



Psycho-Social and Morbidity of Substance Use Disorder in Women

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Substance abuse disorder is a major and worldwide concern that cursed countries and mankind. Psychosocial factors influences differ across the person and may contribute to the development of physical and mental disorders. The research aimed to investigate the impact of psychological factors (Self-esteem, Depression, Anxiety, and Decision-Making Confidence) and social factors (Childhood Problems, Hostility, Risk-taking, and Social Conformity) that predictors of substance use disorder in women. A cross-sectional survey design was used in this study. Drug Abuse Screening Test (DAST) and psychosocial functioning scale were used to collect data on women (N=200). The purposive sampling technique was employed for sample selection; moreover, the snowball technique was also used as the drug-addicted women recommended the other women. Results of the study reveals that psychosocial factors were a significant predictor of substance use disorder in women. The finding of the multiple regression analysis reveals that psychosocial factors were significant predictors of substance use disorder in women [$R^2 = .46$, $F(1,142)14.26$, $p < .01$]. In conclusion, this study highlights some psychological (Self-esteem, Anxiety, Decision-making confidence) and social factors (Childhood problems, Risk-taking, and social conformity) that are valuable predictors of substance use disorder in women. These findings may help clinicians to develop treatment and policy guidelines for the prevention of drug addiction in women.

Keywords: Psychosocial factors; Self Esteem; Anxiety; Depression; Social Conformity

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TOGETHER WE REACH THE GOAL



Introduction

Substance abuse disorder is a global psychiatric problem that has a high rate of morbidity and mortality [1]. Injuries and risky use of psychoactive substances are called substance abuse [2]. Substance use disorders are commonly known as "drug addiction" [3]. Drugs are the chemical or psychological substance that changes the physical, mental, emotional, or behavioral state of an individual [4], [5].

Substance abuse has also produced changes in brain chemistry and functioning that can lead to dependence, tolerance, and addiction [6]. Substance use disorders are linked to withdrawal in various aspects of psychological, social, occupational, and physical functioning [7]. Drugs can be used for medical purposes; for example, it is used to cure diseases, prevent illness, and improve health, but they can be used legally or illegally. It is called drug abuse. When an individual takes drugs for medical purposes, their amount, decency, and frequency can damage the individual physically or mentally [8]. The prevalence of drug addictions in Asian countries is about 0.01%_4.6%¹⁰. The prevalence of substance abuse disorders is also high in Pakistan. United Nations Office on drug and crime and the ministry of narcotic control released a collaboration report on substance abuse in Pakistan in 2013. Which depicts that 6.7% of individuals use illegal drugs [9], [10].

Substance addiction is a bio-psychosocial phenomenon [11]. Psychosocial factors are multidimensional constructs, encompassing two different domains as psychological domain (depression, anxiety, distress, self-esteem, and satisfaction) and the social domain (socioeconomic status, employment, religion, physical attributes, family, relationship with others, locality). These factors contribute to the development of mental and physical disorders [12], [13]. Psychosocial factors influence an individual psychologically or socially. Substance use reversible disorder causes social problems and is distinguished by a range of physical, psychological, and social impacts. Substance use disorders are related to different psychological and social factors [14]. Literature has demonstrated that individuals with substance use disorder have more psychosocial problems. The research was conducted in Nepal to check the psychosocial problems and related factors in individuals with substance abuse disorders. The descriptive cross-sectional research design used data collected from different rehabilitation centers in Nepal. The Probability sampling technique was used to select the rehabilitation centers and individuals diagnosed with substance abuse disorder. The conclusion of this study is substance use disorder has a significant impact on a 'person's psychological and social wellbeing [15].

Gender differences in substance abuse disorder are considerable. However, substance use disorder is frequently reported by males [16], but 'it's difficult to estimate the difference in drug use patterns among men and women, but some countries have presented the differences in patterns of substance use among men and women [17].

According to the United Nations of Drugs and Crime and the World Health Organization (2008), the pattern of drug use among women [18] and the size of addiction in women has either been "instructed by national denial" or "and 'doesn't have equal attention on the substance abused by women. It was difficult to access women. Thus, only limited numbers of females were interviewed, so it was accounted "the percentage of interviewed women substance users was negligible". This survey revealed that there were 3% of substance abuse women in Pakistan. UNODC (2000) [19] survey the subject of the survey dealt with details about women using the drug. This survey revealed that much information is available on female drug abuse in Pakistan. Recently advanced studies conducted in Pakistan provided some rough estimations of drug use in Pakistan, and missing gender focusing on the exact number of female drug users in Pakistan is not known. Although there is a predisposition to believe that female drug users are less in Pakistan as compared to males, the actual situation is may be covered by the inadequate representation of females.

Psychosocial factors and their influence on individuals devoted to the development or aggravation of physical and mental disorders. Previous research had designated that social isolation, depression, and behavioral escape coping avoidance were associated with the risk of mortality for substance use disorder. Psychosocial factors included the presence of psychiatric disorders, personality, and environmental as well as family and peers that either increased the risk of individuals developing the substance disorder or decreased the protective factors. With the help of this research, people will be able to find out how several psychosocial factors like Self-esteem, Depression, Anxiety, Decision-making confidence, Childhood problems, Hostility, Risk-taking, and social conformity resulted increased substance use disorder among women in Pakistan. 'Individuals' level of psychological and social functioning directly influences risky behavior. All such factors were strongly related to substance use disorder in women of Pakistan.

Methods and Material.

Research Design

A cross-sectional survey research design was used. This research was conducted from November 2020 to January 2021 at the University of Gujarat, Pakistan. After approval university ethics review committee, the sample was collected by approaching the subjects individually by visiting rehabilitation centers in the districts of Gujranwala, Lahore, and Islamabad.

Sampling Technique.

The purposive sampling technique was used at rehabilitation centers, while the snowball technique was used in another setting.

Instruments

Data were collected by using psychological and social functioning scales [20]. The original scale consists of 56 items are distributed into two main categories: the psychological scale (Self-esteem consists of 6 items; Depression consists of 6 items; Anxiety consists of 7 items, and Decision-making confidence consists of 7 items) and the social scale (Childhood problems consist of 8 items; Hostility consists of 8 items, Risk-taking consists of 7 items and social conformity consists of 7 items). Total possible scores ranging from the psychological and social functioning scale are 56 to 280. High scores indicate a high rank in both dimensions psychological and social. And the Drug Abuse Screening Test (DAST) [21]. It has ten items of self-report questions that concern information about 'participants' involvement in drugs. Participants gave their answers in Yes or No. Yes, the response is scored as 1 and 0 for NO, according to symptoms from the last 12 months. The total score range is 0-10 (0 indicate no problem reporting, 1-2 point out low level of problem, 3-5 point out the moderate level of problem, 6-8 considerable level of problem, nine to 10 indicate the severe level of problem-related substance abuse). Only those women were selected who fulfilled the criteria of (DAST). Using DAST criteria, women with substance use disorder were categorized as mild, moderate, and severe cases.

Scale Translation.

Both scales were translated into the Urdu Language before data collection for a better understanding of the questionnaire to the participants. The scale was translated into the Urdu language by three bilinguals and subject experts (3 M. Phil and 2 Ph.D. scholars). Furthermore, a committee approach was used in which three Ph.D. faculty members provided their feedback on the translated version. The best translation selected by the panel was further examined by the professional translator of the Urdu department.

Data collection

The final translated version of DAST and Psychosocial functioning scale was applied to the target population. After taking informed consent, the questionnaire was given to the participants with all written instructions. They were asked to answer all the questions. Finally, data on 200 women addicts was collected. Data of 57 women were discarded because they did not meet

the standard criteria of DAST. Further analysis were conducted on data of 143 addicted women. For analyses, the s statistical data package for social sciences SPSS 21 version was used.

Statistical procedure.

Descriptive analysis was done on the percentage and frequencies of demographics and questionnaire also. Multiple Regression analysis was done to study the hypothesis and measure the predictability of the independent variable, that is, the psychological and social factors toward the dependent variable, i.e., substance use disorder in women.

Result and discussion.

Descriptive Analysis of Demographics.

Descriptive statistics were used to calculate the frequencies of the percentage of the demographic variables, such contained age, socioeconomic status, and marital status of substance-abusing women. It also contains some questions related to the substance abuse period, the debut of drug use, and the type of drug.

Table 1. Percentage and Frequency of Demographics Characters' tics (N=143)

Characteristics	Frequency	Percentage
Age		
20-30	67	64.9
31-40	45	31.5
41-50	26	18.2
51-60	5	3.5
Marital status		
Unmarried	45	31.5
Married	57	39.9
Divorced	38	26.6
Separation	3	2.1
Socio-economic status		
Lower class	39	27.3
Middle class	64	44.8
Upper class	40	28.0
How did you start taking a drug?		
Family issue	47	32.9
Medical issue	19	13.3
Divorce/breakup/separatio n	28	19.6
With friends	20	14.0
Curiosity	18	12.6
Psychological issue	11	7.7
The main addictive substance in last years		
Caffeine	32	22.4
Alcohol	11	7.7
Hallucinogens	32	22.4
Tobacco	18	12.6
Sedative	13	9.1
Cannabis	13	9.1
Others	2	1.4

Table-1: shows that Hallucinogens and Caffeine were the most comen substance used among women, at 22.4 % (N= 143). Tobacco was second at 12% (N=143), pursued by sedatives, and

cannabis at 9.1 (n=1430). The mixed drugs group was the smallest at 1.4% (n=143). In a study conducted in the united states, Demographical variables such as age, marital status, education, and ethnocultural background may play important in the prediction of drug abuse that sported our findings [22]. Another research conducted in 2016 found a significant association between the prevalence of substance abusers and socio-demographical factors like gender, Age, living Arrangements, family economic status, and marital status [23].

Table 2. Model summary of Multiple Regression Analysis of Psychosocial factors and substance use disorder in women (N=143).

Variable	R	R ²	Adjusted R ²	F	P
PFAM	.67	.46	.42	14.26	.00
DAST					

*Note.*DAST=drug abuse screening test, PFAMS=psychosocial functioning and motivation scale.

Table 2. Showing the summary of regression analysis, the study explored that psychosocial factors were a predictor of substance use disorder in women. Regression analysis results showed that psychosocial factors were the significant predictors of substance use disorder in women [R² =.46, F (1,142)14.26, p<.01]. Research that sported our findings is perceived stigma and psychosocial factors among women with substance use disorder, Thailand" the finding of this is drug addiction is the most stigmatized health condition that plays an important role in drug user's treatment engagement. The perceived stigma was strongly linked to psychosocial factors among women with substance use disorder [24].

Table 3. Coefficient of Multiple Regression for Psychological Factors and Substance Use Disorder in Women (N=143)

Variable	Unstandardized Coefficients		Standardized Coefficient		
	B	S. E	Beta	T	P
self-esteem	-.02	.03	-.06	-.73	.00
depression	.15	.05	.29	2.98	.00
anxiety	.21	.05	.39	4.04	.00
decision making confidence	-.28	.05	-.47	-4.94	.46
childhood problem	.09	.06	.22	1.47	.00
hostility	.27	.05	.53	4.75	.14
risk-taking	.46	.05	.88	8.18	.00
social conformity	-.46	.05	-.38	-2.53	.01

Table-3: shows the results of multiple regressions indicate that self-esteem is significant and negatively predicted of substance use disorder (β-.06, B -.02). Literature sported our findings a research "relationship between substance use and self-esteem". This research revealed that substance abuse has a strong impact on 'one's self-esteem. Taking a high rate of the substance may lead to a low level of self-esteem [25].

Anxiety is a significant positive predictor (β-4.04, B.21), and depression is also a significant positive predictor (β .29, B.15). A study sported our findings "Assessment of anxiety and depression among substance use disorder patient: a case-control study" this research revealed that patients of substance use disorder exposed the high level of anxiety and depression [26].

On the other hand, a childhood problem significant predicted substance use disorder (β -.22, B.09), and risk-taking is significant positive predicted (β -.88, B-.46). Previous longitudinal research on children with ADHD childhood problems predictors adolescent substance abuse [27]. Social conformity significantly negatively predicted substance use disorder in women (β -.38, B-.46). Literature sported our findings social relationship influence substance abuse disorder. Findings of the collaborative narrative study revealed that substance use disorder negatively edaffected individual's social functioning and produces a burden on society [28].

Conclusion.

In conclusion, this study highlights some psychological (Self-esteem, Depression, Anxiety, Decision-Making Confidence) and social factors (Childhood Problems, Hostility, Risk Taking, and Social Conformity) that have a valuable prediction in substance use disorder in women. After knowing the psychosocial factors that lead to substance abuse, it will be very helpful to work on these factors and reduce the rate of substance use disorder in women.

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