

# Women and Drug Abuse: The Problem in India



## Highlights of the Report



Ministry of Social Justice  
and Empowerment  
Government of India



Drug abuse poses various kinds of problems impacting not just on the individual user, but also on the family and community.

The adverse impact of drug use on families is tremendous. It is the family to which the dependent user turns to or turns on either in emotional or physical distress or crisis. Relationships suffer, financial sources get depleted, health costs increase. There are greater employment problems and increased emotional stress. When the drug user stops taking responsibilities on account of drug use, common family responses include depression, stress and resentment. The non-drug using partner may also take to drugs or alcohol for solace. The consequences of drug abuse is often more wretched for families in precarious or poverty-stricken circumstances. Sexual relationships can become adversely affected. There is a serious risk of transmission of HIV and other blood borne viruses to partners of infected drug users, and of contracting sexually transmitted diseases. Drug use is often associated with domestic violence, which in turn aggravates the physical and emotional distress of the family.

Within the family, it is often the woman, in the role of wife or mother who is most affected by the individual's drug use, and has to bear a significant part of the family burden. Such impact becomes even more obvious in a developing country like India, where women are already disadvantaged. This aspect of the burden of drug use on women in India has received scant attention.

Like many other societies, Indian society is a society in transition. Changing roles, increased stress and alterations in lifestyle bring with them newer problems. Although the problem of drug abuse among women is being increasingly recognized, female drug problems do not usually show up in official drug statistics. This is partly due to their limited numbers and the largely subordinate position of women users in the drug subculture. However, women are likely to suffer worse consequences than men as a result of drug abuse. It is therefore important to evolve alternate strategies to identify women with problems related to drug abuse in order to understand its impact both from the individual as well as from the gender perspective.

As part of the 'National Survey on Extent, Patterns and Trends of Drug Abuse in India', the United Nations Drug Control Programme – Regional Office South Asia and the Ministry of Social Justice and Empowerment, Government of India, commissioned two sub-studies that examined the issue of women and drug use in India from two different dimensions: "*Burden on Women due to Drug Abuse by Family Members*" and "*Study on Substance Abuse among Women*"

A third study under this project, the 'Rapid Assessment Study' also throws light on women and substance use, especially in comparison to male drug use. It was conducted at nine urban sites.

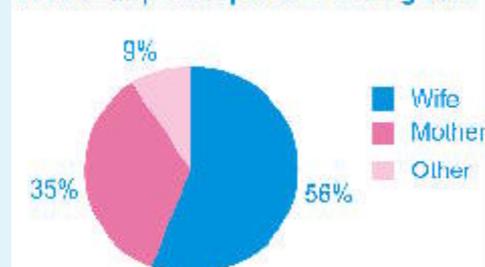
### **Burden on Women due to Drug Abuse by Family Members**

The study 'Burden on Women due to Drug Abuse by Family Members' attempted to document the burden perceived by women relatives of male drug users and understand the social, familial, economic health and psychological consequences on these women. The study was exploratory and qualitative in nature. Interviews were carried out with 179 women with a male family member currently abusing drugs. It was carried out in 8 centres throughout India, namely Bangalore, Chennai, Delhi, Haryana, Himachal Pradesh, Manipur, Pune and Thiruvanthapuram.

The drug abusers in the families of these women were all male, with more than two-thirds between the

productive ages of 16 to 35 years. A large number (55%) had a history of drug abuse since their teens and 67% had been using drugs for more than 5 years. Although a majority were poly-drug users, the primary drug of abuse was heroin (68%).

Relationship of respondent to drug user

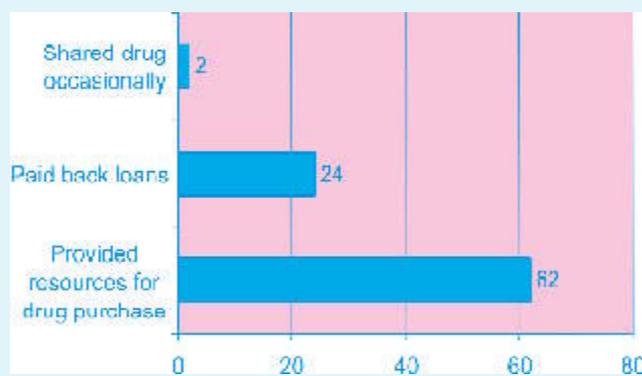


A majority of the women in the study were wives (56%) or mothers (35%) of drug abusers. Almost half of the women were between 20 to 40 years of age. A fifth of them were illiterate, and in Bangalore, Chennai Pune and Manipur, at least 50% had monthly incomes ranging between Rs.1000 and Rs.5000. Forty-four percent were housewives. Many lived in nuclear families (76%).

### Profile of the drug users

- Mostly in the productive age-group
- More than 50% 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 alcohol and cannabis

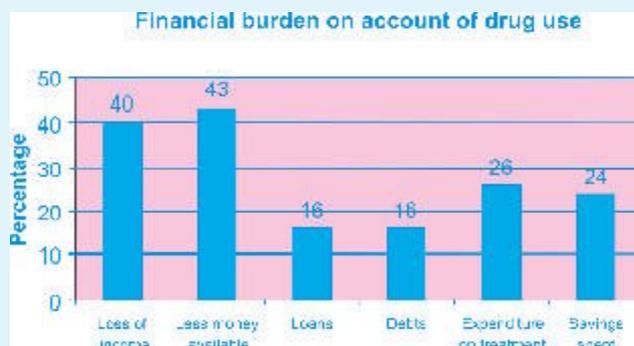
A large proportion of the drug users were unemployed (45%). While a majority of those employed spent a sizeable proportion of their income on procuring drugs, in one of the cities 58% of the drug users depended on their families to support their drug habit.



Many of the respondents (62) were forced to part with money or goods to the drug user (accompanying figure). The respondents usually gave money because of coercion, or because they could not tolerate the desperation faced by the drug user during withdrawal. Ironically some of the women did not know for what purpose the money would be used. Twenty-four had paid back loans made by the drug user. Only 2 respondents reported themselves occasionally using drugs with the user.

Unemployment or diversion of money for drugs created a huge economic burden, especially in the families with low incomes. Some of the women were themselves working, and faced tremendous hardship, working both within and outside the house. Ironically, a considerable number of women in the study were forced to part with a large part of their own earnings to support the drug user's

Financial burden on account of drug use



habit. Some women responded to this by secreting money, which then led to arguments as well as domestic violence leading to further distress.

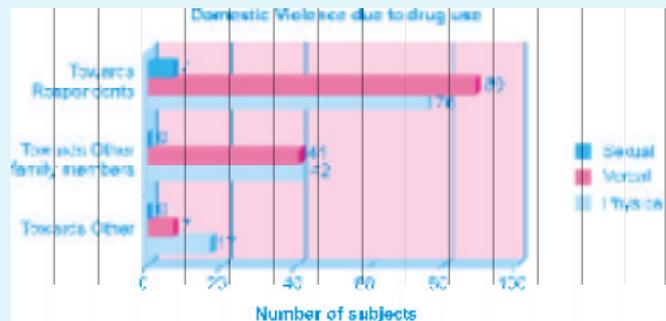
One of the major burdens faced by the women was the burden of blame - blame of being responsible for the drug use in the family member, blame of hiding the issue from others, and blame of not getting timely treatment. Thus the woman often became the victim of not just the drug abuser, but also society. This often led to feelings of guilt, shame, embarrassment, depression (47%), anxiety (55%) and isolation, and frequent suicidal thoughts (35%).

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 that their health problems would vanish if the drug abuser gave up his habit.

Many of them had attempted to take the drug abuser for treatment, but were overwhelmed by the high costs.

Physical violence was reported by 43% of the women and verbal aggression by 50%. Physical abuse ranged from 'slaps, being pushed around, punched and kicked, being hit against the wall'.

Disturbances in the sexual area were apparent, but the awareness and protection against sexually transmitted diseases appeared low.



The lack of social supports was another important observation. With more people living in nuclear families, relatives shying away especially when there were monetary expectations, lack of support from family of origin together with the blame for the drug addict all seem to put an overwhelming burden on these women. And yet, they were still taking on the major responsibility for the family and the drug user.

## Perceived burden due to drug abuse

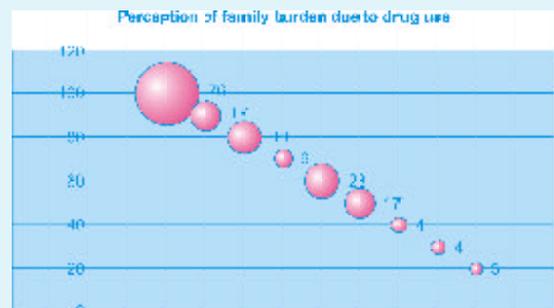
The respondents were asked to rate their perceived burden on a scale of 0-100.

Many of the respondents (76, 42.4%) perceived maximum burden. Poor financial conditions appear to cause a higher perception of burden.

The study raises several needs:

Need for an in-depth understanding of some of the issues, issues of exploitation, vulnerability, stigmatization and lack of social supports for these women, greater attention to their own issues of health and economic security, education

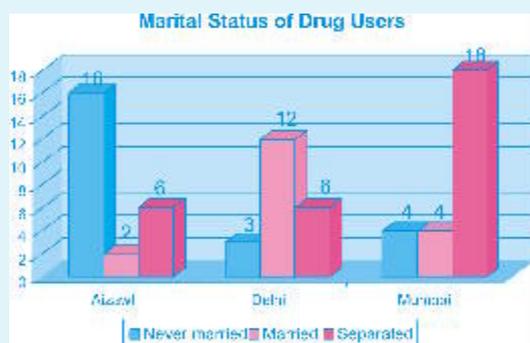
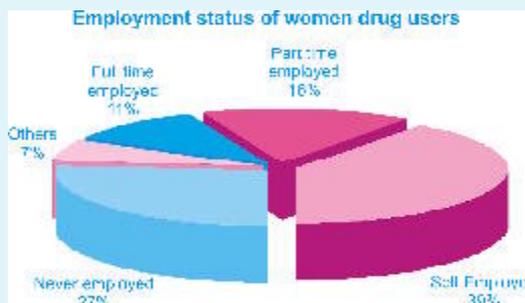
about potential risks of exposure to HIV and other sexually transmitted diseases, support for women, and greater sensitivity to the need of family especially women within treatment programmes.



## Study on Substance Abuse among Women

The second study 'Study on Substance Abuse among Women' attempted to examine substance abuse patterns in women, special characteristics of women drug abusers, and gender relevant issues in treatment. This study included 75 women drug abusers enrolled in a snowball sampling technique from Mumbai, Delhi and Aizawl. The Mumbai sample consisted of women drug users involved in sex work, the Delhi sample comprised mostly working women, and the Aizawl sample was constituted by women drug abusers in treatment.

The women were mostly in their 3<sup>d</sup> and 4<sup>th</sup> decades. Half the respondents from Mumbai and Delhi were illiterate. Very few (5.5%) had received any technical or professional training. A large number of the women were employed (67%), with 45% being involved in commercial sex work and 15% involved in peddling activities across the sites.

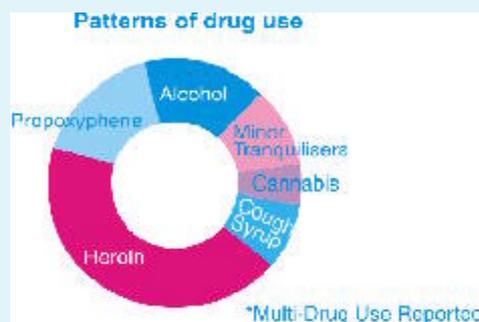


Thirty-one percent of the women across the sites were single, (the majority from Aizawl) and 32% were separated or divorced. While a majority of women from Aizawl lived with their families of origin, Mumbai had a large number of women who had run away from home at an early age and were entrapped in the flesh trade.

Friends had introduced drugs initially to 48% of the respondents, whereas in 16%, introduction to drug use was by the husband or partner. Thirteen percent of women from Mumbai reported initiation of drug use on account of humiliation, shame anger and powerlessness as a response to their situation. With the married women from Delhi, marital conflict and abuse of prescription drugs was a common initiating factor of drug abuse.

Friends had introduced drugs initially to 48% of the respondents, whereas in 16%, introduction to drug use was by the husband

Most of the women were currently using heroin or brown sugar (90.6%). Other common or concomitant drugs of abuse included propoxyphene (35%), alcohol (33%), minor tranquilisers (23%), cough syrups (15%) and cannabis (11%). Propoxyphene was the preferred drug in Aizawl. Intravenous drug abuse was reported in 41% of respondents.



The women commonly reported both physical (insomnia, menstrual irregularities) and psychological problems (depression and anxiety about their current and future lives). Among the women with children, there was a sense of guilt for neglecting the children. About 10 had suffered miscarriages or undergone medical terminations on account of their drug use.

While about half the drug abusing women had been exposed to a drug or alcohol abusing family member, some of the women from Mumbai also reported drug or alcohol use by a woman family member.

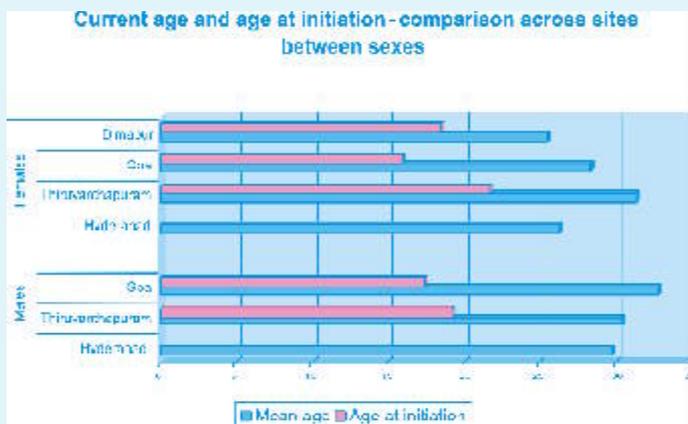
In Aizawl, family cohesion was better than in Delhi and Mumbai. Domestic violence was often reported by non-drug abusing husbands of the women. Sexual intimacy within the relationship was reported as poor, as was emotional closeness. Respondents from Aizawl and Delhi also reported taking to casual sex work to support their drug habit. The drug-abusing women received little support from their relatives, husbands or friends.

While all the drug-abusing women from Mumbai had been in contact with treatment services, a significant number from Aizawl had not sought any treatment. In all 3 cities, specific issues that interfered with treatment included concerns for children unattended at home, fear of exploitation, fear of withdrawal, and a lack of supportive systems.

### The Rapid Assessment Study

In the Rapid Assessment Study of drug use across 9 urban centres (Amritsar, Jamshedpur, Shillong, Dimapur, Hyderabad, Bangalore, Thiruvanthapuram, Goa and Ahmedabad), of 2831 drug users identified for a detailed interview, 251 (8.9%) were women.

There were striking similarities as well as differences across the respondents from various cities as well as in drug use patterns compared to men from the same city. A remarkable finding was that a significantly larger number of female users than male users were single in Hyderabad (75%), Thiruvanthapuram (60%) and Goa (75%). The respondents from Goa were more highly educated (37% graduates).



While at Amritsar and Thiruvanthapuram, women had initiated drug use at a later age compared to men, in Goa, the mean age of drug use initiation in women was 15.9 years compared to men (17.4 years). In Thiruvanthapuram and Amritsar, 90% and 63% respectively had first started with alcohol. On the contrary, in Goa, 58% had started with cannabis, and 58% currently used cannabis as the primary drug. Brown sugar was the primary drug in 65% of the respondents from Dimapur. Among the respondents from Thiruvananthapuram, 94% reported polydrug use.

Drug use among friends of the respondents was fairly high (97% in Thiruvananthapuram, 51% in Goa).

When sexual behaviours of drug users was compared in Hyderabad, women drug users indicated first sexual experience at 17.9 years (18.4 in male users), reported equal number of sexually transmitted infections, greater number of sexual partners (6.5 compared with 4.7), less frequent condom use. Among the intravenous drug-abusing women from Thiruvanthapuram, 100% had shared needles sometime.

Despite the small numbers, the rapid assessment of drug use in urban settings reveals different trends - younger, more educated women drug users, with unsafe injecting and unsafe sexual practices.

## Summary

The social disadvantage and sub-ordination of women on the one hand, and the rapid socio-cultural and economic changes on the other have significantly altered traditional structures and institutions within society. Such changes are invariably associated with social upheaval, and drug abuse is a known outcome of such change. Clearly, drug abuse impacts women dually- male drug abuse creates enormous burden for the affected women, and drug abuse per se has even graver problems for women. From another perspective, urban settings appear to be associated with patterns of drug abuse in women mirroring that of men, with probably higher risk behaviours associated with unsafe injecting and sexual practices.

Approaches of treatment and prevention therefore need to consider the problem of drug abuse impact on women from all these angles, as well as from the context of empowerment, support and attention to the special needs of women.

## **ACKNOWLEDGEMENTS:**

*The following organizations and site investigators participated in these studies:*

- **Women and Drugs: An Indian Perspective- Monograph prepared by Dr Pratima Murthy**
- **Burden on Women due to Drug Abuse by Family Members:  
Coordinator: Dr. Mala Kapur Shankardass**

<u>Site</u>	<u>Name of the organization</u>	<u>Site Investigator</u>
<b>Chennai</b>	TT Ranganathan Clinical Research Foundation	Dr. Shanthi Ranganathan
<b>Bangalore</b>	NIMHANS	Dr. Vivek Benegal
<b>Haryana/ Chandigarh</b>	Caring Foundation	Dr. Sunil Mittal
<b>Himachal Pradesh</b>	Caring Foundation	Dr. Sunil Mittal
<b>Delhi</b>	Development Welfare and Research Foundation	Dr. Mala K. Shankardass
<b>Kerala</b>	Foundation for Integrated Research and Mental Health,	Dr. Vishwanathan. S. Mani
<b>Manipur</b>	Centre for Social Development	Mr. U. Nabakishore Singh
<b>Pune</b>	Muktangan Mitra	Dr. Anil Awachat

- **Study on Substance Abuse among Women: Coordinator: Dr. Shobha Lal Kapoor**

<u>Site</u>	<u>Name of the organization</u>	<u>Site Investigator</u>
<b>Aizawl</b>	The Calcutta Samaritans	Mr. Vijayan Pavamani
<b>Mumbai</b>	Mukti Sadan Foundation	Dr.Shobha Lal Kapoor
<b>New Delhi</b>	Caring Foundation	Dr. Sunil Mittal

- **Rapid Assessment Study: Coordinator: Dr. Suresh Kumar**

<u>Site</u>	<u>Name of the organization</u>	<u>Site Investigator</u>
<b>Amritsar</b>	SHARAN	Mr. Luke Samson
<b>Jamshedpur</b>	The Calcutta Samaritans	Mr. Vijayan Pavamani
<b>Shillong &amp; Jowai</b>	North East India Drugs and AIDS Care	Mr. Sundar Daniel
<b>Dimapur</b>	Vivekananda Education Society	Mr. C. G .Chandra
<b>Hyderabad</b>	Sahai Trust	Fr. Desmond Daniels
<b>Bangalore</b>	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Dr. Pratima Murthy
<b>Thiruvanthapuram</b>	SAHAI Trust	Fr. Desmond Daniels
<b>Goa</b>	Tata Institute of Social Sciences	Dr. D.R.Singh
<b>Ahmedabad</b>	National Addiction Research Centre	Mr. Gabriel Britto

- **National Survey on Extent, Pattern and Trends of Drug Abuse in India**  
National Consultant: Dr. Rajat Ray,  
Research Officer: Dr. Priya Bajaj,  
Research Officer: Dr. Mondel Arindam,  
Admin. Assistant: Mr. Kamal Gupta.
- **Cover Photograph By Mr. Romesh Bhattacharji.**



Ministry of Social Justice  
and Empowerment  
Government of India



# Women and Drug Abuse: The Problem in India

**Highlights of the Reports**

*Year of Publication: 2002*

A publication of the

Ministry of Social Justice and Empowerment, Government of India  
and the United Nations International Drug Control Programme,  
Regional Office for South Asia (UNDCP -ROSA)

Supported by:

Project D-83 : "National Survey on Extent, Pattern and Trends of Drug Abuse in India"

Project E-40 : "Community Wide Drug Demand Reduction in India"

Project E-41 : "Community Wide Drug Demand Reduction in North Eastern States of India"



Ministry of Social Justice and Empowerment  
Government of India  
Shastri Bhawan  
New Delhi - 110 001



**United Nations International Drug Control Programme,  
Regional Office for South Asia**  
EP 16/17, Chandragupt Marg,  
Chanakyapuri, New Delhi 110 021 (INDIA)  
Tel : 091-11 4104970/1/2/3 Fax: 091-11 4104962, 4104963  
e-mail: undcp@undcp.ernet.in