

## EXECUTIVE SUMMARY

*This monograph provides a keyhole into the world of women affected by drug use from three major perspectives- from the micro perspective of having a drug user in her family and that of being a drug user herself and from the larger perspective of being female in the Indian socio-cultural context.*

In India, even though the problem of drug abuse and women is being increasingly recognised, this phenomenon and related problems have not historically been visible in official statistics or studies. This monograph then, is a preliminary step towards understanding the complex issue of women and substance abuse. It provides a keyhole into the world of women affected by drug use from three major perspectives – from the micro perspective of having a drug user in her family and that of being a drug user herself and from the larger perspective of being female in the Indian socio-cultural context.

Data for this monograph is taken from the existing literature on the subject of drug abuse and women in India, analyses of gender relations in the country and from three commissioned studies. These are a part of the project 'National Survey on Extent, Pattern and Trends of Drug Abuse in India' supported by the Ministry of Social Justice and Empowerment (Ministry), Government of India, and the United Nations International Drug Control Programme, Regional Office for South Asia (UNDCP, ROSA).

### *Findings of Studies*

The first study, entitled 'Burden on Women due to Drug Abuse by Family Members' found that the major burden on women living with drug using family members was the economic costs of addiction. However, women are also subject to gendered, social pressures including the burden of blame for drug use in the family and thus, despite handling many drug related burdens – financial, emotional and physical,

many respondents remained isolated without social support. Almost half the women in the sample had experienced physical and verbal abuse at the hands of the drug user but most women were afraid of approaching the police for fear of getting the drug user into trouble with the law. Despite significant psychological distress then, many women never received any treatment even as they advised their drug using family members to get help and accompanied them to a treatment centre.

The second set of studies looked at drug use among women. Data was primarily drawn from the study 'Substance Abuse among Women' and the 'Rapid Assessment Survey (RAS)', along with other sources. The RAS found that a majority of female respondents are single, educated, employed and report the early onset of drug use as well as high levels of drug use in their families. The women in the study also reported unsafe practices such as early initiation into sex and the sharing of needles and syringes among IDUs.

The 'Substance Abuse among Women' study corroborates the RAS's demographic findings. Its respondents, from Mumbai, Delhi and Aizawal, were also mainly young and employed. It also confirmed that heroin and pharmaceuticals are among the predominant drugs used by women. While there are important regional and population variations especially in terms of family support for managing addiction, it is clear that while female drug users from peripheral populations (commercial sex workers) are in contact with treatment services, a significant number of

others are neither aware of services, nor have sought any treatment. Positively however, many women drug users did report strong religious beliefs and a spiritual inclination that has been successfully incorporated into treatment.

### *Emerging Trends*

In terms of substance abuse among women, it appears epidemiologically that the 1990s witnessed an increase in the use of opiates, especially heroin, among women in different cities. In general, it can be argued that role transition, lifestyle changes, specific vulnerabilities and social disadvantage all increase the risk of drug use among women. The growing financial independence of women has brought with it changing lifestyles as well as additional tensions where women become the sole economic provider for the family. Peer pressure, a need for excitement, and stress also appear to operate as initiators into drug use.

These factors interact in a complex manner and together increase the risk of drug abuse through a multiplier effect. The drug using woman is perceived as deviant and is thus stigmatised and socially isolated. This in turn increases and compounds social disadvantage. Involvement in criminal activity and commercial sexual activity as a means of enhancing income to support drug use is an expected outcome and, as such, perpetuate the vicious cycle of social marginalisation and drug use.

Research shows that women, both those using drugs and those not, are increasingly being involved in the drug distribution network. Dire economic conditions and the lure of money often lead women to become involved with drug couriership and peddling. The usual profile of a drug courier is a woman of childbearing age, single or married with children, unemployed, a trader or menial worker and financially impoverished. Another

reason for drug peddling, especially among drug users, is that it is a supplementary or exclusive source of income for procuring drugs where women are drug users themselves.

### *Future Directions*

The last decade has seen some significant initiatives (though few in number) addressing the burden of care for women with drug abusing family members, as well as some initial initiatives for women drug users and those involved in drug trade. Some of the path-breaking initiatives to reduce the burden of drug abuse in the family have actually been achieved through self-help groups. Programmes for alternative livelihood have also been set up.

However, many groups of stakeholders recommend the need for a focused policy and concerted national and regional action to address gender aspects of the drug abuse problem, from both perceived 'burden' and 'drug use' perspectives.

There is also a need for a shift from a purely individual, single-cause linear model to a multi-cause interactive model in understanding addiction. Drug abuse and its effects on women needs to be understood in the context of gender as a process and an institution. Thus, all treatment modalities that serve women, and those that cater to women burdened by drug abuse in the family, must be sensitive to needs such as counselling, family therapy, ancillary services such as transportation, child-care, housing, legal assistance and job or vocational training. They must be sensitive to diverse cultural needs. Alternative facilities such as separate women's treatment programmes, acceptance of children in treatment programmes, attention to pregnant drug users, and economic rehabilitation issues need to be addressed as well.

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