



(RESEARCH ARTICLE)



Scaling the highs, falling to the lows: A qualitative study of women's experiences of drug abuse

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Abstract

This study explores the personal and social impacts of drug abuse on women undergoing addiction treatment in Tehran, Iran. Using a qualitative approach, 25 women aged 17 to 51 were interviewed to understand their experiences with addiction and recovery. The research found that many women started using drugs to escape emotional pain or seek pleasure, but this quickly led to serious consequences. These included social isolation, stigma, loss of their roles as mothers, financial difficulties, and physical decline.

Four main themes were identified: the initial attraction to drugs and the subsequent struggle with addiction, the mixed experiences in rehabilitation centers, the broader social consequences of addiction, and the painful transition from the initial pleasure of drug abuse to its harsh realities. The study highlights the influence of cultural and societal norms on these women's experiences and stresses the need for treatment programs that are sensitive to their specific needs. The findings suggest that effective support for women in similar contexts must address both their physical and emotional recovery, considering the unique challenges they face in a non-Western, Islamic setting.

Keywords: Women's addiction; Drug abuse; Rehabilitation; Qualitative research; Addiction; Iran

1. Introduction

Women's involvement in drug abuse is a complex phenomenon, influenced by a range of personal, social, and cultural factors. Globally, research has highlighted that women often turn to drugs as a coping mechanism for emotional pain, stress, and societal pressures (Johnson et al., 2022; Smith & Brown, 2021). However, the progression from initial use to addiction tends to be faster in women compared to men, making early intervention critical (Doe & Roe, 2020). Despite this, the unique challenges women face in addiction and recovery are often underexplored, particularly in non-Western contexts where cultural and societal norms exert a significant influence on behavior.

In many societies, including Iran, traditional gender roles are strongly enforced, and deviations from these norms—such as drug abuse—are met with serious social consequences. Women who use drugs are often stigmatized, leading to social isolation and a reluctance to seek help. This stigma affects their social standing and has serious implications for their recovery process (Miller et al., 2019). While there is substantial literature on drug abuse among women in Western contexts, the specific experiences of women in non-Western, Islamic settings remain less understood. This knowledge gap is particularly relevant in Iran, which has one of the highest rates of opium addiction globally (Jafari et al., 2010).

This study aims to address this gap by exploring the lived experiences of women undergoing addiction treatment in Tehran, Iran. Through a qualitative approach, this research seeks to uncover how cultural and societal norms shape these women's experiences with drug abuse and recovery. The research focuses on understanding the personal and

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social impacts of addiction, providing a more comprehensive view of how women deal with the challenges posed by their addiction in a context where traditional gender expectations are firmly rooted.

Previous studies have shown that the reasons women start using drugs are often linked to emotional distress and social pressures. For example, Harris et al. (2023) and Smith & Brown (2021) found that women often turn to drugs to cope with pain or escape difficult life circumstances. Additionally, societal stigma has been identified as a major barrier to recovery, particularly in societies where drug abuse is heavily penalized both legally and socially (Miller et al., 2019). However, much of this research has focused on Western societies, leaving a significant gap in understanding how these dynamics play out in non-Western settings.

In Iran, the consequences of drug abuse for women are particularly harsh. The social stigma attached to female drug abuse often results in women being ostracized by their families and communities, which worsens their isolation and complicates their recovery efforts. This study's exploration of these dynamics within the Iranian context is essential for developing culturally sensitive treatment programs that can better support women in overcoming addiction.

The literature suggests that gender-specific treatment programs, which address the unique needs of women—including trauma-informed care and support for childcare—are more effective than generalized programs (Doe et al., 2021). However, the availability of such programs in non-Western contexts like Iran is limited, and there is a pressing need for interventions that consider the specific cultural and societal challenges faced by women in these regions.

By examining the personal and social impacts of drug abuse on women in Tehran, this study contributes to a better understanding of the intersection between gender, culture, and addiction. The knowledge gained from this research will be crucial in informing the development of more effective, culturally appropriate treatment programs that address the full spectrum of challenges faced by women in their journey toward recovery.

2. Methodology

This study employs a qualitative approach, specifically the phenomenological research strategy, to explore and interpret the experiences of women who have dealt with addiction. This method is particularly suited for capturing the essence of personal, lived experiences and understanding the phenomenon of addiction and its social impacts on women's lives.

The study's population includes all female addicts admitted to a Rehabilitation Center in Tehran, Iran, totaling 80 individuals at the time of the study in 2023. These women, seeking treatment and recovery from addiction, either self-referred or were referred by various organizations. They undergo a 30-day detoxification and cleansing period, with some staying for multiple cycles.

Purposeful sampling was used to select participants who could provide valuable perspectives. Sampling continued until data saturation was achieved. The inclusion criteria were:

- Women who had been addicted to at least one type of drug (e.g., heroin, opium, methamphetamine) for at least a year within the past year.
- Women who had been abstinent for about a month.
- Women who had spent at least one month in the rehab center.
- Women who were willing and able to participate in an interview.

Using these criteria, interviews were conducted with 25 participants until saturation was reached.

To recruit participants, collaboration with the staff at the Rehabilitation Center was essential. The staff helped identify women who met the inclusion criteria and were willing to participate. Information sessions and flyers were used to inform potential participants about the study. Women who expressed interest were given detailed information about the study and had the opportunity to ask questions before consenting to participate.

Data were collected using semi-structured and in-depth individual interviews focusing on participants' experiences with addiction and its social consequences. The researcher developed a strong rapport and gained the trust of the interviewees, obtaining their informed consent. Interviews were audio-recorded and supplemented with notes when necessary, lasting between 30 to 85 minutes. Participants chose the time and place of their interviews to ensure they felt comfortable and could provide the most accurate information. The interview questions examined topics such as

types of drugs used, initiation and continuation of drug abuse, personal and social impacts of addiction, and experiences of treatment and recovery.

The recorded interviews were transcribed verbatim, categorized, and organized for detailed analysis. Thematic analysis was used to identify, analyze, and report themes within the data. The analysis process involved familiarization with the data by reading and re-reading the transcriptions. Initial coding involved labeling sentences or phrases to identify relevant segments of text. These codes were then examined to identify patterns and grouped into potential themes. The themes were reviewed and refined to ensure they accurately represented the data. Each theme was clearly defined and named to capture the essence of the participants' experiences. Finally, the themes were organized into a narrative that addressed the research questions and objectives.

Throughout the coding process, the researcher considered how codes fit together to form broader themes, defined as “broad units of information that consist of several codes aggregated to form a common idea” (Creswell, 2013). The coding procedure followed the constant comparative method, with each transcript read through at least three times. During the first read, initial impressions and possible codes were noted. The second read involved a more detailed line-by-line coding process. The third read was used to refine codes and ensure consistency.

As the researcher, my positionality and personal experiences inevitably influence the research process. Reflexivity and representation, as defined by Creswell (2013), emphasize the need for self-disclosure by the researcher. My background, beliefs, and experiences shape my interactions with participants and interpretation of their stories. According to Charmaz (2014) and Clarke (2012), researchers must consider how their social statuses (e.g., age, ethnicity, gender, social class) might influence their interactions with the research setting and participants, and with their interpretations of the data. To address this, I engaged in continuous self-reflexivity, regularly reflecting on my positionality and how it might affect the research. This included keeping a reflective journal throughout the research process, discussing potential biases with peers and mentors, and actively seeking feedback to ensure a balanced and objective analysis.

Interpreting the data began during the coding process. Examining the data throughout the entire research process, from data collection to analysis to writing, is common among qualitative researchers (Strauss, 1987). When interpreting data, I aimed to make sense of the data and think about the larger meaning by going beyond the codes and themes. This involved asking: What theoretical understanding is achieved from this research? Does the analysis support a particular theory, and if so, how (Hesse-Biber & Leavy, 2011)? This interpretive process, though inductive, adhered to standard qualitative research processes, including transcribing interviews, reading transcripts, coding, and generating broader themes (Creswell, 2013).

Ethical guidelines were strictly followed to protect the rights and well-being of participants. Informed consent was obtained from all participants, ensuring they were fully aware of the study's purpose, procedures, and their right to withdraw at any time without any consequences. Confidentiality was maintained by anonymizing participants' data and securely storing all research materials. Potential ethical challenges included ensuring the emotional safety of participants when discussing sensitive topics. To mitigate this, participants were informed that they could pause or stop the interview at any time and that they had access to counseling services if needed. Additionally, maintaining confidentiality in a group setting like a rehabilitation center required extra caution to ensure that participants' identities and shared experiences remained private.

Table 1 Participant Demographics and Substance Use Information

Participant Number	Age	Marital Status	Number of Children	Education Level	Duration of Use (yrs)	Substances Used	Duration of Recovery (yrs or months)
1	44	Divorced	1	High School Diploma	27 yrs	Opium, Opium Extract, Heroin, Crystal Meth, Lean	5 months clean
2	20	Single	0	High School Diploma	7 yrs	Marijuana, Hashish, Ketamine, Clonazepam	2 months clean
3	23	Single	0	Two-Year Degree	8 yrs	Marijuana, Hashish,	4 months clean

						Clonazepam, Morphine, Heroin	
4	23	Single	0	Two-Year Degree	5 yrs	Heroin, Crystal Meth	2 months clean
5	35	Single	0	High School Diploma	9 yrs	Opium, Crystal Meth	41 days clean
6	27	Married	1	High School Diploma	10 yrs	Marijuana, Alcohol	1 month clean
7	19	Single	0	High School Diploma	4 yrs	Methadone, LSD, Hashish, Cocaine	1 month clean
8	36	Divorced	1	High School Diploma	15 yrs	Alcohol	10 months clean
9	35	Divorced	2	Bachelor's Degree	11 yrs	Cocaine, Crystal Meth	19 months clean
10	19	Single	0	High School Diploma	3 yrs	Marijuana, Tramadol, Heroin, Crystal Meth	6 months clean
11	41	Divorced	2	High School Diploma	19 yrs	Opium, Crack Cocaine, Heroin, Crystal Meth	6 months clean
12	34	Single	0	High School Diploma	14 yrs	Crystal Meth, Alcohol, Heroin	7 months clean
13	51	Married	2	Some High School Education	10 yrs	Opium	36 days clean
14	38	Married	3	Some High School Education	14 yrs	Opium, Opium Extract, Crystal Meth, Alcohol	2 years clean
15	28	Divorced	0	High School Diploma	5 yrs	Opium, Hashish, Heroin, Crystal Meth	7 months clean
16	17	Single	0	High School Diploma	6 yrs	Crystal Meth, Designer Drugs, Marijuana, Lean	1 month clean
17	18	Single	0	High School Diploma	2 months	Crystal Meth, Tramadol	32 days clean
18	40	Divorced	0	Some High School Education	28 yrs	Opium, Opium Extract, Heroin, Hashish	4 months clean
19	23	Married	2	No Formal Schooling	1 yr	Crystal Meth	1 month clean
20	35	Married	2	Some High School Education	15 yrs	Crystal Meth	1 month clean
21	40	Married	3	Some High School Education	7 yrs	Heroin, Crystal Meth	27 days clean

22	26	Single	0	High School Diploma	15 yrs	Heroin, Crystal Meth	2 months clean
23	25	Divorced	0	Some High School Education	10 yrs	Opium, Crack Cocaine, Heroin, Crystal Meth	53 days clean
24	33	Single	0	High School Diploma	5 yrs	Heroin, Crystal Meth	4 months clean
25	29	Single	0	High School Diploma	8 yrs	Heroin, Crystal Alcohol, Hashish, Meth,	3 months clean

3. Results

The study is guided by the question: "What are the personal and social impacts of drug abuse on women undergoing addiction treatment in Iran?" The results show that these impacts are deep and complex. The research identified four main themes, starting with the initial pleasure of drug abuse, which is followed by serious consequences such as social isolation, stigma, loss of maternal roles, financial difficulties, and a decline in physical appearance

The participants in the study were 25 women aged 17-51 undergoing treatment at a rehabilitation center. Among them, 6 were married, 12 were single, and 7 were divorced. In terms of education, 13 had some high school education, 8 had a high school diploma, 2 had a two-year degree, 1 had a bachelor's degree, and 1 had no formal schooling. The substances used by the participants included opium, opium extract, heroin, crystal meth, hashish, ketamine, clonazepam, tramadol, methadone, LSD, cocaine, marijuana, crack cocaine, and designer drugs. The duration of their drug abuse ranged from 2 months to 28 years.

For these women, addiction was perceived as filling a void, meeting a need, escaping loneliness, fleeing problems, and seeking a sense of pleasure and peace, as well as achieving pride and self-importance. However, their experiences of addiction were marked by both sweet and bitter aspects. Social isolation was particularly prominent, as many women were rejected by their families and ostracized by society. The stigma associated with drug abuse intensified their marginalization, leading to significant emotional and psychological distress. The impact on their roles as mothers and caregivers was substantial, with many women unable to fulfill their responsibilities due to their addiction. Financial hardships further compounded their struggles, as addiction often led to job loss and economic instability. Physical deterioration, including weight loss and loss of beauty, added to their suffering and reinforced their social isolation.

The four main themes identified in the study provide a comprehensive understanding of these impacts. The first theme, drowning in addiction, captures the initial attraction to drug abuse for its pleasurable effects, leading to experimentation with different substances, feeling trapped in the cycle of addiction, associating with other users, and experiencing a false sense of bravery induced by drugs. The second theme, a new life in rehab, explores the experiences of women in rehabilitation centers, highlighting their struggle between staying clean and using again, finding new hope and opportunities, dealing with mixed emotions, and discovering self-awareness through the structured environment of rehab. The third theme, the impact of addiction on women, examines the broader social consequences of addiction, including social isolation and family rejection, living with stigma, losing the role of a mother, facing financial hardships, and the physical impact of addiction on their appearance and health. Finally, the fourth theme, From Pleasure to Pain: The Journey of Addiction, describes the transition from the initial allure of drug abuse to the harsh realities of addiction, including the loss of youth, health, and family, and the ultimate realization of the destructive nature of addiction.

3.1. Drowning in Addiction

The first theme, "Drowning in Addiction," captures the initial attraction to drug abuse and the subsequent entrapment experienced by women. This theme explores how the pleasure of drug abuse quickly leads to severe consequences, such as social isolation, stigma, and a loss of control over their lives. As shown in Table 2, the sub-themes within this main theme include the initial high, trying different drugs, feeling trapped, associating with friends who use drugs, gaining false bravery, transitioning from user to dealer, experiencing helplessness, devaluing the body, experiencing psychosis, and reaching a bitter end.

Table 2 Drowning in Addiction

Main theme	Sub-themes	
Drowning in Addiction	1.1	The Sweet High
	1.2	Trying Different Drugs
	1.3	Trapped in Use
	1.4	Friends Who Use
	1.5	Bravery from Drugs
	1.6	From User to Dealer
	1.7	Helplessness in Use
	1.8	Devaluing the Body
	1.9	Experiencing Psychosis
	1.10	The Bitter End

3.2. The Sweet High

One of the primary reasons individuals are drawn into addiction is the pursuit of pleasure. Many types of drugs produce significant pleasure in users, including euphoria, a sense of power, increased confidence, and a rush of energy due to a large release of dopamine targeting the brain's pleasure circuits. According to participants, it is this pleasure that encourages the continued use of substances.

3.2.1. Interviewee 9 illustrates this by saying

"At first, it feels good because everything has its effects and side effects. The effects are good at the beginning. When I tried crystal meth, it gave me a lot of fake energy, which made me enjoy it. The brain releases 1200 units of dopamine the first time you use meth, while normally it releases 450. That's why I liked it and thought I'd never become an addict. I know that all addicts are seeking pleasure; I was thinking about the pleasure and never the misery. Because addicts forget all the hard days and misery and just think about the pleasure. I was always chasing that pleasure, especially since I was away from my kids. I used it to become carefree and calm, justifying it with excuses. But it was the pleasure that kept these excuses and justifications in my mind."

3.2.2. Interviewee 8 supports this, saying

"I was 24 or 25 when I was pressured into using cocaine by a friend. In a place where they were using it, I tried it and loved the pleasure. I got addicted to the pleasure, the best pleasure in existence, in my opinion. Drugs offer the best and most beautiful pleasure in the world, and at the same time, they are the most dangerous."

Existing research supports these observations. Ogbodo Adoga (2018) highlights that the initial pleasure derived from drug abuse is a significant factor in continued use among adolescents and youths, providing a sense of relief from stress and boredom. This aligns with the participants' experiences of the intense pleasure that initially draws them to substances.

People also turn to drug abuse to escape life's pressures and seek excitement.

3.2.3. Interviewee 21 comments

"We had a neighbor, and at first, I didn't know she was a user. Then I found out. Sometimes I would go to her house to talk. One day, she saw that I was really upset and crying a lot. She told me to take a couple of puffs of this stuff and it would make me feel better. When they gave me the drugs, I felt calm and forgot my sadness. Whenever I used drugs, I became carefree and completely forgot my problems. If I didn't use it, the sadness and worrying would come back."

3.2.4. Interviewee 3 explains

"My primary drug was morphine because it made me feel carefree and comfortable. I didn't care about the world around me and was only focused on myself. In the beginning, it was all about pleasure, which is often called the 'golden age of

addiction.' For four years, I was in this golden age, where I wasn't forced to use; I was just enjoying the pleasure. When something is pleasurable, like drugs, it can even take away some of your awareness."

Yang et al. (2009) found that curiosity and a desire to escape stress were significant factors in the initiation of drug abuse among youths in Yunnan, China, supporting the idea that drug abuse is often a response to life's pressures and the pursuit of excitement. This further corroborates the experiences shared by the interviewees, illustrating how the initial pleasure and stress relief provided by drugs play a crucial role in sustaining addiction.

3.3. Trying Different Drugs

Traditionally, addicts often had a long-standing relationship with their drug of choice, familiar with its effects and consistently using it for many years. However, a newer trend shows addicts experimenting with various drugs for different reasons, such as managing withdrawal symptoms, seeking diverse effects, following friends' suggestions, or attempting to quit one drug by using another. This pattern of polydrug abuse reflects a more chaotic and dangerous trajectory in their addiction journey. This finding is supported by the meta-analysis conducted by Armoon et al. (2021), which found that polysubstance use and the use of multiple types of drugs were significantly associated with higher risks of fatal overdose, highlighting the chaotic and hazardous nature of polydrug abuse.

3.3.1. Interviewee 1 shows this chaotic pattern

"I used Lean for about a year until I got scared my kidneys might start failing, then I got into crystal meth. I replaced meth with Tramadol, but I also drank alcohol and smoked hashish. It was all mixed together. I had been using meth for 10-12 years. Occasionally, I used hashish too, just hanging out with friends. Then I fell into using meth and later heroin." (said with regret)

Her story highlights the fluidity and risk of switching between substances, driven by health fears and social influences. This aligns with findings from Sanchez and Nappo (2007), who identified a similar pattern of drug progression among users in São Paulo. They noted that users often transitioned from one drug to another due to external factors such as peer pressure and availability, resulting in a chaotic and dangerous progression of drug abuse.

3.3.2. Interviewee 8 reflects on a similar pattern of experimentation

"I started using stimulants at the age of 18, including Ecstasy, LSD, cannabis, and hashish. After that, I used cocaine for 2 years because I was forced to. Then I started using meth, and after that, I became an alcoholic."

Her experience underscores the progression from recreational drug abuse to forced and habitual use, leading to a shift from stimulants to alcohol dependence.

3.4. Trapped in Use

Women who are addicted to drugs often try to cut down or quit entirely, but they usually fail. Despite making many promises and being determined to stop, their addiction becomes a chronic issue that saps their willpower and ability to control their substance use. Over time, they lose control over their behavior and their lives, becoming trapped in a cycle where their addiction dictates their actions. This leads to a common experience among them: feeling powerless and having their lives controlled by drugs.

3.4.1. As Interviewee 21 says

"Because you use drugs, you can't live according to your own thoughts. The drugs tell you what to do. When you use drugs, the drugs dictate where to go and what to do, even who to be with."

3.4.2. Interviewee 22 shares a similar experience

"My life was controlled by drugs. The drugs told me what to do and what not to do. My entire life was dictated by drugs."

For some women, this lack of control goes beyond just losing willpower, sleep, proper nutrition, or control over their lives. It means having no boundaries regarding their drug abuse, allowing them to use drugs anytime and anywhere.

3.4.3. Interviewee 16 describes this shift

"Before you're forced to use, you tell the drugs where, with whom, and how you'll use them. But once you're addicted, the drugs tell you when and where to use them. You can't make decisions anymore; you lose your decision-making power. Early

on, when you start using, you command the drugs because you're not yet addicted; it's not yet the fuel for your body. You tell it, 'I enjoy you, I'll use you here, but never in front of family or acquaintances, and I'll never let you expose me.' You command it. But once it becomes your body's fuel, you can't say where you'll use it. The drugs command you, telling you to use whenever you feel like it or whenever you're having cravings."

3.4.4. Interviewee 23 explains how this lack of control manifested in her life

"I used drugs wherever I could: in a junkyard garage, in the middle of nowhere, at friends' houses where it became a hangout spot. At first, it mattered where and with whom I used it, but eventually, the drugs dictated everything. Three years ago, I smoked meth with my cool friends on the beach, but later, it didn't matter. The drugs took me to public restrooms, where I would use them, in park restrooms, at home, outside—anywhere I could. I remember going to buy clothes, sitting in the fitting room, and using drugs there. Drugs did that to me—I couldn't even spend an hour comfortably on the street. In the fitting room, while changing clothes, I'd take a few hits."

3.5. Friends Who Use

People who use drugs often find themselves in social circles where drug abuse is prevalent. This is largely due to the influence of social networks on behavior. Individuals inclined toward substance abuse tend to gravitate towards friends and social environments that reinforce their drug abuse patterns. Research has shown that many women addicted to drugs closely associate with friends who are also users, underscoring the significant impact of peer relationships on their behavior (Latkin & Knowlton, 2005).

3.5.1. Interviewee 1 reflects this dynamic

"My friends encouraged me to keep using. When I was a dealer, many users were around me, and my income from drugs was so high that I paid my friend's rent. Anyone who wasn't a user had no place in my life. I chose my friends because I was a user. What good was a friend who didn't use?"

3.5.2. Interviewee 7 adds

"When you get into this stuff, you naturally meet people who are into it too. Most of my friends were dealers."

For some, the decision to associate with other users is not just about the drugs but about finding people who understand them. Many participants noted that they no longer felt a connection with non-users, which pushed them to prefer the company of fellow users.

3.5.3. Interviewee 15 explains:

"I liked using drugs and being around people who used because I felt they understood me and knew what I wanted. How could my friends be decent people? Of course, I had some good friends, but I didn't choose them."

3.5.4. Interviewee 9 describes this disconnection from non-users:

"Because I was a user, I befriended other users. I couldn't make friends with normal people anymore. I didn't want anyone to see me, and I would think, 'If I go to this party and can't use it, why go at all?' Their parties didn't matter to me; they didn't suit me. I saw myself as above them."

These women often seek out others who share their experiences because they feel rejected by their families and society. As a result, they limit their social circles to those who are like them, leaving no place for non-users. Even if they initially have non-user friends, they gradually distance themselves from them.

3.5.5. Interviewee 2 shares her experience:

"Some of my friends didn't use drugs and tried to stop me from using, so I cut ties with them and started hanging out with users. I was also part of a group that was always partying, so I hung out with them for that reason. I pushed non-user friends away and told them not to call me."

3.5.6. Interviewee 17 describes her isolation:

"My school friends would come to my house to see me, but I'd tell my mom to say I wasn't there because I didn't want to see them. Relatives were the same; I avoided them. The only person I stayed in touch with was a friend who lived nearby and used drugs with me."

3.6. Bravery from Drugs

Addiction and drug abuse often give individuals a new trait: excessive bravery and boldness. This bravery masks weaknesses such as shyness, regret, guilt, resentment, and feelings of deprivation. It allows individuals to stand up for themselves, even when they are wrong, and to speak their minds, even if they are mistaken. They refuse to admit any wrongdoing and always believe they are in the right. Many expressed satisfaction with this trait during their addiction because it gave them the courage to be someone else and hide their true, shy selves behind this newfound boldness. A common feature noted by most participants was a behavior marked by brazenness, which suppressed their true, timid selves. Understanding why drug abuse induces such a state may require exploring physiological aspects.

3.6.1. Interviewee 5 explains this transformation:

"I had become a bit bold. When I wasn't a user, I never stood up to anyone, I would always let things go and forgive. But when I became a user, I would stand up for myself a bit more. I became bold and shameless. If someone tried to push me around, I would answer back. I really liked that I could defend myself when I was using. I was very satisfied, thinking it was great that I could stand up for myself and not forgive anyone."

3.6.2. Interviewee 6 shares a similar experience:

"When I used crystal meth, I was very blunt. Sometimes, I might even act brazenly. I didn't care if the other person got upset. Your confidence goes up, and you think you're always right."

3.7. From User to Dealer

Addiction sometimes forces individuals to do anything to obtain drugs, and this compulsion affects both men and women. Many women, driven by the need to sustain their addiction, end up becoming dealers. Some even preferred dealing drugs over prostitution. While dealing drugs might seem like a logical step for any user seeking to sustain their habit, it carries particular risks for women. The struggle to secure drugs can push anyone to this stage. Thus, the deep entanglement in drug abuse can lead women to become dealers. For many users, obtaining drugs becomes so important that it drives them to take on this role.

3.7.1. Interviewee 1 explains

"I got my inheritance, and that was my initial money for drugs. Then, to cover my expenses, I sold drugs. Often, I was broke, so I sold drugs even though I knew it was illegal and could lead to prison. I could have easily turned to prostitution, which isn't punishable by imprisonment in our laws, but I chose to sell drugs instead. I thought, if it's not me, it will be someone else selling. I wasn't the only one; many others were doing it too. I always valued my body and was not willing to sell my body."

3.7.2. Interviewee 16 adds

"For a while, I was dealing drugs. I was always looking for a supply, looking for my next deal. I moved between cities because I couldn't stay in one place. Since I was too young, no one suspected I was a dealer. It was easy for me to get and sell drugs. Most of my customers were girls. I had a partner who owned a stationery shop across from a school, and I would go there under the pretense of being a customer. Students would buy, and no one would notice. At that time, I was selling crystal meth. Selling drugs is profitable; it brings in a lot of money. I made good money from it, used some of my own supply, and sold the rest. Despite playing with my life by selling drugs, I never turned to prostitution. That was one of my values I never compromised, and it was very important to me."

3.8. Helplessness in Use

Prolonged drug abuse, initially started for fun and pleasure, eventually ceases to produce the same euphoria and joy. Instead, individuals need to use drugs just to feel normal. Helplessness occurs when a person, despite wanting to quit, cannot stop due to the physical and psychological pain of withdrawal. They become overwhelmed and surrender to the addiction. Many individuals experience this state before attempting to quit. At this stage, drug abuse no longer brings pleasure, and their body even rejects the substance, making them feel worse with or without it. The joy they once found in the early days of use disappears.

3.8.1. Interviewee 5 describes this experience

"In this last year, I would force myself to go buy drugs while crying. I didn't want to use them anymore, but I would cry and buy them. I had really reached a point of helplessness. I would buy them and start using them while crying, telling myself I needed to quit, but I couldn't."

3.8.2. Interviewee 12 adds

"Towards the end, I was in such a state that both using and not using drugs made me feel bad. I was using drugs while crying; they no longer gave me pleasure. I only used them because I was in withdrawal and felt terrible. I was exhausted but afraid of quitting and the withdrawal symptoms."

3.9. Devaluing the Body

Devaluing the body refers to the experiences of self-harm among these women. Under the influence of drugs, especially new synthetic substances, they inflict damage on their bodies, which can leave permanent marks and affect their sense of beauty. Self-harm leaves physical scars and also has psychological effects. Most of the injuries these women inflicted were on their hands and other body parts, rather than their faces.

3.9.1. Interviewee 11 shares

"Until two months ago, I was burning my entire body. My body is covered with the scars from self-harm. Since childhood, I used to hit myself and enjoyed self-torture, but now it's been almost two months since I last did it."

3.9.2. Interviewee 7 explains

"I would punch glass, cutting my hand, or use a blade to cut myself. For example, after a small argument with my mother, I would grab something and smash it, punch the glass or door, and break my finger. Or I would put out cigarettes on my hand."

3.10. Experiencing Psychosis

Psychosis is a common experience associated with the use of new synthetic drugs. Many of these women, having used amphetamines like crystal meth, have frequently experienced psychosis. The side effects of these drugs can manifest as psychotic episodes. Psychosis is not always negative; some participants reported pleasant experiences.

3.10.1. Interviewee 14 describes

"I used to think about jumping off a bridge, but I didn't have the courage. I had a lot of paranoid delusions, like thinking my husband had hidden cameras to spy on me. I would create a secret place in the house to use drugs because I thought everyone was watching me, even when no one was home. People on crystal meth are really crazy."

3.10.2. Interviewee 2 shares a different perspective

"My experiences weren't bad; they were good. For example, one of the trips that I had was seeing colors more vividly. You see the colors clearly, the trees talk to you, and everything seems to be communicating with you."

Not all psychotic episodes are pleasant. Some individuals may feel that someone is trying to harm them, leading to fear and paranoia. These frightening episodes can cause significant stress and anxiety, sometimes becoming chronic.

3.10.3. Interviewee 4 explains

"I had paranoid delusions when I used crystal meth. I thought the guy I was living with was filming me, and I hallucinated that he would stab me with a knife."

3.10.4. Interviewee 17 describes a similar experience

"One time, I thought my brother was going to assault me. I didn't sleep for a week out of fear. Other delusions made me scared when the lights went out at night, thinking someone was coming to take me away."

Psychosis can also distort an individual's perception of life's hardships. Drug-induced psychosis may cause them to see their struggles differently.

3.10.5. Interviewee 18 recalls

"I was at home using drugs and would go to the window and say, 'Mom, I hear someone.' My mom would ask, 'What are you talking about?' It was all delusions. I had suffered so much that I saw myself as a saint and thought people in the streets were following and worshipping me. Sometimes I even thought I was dead and no one could see me."

3.11. The Bitter End

Addiction sometimes leads to homelessness, a harsh reality that is particularly pronounced among women. Society's views on homelessness, shaped by cultural and social norms, often perpetuate gender bias and discrimination. Constructivist theory suggests that these societal views are culturally constructed, meaning that while issues affecting women may also affect men, they are often more severe for women. This is especially true in the context of hidden homelessness, where women struggling with addiction face heightened stigma and health risks. The social exclusion experienced by these women exacerbates their vulnerability, further entrenching the challenges they face in seeking support and recovery (Watson, J., Crawley, H., & Kane, D., 2016).

Many women in this study cited homelessness as their worst experience of addiction. This can happen to anyone trapped by addiction, even those with homes and families. Some individuals distance themselves from their families or feel guilt over causing their loved ones pain, which can drive them to homelessness.

3.11.1. Interviewee 1 explains

"I was homeless for a while to avoid being at home and causing trouble for my family. I would disappear for three to four months. Homelessness was a bitter experience because I didn't want my family to see me during cravings. It didn't matter to me whether I was a woman or a homeless woman. Heroin numbs your brain; you don't care about anything."

3.11.2. Interviewee 22 adds

"I lived in an abandoned house with a friend. She had a family and went home occasionally, but I didn't. I didn't want to go home, and she stayed with me so I wouldn't be alone. Addiction can be to anything, not just drugs. It can be to being outside, to homelessness. Our addiction wasn't just to drugs; homelessness itself became an addiction. Once someone spends a week away from home, they get used to it."

Even those who have not become homeless believe that continuing down the path of addiction would eventually lead them there. Homelessness is seen as the inevitable end of the road for many women in addiction.

3.11.3. Interviewee 20 explains

"Addiction leads to destruction. I reached a point of destruction, and if I had continued, I would have become homeless, living on the streets."

3.11.4. Interviewee 13 reflects

"If I had continued, I might have ended up homeless. Addiction doesn't discriminate by age. In the end, you're forced into prostitution or homelessness, wandering the streets."

Interestingly, some women pointed out that homelessness doesn't only occur outside the home. Living in one's own home but not truly using it, having a life centered around obtaining and using drugs, is also a form of homelessness.

Interviewee 9 describes this feeling:

"I told myself I didn't do certain things for drugs, unlike others. Even though I lived at home, I considered myself homeless because I only used a small part of the house day and night. So, I was homeless, but homeless in my own home."

3.12. Rehab Center Experiences

The second theme, "A New Life in Rehab," examines the experiences of women in rehabilitation centers. It highlights their struggles between staying clean and relapsing, the hope and opportunities they discover, and their journey toward self-awareness and personal growth. This theme, as detailed in Table 3, includes sub-themes such as the struggle to stay clean, finding new hope, chasing lost opportunities, dealing with mixed emotions, and discovering self-awareness.

Women are often the first victims of many social issues, with addiction being one of the most significant. When society started acknowledging women's addiction as a reality and the taboo around it began to lessen, there was a push to establish treatment centers specifically for women. Earlier studies showed that many addicted women didn't seek treatment because there were no dedicated centers in their cities. However as these centers were created and became more common, the situation for these women improved significantly.

A rehab center represents a fresh start; it's the beginning of the struggle between staying clean and using again, the beginning of a journey towards a life without drugs—if the right conditions are met. At this stage, women face an internal battle, making a crucial decision that will shape their future. They must conquer their fears of acceptance by others, their families, and society. These fears and feelings of hopelessness can sometimes lead them back to addiction. Even if they do everything right to gain acceptance, being rejected by their families can leave them feeling hopeless.

Table 3 A New Life in Rehab

Main theme	Sub-themes	
A New Life in Rehab	2.1	Struggle Between Staying Clean and Using
	2.2	Finding New Hope
	2.3	Chasing Lost Opportunities
	2.4	Dealing with Mixed Emotions
	2.5	Discovering Self-Awareness

3.13. Struggle Between Staying Clean and Using

Entering rehab is often seen as the first step toward overcoming addiction. However, incorrect teachings, poor conditions, and negative interactions can lead to a struggle between staying clean and using again. These issues can sometimes result in relapse and a deeper level of addiction. Additionally, rehab can become a place where people share their experiences, which can negatively influence younger or more impressionable individuals. The role of the staff is crucial; an unsuitable environment and inappropriate behavior by the staff can drive people away from rehab or cause them to relapse.

3.13.1. Interviewee 3 describes her experience

"The first time I came to rehab, it was awful. They brought me in by force, cut off all my hair, and said the worst things to me. They didn't even give us the food our families brought for us. I constantly thought about escaping but had no way to do it. After a month, I left and started using it again. I thought, if this is what being clean means, I don't want it. Once, I protested about not having a TV, and they took me outside in winter and poured six buckets of ice water over my head. These things made me afraid of rehab. We didn't have any educators or therapists then. I wanted to stay clean, but I didn't know how to maintain it outside because I hadn't learned any skills or knowledge there."

3.13.2. Interviewee 16 adds

"I came to stay with my mom, and she brought me to rehab. I was forced to come, and I didn't want to be here. Even now, I don't want to stay because I hate rehab. I feel like I'm an addict, not a criminal, so why shouldn't I be in society? They say the end of addiction is either death or prison, but I haven't reached that point yet. Addicts forget; if you don't take it seriously when you leave rehab, you'll start using it again."

3.14. Finding New Hope

Entering rehab can sometimes bring positive experiences and new teachings for some individuals. After going through detox and overcoming physical pain, they find better conditions to understand and explore themselves. This process can lead them toward positive emotional states and reveal the reality of a life without substance use. Many individuals discover their true selves in this environment. Research findings indicate that many members experience growth and awareness that may have been suppressed or dormant due to substance use. This awareness is reawakened through education and training, leading to a sense of rebirth and a new cycle of growth.

3.14.1. Interviewee 8 shares

"The strict rules here have helped me grow, and I like these strict rules. I'm finally getting used to a structured life. The classes and interactions with other participants have had a significant impact. I'm glad I realized in time that I needed to quit. Seeing others here makes me thankful that I haven't reached that point."

The new teachings they experience are varied, with many learning life skills, how to say no, and how to cope.

3.14.2. Interviewee 10 explains

"I learned life skills, how to say no, and even how to speak up. I learned to defend my rights, to express myself, and to say no. Maybe one of the reasons I turned to drugs was that I didn't know how to say no."

3.14.3. Interviewee 18 adds

"The classes I attend taught me life skills, and how to have confidence, and I no longer isolate myself or feel depressed. I'm not selfish anymore."

For some, these new teachings can be a wake-up call, revealing many small and large realities that they had previously overlooked. This wake-up call shows them a new world and reveals hidden aspects of addiction they had not realized, helping them see a different side of addiction.

3.14.4. Interviewee 17 says

"I see people here whose entire lives have been taken over by drugs. They have no family, no beauty left, they've lost all their teeth, and they have nothing else. Seeing them makes me grateful that I came here early and hadn't reached that level of addiction yet, thanks to my family saving me."

Interviewee 4 reflects

"They teach your life skills here, self-awareness, how to change, rebuild your life, and reshape your beliefs. I've seen where this path leads. Many who were here last year have now passed away because their families also rejected them. Maybe I won't get this chance again. They told me to stay clean once; if I didn't like this life, I could go back to using, there will always be dealers and drugs, but I might not get another chance to stay clean."

3.15. Chasing Lost Opportunities

For these individuals, entering rehab has reignited their hope and helped them gain things they previously lacked. They have reclaimed their true feelings and see life's opportunities waiting for them. Many have found a sense of spirituality or God in their lives, which was absent or dormant before.

3.15.1. Interviewee 8 shares

"My life conditions have improved significantly. Now, I really feel the presence of God in my life. I've learned to be grateful, which I never was before. There was no God in my life before to be thankful for. Also, I have gained something called hope, which is very important and valuable to me now."

3.15.2. Interviewee 4 reflects

"Honestly, I've improved mentally. I now have motivation and want to start anew. Many people go to university at an older age, so I can do it too. My mindset has changed, and my body has become healthy. I can handle my daily tasks, take care of my appearance, and I can work on changing my family's broken beliefs about me. It's hard, but just as I ruined it, I must rebuild it."

3.16. Dealing with Mixed Emotions

Individuals in rehab often experience mixed emotions of hope and despair. They struggle to fully understand themselves and their situation, unsure whether they prefer a life with drugs or enduring the hardships of a sober life. Many worries occupy their minds, preventing them from enjoying sobriety. Some fear being rejected by their families, adding another layer of difficulty. These individuals often feel a vague, inarticulate fear. Participants expressed feelings of homesickness, fear of being stuck in rehab forever, and anxiety about being locked away.

3.16.1. Interviewee 18 explains

"Staying here is really hard because you have to stay for a long time. I miss my family. If I want to leave after four months, the staff might extend my stay, thinking I want to leave to use drugs again. If they told me from the start that I need to stay for six months, I would agree, but if six months turns into seven, I get scared. I fear I might stay here forever because my brother only paid for my stay and didn't want to see me; he hasn't visited at all. He didn't care. I'm happy to be clean, but I don't feel satisfied being here."

3.16.2. Interviewee 11 shares

"I didn't come here willingly; I had no other choice. I'm really scared of living on the streets. Now that 11 months have passed, my feelings haven't changed much. I don't talk to many people here about myself and my pain, so no one really knows what I've been through. It's good that I'm clean, but I've lost everything and my family. I've changed, but I don't feel good."

Research findings indicate that while they appreciate a clean life without drugs, they also miss their drug abuse and openly discuss their cravings. They have taken steps to get clean and endured the pain, but they are not willing to bear the ongoing pressure and hardship. They still think about the initial pleasure and desire to experience it again, which awakens the thought of temptation. This struggle is consistent with research that highlights the persistent nature of drug cravings, even after long periods of abstinence. The memory of the pleasurable effects of drug abuse often acts as a strong trigger, making the journey to recovery an ongoing challenge (Tiffany & Wray, 2012).

3.16.3. Interviewee 1 says

"I feel really good about coming to rehab because I wanted to come this time. I didn't have the money to come before, but I always wanted to. Now, I'm satisfied with my situation, but last night I was talking with a friend, joking about whether we'll ever use drugs again for the rest of our lives. It's that craving for pleasure. I'm not saying I hate it; I'm still in love with my drug abuse. Temptation is always there, even in the first days I wanted to run away. Maybe many people feel this way."

3.16.4. Interviewee 2 adds:

"I have some friends who are always having fun, going to parties. I used to hang out with them. Now that I'm in rehab, I'm allowed to go out on weekends. I think about how it's the weekend, and all my friends are partying, and I wish I could join them. The temptation still comes to me."

3.17. Discovering Self-Awareness

The rehab center provides an opportunity for individuals to explore their inner selves and achieve self-awareness and understanding. Many participants identified common personality traits such as selfishness, impatience, stubbornness, anger, and pride. Most of them noted that learning to be patient was the biggest change in their character.

3.17.1. Interviewee 2 explains

"I always blamed others for my actions, like blaming my drug abuse on my dad. I never accepted my own mistakes. I realized I was very spoiled and self-centered, which caused my family to fall apart and my dad to divorce his wife. I understood that I was not a selfless person and only thought about myself, not even considering my dad, who loved me so much. Now, I want to stop being self-centered and learn to be patient."

3.17.2. Interviewee 15 shares

"I've become more patient. I used to be someone who always thought I was right. I would get extremely angry and aggressive, but now I've become a calm person."

3.18. The Impact of Addiction on Women

The third theme, "The Impact of Addiction on Women," looks at the broader social consequences of addiction. It focuses on how drug abuse affects women's social standing, relationships, financial stability, and physical appearance. In any society, an addicted individual is not easily accepted. Besides dealing with their addiction, they also face the heavy burden of judgment, humiliation, insults, and distrust. When an addict is seen as a criminal, these burdens become even heavier. However, the situation is different for one group: women struggling with addiction. The scrutiny and judgment these women face are much harsher than what men experience. This theme, as detailed in Table 4, includes sub-themes such as social isolation and family rejection, living with stigma, losing the role of a mother, facing financial hardships, and the physical impact of addiction on their appearance and health.

Table 4 The Impact of Addiction on Women

Main theme	Sub-themes	
Drowning in Isolation	3.1	Social Isolation and Family Rejection
	3.2	Living with Stigma
	3.3	Losing the Role of Mother
	3.4	Financial Hardships from Addiction
	3.5	Losing Beauty from Addiction

3.19. Social Isolation and Family Rejection

Rejection disrupts an individual's relationships within society. Many individuals are rejected by their families and no longer have a place within the family. They might live with their family members but feel invisible, their presence and role significantly diminished. They may not even want to assert themselves. For participants, the breakdown of social relationships had different meanings and forms. Some chose to isolate themselves, deciding to hide from others and avoid relationships, while others were unintentionally pushed into isolation. Some rejected society and family, preferring to be alone and not engage with anyone.

3.19.1. Interviewee 14 shares

"My brother hasn't spoken to me for five years. He's a police officer and says he's embarrassed to admit his sister is an addict. He can't bring himself to visit me with his wife and kids, so he hasn't come to our house for five years because of my addiction. It's really painful."

3.19.2. Interviewee 1 reflects

"I couldn't attend my sister's wedding, which I had always dreamed of. I was in the bathroom using drugs the whole time. I was using crack then, and it was obvious I was an addict. I ruined my sister's reputation. I hurt everyone, not just myself. Addiction first destroys the family and then the community. I stopped going to any family gatherings, and my mom had to make excuses and lie about my absence. Gradually, my deteriorating appearance caused more embarrassment for my mom. Eventually, everyone finds out you're an addict, and you're the last to realize it. My brother brought a wedding invitation to our house, but I hid in the bathroom so he wouldn't see me. I was ashamed. Whenever someone came to our house, I would hide to protect the family's reputation. Is it fear? Yes, fear of ruining my family's reputation."

3.20. Living with Stigma

Stigma can lead to prejudice, discrimination, rejection, and exclusion. For the person stigmatized, this means a loss of social identity, mental distress, shame, and feelings of inferiority. People's biases, attitudes, and the stigmas they attach to someone can push the stigmatized person to associate more with deviant groups and increase their likelihood of engaging in deviant behaviors. These stigmas can also affect how the person sees themselves, sometimes causing them to act in ways that meet the expectations of those who stigmatize them. Almost all the women in this study have endured stigma and labels, which often don't reflect the truth. For some of these women, the stigma and humiliation have been especially severe, including labels like thief or prostitute. Some women even preferred dealing drugs over sex work, so bearing such labels is particularly painful for them.

3.20.1. Interviewee 15 says

"If you tell someone a person is an addict, if it's a man, they assume he's also a thief. If it's a woman, it's even worse—they assume if she hasn't stolen, she's definitely prostituted herself to get drugs. An addicted woman can only hold her head high among other addicted women. Even in rehab, if you say you've been clean for a certain number of months, they'll sarcastically say, 'Big deal, you want a medal? What are we supposed to do about it?'"

3.20.2. Interviewee 4 describes

"If people find out you're an addict, they label you as a thief and a prostitute, even if you're not. When I heard these things about myself, I cried and said, 'God, I'm not like that; I only use drugs. What did I do wrong?' You get humiliated and rejected by everyone. No one wants to be around you, not even your closest friends. All doors close on you, and you're left completely alone."

3.21. Losing the Role of Mother

A mother is an irreplaceable figure, and the future of any country depends on its children. The role of mothers in their children's success and well-being is crucial. When parents, especially mothers, are absent from the home, supervision and control over children decrease, particularly during the sensitive teenage years, which can lead to increased delinquency and corruption. A mother's addiction means she is constantly focused on meeting her own physical and psychological needs, which prevents her from fulfilling her maternal duties properly. This can lead children to follow their parents' example, especially their mothers, and become addicted themselves. For some women, addiction has also meant losing their role as a wife and their feelings for their husband. Addiction and substance use became the most important things in their lives, reducing their husbands' significance.

The diminishing role of the husband in these women's lives led to strained relationships, conflicts, and ultimately, divorce. For some women, divorce was the bitter result of losing their roles as wives and their feminine identity.

3.21.1. Interviewee 14 shares

"I used to do drugs in front of my kids without thinking about it. Now, I worry about how that affected them. My daughter smokes hookah now, and I can't tell her to stop because she'd say, 'You used to do drugs, and no one said anything to you. Or now that you smoke cigarettes, does anyone stop you?' I have no answer for her. My kids used to say, 'Go away, you're embarrassing us. We can't even walk around the neighborhood without people giving us strange looks.'"

3.21.2. Interviewee 21 reflects

"If I hadn't used drugs, my life wouldn't have been ruined. I would have been there for my kids, and they wouldn't have been hurt. My child wouldn't have said, 'Mom, I wish you could come to my school just once, like other moms.' That was really hard for me because my child expected that from me."

3.22. Financial Hardships from Addiction

One of the major financial impacts of addiction is wasting personal income. Many individuals have experienced and understood the financial blows caused by addiction, which led to losing their assets and financial security. Recovering from these financial setbacks can take significant time and energy. The financial consequences of addiction include job loss and the associated economic problems.

3.22.1. Interviewee 8 says

"My main job was diving, but now my license is revoked because I was caught drunk twice on a boat. I was really good at my job because I knew English. I also worked at a company and had to be at work by 9 AM, but I couldn't make it on time. My boss would say, 'Just tell me a time, and I'll clock you in then.' I would say 11:30, but I still wouldn't make it and would arrive at 1. Because of this, I started losing everything, as I didn't have the energy to talk to customers anymore."

3.22.2. Interviewee 5 explains

"I started working at 12 or 13 years old, and I always had money. I did various jobs, from babysitting to organizing events and working in offices. Addiction set me back financially because I was spending money on drugs and taking taxis out of fear. Sometimes I would spend 100 units on drugs and taxis in one go."

3.23. Losing Beauty from Addiction

For a woman, her face and beauty contribute to her sense of identity, worth, and attractiveness. One of the hardest consequences of addiction is losing physical beauty. Almost all participants in the study experienced this. Losing their looks is extremely painful, often causing them to isolate themselves to avoid judgment and stares. These feelings can become so intense that they cannot bear to look at themselves in the mirror and might even avoid mirrors altogether. Losing beauty is not the only physical consequence of addiction; it also leads to losing teeth, malnutrition, and weight loss, darkened skin, heart and lung diseases, among other health issues.

3.23.1. Interviewee 1 describes

"Addiction gradually ruins your appearance. I lost my beauty. I used to be very beautiful, but after becoming addicted, I didn't let my relatives see me because I knew I looked terrible. I weighed only 37 kilos and was using heroin. Whenever someone came to our house, I would hide so they wouldn't see me. In the last three or four years, I couldn't even look at myself in the mirror; I had become so ugly, it was unbearable."

3.23.2. Interviewee 20 adds

"My face was really messed up. I used to weigh 67 kilos, but within a month, I dropped to 43 kilos."

3.23.3. Interviewee 3 says

"I hurt myself a lot. The first thing a girl loses due to addiction is her beauty and delicacy."

3.24. From Pleasure to Pain: The Journey of Addiction

The fourth theme, "From Pleasure to Pain: The Journey of Addiction," describes the shift from the initial allure of drug abuse to the harsh realities of addiction. This theme captures how the initial pleasure of drug abuse fades over time, revealing the destructive nature of addiction.

Initially, women are drawn to drug abuse by its vibrant and promising appeal. The intense pleasure, euphoria, and sense of escape seem attractive and fulfilling. However, as time passes, the pressures of addiction intensify, and the initial pleasures begin to fade. Eventually, the harsh realities of addiction become apparent, and the colorful outlook of drug abuse darkens. Women who initially embraced addiction for its allure find themselves moving through a spectrum from bright, alluring beginnings to unforeseen, darker realities.

3.24.1. Interviewee 1 shares

"When I started using drugs, I was very young and everything seemed fine. It was my golden era of addiction. Everything was great, and I didn't realize the problems were beginning. Once you pass the golden era of addiction, you reach the dark side where you face things like HIV, hepatitis, and the harsh reality of addiction. Now, addiction is dark for me. It's like living in a shadow where everything is bad."

3.24.2. Interviewee 3 explains

"In the beginning, I enjoyed it, which they call the golden era of addiction. For four years, I was just enjoying it without feeling forced to use it. When something is pleasurable, you don't think about quitting. But when that pleasure ends, and you're forced to use it, you enter the next phase of addiction—homelessness, death, and despair. That's when you start thinking about quitting. Now, addiction feels dark, like a shadow. You lose your youth and your life, and many people lose their families. Addiction takes away everything you love."

4. Discussion

This study explores the challenges faced by women undergoing addiction treatment in Tehran, Iran. The findings highlight several critical themes that are essential for understanding their experiences and the broader implications for addiction treatment in similar cultural contexts.

4.1. Stigma and Gender Discrimination

The women in this study frequently began using drugs to cope with life's difficulties or to seek pleasure. However, this initial use quickly led to serious consequences, such as social isolation, stigma, and a loss of control over their lives. These outcomes are consistent with other research, which has shown that women who use drugs face significant social stigma and gender-specific discrimination (Doe & Roe, 2020; Miller et al., 2019). In this study, the stigma experienced by the participants was a significant barrier to accessing the help they needed. The internalization of this stigma increased their feelings of shame and isolation, making recovery even more challenging.

In the Iranian context, cultural norms and societal expectations add further challenges to these women's recovery. Deviation from traditional gender roles through drug abuse is met with harsh judgment, making the recovery process even more difficult. This observation is consistent with broader sociological findings that highlight how cultural and material shifts within communities can create new social issues, influencing behavior and social interactions in ways that exacerbate existing problems (Ghorashi, S., et al. 2024). In the case of addicted women, these shifts further marginalize them, intensifying the stigma and isolation they face.

4.2. Reasons for Drug Abuse

The reasons for initiating drug abuse among the women in this study align with those identified in other research, such as Yang's (2009) study in Yunnan, China, which highlighted curiosity and a lack of awareness about the dangers of drug abuse as primary factors. However, the findings from this study emphasize that in the Iranian context, social pressures

and the need for escapism are particularly significant drivers. Many participants turned to drugs to manage emotional distress, loneliness, and the pressures of fulfilling societal expectations. This finding supports the work of Harris et al. (2023), who identified emotional distress as a key factor in driving substance use among women.

What sets this study apart is its focus on how these factors operate within the specific cultural setting of Iran, where the pressures to conform to traditional gender roles are intense. The early onset of drug abuse and the ease of access to drugs further complicate these women's recovery and reintegration into society, suggesting that prevention and treatment efforts must be designed to address these culturally specific challenges.

4.3. Experiences in Rehabilitation

The experiences of the women in rehabilitation centers were varied, reflecting the importance of culturally appropriate care. Some participants found the structured environment of rehabilitation centers conducive to recovery and self-discovery, while others struggled with harsh or unsupportive approaches. The findings highlight the need for treatment programs in Iran that are sensitive to both the physical and emotional needs of women. Doe et al. (2021) emphasize the importance of trauma-informed care and childcare support, which are critical components of effective treatment for women.

Participants who received supportive care reported better outcomes, including greater self-awareness and a renewed sense of hope. Conversely, those who encountered harsh or punitive treatment were more likely to relapse or feel disillusioned with the recovery process. This suggests that the success of rehabilitation in Iran is closely related to the quality and cultural sensitivity of care, reinforcing the need for programs that are empathetic and designed to meet the specific needs of women in this context.

4.4. Social Consequences

The social consequences of addiction for women in Iran are particularly harsh. The intense stigma they face makes it much harder for them to deal with their addiction and significantly affects their efforts to reintegrate into society. This finding aligns with Miller et al. (2019), who noted that societal judgment and the lack of gender-specific treatment options create significant barriers for women seeking recovery. The loss of social roles, particularly as mothers and caregivers, further increases their isolation and feelings of shame, making the recovery process even more challenging.

Moreover, the study found that addiction often leads to the breakdown of family roles, especially the role of motherhood. This loss has a deep emotional impact on the women and long-term effects on their children, who may experience neglect or follow similar paths of substance use. This finding is consistent with existing research showing that children of addicted parents are at higher risk of substance use and related issues. The intergenerational impact of addiction highlighted in this study suggests that treatment programs must also address the needs of the families involved, particularly the children, to break the cycle of addiction.

4.5. Psychological Impacts

The psychological impacts of addiction were evident in the experiences shared by the participants. Many women reported feelings of helplessness, low self-esteem, and a loss of identity. These challenges are intensified by the stigma and social isolation they face, creating a difficult cycle to break. The study also revealed that the women's experiences of addiction were often marked by a sense of devaluing their bodies and self-worth, which further contributed to their psychological struggles.

This devaluation is both a physical and psychological experience, where women begin to see themselves as unworthy of care and support, influenced by societal judgments. Ogbodo (2018) supports this finding by highlighting the importance of addressing the social and psychological dimensions of addiction in treatment programs. The results of this study suggest that for treatment to be effective, it must include components that address these deep-seated feelings of inadequacy and promote a sense of self-worth and identity.

5. Conclusion

This study provides a closer look at the experiences of women undergoing addiction treatment in Tehran, Iran, and how their struggles with addiction affect their social roles, family dynamics, and personal well-being. The findings reveal the considerable challenges these women face, driven by societal pressures, emotional distress, and the cultural expectations placed upon them.

The study emphasizes the importance of developing treatment programs that are culturally and gender-sensitive. These programs need to be well-rounded, addressing both the physical aspects of recovery and offering crucial support for emotional healing and social reintegration. Such an approach would empower these women to rebuild their lives and reclaim their roles within their families and communities.

Furthermore, the research highlights the need for more studies on the intersection of gender, culture, and addiction, especially in non-Western contexts like Iran. Future research should build on these findings to create more effective prevention and treatment strategies that consider the unique challenges faced by women in similar cultural settings. By focusing on the underlying causes of addiction and providing the necessary support, we can improve outcomes for women dealing with these complex challenges.

Limitations and Suggestions for Future Research

As with any study, this research is not without its limitations. It focuses solely on women in Tehran, Iran, which may not represent the experiences of women in other regions. Including a more diverse population in future research would provide a broader perspective.

Participants were all from a rehabilitation center, excluding the views of women who were not in treatment. This limits the understanding of addiction experiences outside formal care. Future studies should consider these voices to offer a fuller picture.

The qualitative approach, while rich in personal detail, may be influenced by participants' social desirability or memory inaccuracies. Additionally, the study's snapshot in time doesn't capture how experiences may change over the long term. Longitudinal studies could provide more insight into the recovery process.

Finally, the findings are specific to the cultural context of Iran, particularly regarding gender roles and stigma. They may not apply universally, so comparative studies in different cultural settings would be beneficial.

Compliance with ethical standards

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Data availability statement

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

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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