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Drug Abuse among Women in India: A Review

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ABSTRACT The drug menace touches millions of lives in both developed and developing countries. It's most negative impact is concentrated amongst the vulnerable and marginalized in societies. Globally, it is estimated that in 2012, some 243 million people (range: 162 million-324 million) corresponding to some 5.2 per cent (range: 3.5-7.0 per cent) of the world population aged 15-64 had used an illicit drug — mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulant (ATS) group — at least once in the previous year. Although the extent of illicit drug use among men and women varies from country to country and in terms of the substances used, generally, men are two to three times more likely than women to have used an illicit substance. While there are varying regional trends in the extent of illicit drug use, overall global prevalence of drug use is considered to be stable. Similarly, the extent of problem drug use, by regular drug users and those with drug use disorders or dependence, also remains stable, at about 27 million people (range: 16 million-39 million).This paper will help to gather information on drug abuse among women and how its impact on their lives.

KEYWORDS : .

Introduction

Nearly all drug use surveys indicate that men are more likely than women to use drugs such as opiates and cannabis. However the gender gap shrinks when data on the misuse of pharmaceuticals are considered. In five recently surveyed countries (Australia, United States of America, Spain, Urban Afghanistan, and Pakistan), the illicit use of drugs is more common among men than women, but the non-medical use of pharmaceutical drugs is nearly equivalent, if not higher among women (Hernandez-Avila et al., 2004). Taking together the combined estimates of those five surveys Substance use disorders may progress differently for women than for men. Women often have a shorter history of abusing certain substances such as cocaine (Haas & Peters, 2000), opioids), marijuana (Khan et al., 2013; Hernandez-Avila et al., 2004; Ehlers et al., 2010), or alcohol (Hernandez-Avila et al., 2004; Mann et al., 2005; Randall et al., 1999). However, they typically enter Source: 2012 SAMHSA TEDS 15 NIDA Research Report Series substance use disorder treatment with more severe medical, behavioral, psychological, and social problems. This is because women show a quicker progression from first using the substance to developing dependence (Greenfield et al., 2010). The illicit use of pharmaceuticals is notably different for the two sexes, as nearly half the women with past-year drug use had used pharmaceuticals, compared with only one third of men. In general the role transition, lifestyle changes, specific vulnerabilities and social disadvantage all increase the risk of drug use among women. The growing financial independence of women has brought with it changing lifestyles as well as additional tensions where women become the sole economic provider for the family.

These factors interact in a complex manner and together increase the risk of drug abuse through a multiplier effect. The drug using women is perceived as deviant and is thus stigmatized and socially isolated. Involvement in criminal activity and commercial sexual activity as a means of enhancing income to support drug use is an expected outcome and, as such, perpetuate the vicious cycle of social marginalization and drug use.

Choice of psychoactive substance, reasons for initiation and co-occurring disorders have all been found to be different among men and women. Also, women are less likely to enter substance abuse treatment than men because of a variety of reasons, women and men sometimes use drugs for different reasons and respond to them differently, and substance use disorders may manifest differently in women than in men.

Influencing factors of drug abuse and women

From a sociocultural perspective, women (more than men) tend to define themselves in terms of their webs of social relationships and obligations. Relationships with others have special significance for many women. Hence, family history may have a more profound effect on initiation of use among women than men. Women with alcohol use disorders are also more likely than men to report having had alcohol dependent parents, other alcohol dependent relatives, and dysfunctional family patterns Women are more likely to be introduced to and initiate alcohol and drug use through significant relationships including boyfriends, spouses, partners, and family members. This influence does not stop with initiation; it extends to greater use and higher incidence of substance use disorders when they have partners who abuse substances). In comparison to men, women with substance use disorders are more likely to have intimate partners who also have substance use disorders (Brady and Ashley 2005; Lex 1991; Riehman et al. 2003; Wright et al. 2007).

Women drug users and family

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 (Tracy and Martin 2007).

According to study (Khan, 2013) majority of the drug abuser women 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.

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 Jennison and Johnson 2001; Nelson-Zlupko et al. 1995). According to the studies (Klein et al. 2003). 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 (Finkelstein 1994; Young and Gardner 1997).

Women and Opioid

Studies on use of psychoactive substances have mainly focused on males in India. Even the National Household survey conducted in India, extensively studied only the pattern of psychoactive substance use among males. However, studies carried out in the north-east part of India and some vulnerable groups like sex workers, have recognized the regular use of psychoactive substance among Indian women (Eggert et al., 2004; Joesoef et al., 1993; Tolstrup 2003). Studies shows that prescription drugs have been reported as common initial drugs of abuse among women in India. A rapid assessment survey conducted among women drug users in India found that 36 per cent of the current users were using a prescription opioid (Eggert et al., 2004).

Dependence to prescription opioids sets in early and can persist for years without acknowledgement by patient, family and even the treating physician. It has been reported that first exposure to an opioid in up to 85 per cent of females was a legitimate prescription for pain, which subsequently led 60-70 per cent to misuse it to get high (Hasin DS, 2007) . Prevalence of co-occurring mood and anxiety disorders has been reported to be high among women abusing prescription opioids. More specifically, the association between depressive and anxiety disorders and abuse of prescription opioids among women has been supported in earlier studies (NIDA, 2017).

Prescription opioid abuse has become a major clinical and public health infertility concern. It has been studied extensively over the past decade in western settings (Brady and Ashley 2005). However, there is limited information available from Asian countries including India. Though, it has been argued that women are at an increased risk of prescription drug abuse, there is limited literature that has focused on prescription opioid abuse among women.

In India, even though the problem of drug abuse and women is being increasingly. Recognized, this phenomenon and related problems have not historically been visible in official statistics or studies. Women affected by drug use are from three major perspectives- from the micro perspective of having a drug user in her family and that of being a drug user herself and from the larger perspective of being female in the Indian socio-cultural context (SAMHSA,2013).

Treatment and Women

Many women who are pregnant or have young children do not seek treatment or drop out of treatment early because they are unable to take care of their children; they may also fear that authorities will remove their children from their care. The combined burdens of work, home care, child care, and other family responsibilities, plus attending treatment frequently, can be overwhelming for many women. Successful treatment may need to provide an increased level of support to address these needs (SAMHSA, 2006). it is clear that while female drug users from peripheral populations are in contact with treatment services, a significant number of others are neither aware of services, nor have sought any treatment. According to McHugh RK, (2014) 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%.according to the study 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 (SAMHSA,2013) .

According to Helzer J, Burnam A, McEvoy L 1991 Women may have less support from family/partners than do men for seeking treatment. Women with alcohol problems are more likely to be left by their partners at the time of entry into treatment), and their partners are less likely to stay with them after completion of treatment. Unless they themselves are involved in treatment or recovery, partners with substance use disorders may be unsupportive of women's treatment seeking (Brady and Ashley 2005). Couples in which both partners have substance use disorders and in those in which only the woman has a substance use disorder are more likely to spend time separated after treatment than are couples where only the man has a substance use disorder (Fals-Stewart et al. 1999).

At the same time, husbands who do not themselves have substance use disorders expect greater change from wives with substance use disorders in treatment than if the circumstances were reversed (Fals-Stewart et al. 1999). At times, substance use and the rituals associated with use may be a significant ingredient and symbol of intimacy and closeness in relationships. This history and relational pattern may make recovery more challenging during and after treatment. Especially in the early phase of recovery, women may believe that their decision to not use is or will be perceived as a direct threat against their significant relationship or family. Hence, women are more likely to relapse due to interpersonal problems and conflicts, and relapse is more likely to occur in the presence of a significant other (McKay et al. 1996;Rubin et al. 1996; Sun 2007).

The risks of substance abuse, its consequences, and the processes for treatment and recovery also differ by gender, race, ethnicity, sexual orientation, age, and other factors. Women's risks for substance use disorders are best understood in the context in which the influences of gender, race and ethnicity, culture, education, economic status, age, geographic location, sexual orientation, and other factors converge. Understanding group differences across segments of the women's population is critical to designing and implementing effective substance abuse treatment programs for women. A high proportion of women with substance use disorders have histories of trauma, often perpetrated by persons they both knew and trusted. A woman might have experienced sexual or physical abuse or witnessed violence as a child. She may be experiencing domestic violence such as battering by a partner or rape as an adult .These traumas contribute to the treatment needs for women (SAMHSA,2013).

The societal stigma toward women who abuse substances tends to be greater than that toward men, and this stigma can prevent women from seeking or admitting they need help. Women who use alcohol and illicit drugs often have great feelings of shame and guilt, have low levels of self-esteem and self-efficacy, and often are devalued or disliked by other women. These feelings make it difficult for women to seek help or feel that they deserve to be helped— creating yet more treatment needs that must be addressed. Gender role expectations in many cultures result in further stigmatization of substance use; additional challenges face women who are of color, disabled, lesbians, older, and poor (Wilsnack S, Wilsnack R, 2015).

Conclusion

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.

References

1. Marshall M. Beliefs, Behaviors, & Alcoholic Beverages: A Cross-cultural Survey. University of Michigan Press; 1979. p. 508.
2. Blume SB. Sexuality and stigma: The alcoholic woman. Alcohol Health Res World 1991;15:139-46.
3. Blume S, Zilberman M. Alcohol and Women. In: Lowinson J, Ruiz P, Millman R, Langrod J, editors. Substance Abuse: A Comprehensive Textbook. 4th ed. Maryland: Lippincott Williams & Wilkins; 2005.
4. Wilsnack S, Wilsnack R. International Gender and Alcohol Research: Recent Findings and Future Directions [Internet]. NIAAA; 2003. Available from: http://pubs.niaaa.nih.gov/publications/arh26-4/245-250.htm. [Last accessed on 2015 Jul 9].
5. Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005;62:617-27.
6. Compton WM, Thomas YF, Stinson FS, Grant BF. Prevalence, correlates, disability, and

comorbidity of DSM-IV drug abuse and dependence in the United States: Results from the national epidemiologic survey on alcohol and related conditions. Arch Gen Psychiatry 2007;64:566-76.
7. Grucza RA, Norberg K, Bucholz KK, Bierut LJ. Correspondence between secular changes in alcohol dependence and age of drinking onset among women in the United States. Alcohol Clin Exp Res 2008;32:1493-501.
8. Helzer J, Burnam A, McEvoy L. Alcohol abuse and dependence. In: Robins L, Regier D, editors. Psychiatric Disorders in America: The Epidemiological Catchment Area Study. New York: The Free Press; 1991. p. 81-115. 9.Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Arch Gen Psychiatry 2007;64:830-42.
10. McHugh RK, Wigderson S, Greenfield SF. Epidemiology of substance use in reproductive-age women. Obstet Gynecol Clin North Am 2014;41:177-89.
11. Simoni-Wastila L, Ritter G, Strickler G. Gender and other factors associated with the nonmedical use of abusable prescription drugs. Subst Use Misuse 2004;39:1-23.
12. Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. HHS Publication No. (SMA) 14-4863. NSDUH Series H-48.
13. NHSDA. Substance Abuse and Mental Health Services Administration. Summary of findings from the 2000 National Household Survey on Drug Abuse. Rockville, MD: Office of Applied Studies; 2001.