

# Psychopathological Profile of Moroccan Women with Substance use Disorders: Case Series

S. Bahetta<sup>1\*</sup>, N. Elmoussaoui<sup>1</sup>, M. Sabir<sup>1</sup>, F. El Omari<sup>1</sup>

<sup>1</sup>Hospital Psychiatrique Arrazi de SALE, CHU AVICENNE RABAT/SALE

DOI: [10.36347/sasjm.2024.v10i08.001](https://doi.org/10.36347/sasjm.2024.v10i08.001)

| Received: 16.06.2024 | Accepted: 22.07.2024 | Published: 01.08.2024

\*Corresponding author: S. Bahetta

Hospital Psychiatrique Arrazi de SALE, CHU AVICENNE RABAT/SALE

## Abstract

## Original Research Article

**Introduction:** This study examines the socio-demographic and psychopathological profiles of Moroccan women with substance use disorders (SUDs). **Materials and Methods:** A descriptive and analytical study was conducted on 177 female patients at Ar-Razi Salé Hospital from March 2009 to June 2021. Data were analyzed using IBM SPSS Version 20. **Results:**

- Average age: 31 years.
- Majority single (67%) with secondary (52%) or higher education (40%).
- High inactivity rate (83%).
- Significant exposure to physical (16%) and sexual violence (20%).
- Common substances: cannabis (68%), tobacco (52%), and alcohol (40%).
- Multiple detox attempts and high premature discharge rate (53%).
- High prevalence of psychiatric comorbidities (73%), particularly depression (42%) and personality disorders (58%).

**Conclusion:** The study highlights the need for targeted, gender-sensitive treatment approaches for Moroccan women with SUDs, addressing both addiction and underlying mental health issues.

**Keywords:** Substance Use Disorders, Moroccan Women, Socio-demographic Profile, Psychopathological Profile, Addiction Treatment, Gender-sensitive Approach.

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Drugs and addictions represent the major public health problems globally. According to data from the World Health Organization (WHO) in 2013, 246 million people consume psychoactive substances (PAS). The main consumers of these substances are men, but gender still matters because addiction in women brings forward some other challenges and characters with it. The objective of this study is to establish a sociodemographic and psychopathological profile of addicted Moroccan women.

## MATERIALS AND METHODS

Descriptive and analytical study of 177 female patients hospitalized in the addiction service at Ar-Razi Salé Hospital (women's unit) from March 2009 to June

2021. Data collected from medical records using a pre-established data extraction form.

Analysis conducted using IBM SPSS Version 20 software.

**Inclusion Criteria:** All records of residents hospitalized for substance use disorder.

**Exclusion Criteria:** Unusable records.

## RESULTS

### Socio-demographic Characteristics

The following table provides a detailed breakdown of the socio-demographic characteristics of the study participants. The average age is 31 years, with the majority being single and possessing a secondary education level.

**Table 1: Socio-demographic Characteristics**

Characteristic	Value
Average age	31 years (+/- 10 years)
Age extremes	17 to 66 years
Age 20-24 years	37%
Age 25-29 years	23%
Single	67%
Married	19%
Divorced	11%
Secondary education level	52%
Higher education level	40%
Not educated	Minority
Inactive	83%
Employed	16%
Rabat-Salé-Zemmour-Zaer region	61%
Greater Casablanca-Settat region	11%

**Biographic Elements:**

This table summarizes the biographic elements of the participants, showing a high percentage living with

biological parents and experiencing significant rates of physical and sexual violence.

**Table 2: Biographic Elements**

Characteristic	Value
Living with biological parents	96%
Adopted	4%
Parents married	83%
Parents divorced	16%
Physical violence suffered	16%
Sexual violence suffered	20%
Incest suffered	5%

**Addictive Behavior:**

The table below highlights the patterns of addictive behavior among the participants, including

multiple attempts at detoxification and varying periods of abstinence.

**Table 3: Patterns of Addictive Behavior**

Characteristic	Value
Hospital detox attempts - one	68%
Hospital detox attempts - two	23%
Hospital detox attempts - three	8%
Outpatient detox attempts without medical aid	30%
Abstinence <1 month	60%
Abstinence 1-6 months	21%
Abstinence 6 months-1 year	7%
Abstinence >1 year	12%
Premature discharge	53%
Scheduled discharge	47%

**Psychoactive substances consumed**

This table outlines the consumption patterns of various psychoactive substances, showing high rates of

cannabis and tobacco use, with the average starting age for these substances being in the mid-teens.

**Table 4: Consumption Patterns of Psychoactive Substances**

Substance	Percentage	Average starting age	Daily consumption
Tobacco	52%	15 years	22 cigarettes
Cannabis	68%	16 years	Daily
Alcohol	40%	18 years	18 liters
Cocaine	15%	19 years	4.5 grams

Substance	Percentage	Average starting age	Daily consumption
Opioids	7%	25 years	N/A
Benzodiazepines	33%	24 years	10 pills
Ecstasy	6%	17 years	7 pills

### Psychiatric comorbidities:

The following table shows the high prevalence of psychiatric comorbidities among the participants,

including significant rates of depression, personality disorders, and suicide attempts.

**Table 5: Prevalence of Psychiatric Comorbidities**

Characteristic	Value
Psychiatric comorbidities	73%
Depression	42%
Bipolar	13%
Generalized anxiety disorder	10%
Personality disorders	58%
Borderline	39%
Histrionic	13%
Antisocial	34%
Dependent	7%
Schizoid	8%
Suicide attempts	36%

## DISCUSSION

The results of this study reveal several important insights into the socio-demographic and psychopathological profiles of Moroccan women with substance use disorders. Comparing these findings to existing literature allows us to contextualize and better understand the unique challenges faced by this population.

### Socio-demographic Characteristics

The average age of the participants in this study is 31 years, which aligns with global findings that indicate young adults are at higher risk for substance use disorders (SUDs) [1-3]. The majority being single (67%) is consistent with studies suggesting that marital status can influence substance use, with single individuals often having higher rates of SUDs (Substance Abuse and Mental Health Services Administration, 2020). The high level of secondary education (52%) among participants contrasts with some global data showing lower education levels among individuals with SUDs, highlighting possible regional differences [3].

### Biographic Elements

The high percentage (96%) of participants living with biological parents suggests strong familial ties, which is common in Moroccan culture. However, the significant rates of physical (16%) and sexual violence (20%) experienced by these women are alarming and underscore the need for trauma-informed care in addiction treatment. Studies have shown that exposure to violence is a significant risk factor for developing SUDs [6].

### Patterns of Addictive Behavior

The multiple attempts at detoxification observed in this study, with 68% having at least one hospital detox attempt, mirror global trends where repeated treatment attempts are common among individuals with severe SUDs [7, 14]. The high rate of premature discharge (53%) points to potential challenges in treatment retention, a well-documented issue in addiction treatment [4].

### Consumption Patterns of Psychoactive Substances

The predominance of cannabis (68%) and tobacco (52%) use, starting in the mid-teens, reflects broader trends seen in many parts of the world where these substances are often the first drugs used by adolescents [7, 16]. The significant daily consumption levels further indicate the severity of dependency among the participants [15,14].

### Prevalence of Psychiatric Comorbidities

The high prevalence of psychiatric comorbidities (73%), particularly depression (42%) and personality disorders (58%), is consistent with numerous studies showing that mental health disorders commonly co-occur with SUDs [9, 8]. The high rate of suicide attempts (36%) is particularly concerning and points to the severe mental health struggles faced by these women [4].

### Limitations of the Study

#### Sample Size and Generalizability

A major limitation of this study is its relatively small sample size of 177 participants, which may restrict the generalizability of the findings to the wider population of Moroccan women with substance use disorders. Larger studies are necessary to validate these

findings and offer a more comprehensive understanding of the demographic and psychopathological characteristics of this population.

### Retrospective Data Collection

The study's reliance on retrospective data from medical records introduces potential biases. The quality and completeness of these records can vary, possibly affecting the accuracy of the data. Additionally, some relevant information may not have been recorded, limiting the scope of the analysis.

### Lack of a Control Group

The absence of a control group of non-addicted women limits the ability to draw comparative conclusions about the specific impact of substance use disorders on the socio-demographic and psychopathological profiles of the participants. Future studies should include a control group to provide more robust insights.

### Self-reported Data

Variables such as experiences of physical and sexual violence are based on self-reported data, which can be influenced by recall bias or reluctance to disclose sensitive information. This limitation may lead to underreporting or overreporting certain experiences, affecting the study's findings.

### Cultural and Social Factors

The cultural context in Morocco, including social stigma and gender norms, might influence the behavior and reporting of substance use and mental health issues. These factors should be considered when interpreting the results, as they may not be directly applicable to women in different cultural settings.

### Psychiatric Diagnoses

The study utilized existing psychiatric diagnoses from medical records, which may not have been uniformly applied or based on standardized diagnostic criteria. Future research should consider using standardized assessment tools to ensure consistency and accuracy in diagnosing psychiatric comorbidities.

### Future Research Directions

To address these limitations, future research should focus on larger, longitudinal studies with standardized data collection methods. Including control groups and using comprehensive diagnostic tools will help in understanding the causal relationships and broader implications of substance use disorders among women in Morocco. Additionally, exploring the impact of cultural and social factors on substance use and mental health can provide valuable insights for developing targeted interventions.

## CONCLUSION

This study highlights the complex interplay of socio-demographic, biographic, and psychopathological

factors in Moroccan women with substance use disorders. The findings underscore the need for targeted, gender-sensitive treatment approaches that address not only the addiction but also the underlying trauma and mental health issues. Future research should focus on longitudinal studies to track treatment outcomes and the effectiveness of integrated care models in improving the lives of women with SUDs.

## REFERENCES

1. United Nations Office on Drugs and Crime. (2022). World Drug Report 2022.
2. Substance Abuse and Mental Health Services Administration. (2020). Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health.
3. World Health Organization. (2019). Global status report on alcohol and health 2019.
4. Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (2019). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*, 68(5), 837-847.
5. Dennis, M. L., Scott, C. K., Funk, R., & Foss, M. A. (2020). The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment*, 28(2), S51-S62.
6. McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2019). Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *JAMA*, 284(13), 1689-1695.
7. Hall, W., & Degenhardt, L. (2020). Adverse health effects of non-medical cannabis use. *The Lancet*, 374(9698), 1383-1391.
8. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2021). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
9. Darke, S., Ross, J., & Teesson, M. (2020). The Australian Treatment Outcome Study (ATOS): what have we learnt about treatment for heroin dependence? *Drug and Alcohol Review*, 26(1), 49-54.
10. Cressman AM, Natekar A, Kim E, Koren G, Bozzo P. Cocaine Abuse During Pregnancy. *Journal of Obstetrics and Gynaecology Canada*. 2014;621-31.
11. ECN addictologie. module six . *Addictologie*. 2014;388-9.
12. Office des Nations unies contre la drogue et le crime (UNODC). *Rapport mondial sur les drogues*. 2015;3.\*
13. l'Organisme international de contrôle des stupéfiants (OICS). *Rapport 2016*. 2016;12.

14. Jallal Toufiq, Fatima El Omari, Maria Sabir. Rapport Annuel de l'Observatoire National des Drogues et Addictions (ONDA. 2014;42.
15. Gruzza et al. Correspondence Between Secular Changes in Alcohol Dependence and Age of Drinking Onset Among Women in the United States. 2008;
16. Hernandez-Avila et al. Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment. 2004;
17. Brady et Randal. Gender differences in substance use disorders. 1999;