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Commentary

Barriers to Accessing Treatment Among Women with Substance Use Disorders: A Qualitative Analysis

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ABOUT THE STUDY

Women with Substance Use Disorders (SUDs) face a unique constellation of barriers that hinder their access to timely, effective and gender-responsive treatment services. While global awareness of substance misuse has grown, there remains a significant treatment gap for women, particularly in countries where cultural expectations, economic constraints and limited healthcare infrastructure compound the stigma and isolation associated with addiction. In China, where the traditional role of women is often intertwined with family and caregiving responsibilities, these barriers are especially pronounced. This qualitative study explores the multifaceted challenges faced by women with Substance Use Disorders (SUDs) in accessing care, drawing on in-depth interviews conducted across three provinces, Beijing, Sichuan and Guangdong.

The study recruited 45 women aged 21 to 49 who were diagnosed with a substance use disorder, including opioid, methamphetamine and alcohol dependence. Participants were identified through community outreach programs, harm reduction centers and public health clinics. Semi-structured interviews were conducted to explore personal experiences with treatment-seeking, perceived obstacles and suggestions for improving services. Thematic analysis was employed to interpret the data, with codes developed iteratively and reviewed by multiple researchers to ensure credibility and reliability.

A dominant theme that emerged was stigma, both internalized and socially imposed. Many women reported feelings of shame and guilt about their substance use, which were intensified by societal expectations to be model mothers, wives, or daughters. This stigma extended to healthcare settings, where several participants described being treated dismissively or even denied care by medical staff once their addiction history was known. For many, the fear of losing custody of their children or facing legal repercussions served as a deterrent to disclosing their condition or seeking formal help.

Economic dependence also played a significant role. A large proportion of participants were financially reliant on family members or spouses, limiting their autonomy in making healthcare decisions. Some were not permitted to attend treatment programs or were discouraged from doing so because of household responsibilities or concerns about the family's public image. In several cases, partners or relatives were also substance users themselves, creating co-dependent dynamics that perpetuated the addiction and discouraged recovery efforts.

Another key barrier was lack of gender-sensitive services. Participants reported that most treatment programs in their region were male-dominated, with little consideration for the unique psychosocial needs of women. Facilities lacked childcare services, female counselors, or trauma-informed approaches factors that made many women feel unsafe or misunderstood. For those with histories of domestic violence or sexual abuse, the absence of integrated mental health support further limited the effectiveness of treatment or even deterred participation altogether.

Geographical and logistical barriers were particularly pronounced in rural areas. Women in these regions reported difficulty traveling to urban treatment centers, especially when they were expected to juggle family duties and employment. Public transport was often unreliable and treatment appointments were inflexible. Moreover, outreach and health education campaigns were generally less robust in these areas, resulting in poor awareness of available services or misunderstandings about what treatment would involve.

Interestingly, peer support emerged as a potential facilitator for overcoming these challenges. Several women cited informal networks of other women in recovery as crucial to their journey, offering emotional support, practical advice and hope. However, such networks were often fragile and under-resourced, with little institutional backing. Participants expressed a desire for structured, women-led recovery groups and community-based interventions that would provide a safe and empathetic space for healing.

The findings from this study suggest that barriers to accessing treatment for women with SUDs in China are deeply rooted in sociocultural norms, gender inequality and systemic healthcare limitations. Addressing these issues requires more than just

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expanding treatment availability, it necessitates a transformation in how care is designed, delivered and perceived. Programs must prioritize confidentiality, reduce stigma and incorporate flexible, family-friendly policies such as childcare and transport subsidies. Training healthcare providers in gender-sensitive and trauma-informed care is also essential, as is the inclusion of women with lived experience in policy-making and service development.

In conclusion, women with substance use disorders in China face significant and intersecting barriers to accessing treatment, many of which stem from societal roles, economic limitations and structural gaps in the healthcare system. This qualitative analysis highlights the urgent need for gender-responsive, culturally competent and community-integrated solutions that recognize the specific needs and realities of women. By amplifying women's voices and addressing the root causes of treatment avoidance, public health systems can foster more inclusive and effective pathways to recovery. The insights gathered from this study can inform policymakers, clinicians and service organizations aiming to close the gender gap in addiction treatment and promote equitable access for all.