

Women Substance Abuse a Rising Problem in India

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ABSTRACT

This paper traces the role of Substance abuse among women in India. In the last few years, attention has shifted from male to female substance abuse in India. As the numbers of female substance abusers perpetuate to elevate, researches and studies deliberate to understand gender-centric etiological factors, ill effects, phenomenology, outcome, and obstruction cognate to treatment with the aim to develop more efficacious treatment programs. Though, because of non-recognition of women substance abusers, the studies on Indian women substance abusers population being sparse. This paper tries to highlight the issues and rising problem of women substance abuse in India.

Keywords: *Addiction, Substance Abuse, Substance Abuse Disorders, Risk Factors, Women, India.*

Substance abuse has always been perceived as a male problem especially in India. Historically, women using substance have always been disapproving in the Indian society (P.D., 1980). But in past few years there has been now a drastic change seen by many substance abuse researches and reports which clearly indicates the rising graph of Women substance abuse in India (Compton, Thomas, Stinson, & Grant, 2007). Council such as National Council on Alcoholism and Drug Dependence and National Institute on Alcohol Abuse and Alcoholism has taken efforts for scientific and public attention on gender issues which reported the substance abuse problem among women in India (P.D., 1980).

Epidemiology Of Substance Abuse In India

It is sad to know that the only national epidemiological study of the country: “National Survey on Extent, Pattern and Trends of Drug Abuse in India” of 2001, has concentrated particularly on males (Ambekar, Rao, Mishra, & Agrawal, 2014). Some of the other surveys and study which stated about women substance abuse in India are “Rapid assessment survey” collected data on drug-use from 14 urban areas of India and found that around 7.9% of women across urban areas

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Women Substance Abuse a Rising Problem in India

took at least one type of substance. Alcohol, heroin, cannabis and pain-killers were the domineer substances of abuse among women males (Ambekar, Rao, Mishra, & Agrawal, 2014). Another survey “Focused thematic study on drug abuse among women” accounted 75 female substance users from Mumbai, Aizawl, and Delhi (Lal, Deb, & Kedia, 2015) revealed high rates of opioid and alcohol use in women substance abusers with an alarming 40 per cent women recording lifespan past use of injected drugs(Lal, Deb, & Kedia, 2015). A study focusing exclusively on substance using women concentrated on women of 110 Non-Governmental Organizations crosswise the country and surveyed more than 6000 women (Basu, Grover, Irpati, Saluja, & Mattoo, 2005).The work reported high percentage of alcohol, cannabis, opioids, injection and likewise use of solvents in Indian women. The problem of women substance abuse in reality is far greater than shown on papers. It shows that less attention has been provided to this dark side of women in India (Nebhinani, Sarkar, Basu, Gupta, & Mattoo, 2013).Therefore, it is important to study and pay attention to the issue of women substance abuse in India. This paper deliberates the caste and class dynamics, western and eastern perspective, causal/ risk factors, ill effects, consequences and future concern of rising trend of women substance abuse in such cultural ethnic country like India.

Caste And Class Dynamics In Substance Abuse Among Women In India

In India there are few castes which evidence about women substance abuse. Caste such as Rajput, a woman is considered as a good Rajput women and an adoring wife when she accepts the “Manwar” at wedding and rituals. “Manwar” is raising a toast by new married couples (Moore, 1993).In Rajasthan Banchadda caste includes: Gujar, Mali, Karmawat, Singhawat etc. These all caste prefers taking alcohol, chew betel leaves and tobacco, smoke bidi and cigarettes. Women taking all these substances are found common among them (Singh & Lila, 1994). Women belonging to many other castes today consume alcohol, but disguise it. Substance abuse and alcohol drinking in India is also symbolises class and status dynamics. The higher class women openly take the alcohol and some amount of opium and lighter drugs. They considered it as fashionable,sign of freedom and independence(Gupta, 2013).Whereas, middle class women are restricted and bound by norms of not consuming alcohol. Nevertheless, still it has been seen that many women do not want to label themselves as a spoil sport and they want to match and explore themselves with the other higher groups. So, they keep aside their fear of social taboo and hesitation and try to drink liquor at parties and pubs (Gupta, 2013). The lower socio-economic status women are seen usually smoking bidi, chewing Tabaco, drinking alcohol (pauva) at work place as well as at home openly(Singh & Lila, n.d.).

Cross Country Dynamics And Gender Differences In Substance Abuse Among women

In western world women drinking liquor and practicing substance abuse is commonly found. It is common in their lifestyle and culture that men and women both consume alcohol (Baron, 2013). Cases of addiction and substance abuse in countries like – America, Australia, Europe, and Thailand etc. are major problem and one of the most destructive psychiatric disorders (Carson&

Women Substance Abuse a Rising Problem in India

Butcher, 2013). While looking and comparing with males, females are at the higher rate of escalation of drug use (Becker & Hu, 2008). Females tending to increase the consumption of alcohols, marijuana, opioids and cocaine. Once, a woman is addicted to these substances, it is much harder for her to quit in comparison to males (Becker & Hu, 2008). Conversely, moving to the eastern side of the globe countries like India, Bangladesh, Pakistan, Nepal etc. women drinking culture was sparsely found. In these countries women drinking alcohol or taking any substance abuse is criticised in society and family. She has to face discrimination and stigmas from the society if she is found consuming alcohol (Back et al., 2008). A study reported that in Indian, states such as Kerala and Karnataka, some 37 per cent of men are alcoholics in comparison to only 3 per cent women (Back et al., 2008). It is a cause of concern that the rate of women drinking alcohol is now increasing slowly in metropolitan cities of India. Reasons behind increasing graph of women substance abusers are being need and a sign of being independent, empowered, equal to man and expression of freedom, just to mention a few (Gupta, 2013).

WOMEN SUBSTANCE ABUSE AND RISK FACTORS

Biological risk factors

Researches are sparse in the biological difference among women accounting for addictive substances abuse and are often restricted to animal studies (Zeman, Hiraki, & Sellers, 2002). Women are more susceptible towards substance abuse relapses because of neuroendocrine adaptations to stress and reward systems in body (Back et al., 2008). Women meeting the basis for the premenstrual syndrome are reported to drink extra and have higher percentage of abuse and substance dependence (Baller et al., 2009). Alcohol and Nicotine researches on female addicted users founded a potentially higher salience in the luteal phase of the cycle (Back et al., 2008). Women opiate abusers recorded higher degree of nausea and analgesia than men opiate abusers (Zun, Downey, Gossman, Rosenbaum, & Sussman, 2002). In animal studies, (on female rats) it has been found that sex-related differences of cannabis on corticotrophin-releasing hormone and proopiomelanocortin gene expression in the hypothalamus has been seen (Corchero, Manzanares, & Fuentes, 2001). Certainly these differences also present in humans is as yet un identified.

Environmental risk factors

In women wrongful substances abuse is found to be shaped more by surroundings and environment factors (Dolezalova, 2015). Across cultures and communities, the most significant environmental factor that forces drinking in women was found to be substance abuse by companion or other close family member (Dolezalova, 2015). Few studies indicated that women initiated using alcohol to accompany their spouse or friend and hence, became addicted to it (Ray, Dhawan, & Chopra, 2012). In the National Survey, it was reported that the cause for the women having substance abuse were motivated by peers, indifference and tensions and accompany of spouse or partner (Ray, Dhawan, & Chopra, 2012). Lifestyle changes are also one reason for

Women Substance Abuse a Rising Problem in India

escalation of drug abuse in women (Ray, Dhawan, & Chopra, 2012). Therefore, above evidence provides fair reasons of women being addicted to substance use.

Psychological risk factors

Psychological factors are the leading risk factors of rising substance abuse among women (Brown, Madden, Palenchar, & Cooper-Patrick, 2000). Women with a history of sexual assault reported the lifespan preference of substance abuse to be four times greater in women than men (George, Winfield, & Blazer, 1992). Another survey of women who had experienced sexual violation recorded substance as an encounter strategy for the resultant posttraumatic stress disorder (Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). Similarly, guilt among substance abuse and major depression in females has also been proclaimed (Merikangas et al., 1998). Alienation among women is also one of the major causes as well as the effect of addicted behaviour as because of this addiction females are somehow being alienated from her spouse, children and family and friends (Greenfield, Back, Lawson, & Brady, 2010). Women abusers who are pursuing medication have found identical results with co-morbid depressive disorders, adjustment disorder, somatoform disorder, anxiety disorder, schizophrenia, obsessive compulsive disorder and bipolar affective disorder (Greenfield, Back, Lawson, & Brady, 2010). National survey recorded certain psychological complication such as sleep problems, depression, anxiety, fatal attempts and regret feelings as some of the reason for substance abuse in women in India (Greenfield, Back, Lawson, & Brady, 2010). Snoopiness and ease of stress or somatic pains are also evidenced as essential factors in a few researches (e.g. Dohm et al., 2002).

Sociocultural risk factors

All over the globe and especially in Indian society, females are perceived and expected in the role of a better life partner, role of a good mother, caregiver, friend, sister and a nurturer of the family. But, when she diverges from these responsibilities she is cursed, frowned and become the object of hatred from society and family (Finkelstein, 1993). Thus, substance abuse in women is linked with sexual misconduct (Carter, 1997). Early initiation into sex and coerced sex to fortify drug use habit withal puts them at conflict with law resulting in harassment by both hardened offenders as well as police (Ambekar, Rao, Mishra, & Agrawal, 2014). Women substance abusers are more liable to get separated, deserted or divorced than their menfolk counterparts (Maccrone, 2004). National survey on women study revealed that women abusing alcohol across classes and castes were single and divorced (Ambekar, Rao, Mishra, & Agrawal, 2014). The family behaviour and reactions was normally hard and rigid on them, and domestic assault was generally found common (Ambekar, Rao, Mishra, & Agrawal, 2014). Moreover, factors like professions such as prostitution and working in alcohol clubs and junctions, additionally accounted the risk factors for initiation of alcohol or substance use in India (Ambekar, Rao, Mishra, & Agrawal, 2014). Few other factors like poor literacy status, lack of women empowerment, girls working at pubescent age, initial espousment, and absence of social and emotional roots increased susceptibility of such behaviours.

EFFECTS ON WOMEN'S HEALTH

In India many studies reported that women drug users were found to develop more severe bronchopneumonia, White Plague, hepatitis, HIV, and other diverse side effects of AIDS (Kumar & Sharma, 2008). Women's research in the National Survey recorded some physical complexities and pathologies such as venereal diseases, ulcer, abnormal absence of menstruation, pregnancy problems (Ambekar, Rao, Mishra, & Agrawal, 2014). Alcohol intake in heterosexual females was linked with fewer contraceptive use and alternative risk of sexual behaviours, striking the liability of getting infected with HIV/ AIDS (Temple & Leigh, 1992). Women consuming drug are found to have unhealthy practices intermittently. Furthermore, while many females entertain clients in sexual acts to maintain their alcohol and drug use obsessions, researches from sex-workers account that several of the female sex workers use alcohol and substances before sexual practices (Kermode, Sono, Songput, & Devine, 2013). Prolonged heavy drinking is another factor responsible for various diseases of the gastrointestinal, neuromuscular, heart problems, and other physical systems (Ashley, 1977).

TREATMENT OF WOMEN SUBSTANCE ADDICTION

Generally women are not given any treatment for substance addiction and are neglected by family and society. A woman is pillar of every house and Nation on earth without her existence all things seem next to impossible. Therefore it is very important as well as it is a responsibility to pay attention on Treatment of women addiction. So that Women may get proper aids to her problem.

Records from Indian (ongoing treatment) de-addiction centers of Delhi, Jodhpur, and Lucknow between 1989 and 1991 found one to three per cent of medication and care seekers to be female. Also, the Drug Abuse Supervising System recorded about two to three per cent of treatment pursuing to be females (Dhawan, Chopra, & Ray, 2016). An inquiry of entire substance abuse cases recorded at the de-addiction centre at Chandigarh from 1978 and 2008 reported that out of 6608 only 0.5 per cent were women (Basu, Grover, Irpati, Saluja, & Mattoo, 2005). This may not imply the low incidences of women alcohol abusers, rather, may imply that women alcohol abusers are not seeking help of de-addiction centres may be due to their wish to keep their problem under curtain and not making it public.

HINDRANCES IN FEWER RATES OF WOMEN TREATMENT SEEKING

Several reasons behind women not seeking appropriate treatment include certain problems such as poor decision quality of women, restricted knowledge about the de-addiction centres and lack of exposure to appropriate studies, lack of proper gender-significant treatment goals and models, lack of correct treatment models to direct mental and abnormal disorders (Wu & Ringwalt, 2004). Scarcity of services for pregnant women, expenditure of treatment, stiff and non-flexible program schedules clashing with women's other responsibilities and roles, lack of exclusively

Women Substance Abuse a Rising Problem in India

women in-patient wards lack of physical security during at treatment at de-addiction centres (Grella, 1997).

Deprived conditions of life, discrimination, scar and guilt; inadequate backing and support from family, different roles and in charge at home (Wu & Ringwalt, 2004). Stigma and negative attitudes towards females is one of the most important obstacles to treatment of substance abusing females.

GAPS NEEDS TO BE FILLED

Women substance abuse is matter of concern only in western countries, developed countries and flourishing counties, it is an important issue to be addressed across the globe. Specially in India, there is a need to conduct scientific and systematic researches taking into consideration all the factors mentioned above in this paper related to women substance abuse and its relevant issues, including preferences, physical, mental and emotional outcomes of alcohol abuse, personality characteristics of females with substance abuse and its complications, and their medical treatment and outcomes along with follow up studies. If this issue is not timely addressed it will take the shape of epidemic with its severe socio-economic and familial adverse consequences besides human resource depletion.

CONCLUSION AND FUTURE PROSPECTS

Overall, substance abuse has been always considered as a male phenomenon but from past few years it has been existing in women's too besides any status and class in society. Women of every section are found to be a part of more or less addiction in India. A woman as an addict or substance abuser has to face very hazardous consequences and stigmas of society as compared to men's. Support from her own family is not been provided to her and she faces immense mental and physical trauma. These all stigmas and discrimination drive females drabbing locations at risky behaviours and unhealthy sexual practices and there are higher chances of losing one's own respect and identity in society when such women want to come forward for the treatment of their problems. They have to face many barriers like gender-discrimination different household responsibilities etc. Many women are held with no options but practising substance abuse in unvaried forms of their conditions and circumstances without aspiration for future life. Therefore, there is an intense requirement for treatment and counteractive action to consider the issue of substance abuse effects on females. Counselling, family therapy, Behaviour therapy, occupational courses, and unbiased culture frameworks are essential to address the issues of substance abuse to grant the women (substance abuser) of our country the aspiration and direction for life, safe and healthy way of living with dignity.

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Women Substance Abuse a Rising Problem in India

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Women Substance Abuse a Rising Problem in India

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