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Research Paper

WOMEN AND DRUG ABUSE THE PROBLEM IN INDIA

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ABSTRACT

The social consequences, 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 abuser 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 which causes transmission of Hepatitis and HIV. Use of drugs causes domestic violence, which magnifies the physical and emotional distress of the family. Women who misuse of drugs commonly reported serious diseases like as ARI, gastrointestinal, genitourinary liver problems and sexually transmitted infections. Women also suffered psychological problems included insomnia, depression and anxiety etc. The 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."

Keywords: Women, Drug, Problem, Abuse, Consequences, Social Life.

Introduction

Drug Abuse and drug addiction have been considered a perennial problem in both developed and developing countries. According to the Webster's Dictionary, 'Drug' has a number of meanings. The two of them, however, appear to be contradictory to each other. One defines drug as 'any substance, other than food, intended for use on the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals'. It also gives another meaning of Drug as "Any narcotic; also, any substance or chemical agent exclusive of food, employed for other than medical reasons to obtain a given physiological effect or to satisfy a craving". When drug is taken for treatment of a disease, it cures, but when it is taken without any compelling reason, it causes a disease, popularly known as addiction. Addiction is a disease and there are well defined protocols of drug course to cure it and addiction is posing a major challenge for the nation.

The social consequences include traditional use of various kinds of drugs by women are 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 tranquillizer 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. According to a survey undertaken in a year 2000-2001 to ascertain the extent, pattern and trend of drug and substance abuse, about 73.2 million people were reported to be alcohol and drug users. The National Household Survey (NHS) also revealed that alcohol, cannabis and opiates were the most commonly used drugs. Data from the Drug Abuse Monitoring System (DAMS) administered by the National Institute of Social Defence based on 16,942 drug users from 209 treatment centres showed that most drug users seeking treatment were within the age group 21 to 40 years. A study on 'Women and drug abuse in India' found that female drug abusers were mostly in their 20s or 30s with around 6.2 per cent below 20 years of age. Majority of the women, 63.9 per

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cent, were married, more than half of them were married before 18 years of age, 16.5 per cent are single, and nearly one in three is illiterate. 91 percent of the women were using heroin or 'brown sugar', an impure form of heroin. Other common misused substances were propoxyphene (35 per cent of the women), alcohol (33 per cent), minor tranquillisers (23 per cent), cough syrups (15 per cent), and cannabis (11 per cent). Intravenous drug use was reported in 41 per cent of respondents (Kumar, Sanjay, 2002). The study also revealed that women drug abusers have generally grown up in circumstances of poverty and almost a third of them make their living out of sex work or peddling. Also, 50 per cent of women living with a drug abuser partner are financially dependent. DAMS reported that mainly Indians are addicted by various primary drugs i.e. Alcohol (43.09%), Opiates (26.0 %), Cannabis (11.6%), Stimulants (1.8%), and others (16.7%). 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 (UNDCP, 2002a).

Epidemiological Surveys in late 19th Century in India: Shortcoming 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 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., 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). 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 governments and 9 NGO (Mohan et. al. 1993). One to three percent of treatment seekers in this group were female.

Looking 21st Century: Beyond Numbers

New research techniques and a greater attention to gender issues have led to a reassessment of this 'traditional' statistical picture. 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 increase as well as the heightened awareness that improved research methods have brought.

Gender Based Data: Use of Alcohol

According to NFHS –III, only 2% of women drink alcohol. Drinking is more common among women from Scheduled Tribes (14%) than among women from any other caste or tribe. The percent of women who drink alcohol is also somewhat higher than average among women in the lowest wealth quintile (6%) and women with no education (4%). Among women who drink alcohol, 15 percent drink alcohol almost every day, 40 percent drink alcohol about once a week and 43 percent drink alcohol less than once a week.

One–third of men drink alcohol, and as is true among women, men from scheduled tribes partake of alcohol in a higher proportion than do men from other castes or tribes. Half of men from scheduled tribes and 42 percent of men from scheduled castes consume alcohol. Urban and rural men are about equally likely to consume alcohol.43 percent of men with no education

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consume alcohol, while only one-quarter of men with the highest levels of education do so. Alcohol consumption shows the same association with the wealth index as it does with education, with decreasing proportions of men consuming alcohol with increasing wealth status. 27% of men in the highest wealth quintile drink alcohol, while 41% percent of men with no education drink alcohol.

By religion, the proportion of men who drink alcohol is highest among Christian males (46%). Alcohol use is less common, yet still substantial, among Sikh males (42%), Buddhist or Neo-Buddhist males (38%) and Hindu males (34%) but it is lowest among males followers of Islam (11%). A national survey found that the prevalence of current use of alcohol ranged from a low of 7 percent in Gujurat (Officially under prohibition) to a high of 75% in Arunachal Pradesh and that alcohol use among women exceeded 5% only in the northeastern States (Srivastava' et al , 2004). A 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. The 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, Delhi sample comprised mostly working women and last was constituted by women drug abusers in treatment. It was found that half of the respondents from Mumbai and Delhi were illiterate. A large number of women were employed 67%, with 45% being involved in commercial sex work and 15% involved peddling activities across the sites. 35% of women across the sites were single (majority – Aizawl) and 32% were separated or divorced. Friends had introduced drugs initially to 48% of the respondents, where as 16%, introduction to drug use was by the husband or partner. With the married women from Delhi marital conflict and abuse of prescription drugs was a common factor of drug abuse. 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. 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.

An another study was conducted by Ministry of Social Justice and Empowerment, Governemnt of India on drug abusers across 9 urban centres (Amritsar, Jamshedpur, Shillong, Dimapur, Hyderabad, Bangalore, Triruvantha-puram, Goa and Ahmedabad) and 2831 drug users identified for a detailed interview, 251(8.9%) were women. 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). Drug use among friends of the respondents was fairly high (97% in Thiruvanthapuram, 51% in Goa).Among the intravenous drug-abusing women from Thiruvanthapuram, 100% had shared needles sometime. Rukmini S.T and Agnimitra, N (1996) conducted a study of prevalence of drug use among the students of Delhi University. This study taken up initiative of the Delhi University Committee on Drug and related problems tried to assess the degree of prevalence of drug use in Delhi University and to arrive at a reliable index of prevalence of drug use among students. The study is of a descriptive nature, simple random sampling was used both for the selection of colleges and departments of North campus of D.U as well as the respondents. A sample size of 1000 respondents was drawn randomly from the eleven institutions, i.e- about 91 respondents were selected randomly from each college/department. The study found that approximately three-fifth of the sample respondents was female. The maximum number belonged to 20-22 years. Majority of family incomes belonged to affluent families, with income about Rs 4,000 per month. More than nine-tenths of the respondents were non-working and a majority of the working ones were employed part time. While more than two-thirds of the male respondents used drugs, only about one-fifths of the females used drugs. As far as reasons for taking of drugs are concerned, the largest percentage (37.44%) of drug users gave enjoyment as the main reason for using drugs. Quite a few of them used drugs as an escape mechanism to alleviate tension and distress.

Use of Drugs among women and their problems

Drugs use is associated with a wide range of major diseases, including several types of concerns and heart and lung diseases. Studies have shown that in addition to sharing the same health

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risks as men, women who use alcohol, heroin, cannabis etc. also are faced increased risk of infertility, pregnancy complications, premature births, low- birth weight infants, still births and infant death.

Drugs (including alcohol & tobacco) may cause problems related to health (physical and mental), behavior, family, work, money and the law. Persons dependent on drugs fall sick more frequently than others. Their nourishment is often poor, so they apt to contact various physical illnesses. A common problem is infection of the skin, urinary tract or respiratory system. Injection of drugs can damage the blood vessels causing widespread infection; drug ingestion can cause stomach disorders, etc. Drug abuse very frequently causes emotional and psychological problems. Memory may become poor and the personality may change. Depression or nervousness may occur together with irritability changeable moods and withdrawal from societal contact.

The particular effect depends on the type of drug. For example opiate –type drugs, if taken in an overdose, may cause unconsciousness or even death. Cramps, vomiting, diarrhea, sweating and sleeplessness are the withdrawal illnesses associated with this group of drugs. Similarly, sedatives and alcohol damage the liver and stomach, brain and nerves and thereby loss of memory; stimulant and hallucinogenic drugs produce mental illness with suspicions, excessive fears and depression. Cannabis products also lead to mental illness or a general loss of interest among users. All these health and psychological problems not only affect the individual user, but also the family and society at large and both these institutions have an all important role play in preventing this abuse.

Impact on drug abuse

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 crises. 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 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. Those abuse drugs have a greater risk for health problems down the road, from neglecting their own health to risk of infectious disease like hepatitis or HIV. Women who misuse drugs commonly report respiratory, gastrointestinal, genitourinary, and liver problems and sexually transmitted infections. Their psychological problems included insomnia, depression, and anxiety about their current and future lives. At least four women reported being HIV positive. Nearly 10% of the women had attempted suicide at least once. Among the married women from Delhi, marital conflict and misuse of prescription drugs were common starting points for illicit drug use (Kumar, Sanjay, 2002)

Drug Abuse Prevention

As per the National Survey on the extent, pattern and trends of drug abuse in India (2004) has about 73.2 million population that uses alcohol and other substances including the dependent users. This estimation has been the basic for various interventions for the addicts of different categories (of which 8.7 million are cannabis users, 2.0 million are opiate and 62.5 million are alcohol users)

The main strategy is to empower the society and the community to deal with the problem of drug abuse. The approach is to recognize drug abuse as a psycho-socio-medical problem, which can be best handled through community interventions at 3 different levels.

A)Primary prevention: keeping healthy by encouraging drug abstinence and alcohol moderation. Many patients are ambivalent about giving up alcohol, even though they recognize that dependence is straining their marriages life, family, society and jeopardizing their jobs. The sad reality is that alcohol has become so integral to their existence that they can't imagine what life would be like without it. A patient who expresses a desire to start drinking in a more controlled way is indicating a desire to change behaviour. Motivational interviewing can help patients progress toward change. With this technique, clients set the agenda, and the therapist acts as a

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partner in dialogue rather than an authority.

Demanding abstinence too soon may just end up driving away a patient who is at the brink of dealing with addiction more directly. When a patient expresses a desire to moderate drinking, it can alert the clinician to a teachable moment. Patients who try to limit drinking for a while and find they are unable to do so may then realize that they have already developed dependence. This may be enough to motivate them to try to abstain.

B)Secondary prevention: Facilitating the process of behavior change of high risk individuals by themselves; early identification of troubled people; counseling and early assistance.

Anyone who has treated addictions understands the challenges facing the addicted individual and the treatment provider, due to the sheer number of factors affecting why and how individuals become addicted and manage recovery. Numerous models of addiction have been proposed, including the more integrative bio-psycho-social-spiritual model, whose lengthy name reflects the variety and scope of factors that clinicians must take into consideration during treatment. Genetics, personality, family and social influences, and spirituality can all play a role in the process of recovery. How can clinicians put these influences into a perspective that allows understanding how individuals cope with and overcome addiction? The answer is to understand better how patients change their addictive behavior.

C)Tertiary prevention: Treatment, rehabilitation and reintegration of recovering addicts into the mainstream.

Suggestions for Strategic Focus

Keeping the aforesaid approach in view, the Drug Demand Reduction strategies are given below:

Urgent need is to lay an emphasis on health education in curriculum at Secondary, Sr. Secondary and higher education system;
Create awareness among adolescents and youth on strategies of prevention of drugs. Educate people about the ill-effects of alcoholism and substance abuse on the individual, the family, the workplace and society at large;
Emphasis is given on training in local language compatible with socio-cultural milieu of the place;
State Resource & Training Centres (SRTC) should set up in every states and NGOs should get opportunity to work as extended arms of NISD;
Separate modules should work out for training in Basics of Drug Abuse Prevention, Counseling Issues & Processes, Relapse Prevention, BCC, Prevention of HIV/AIDS among IDUs, etc
Provide for the whole range of community based services for the identification, motivation, counselling, de-addiction, after care and rehabilitation for Whole Person Recovery (WPR) of addicts;
Need to capacity building of service providers to strengthen their skills and techniques;
There is need of bringing them into the mainstream by giving them vocational training and rehabilitating them in productive ventures;
Emphasizing the need of collective action by the community to check drug abuse by adopting multi-prolonged supportive strategies at different levels including education, actual prevention and therapeutic treatment, training and the rehabilitation of drug addicts;
Suitable programmes must be adopted by synchronizing all these steps to get meaningful;
Need to emphasize on setting–up psycho-therapy centres, rehabilitation centres and counseling centres etc. at colleges, universities and hospitals;
Dealing with the addicts involves a multi-faceted approach including programmes of motivational counselling, treatment, follow- up and social-reintegration of recovered addicts. Treatment of drug dependence involves a prolonged and complex process consisting of identification/ intervention, detoxification, rehabilitation, after care, service delivery mechanism etc;
Government should organize qualitative research on impact assessment of socio-economic status, life satisfaction, impact of drug on child and family etc;
Government should prepare effective mechanism for quality monitoring the programme for Drug Abuse Prevention which is implemented through the community base organizations or NGOs or hospitals;

References

1.National Family Health Survey-III (2005-06): Ministry of Health & family Welfare, IIPS Mumbai.
2.Ministry of Social Justice and Empowerment & UNDCP (2002): Women and Drug Abuse; The problems in India, New Delhi.
3.Pattanaik. K. B & Agnihotri Sunil (2010): Scenario on alcoholism and drug abuse in Border

Please cite this Article as :ASHOK YAKKALDEVI , WOMEN AND DRUG ABUSE THE PROBLEM IN INDIA : Golden Research Thoughts (March ; 2012)

areas of Punjab: An overview, Indian Journal of Youth Affairs, vol.14, No. 2.
4.National Institute of Social Defence (2009): Social initiatives: Join hands against addiction, Jan, Vol. 3, No.1.
5.Annual Report (2008-09): Ministry of Social Justice & Empowerment, Govt. of India, http://socialjustice.nic.in/annualreports.php accessed on dated 01.10.2011.
6.Annual Report (2009-10): Ministry of Social Justice and Empowerment, Govt. of India, New Delhi, Website http://socialjustice.nic.in/annualreports.php accessed on dated 01.10.2011.
7.Veerarghavan & Rao Rajyalakshmi (1996): A study of the profile of Drug addicts in Delhi, edited by Paul. C. Madan, Drugs, youth and society, Madhu Deep publications, New Delhi.
8.Prashant Saroj(1996): Drug abuse in Delhi, Causes &Consequences, edited by Paul. C. Madan, Drugs, youth and society, Madhu Deep publications, New Delhi.
9.Rukmini S. T & Agnimitra. N (1996): Prevelance of Drug abuse among the students of Delhi University, edited by Paul. C. Madan, Drugs, youth and society, Madhu Deep publications, New Delhi.
10. Centre for women's studies (1996): De Addiction, Treatment and management of Alcoholics, paper presented in the workshop on De-Addiction, 27th Sept, Govt of Andhrapradesh.
11.Beauvois F, E.R. Oetting and R.W.Edwards (1985): Trends on drug use of Indian adolescents living on Reservation; 1975-1985, American Journal of Drug and Alcohol Abuse, 11(3&4), 209-229.
12.http://www.unodc.org/pdf/india/publications/women_Book-6-5 03/13_drugabuseamong womenininindia-anoverview.pdf accessed on dated 8/9/12011
13.http://www.pravara.com/pmr/pmr-4-4-2.pdf accessed on 9/9/2011
14.Kumar, Sanjay (2002): Drug misuse causes major problems for women in India, British Medical Journal, 324(7346): 1118; BMJ Publishing Group, UK.
15.Miller WR, et al. (1992): Long-Term Follow-Up of Behavioral Self-Control Training, Journal of Studies of Alcohol, Vol. 53, No. 3, 249–61.
16.Rosenberg H. (1993): Prediction of Controlled Drinking by Alcoholics and Problem Drinkers, Psychological Bulletin, Vol. 113, No. 1, 129–39, America Psychological Association, Washington DC.
17.Walitzer KS, et al. (1999): Treating problem drinking; Alcohol Research and Health, Vol. 23, No. 2, 138–43, NTIS, U.S. Department of Commerce, USA.

Please cite this Article as :ASHOK YAKKALDEVI , WOMEN AND DRUG ABUSE THE PROBLEM IN INDIA : Golden Research Thoughts (March ; 2012)