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Characteristics And Patterns of Self-Harm Among Women with Substance Use Disorders

Nooreen Begum
Hafsa Riaz
&
Nazish Anwer
Benazir Shaheed Model Addiction Treatment and Rehabilitation Center
Anti-Narcotics Force, Karachi Sindh, Pakistan

Abstract

This study aims to identify the socio-demographic characteristics of women with Substance Use Disorders (SUDs) and patterns of self-harm. The retrospective study was conducted at the Model Addiction Treatment and Rehabilitation Center, Anti-Narcotics Force Karachi, Sindh. Retrospective data between January 2017 and May 2024 was analyzed in 218 female patients with SUD, records were reviewed. Data was retrieved on socio-demographics, reasons for drug use, and type of drug use. SPSS 28 was used to run descriptive statistics for data analysis. Cut marks on the arms, neck, and legs were the most prevalent pattern among individuals who engaged in self-harm behaviors (23%), followed by tattoos (11.9%) and burn marks on the arms and legs (5.5%). A significant portion of patients (29.4%) were using synthetic drugs, such as painkillers, and heroin (27.9%). The majority of patients (70.6%) were non-injecting drug users. More than half of the patients fell within the age range of 20-30 years (47.34%). Peer and family influence (36.7%) was the most common reason for drug use, followed by marital problems (16.5%). In conclusion, these findings emphasize the need for targeted interventions and treatment programs addressing self-harm and substance use among women.

Keywords: Substance Use Disorders, Self-Harm, Patterns, Socio-Demographic, Psychosocial Problems.

Introduction

Substance abuse is one of the most serious psychosocial problems worldwide since it has effects not only on the abuser's physical and psychological health but also on their relational functioning (Esteban et al., 2023). It was identified from prior studies that various psychological (self-esteem, depression, anxiety, decision-making, and confidence) and social characteristics (childhood problems, hostility, risk-taking, and social conformity) are significant indicators of Substance Use Disorder in women. Gender disparities in drug addiction disorder are substantial. However, substance use disorder is frequently reported by males (McHugh et al., 2018), but "it's difficult to estimate the difference in drug use patterns among men and women," although certain nations have presented variations in patterns of substance use among men and women (Storbjörk, 2011). The prevalence of co-

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morbid substance use is much higher among women with depressive disorders. A study by Guyer et al., (2024) reveals that in females with severe depressive illness, 20.9% met the criteria for Substance Use Disorders. Tobacco (cigarettes, chewing tobacco, snuff, cigars, and/or pipe tobacco), illicit drugs (cocaine, hallucinogens, heroin, inhalants, and marijuana), and non-medical prescription medications (pain relievers, tranquilizers, sedatives, and stimulants) were among the most frequently used substances (Zhou et al., 2019).

There is scarce data available on suicide behavior among Pakistani youth. According to adult statistics from Pakistan, gender, marital status, and household stressors are all common risk factors for suicide and deliberate self-harm (DSH) (Khan & Reza, 1998). Young females comprise the more significant population and are more prone to seek treatment in communal settings. Suicidal intent as a reason for self-harm and the employment of potentially fatal means may indicate that this population is at high risk of suicide (Husain et al., 2023). Whereas, self-harm was a more common pattern in women with certain socio-demographics such as young age, unmarried, living in a joint family structure with an extended family system, and education with less than a tenth slandered. Besides this, they were found to have poor interpersonal relationships and concerns with financial issues. These factors were observed as the most often reported triggers or precursors for self-harm (Shekhani et al., 2018).

According to Ahmed et al. (2022), the majority of female participants reported experiencing domestic abuse and sexual assault by their husbands, which caused despair and post-traumatic stress and led to drug use. Several female participants admitted to using narcotics under pressure from their boyfriends. They were constantly persuaded to take drugs by their partners. A few female participants said that their partners had drugged them against their will and then raped them.

Self-harm, anxiety, and depression have been associated with marital conflict and issues with in-laws in Pakistani women. Vulnerability in women may be linked to interpersonal problems in joint family systems, though this is not exclusive to these systems. According to research, married women in Pakistan who come from nuclear families are more prone to experience depression (Qadir et al., 2013). Further, mixed family structures have been characterized in Pakistani literature as risk factors for psychological distress as well as protective factors (Mumford et al., 1997, 2000). A study by Husain et al., (2019) describes that certain Pakistani women could experience additional stressors during marriage, like domestic violence, loss of autonomy, and pressure to have children (Shekhani et al., 2018). The results on gender differences show that self-harm is more common among women, which is in line with international research studies on this issue (Shekhani et al., 2018).

According to the United Nations Office on Drugs and Crime and the World Health Organization (2010), the pattern of drug use among women and the extent of addiction in women have either been "instructed by national denial" or "does not

have equal attention on the substance abused by women." It was tough to attain women's data. As a result, only a small number of females were interviewed, hence "the percentage of interviewed women using substance was negligible". Another research was conducted by Shadman, (2013) on women with a history of substance use. This survey indicated that there is a wealth of information available about female drug misuse in Pakistan. Recent advanced research undertaken in Pakistan has offered some rough estimates of drug use, however, the exact number of female drug users is unknown. Although there is a tendency to believe that female drug users are less common than males, the actual situation may be obscured by an under-representation of women (Iftikhar & Riaz, 2022).

Theoretical Framework

The *Social and Environmental Influences* show that the partner or family member's substance use is cited as the most common reason for substance use among women. This highlights how important social learning and environmental factors play a role in one's habits on drug use. Women can be more susceptible to substance abuse in settings where drug use is common or accepted (Motyka et al., 2022).

From the *psychoanalytic* viewpoint, people's inadequate personality adaption to life's circumstances may be the cause of their drug usage. This can be explained in another way, drug use is a coping mechanism that weak personalities employ to overcome inferiority complexes (Shafiee et al., 2019). The craving is a component of many addiction theories. The latest posited theories of addiction classify urge or craving as one of the severe psychopathological components of SUDs (Skinner & Aubin, 2010).

The *cognitive perspective*, which encompasses theories of self-control, holds that any interference with an individual's capacity for planning or behavior modification directly affects their capacity for situational adaptation (Shafiee et al., 2019) However, the severity of this disease and addiction is exacerbated by a predisposition to drug use (Hester et al., 2010). In these situations, disorders like impulsivity caused by aberrant brain activity may coexist with or lead to addiction (Bickel et al., 2012).

Problem Statement

As per the World Drug Report (2022) on average the global figure expressed an approximate 284 million involving the use of drugs in the year 2020 as estimated by the UNODC. About 6-9% of male adults and 2.9 % of female adults or an estimated 6.7 million people used substances other than alcohol and tobacco in the past year. It also revealed of high rate of non-medical use of prescription drugs all over the country especially among women. Women now constitute an estimated 45 - 49% of amphetamine and non-medical users of pharmaceutical stimulants, pharmaceutical

opioids, sedatives, and tranquilizers (Farooqui et al., 2022). Female patients are thereby more vulnerable to psychosocial problems such as self-harm, emotional disorder, violence, or abuse, as well as the onset of co-morbidities. The justification for this study is the insufficient number of research studies from Pakistan on trends and patterns of drug use and associated concerns in women with SUD. The lowest number of female SUD cases are reported primarily because of stigma and lack of social support which led to more adverse psychological and social problems in their lives. Another factor is the lack of support, minimal facilitation, lack of resources, absence of gender-specific facilities, trained staff, and evidence-based comprehensive treatment programs for such women.

Research Objectives

The research objectives of the study were:

- To explore the patterns of self-harm in women with Substance Use Disorders.
- To identify the socio-demographic characteristics of women with Substance Use Disorders.
- To find out the type of drugs most commonly used by women.

Review of the Literature

Substance misuse is a concerning issue globally, but especially in Pakistan because of its accessibility and affordability. Heroin, opium, and cannabis are the most frequently abused drugs in Pakistan (UNODC, World Drug Report, 2022). Drug abuse is associated with social, economic, and criminal problems. Moreover, it is linked with physical, psychological, and psychiatric comorbidities. Notably, according to the research findings substance usage at the time of self-harm was reported by 20% of patients. In contrast to other patients who self-harm, large percentages of substance-using patients had lower levels of consciousness when they were admitted; used more medical resources and needed more hospital stays; reported a prior episode of self-harm; explained their self-harm as being related to relationship issues and financial concerns; and planned to die as a result of their injuries (Breet et al., 2018). Suicide prevention is in the Sustainable Development Goals (SDGs) and WHO aims to reduce suicides by one-tenth by 2030. Thus, there remain serious obstacles to achieving these goals and Pakistan does not accumulate and report data on suicide and self-harm. Suicidal behavior is still a relatively under-researched and under-studied phenomenon in Pakistan. Certain aggregated mortalities such as suicide mortality rates are missing from the official records. Research and efforts on suicide intervention and prevention have simply lagged. This observation

suggests identifying the vulnerable population, peak age, gender, sect, ethnicity, sociocultural background, and common ways by examining the patterns and reasons of suicide and self-harm in Karachi, Pakistan. Suicide attempts among female youth have a significantly increased risk of developing Substance Use Disorders in later years. Hazard ratios revealed a six-fold increased risk for any SUD and a startling hazard ratio over time for Sedative or Hypnotic Use Disorder (Auger et al., 2022).

A thorough analysis addresses the greater rates of mental health conditions, such as eating disorders, anxiety, depression, and trauma-related disorders among women who use drugs. It highlights the need for gender-sensitive treatment options by emphasizing that women frequently experience more negative effects from substance use on their physical and mental health than males do (Chen et al., 2013). Further, a majority of the individuals, 76% of them, had at least one comorbid mental disorder identified. The commonest co-morbidities were anxiety disorder at 13.16%, mood disorder at 28.95%, and any personality disorder was 27.63%. The results also revealed that subjects with comorbidity scores had worse global functioning, and had significantly higher psychosocial and environmental impaired profiles. Psychiatric comorbidities are exceedingly common and are related to several psychological and environmental factors. To have even better outcomes, early detection and treatments of comorbid disorders and community-based psychosocial rehabilitation should be made along with each other.

A cross-sectional and longitudinal case-control by Santo et al. (2022) depicted that mental illnesses increase the likelihood of OUD (Opioid Use Disorder). Finally, there is evidence to suggest that OUD patients have higher psychiatric co-morbidities that could have developed through shared risk factors or primary causes. Such factors include the potential impact of child trauma (Santo et al., 2021), and socioeconomic vulnerability, these may exacerbate symptoms of OUD and mental disorders. In addition to an increased risk of PTSD and OCD in women with OUD, it was found that the percentage of women with OUD correlates with a higher need for improved mental health disorders. It is also underlined alongside the sharp increase in overdoses among women in the last twenty years.

Monitoring the demographic trends and resources used in suicide and self-harm cases is crucial for developing a suicide prevention strategy since it will help identify high-risk individuals (Hawton et al., 2015). Independent of suicidal intent, high levels of substance use during social gatherings are linked to self-harm due to disinhibition, impulsivity, poor judgment, elevated depressive or hopeless feelings, and the desire to flee a situation or alter someone else's behavior (Pompili et al., 2010). According to research by Hall et al., (2013),

many female substance users may suffer from mental health issues such as eating disorders, depression, posttraumatic stress disorder, or paroxysmal anxiety; statistics show that female addicts frequently consider suicide or are the targets of suicidal acts (Greenfield et al., 2010). Furthermore, 5% of adults reported having been sexually abused, 12% reported being emotionally abused, and 5% reported being emotionally neglected as children (Sikandar et al. 2023).

An ecological study employing information from the Global Burden of Disease revealed the truth that some of the countries with different levels of socio-demographic status had diverse patterns of mental health disorders and self-harm. They marked that economic and social risks linked with self-mutilation in women with SUD are needed for therapies to take into account the socio-demographic data of patients from different regions (Charrier et al., 2024). In a curative study involving female participants, SUD was synthetically associated with the aspects of a lower quality of education, onset of drug use at a comparatively early age as well as low quality of life. Self-harm-related symptoms and poor QOL (quality of life) ratings were used to establish that self-harm is explained by mental health disorders and that numerous coexisting drug dependence disorders should be treated (BMC Women's Health, 2023).

NIDA research has discovered that female SUD patient has individual, biological, and social risks. A few of the challenges include; higher risks of trauma, and self-harm among gay individuals needed gender-sensitive treatment that incorporates dual diagnosis support & treatment (National Institute on Drug Abuse, 2023). According to Huth et al. (2023), SUD mostly in women displays self-harm as a sign of trauma, mental disorder, or substance withdrawal. It seems to offer a broader view of self-harm as continuing psychological demands, where substance can be seen as a kind of management, rather than a single disease. Besides this, it approves that self-harm is related to drug use and finds that disturbing mental health states, such as anxiety or depression worsen this risk after substance use (Huth et al., 2023; The Recovery Village, 2023). Moreover, trauma and SUD are strongly related, with many women who experience it reporting a history of severe abuse, including physical and sexual abuse, and risk of self-harm, (The Recovery Village, 2023). This data stresses the need to improve the care of individuals with Substance Use Disorder and self-harming behaviors by integrating trauma-informed care. Self-injury increases the risk of subsequent suicidal behavior even if it is a non-suicidal self-injury, more so if the rate of self-injury increases (The Recovery Village, 2023).

In conclusion, the present study indicates that both self-harm behaviors and traits are prevalent among women with SUDs and strongly linked with trauma exposure, history of SUD and co-occurring psychiatric disorders. Thus, to prevent self-harm and promote general health the strategies that are employed in

interventions should help treat substance abuse and mental illnesses simultaneously.

Research Methodology

Research design and participants

The current research has a Retrospective Research Design. The participants involved are Female N= 218 diagnosed with substance use disorders in Karachi.

Procedure

Retrospective data between January 2017 and May 2024 of the Model Addiction Treatment and Rehabilitation Center, Anti-Narcotics Force Karachi, Sindh was analyzed in 218 female patients with substance use disorders, and records were reviewed. Removing or coding names, dates, and other personal identifiers is essential.

Data Analysis

The acquired data was entered into SPSS. The pattern of self-harm cases among women with substance use disorders was analyzed using descriptive analysis. Additionally, a descriptive report of the socio-demographic and clinical data of self-harm cases was provided, including sex, age, marital status, education, occupation, drug type, and methods used. The descriptive analysis was employed to investigate drug use, socio-demographic characteristics, and patterns of self-harming behaviors.

Research Instrument

After examining the admission and registration forms kept at ANF Hospital, the study proforma was created. This proforma is designed to gather and document clinical traits and socio-demographic data about self-harm. Age, education, marital status, occupation, drug type and mode, drug costs, and motivation for drug use are examples of socio-demographic data.

Inclusion and exclusion criteria

- Female participants were part of the study
- Females with a diagnosis of Substance Use Disorders were included.
- The history of self-harm is prominent.

Results

Table 1

Descriptive Statistics of Women with SUD on the variables of Age

Age	Frequency	%age
12-19	20	9.17
20-25	44	20.18
26-30	59	27.16
31-35	33	15.13
36-40	30	13.7
41-45	16	7.33
46-50	5	2.29
51-55	7	3.21
56-60	4	1.83

Table 2

Descriptive Statistics of Women with SUD on the Variables of Education

Education	Frequency	%age
Uneducated	84	38.53
Primary	37	16.97
Middle	21	9.6
Matriculation	35	16.1
Intermediate	24	11.0
Graduate	15	6.9
Post Graduate	2	0.9

Table 3

Descriptive Statistics of Women with SUD on the variable of Marital Status

Marital Status	Frequency	%age
Single	33	15.13
Married	136	62.4
Divorced	21	9.63
Separated	16	7.33
Widow	12	5.51

Table 4

Descriptive Statistics of Women with SUD on the variables of Occupation

Occupation	Frequency	%age
House Wife	98	44.9
Unemployed	61	27.9
Nursing staff	12	5.5
Labor	3	1.4
Skilled work	11	5.1
Sweeper	3	1.4
teachers	6	2.8
Beggars	3	1.4
Saleswomen	4	1.8
others	17	7.8

Table 5

Descriptive statistics of Women with SUD on the variable of type of Drugs Use

Types of Drugs Use	Frequency	%age
Ice	34	15.6
Crystal	41	18.8
Heroine	61	27.9
Synthetics	64	29.4
Tranquilizers	8	3.71
Alcohol	5	2.31
Cannabis	1	0.45
Bhung	1	0.45
Petrol	3	1.38

Table 6

Descriptive Statistics of Women with SUD on the variables of Injecting and Non-Injecting Drug Users

Women with SUD	Frequency	%age
IDU	64	29.4
DU	154	70.6

Table 7

Descriptive Statistics of Women with SUD on the variables of Family History of Drug Use.

Family History of Drug Use	Frequency	%age
Yes	144	66.05
No	74	33.95

Table 8

Descriptive Statistics of Women with SUD on the variables of Daily Expenses on Drugs.

Daily Expenses for Drug	Frequency	%age
100-500 Rs	114	52.3
600-1000 Rs	50	22.9
1000-1500 Rs	15	6.92
1500-2000 Rs	13	5.96
2000-2500 Rs	2	0.92
More than 2500	24	11.0

Table 9

Descriptive Statistics of Women with SUD on the variables of the average income of the family

The Average Income of The Family	Frequency	%age
Less than 20000	98	44.9
20000-39999	50	22.9
40000-74999	30	13.9
75000-147999	28	12.8
Greater than 150000	12	5.5

Table 10

Descriptive Statistics of Women with SUD on the variable of reasons for drug use.

Reasons for substance use	Frequency	%age
Marital problems	36	16.5
Frustration/tension	14	6.5
Pain	33	15.1
Family problems	17	7.8
Fun/ Pleasure	16	7.3
Sleep problems	8	3.7
Peer and family influence	80	36.7
Stress	14	6.4

Table 11

Descriptive Statistics of Women with SUD on the variable of family history of drug use

Family history of drug use	Frequency	%age
No	74	33.9
Yes, Husband	68	31.15
Yes, Brother	33	15.2
Yes, Cousin	8	3.71
Yes, Sister	8	3.71
Yes, Brother and sister	6	2.75
Yes, Brother-in-law	4	1.83
Yes, Son	4	1.83
Yes, Niece	1	0.45
Yes, Father	3	1.41
Yes, Husband and sister	3	1.41
Yes, Husband brother	1	0.45
Yes, Mother	2	0.9
Yes, Nephew	1	0.45
Yes, Uncle	1	0.45
Yes, Sister-in-law	1	0.45

Table 12

Descriptive Statistics of Women with SUD on the Variables of Patterns of Self-Harm

Pattern of self-harm	Frequency	%age
Injection and Burn marks on arms	7	3.1
Cut marks on arms, neck, and legs	52	23
Burns marks on legs and arms	12	5.5
Tattoos	26	11.9
Burn marks on the body	5	2.6
Bruises	5	2.6
Injection marks on arms and legs	7	3.1
Suicide	1	1.1
No Self-Harm	103	47.1

Table 13

Descriptive Statistics of Women with SUD on the variable of history of sexual abuse

History of sexual abuse	Frequency	%
Yes	76	34.9
No	142	65.1

Discussion

The current study aimed to determine the modality and features of SUD patients who are female specifically those who have a history of self-harm. It is agreed that substance misuse is a predictor of self-harm, and a meta-analysis has pointed out that this association includes deliberately self-poisoning or injuring, excluding accidental injury, and no matter with or without a clear intent to die in the method (Hawton et al., 2012). From Table 1 descriptive statistics it is clear that the usage of average drugs age ranges between 20 and 30 (47%) where those drugs are most likely to impact these women. Compared to previous studies, the present study established that cigarette use was higher in females than in males (Khafagy et al., 2021). Women are not only more likely

to overdose opioids than men (McHugh et al., 2018) but also more sensitive to pain and discomfort reporting rates for chronic illnesses than male; thus, they receive more prescriptions for medication opioids than men. Further, about 62% of those who claim to have been infected with the COVID-19 virus were married. However, research originating from low and middle-income nations, representing 75.5% of all suicides, is relatively sparse (World Health Organization., 2014). Such women have more conflicts with the family, women who are not satisfied with their marital relations with their husbands, and they struggle to maintain close relations with kids. This may be due to emotional abuse through alcohol or other substances, neglect through lack of proper caregiving, and labeling. Inclusive therapy techniques have to involve the whole family to address these problems, and enhance the understanding of the situation and its outcome (Hogue et al., 2022). Table 4 indicates that the majority of the SUD women were either housewives (44.8%) or unemployed (27.9%).

According to Table 5, Methamphetamine (Ice & Crystal) (34.4%) Synthetics (29.4%) and Heroin (27.9%) are currently the most commonly used drugs among women. According to studies, women's self-harming habits are frequently linked to certain drugs, including heroin, crystal meth (methamphetamine), and synthetic narcotics. These medications are commonly used to cope with stressors like trauma, which makes people more likely to engage in risky conduct, particularly those who suffer from substance use disorder (SUD). The statistics in Table 6 show that, 70% of Drug Users (DU) are part of our research. The majority of drug users also have family members who have used drugs in the past. Heroin use, especially injections, is associated with a higher risk of self-harm and disease transmission. Women who use Injection Drug Users (IDU) are often exposed to these habits through social factors, such as friends or lovers. To fit in or enhance the effects of the medication, women may start injecting out of curiosity or a desire for affordability. Given that many women receive their first injection from a person they know, the social context is crucial (NIDA, 2018).

Table 7 and 11 reveals family history of drug use (66.05%) and 31.15% reported drug use history of husband whereas brothers were also using drugs (15.2%). It is revealed from the previous literature that majority of female participants reported experiencing domestic abuse and sexual assault by their husbands, which caused despair and post-traumatic stress and led to drug use. Several female participants admitted to use narcotics under pressure from their boyfriends. They were constantly persuaded to take drugs by their partners. A few female participants said that their partners had drugged them against their will and then raped them (Ahmed et al. 2022).

Table 10 indicates that drug usage is caused by either peer or family influence (36.7%) or marital disputes (16.5%) and pain (15.1%). Additionally, research shows that acute substance use (more especially, the quantity of substances used and the time between substance use and self-harm) is associated with self-harming behaviors

that involve damaging body tissues, such as hanging, cutting, burning, and gunshot wounds (Powell et al., 2002). Tables 12 and 13 present statistics on women's experiences with sexual abuse (34.9%) and self-harm 53.9%). Most common self-harm is cut marks on the arms, neck and legs (23%). Women are disproportionately affected by substance use disorders (SUDs), which are frequently associated with a range of mental health conditions, including self-harming behaviors.

According to this study, female methamphetamine (MA) users attempted suicide at a considerably higher incidence than female opium users. The study emphasizes how mood disorders including anxiety and depression, which are major risk factors for suicide behavior, are linked to MA use (Massah et al., 2019). According to research, comorbid mental problems are more common in women with drug use disorders than in men. According to several research reviewed in this article, mood and anxiety disorders are especially common in female substance users(Cormier et al., 2004).

Opioid Use Disorders ranks third in morbidity and mortality rate of all SUDs, after alcohol and tobacco dependence (Degenhardt et al., 2019). Hoffman et al. (2020) found that OUD is related to lower rates of "remission" and more service utilization of the treatment than other SUDs. Also, people with OUD are 10 times more likely to die as compared with other members of society (Larney et al., 2019). Factors such as child and adulthood victimization (Santo et al., 2021), financial problems (Meyer, et al., 2019) and childcare difficulties (Huhn & Dunn, 2020) hinder women from being treated for OUD and mental disorders. Another real source of structural impediment to OUD therapy among women is the stigma that pregnant as well as postpartum women.

Intervention efforts to decrease the risk of harm among women with SUD and mental disorders should consider the higher likelihood of these OUD women encountering barriers to treatment like intimate partner violence and childhood trauma to depression, anxiety, and PTSD risk and severity (Nathoo et al., 2018). Everyone with OUD can be improved either by implementing the principles of working with trauma-informed care (Bowen & Irish, 2020; Nathoo et al., 2018) or by organizing gender-sensitive treatment (Greenfield & Pirard, 2009). This may be even more crucial for female patients diagnosed with OUD as well as comorbid mental disorders. The complexity of SUDs is described by the American Psychiatric Association, which also highlights the necessity of specialized interventions that take co-occurring mental health disorders into account.

Implication

The study therefore elucidates that the majority of women substance users have some form of self-harm and need to be treated as such. The results indicate a requirement for policy modifications, enhanced funding, and training the treatment practitioners in the Women's Treatment Curriculum (WISE) and medical care facilities particularly

established for females with Substance Use Disorders and self-harm tendencies. Together researchers, policymakers, and treatment professionals can create successful interventions and treatment plans that are suited to the particular requirements of this population by acknowledging these implications.

Ethical consideration

Informed consent was obtained from each participant and received an explanation of the study's purpose and procedure. To all participants, confidentiality has also been ensured. Ensure all patient data is fully anonymized to prevent any identifiable information from being linked back to individual patients.

Limitation and Recommendations

A shortcoming that is apparent in the study is that they have worked with a small sample size hence such findings cannot be generalized. To determine its efficiency in the coverage of the targeted population and to ensure that the given sample is systematically given between the urban and rural portions of Sindh, the sample size should increase its size with a better distribution of the variables. The findings of the study are useful for practitioners, scholars, and policymakers who are working to design and implement treatment as well as educational programs for Pakistani females. It focused on the lack of literature on women substance-using groups and highlighted the deficit of psychological healthcare workers and therefore the need for more research in the future.

Conclusion

This study emphasizes the noteworthy self-harm behaviors and socio-demographic traits of women with substance use disorders (SUDs). The results show that a significant percentage of female patient’s self-harm with cut marks being the most common type. Among the most often used substances were synthetic drugs such as heroin and painkillers and the majority of users did not inject drugs. The most common causes of substance use were found to be peer and family pressure followed by marital problems. There is an urgent need for gender-specific intervention strategies such as mental health support rehabilitation programs. Similarly, preventive measures are designed to address the underlying social and psychological factors contributing to substance use given the high prevalence of substance dependence and self-harm among young females. To lessen the effects of substance abuse and self-harm among women it can be extremely important to increase awareness and provide early intervention and easily accessible treatment services.

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Dr. Nooreen Begum is a Senior Clinical Psychologist, Benazir Shaheed Model Addiction Treatment and Rehabilitation Center, Anti-Narcotics Force, Karachi Sindh, Pakistan

Ms. Hafsa Riaz is a Clinical Psychologist, Benazir Shaheed Model Addiction Treatment and Rehabilitation Center, Anti-Narcotics Force, Karachi Sindh, Pakistan

Dr. Nazish Anwer is a Psychiatrist, Benazir Shaheed Model Addiction Treatment and Rehabilitation Center, Anti-Narcotics Force, Karachi Sindh, Pakistan