



How Substance Use Disorder Affects Women

Z. Bencharfa, K. Bellarabi, F. El Omari

Faculty of Medicine and Pharmacy of Rabat, Mohammed V University of Rabat, Morocco.

ABSTRACT:

Addiction to different substances is therefore considered a public health problem, predominantly male. Indeed, long considered taboo, the lack of data regarding female use is obvious. It is therefore difficult for a woman to cope with her drug use disorder without feeling shame, guilt and fear in so-called conservative societies.

With the aim of developing a sociodemographic and clinical profile of these Moroccan women, we conducted an epidemiological study among 119 patients, hospitalized in the addiction center of the Arrazi University Hospital in Salé, between 2009 and 2017. Regarding the psychoactive substances most consumed in our study, cannabis came in first position at 68%, followed by tobacco at 52.1%, then alcohol at 40.33%.

It appears that the number of Moroccan women using a psychoactive substance is clearly increasing, a consumption that is increasingly democratized in our society.

KEYWORDS: Addiction, Women, stigma.

I. Introduction:

Substance-related disorders include 10 separate classes of substances that are not completely distinct: alcohol, caffeine, cannabis, hallucinogens, inhalants, opiates, sedatives, hypnotics and anxiolytics, stimulants, tobacco, and other substances. All these substances consumed in excess have in common a direct activation of the system brain reward, which is involved in the reinforcement of behaviors and the production of memories. The pharmacological mechanisms by which each class of substances produces a reward are different [1].

The WHO estimated in 2013 that a total of 246 million individuals, or one in 20 people aged 15 to 64, consume psychoactive substances [2].

Addiction to different substances is therefore considered a public health problem, predominantly male.

Indeed, long considered taboo, the lack of data concerning female use is obvious [3]. It is therefore difficult for a woman to cope with her use disorder without feeling shame, guilt and fear. As a result, access to care is also complicated in conservative societies [4].

Psychiatric comorbidities, as well as a history of physical, psychological and sexual violence, are also very common in this category of patients [5].

Our study aims to study addiction among Moroccan women who are very stigmatized and disapproved within our society, by establishing a sociodemographic and psychological profile of Moroccan patients, who present a psychoactive substance use disorder, hospitalized in the addiction center of Arrazi University Hospital between 2009 and 2017.

II. Materials and method:

1. **Type and location of the study :** We conducted a retrospective, descriptive and analytical study on the files of patients hospitalized in the women's unit of the addictology department of the Arrazi Psychiatric Hospital in Salé, since its opening, and this during a period of 8 years, going from 2009 to 2017).
2. **Population studied :** Female patients, i.e. 119 patients who were hospitalized during this period, with a psychoactive substance use disorder, diagnosed according to DSM-5 criteria.
3. **Questionnaire:** We developed a questionnaire comprising 29 items, relating to sociodemographic characteristics, biographical elements, personal medical-surgical, judicial and gynecological-obstetric **histories**, family history, and data relating to the psychoactive substance consumed.
4. **Statistical analysis:** Data entry was carried out using IBM SPSS Statistics v20 software.

III. Results :

1. Sociodemographic characteristics :

The average age of the sample was 27 years (+/- 10) with extremes of age, ranging from 18 to 66 years, and a majority of young people aged under 30, i.e. 60%.

Among these patients, 67.20% were single, 19.30% married while 11.80% were divorced.

For the level of education, the majority of our patients stopped at the secondary level, i.e. 52%, 40% followed higher education, while only 8% had a low level of education or had never been to school. .

The vast majority of patients were unemployed, i.e. 83.20%, while only 16.8% had a stable professional activity.

In our series, all patients 100% resided in an urban area (Table I).

Table I: Summary of socio-demographic data.

Variables		Percentage
AGE	18-30 years old	60%
	31 to 60 years old	38.32%
	> 60 years old	1.68%
Marital status	Singles	67.20%
	Brides	19.30%
	Divorced	11.80%
Educational level	Low or uneducated	8%
	Secondary	52%
	Superior	40%
Professional activity	No occupation	83.20%
	Official	16.80%
Place of residence	Urban	100%
	Rural	0%

2. Biographical characteristics:

The majority of patients lived with their biological parents 95.80%, compared to 4.2% who were adopted. 16.80% had divorced parents, 16% reported having already suffered physical violence in the past, 20.20% sexual violence, while 5% reported having been victims of incest. (Table II).

Table II: Summary of biographical data.

Variables		Percentage
Parents	Organic	95.80%
	Adoptives	4.20%
Marital status of parents	Married	83.20%
	Divorced	16.80%
History of physical violence	Yes	16%
	No	84%
History of sexual violence	Yes	20.20%
	No	79.80%

3. Psychiatric and judicial clinical characteristics:

Psychiatric comorbidities were very common in 73.8% of patients, mainly a depressive disorder in 42.9%, a bipolar disorder in 13.40%, an anxiety disorder in 15.90%, an eating disorder 0.80 %, 0.8% with post-traumatic stress disorder.

58.8% of patients presented personality disorders, distributed as follows: 39.50% borderlines , 13.4% histrionics, 3.40% antisocial, 1.7% are dependent, 0.8% present a disorder of schizoid personality.

36.10% have already attempted suicide in the past, including 21.84% once, 5.8% twice and 8.4% more than three times. These suicide attempts occurred in an impulsive context in 67.40% of cases, depressive in 24.4%, and in unspecified circumstances in 8.20% of cases.

Only 15.6% reported a history of police custody (GAV) for: theft 3.2%, public drunkenness 6.6%, possession of drugs 5.8%, while only one patient had already been incarcerated for prostitution (0.80%) (Table III).

Table III: Summary of psychiatric and judicial data:

Variables		Percentage	
Psychiatric comorbidities	Depressive disorder	42.90%	
	Bipolar disorder	13.40%	
	Anxiety disorder	15.90%	
	TCA	0.80%	
	PTSD	0.80%	
	Pathological personality	Histrionics	13.40%
		Borderline	39.50%
		Antisocial	3.40%
		Dependent	1.70%
		Schizoid	0.80%
No personality disorder		41.20%	
No psychiatric comorbidity		26.20%	
History of suicide attempts	Yes	A recovery	21.84%
		Two times	5.80%
		Three or more times	8.40%
	No		63.90%
Criminal record	Jail	15.60%	
	Incarceration	0.80%	
	No	83.60%	

4. Medical-surgical clinical characteristics:

35.50% of patients reported a medical-surgical history, mainly asthma in 7.50%, epilepsy in 5%, appendectomy in 4.80%, dysthyroidism in 4%, fracture in 2.40% , high blood pressure in 1.60%, and 0.80% for each of the other pathologies (allergy to aspirin, bariatric surgery, dilated cardiomyopathy, cholecystectomy, chronic hepatitis b, ovarian cyst, synovial cyst, plant poisoning, vertebral slippage and herniated disc)

Regarding the gynecological-obstetric history, 17.60% reported an abortion, and 2.5% an illegitimate pregnancy, while 0.80% reported an ectopic pregnancy.

5. Characteristics of patients' use of psychoactive substances:

We note from our series that Cannabis was at the top of the substances, consumed by 68% of patients, with an average age of onset of 16 years and a daily rate of use among all patients.

Tobacco came in second place at 52.1%, with an average age of onset of 15 years and an average of 22 cigarettes smoked per day.

Alcohol was the third substance, consumed by 40.33%, with an average age of onset of 18 years. No history of alcohol intoxication was noted in our series.

33.60% of patients reported use of benzodiazepines, with an average age of onset of 24.5 years, and an average quantity of 10 tablets per day.

For cocaine use, it was found in 15.96%, the average age of first use was 19.5 years with a daily average of 4.52, snorted by 12.80% of patients.

Opioids were used by 7.5% of patients, with an average age of onset of 25.6% of patients.

8 patients (6.7%) have already taken ecstasy during their life. Their average age is 17.5 years with a daily consumption of 7 tablets. 1.60% of patients have already consumed inhalants, with an average age of onset of 32 years and an average quantity of one tube per day (Table IV).

Table IV: Characteristics of psychoactive substance use.

6. Weaning attempts:

Substance	Percentage	Average age at start (Per year)	Terms/ Percentage	Average quantity per day	Desired effect
Tobacco	52.1%	15	Cigarettes	22 cigarettes	Calming 70% Experimental 30%
Cannabis	68%	16	Seals	5.3 grams	Well-being 65% Euphoric 35%
Alcohol	40.33%	18	Beverage	1.8 liters	Well-being 41.67% Euphoric 29.17% Amnesic 8.36% Disinhibition 20.8%
Cocaine	15.96%	19.5	Snifée (12.80%) Smoke (2.40%)	4.52 grams	Euphoric 57.89% Well-being 42.11%
Opioids	7.5%	25.6	Codeine (3.20%) Heroin (2.40%) Tramadol (1.60%)	9 tablets	Analgesic 3.33% Euphoric 3.33% Well-being 3.33%
Benzodiazepines	33.61%	24.5	Tablets	10 tablets	Anxiolytic 37.5% Euphoric 10% Hypnotic 12.5% Relaxation 40%
Ecstasy	6.7%	17.5	Tablets	7 tablets	Anxiolytic 12.5% Euphoric 62.5% Concentration 25%
Inhale	1.6%	32	Inhaled	1 tube	Sedative 50% Anxiolytic 50%

All patients have had one or more weaning attempts in the past. The duration of their abstinence varied from a few days in 59.70% to more than a year in 12.60% of patients.

7. Family history of psychoactive substance use:

The most common family history found in our series was alcohol use in 12.60%, followed by Cannabis in 3.30%, tobacco in 1.60% and finally opioids in 0.80% of parents. of first degree.

IV. Discussion :

Our work, the first of its kind in Morocco, addresses the subject of the consumption of psychoactive substances, among women in the addictology department of the Arrazi hospital in Salé for withdrawal with maintenance of abstinence.

1. Sociodemographic characteristics :

Regarding age, our results are contradictory with the study by Guourani et al., carried out in Marrakech in 2012, and which shows a low prevalence of use among young people under 30 years old. We can then hypothesize that during the last decade, access to even illicit substances has become greatly simplified for young Moroccan women [6].

The majority of our patients were single, which corroborates with the literature where more than half of users (59%) are single or divorced [7].

It has also been argued that there is a reciprocal relationship between low socioeconomic status and drug use. Living in poverty can cause chronic stress, which impacts an individual's mental health, from which drugs can provide a temporary reprieve. In addition, but to a lesser extent, drug abuse can lead to a deterioration of the socio-economic situation [8].

The rate of use among patients attending the center seems to increase in parallel with their level of education in our study, which is similar to the ranking in a second study carried out in Marrakech, where 25% had a university level of education, 23% had reached high school, 29% middle school, 14% had not gone beyond primary school and 13% had never been to school [9].

We explain these results by the fact that the sample studied includes people who attend an addiction center and who have therefore expressed the desire to seek treatment, except that this desire naturally seems to evolve in parallel with the level of study for reasons undoubtedly linked to the fact that the more educated the user is, the more he has had the opportunity to be made aware of the harms of the use of different psychoactive substances. Therefore, the promotion of scientific knowledge on the neurobiological effects of substances is a priority issue in the government strategy to combat drugs and addictive behavior.

2. characteristics :

16% of our patients have already suffered physical violence in the past during their life, which contradicts the literature which estimates that one in three women in the world has been the subject of physical violence [10]. In a study undertaken in 2015, the Pompidou Group of the Council of Europe found that women who were drug addicts were subject to more violence than those who were not. Rates of violence were even higher among drug users who were pregnant or engaged in the sex trade [11].

This discordance can be explained by the taboo surrounding violence in our society, especially since few women are able to talk about it easily, because they are so afraid of reprisals such as divorce or loss of custody of children to the detriment of their spouse and therefore prefer to wait and remain silent. Add to this that many women are unaware of the violence, especially verbal, that they experience, considering it to be normal in a relationship.

3. Psychiatric and judicial clinical characteristics:

In our study, 73.8% of patients presented psychiatric comorbidities. The literature confirms this observation in several studies where the prevalence of depressive disorders was around 40% [12][13].

This can be explained by the fact that this depression can either in itself be a risk factor for the use of psychoactive substances.

A study carried out in San Diego, covering approximately 283 cases of suicide, found 58% alcoholics and drug addicts [14], which greatly exceeds the figures found in our study.

4. Characteristics of psychoactive substance use:

4.1. **Cannabis:** 68% of our patients consume cannabis, with an average age of first use of 16 years and at a regular daily rate. The vast majority of requests for treatment concern cannabis. In other words, these indicators indicate the predominant place of cannabis in all addiction centers [15].

4.2. **Tobacco :** 52.1% of patients have already used tobacco, with an average age of first use of 15 years. In 2014, the study by the French Observatory on Drugs and Drug Addiction (OFDT) showed that daily tobacco use concerns 29% of adults (33% of men and 25% of women), and that at 17 years old, experimentation and occasional use of tobacco are more prevalent among girls [8].

Concerning the quantities consumed, as in 2010, 68% of daily smokers report smoking at least ten cigarettes per day, men a little more often than women (72% compared to 64%). The average number of cigarettes smoked daily by regular smokers is 13.5, a figure similar to that observed in 2010 (13.8 cigarettes) [16].

4.3. **Alcohol:** 40.33% of patients reported alcohol use, with an average age of first use of 18 years. All had regular daily consumption. Alcohol is the most consumed psychoactive substance in France. Only 5% of French people say they have never drunk it, 28% of women consume it regularly and 17% consume it every day, according to a study conducted by the National Institute of Prevention and Health Education [17]. The nature of our research detected people with very advanced addiction, which explains the gap between the two results previously found.

- 4.4. Cocaine:** In our population, 7.5% have experienced cocaine use during their life. Their average age of onset was 19.5 years with a daily consumption of 4.52 grams on average, snorted most often. According to the French observatory for drugs and drug addicts, among people aged 18 to 64, 5.6% experimented with cocaine in 2014. Consumption during the year concerns 1.1% of people aged 18 -64 years old. This consumption appears stable compared to 2010. The difference found can be explained by the stricter consumption regulations in France compared to Morocco, then our study concerns people in withdrawal treatment unlike the study in the literature [18].
- 4.5. Opioids:** Codeine was used by 3.20% of patients, heroin 2.40% and Tramadol 1.60%, with an average age of 25.6 years. According to the French Observatory for Drugs and Drug Addicts in 2017, among people aged 18 to 64, 1.5% have experimented with heroin. Consumption during the year, stable compared to 2010, concerns 0.2% of 18-64 year olds. Experimentation with heroin among 17-year-olds is stable compared to 2011, the level reaching 1.0% in 2014. This clear difference can be explained by the ease of obtaining drugs without a prescription in developing countries. development pathway and especially by the known use of these drugs by women compared to their male counterpart [19].
- 4.6. Anxiolytics and hypnotics:** 33% have already consumed it during their life in our series. In 2015, 13% of the French population received at least one reimbursement for benzodiazepines during the year. Women represented 65% of users. This consumption also concerned adolescents. In 2014, 16% of 17-year-olds reported having already taken anxiolytics in their life, 13% hypnotics and 6% antidepressants [20]. The French study focused on reimbursed medications, which explains the inferiority of their use compared to our study where there are a number of psychotropic drugs taken with or without a medical prescription.

V. Conclusion:

Nowadays, it is obvious that the number of Moroccan women using a psychoactive substance is clearly increasing, a consumption often stigmatized in a society which aims to be conservative and which disapproves of this type of use.

At the end of this work, we noted that consumption affects more young, single women, with a low educational level, mainly unemployed. Physical, psychological and sexual violence were reported by these patients, as well as psychiatric comorbidities, mainly depressive disorder and borderline personality.

To try to remedy this, the center's preventive missions must extend over three levels; primary at the level of educational establishments and primary care structures, secondary at the level of hospitals and medical practices to make doctors aware of the existence of the center and its offer and tertiary: at the level of all structures which interact with individuals in a situation of severe addiction (prisons, hospitals, social centers, etc.).

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