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Burden on Women due to Drug Abuse by Family Members: 'The Burden Study'

The specific burden on non-drug using women on account of drug use by a family member has not been adequately addressed. A focussed thematic study titled 'Burden on Women due to Drug Abuse by Family Members' sought to address this lacuna.

While the burden on families has begun to come into focus since the 1990s, the specific burden on non drug using women on account of drug use by a family member has not been adequately addressed. A focussed thematic study titled 'Burden on Women due to Drug Abuse by Family Members' sought to address this lacuna in the Indian context. The perceptions of key informants, as well as of affected women themselves, on the social, familial, economic,

were selected. KIs included staff and heads of NGOs, social workers, doctors (including psychiatrists), government officials, police, media specialists, academics and lawyers. Across all sites, drug use was considered to be a predominantly male phenomenon. Most KIs perceived an increase in drug abuse among males, which they attributed to increased availability and accessibility, reduced legal controls, transition from culturally sanctioned to recreational use, peer pressure, poor living conditions, lack of alternate recreation, unemployment and poverty. All the KIs felt that although there were few women users, their problems were not well appreciated.

Study details	
City	Number of respondents
Bangalore	27
Chennai	24
Delhi	23
Chandigarh	21
Solan & Shimla	20
Imphal	20
Pune	20
Thiruvananthapuram	24
Total	179

health and psychological consequences in such circumstances were documented. The study was exploratory and qualitative in nature, and covered 8 cities across the country.

Key Informant Interviews

One hundred and forty-three key informants (KIs) – 83 women and 60 men –

With regard to the impact of male drug abuse on women, there was an almost unequivocal opinion that the greatest burden was economic, followed by stigmatisation, emotional and relationship difficulties, and neglect of children. Domestic violence, crime, increased trafficking were recognised as possible outcomes of individual drug use. KIs felt it was likely that children in drug abusing families would be neglected and more prone to child labour or delinquency. While the KIs in Pune were primarily concerned about the loss of security for the family, additional concerns in Imphal and Chennai included the increased risk of women having to compromise their dignity and resort to prostitution, increased risks of HIV and drug peddling. All KIs felt that women were the most important treatment motivators of drug abusers, but they tended to ignore their own needs and problems.

Most KIs, even in the larger cities, felt that treatment facilities were inadequate, overcrowded or too expensive.

Self-Perception of Burden Among Women in Drug Using Families

Interviews were carried out with 179 women between the ages of 18 years and 60 years, living with a current regular drug user (daily or near daily use of drugs other than only alcohol and tobacco). None of the women themselves were current regular drug or alcohol users. Only one respondent was interviewed for every drug abuser. The women were interviewed primarily in treatment centres or at home. In Imphal, all the respondents were interviewed in their homes.

The primary data, stemming from in-depth interviews with women respondents, was complemented by secondary data collated through various reports, documents, government and international publications, published research findings, personal communications, police, hospital and treatment centre records.

Drug Using Family Member: A Brief Profile

The drug abusers in the families of these women were all male, with more than two-thirds being between the productive ages of 16 years and 35 years. A large number (55%) had a history of drug abuse since their teens, and 67 percent had been using drugs for more than five years. Although the majority were

polydrug abusers, the primary drugs of abuse were heroin (40.8%), cannabis (38.5%) and alcohol (36.3%). There were significant regional variations, with a higher number of respondents from Bangalore, Thiruvananthapuram and Solan and Shimla reporting current cannabis use in 17/27, 16/24 and 12/20 cases respectively. A large number from Imphal reported use of propoxyphene (8/20). Hardly any of the family members were reported to have used opium. Minor tranquilliser abuse was concurrently reported in 13 of the respondents' drug using family members from Bangalore. While a small number reportedly used cough syrups, only one family member was reportedly using inhalants and four amphetamines (all from Imphal).

Profile of Respondents

Most of the women (60.3%) were between 20 and 40 years of age. The vast majority were Hindu (67%), while 14.5 percent were Christian and 13.9 percent Muslim. Imphal was an exception, with a greater proportion (45%) of Christian respondents. While about a fifth were illiterate, 60 percent had only studied up to matriculation and 16.9 percent had completed their graduation. A majority of the women were married (84.4%), and very few had been divorced or separated (2.8 %). Most of the respondents (68.5%) lived in nuclear families.

Relationship of Respondent to Drug Abuser

The majority of the women in the study were wives or mothers of the user. A small number were living with drug using brothers or brothers in law (Figure 2).

Interviews were carried out with 179 women between the ages of 18 and 60, living with a current regular drug user

Key Informants' Perceptions

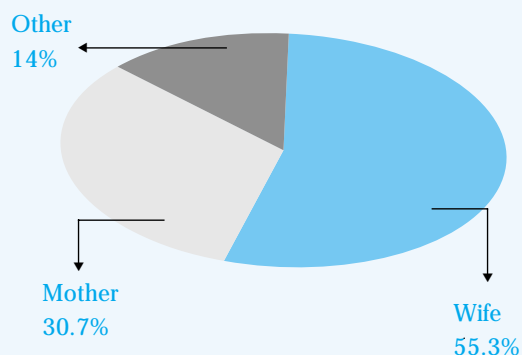
Drug Use

- Drug abuse on the increase among males
- Women users are few, but not adequately recognised

Burden on Women

- Economic
- Stigma
- Emotional difficulties
- Interpersonal difficulties
- Neglect of children
- Loss of security
- Compromised dignity
- Violence and crime
- Health risks (including HIV)

Figure 2. Relationship of Respondent to Drug User





A sizable proportion of the drug users were unemployed. Unemployment or diversion of money for drugs created a huge economic burden, especially in families with low incomes.

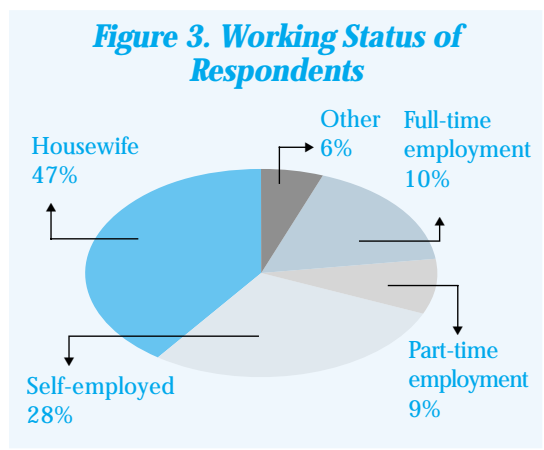
Economic and Working Status of Respondents

A small number of respondents had a family income of less than Rs 1000 and in Bangalore, Chennai, Pune and Imphal, 43 percent had monthly incomes ranging between Rs 1000 and Rs 5000 (Table 1).

Table 1. Self-Declared Monthly Family Income

Income level	Percentage of Respondents
Less than Rs 1000	9.1
Rs 1000 – 5000	43.2
Rs 5000 – 10,000	31.2
Rs 10,000 – 15,000	10.8
> Rs 15,000	5.7

Many of the respondents were housewives. Twenty-eight percent were self-employed, with respondents in Solan and Shimla primarily involved in agricultural occupations and the majority in Imphal being service providers (Figure 3).



Seventy-four out of 179 abusers were currently under treatment and 86 had received some form of treatment in the past.

Economic Concerns

A sizable proportion of the drug users were unemployed (39.1%). In the Delhi site, 73.9 percent of drug using family members were reportedly unemployed, and the corresponding figure for Pune was 40 percent. While a majority of those employed spent a sizable proportion of their income — between 42% (Thiruvananthapuram) and 85%

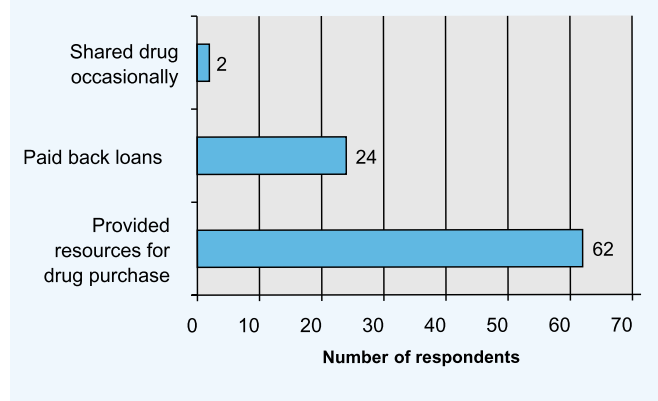
Profile of the drug users

- Mostly in the productive age-group
- More than 55% initiated drug use between 10–20 years of age
- 67% had been using drugs regularly for more than 5 years
- 44% took financial support from family for their drug habit
- Current drug used was primarily heroin
- Other common drugs concomitantly used were cannabis and alcohol

(Bangalore) — on procuring drugs, 58 percent of users in Thiruvananthapuram depended on their families to support their drug habit. Unemployment or diversion of money for drugs created a huge economic burden, especially in families with low incomes.

Many of the respondents (62) were forced to part with money or goods to the drug user (Figure 4). Respondents usually gave money because of coercion, or because they could not tolerate the drug user's condition during withdrawal. Ironically, some of the women did not know on what the money would be spent. Twenty-four had paid back loans taken by the user. Only two women reported that they themselves occasionally used drugs with the user.

Figure 4. Contribution of Women to Drug Use



Although many of the women were working to run the household, a considerable number were forced to part with a large part of their earnings to support the drug user's habit. Some women kept some money aside, without letting the spouse know about it. However, if the husband/son came to know of this, it would

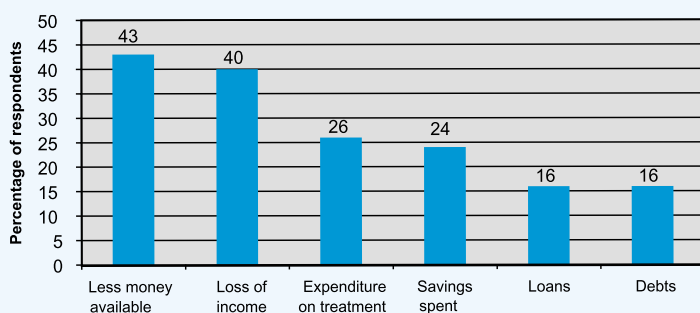


lead to arguments as well as domestic violence, leading to further distress. The resulting desperation of women caught in such situations is reflected in the statement of an HIV-positive woman from Imphal: *I feel like committing suicide when I come home and find that the little money I have saved and hidden for my daughters has been stolen by my husband. He doesn't care even a bit for them. What will happen when both of us die soon?*

Financial Loss

Respondents, depending on their resources, felt the financial burden of drug use differently. Perceived burden is summarized in Figure 5.

Figure 5. Perceived Financial Burden Due to Family Member's Drug Use



Expenditure on treatment was a significant expense, with respondents reporting having paid anywhere between Rs 1500, at a government facility in Thiruvananthapuram,

to more than Rs 16,000 at a private treatment centre in Chennai.

Social Burden

One of the major burdens the women faced was the burden of blame – blame for the drug use in the family member, blame for hiding the issue from others, and blame for not getting timely treatment. Thus, the woman often became the victim of not just the drug abuser, but also society.

With regard to social impact within the family, a considerable number of respondents felt that drug abuse had caused a disruption in their family routine, leisure time activities and celebrations (Table 2).

Sexual Relationships and High-Risk Sexual Behaviour

Sixty-four respondents reported dissatisfaction in sexual relationships with their drug abusing partner. Some women reported that their husbands had lost interest in sex. Only a minority reported sexual violence (3.9%).

Domestic Violence

Violence within marital relationships, even independent of drug abuse, is known. It is unfortunately often accepted as a normal part of marriage, in yet another glaring example of gender inequity and human right violations (Menon-Sen and Kumar, 2001). Drug abuse magnifies this phenomenon. The victim in drug using families also sometimes rationalizes violence as an expression of guilt of the drug user, because he is unable to perform his role in the family. Most domestic violence reported in the study was directed at the women respondents, and took place in the context of demands for money to sustain the habit. To prevent further violence, the woman usually conceded and

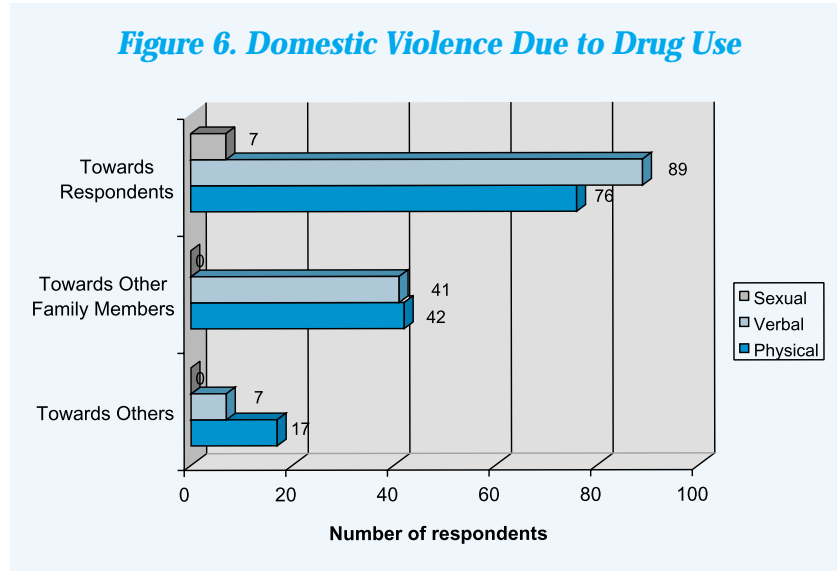
Table 2. Impact of Drug Abuse on Family Relationships and Activities

Item	Percentage of Respondents
Impaired communication	62.6
Family leisure disturbed	51.0
Disturbance in family celebrations	49.0
Feeling of stigmatisation	44.0
Disrupted family routine	43.6
Less time spent together	42.5
Avoidance of interaction and communication with family members	41.9
Reduced sharing of feelings with family members	40.8

One of the major burdens the women faced was the burden of blame - blame for the drug use in the family member, blame for hiding the issue from others, and blame for not getting timely treatment.

Most domestic violence reported in the study resulted from demands for money. Almost half the women had experienced physical and verbal abuse from the drug user.

Figure 6. Domestic Violence Due to Drug Use



drug user into trouble with the law. (The Narcotics and Psychotropic Substances Act 1985 prescribes stringent punishments for drug possession, of even small quantities for personal consumption.)

Effect on Role Function

provided the money. Far from ending the conflict, thus began a vicious cycle of violence as an effective mode of extracting money.

Many of the respondents felt they had not been able to perform optimally in their role as housewife (53%) as well as at work (42%) because of their family member's drug use. Half the respondents felt their children had been neglected on account of drug abuse. A small number (11%) recognised serious emotional problems in children.

Almost half the women had experienced physical and verbal abuse from the drug user. Physical abuse ranged from 'slaps', being 'pushed around, punched and kicked', to being 'hit against the wall'. This sometimes resulted in bruises, broken noses, and other serious injuries. Sexual assault included dominating sexual behaviour by drug using partners, sexual deprivation and being bullied into having sex. Verbal abuse included intimidation and constant humiliation, often in front of other family members and outsiders.

Common Health and Emotional Problems

- Weight loss
- Insomnia
- Aches and pains
- Anxiety
- Depression
- Guilt
- Irritability
- Suicidal thoughts

Most respondents suffered the abuse silently, responding with humiliation, frustration, helplessness and suicidal thoughts. Some had learnt to avoid any confrontational situation that would perpetuate the violence. Only a few respondents from Chandigarh reported that they had retaliated when such cruelty was inflicted on them. All of them were mothers who often beat up their sons when the latter demanded money for drugs or were seen consuming drugs.

Emotional and Health Problems among respondents

Drug abuse and its social consequences commonly led to feelings of guilt, shame, embarrassment, anxiety (55%), depression (43%) and frequent suicidal thoughts (35%) in the victims. Shame and embarrassment caused many a woman to build a 'wall of silence' around her, thus increasing her isolation and helplessness in the situation. Many of the respondents preferred to remain socially isolated because of the fear that the stigma of drug use in the family would jeopardize their chances of finding marriage matches for their children.

Very few women approached the police for help either during the user's intoxication or for support to take the drug user for treatment (only 8.5% reported doing the latter). In Imphal, two women had approached the local insurgent outfit for help with their drug abusing relative. Most women were afraid of approaching the police for fear of getting the

Since the bulk of respondents were in

nuclear families, the women were often alone in their misery. Some of them also reported the lack of support from their families of origin. When a wife went to her parent's place, unable

the rich could afford. Some of them did take help; some others relieved stress with self-chosen psychotropic medication, putting themselves at great risk of addiction.

Many of the respondents described a feeling of loss — loss of prestige (personal and familial), feelings of love, care, and understanding, security, friends and finances.

'It felt like an extended period of loss with no visible end'.

A common response was: 'I feel extremely frustrated and tense and anxious and irritable all the time. I have no interest in other things of life'

to bear any longer the husband's violent behaviour under intoxication, her brothers and parents would send her back to her married home, saying that the husband 'was a nice man' and that this was 'a small issue'. Thus, women were often endlessly stuck in such situations with no escape.

Much of the emotional distress was also driven by concerns about the drug user and the rest of the family. As one respondent stated: *I know my son is involved in pick-pocketing as he has no other source of income. More than his habit, I am tense about this. I have to live in constant fear that my son may be picked up by the police for pick-pocketing.* Fear of such outcomes often acts as a pressure point on the woman, who then provides money to procure drugs. For some other respondents, enabling behaviours (that maintain the drug habit) emerged from worry about social ostracization and stigma. Some women would encourage the drug user to use the drug at home, to prevent any social disruption.

In addition to emotional distress, many of the women faced various health problems including weight loss (40%), aches and pains (23%) and insomnia (47%). A majority of them had not sought any help for these problems or for associated health problems like hypertension or diabetes. Most of them felt their health problems would vanish if the abuser gave up his habit.

Despite significant psychological distress, a lot of the women never received any treatment, several believing that treatment for psychological distress was a vanity that only

Response to Drug Use

Expressing disapproval of drug use (60%), urging the family member to quit (57%), threatening to leave (49%), expressing concern (47%) and, in some cases, trying to restrict the person's freedom (31%) were ways in which respondents tried to discourage drug use. The threat to

quit, and/or leave home was never really put into action. Such threats were commonly made by the spouse of a user, with the user invariably responding with an assurance that he would 'mend his ways', which almost never



happened. In addition to the concern felt for the partner, various social constraints as well as the low levels of education and economic dependence, seemed to prevent affected women from taking such a step. In the odd case where a separation had occurred, there was always the user's mother to provide support and 'pick up the pieces'.

About half the respondents (51%) had advised the drug using family member to take help, and 49 percent had accompanied him

Many had attempted to provide treatment for the drug abuser, but were overwhelmed by the high costs involved.



Women are the major supporters for the family and the drug user, and thus need to be supported and empowered in their caring roles.

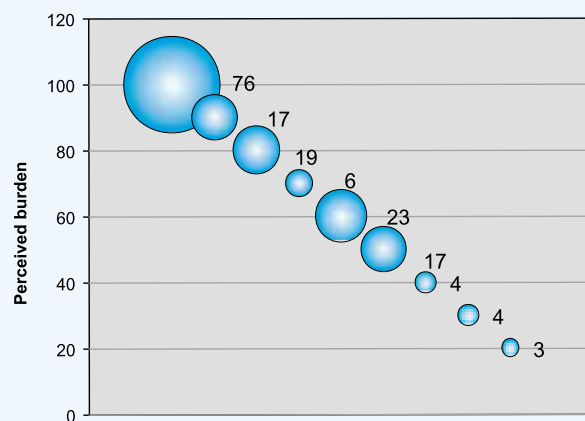
to a treatment centre. Twenty-six respondents had not motivated the user towards help, either because they were not aware of help or they felt there was no point.

Many had attempted to provide treatment for the drug abuser, but were overwhelmed by the high costs involved. In the words of a respondent: *I finally approached an NGO for my husband's treatment, but I lost heart the moment I heard the fee for a month's treatment. It was what we earn in 3-4 months.* The lack of appropriate treatment services, and the risk of relapse, often make the women feel hopeless and helpless. The poignancy of the situation is best reflected by the remark of a Sub-Inspector of Police from Imphal: *Many wives and mothers are pressing us to keep their wards in jail, where they are without drugs.*

Perceived Burden Due to Drug Abuse

The women were asked to rate their perceived burden on a centile scale of 0 to 100, with 100 representing the maximum burden and 0 the least. The majority of respondents (76) perceived maximum burden (Figure 7). Poor financial conditions appear to contribute to a perception of greater burden.

Figure 7. Perception of Family Burden due to Drug Abuse



Social Support

The lack of social support was another important observation. With more people living in nuclear families and relatives shying away, especially when there were monetary expectations, lack of support from the family of origin together with the blame for the addiction, all add up to an overwhelming

burden on these women. And yet, they were still taking on the major responsibility of looking after the family and the drug user.

Conclusion

The family burden, especially on the woman, of caring for drug users is indeed substantial. Apart from the economic burden, women make many adjustments, at the cost of their own welfare, growth and development. They are victims of the drug user, as the user is of drugs. The lack of social support and appropriate help serves to aggravate the economic, social and emotional burden placed on these women. Along with these issues of bearing the pressure and the distress the consequences of drug use bring, women are the major support(ers) for the family and the drug user, and thus need to be supported and empowered in their caring roles.

Some of the respondents in this study were probably better off compared to others in the community with fewer resources. This can be gauged on the basis of both their monthly income and the fact that they were able to bring their family members to treatment, itself a luxury given the cost of treatment and the time away from work. If this group experienced such significant burden, one can well imagine the plight of families with more scanty resources.

The study thus highlights the need for:

- In-depth understanding of key issues such as exploitation, vulnerability, stigmatisation and lack of social support for affected women.
- Greater attention to women's own issues of health and economic security.
- Education about potential risks of exposure to HIV and other sexually transmitted diseases.
- Support for women.
- Greater sensitivity to the needs of the family, especially women, within treatment programmes.

(The specific needs for women dealing with a drug using family member are discussed in Chapter 11).

