Ups and downs of drug rehab among women: a qualitative study

Zahra Boroumandfar (zboroumandfar@gmail.com)
Isfahan University of Medical Sciences https://orcid.org/0000-0002-4383-692X
Masoud Kianpour
Isfahan of university
Maryam Afshari
Isfahan of university

Research article

Keywords: Substance Use, Lived Experience, Addiction disorders, Women's Health, qualitative study

Posted Date: August 31st, 2019

DOI: https://doi.org/10.21203/rs.2.13817/v1

Version of Record: A version of this preprint was published at BMC Women's Health on April 22nd, 2020.
See the published version at https://doi.org/10.1186/s12905-020-00946-2.

Abstract

Background: due to the increasing importance of addicted women and the need to pay particular attention to this vulnerable group, and more awareness of women-specific addiction prevention and rehab programs among authorities. Objectives: In this content analysis of qualitative study we explored experiences of the women's experience of the ups and downs of drug rehab Methods: 30 participants (addicted women) were selected through purposive and theoretical sampling until data saturation. Data collection was conducted through semi structured interviews. Conventional content analysis was utilized to analyze the transcribed interviews. Results: Based on analysis of the obtained results, the experience of women from the ups and downs of leaving the drug abuse yielded two themes and nine sub-themes. The themes were "the need for emancipation" and "Sinking factors". Conclusions: It is concluded that addiction rehab strategies can only lead the addicted women to a brighter life when, along with open-hearted assistance by the families, women-specific rehab centers are established to help them meet their specific needs.

Background

Addictive and substance-related disorders are diseases that have much personal, familial and social harm, which are associated with increased tension in the family and abusive behaviors (1). The classic form of substance abuse consists of a male pattern, so that addiction is more of a problem among men than women (2). However, recent reviews indicate an increase in the number of addicted women. The proportion of women among the drug users is estimated to range from 10% in Asian countries to 40% in European countries (3). The results of a survey in Shiraz showed that about 3% of the subjects had used heroin at least once in their lifetime. The number was 0.6% in women. But all of these women had got addicted to heroin(4). In the 1970s, women's addiction rate was 4.5% of total drug users, now reaching 10% according to official statistics (5). Factors such as stress, negative mood in relationships, turbulent and violent family environment, addicted spouses, psychiatric illnesses and sexual violence in women are more likely than men to be involved in getting addicted (6). Although drug abuse is less common in women than in men, its medical, social and economic consequences are higher. These consequences include unwanted pregnancy, trauma, violence and transmission of infectious diseases such as prostitution, HIV and hepatitis C, B(5,7). Negative attitudes toward addicted women, lack of family and friends support compared to addicted men, economic poverty, redundant bureaucracies, the focus of rehab programs on men, and the lack of specialist rehab centers for treating addiction in women are barriers to rehab of addicted women (8). Given the above, it seems that the limited information on the issue of women drug rehab is challenging, and there are numerous traditional, organizational, political and cultural barriers to the provision of relevant information in this regard (9). The community does not have the understanding and capacity to provide services for addicted women (10). Although numerous studies have been performed on drug dependent subjects and drug dependence as a whole, most of these studies have not looked at women. On the other hand, identification of emotions, perceptions and feelings through quantitative methods is difficult, while qualitative research is a good way to examine

emotions and excitations (11). The growing number of drug-dependent women is one of the important social issues around the world and Iran, where the number of women drug users is increasing. Hence, due to the increasing importance of this problem and the need to pay particular attention to more awareness of women-specific addiction prevention and rehab programs among authorities, the present study, describes the women's experience of the ups and downs of drug rehab.

Methods

Design

The content analysis method was used for this study The research sample consisted of 30 women with drug addiction experience who had access to two rehab camps in Isfahan in 2017. The content analysis method was used for this study. Qualitative content analysis is a good way to understand the phenomenon of humans, exploring the meaning that lies behind it(12). Content analysis is also useful for examining trends and patterns in documents. Additionally, content analysis provides an empirical basis for monitoring shifts in public opinion (13).

Setting

Qualitative research generates data about humans in social settings by focusing on human behaviour, language and perceptions (12). This study of aim was to identify experiences of women concerning their addiction (the interrelationship between the context of addiction and individual thought and behavior). Accordingly, the researcher referred to research location in coordination with the related- centers authorities and selected the participants based on the research goals and inclusion criteria and attaining permission from the above mentioned authorities.

Participants

The research sample consisted of 30 women with drug addiction experience who had access to two rehab camps in Isfahan in 2017. Inclusion criteria included women aged 18 to 50 who were not disabled and were able to express their experiences with the process of rehab from drugs. Exclusion criteria included any known mental illness, having sensory, hearing and speech impairments that affect the process of interviewing and obtaining information. Purposive sampling continued until data saturation. Data saturation occurred after 25 interviews. For more accurate data, 5 more interviews were carried out. Sampling was carried out with the highest variation of addiction length and substance type, age and education level differences, marriage, economic and social status.

Procedures

After selecting the participants according to the study inclusion criteria and getting the consent of the interviewees, the time and place of the interview was determined. Before the interview, the participants' permission and consent was taken for recording the interview. In this study, the researchers have tried to discover the experiences of the participants by looking at their behavior and recording the conversations.

In this regard, by raising the research question, one of the researchers has recorded all participants' conversations individually and has noted non-verbal gestures, such as non-verbal behavior. The duration of the interviews ranged between 45 to 60 minutes based on the physical and psychological conditions of each subject, and continued until the data saturation. In order to bring about greater intimacy, considerable time was spent in company with the subjects before and after each interview. During the interview, the conversation was recorded by an voice recorder. This paper has been viewed Ethical considerations including attaining an informed written consent from the participants to attend the study, recording the interviews, respecting anonymity and confidentiality, and participants' right to leave the study whenever they liked were all respected. The present study has a registration code in ethics committee of Isfahan University of Medical Sciences

Instruments

Author conducted deep face- to face and semi- structured interviews with participants in counseling centers and women prison. Interviews began with a guiding question. The participants were asked" under what conditions did you start substance abuse?" The next follow up questions were made based on the participants' explained experiences. Questions such as" what do you mean? "Please explain more." "I got what you meant…, did I get what you mean correctly?" were used to deepen the interviews. All questions were open ended and designed to deepen the level of understanding.

Coding and analyses

In order to be precise in transcriptions, the researcher carefully evaluated the interview samples by listening again to the tape. In the end, the researcher met with the people who participated in the research in order to verify the information. Otherwise, the content was verified by phone. Then the recorded interviews were transcribed word by word. In order to immerse into the data, two of the researchers listened to the interviews several times, and the text of the interviews was typed and prepared with the OneNote and Word. The Graneheim and Lundman approach in qualitative (conventional/contractual) content analysis method was used to analyze data (14). Then, all the descriptions and experiences of the participants were studied in order to achieve a comprehensive preconception of their statements. Then the transcriptions were studied again for "open coding" and the semantic units were noted in the text. This step was repeated several times until the semantic units extracted from the texts can cover all experiences of participants in the intent to rehab and its challenges. Semantic units were reviewed several times, and then the proper codes for each semantic unit were noted. Then the codes were categorized based on the conceptual and semantic similarity and compressed as far as possible. The downward trend to reduce data was continued in all units of analysis, categories and subcategories. Finally, the data were categorized in more general and conceptual categories, and the themes were abstracted. Each time, changes were made to the content and the name of the class, which should be indicative of its content. Common eligibility criteria in qualitative research such as verification, reliability and transferability were taken into account through techniques like reviewing participants, systematic data collection, prescription

as quickly as possible, using participants' views, reviewing all of the data, transferability through interviewing various participants, direct quotations, giving examples and rich data exploration(12).

Result

30 participants attended the study. Their mean age was 30±5 years. Six were illiterate (20%), 15(50%) primary school, and 5(16.6%) diploma certificate. 15(50%) were married, 10(30%) got divorce and 5(16.6%) were single.We derived multiple categories from our analysis and identified multiple relationships between categories. women' experience of Ups and downs of drug rehab was constructed by two main concepts, the need for emancipation (the deviated path, Compulsion to drug abuse, Acquaintance with God, A supportive family) and Sinking factors(Unassisting mates, Pro-addictive family, Unawareness of assisting bodies, Woman's lack of authority, Ineffective opportunities) (Table 1).

A. The need for emancipation:

Research has shown that one of the main categories is the "need for emancipation", which consists of three sub-categories: "being exhausted of the status quo, feeling threatened, reaching the end of the line, and compulsive abuse." Threats are: fear of major changes in lifestyle, fear of complications of physical deprivation, fear of criticism and rejection due to addiction, fear of losing the current status, fear of failure in rehab, embarrassment, destroying the inner religious beliefs, and fear of family pressure to continue the emancipation path were among the threatening factors in making the decision to rehabilitate in participants. Participant No. 24 stated, for example:

"I decided to put it away whatever it takes. Admittedly, I was accustomed to this kind of life, when I decided to overtake it, I was really alone. My husband used drug, too. He didn't pay any attention to me. So, I had to solve it myself and decided to come to the rehab camp."

The deviated path: the conditions that led to being fed up of the status quo, and reaching a dead end were noticeable with subcategories as: feeling worthless, not realizing the realities of life, the lack of attraction of life and dissatisfaction with it, the worthlessness of the drugs, the feeling of being harmful for others (the family), the numerous rehabs and its consequences, physical complications of the drugs and the risk of being rejected from the family. In this regard, participant no. 8 states:

"…When I look back, I see that I sacrificed two lives for drugs. I did not see my children and my husband at all. I was a black stain…When I refrained, I had a runny nose; I had pain in my body and hands. I could not move at all, I was very nervous and aggressive. I was uncontrollable; I was at the end of the rope. I felt the real danger that I may be rejected by my parents. I felt that it was the time. I really had to quit. I had to discontinue using drugs."

Abnormal behaviors for acquiring drugs, like prostitution, theft, lying and the resulting psychological and social consequences such as pregnancy, runaway, self-harm and suicide were among the factors

influencing the sense of dissatisfaction from the status quo and the decision to rehabilitate. Participant no. 18 says:

“I robbed and was a prostitute to gain money for the drugs. I was a rough sleeper. I said to myself: I cannot live like this. I have to die or find a way out. I harmed myself. I have committed suicide four times, I hated myself. You know what I’m saying? I’ve been at the end. It was so late for me that I never even got to the middle of it.”

Compulsion to drug abuse: For the participants of this study, factors like compulsion, persistent obsession over the preparation, storage and usage of drugs, and attempts to procure drugs by violation of ethical and legal norms reflected the conditions that made them exhausted. Participant no. 4, who had a history of drug injection, says:

“Opium was no longer effective. I got into cracks, heroin and crystal. Eventually, these didn’t work either, and I got into injection. My body did not respond anymore. I was permanently drinking, smoking or injecting. That made me think it’s the time to quit. It was enough. I was tired of all of it.”

Acquaintance with God: At the pinnacle of helplessness, “God’s grace” was a resort for returning to life, as participant no. 21 puts it:

“I liked to get rid of the fear of rape by men who came to my home to give me drugs. I wish my mother did not leave me alone that day in the garden to get drugs. I wish that after 10 times in the rehab camps, I wasn’t tempted again. These wishes have been memories for years; and with those same wishes, I will go again to quit. God’s remorse is my hope for perseverance.”

A supportive family: Some participants feel good about family support and encouragement. It is impossible to deal with problems in the physical, mental, therapeutic, and financial areas without family support. Participant no. 11 talks about this unparalleled source of hope:

“At my first course (in rehab camp) my dad and family came to meet me. I kissed my parent’s hands for the first time. They told me we want to keep you here for two courses because we love you. Oh, they told me they loved me. I said, if you want, I’ll stay. When I came back to my room I was laughing. My roommates thought I was nuts. They said: ‘you are told to stay here for two courses and you laugh!?’ I completed my ‘First Step’. My first honesty was that I raised my hand and said I am an addict. Second, I was finally proud of my parents whereas I used to lie that they were dead. I accept them as they are. I depend on them to stay healthy”.

B. Sinking factors

Although participants of the study managed to change, most of them failed to return to their normal lives, and in response, they refer to the following as failure factors: “lack of support by family members, lack of awareness of community support services, financial dependency, lack of discretion among women, ineffectiveness of drug rehab camps.

Unassisting mates: Most of the participants lacked family support during rehab. Participant no. 14 says:

“My family did not help me at all. They did not trust me anymore. They looked at me with hatred. My children and my husband still do not want to see me. It affected me. It made me firmer to use drugs. They wanted me as an addicted person who listened to whatever they said. They did not want to help me. I used drugs, I harmed everyone, I destroyed everything. They did not help me to quit because they could force me. They took me wherever they wanted. They did everything to me: physical abuse, sexual abuse, rational and mental abuse.”

Pro-addictive family: The availability and general use of drugs at home were another major threat to the temptation to use drugs and was effective on the determination to quit. Participant no. 17 talks about this factor:

“I didn’t know what to do. Drugs were found at my mom’s home, and also at my dad’s home, or my sister’s. When I went to my home, my husband used drugs in front of me. I had to use, too. I could not refrain, I had a big temptation. I did not want to use it, but I used while crying.”

Unawareness of assisting bodies: Lack of awareness of existing community support services or lack of special rehab centers for women were among the most threatening factors in quitting mentioned by the participants. For example, participant no. 20 says:

“I was exhausted. I was doing everything to quit. I did not know what to do, until one day I was desperately sitting in front of the TV, and I saw a program about rehab centers. I thought that these centers were for men only. It was very late for me. Now that I think, I see that if I went to the rehab camp only on opium, the desired result would have come very sooner than when I used several drugs.”

Woman’s lack of authority: In terms of quitting, most of the participants not only lacked financial resources, but also were living as a woman under the supervision of a father, husband, brother or partner. These conditions largely made them fail to quit drugs. These women, even if they had financial resources, had to inevitably stay with their fathers or husbands. Any time their father/husband wanted, the women had to leave the camp. Participant no. 11 says:

“… After 20 times that my husband was taken to the rehab camp, my dad once brought me there to quit. However, my husband gave him 400.000 Tomans to bring me back. My husband wanted me to be an addict, so that I may not think of divorce or making him quit drugs. He gave me subsistence and I had no options for quitting. I was a woman and needed food and a shelter”

Ineffective opportunities: Addicted women participating in the study had gone to rehab camps several times. But they left there more disappointed each time than the last. The high costs of staying in the camp, lack of permission to leave or reenter the camp, not meeting children, the absence of a doctor or counselor, lack of physical space and adequate food, and sometimes violent behaviors were factors of ineffectiveness of rehab camps. Participant no. 22 states:

"… The first time at the camp, they were about to beat me. If someone had a pain and was mourning, they shouted at her or slapped her. I was afraid of the addicts; I was afraid of their looks. It was not good. For example, when eating food, the servants prepared salads but they ate it at the office. They didn't give any to the addicts. I cried like children; I said if my mom was here, she prepared me salads."

Also, participant no. 16 talks about conditions of a rehab camp:

"I'm already a postmenopausal woman. I have hypertension and diabetes. I have to take my medicines. But here they did not allow me to my take them. One of the women had a bad cold and they did not allow her to take an acetaminophen. They take you out only if you die. It is my last time here."

Only a few addicted women are able to benefit from outpatient addiction quitting facilities. The cost of these centers is prohibiting for these women. These conditions, along with getting under the control of men/partners, deprive them of the use of these services. In this regard, participant no. 4 says:

"I went to the camp about 7 to 8 times, but it did not pay off. The last time in the camp, one of the women said: 'go to the rehab center of Dr. X. He was a professional doctor. But, I could not afford the money they wanted. I tried a lot. I'm not worth more than 50.000 Tomans. I wish there was some rehab centers for free. I'm exhausted. I'm fed up with trying in vain to quit."

Discussion

Participants had different experiences in quitting drugs. Facing several physical, family, social and economic complications due to drug abuse is another reason for disaster recognition and thus, the tendency to quit. In this regard, Steensma (15) also argue that an addict should be mentally engaged into his problems to figure out his/her negative conditions and try to escape from it. And the participants in the study realized their severe conditions when they mentioned their compulsion to use drugs, being threatened, and getting to the end of the rope (16). And according to the author, based on the above, with continuous and dynamic counseling, the addict can gain self-confidence and recognition, and can understand his/her conditions to get on his/her way back to life.

Another finding is that, at the pinnacle of helplessness, believing in God's mercy and resorting to spirituality was a way to return from addiction to life. Research has confirmed the positive role of spirituality at the start of the recovery process and in reducing the likelihood of recurrence of drug abuse (17).

In a study, the findings showed positive results in those who paid attention to proper nutrition, exercise and spirituality in their recovery process (18). In the present study, too, most of the participants chose a spiritual path to return to a life without drugs under the inspiration of "Steps" introduced by the Association of Anonymous Addicts. And some, with regard to the religious beliefs of the family, took the recovery course and were successful. Studies show that religion and its related variables lead to a decrease in suicidal behaviors (19). and drug abuse (20). Considering the positive relationship between

the religious attitude and the quality of life of addicted people, it is believed that institutionalization of religious beliefs and the related practice can help these people gain self-esteem, self confidence and dignity. Therefore, religious education is recommended by practitioners and cultural, educational, and therapeutic authorities, and also parents to prevent and retreat from addiction and ensure community health. Unfortunately, the majority of participants did not feel that way. But those who reconciled with God and in fact with themselves could better cope with the temptation of drugs. Hoping to have a brighter tomorrow and observing a vision of a quieter life, paved the recovery path for some participants. But some of the participants had a different experience and faced with unremitting challenges in recovery.

Participants believed that while the family supported the rehab for men very much, this is not the case for women. Due to financial dependence or lack of authority in women, they are more vulnerable as drug users or threatened subjects. Not only the studies, but prevention and rehab techniques have always been male-centered. On the one hand, the latest studies have shown that drug dependence is quite different in men and in women, which has led to different recommendations for quitting among them (21). Additionally, addicted women are more likely to enter into domination and dependency relationships by their partners than male addicts, and this impedes obtaining the basic life skills such as financial management and future planning. Addict women often have addicted spouses or partners who may not only do not support women in quitting, but also threaten them with violence or relation abandonment (21). Overall, some participants experienced family support, but most of them were deprived of any support by family or husband in rehab. Studies also show this duality of family behaviors in supporting the women's rehab practices. Also emphasizes on this challenge (lack of family support) among addicted (22). The family could encourage the person to enter the rehabilitation process(23). The family can play an important role in improving the quality of life by providing adequate facilities to motivate people to quit, and by provision of economic, psychological and emotional support for the addicted subject(24).

The common ground between the above studies and the present study is that the role of the family and their support is decisive in entering the drug rehab process. Therefore, recognizing this context and challenges of living with an addict and trying to address them are important requirements in making the decision to quit (25). Family counseling for screening psychological disturbances and education through mass media and counseling sessions to encourage the addict to decide to go on rehab are the necessities to guide the family to support him/her.

Regarding the statements of the participants indicating that the proximity to addicted subjects is one of the most important factors in the re-use of the drugs, the existence of safe and suitable shelters for women to live in is one of the important factors that need to be considered. Their experience of drug rehab 'women-specific rehab centers' only brought about frustration and desperation. Women-specific rehab centers were unsuccessful and discouraging. In a study, reported that in the Chitgar-based residential-remedial center in Tehran, most subjects complained of the severity of the physical complications of quitting and the prohibition of the using any medications during this period. Restlessness, severe physical pain and self-mutilation were reported. The presence of people with a long lasting healthiness history, the presence of a doctor, psychiatrist, counselor and social worker were the

most important needs of the subjects (8). Women-specific rehab centers could be an important improvement to help women quit drugs.

Participants were a group of addicted women or those undergoing therapy who had low socio-economic status among whom illegal actions and prostitution were common. Therefore, Further qualitative research on other groups of addicted women in different cities in Iran is recommended.

Conclusion

The authors believe that addiction in women is still very limited compared to men. On the other hand, in Iranian religious culture, the relationship with spirituality plays an important role in the motivations and behaviors. As an element of this culture, the Iranian addicts may resort to the spiritual values to have a higher hope for a better life. Also, addiction rehab strategies can only lead the addicted women to a brighter life when, along with open-hearted assistance by the families, women-specific rehab centers are established to help them meet their specific needs.

Abbreviations

HIV: Human immunodeficiency virus

Declarations

Acknowledgement

This article was derived from a research with project number 295012 Isfahan University of Medical Sciences, Isfahan, Iran. The authors greatly appreciate cooperation of the managers and the staff of Isfahan Drug Control Headquarters (as employer), Isfahan Welfare Organization, and all patients referring to the centers that helped the researcher. Also, We appreciate the University of Medical Sciences Isfahan for underlying the field of study, sincerely thank them.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

This study was approved by the Research Ethics Committee of Isfahan University of Medical Sciences (project number 295012). Written consent was obtained from the study participants.

Consent for publication

Consent to publish was obtained from the participants.

Competing interests

The authors declare that they have no competing interests.

Funder/Support

This study was supported by Isfahan University of Medical Sciences (as Research Code Provider(& Isfahan Drug Control Headquarters (as Financial Support), Iran.

Author's contributions

ZB contributed to the inception, design, interview with the participant, analysis, interpretation, drafting the research manuscript and final approval of the revised manuscript for publication.MK contributed to the inception, design, interpretation, editing, revision and final approval of the manuscript for publication. MA contributed to the interview with the participant, data analysis, interpretation and editing, revision and final approval of the manuscript for publication. All athours read and approved the Manuscript.

References

1.Firestone M, Tyndall M, Fischer B. Substance use and related harms among aboriginal people in Canada: a comprehensive review. Journal of health care for the poor and underserved. 2015;26(4):1110–31. DOI:10.1353/hpu.2015.0108. [PubMed: 26548667]

2.Kar D, Spanjers J. Transnational crime and the developing world. Global Financial Integrity 2017.

3.Chikovani I, Goguadze K, Bozicevic I, Rukhadze N, Gotsadze G. Determinants of risky sexual behavior among injecting drug users (IDUs) in Georgia. AIDS and behavior. 2013;17(5):1906–13.DOI:10.1007/s10461–012–0296–9. [PubMed: 22968396]

4.Hashemi A. Statistics behind addiction in Iran: isna press; Tuesday 2 Persian date Tir 1394 (23, June 2015) [cited 2016]. Available from: http://www.isna.ir/fa/news/94040200904.

5.Gafari F, editor Addiction in women. Proceedings of The 6th National Congress on Addiction Biology,; Jun 20–22, 2012; Tehran, Iran.

6.Rubenstein BL, Lu LZN, MacFarlane M, Stark L. Predictors of Interpersonal Violence in the Household in Humanitarian Settings: A Systematic Review. Trauma, Violence, & Abuse. 2017. DOI: 1524838017738724. [PubMed: 29334000].

7.Khan MR, Scheidell JD, Rosen DL, Geller A, Brotman LM. Early age at childhood parental incarceration and STI/HIV-related drug use and sex risk across the young adult lifecourse in the US: Heightened vulnerability of black and Hispanic youth. Drug & Alcohol Dependence. 2018;183:231–9. DOI:10.1016/j.drugalcdep.2017.11.006. [PubMed:29306170,].

8.Rahimi Movaghar A, Malayerikhah Langroodi Z, Delbarpour Ahmadi S, Amin Esmaeili M. A qualitative study of specific needs of women for treatment of addiction. Iranian Journal of Psychiatry and Clinical Psychology. 2011;17(2):116–25.

9.Sekhavat J, editor Meeting addiction and women, Gender Differences in the substance and its treatmen. Women's Studies Group specialized Iranian Sociological Association Wednesday, Persian date Azar 25 months 88 (2010); Iran.

10.GAROUSI S, MOHAMMADI DK. Delineation of the lived experiences of drug dependent women. SOCIOLOGY OF WOMEN (JOURNAL OF WOMAN AND SOCIETY) 2011; 1 (5): 55 - 74.

11.Pettifor A, MacPhail C, Corneli A, Sibeko J, Kamanga G, Rosenberg N, et al. Continued high risk sexual behavior following diagnosis with acute HIV infection in South Africa and Malawi: implications for prevention. AIDS and Behavior. 2011;15(6):1243–50. DOI:10.1007/s10461–010–9839–0. [PubMed:20978833].

12.Polit-O'Hara D, Beck CT. Essentials of nursing research: Methods, appraisal, and utilization: Lippincott Williams & Wilkins; 2015.

13.Stemler S. An overview of content analysis. Practical assessment, research & evaluation. 2001;7(17):137–46.

14.Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse education today. 2004;24(2):105–12. DOI:10.1016/j.nedt.2003.10.001. [PubMed:14769454]

15.Steensma C, Boivin J-F, Blais L, Roy É. Cessation of injecting drug use among street-based youth. Journal of Urban Health. 2005;82(4):622–37.DOI:10.10903. [PubMed: 16195471]

16.Chang DC, Hadland SE, Nosova E, Wood E, Kerr T, DeBeck K. Socioeconomic factors associated with cessation of injection drug use among street-involved youth. Substance abuse treatment, prevention, and policy. 2017;12(1):50. doi: 10.1186/s13011–017–0136-z. [PubMed: PMC5719521].

17.Shamsalinia A, Norouzi K, Khoshknab MF, Farhoudian A. Recovery based on spirituality in substance abusers in Iran. Global journal of health science. 2014;6(6):154.

18.Taylor DL. The experience of recovery from addiction for people who have added a healthy diet and an exercise plan, and developed spirituality as dimensions of their recovery process: A phenomenological study: Capella University; 2010. doi: 10.5812

19.AbdAleati NS, Zaharim NM, Mydin YO. Religiousness and mental health: systematic review study. J Relig Health. 2016; 55(6):1929–37 r; 2016. DOI:10.1007/s10943–014–9896–1. [PubMed: 27654836]

20.Medlock MM, Rosmarin DH, Connery HS, Griffin ML, Weiss RD, Karakula SL, et al. Religious coping in patients with severe substance use disorders receiving acute inpatient detoxification. The American journal on addictions. 2017;26(7):744–50. DOI: 10.1111/ajad.12606. [PubMed: 28836712]

21.Back SE, Payne RL, Wahlquist AH, Carter RE, Stroud Z, Haynes L, et al. Comparative profiles of men and women with opioid dependence: results from a national multisite effectiveness trial. The American journal of drug and alcohol abuse. 2011;37(5):313–23. DOI:10.3109/00952990.2011.596982. [PubMed:21854273]

22.Kuerbis AN, Neighbors CJ, Morgenstern J. Depression's Moderation of the Effectiveness of Intensive Case Management With Substance-Dependent Women on Temporary Assistance for Needy Families: Outpatient Substance Use Disorder Treatment Utilization and Outcomes. Journal of studies on alcohol and drugs. 2011;72(2):297–307. [PubMed: PMID 21388603]

23.Lewis CF. Substance use and violent behavior in women with antisocial personality disorder. Behavioral sciences & the law. 2011;29(5):667–76. DOI:10.1002/bsl.1006. [PubMed: 21928399]

24.Bista B, Mehata S, Aryal K, Thapa P, Pandey A, Pandit A, et al. Socio-demographic predictors of tobacco use among women of Nepal: evidence from non communicable disease risk factors STEPS Survey Nepal 2013. J Nepal Health Res Counc. 2015;13(29):14–9. [(PubMed:26411707).

25.Rodriguez N, Griffin ML. Gender differences in drug market activities: A comparative assessment of men and women's participation in the drug market: Arizona State University, Criminal Justice and Criminology; 2005. [Grant No. 2004-IJ-CX–0014 awarded by the National Institute of Justice, Office of Justice Programs, U.S.].

Table 1

Table 1: Example of content analysis process

Category	Subcategorie	
The need for emancipation	The deviated path:	“…When I look back, ... I was uncontrollable; I was at the end of the rope. I felt the real danger that I may be rejected by my parents. I felt that it was the time. I really had to quit. I had to discontinue using drugs. "
	Compulsion to drug abuse	“Opium was no longer effective. …. My body did not respond anymore. I was permanently drinking, smoking or injecting. That made me think it’s the time to quit. It was enough. I was tired of all of it.”
	Acquaintance with God:	“I liked to get rid of the fear of rape by men who came to my home to give me drugs. I wish my mother did not leave me alone that day in the garden to get drugs... These wishes have been memories for years; and with those same wishes, I will go again to quit. God's remorse is my hope for perseverance. "
	A supportive family:	“…’ I completed my ‘First Step’. My first honesty was that I raised my hand and said I am an addict. Second, I was finally proud of my parents while I always said they were dead. I accept them as they are. I depend on them to stay healthy”.
Sinking factors	Unassisting mates	“My family did not help me at all. They did not trust me anymore. ... They did not want to help me. I used drugs, I harmed everyone, I destroyed everything; but they (family members) still loved me. They did not help me to quit because they could force me. They took me wherever they wanted. They did everything to me: physical abuse, sexual abuse, rational and mental abuse.”
	Pro-addictive family	"I didn’t know what to do. Drugs were found at my mom’s home, and also at my dad’s home, or my sister’s. When I went to my home, my husband used drugs in front of me. I had to use, too. I could not refrain, I had a big temptation. I did not want to use it, but I used while crying. "
	Unawareness of assisting bodies	"I was exhausted. I did not know what to do, until one day I was desperately sitting in front of the TV, and I saw a program about rehab centers. I thought that these centers were for men only. It was very late for me. Now that I think, I see that if I went to the rehab camp only on opium, the desired result would have come very sooner than when I used several drugs.
	Woman’s lack of authority	“… After 20 times that my husband was taken to the rehab camp, my dad once brought me there to quit. However, my husband gave him 400.000 Tomans to bring me back. My husband wanted me to be an addict, so that I may not think of divorce or making him quit drugs. He gave me subsistence and I had no options for quitting. I was a woman and needed food and a shelter.... "
	Ineffective opportunities	“I'm already a postmenopausal woman. I have hypertension and diabetes. I have to take my medicines. But here they did not allow me to my take them. One of the women had a bad cold and they did not allow her to take an acetaminophen. They take you out only if you die. It is my last time here.”