



Drug Use among Women in India: An Overview

Traditional Use

Traditional use of various kinds of drugs by women is not unknown in many parts of India. During *Shivaratri* and *Holi*, everyone, male and female, drinks a beverage made from cannabis leaves and dry fruits. Opium has traditionally been used as a tranquilliser for children (Charles et. al., 1994). Chewing betel nuts with the leaf of the betel tree and lime paste was a habit adopted from childhood onwards; its preparation occupied a central position in ritual and social life (World Drug Report, 1997). Cultural use of alcohol has been also known in some tribal populations. Chewing tobacco in the form of a wad kept in the mouth is still common practice among many, including women, especially from the lower socio-economic strata.

However, regular use of substances by women outside religious, cultural or medicinal contexts has not been recognised until recently. Although the Expert Committee appointed by the Ministry of Health and Family Welfare (1977) estimated that of the opium addicts in the country (approximately 99,000 in 1970; 94,200 in 1973), 25-30 percent were female, women users have never figured in subsequent epidemiological studies, which identified drug abuse as nearly exclusively male.

Epidemiological Surveys: Shortcomings in Identifying the Problem

Epidemiological surveys have been unable to provide adequate insights into the pattern and relationships between drug use and psychosocial consequences for women in India.

National multi-centred studies in the late 1970s, 1986 and 1989 reported negligible drug use rates among women (Mohan, 1981, Mohan and Sundaram, 1987 and Ministry of Welfare, 1992).

The 1981 study reported alcohol use in 3.2

The Unsuitability of Traditional Epidemiological Surveys

- Low pick-up because of low prevalence
- Low reporting rates
- No gender focus
- Epidemiological field staff not trained to be sensitive to gender issues
- Interviews usually structured, do not provide qualitative information

Regular use of substances by women outside religious, cultural or medicinal contexts has not been recognised until recently.

percent and use of amphetamines in 0.1 percent of women in the sample. The authors observed that girls had moved from 'never use' status to 'ever use', although the use of barbiturates, cannabis, heroin, pethidine and morphine was as low as 0.1 - 0.3 percent. In the 1986 study, the pick-up rates were similarly very low. However, among the small group of female drug users identified, the primary drug being misused was tranquillisers, followed by tobacco. A 1992 study commissioned by the Ministry of Welfare in thirty-three cities was unable to identify women users as the 'sex' variable had been omitted in the study questionnaire.

Four large epidemiological studies were undertaken in the early 1990s, covering North, West, South and Northeastern India, with sample sizes varying from 4,000 to 30,000 (Channabasavanna et. al., 1990, Singh et. al.,



Further work in the area of women and drug use suggests that women in urban areas have 'graduated' to the abuse of opiates, cannabis and synthetic drugs.

1992, Mohan et. al., 1993 and Mohan and Desai, 1993). Findings indicated that drug abuse was a predominantly male phenomenon, and that 92-94 percent of women had never used drugs in their lifetime. The study carried out in the Northeast (Imphal), however, identified 19 women among 130 heroin users (Singh et al, 1992).

Treatment Centre Data

Data from treatment centres also fails to provide adequate information on substance abuse among women. For instance, information from 194 counselling and de-addiction centres run by NGOs and funded by the Ministry of Welfare covering 93,234 referrals between April 1993 and March 1994 does not provide separate information on women drug users. A project carried out in Delhi, Jodhpur and Lucknow between 1989 and 1991 provided information on 10,321 new subjects reporting for treatment at 33 different agencies – 24 government and 9 NGO (Mohan et. al. 1993). One to three percent of treatment seekers in this group were female. Further profiling was therefore confined to male drug users. The DAMS component of the 'National Survey on Extent, Pattern and Trends of Drug Abuse in India' collected data in 2001 from treatment seekers in various treatment centres across India. The report of this study shows that among 16,942 new treatment seekers, about 3 percent were women (UNDP, 2002a).

An analysis of treatment records from hospitals, rehabilitation centres, and counselling centres in Bangalore between 1972 and 1993 yielded 60 female users out of the 772 cases covered (Machado, 1994). Twenty-nine of these were poly-substance abusers and 15 used tranquillisers.

Looking Beyond Numbers

New research techniques and a greater attention to gender issues have led to a reassessment of this 'traditional' statistical picture. The result is a more informed and at the same time more alarming scenario, which acknowledges that a significant share of female drug problems does not show up in official statistics, that women become increasingly involved in all forms of drug-related problems and are thus likely to suffer far worse consequences than men. The new understanding probably reflects both a genuine

Women And Drug Abuse : The Problem In India

increase as well as the heightened awareness that improved research methods have brought.

Focus on Women Drug Users

In 1991, the Narcotics Board and the Ministry of Welfare, Government of India, commissioned two pilot studies of female substance abusers, affected family members and women volunteers from Calcutta and Bombay (Mumbai) (Mondol, 1992; Kapoor, 1992). The samples were small (30 and 21 respectively), and the women were recruited through either treatment centres or self-help groups. They were largely middle and upper class, and were involved in jobs traditionally associated with women. In both cities, women were dependent on alcohol, prescription pills, or heroin and cannabis. (Common problems reported by these women users are listed in the box.) Several health problems, financial hardships, and occupational and psychological problems

Common problems faced by women drug users

- Health problems - body aches, giddiness, asthma
- Financial hardships
- Job related difficulties - due to poor educational qualifications and inadequate professional skills
- Parenting difficulties – separation from children, relationship difficulties with children
- Family problems - broken families, family conflicts, tension, violence, communication difficulties
- Emotional problems - depression, worry, loss of memory

Mondol, 1992; Kapoor, 1992

were seen. Navaratnam (1992) analysed these findings further: In both groups, there were a substantial number of single women (53% and 62% respectively). While respondents from Bombay reported greater use of alcohol (67%) and prescription drugs (62%), those in the Calcutta group testified to dependence on brown sugar (50%) as well as alcohol (50%).

Further work in the area of women and drug use suggests that women in urban areas have 'graduated' from alcohol and psychotropic substance abuse to the abuse of opiates, cannabis and synthetic drugs, as evident in the studies mentioned above and an analysis of treatment records (Kapoor, 1996).