69.95	18.98

For physical functioning, a summary score was created from ten variables. The reliability check of the measurement scale shows very good internal consistency with a Cronbach's alpha greater than .7 ( $\alpha = .922$ ). The arithmetic mean indicates good physical functioning (the average value is 81.72, with a standard deviation of 31.34, which suggests the asymmetry of the distribution and the presence of a surplus

below average values). When it comes to reduced abilities due to physical health deterioration, the summary score is created from four variables. The Cronbach's alpha coefficient indicates good internal consistency of the variables ( $\alpha = .879$ ). The average value for the respondents indicates reduced ability due to physical health deterioration (59.81), with an asymmetric distribution and exceeding the average values. Impairment of abilities due to emotional problems is a domain created from three variables, which show internal consistency and validity of the results ( $\alpha = .851$ ). The arithmetic mean for this domain shows a lower value, especially when compared to other values (from other domains). The vitality domain was created from four variables and the justification for this score comes from a sufficiently high Cronbach's alpha coefficient ( $\alpha = .759$ ). The arithmetic mean indicates the average value of this indicator (59.43). The emotional well-being score was created from five variables with internal reliability  $\alpha = .761$ . Emotional well-being shows an average value of 65.38, indicating a satisfactory emotional state. The standard deviation values show a normal distribution of the data. Social functioning shows internal consistency ( $\alpha = .761$ ) and consists of two variables. The average value shows a sufficiently high level for this domain (71.68). The standard deviation shows asymmetry and the presence of above-average values. The presence of pain among the respondents indicates reduced expression of this problem (76.58). The result was created from two variables, which show high internal consistency ( $\alpha = .913$ ). The last result in this questionnaire refers to general health. A score was obtained from five variables, with a Cronbach's alpha coefficient above the satisfactory level ( $\alpha = .712$ ). The arithmetic mean value indicates above-average health status for the respondents, but also the standard deviation value, which shows asymmetry and the presence of above-average values.

The average ratio across eight assessed domains is shown in Graph 1. It is evident that the respondents' best health status was reported in the domains of physical functioning and absence of pain. Social functioning, general health and emotional well-being were observed to be average across the scale. The lowest indicators relate to reduced ability due to physical health deterioration, emotional problems and vitality. These observations suggest the presence of an underlying latent dimension, particularly reflected in the lower scores on these specific scales.



**Graph 1.** Health Status (Comparative Overview of Domains)

Determining the intercorrelation and correlations with other variables from different questionnaires will provide answers to the main hypotheses of this paper. Since the variables were obtained by forming synthetic interval-type results, for further research, we will use bivariate correlation in the analysis. Specifically, the previously created synthetic variables for health status and quality of life were placed into one block. The first hypothesis of the study assumed a statistically significant relationship between health status and quality of life and this hypothesis is confirmed with a medium-strength correlation coefficient ( $r = .317, p < 0.01$ ).

The majority of former addicts exhibited deviant behavior, with 86% having been convicted and 53.3% having served time in prison. For individuals who use drugs but do not engage in criminal activities, it is essential to provide a sufficient range of accessible, high-quality programs within the community. These programs should also serve as a means of preventing potential criminal activity (Maloić, Mažar and Jandrić Nišević, 2013).

A significant number of respondents had run away from home (57%) or experienced deprivation (61.7%). Suicide attempts, although less frequent, were reported by 7.5% of respondents, which is six times more common than among non-addicts, with heroin addicts particularly at high risk (Borges and Loera, 2010). Emotional issues and impulsivity further contribute to this phenomenon (Wojnar et al., 2009). The psychological profile of the respondents showed significant behavioral changes after rehabilitation and reintegration. In childhood, over 60% of respondents exhibited restlessness, argumentative behavior and a propensity for fighting, which aligns with the high percentage of those who had been in prison. However, post-therapy,

these behaviors showed substantial improvement, with much lower occurrence rates. The most prominent psychological issues include loss of interest (53%), sudden mood changes (71%), and feelings of guilt (63%), while less frequent but significant symptoms include thoughts of death (24%) and aggressive behavior (37%). Addressing these symptoms in treatment programs can serve as the basis for future reintegration. Similar results have been observed in studies conducted in Croatia, where many respondents expressed positive thoughts about the future (Ivandić and Zimić, 2010).

Regarding treatment, almost half of the respondents underwent three treatments (48.6%) and 96.3% are currently abstinent. Given the nature of addiction as a chronic disease, relapse is common, but it does not indicate treatment failure; rather, it suggests the need to adjust therapy to the client's needs (McLellan et al., 2000). The majority of respondents started treatment at the age of 31, with an average duration of drug use of 12 years. In terms of their perception of the 12-step program, 95.3% of respondents rated its effectiveness positively and 76.6% regularly attend self-help groups, with 56.3% attending several times a week. Empirical studies confirm the effectiveness of this program, linking participation in groups with a higher likelihood of abstinence, longer durations of abstinence, improved psychosocial functioning and higher self-efficacy (Humphreys, 2003; Moos and Moos, 2006). Participation in groups reduces drug use and helps build social status and self-confidence (Connors, Tonigan and Miller, 2001; Zemore, Kaskutas and Ammon, 2004). In Scandinavian countries, the 12-step program is widely integrated into addiction treatment, while in Europe the practice varies (Eisenbach-Stangl and Rosenqvist, 1998). A study in Norway showed that participation in self-help groups positively affects maintaining abstinence, with 81% of regular attendees abstaining, compared to 26% of those who did not participate in the groups (Vederhus and Christensen, 2006).

The health status of the study participants indicates several challenges, with 24.3% of respondents having hepatitis C, which is a common consequence of drug injection. Hepatitis C is a significant public health issue among drug users in many countries (Page et al., 2013). These data point to the need for better training of healthcare workers to prevent a hepatitis C epidemic among addicts and to provide adequate treatment.

Regarding quality of life satisfaction, study participants reported being least satisfied with material well-being, community status and life achievements. Health was not a major barrier and the greatest satisfaction came from feelings of safety, closeness with family and friends and emotional well-being. These data show that family provides stability and a sense of security, while quality of life perceptions are most closely linked to emotional well-being and social relationships. Interestingly, respondents place the least importance on material things, while health, intimacy

and emotional well-being are almost equally important. The quality of life of addicts is often perceived worse than in the general population, as shown in studies in Australia and Belgium, where addicts in treatment reported worse mental health and life situation perceptions, though they felt better when they had stable employment and social integration (de Maeyer et al., 2013; Miller et al., 2014). Research in England also suggests that employment, education and volunteering can significantly improve the quality of life of addicts by enabling social integration and reducing time spent in risky situations that could lead to relapse (Best et al., 2013). Similar findings have emerged from studies in India and Australia, where it was emphasized that addicts often feel stigmatized and socially excluded, which negatively affects their perception of quality of life (Conroy et al., 2008; Armstrong et al., 2013). This highlights the importance of social integration and empowering clients during treatment, with a focus on reducing stigma and providing support through a social network.

The health status of the participants was assessed using the SF-36 questionnaire, one of the most well-known and widely used tools for measuring health outcomes. The questionnaire covers various domains of physical and emotional functioning, as well as social integration and each indicator reflects specific aspects of the respondents' health. Participants were tested in several key domains and the results revealed different challenges and areas where improvements could enhance their quality of life. The best health status was shown by participants in physical functioning and the absence of pain. The worst indicators relate to reduced ability due to declining physical health and emotional problems. Given the goals of addiction treatment today, which include not only abstinence but also improving physical health and social functioning (McLellan et al., 1996), it is crucial to understand how these dimensions affect motivation for continued treatment. According to research from various countries, such as those conducted in Australia, the United States and China, longer treatment duration contributes to improved health status perception among addicts. Additionally, studies show that addicts often perceive their physical and emotional health more negatively than the general population, emphasizing the importance of integrated health services in addiction treatments (Freeman, 2003; Richter D., Bernd Eikermann B., Berger K., 2004; Morgan et al., 2003; Meshesha et al., 2013; Richter, Zhou et al., 2013).

## CONCLUSION

Research on former addicts highlights the complex challenges related to the prevention, treatment and rehabilitation of addiction. A high rate of criminal behavior, social deprivation and psychological issues emphasizes need for early interventions and multidisciplinary therapeutic approaches. The 12-step program

has proven effective in improving quality of life and extending abstinence especially when combined with self-help groups. An integrated approach by professionals in healthcare and social services is crucial for enhancing the quality of life of former addicts, as well as for reducing stigmatization and social exclusion. Social workers play a multifaceted role in supporting former addicts with individualized approaches, the promotion of social integration and assistance in establishing new, healthy social networks, forming the foundation of successful recovery and reintegration into the community. Rehabilitation plans tailored to the individual, aiming to assess the user's health status, family relationships and social circumstances, alongside continuous monitoring and evaluation of progress, are key to the success of the recovery process. With adequate support from social workers in areas such as job seeking, securing safe housing and reducing stigmatization by the community, the quality of life improves thereby increasing the chances for lasting recovery.

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## **KVALITETA ŽIVOTA I ZDRAVSTVENO STANJE BIVŠIH KORISNIKA PSIHOAKTIVNIH TVARI: PERSPEKTIVE REHABILITACIJE I RESOCIJALIZACIJE U CRNOJ GORI**

### **SAŽETAK**

*Ovisnost o psihoaktivnim tvarima je sociopatološki fenomen s medicinskim, psihijatrijskim, psihološkim i drugim dimenzijama. Tipično je kronične i progresivne prirode, te često dovodi do fizičkog i mentalnog oštećenja zdravlja ne samo pojedinca koji konzumira tvar, nego i uzrokuje uništenje i destabilizaciju cijele obitelji, a posljedično i društvene zajednice. Ovaj rad ispituje percepciju kvalitete života i njezin utjecaj na zdravstveno stanje korisnika Javne ustanove za smještaj, rehabilitaciju i resocijalizaciju korisnika psihoaktivnih tvari u Podgorici. Problem istraživanja definiran je i usmjeren prema predmetu, s fokusom na razinu i korelaciju kvalitete života kao ključne odrednice u procesu rehabilitacije s drugim konstruktima izvedenim iz teorijskog okvira - zdravstvenog stanja i kvalitete života. Cilj ovog rada je ispitati odnos između kvalitete života i zdravstvenog stanja bivših korisnika psihoaktivnih tvari nakon razdoblja rehabilitacije i resocijalizacije. S obzirom na nedostatak istraživanja u ovom području, očekuje se da će rezultati istaknuti važnost promicanja usluga usmjerenih na poboljšanje kvalitete života tijekom razdoblja nakon rehabilitacije i resocijalizacije, kako za bivše ovisnike, tako i za članove njihovih obitelji.*

**Ključne riječi:** kvaliteta života; zdravstveno stanje; bivši korisnici psihoaktivnih tvari; ovisnost; socijalni rad.



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