

Drug Use and the Indian Woman: The Emerging Picture

The information reviewed for this monograph is insufficient on several counts. The sources of information available are scanty, the number of studies (and respondents) few in number and selected through purposive sampling. Thus, the data is not truly representative of women in India and no attempt should be made to estimate the number of drug abusing women in absolute numbers in any of the sites. However, examining the studies in conjunction shows several common themes and trends of drug use among women.

Drug Use still a 'hidden problem'

While the issues of sampling and numbers may on one hand be seen as inadequacies, on the other they underscore the fact that women drug users are indeed 'a hidden population' and drug use among women 'a hidden problem'. Exploring the tenuous relationships between drug use and women's socio-cultural contexts requires the judicious use of qualitative and quantitative methods of research. Regardless of the strategy adopted, it remains difficult to interview women users because of the additional stigma and perceived consequences, especially in marginalized groups, attached to the phenomenon of drug abuse among women. With the caveat of findings being non-generalisable but informative, certain consistent observations can still be made based on the earlier studies, as well as the study on drug abuse among women (referred to as the Women's study) and the RAS.

Changing Patterns of Drug Use

One of the main observations is the changing

pattern of drug use among women. Although a 1977 Government of India Report suggested that 25 - 30 percent of registered opium addicts were women (Ministry of Health and Family Welfare, 1977), any reports of drug use among women around that period and even earlier were largely anecdotal. The first review of women drug abusers in treatment in the 1970s and 1980s reported poly-drug use and tranquilliser abuse (Machado, 1994). However, the 1990s witnessed an increase in the use of opiates, especially heroin, among women in different cities including Mumbai (Kapoor, 1992) and Calcutta (Mondol, 1992). Furthermore the data from the current project from several sites viz. Delhi (Women's study and RAS), Dimapur, Thiruvananthapuram (RAS) and Aizawl (Women's study) suggest such a trend. Goa, however, appeared to have a larger number of cannabis users (RAS).

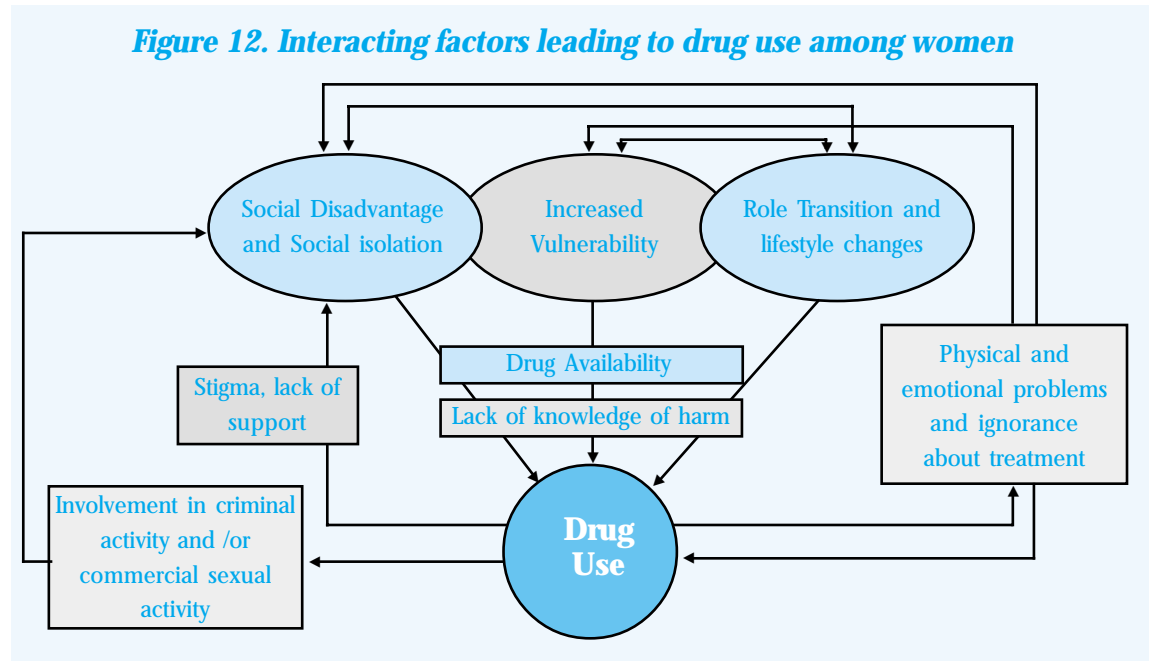
Availability and accessibility of drugs appears to influence drug using patterns among women as reflected by the rise in heroin and propoxyphene. It is estimated that abuse of psychotropic as well as of other opiates (including codeine containing cough syrups), is prevalent, but this has not been adequately studied.

Factors Leading to Drug Use among Women

Social disadvantage, specific vulnerability, role transition and lifestyle changes, all appear to increase risks of drug use independently and also through complex interconnections, as illustrated in the accompanying figure (Figure 12).

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Social Disadvantage

Social disadvantage, while not the sole reason, is known to increase risk of drug abuse, especially in the presence of specific vulnerability and altered roles and relationships. Social disadvantage includes situations such as:

- Poor educational status
- Lack of specialised training in a vocation
- Young age at initiation of work
- Early marriage
- Lack of social support

Specific Vulnerability

Factors increasing vulnerability to drug use among women consistently visible throughout the Women's study include:

- Drug use in family of origin
- Drug use in spouse
- Involvement in a sexual relationship with a drug using partner
- Emotional distress including low self-esteem, depression, and stress
- Early financial independence coupled with poor decision-making skills
- Peer group influence

Role Transition and Lifestyle Changes

Emancipation, along with its advantages, also brings with it changing lifestyles as well as additional stress due to role transition. This is amply reflected in the RAS where the profile

of the urban woman drug user is that of an educated, often single and economically independent woman, who is often an economic provider for the family. Peer pressure, a need for excitement, and stress appear to operate as initiators into drug use. High levels of drug use in the household, early sexual experience, financial independence all appear to increase the vulnerability of this group.

As mentioned earlier, the three factors interact in a complex manner and together increase the risk of drug abuse as if through a multiplier effect. The drug user is perceived as deviant and is thus stigmatised and socially isolated. This in turn increases and compounds social disadvantage and leads to emotional problems, further enhancing vulnerability to continued drug use. Involvement in criminal activity and commercial sexual activity as a means of enhancing income to support drug use is an expected outcome. These factors, in combination with health problems and ignorance about treatment, all lead to feelings of hopelessness and helplessness in the user, and perpetuate the vicious cycle of social marginalisation and drug use.

Impact of Drug Use by Women

Studies of women who seek treatment for alcohol and drug problems reveal a dramatic connection between domestic violence, childhood abuse and substance abuse

(SAMSHA, 1997). Women substance users have high levels of depression, anxiety, feelings of powerlessness, and also low levels of self-esteem and self-confidence (Dansky et.al., 1995). There is a whole range of health, social and economic problems that such women face.

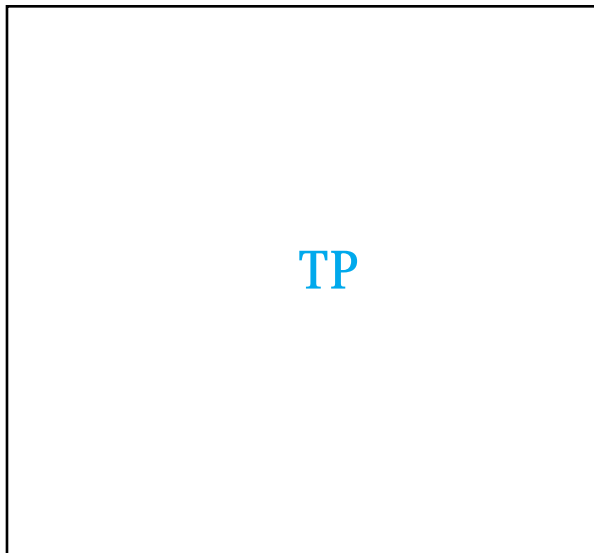
Research from Asia with respect to women and drug abuse is scanty and, where available, limited in focus. No systematic efforts were made to conduct studies on women drug users in the region till the early 1990s, though a study of the problems of heroin-addicted women in treatment and an in-depth follow-up study of women drug dependents from Malaysia (Wong et. al., 1988) were published earlier. In the 1990s studies from Singapore (Mansor and De Zilva, 1992), Sri Lanka (Ellawala, 1992) and Malaysia (Navaratnam, 1992) have emerged.

It is highly likely that the representation of women in treatment, in practically all countries across the world, is much lower relative to the scale of the problem (see Table 3). This may be on account of stigmatisation, lack of awareness, lack of support, and different prioritisation for women (concerns about their children and family override concerns for treatment). Further, the isolation and alienation produced by drug use, especially by behaviours such as involvement in sex work, cause further marginalisation of this group.

Women's Involvement in the Drug Trade

An aspect of the relationship of women and drugs we have not yet discussed is the involvement of women in the drug trade. Women are frequently involved in cultivation, processing and drug dealing. For example, in Africa, women produce 80 percent of the agricultural products in rural areas; women are the predominant harvesters of opium in Asia and coca leaves in South America (World Drug Report, 1997). In India, research studies (Ray et al., 2001) as well as anecdotal reports suggest that women have been involved in the production and marketing of opiates.

Women (both those who use drugs and those who do not) are increasingly involved in



the drug distribution network. Changes in social and economic conditions, changing patterns of drug use and increasing female involvement in the informal, illegal economy have all been contributory factors. 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 (Odejide, 1992). Some of the women involved in peddling are ignorant of the magnitude of problems caused by drugs. For many others, the financial temptations are more likely to outweigh moral considerations, especially when the disparity between criminal income and legitimate earning potential becomes extremely wide. Anecdotal reports suggest that the drug mafia in Mumbai uses women (referred to as 'bhabhi' or 'aapa' – sister-in-law or sister), whose husbands are in jail, as drug couriers.

Another reason for drug peddling, especially among drug users, is as a supplementary or exclusive source of income for procuring drugs. Thus, four of the women drug users from Aizawl (16%) in the Women's study stated that their occupation was peddling. It earned them anywhere between Rs 2500 to Rs 4500 a month. Altogether, 23 of the 75 (31%) drug using respondents in the Women's study reported involvement in drug peddling to support their addiction.

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