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Exploring addiction treatment experiences among Iranian women in residential medium-term center: a qualitative study

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Abstract

Background Residential medium-term centers are among the treatment facilities available for women with substance use disorders in Iran. This qualitative study aimed to explore the lived experiences of women undergoing treatment for substance use disorders at residential medium-term rehabilitation centers in Sanandaj, the capital city of Kurdistan Province in western Iran.

Materials and methods This qualitative study employed content analysis to explore the experiences of women undergoing residential treatment for substance use disorders. Seventeen women were purposively selected from a women-only rehabilitation center for participation in semi-structured interviews. The interviews were recorded, transcribed, and analyzed using qualitative content analysis.

Results Data analysis revealed two main categories related to the participants' experiences with substance use disorder treatment at residential medium-term care centers: (1) Inhibiting factors, including unsuitable family situations, economic hardship, structural barriers, physical and environmental obstacles, lack of continuity of care, and comorbid health conditions; and (2) Facilitating factors, such as a drug-free environment, a comprehensive treatment curriculum, peer support, and access to psychological services.

Conclusion Based on the findings of this study, it can be concluded that various factors influence the recovery and rehabilitation process of women with substance use disorders. Overall, increasing awareness of these factors and designing interventions tailored to address them may contribute to improving quality of life and promoting sustained abstinence among these individuals.

Keywords Residential treatment centers, Substance-related disorders, Women's health, Qualitative research, Iran

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Introduction

Globally, women with substance use disorders face a distinct set of challenges that differentiate their experiences from men. These include higher rates of trauma, intimate partner violence, social stigma, and co-occurring mental health issues such as depression and anxiety [1, 2]. Studies in countries have shown that women are less likely to access treatment, more likely to relapse due to psychosocial vulnerabilities, and face unique barriers such as fear of losing child custody or partner violence [3, 4].

Multiple studies have highlighted the vulnerable status of women in Iran regarding the medical and social repercussions of drug use and substance use disorders [5]. The heightened vulnerability of women to the adverse effects of drug use gives rise to increased clinical need. Gender roles and societal expectations often place considerable pressure on women, leading to heightened levels of stress, anxiety, and other mental health challenges. These gendered pressures can contribute to maladaptive coping mechanisms, including substance use, and make the recovery process more complex. Acknowledging these sociocultural dynamics is essential for developing effective, gender-sensitive interventions that are responsive to the unique needs and lived experiences of women [6, 7].

The need for gender-specific treatment services is further exacerbated by Iran's close proximity to Afghanistan, one of the world's largest producers of opiates [5, 8].

Available data on the prevalence of drug use among Iranian women remain limited and insufficient. According to several reports, women account for approximately 6.9% of individuals with substance use disorders in the country [9]. A study investigating patterns of drug use among women in Iran estimated the number of female opioid users to be between 100,000 and 150,000 [9]. There are notable gender disparities in patterns of drug use and the associated consequences among individuals with substance use disorders. Although women may have fewer years of drug use compared to men, they often experience more severe medical complications and adverse social outcomes by the time they enter treatment programs [1]. Women tend to progress from initial drug use to dependence more rapidly than men—a phenomenon often referred to as 'telescoping'—and typically experience negative physical, psychological, and social consequences at an earlier stage. The treatment experiences of women with substance use disorders suggest that they face greater challenges compared to men. Women with substance use disorders are particularly vulnerable to complications such as chronic illness, mental health disorders, and adverse reproductive health outcomes, including pregnancy-related risks [10]. Iranian women are reluctant to seek therapy due to the social stigma associated with drug use and many services are over run by male users [9].

Evidence indicates that women who have access to women with substance use disorders treatment programs and engage in regular counseling sessions have a significant decrease in drug use [3]. Women who engage in substance abuse frequently encounter many barriers while attempting to obtain treatment. These obstacles encompass social, cultural, and institutional challenges, personal hindrances, insufficient availability of services specifically designed to address women's needs, and the feeling of societal stigma [10]. Iran lacks adequate treatment facilities tailored to the specific requirements of drug women with substance use disorders. Because society tends to stigmatize women who use drugs more than men, women often hesitate to seek women with substance use disorders treatment facilities, which are typically frequented by men.

Iran has intermediate residential centers or camps that exclusively serve to women women with substance use disorders, providing exclusive women with substance use disorders treatment programs. Mid-term residential centers, which are called camps, are places that are established with the permission of the country's welfare organization, and where women with substance use disorders are treated in the medium-term residential method. Medium-term programs are programs that usually last 4week and are carried out in a non-acute and non-hospital setting. The basis of this type of treatment is self-help, a 12-step recovery program, and social model rehabilitation is in place.

The existing literature suggests that these treatment centers employ a therapeutic approach centered on the principles of 12-step programs. This methodology aims to create a substance-free environment by addressing the fundamental needs of clients, including food, housing, and medical care. Additionally, the centers utilize the mechanism of the quasi-family group dynamic to penetrate the patient's intrinsic personality structure and facilitate its reconstruction [11]. This multifaceted intervention strategy seeks to disrupt the individual's maladaptive patterns and rebuild a healthier, more resilient sense of self. It is based on the principles and healthy skills of individual and social life [12].

This study is among the first to qualitatively explore the lived experiences of Iranian women receiving treatment in medium-term residential women with substance use disorders centers. While much of the existing research has focused on quantitative outcomes or general treatment efficacy, this study centers the voices of women themselves shedding light on the personal, social, and structural dynamics that shape their recovery. By uncovering both the inhibiting and facilitating factors encountered in treatment, the findings contribute to the development of gender-sensitive policies and

interventions that are tailored to the unique realities of women with substance use disorders in Iran.

To guide this exploration, the study was driven by three research questions: (1) what are the main barriers to women with substance use disorder treatment among women in residential medium-term centers? (2) What factors facilitate recovery in these settings? (3) How do gender roles and social expectations shape women's experiences with women with substance use disorders and treatment in Iran?

Methods

Design

This study employed a qualitative research design using conventional content analysis, as proposed by Graneheim and Lundman, which is rooted in an interpretivist paradigm. This approach aims to explore the subjective meanings and lived experiences of participants in their social and cultural contexts.

Participants

Inclusion criteria were as follows: (1) women aged 18 or older; (2) individuals with a history of substance use who were currently undergoing or had recently completed treatment in a medium-term residential center in Sanandaj; (3) ability and willingness to provide informed consent and share their lived experiences; and (4) absence of acute psychiatric disorders or ongoing legal proceedings that could impair participation.

Exclusion criteria included: (1) refusal to participate; (2) inability to provide meaningful responses due to severe cognitive or psychological conditions; and (3) current intoxication at the time of the interview.

Participants were selected using purposive sampling with maximum variation. This approach was chosen to capture a broad range of experiences and ensure diversity in age, educational level, marital status, employment status, and stages of women with substance use disorder and treatment. The inclusion of women at different points in their recovery journey enriched the data and supported a deeper understanding of the phenomenon under study.

Data collection

The semi-structured interview guide was developed based on a comprehensive literature review and was reviewed by two experts in qualitative research and women with substance use disorder treatment to ensure content validity. A pilot interview was also conducted with two participants (not included in the final analysis) to test the clarity, relevance, and flow of the questions. Minor revisions were made accordingly before beginning the main interviews. Prior to each interview, Participants were recruited in collaboration with the

treatment center staff. the researcher introduced the study, explained its objectives and significance, ensured confidentiality, and obtained written informed consent to foster participant trust and openness. Written informed consent was obtained, ensuring voluntary participation and the right to withdraw. Ethical approval was granted by Kurdistan University of Medical Sciences (IR.MUK.REC.1397/258).

Data were collected by trained researchers using semi-structured, face-to-face interviews. Each interview lasted between 30 and 60 min and was guided by open-ended questions designed to explore participants' experiences in depth. Example questions included: "How long have you been using drugs?", "Which types of substances have you used?", "Please describe your experience with treatment at the camp," and "What were the advantages and disadvantages of your treatment?" These questions encouraged participants to share their personal narratives and allowed for the emergence of rich, detailed responses. All interviews were conducted in a private and quiet room within the residential treatment center to ensure confidentiality and participant comfort. The participants were either currently undergoing treatment or had recently completed it and were still residing at the facility at the time of the interview. No interviews were conducted after participants had left the center. This allowed us to capture their reflections while the treatment experience was still fresh and ongoing, or immediately after completion, thus ensuring richness and relevance in the data.

Participants were encouraged to elaborate on their responses through probing questions like What do you mean? or Can you explain more? to gain deeper insights into their experiences. All interviews were digitally recorded and transcribed verbatim shortly after the sessions.

Participant recruitment and interviews continued until data saturation was reached—defined as the point at which no new codes or themes emerged from the data. This principle ensures that the data collected is sufficient to comprehensively understand the research phenomenon [13]. Ultimately, 17 women were interviewed, a number deemed sufficient based on the principle of information redundancy, which is standard in qualitative research.

Data analysis

Data were analyzed by the first and second authors using the conventional content analysis method proposed by Graneheim and Lundman. All interviews were transcribed verbatim and imported into MAXQDA 2020 software for systematic management and coding. The analysis began with repeated readings of the transcripts to achieve immersion in the data. Meaning

units—segments of text that conveyed a single idea were identified and condensed without losing their core meaning.

These condensed meaning units were assigned initial codes, which were then grouped into subcategories based on conceptual similarity. The subcategories were further reviewed, compared, and organized into main categories (themes) through an iterative and collaborative process involving multiple researchers. Coding disagreements were resolved through discussion until consensus was reached.

Throughout the process, analytic memos were written to capture emerging patterns, and codebooks were revised as needed. Data collection and analysis occurred simultaneously to allow for early insights to inform subsequent interviews. The final thematic structure included two main themes and ten subthemes, representing the lived experiences of women undergoing women with substance use disorders treatment in medium-term residential centers.

Trustworthiness

To ensure the trustworthiness of the study, we followed the four criteria outlined by Lincoln and Guba: credibility, dependability, confirmability, and transferability. For credibility, we used member checking, where several participants reviewed the transcriptions and initial interpretations to confirm accuracy. Peer debriefing sessions were held with qualitative experts to refine codes and resolve analytic discrepancies. An audit trail was maintained throughout the study, documenting coding decisions, analytical reflections, and methodological shifts.

To enhance confirmability, we used reflexive journaling during data collection and analysis to reduce researcher bias. For transferability, we employed maximum variation sampling to capture a diverse range of participant backgrounds and treatment experiences, and provided rich descriptions of the research context and participant demographics to allow for comparison with other settings.

Ethical considerations

The study protocol was approved by the Ethics Committee of Kurdistan University of Medical Sciences (IR.MUK.REC.1397/258). Formal permission to access the treatment center was obtained through an official letter of introduction. Participants were informed about the study's purpose and procedures, and written informed consent was obtained. Participation was voluntary, and participants had the right to withdraw at any time. Confidentiality and anonymity were strictly maintained. All procedures complied with the Declaration of Helsinki. Participant data were anonymized using unique codes. All recordings and transcripts were securely stored and accessed only by the research team to ensure confidentiality.

Results

In this study, 17 female women with substance use disorders who were undergoing treatment in medium-term residential centers were included in the study. The demographic characteristics of the participants are shown in Table 1.

Also, data analysis revealed two categories related to the participants' experiences of treatment for substance use disorders among women in residential medium-term care centers: (1) Inhibiting Factors (unsuitable family situations, economic hardship, structural barriers, physical and environmental barriers, lack of continuity of care, and comorbid health conditions) and (2) Facilitating Factors (a drug-free environment, comprehensive curriculum, peer support, and psychological services). The main themes and categories are presented in Table 2.

Inhibiting factors

Unsuitable family situation

The subcategory 'Unsuitable Family Situation' included several subcodes derived from participants' narratives, such as dysfunctional family dynamics, drug use among family members, and lack of emotional or practical support. These conditions created environments that increased stress, weakened motivation, and hindered sustained recovery.

Table 1 Socio-demographic characteristics of participants ($n = 17$)

Variable	Categories	Frequency (n)	Percentage (%)
Age (Mean $\pm$ SD)	–	–	39.4 $\pm$ 2
Education Level	Primary	13	76.5%
	Higher (Diploma+)	4	23.5%
Employment Status	Employed	3	17.6%
	Unemployed	14	82.4%
Marital Status	Single	6	35.3%
	Married	7	41.2%
	Divorced	4	23.5%

Table 2 Thematic categories and subcategories

Main Category	Subcategories (with Description)
Inhibiting Factors	- Unsuitable Family Situation: Dysfunctional dynamics, substance use among family members, and lack of emotional support. - Economic Hardship: Financial difficulties, poverty, and inability to afford treatment. - Structural Barriers: Weak institutional oversight, inconsistent programs, lack of supervision. - Physical and Environmental Barriers: Overcrowding, poor hygiene, lack of clean facilities or open space. - Lack of Continuum of Care: Absence of aftercare services, follow-up counseling, or housing support post-treatment. - Comorbid Health Conditions: Coexisting medical or mental illnesses, such as depression or anxiety, not being adequately addressed.
Facilitating Factors	- Drug-Free Environment: Secure setting without access to substances, reducing temptation and enabling focus. - Comprehensive Curriculum: Education on coping skills, stress management, relapse prevention, and self-awareness. - Peer Support: Encouragement and guidance from recovered individuals with shared experiences. - Psychological Services: Individual and group counseling sessions, diagnosis and treatment of underlying psychological issues.

"In our family, my father and two brothers are drug users. Their late-night drug use creates an environment where relapse is highly probable." (Participant 14).

"There's no emotional support at home. No one listens or helps. I feel invisible there" (Participant 3).

"Every time I returned home after treatment, I ended up using again. It's not a safe or stable place." (Participant 16).

However, when the home environment is marked by instability, substance use, or unresolved interpersonal conflict, it can become a significant barrier to sustained abstinence. Instead of serving as a source of support, the family setting may reinforce the very behaviors and emotional patterns that led to substance use in the first place.

Most participants in this study identified their home life as a significant obstacle to recovery. Returning home after completing treatment was often described not as a fresh start, but as a return to the same triggers that had initially fueled their substance use disorder.

Economic hardship

This subcategory captures the financial struggles that often serve as a significant barrier to accessing and sustaining women with substance use disorder treatment. For many participants, the cost of care was not just an inconvenience—it was a source of daily stress and a deciding factor in whether or not they could continue their recovery.

Residential treatment centers, although crucial for rehabilitation, require payments that many women simply cannot afford. These women often come from low-income families or are unemployed themselves, making the financial burden of treatment nearly impossible to manage without external support.

Participants described having to choose between basic living expenses and their health. Financial instability was woven through nearly every aspect of their experience, from entering a treatment program to staying in it long enough to benefit. For some, external support—such as

aid from welfare organizations—made treatment possible, but this was the exception, not the rule.

Participant 6 explained the difficult trade-offs her family faced:

"I am unemployed, and my father is a daily wage laborer in construction. He doesn't always have work. On top of rent and daily living costs, he also has to pay for my treatment."

Participant 2 highlighted her complete lack of financial resources:

"I have no income at all. I received a letter through welfare to receive free treatment in the camp."

These accounts reveal that without financial assistance whether through subsidies, free treatment slots, or broader social welfare programs many women remain excluded from the care they desperately need. Integrating economic support into women with substance use disorder treatment programs is not an added benefit; for women in precarious living situations, it is a fundamental requirement for successful recovery.

Structural barriers

Structural and legal frameworks play a critical role in shaping the effectiveness of women with substance use disorder recovery programs especially for women, whose treatment needs are often complex and overlooked. Participants in this study highlighted the disconnect between policy on paper and practice on the ground. Although laws and regulations related to women with substance use disorder treatment exist, their weak implementation, lack of enforcement, and minimal oversight seriously undermine treatment outcomes. In the residential center examined, participants described a troubling lack of supervision and accountability. Treatment programs were inconsistently delivered, with little regard for quality or gender-specific needs. Many women reported feeling abandoned in a system that was supposed to support

them, but instead left them vulnerable to misinformation, relapse, and emotional harm.

Participant 5 described the consequences of weak institutional oversight:

"I think one of the biggest problems in the camp is that no one supervises the treatment process. The officials leave everything to a few workers, and those workers just do whatever they want. The quality of treatment is poor, relapse is common, and no one pays attention to what women need."

Participant 3 reinforced this concern by pointing to widespread relapse after discharge: "Most people relapse after leaving the camp. The chance of relapse is much higher than with methadone treatment. A lot of my friends went through multiple relapses after getting out."

Participant 9 shared a particularly disturbing example of misinformation due to a lack of education and supervision:

"One of the problems in these camps is that clients don't get the training they need, and some patients give harmful advice to others. I learned how to use a glass pipe inside the camp because someone told me it wasn't for women with substance use disorders. If I had known the truth, I wouldn't have wasted four years of my life on it."

These stories paint a sobering picture of how structural neglect, through inadequate laws, poor enforcement, and lack of monitoring, can directly harm women seeking help. The findings emphasize the need for systemic reform, including proper implementation of existing laws, gender-sensitive treatment protocols, and rigorous oversight to ensure that recovery centers truly support, rather than endanger, the women they serve.

Physical and environmental barriers

One major factor influencing the success of women with substance use disorder treatment for women is the physical environment of treatment centers. A safe, healthy, and supportive space is crucial to help women feel secure and comfortable enough to focus on their recovery. When the environment is calm and free from threats or negative influences, women are more likely to engage positively in their treatment. Essential facilities like clean toilets, restful sleeping areas, kitchens, and dining rooms also play a vital role in improving treatment outcomes and overall quality of life.

In this study, many participants pointed out serious shortcomings in the physical and sanitary conditions of residential centers. These issues ranged from cramped spaces and a lack of outdoor areas to poor

hygiene standards. Such barriers made the environment uncomfortable and, in many cases, hindered the recovery process.

Several women described the centers as overcrowded and confining, lacking even basic outdoor space where they could relax or socialize. This created a prison-like feeling that added to their stress and discomfort.

Participant 7 shared:

"The camp could be a much better place for treatment, but it feels like a prison here. There's hardly any space no yard or open area where women with substance use disorders can hang out."

Others expressed the need for bigger, more open spaces that would allow for walking, eating, and socializing elements important to emotional well-being during recovery.

Participant 6 said:

"I wish the camp were located in a large area, like a parking lot, so there'd be more space for walking and eating"

Lack of continuum of care

A critical factor in achieving long-term recovery for women with substance use disorder is the presence of consistent, supportive services after formal treatment ends. For women in recovery, this phase is especially vulnerable—without structured follow-up, including psychological counseling, social support, health education, and physical rehabilitation, the likelihood of relapse increases significantly. These services not only help prevent a return to substance use but also empower women to build healthier relationships, improve their quality of life, and reintegrate into society with confidence and dignity.

Many participants in this study highlighted the complete absence of post-treatment support as a major barrier to sustained recovery.

Participant 8 voiced deep concern:

"Unfortunately, I haven't seen any aftercare programs for people who finish treatment. Someone in recovery can easily relapse and harm themselves or even others without help. It's really sad that nothing is in place to support them afterward. Recovery doesn't end the moment someone leaves the camp. They still need follow-up, counseling, and support to return to a normal life."

Participant 16 shared a more personal struggle:

"I have no place to go. I just sleep wherever I can. I wish they'd let me stay here. I help out with every-

thing—cleaning, whatever they need. But if I leave, I know I'll go back to using drugs."

These experiences make it clear that without a proper continuum of care, women with substance use disorders in treatment programs may fall short in offering real, lasting recovery. For many women, what happens after treatment is just as important as the treatment itself.

Comorbid physical and mental health conditions

The coexistence of physical and mental health issues among women who use drugs emerged as a major barrier to successful women with substance use disorder treatment. Many participants in this study reported suffering from chronic conditions such as heart disease, rheumatism, anxiety, and depression health concerns that not only complicated the treatment process but were often overlooked or poorly managed within the rehabilitation system.

The absence of regular medical checkups, mental health assessments, and individualized care plans left many women feeling neglected and unsupported throughout their recovery journey. Some shared that due to the lack of adequate treatment for their underlying conditions, they returned to substance use in an attempt to manage physical pain or emotional distress ultimately perpetuating the cycle of women with substance use disorders.

Participant 12 expressed her concern:

"I don't think the camp is suitable for everyone. Each person comes in with a different kind of drug use, and some have specific illnesses. Here, they don't care whether you're sick or not—they accept everyone. I heard someone died here during treatment because of heart disease and stress. I just wish a doctor came regularly to examine and care for the patients."

Participant 1 shared a similar experience: "In my opinion, everyone who uses drugs has some kind of mental health issue. I've had severe depression and anxiety for years. I also have rheumatism. Sometimes, I use drugs just to relieve the pain."

These accounts underscore the urgent need for an integrated and multidisciplinary approach to women with substance use disorders treatment for women one that not only addresses substance use but also provides comprehensive care for co-occurring physical and mental health conditions.

A major facilitator highlighted by participants was the presence of a drug-free and temptation-free environment within the women with substance use disorder treatment centers. This clean and safe setting was seen as essential for helping individuals focus on their recovery

and avoid relapse. Participants stressed that being away from drug-related triggers and social circles involved in substance use made it easier to maintain abstinence and begin the detoxification process.

Despite some operational challenges, the centers were described as supportive places that fostered a healing atmosphere. Many participants felt a sense of security and relief knowing that drugs were not accessible within the facility, which in itself served as a powerful motivator to stay committed to treatment.

Participant 7: "There's no trace of drugs here. When I'm at home, just seeing the room where I used to use makes me feel sick and tempted to relapse."

Participant 17: "This is the first time I haven't used in 20 days. I wish I could stay here for a few months longer and keep this clean streak going."

Participant 12: "Knowing there's no substance here takes the thoughts of using away. It's given me peace of mind and helped me focus better on my recovery."

This subcategory shows how a drug-free environment not only removes immediate access to substances but also helps patients develop hope and motivation for long-term recovery.

Comprehensive curriculum

All participants expressed satisfaction and interest in attending the educational classes offered at the treatment centers. These courses covered a variety of important topics essential to supporting their recovery, such as coping skills, improving mental health, and understanding the root causes of women with substance use disorder. By increasing their awareness of these issues, participants felt more confident in identifying their core problems and choosing the best treatment approaches.

The curriculum focused heavily on practical skills like managing high-risk situations, stress control, motivation for change, and communication skills. Participants shared that these skills have been very helpful throughout their recovery journey.

Participant 6: "I look forward to the group sessions. They teach us so many useful things. I feel better and less miserable there."

Participant 10: "The camp trainings are great because I get to hear about other people's relapse experiences, and that really helps me."

Participant 14: "Learning how to manage stress and handle high-risk moments has made a huge difference for me. I feel more in control and hopeful."

These subthemes demonstrate how a comprehensive curriculum empowers women in women with substance use disorder treatment by equipping them with knowledge, practical skills, and support to aid their recovery.

Peer support

Peer support plays a vital role in women with substance use disorders treatment, especially within women's residential centers. This support comes from individuals who have personally experienced drug use but are now clean and serve as camp workers or assistants. Their lived experience, combined with the training they receive at the center, makes them invaluable sources of encouragement and guidance for current patients.

These peers do more than just offer advice they provide hope, understanding, and emotional support that only someone who has walked a similar path can truly offer. Their presence helps patients feel less isolated and more understood, significantly boosting motivation and resilience during challenging moments.

One participant shared:

"When I was in the detox room, the assistants spoke to me with such kindness and gave me hope something I hadn't felt in a long time."

Another participant emphasized the emotional support provided by the assistants:

"They share their stories, especially about how they handle cravings and temptations. Knowing they have been through it and succeeded gives me the strength to keep going."

Many participants expressed that peer support is not just about sharing experiences but also about offering practical tools and motivation to help sustain recovery:

"Sometimes when I feel weak, talking to someone who has been where I am reminds me that recovery is possible."

This unique connection between patients and peer assistants creates a supportive environment that complements formal treatment and greatly increases the chances of long-term success.

Psychological services

For many women, the psychological services available in the residential center were described as a lifeline. These services went far beyond routine therapy—they created a space where women felt seen, heard, and emotionally supported. The participants shared that they were finally able to talk openly about long-buried emotions, past traumas, and overwhelming stress that had often driven their drug use. Several participants said they never knew they were dealing with depression, anxiety, or other mental health issues until they began therapy at the center.

Working with a psychologist helped them put a name to what they were feeling—and opened the door to healing.

Participant 8 shared: *"I've been dealing with a lot of emotional distress. I used to feel persistently sad and anxious, not realizing it was signs of depression. The counselor here has been incredibly supportive. They've advised me to consider medication."*

Participant 5 said: *"I never thought what I was feeling had a name. After a few sessions, I realized I had been living with anxiety for years. Now I finally feel seen and understood. It's the first time someone has helped me connect my emotions to my past."*

Another powerful impact of the psychological services was how they helped women rebuild their emotional strength. Many spoke of learning how to manage anger, reduce emotional overwhelm, and handle daily stress in healthier ways. For some, these sessions were the first time they had ever talked about happiness or hope.

Participant 1 mentioned: *"The psychologist conducts sessions on fostering happiness, hope, and relaxation. I used to turn to drugs when overwhelmed or upset. Here, we're learning how to manage our emotions better, especially controlling our anger."*

Overall, the presence of a psychologist made a significant difference. Participants said that being able to explore their inner struggles with a trained professional helped them feel less alone—and gave them the tools to truly begin healing.

Discussion

The findings are discussed in relation to the study's three guiding research questions, providing insights into the barriers, facilitators, and gender-specific dimensions of treatment experiences among Iranian women with substance use disorders.

Unsuitable family situation

Participants predominantly emphasized the negative impact of an unsupportive family environment on the effectiveness of treatment, expressing concerns about the risk of relapse after discharge from the residential center. This finding aligns with previous research, which has similarly highlighted the role of family dynamics in treatment outcomes. For instance, one study reported that 53% of Iranian women diagnosed with substance use disorders had a husband or sexual partner who actively used drugs [9]. Previous studies have demonstrated that living with family members who struggle with substance use disorders significantly increases the risk of relapse [14–16]. This finding is particularly significant in the context of Iran, where close family ties and large extended family structures can serve as both a source of support and a barrier to recovery. When substance use is normalized within the family, it may undermine an

individual's motivation to remain abstinent especially for women, who often lack the autonomy to leave harmful or enabling home environments. Addressing substance use disorders among women requires a multifaceted approach that includes specialized treatment options tailored to the unique needs of each individual. Undoubtedly, unsuitable living conditions significantly undermine the effectiveness of treatment for women with substance use disorders [17].

Indeed, developing a comprehensive approach that addresses individual needs and ensures a secure, supportive environment is essential for improving treatment outcomes among women with substance use disorders [18]. Treating women with substance use disorders who live in challenging familial environments requires the implementation of programs that are responsive to their unique needs and constraints [19]. Women in such circumstances may benefit from family therapy or broader family involvement in their substance use disorder treatment, extending beyond standard counseling groups and support systems. Family therapy can enhance communication, strengthen relationships, and address underlying familial issues that contribute to substance use [20].

Family members can support one another by offering encouragement, empathy, and accountability, in addition to actively participating in family therapy. Such support is particularly critical during the early stages of recovery, when individuals often face significant challenges and temptations that may threaten their sobriety.

Economic hardship

Another key finding of this study is the identification of unfavorable economic conditions as a significant barrier to successful treatment in residential centers. The majority of participants reported living in socioeconomically disadvantaged circumstances. Women with substance use disorders often face substantial obstacles in seeking treatment and accessing necessary care, primarily due to financial constraints and limited economic opportunities. In Iran, many women don't have financial independence and often rely on male family members who may not be supportive—or might even struggle with substance use themselves. This economic dependence, shaped by gender roles, makes it harder for women to access and stick with treatment.

Past studies have also highlighted economic issues among Iranian women with substance use disorders [19, 21]. The economic situation of women significantly affects their ability to access treatment for substance use disorders. Financial barriers—including treatment costs, lack of health insurance coverage, and the inability to take time off work—can impede women's access to essential rehabilitation services [20].

Furthermore, substance use disorders in women can negatively impact their financial well-being, leading to unemployment, economic instability, and legal complications, which further exacerbate the financial barriers to accessing treatment. Economically disadvantaged women may also face additional challenges, such as inadequate transportation and poverty-related obstacles, which hinder their ability to engage fully in treatment programs. Therefore, treatment programs for women with substance use disorders should incorporate financial support measures or alternative payment options, such as expanding healthcare coverage and promoting employment opportunities to facilitate recovery and long-term stability.

Structural barriers

Structural factors related to the treatment of women with substance use disorders include treatment conditions, regulations, and provisions that affect both the accessibility and quality of care. The availability of resources for substance use disorder therapy is critical in determining treatment effectiveness. However, access to therapy is often limited in many regions due to insufficient financial allocations, a shortage of qualified treatment providers, and inadequate insurance coverage.

These structural problems aren't new—past studies have pointed to the same gaps in Iran's health system, showing how deep and persistent they are. These circumstances can pose significant challenges for individuals struggling with substance use disorders, especially those with limited financial resources or without insurance coverage.

Additional contributing factors include the limited availability of treatment options for pregnant women, rigid treatment program structures, fears of losing custody of their children, and the lack of specialized programs to support and care for children whose mothers are undergoing treatment [20, 22]. To effectively improve treatment outcomes for women with substance use disorders, it is essential to adopt a comprehensive and gender-sensitive approach that addresses their specific needs and lived experiences [23]. Women's specific health needs are often overlooked in substance use disorder policies. Until healthcare systems address the deeper structural issues rooted in patriarchy, treatment for women will remain limited, reactive, and fragmented [24].

Physical and environmental barriers

The physical and environmental conditions of treatment centers play a critical role in the success or failure of substance use disorder rehabilitation programs, particularly for women. For women with substance use disorders, the importance of a safe, supportive, and trauma-informed environment cannot be overstated.

These individuals often face unique challenges, including histories of domestic violence, sexual abuse, and other forms of trauma. Grosenick's study explored the perceptions of clients, staff, and administrators regarding key characteristics of the physical setting—such as comfort, safety, attractiveness, size, privacy, and spatial arrangement—in substance use treatment centers. The findings emphasized the significant influence of these environmental factors on treatment engagement and client outcomes [25]. Participants in the study expressed concerns about the inadequate physical conditions of the treatment facility, including poor lighting and substandard sanitation, underscoring the need for greater attention to environmental factors. These findings highlight the critical importance of thoughtful planning and investment in the physical environment to optimize the therapeutic setting and enhance treatment outcomes for individuals with substance use disorders.

Lack of continuum of care

Study participants emphasized the lack of post-treatment support initiatives. Women who have recently completed their rehabilitation often face significant challenges in continuing their recovery upon returning to their communities and families. The findings suggest that, in addition to experiencing poverty and substandard living conditions, these women require comprehensive support across psychological, physical, economic, and social dimensions. Insufficient post-treatment support can severely impact the long-term success of recovery efforts. Addressing these gender-specific challenges and providing comprehensive, gender-responsive treatment and support services is essential to improving outcomes for women with substance use disorders [26]. This requires addressing stigma and discrimination, offering gender-specific treatment and support services, and overcoming social and economic barriers that hinder women's access to substance use disorder treatment [20]. A comprehensive approach is essential to address these challenges, considering the diverse needs and experiences of women who use substances. This may include implementing gender-specific interventions and support, addressing trauma-related symptoms, providing childcare services, overcoming barriers to reproductive healthcare, and enhancing social support systems [27]. Different studies also align with the findings of this study in emphasizing the importance of emotional, psychological, social, and financial support for women after treatment [27].

Comorbid health conditions

This study examines the prevalence of concurrent illnesses among women struggling with substance use disorders. Women who use drugs tend to have a higher prevalence of mental health disorders compared to men.

Research indicates that this difference is, on average, twice as large in women [28]. Depression in women arises from a complex interplay of biological and psychological factors [12]. The study findings suggest that anxiety disorders among women who use substances are associated with an increased likelihood of relapse after completing substance use disorder treatment programs [29]. Underlying physical and psychological conditions, such as depression and anxiety, can complicate the treatment of women with substance use disorders and make recovery more challenging, thereby affecting treatment outcomes [27]. Providing comprehensive and integrated care that addresses both substance use disorders and the individual's physical and mental health needs can improve treatment outcomes for female substance users and support their overall health and well-being.

Facilitating factors

Drug-free environment

Participants in this study highlighted a drug-free environment and social distancing as advantageous aspects of treatment in the facility. The establishment and maintenance of a drug-free setting can be a valuable component of women with substance use disorders treatment. The availability of drugs in the patients' living environment increases the likelihood of relapse, presenting challenges to treatment [23]. A drug-free environment supports recovery, reduces relapse risk, and encourages skill learning. However, maintaining this environment can be challenging due to factors like poverty, lack of support, and psychological traumas, which can contribute to women with substance use disorders.

Comprehensive curriculum

Educational programs: including relapse prevention strategies, family therapy, and life skills education, can positively impact substance-using women and individuals. These programs provide information and skills to manage risks, mitigate hazards, and improve treatment access. However, individualized care is crucial for recovery [30].

Peer support

Assistant support constitutes a pivotal element in numerous women with substance use disorders treatment approaches and recovery strategies, including community reinforcement approaches, therapeutic communities, and 12-step programs. The role of peers in women with substance use disorders treatment underscores the significance of social roles in sustaining abstinence. Overall, peers can play a vital role in women with substance use disorders treatment programs within camp environments.

Asistants support constitutes a pivotal element in numerous women with substance use disorders treatment approaches and recovery strategies, including community reinforcement approaches, therapeutic communities, and 12-step programs. The role of peers in women with substance use disorders treatment underscores the significance of social roles in sustaining abstinence. Overall, peers can play a vital role in women with substance use disorders treatment programs within camp environments [31]. These individuals provide valuable emotional support, share personal experiences, model positive behaviors, and offer guidance to individuals in recovery. Numerous studies have highlighted the effectiveness of interventions by these individuals in treatment settings and women with substance use disorders therapies [32–34]. It's noteworthy that assistants support should not substitute professional treatment, therapy, or medical recommendations. There is a crucial need for the education and training of these individuals in providing support within defined boundaries [33]. This study focused solely on women, limiting our ability to compare perceived social support across genders. Previous studies indicate that men who receive higher levels of social support tend to have greater motivation for treatment. Many women in our study reported that the lack of consistent social support posed a significant barrier to their recovery [35]. These findings highlight the need for future research to investigate gender differences in perceived social support and their effects on women with substance use disorders treatment outcomes.

Psychological services

The majority of participants in this study emphasized the continuous presence of psychologists as a positive factor in treatment within the camp. The provision of psychological services in a camp setting can be an essential component of women with substance use disorders treatment. Individuals in recovery, while distanced from their usual support networks, might face unique challenges and stresses. In such settings, individuals may experience a spectrum of emotions related to being away from home or confronting difficult issues. Extensive research supports the effectiveness of psychological services in treating women with substance use disorders in women. Overall, psychological counseling can be a valuable resource in the treatment of women with substance use disorders among women [36]. Gender roles and societal expectations often place significant pressure on women, which can lead to increased stress, anxiety, and mental health challenges. These pressures sometimes contribute to maladaptive behaviors and make recovery or coping more difficult. Recognizing these influences helps us design more effective, gender-sensitive

interventions and provide better support tailored to women's unique needs [6, 7].” The findings of this study reflect broader, ongoing challenges within Iran's addiction treatment system. Previous research has pointed out how treatment services are often fragmented, how women's unique needs are frequently overlooked, and how stigma around substance use especially for pregnant women and adolescents remains a major barrier. On top of that, policy gaps and the lack of cohesive national frameworks have made these problems worse, resulting in limited access to care, high dropout rates, and less-than-ideal outcomes for women seeking treatment [37–40].

Conclusion

Based on the presented results, it can be concluded that various factors can impact the recovery and rehabilitation process of women with substance use disorders. On one hand, inhibiting factors such as unsuitable family situations, economic hardship, structural and environmental barriers, lack of continuum of care, and comorbid health conditions can pose challenges to the achievement of recovery. On the other hand, facilitating factors such as providing a drug-free environment, comprehensive treatment programs, peer support, and access to psychological services can create the conditions for individuals to regain health and achieve sustainable recovery. Overall, awareness of these factors and designing interventions tailored to them can be effective in improving the quality of life and sustaining abstinence in these individuals.

This study is limited by its single-center design and the exclusion of perspectives from family members and healthcare providers. However, its strengths include the use of in-depth qualitative interviews and purposive sampling with maximum variation to capture diverse treatment experiences. Future studies should be conducted in multiple treatment centers across different regions, incorporate perspectives from family members and staff, and explore long-term treatment outcomes through longitudinal research designs.

Acknowledgements

The present study was approved by the Research Council of Kurdistan University of Medical Sciences and was endorsed by the Ethics Committee of the same university with the reference number IR.MUK.REC.1397/258. We extend our utmost gratitude to all the patients and officials at the medium-term residential center whose participation made this research possible.

Authors' contributions

Study concept and design: TP, MKh; acquisition of data: TP analysis and interpretation of data: TP, Mkh, drafting of the manuscript: TP; critical revision: KD, KP; study supervision: TP. All authors reviewed the manuscript.

Funding

This project was financially supported by the Vice Chancellor for research of Kurdistan university of medical sciences IR.MUK.REC.1397/258.

Data availability

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

The project protocol was confirmed by the Ethics Committee of Kurdistan University of Medical Sciences (code No. IR.MUK.REC.1396.352).

Competing interests

The authors declare no competing interests.

Received: 26 August 2024 / Accepted: 5 May 2026

Published online: 12 May 2026

References

- Greenfield SF, Brooks AJ, Gordon SM, Green CA, Kropp F, McHugh RK, et al. Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug Alcohol Depend.* 2007;86(1):1–21.
- Tuchman E. Women and addiction: the importance of gender issues in substance abuse research. *J Addict Dis.* 2010;29(2):127–38.
- Marsh JC, Cao D, D'Aunno T. Gender differences in the impact of comprehensive services in substance abuse treatment. *J Subst Abuse Treat.* 2004;27(4):289–300.
- Grella CE. From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment. *J Psychoactive Drugs.* 2008;40(sup5):327–43.
- Rahimi-Movaghar A, Malayerikhah-Langroodi Z, Delbarpour-Ahmadi S, Amin-Esmaili M. A qualitative study of specific needs of women for treatment of addiction. *Iran J Psychiatry Clin Psychol.* 2011;17(2):116–25.
- Kaplan V. Gender sensitive psychiatry and feminist therapy. *Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi.* 2021;3(3):211–6.
- Kaplan V. Mental health states of housewives: an evaluation in terms of self-perception and codependency. *Int J mental health Addict.* 2023;21(1):666–83.
- Merz F, United Nations Office on Drugs and Crime: World Drug Report 2017. *SIRIUS-Zeitschrift für Strategische Analysen.* 2018;2(1):85–6.
- Dolan K, Salimi S, Nassirimanesh B, Mohsenifar S, Allsop D, Mokri AJJowsh. Characteristics Iran women seeking drug Treat. 2011;20(11):1687–91.
- Crime TUNOoDa. Women and drugs United nation publication; 2018.
- Smith JE, Meyers RJ, Delaney HD. The community reinforcement approach with homeless alcohol-dependent individuals. *J Consult Clin Psychol.* 1998;66(3):541.
- Tuchman E. Women and addiction: the importance of gender issues in substance abuse research. *J Addict Dis.* 2010;29(2):127–38.
- Guest G, Bunce A, Johnson L. How many interviews are enough? An experiment with data saturation and variability. *Field methods.* 2006;18(1):59–82.
- Scott-Lennox J, Rose R, Bohlig A. Lennox RJTjobhs, research. The impact of women's family status on completion of substance abuse treatment. 2000;27(4):366–79.
- Kelly JF, Stout RL, Greene MC, Slaymaker VJP. Young adults, social networks, and addiction recovery: post treatment changes in social ties and their role as a mediator of 12-step participation. 2014;9(6):e100121.
- Grella CEJjopd. From generic to gender-responsive treatment: Changes in social policies, treatment services, and outcomes of women in substance abuse treatment. 2008;40(sup5):327–43.
- Coviello DM, Alterman AI, Cacciola JS, Rutherford MJ, Zanis DAJSAT. The role of family history in addiction severity and treatment response. 2004;26(1):1–11.
- Khazaei-Pool M, Pashaei T, Nouri R, Taymoori P. Ponnet KJSat, prevention, policy. Understanding the relapse process: exploring Iranian women's. Subst use experiences. 2019;14(1):1–11.
- Rosen D, Tolman RM, Warner, LAJJHCfP. Underserved. Low-income women's use of substance abuse and mental health services. 2004;15(2):206–19.
- Rowe, CLJJom. therapy f. Family therapy for drug abuse: Review and updates 2003–2010. 2012;38(1):59–81.
- Montoya ID, Atkinson JSJTajod, abuse a. A synthesis of welfare reform policy and its impact on substance users. 2002;28(1):133–46.
- Grella CE, Greenwell L. Treatment needs and completion of community-based aftercare among substance-abusing women offenders. *Women's Health Issues.* 2007;17(4):244–55.
- Brett J, Lee KK, Gray D, Wilson S, Freeburn B, Harrison K et al. Mind the gap: What is the difference between alcohol treatment need and access for A boriginal and T orres S trait I slander A ustralians? 2016;35(4):456–60.
- Hadian M, Jabbari A, Mousavi SH, Sheikhbardsiri H. Medical tourism development: A systematic review of economic aspects. *Int J Healthc Manag.* 2021;14(2):576–82.
- Grosenick JK, Hatmaker CM. Perceptions of the importance of physical setting in substance abuse treatment. *J Subst Abuse Treat.* 2000;18(1):29–39.
- Noori R, Pashaei T, Panjvini S, Khoshravesh SJJSU. Treatment needs of drug users: The perspective of Iranian women. 2019;24(3):280–4.
- Greenfield SF, Back SE, Lawson K, Brady KTJPC. Subst abuse women. 2010;33(2):339–55.
- Brooner RK, King VL, Kidorf M, Schmidt CW. Bigelow GEJAoGp. Psychiatric and substance use comorbidity among treatment-seeking opioid abusers. 1997;54(1):71–80.
- Kushner MG, Donahue C, Sletten S, Thuras P, Abrams K, Peterson J et al. Cognitive behavioral treatment of comorbid anxiety disorder in alcoholism treatment patients: Presentation of a prototype program and future directions. 2006;15(6):697–707.
- Brandon TH, Vidrine JI, Litvin EBJARCP. Relapse relapse Prev. 2007;3:257–84.
- Tracy K, Wallace SPJSa, rehabilitation. Benefits of peer support groups in the treatment of addiction. 2016:143–54.
- Best DW, Lubman, DIJAfp. The recovery paradigm: A model of hope and change for alcohol and drug addiction. 2012;41(8):593–7.
- Donovan DM, Wells EAJA. 'Tweaking 12-Step': the potential role of 12-Step self-help group involvement in methamphetamine recovery. 2007;102:121–9.
- Bassuk EL, Hanson J, Greene RN, Richard M, Laudet AJJ. Peer-delivered recovery support services for addictions in the United States: a systematic review. 2016;63:1–9.
- Tanriverdi D, Çuhadar D, Durmaz H, Kaplan V, Özkan S. Treatment motivation and social support levels among individuals with substance use disorders, and influencing factors. *J Subst Use.* 2020;25(3):264–70.
- Simpson M, McNulty JJJJD. Different needs: Women's drug use and treatment in the UK. 2008;19(2):169–75.
- Mirzaei S, Yazdi-Feyzabadi V, Mehroolhassani MH, Nakhaee N, Oroomiei N. Unveiling the roadblocks: exploring substance use disorder treatment policies in Iran through a qualitative lens. *Addict Sci Clin Pract.* 2024;19(1):80.
- Mirzaei S, Mehroolhassani MH, Yazdi-Feyzabadi V, Jahanara A, Haghdoost AA, Oroomiei N. Identifying the challenges of policy content related to high-risk sexual behaviors, stimulant drugs, and alcohol consumption in adolescents. *BMC Health Serv Res.* 2024;24(1):788.
- Mirzaei S, Yazdi-Feyzabadi V, Mehroolhassani MH, Nakhaee N, Oroomiei N. Setting the policy agenda for the treatment of substance use disorders in Iran. *Harm Reduct J.* 2022;19(1):27.
- Meyers S, Earnshaw V, D'Ambrosio B, Courchesne N, Werb D, Smith L. The intersection of gender and drug use-related stigma: A mixed methods systematic review and synthesis of the literature. *Drug Alcohol Depend.* 2021;223:108706.

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