

The Foreshadowing of Drug Abuse on Health of Young Women.

Dr Qurratul Aein Ali, Saima Obaid

Department of Social Work, Aligarh Muslim University, Aligarh, India

Abstract: Indian society is a society in transition facing new opportunities and challenges in every walk of life. Sometimes there are socio cultural factors which pose a threat for any positive change in the society and the other time there are individuals who try to move against the stream in order to be more like the westerners. In addition to that there are lifestyle factors which pressurize the individuals mentally and they become drug abuser in order to avoid the stress. As per a survey conducted by National Survey on Drug Use and Health, in America only, there is around 28.50% of population over the age of 12 and above facing future threats from drug abuse. The trend which is being followed in India was reported by United Nations International Drug Control Programme reveals that out of 2831 drug abusers studied, 251 i.e. 8.9% were women. Some other researches in this direction reveals the ill effects of drug abuse and ample evidences are there which proves that use of certain legal and illicit drugs pose real threats to the developing fetus and neonate.

This paper tries to trace the overgrowing pattern of drug abuse among women in India and its consequential effects on their reproductive health. Also, this paper seeks to find out various measures in the light of social work perspective to mitigate the same.

Keywords: Drug Abuse, women health, social work.

I. INTRODUCTION

Substance Abuse is a word which is often associated with males in our society and it is considered that women have nothing to do with these things. If we look into our history, women being substance abuser is not acceptable and been disapproved in our society (P.D., 1980). But in past few years many new researches reveal that the graph of women drug abusers is rising gradually (Compton, Thomas and Grant, 2007). Efforts have been taken up by councils like National Council on Alcoholism and Drug Dependence and National Institute on Alcohol Abuse and Alcoholism for scientific and public attention on gender issues which focuses on the rising rate of drug abuse among women in India (P.D., 1980).

Dynamics of drug abuse among women in India:

With a number of researches going on, there still is lack of appropriate data which concerns the drug use among women (Nebhinani and Sarkar, 2013). Historically, in India there are few castes which evidences about women using substances in a socially acceptable way as in Rajputs the raising of toast by couples in rituals and marriages in the name of "Manwar" (Moore, 2013). Similarly, certain castes of Rajasthan namely Gujar, Mali, Karmawatetc prefers taking alcohol, chewing tobacco and betel, smoke bidi and cigarretes (Singh and Lila, 1994). The higher class women openly take alcohol and certain other drugs while middle class women still hesitate to openly accept about taking alcohol and similar substances, both considering it as a sign of freedom and modernity (Gupta, 2013).

A study on sample size of 75 women from 3 urban sites viz: Mumbai, Delhi and Aizawl conducted by United Nations office on drug and crimes(2004) reveals the pattern of drug use in women which majorly contains heroine, propoxyphene, sedatives and alcohol. Similar study also confirms that out of 75 respondents, 40 have accepted to be addicted with use of illicit drugs.

Nationwide study on substance abuse prevalence

Study	Sampling	Year	Number	Prevalence
National Household Survey(NHS)	Two stage probability proportional to size	2000-01	40,697 M aged 12 to 60 years in 25 states	A- 21.4%; C-3.0%; O- 0.7%
National Family Health Survey(NFHS-2)	H-H	1998-99	4,86,011 aged 15-54 in 26 states	A- 17% of men and 2% women
National Family Health Survey(NFHS-3)	H-H	2005-06	124,385 F and 74,369 M aged 15-54 in 29states	A- <1/3 of men and 2% women T- 57%men and 115 women

* *H-H –House to house survey; M- Male; F-Female; A- Alcohol;C- Cannabis; O- Opioids; T- Tobacco*

[Source:Murthy P, Manjunatha N et.al, Substance use and addiction research in India. Indian J Psychiatry,2010]

Factors inducing drug usage:

- **Environmental factors:**

Ample studies indicate the various reasons surrounding women which make them drug abusers.A national survey indicated that the cause for women having drug abuse was found to be accompanying of spouse or partner, indifference and tensions (Ray, Dhawan and Chopra, 2012).In addition to that, lifestyle changes were among the main reasons of drug abuse among women (Ray, Dhawan and Chopra, 2012). Overall, wrongful substance abuse was found to be more due to environmental factors and surroundings (Dolezalova, 2015).

- **Psychosocial factors:**

Few studies indicate that friends and partners were the first to introduce drugs to women (UNDCP, 2002).Certain others have started taking drugs in order to curb with the problem of humiliation, shame, anger and powerlessness as a defense mechanism (UNDCP, 2002).

Risk factors and future repercussions:

It is evident from researches that both licit and illicit drug use has serious health effects over human body (Murthy, P., 2011). Globally, 15.8 million women which accounts for around 12.9 % of them aged 18 or above have used illicit drugs (SAMHSA, 2014). A study was conducted on 100 alcohol dependant persons who showed stressful life situations, anxiety disorders, depression symptoms and significantly high neuroticism among the users (Murthy, P., 2011). In 2004, 32,746 people in New Jersey were reported to have HIV/AIDS. Out of those cases, 31% were exposed to virus by drug injection and of those 35% were female.

Effect of drug abuse on women health: Women may face different issues due to drug abuse based on biological differences and cultural set of norms and values then that of men. Certain studies have revealed special issues pertaining to drug abusing women which changes the pattern of their hormones, menstrual cycle, fertility, pregnancy, breastfeeding and menopause etc. (National Institute of Drug Abuse, 2015). It was also found that pattern of using drug is different among women as they tend to use little amount of drugs as compared to men, sex hormones can respond differently and can make women more sensitive to the effects of some drugs and may lead to have more effect on their heart and blood vessels (National Institute of Drug Abuse, 2015). Even simply smoking tobacco during pregnancy is estimated to have caused 1015 infant deaths per year from 2005 to 2009 (Centre for Disease Control and Prevention, 2014).

Role of social work in treatment of drug abuse:

Social work is a profession that lends a helping hand for the persons in mental trouble and helps them to uplift themselves. At the core there sets a set of values and principles that guide the social worker throughout.

There are certain evidences which describe drug use as a problematic situation which can be cured with the right kind of motivation and support towards a positive change. In this context social workers can work upon finding individual's motivation for change and to determine who and what can be the agents of change to offer their client the relevant and required support. The negative impact of substance use is the reason to bring people's attention towards social care services (Galvani, Sarah, 2015).

Roles of social work:

- 1. Engagement:** Inclusion of substance use as a topic for serving and supporting the user to get out of it, their families and dependents.

Roles and capabilities

- a) Realize the need to work with substance use as a practice under social work.
- b) Putting their critical views and experiences related to substance use and their impact on practice.

- c) Understanding as to why people use substances, develop a problem and its critical understanding and the social implications like poverty, self- medicating and abuse.
- d) Keeping a note of the effects of substances and the effects it might have on a person and his significant others.
- e) Realizing the challenges which people and their families face in order to cope up with the situation.
- f) Worker must be ready to challenge negative views of other people in relation to those using substances.
- g) Willingness to learn knowledge and skills in dealing with substance users and filling up of gaps through CPD (continuing professional development).
- h) Preparation for identifying and responding to substance use. This may be done through awareness generation among the users about its ill consequences on their families, careers, children and making them realize the risks involved in it.

It is the utmost priority of social workers that before engaging into dealing with patients of drug abuse, they should work upon preplanning about the forthcoming situations and certain risk factors that could be hindering upon in their treatment process. Also, they should focus upon the factors which could bring positive changes in the client and the treatment can be done successfully.

2. **Motivational and support services:** Supporting the substance user in identifying its problem and motivating them to consider their situation of substance use behavior and support them in bringing a positive change.

Roles and capabilities:

- a) Identification of problematic substance use and related behavior.
- b) Determine the substance user's level of motivation through communication and skilled listening.
- c) Keeping knowledge of the impact associated with substance use on mental and physical wellbeing.
- d) Assessment of the questions to be asked from the substance user sensitively and effectively.
- e) Risk assessment associated with the substance user to their family members which includes unborn children and dependants.
- f) Risk assessment of the first and foremost people negatively affected by use of substance user.
- g) Identifying support system and the strengths in the substance user's life.
- h) Understand the law and wider policy in relation to substance use.

This is another step for social worker to achieve their goal of completing the treatment with utmost success. For this they have to identify various factors which can drive the client towards success in getting rid off substance use addiction. Here the workers need to identify various motivational and emotional factors attached with clients like their family and careers etc.

3. Supporting and maintaining change: To bring positive change in the life of substance user and appreciating and maintaining their efforts in bringing change.

Roles and capabilities:

- a) Continuous support to those entering in the formal treatment settings and also to those who choose not to.
- b) Providing support to family members and dependants in order to make them rebuild their relationships and take good care of themselves.
- c) Recognizing environmental risk factors associated with relapse of the problem and providing holistic approach for support.
- d) If required, worker may work in partnership with substance user, his family and significant others in order to build a plan for relapse prevention and its maintenance which may include additional activities or routines to replace substance use.
- e) Ongoing risk assessment in order to ensure the support of substance user and his dependants in case the problem increases and determining if the reduction has not resulted in reducing the risk to self and others.
- f) Keeping knowledge of the local and national organizations which provide aftercare/ recovery support and their referral processes.
- g) Review and amend post intervention care plan periodically.
- h) Advocacy for the affected and his family as required which may include access to practical and financial resources.
- i) Ensuring that the maintenance plan meets the need of concerned and providing practical assistance, if required.
- j) Make referrals to other agencies or helping professions as needed. Initiate re-referral to specialist agencies if problematic use is a risk or has re-emerged in order to maintain supportive contact.

After getting into treatment process, most tedious task for any social worker is to continue with that change with the same motivation and support so that the client doesn't go back into those bad situations once again. For this, workers need to identify the aftercare supports in the form of support centers, family members etc.

[Source: Galvani, S., 2015, modified by author]

Conclusion:

Drug abuse, which is found predominantly among male, now exists among different classes of women and is increasing at a faster pace, with patterns of drug abuse same as that of males. In women certain risk factors are additionally associated because of their childbearing capabilities which have a deep rooted impact in long term. Other factors like the sociocultural norms doesn't allow them to accept that they are actually into something harmful because society and culture does not accept such woman and it may lead them towards harmful practices of unsafe drug injecting and unsafe sexual practices secretly. In such cases family involvements and support is sometimes minimal because such women are seen with hatred, especially when their spouse or family members are nondrug user. In addition to that, women also face lack of gender sensitive programs that could be used in their treatment and treatment delivery systems which is flexible in nature. It can be said that social disadvantage and patriarchy on the one hand and the rapid sociocultural and economic changes on the other have dominantly altered the traditional and cultural systems of the society. Drug abuse is one such outcome of this social upheaval, with women being affected more at both professional and domestic level. In this context there is an urgent need to take these problems into account and make required strategies in order to resolves these issues. The strategies pertaining to social work can be in the order of evolving a focused policy framework which addresses gender issues and to develop treatment modalities that are gender responsive and de stigmatize women.

References

- Best, D. and Laudet, A. (undated) The Potential of Recovery Capital. Available online at: www.thersa.org/globalassets/pdfs/reports/a4-recovery-capital-230710-v5.pdf
- Compton, W. M., Thomas, Y. F., Stinson, F. S., & Grant, B. F. (2007). Prevalence, Correlates, disability, and Co morbidity of DSM-IV drug abuse and dependence in the United States. *Archives of General Psychiatry*, 64(5), 566.
- Dolezalova, P. (2015). Treatment of women with substance use disorder at high risk of stigmatization. *Drug and Alcohol Dependence*, 146, 268.
- Drug abuse problem
https://www.unodc.org/documents/hiv-aids/publications/drugs_abuse_problem_web.pdf
- Gupta, A. (2013, May 7). *Indian women drinking alcohol on the rise*. Retrieved February 10, 2017, from Cultural, <https://www.desiblitiz.com/content/indian-women-drinking-alcohol-rise>.
- Galvani S. (2015) Alcohol and other drug use: Roles and capabilities of Social Work. *Manchester Metropolitan University*.

- India: national survey
http://www.unodc.org/pdf/india/presentations/india_national_survey_2004.pdf
- Moore, E. P. (1993). Religion and Rajput women: The ethic of protection in contemporary narratives. *American Ethnologist*, 20(2), 413–414.
- Murthy P, Manjunatha N, Subodh BN, Chand PK, Benegal V, (2010). Substance use and addiction research in India. *Indian psychiatry journal*, 52: SI 89-99.
- Nebhinani, N., Sarkar, S., Basu, D., Gupta, S., &Mattoo, S. (2013). Demographic and clinical profile of substance abusing women seeking treatment at a de-addiction center in north India. *Industrial Psychiatry Journal*, 22(1), 12.
- P. D. (1980). Beliefs, behaviors, and alcoholic beverages-a cross-cultural survey. *Medical Anthropology Newsletter*, 11(2), 17–18.
- Ray, R., Dhawan, A., & Chopra, A. (2012). Addiction research Centers and the nurturing of creativity: National drug dependence treatment centre, India-a profile. *Addiction*, 108 (10), 1705–1710.
- Singh, I., & Lila, A. (2012). Emerging structure of Rajasthan economy in India. *SSRN Electronic Journal*.
- UNDCP (2002). Women and drug abuse: the problem in India. *Ministry of Social Justice and empowerment, Govt of India*.

