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Health and well-being of women substance users need safest spaces in Pakistan

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Abstract

In Pakistan, the situation of drug usage among women is not any different, and barely one in five of them has access to health care, lacking space for women substance users. This study addresses the current situation of women's substance use and impact on the health and well-being. The data was collected via interviews with 8 women substance users over the age of 18 years and analyzed by identifying key concepts and categories. Findings showed that Substance use is a taboo and sensitive issue for women. Having substance use stigma produces intense emotions of shame and guilt. As a result, the health and well-being of Pakistani women are severely compromised with lack of access to safe and supportive healthcare services. Keeping in view Sustainable Goals: Gender Equality and Good Health, there is a dire urgent need for women-friendly harm reduction programs that address the unique circumstances and vulnerabilities of female substance users including preventive and rehabilitative treatments, empowerment programs that give women more autonomy over their lives, legal aid services, education, and other forms of assistance through connections with the state and vocational training in access to women's health facilities.

Keywords: Healthcare, Women's health, Safest spaces, Well-being, Empowerment



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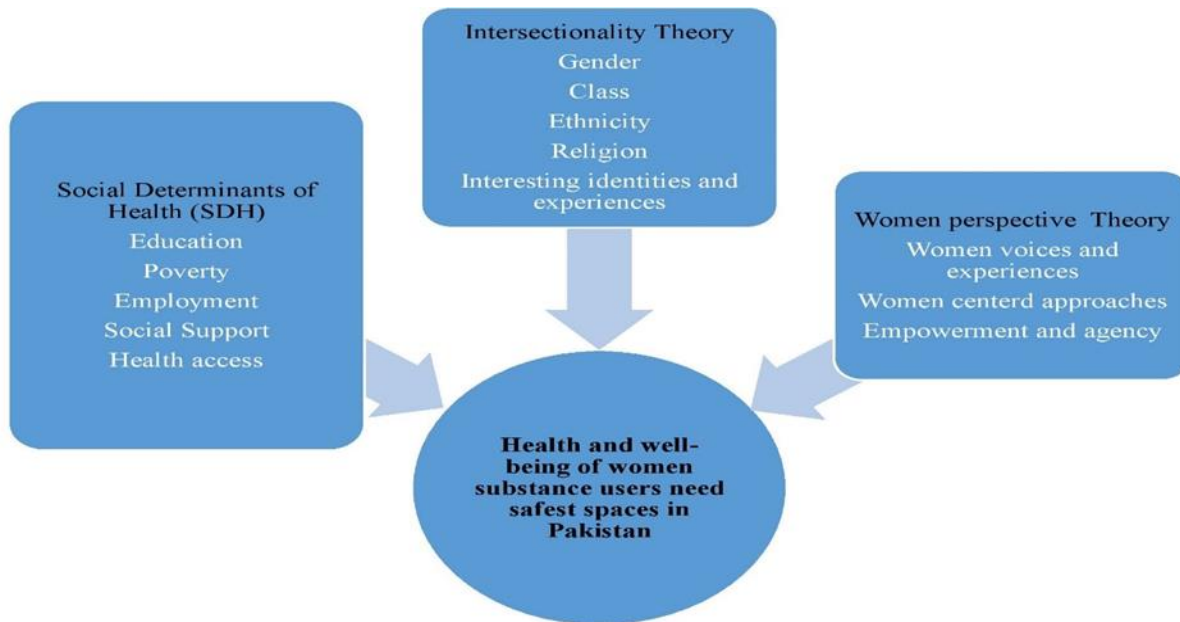
Introduction

Pakistani women's drug use situation is not much different. The extent of substance addiction among women has either been masked by national denial or significantly limited due to the absence of a thoughtful research strategy that would have given substance abuse women equal priority. In the meantime, both male and female tobacco smokers are highly prevalent. The Narcotics Division's report from 2018 further supports the idea that 53% of women in Pakistan are drug addicts. Among 4,632 female substance users surveyed, 593 were from Lahore, 511 from Faisalabad, 285 from Multan, 282 from Sargodha, and 198 from DG Khan. Karachi had the highest percentage of substance use, but among all other cities, major Punjabi cities like Lahore, Multan, Faisalabad, and Okara showed a notable number of female substance users (Assessment B, 2010). Many studies in the last few years has shown that substance users women have a growing proportion of young girls, married women, and even poor women.

Due to growing proportion women substance user's health and well-being is severely compromised having lack of access to less health and treatment facilities. According to World health organization "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (World Health Organization, 1948). Meanwhile, "Well-being is a positive and sustainable state that allows individuals, groups, and communities to thrive and flourish." (Keyes, 2002). Well-being is comprised on two types Physical and mental well-being. Physical well-being is a state of physical health, fitness, and functioning that enables individuals to perform daily activities and maintain their physical independence (Centers for Disease Control and Prevention, 2020). Mental well-being is a dynamic state of inner experience, characterized by a sense of purpose, happiness, and fulfillment (Seligman, 2011). Keeping in view the health and wellbeing may be hampered by the substance use. Substance use refers to the use of any substance, including illicit drugs, prescription medications, and alcohol, for non-medical purposes or in excessive amounts (American Psychiatric Association, 2013). If any person uses these substances for a year or for a long time cause substance use disorder. According to American Psychological association Substance use disorder is a pattern of substance use that leads to significant impairment or distress, as manifested by at least two of the following criteria within a 12 month period: (1) taking the substance in larger amounts or over a longer period; (2) persistent desire or failed efforts to cut down substance use; (3) spending a time in activities necessary to obtain, use, or recover from the substance; (4) craving or robust desire/urge to use the substance; (5) recurrent substance use resulting in failure to fulfill major role obligations at work, home, school; (6) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance; (7) important social, occupational, or recreational activities are given up or reduced because of substance use; (8) recurrent substance use in situations in which it is physically hazardous; (9) continued substance use in spite of knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance and (10) tolerance, as defined by a need for markedly increased amounts of the substance to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of the substance (American Psychiatric Association, 2013). Therefore, the substance use rising trends among women need immediate attention but unluckily in Pakistan the women are still struggling with health measures and their wellbeing demanding access and opportunities for the treatment and better facilities which is the right of every citizen regardless of gender, class, ethnicity or religion.

The aim of the present study is to explore the health and wellbeing needs of women substance users in Pakistan and to identify the safest spaces for their treatment, rehabilitation, and recovery.

It seeks to expand the existing body of knowledge on substance use among women in Pakistan and provide insights for designing effective treatment and rehabilitation programs. The findings will also help promote awareness of the specific needs of these women and advocate for the establishment of safe and supportive spaces for their care and recovery. The theoretical framework including social determinants of health, Intersectionality theory and women perspective helps out to demonstrate the better understanding of women health and wellbeing needs.



Theoretical framework:

Literature Review

Recent studies on substance use among women in Pakistan highlight significant challenges, including the increasing prevalence of drug use and limited access to tailored treatment services. A 2022-2024 survey initiative, conducted by the UNODC and Pakistan's Ministry of Narcotics Control, focuses on obtaining detailed data on substance use patterns. This is particularly crucial for understanding the hidden nature of drug use among women, who often consume substances like cannabis, heroin, and pharmaceutical drugs discreetly due to societal stigma (UNODC, 2024).

Researchers has highlights the different types of substance used ratio by women including; heroin 13.6% (Powder), Hashish; locally known as Charas 28%, Ice, Opium (Afheem) 5.8%, Bhang (Marijuana) 14.2%, Pharmaceutical drugs 12.6% which are freely available in Pakistan include Antihistamines, Benzodiazepines, Antipsychotic, Narcotic analgesics, Inhalants 3.1% and Tobacco. Most of the women used in injections were pharmaceutical substances comprising 53.5% of total female injecting substance users (Ahmad et al., 2011). Heroin addiction found in age group under 20 years old along greater rates of alcohol and marijuana use, while 64% were from Punjab (Lal, R et al., 2015). Ice (methamphetamine) use in adolescence has been linked to psychosis, fear-based paranoid delusions, and, frequently, fatal outcomes. A single dose of ice can release over 1,200 units of dopamine, a level six times higher than the body's natural production. Long-term ice use has been shown to significantly reduce life expectancy (Maria, 2010).

Numerous factors contribute to drug use, such as peer pressure, easy access to drugs in the surrounding environment, and the rising trend of substance use. However, socioeconomic pressure

and the influence of entertainment, social media, and relationship substance use among women are the main causes of this problem (GOP, 2006; Aslam, 2011). According to certain accounts, some women developed an addiction to ice after using it as a source of extra energy for strenuous field work and housework. 43% of male spouses reported engaging in sexual activity with their drug-using spouse, and 4% said they had sold sex. 19% utilized injectable drugs, and 23% used drugs (Ahmad et al., 2011).

Case studies of some female substance users expressed some awful and serious issues which need immediate attention. Some students became addicted to substances because their friends were already addicted, while other students started abusing substances due to the stress of hectic study routines. A transition from cigarettes to other substances of choice was also found in female substance users (Maria, 2021). The large risk factor associated with this increasing trend of substance using needs to be tackled carefully by the government and certain other non-governmental bodies. This situation warrants immediate action from the state to provide safest spaces and health provision for women in hospital or Rehab facilities.

48% Pakistani women have no voice in matters pertaining to their health and Pakistan is rated 142 out of 146 nations in the World Economic Forum's (WEF) in Global Gender Gap Report 2023, with a gender parity of 57.5 percent, the highest since 2006 (Insta care, 2023). An estimated 6.7 million adults, among 0.9 percent of the adult female population, used a substance (UNODC report, 2022). This threat to civilization is being carried out by upper-middle class college-bound ladies who have additional pocket money and drugs that are utilized range from alcohol to cocaine, heroin, and Ice (Maria,2010). However, "Addictive Disorders" have drawn significant attention because so little is known about the origins, management, and prevention of this disease in females.

Another recent research highlights the unique health and well-being challenges faced by women substance users in Pakistan. It underscores the elevated burden of mental health disorders, such as anxiety and depression, which are commonly exacerbated by substance abuse and societal stigma. Women often experience more severe health repercussions due to cultural and logistical barriers that prevent access to timely and gender-sensitive care. Furthermore, the neurobiological impacts of substance use disorders (SUDs) differ significantly between men and women, affecting brain structures associated with stress and addiction management, such as the hippocampus and amygdala. This research advocates for interventions addressing these differences to enhance treatment effectiveness (Cambridge core,202; frontiers in psychology, 2023).

Additionally, mapping studies in major cities reveal an urgent need for targeted interventions that consider the social and cultural barriers women face when accessing treatment services. To further explore these trends, researchers advocate for expanding evidence-based programs that integrate prevention, treatment, and rehabilitation tailored to women's needs. These initiatives are expected to reduce stigma and enhance recovery outcomes by addressing gender-specific challenges (Channer, 2024; Health & education resources, 2024).

Method

This qualitative study aimed to explore the needs and healthcare access of women who use substances. Data collection involved semi-structured interviews conducted with eight women aged 18 and older, all actively using substances. An interview guide was developed to ensure consistency and comprehensiveness in data gathering. The guide was created based on an extensive review of relevant literature, consultation with subject matter experts, and preliminary discussions with service providers engaged in substance abuse rehabilitation programs. It included open-ended questions to capture participants' experiences with healthcare access, societal stigma, and coping mechanisms such as:

- What are women's experiences regarding access to the safest treatment spaces?

- How do social, economic, and cultural factors impact women’s substance use and their need for safe treatment spaces?
- How do health service providers and stakeholders perceive the health and wellbeing needs of women who use substances in the context of safe treatment spaces?

A purposive sampling strategy was employed, targeting women from urban and semi-urban areas who were visiting to Drug rehabilitation center for the treatment and rehabilitation. Of the 12 women approached, eight consented to participate. Interviews were conducted in a private and supportive environment, with each session lasting approximately 30 to 45 minutes. The conversations were audio-recorded with participants' consent, transcribed verbatim, and translated into English where necessary.

Key concepts and categories were identified during data analysis. This methodology ensures that the study not only captures the experiences of participants but also provides actionable insights for improving healthcare delivery systems for marginalized groups.

Findings

Women experiences regarding safest spaces of treatment

The women reported using various types of drugs, often starting in circumstances without guidance or supervision. Research from 2010 indicates that alcohol abuse ranks as the third leading cause of death, accounting for approximately 3.5% of all annual deaths (Liu et al., 2010). Tobacco abuse, meanwhile, has contributed to a rise in lung and liver diseases. Although laws prohibit selling tobacco products to anyone under 19, both vendors and law enforcement agencies often disregard this. Women found it challenging to seek support due to feelings of shame and stigma rooted in cultural and social barriers. Additionally, there is limited availability of women-specific services, which tend to be rare and expensive. Another major concern for women was the fear of judgment and discrimination.

Quotations and Additional Findings

Some women shared personal experiences:

“My siblings did not support me in seeking treatment; they felt it was sinful and brought dishonor to them” (27-year-old, cannabis/meth user).

“My family couldn’t afford treatment, and there were no low-cost rehab facilities. I couldn’t find any center specifically for women who use substances” (29-year-old, Kinz user).

According to the Human Rights Commission, 70% of women in Pakistan lack access to healthcare. This issue is especially severe in rural areas, where only one in five women have access to health services (HRCP, 2022). Many female drug users face challenges tied to employment, family responsibilities, mental health struggles, and experiences of violence and abuse, including physical assaults and police arrests, all of which complicate their lives significantly.

Social, economic and cultural factors influences

While addiction is generally seen as a predominantly male issue worldwide, substance use among women is also prevalent and poses serious health risks, especially for young women (Kilpatrick, 1997). Addiction psychiatrist Dr. Kristen Schmidt notes that women’s experiences with substance use differ from men’s due to biological, environmental, and psychological factors, which are often further complicated by social, cultural, and economic conditions. Ignoring these distinctions can lead to different outcomes. Research has shown that women tend to use drugs more than men due to lower levels of estrogen (Brady KT, 1999). Additionally, many women start using drugs within relationships, with studies indicating that 50% of female heroin users had their first injection from

a male partner or friend (McElrath, K & Harris, J, 2013). Overall, each substance has severe impacts on women's health and wellbeing.

Several women shared insights on the social factors affecting substance use:

"My peer group introduced me to substance use, and I started using heroin to cope with academic pressures" (21-year-old, opioid user).

"Society judge's women more harshly for substance use, so I hid my drug use out of fear of stigma" (30-year-old, opioid user).

Women also noted cultural influences:

"In our culture, women are often dependent on men, who control their decisions, including healthcare choices. My family would not allow me to seek treatment, and there was a lack of available facilities" (28-year-old, heroin user).

"The cultural silence around substance use means it can't be openly discussed. I suffered in silence" (19-year-old, party pills user).

Economic challenges were also significant:

"Without employment, I had no income to support myself other than through sex work, and using substances became a coping strategy" (28-year-old, benzodiazepine user).

"As a poor woman, I faced double stigma—poverty and substance use—and I had no access to healthcare. Treatment felt out of reach" (30-year-old, heroin user).

For many women, financial strain led to substance use as they took on caregiver roles for their families. As one woman explained, *"Financial support helped me access treatment; financial assistance saved my life"* (38-year-old, opioid user).

Due to societal factors, around 80-90% of adult smokers began smoking in their teenage years and became habitual smokers by the age of 18 (Martins, 2014). Marijuana use can cause long-term impacts on brain function and, in some cases, even death. While it may initially produce feelings of happiness, mild hallucinations, increased appetite, and reduced anxiety, marijuana has a strong addictive potential, which can lead to dependence on the drug itself and escalate into the use of stronger substances, further harming health.

One woman shared her experience:

"My lack of awareness about substance use led me to experiment with drugs. I didn't understand the risks" (27-year-old, methamphetamine user).

Constant stress was exacerbated by societal degradation, familial rejection, sexual victimization and re-victimization, and stigmatization. As a woman define that,

I was ashamed to seek help because of stigma that people will judge me, leave me and my respect will be diminished in family (heroin user, age 30).

Drug addiction is a typical occurrence in people with Post-Traumatic Stress Disorder (PTSD), especially in women who have experienced sexual abuse are forced to turn to medications as a coping mechanism for their severe mental trauma. Similar to this, the act of sexually abusing women itself is a form of extreme stress, which causes the vast majority of victims to experience post-traumatic disorder (Ali, S & Tariq, M, 2020). The recovery from trauma varies individually. However, the degree of trauma suffered by the target women and their capacity for coping in terms of psychological growth and maturity have a significant impact on the rehabilitation or recovery.

As women stated that,

"I was sexually abused and I turned to prescription pills to manage stress." (Age 25, benzodiazepine user)

"Lack of access to healthcare due to financial constraints worsened my addiction and depending on my male partner for financial support trapped me in an abusive relationship." (Age 21, opioid user)

Therefore, it can be said that the incapacity of victims to deal with stress as a result of their misfortune leads to drug usage for mental relaxation (Iqbal et al., 2018). Addiction makes people more prone to emotional disturbances than others, which exacerbates their emotional states, behaviors, and personalities (Decci & Ryan, 2000). Addiction, according to Moal and Koob (2006), puts a patient in a recurring situation where they get psychologically attached to their illness. Drug use is perceived as a means of obtaining short-term relief, which over time seeps into a range of psychological and physical conditions.

"Traditional gender roles expect women to prioritize domestic duties. I used to smoke cannabis helped me cope with sufferings." (Age 26, methamphetamine user)

Women tend to families in the majority of Punjab's developing large cities, and they frequently have financial obligations to them.

Treatment facilities and Prevention measures for women

According to a 2018 analysis by The Nation, women made up 20% of all substance users in Pakistan, and they were also shown to be less likely to seek drug treatment (Asghar, 2018). The word "addiction" comes from the Latin word *addicere*, which means "binding," and describes the absence of or incapacity to regulate one's obsessive use of a substance' (Moal & Koob, 2006). The majority of drug treatment programs now in place in the nation primarily cater to the requirements of male drug users and ineffectively address the family issues and physical and mental health needs of their female clients (Assessment B, 2010).

"Women-only spaces provide safety and understanding. I share my experiences freely." (Age 29, heroin user)

"Confidentiality and privacy are crucial. I fear judgment from healthcare providers." (Age 28, benzodiazepine user)

"Poverty forced me to rely on substance use. I couldn't afford basic needs, let alone treatment which is not available." (Age 28, heroin user)

Although the UNODC in Pakistan set goal to improve the quality and accessibility of drug treatment services for vulnerable women, children, and prisoner.

As a woman also identified that,

"Culturally sensitive services accommodate Islamic values. I feel comfortable seeking help." (Age 35, methamphetamine user)

So, in collaboration with governmental and non-governmental organizations to increase public awareness of the dangers of drug use, provide efficient drug treatment and rehabilitation programs that are integrated into national systems already in place, and expand access to HIV prevention, and care services for intravenous drug users.

Two other women stated,

"Community engagement reduces stigma. Awareness campaigns encourage women to seek help."
(Age 19, cannabis user)

"Women have limited facilities in Pakistan. I was lacking nearby facility of healthcare and privacy was also a concern." (Age 22, prescription pill user)

Although, yet here aren't enough clear regulations or accessibility issues to lower women's drug demand.

Conclusion

The health and wellbeing of women substance users in Pakistan are severely compromised due to societal stigma, discrimination, and lack of access to safe and supportive healthcare services. The existing healthcare system often fails to address their unique needs, exacerbating their vulnerability to physical and mental health problems. Ironically, there is a growing epidemic of unaware women drug users throughout society. Data and statistics demonstrated that women who use tobacco products begin with basic cigarettes or cigars before transitioning to multiple drug use. This persistent increase in use is not just seen at colleges and universities; it is also prevalent in towns and cities. Women's substance abuse is a compelling problem, and their inability to obtain essential treatments frequently causes them to linger on their deathbed, losing hope for a life at home, or to fail to report fatalities. In Pakistani society, substance usage is frowned upon and sensitive for men, while it is banned for women. Therefore, following key findings are marked from the current scenario: Women substance users face significant barriers to healthcare access, including stigma, shame, and fear of judgment. Existing healthcare services often lack cultural sensitivity, gender-specific care, and trauma-informed approaches. Women substance users experience high rates of mental health problems, including depression, anxiety, and trauma. Safest spaces, such as women-only treatment centers and peer support groups, are crucial for promoting health and wellbeing. Henceforth it is recommended that:

1. Establish women-centered, culturally sensitive healthcare services, including substance use treatment and mental health support.
2. Develop and implement policies protecting women's rights and dignity in healthcare settings.
3. Increase access to safest spaces, such as women-only treatment centers and peer support groups.
4. Provide training on trauma-informed care, cultural competence, and gender-sensitive approaches for healthcare providers.
5. Promote community awareness and education to reduce stigma and discrimination.

Overall, ensuring the health and wellbeing of women substance users in Pakistan requires a multifaceted approach that addresses societal stigma, healthcare system gaps, and women's unique needs. We must prioritize safest spaces, women-centered care, and trauma-informed approaches to empower women and promote their overall wellbeing.

Gaps could be further address via conducting further research on the effectiveness of women-centered interventions and safest spaces. Develop and evaluate culturally adapted treatment models for women substance users. Advocate for policy changes and increased funding for women's healthcare and substance use services.

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