

Relapse among Female Substance Users: A Psychosocial and Structural Analysis in the Context of Assam

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Abstract: *This qualitative study explores the trajectories of substance use and relapse among three female participants from Assam. Case 1 (23 years) presents heroin dependence initiated during adolescence, with relapse linked to domestic violence, spousal substance use, and emotional dysregulation. Case 2 (25 years), an Auxiliary Nurse Midwife (ANM), developed alcohol dependence following a toxic marital relationship characterized by abuse and partner addiction. Case 3 (28 years) involves sedative misuse arising from chronic stress and caregiving burden. Across cases, substance use emerged as a maladaptive coping strategy in response to psychological distress and relational trauma. Additionally, limited access to gender-sensitive de-addiction services in Assam significantly hindered recovery. The findings highlight the interaction of individual vulnerabilities, interpersonal dynamics, and structural barriers in shaping female addiction pathways.*

Keywords: relapse, women, substance use, domestic violence, Assam, coping

1. Introduction

Substance use among women remains an underexplored area in India, particularly in socially conservative settings where stigma often prevents disclosure and treatment seeking. Women experiencing substance use disorders frequently encounter multiple barriers, including social discrimination, financial dependency, family rejection, and limited access to appropriate rehabilitation services (Murthy, 2010). In northeastern states such as Assam, these difficulties are intensified by the scarcity of women-oriented de-addiction facilities and inadequate gender-sensitive treatment approaches.

Research suggests that pathways leading to substance use among women are often shaped by emotional distress, interpersonal trauma, domestic violence, and relationship-related stressors rather than peer-driven experimentation alone (United Nations Office on Drugs and Crime [UNODC], 2018). Women may therefore use substances as a way of coping with psychological suffering, unresolved trauma, or chronic stress.

In Assam, female substance use largely remains hidden due to social stigma and fear of judgment. Substance use among women in Assam is increasingly being recognized as an important public health issue, although it remains far less visible than substance use among men. Social stigma, cultural expectations, and fear of social judgment often prevent women from openly disclosing substance-related problems or seeking professional help. Research conducted in Assam and other parts of Northeast India indicates that women frequently become involved in substance use within stressful social and interpersonal contexts, including marital conflict, domestic violence, emotional distress, and economic hardship. In many cases, initiation occurs through exposure to substance-using partners or family members,

while alcohol, tobacco, opioids, and prescription medications are among the commonly used substances.

Access to treatment remains a major challenge for women in the region. Most rehabilitation and de-addiction facilities are primarily designed for male patients and often lack gender-sensitive services such as privacy, trauma-informed care, childcare support, and psychological rehabilitation tailored to women's needs. As a result, many women experience difficulties in accessing and continuing treatment. Negative societal attitudes further intensify these barriers, as women with substance use disorders are often subjected to social criticism, family rejection, and feelings of shame, which may delay treatment-seeking behavior. Existing literature also points to additional challenges such as financial dependence, limited social support, discrimination, and higher vulnerability to physical and mental health problems. These findings highlight the importance of strengthening women-focused rehabilitation services, promoting community awareness, and developing gender-responsive interventions to improve recovery outcomes among women with substance use disorders in Assam.

Against this background, the present qualitative study explores relapse among female substance users in Assam through detailed case analyses. The study focuses on psychosocial vulnerabilities, relational influences, emotional factors, and structural barriers that contribute to relapse and hinder long-term recovery.

2. Review of Literature

Research on substance use among women in India indicates that the issue remains substantially underreported because of stigma, fear of social exclusion, and cultural expectations surrounding female behavior. The national survey conducted by Ambekar et al. (2019) reported lower prevalence rates among women compared to men; however, the authors

acknowledged that concealment and underreporting likely affected the findings.

Studies from Northeast India have identified several psychosocial contributors to female substance use, including domestic violence, emotional trauma, marital conflict, and partner influence (Gogoi et al., 2018). Women frequently begin substance use within relational settings, particularly where spouses or intimate partners are already substance users. Emotional distress and poor coping abilities further increase vulnerability to continued use and dependence.

Treatment-related barriers are another significant concern. Kalita et al. (2020) observed that women with substance use disorders in Assam face difficulties accessing rehabilitation services due to lack of privacy, financial dependence, childcare responsibilities, and absence of women-specific treatment facilities. Social stigma also discourages help-seeking behavior and contributes to delayed intervention (Mahanta et al., 2016).

Relapse has been conceptualized as a multidimensional process involving emotional, interpersonal, and environmental factors. According to Marlatt and Gordon (1985), stressful situations, negative emotional states, and inadequate coping skills significantly increase relapse risk. Studies conducted in Northeast India similarly suggest that continued exposure to stressful family environments and lack of social support contribute to recurrence of substance use among women (Das et al., 2019).

Overall, existing literature highlights the importance of gender-responsive rehabilitation services, trauma-informed psychological care, relapse prevention strategies, and community awareness programs for improving recovery outcomes among women with substance use disorders.

3. Methodology

3.1 Research design:

A qualitative case study design was employed to capture the complexity and contextual nature of substance use experiences among women.

3.2 Participants

The study includes three female participants diagnosed with substance use disorder were recruited from hospitals, deaddiction and rehabilitation centers, and private clinics in Assam.

Case 1: 23 years, heroin use (inhalational)

Case 2: 25 years, working ANM, alcohol use

Case 3: 28 years, sedative misuse

3.3 Sampling method

Purposive sampling method has been used in the current study.

3.4 Research tools

Self- structured Socio Demographic and Clinical Datasheet- A Self developed structured socio demographic datasheet was used, which include three main domains- sociodemographic profile, family history and substance use history of the participants.

3.5 Data collection procedure

- Authorization was obtained from the selected institutions.
- Informed consent was obtained from all participants
- Participants were oriented about the study's aims and procedures.
- Data were collected through structured face-to-face interviews focusing on substance use history, life events, emotional experiences, and access to treatment. The approach allowed participants to narrate their experiences in depth.
- Thematic analysis was conducted to identify recurring patterns across cases. Codes were generated and organized into broader themes reflecting shared psychosocial and structural factors.

3.6. Case Descriptions:

3.6.1. Case 1 (23 years: Heroin dependency)

The participant initiated heroin use at approximately 15–16 years of age during her college years. The initiation was driven by curiosity and experimentation, reflecting a lack of awareness regarding potential risks. Early use was intermittent, with a second episode occurring after a gap of one month.

Following this phase, the participant maintained abstinence for approximately 2–3 years, indicating that early exposure did not immediately lead to dependence. However, a significant life event—marriage without parental consent—marked a turning point. Her husband was an active substance user, and the marital relationship was characterized by domestic violence and emotional instability.

Over time, the participant experienced significant psychological distress. After separation from her husband, she developed symptoms of depression and persistent anger. In this emotionally vulnerable state, she relapsed into heroin use. Unlike earlier patterns, this phase was marked by regular use and eventual dependence.

Despite the severity of her condition, she was unable to access adequate de-addiction treatment due to the limited availability of women-specific inpatient services in Assam.

3.6.2. Case 2 (25 years: Alcohol dependency)

The participant is a working Auxiliary Nurse Midwife (ANM) who began consuming alcohol after marriage. Prior to marriage, there was no reported history of substance use. Her husband was an active substance user, and the relationship was marked by frequent conflict, emotional abuse, and domestic violence.

Alcohol consumption initially began in a situational context but gradually increased as a coping mechanism for ongoing

stress and emotional pain. The normalization of substance use within the marital environment contributed to reduced resistance.

Over time, the participant developed a pattern of problematic alcohol use, particularly during periods of heightened emotional distress. The inability to resolve relational conflict and lack of emotional support further reinforced substance use.

The marriage eventually ended in divorce. However, the psychological impact of the relationship persisted, and alcohol use continued as a maladaptive coping strategy.

3.6.3. Case 3 (28 years: Sedative Misuse)

The participant reported initiating the use of sedative medications to manage sleep disturbances and chronic stress. These difficulties were associated with prolonged family conflict and caregiving responsibilities, which contributed to emotional exhaustion.

Initially, the use of sedatives was perceived as a practical solution for insomnia. However, over time, the frequency and dosage increased without proper medical supervision, leading to dependence.

The participant lacked awareness regarding the addictive potential of such medications. Additionally, limited access to mental health services and absence of early intervention contributed to the progression of misuse.

This case highlights a less visible but significant pathway to addiction, where substance use emerges from attempts to manage stress rather than recreational intent.

3.7. Results: Thematic Analysis

3.7.1. Theme 1: Contextual Initiation

Substance use initiation varied across cases but was strongly influenced by context. Curiosity drove early use in Case 1, marital environment influenced Case 2, and stress-related factors contributed to Case 3. This indicates that initiation is not uniform but shaped by situational and developmental factors.

3.7.2. Theme 2: Influence of Intimate and Family Relationships

Interpersonal relationships played a central role in all cases. Spousal substance use normalized behavior in Cases 1 and 2, while family conflict contributed to distress in Case 3. These findings highlight the relational nature of female substance use.

3.7.3. Theme 3: Trauma and Chronic Stress

Domestic violence (Cases 1 and 2) and prolonged family stress (Case 3) emerged as significant contributors to psychological vulnerability. Exposure to such stressors created conditions that increased reliance on substances.

3.7.4. Theme 4: Emotional Dysregulation

Participants reported difficulty managing emotions such as depression, anger, and stress. The inability to regulate affect effectively increased dependence on substances for relief.

3.7.5. Theme 5: Substance Use as a Coping Mechanism

Across all cases, substance use functioned as a maladaptive coping strategy. Temporary relief from emotional distress reinforced continued use, contributing to dependency.

3.7.6. Theme 6: Progression to Dependence

Initial use, whether experimental or situational, gradually progressed to problematic and dependent patterns. This progression reflects the reinforcing nature of substances in managing distress.

3.7.7. Theme 7: Structural Barriers to Treatment

A critical finding across cases is the limited access to gender-sensitive de-addiction services in Assam. The absence of long-term inpatient care, integrated psychological treatment, and safe rehabilitation environments significantly restricted recovery opportunities.

3.8 Discussion

The findings of the present study support the self-medication hypothesis proposed by Edward J. Khantzian, which suggests that individuals may use psychoactive substances to cope with emotional pain, psychological distress, and unresolved trauma. In the current cases, substance use was closely associated with depression, chronic stress, domestic violence, loneliness, and emotional instability. These findings are consistent with previous research indicating that women often engage in substance use as a coping response to distressing emotional experiences rather than solely for recreational purposes (Khantzian, 1997).

The influence of intimate relationships observed in Cases 1 and 2 also reflects the principles of Albert Bandura's Social Learning Theory, which explains that behavior can develop through observation, imitation, and environmental reinforcement. Previous studies conducted in India and internationally have similarly shown that women are at increased risk of substance use when exposed to substance-using partners or dysfunctional family environments (Gogoi et al., 2018).

Trauma and chronic stress emerged as major contributors across all three cases. Experiences of domestic violence, care giving burden, emotional neglect, and family conflict appeared to intensify psychological vulnerability and increase dependence on substances for temporary relief. International literature has consistently demonstrated a strong association between trauma exposure and substance use disorders among women, particularly in relation to emotional dysregulation and relapse vulnerability (UNODC, 2018).

Relapse in the present study appeared strongly connected to unresolved emotional difficulties, continued exposure to stressful environments, and inadequate psychosocial support. Similar findings have been reported by Das et al. (2019), who observed that women in Northeast India often relapse due to stigma, strained interpersonal relationships, and lack of structured aftercare support.

The study additionally highlights important structural limitations within the treatment system in Assam. The

scarcity of women-specific rehabilitation services creates barriers related to safety, confidentiality, and gender-sensitive care. These systemic gaps may discourage treatment seeking and negatively affect long-term recovery outcomes. Therefore, strengthening trauma-informed and gender-responsive rehabilitation services remains essential for effective intervention among women with substance use disorders.

3.8.1. Implications for Practice

The findings indicate the urgent need for establishing women-specific de-addiction and rehabilitation centers that can provide safe, confidential, and gender-sensitive treatment environments. Effective intervention should integrate both pharmacological management and psychological therapies to address the biological and emotional dimensions of addiction. Incorporating trauma-informed care models is particularly important, as many women with substance use disorders have histories of abuse, violence, or emotional trauma that remain untreated. Additionally, strengthening early mental health support, awareness programs, and community-based interventions may help in early identification, stigma reduction, relapse prevention, and promotion of long-term recovery among women in Assam.

3.8.2. Limitations of the Study

The present study has several limitations that should be considered while interpreting the findings. First, the study was based on a small sample of three participants, which limits the generalizability of the findings to the broader population of female substance users. As the research adopted a qualitative case study design, the focus was on obtaining in-depth understanding rather than statistical representation.

Second, the data were collected through self-reported clinical interviews, which may be influenced by recall bias, emotional subjectivity, or social desirability bias. Participants may have unintentionally omitted or modified certain experiences while narrating sensitive personal information.

Third, the study included only treatment-seeking or clinically identified individuals. Therefore, the experiences of women who use substances but remain outside treatment settings may not be adequately represented.

Another limitation is the contextual specificity of the study. Since the research was conducted in the socio-cultural setting of Assam, the findings may not fully apply to other regions with different cultural, social, or healthcare contexts.

Finally, the study primarily explored psychosocial and structural factors associated with relapse and did not incorporate standardized psychological assessments or longitudinal follow-up, which could have provided a more comprehensive understanding of relapse patterns over time.

4. Conclusion

The present study demonstrates that relapse among female substance users is influenced by multiple interacting factors,

including emotional distress, traumatic experiences, dysfunctional relationships, social stigma, and limited treatment resources. The findings indicate that substance use among women often develops within contexts of psychological suffering and relational instability, where substances become maladaptive coping mechanisms.

The study further emphasizes that recovery is significantly affected by structural barriers such as inadequate women-specific rehabilitation facilities, limited mental health support, and lack of gender-sensitive treatment approaches in Assam. Addressing relapse among women therefore requires holistic interventions that combine psychological care, trauma-informed rehabilitation, relapse prevention strategies, and community-based support systems.

Developing accessible and women-centered treatment services may improve treatment engagement, reduce stigma, and promote sustainable recovery outcomes among female substance users in the region.

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