## DRUG ADDICTION AMONG WOMEN: A GROWING PROBLEM

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Received: June 22, 2018 Accepted: August 05, 2018

**ABSTRACT** Substance using behaviour among women is a dynamic and multifaceted phenomenon that has been under constant study. Formerly, drug- abuse in women was viewed as a minor problem and there had been was no serious restriction on the use of drugs. There was predominance of males in the addicted population. However, use of illicit drugs among women of urban, rural, upper and middle class is found to be on increase. This review's focus on substance abuse by females reflects a growing concern with status and role of women in contemporary society and includes – [1] the review of literature on drug-abuse by women [2] classification of drugs, causes and consequences [3] prevention and conclusion.

**Keywords:** Addiction, Drug-abuse, psychoactive drugs, Rehabilitation, Women.

Use and abuse of alcohol and other psychoactive drugs were seen even in pre-historical period. Many of early record of mankind documented the existence of drug problem. It is clear that intoxication among women and men was not unknown. Various types of problem have been integral parts of life and man has always sort away to escape from the ups and downs of life by taking various types of mind altering drugs. These drugs appeared helpful in pushing aside the harsh realities of life and open the doors to altered and deceptive perception.

Formerly, some psychoactive drugs were used viz. bhang, nicotine and opium etc. for medical, social and religious purpose. Over a period of time, these drugs were used by rich persons during feast, wedding and different ceremonies for entertainment. In course of time, the bad effects of these mind altering substances were noticed and as such some drugs were declared illicit. Subsequent ban on such drugs created a vacuum which was immediately filled-up by alternative [synthetic] drugs, some time more powerful viz. brown sugar, heroin, smack etc. The uses of these illicit drugs have the tendency of causing psychological and physiological dependency both.

Now the problem of drug abuse has crossed all racial and socio-economic lines. There has been much interest and researches on male drug- abusers. As Ellinwood [1] reports, males are four time greater than females. But women did not remain untouched with this problem, although researches are very few. The use of illicit drugs by females is increasing at an alarming rate globally and nationally. Due to strong social protection and a lot of stigma, drug-addict women conceal their addiction. So, the exact number of women drug users is unknown. Now, this matter has openly been acknowledged as an issue which calls for serious attention. Data from the national household survey on drug abuse (NHSDA) in 2000 from US showed that 5% of women used illicit substances. The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted a study in US, reported that men were 2.2 more likely than women to have abused various substances and 1.9 times more likely to have substances dependence [2].

The National Studies during 1980's shows very low drug use among women with alcohol use as 3.2% and other drug as 0.1-1.3% [3, 4, 5]. Four large epidemiological studies in the early 1990, sample size was 4000-30,000 exhibited that 6-8% of women rarely had drugs in their life time [6, 7, 8]. However, heroin using women in Northern-Eastern states were found to be high at 14% [8]. Inspite of NDPS Act, the 1990 studies revealed an increase in use of heroin in women. Other studies recorded heroin use in metro cities like Mumbai [9], Kolkata [10] and Delhi [11]. Rapid assessment survey (RAS Study) of National Survey on extent, pattern and trends of Drug abuse in India (2001) using non-random sampling on drug from 14 cities of India, found that around 79% of women across cities used at least one type of substances from among heroin, alcohol, cannabis and pain killers. Thus the women's study in significant as it has reported high rates of opioid and alcohol use in women substances users which is very alarming and needs immediate and proper solution of the problem.

## **CLASSIFICATION OF DRUGS**

There are many possible classifications of drugs. Some of which are used for research purpose and some have pharmacologic importance. However, here a general classification is being given which covers most of the drugs-

- **1- Narcotics** Narcotic drugs are medically defined a central nervous system depressant with analgesic and sedative properties. Narcotics are considered to be those addictive drugs that produce physical and psychological dependence. These drugs are used clinically to decrease pain and they include morphine and other alkaloid of opium <u>as</u> well as synthetic and semi-opium derivatives.
- **2- <u>CNS Depressant</u>** The most prominent effect of these drugs is to depress the excitable tissues of the brain that control the emotions, breathing, heart action and other body functions. The CNS depressant include almost all sleep inducing medicines, anti –anxiety
- Drugs [minor tranquilizers] and alcohol.

  3. CNS Stimulants The predominant of

Following factors are the leading causes of drug abuse in women: -

- **3-** <u>CNS Stimulants</u> The predominant effect of these drugs is to stimulate the CNS tissues by blocking the action of inhibitory nerve cells or by direct action of the drug themselves. The substance mostly used in clinical situation includes all Amphetamines and cocaine etc.
- 4- <u>Hallucinogens</u> Hallucinogens are drugs that act on the central nervous system and produce mood changes and perceptual changes varying from sensory illusion to hallucination. Hallucinogens include LSD [lysergic acid diethylamide], mescalin, DMT and Marijuana etc.

<u>CAUSES</u> - The use of illicit drugs among the females are very much pronounced in young womanhood. Often their reason for trying drugs is tied to the stress and pressure experienced in this transitional period. A recent study by the National centre on Addiction and Substance Abuse at Columbia University revealed that girls and young women commonly initiate substance abuse during these crucial years. This trend is alarming as women progress faster than men into addiction. Now, this problem is posing challenges to the society and social thinkers. Today's fast changing life, altered social structure, changing social role, women's equality with men, anxiety, depression, frustration, peer pressure, job related problems, escape from realities, boredom in life, spouse pressure and several other factors have caused an increase in the number of women smokers, drinkers and those addicted to permitted drugs like sedatives, tranquilizers, antidepressant as well as prohibited narcotics such as heroin, brown sugar smack etc.

**BIOLOGICAL CAUSES**- Studies have reported that, among Women drug-users attenuated neuroendrine stress response is found after the exposure to stress and drug cues and this hypothalamic pituitary-adrenoeortical dysregulation in female may be a cause for vulnerability to relapse in response to negative effect. [12, 13]

**ENVIRONMENTAL CAUSES**- drug-addiction have often been found related to environmental factor. Many studies have been conducted to understand the relationship of environment and substance use. It was found from the national survey, that the primary reason reported by the women for initiating substances use were influence of friends(48%), stress and tension(16%) and influence of spouse or partner (11%).[14].

Apart from this, substance using family member or friends, having specific vulnerability such as transition and life style changes, increasing the risk of drug abuse in women have also been reported in various studies [15, 16, 17]. These researchers clearly indicate the importance of environment in the development of drug addiction in female.

**PSYCHOLOGICAL CAUSES** – some studies are carried out in relation to psychological factors in womendrug taking behavior. It is common feature of female drug addicts to have neurotic personality. Absence of father or mother is found more commonly in the background of addicts. It is observed that drug taking behavior is adaptive as it facilitates denial, avoidance and reduced anxiety. Some in another researches, it is found that early traumatic life events and sexual abuse are two major risk factors for substance use [18]. NESARC exhibited that drug-using women were more prone to have mood, anxiety disorder [19, 20] eating disorder [21]. Significant association between substance use and major depression has also been reported [22]. Except these, Indian studies revealed that co morbid depressive disorder in 12%, adjustment disorder in 5%, somatoform disorder in 3%, anxiety disorder in 2%, Schizophrenia in 2%, obsessive-compulsive disorder in1% and bipolar affective disorder in 1%. [33]. In National survey, the RAS respondents reported several psychological problems like insomnia, depression, anxiety, and suicidal attempt and guilt-feeling.

**SOCIOLOGICAL CAUSES-** Drug-addiction is a growing problem of urban, rural, lower, upper and middle class. The number of house wives and working women, college going girls using illicit drugs is on increase. Formerly, addiction in women was viewed as a minor problem across the world. Over the past few years, the incident of female drug addiction is increasing and posing challenges. According to various researches, female addiction are mostly seen in those women who are single, divorced or separated, involved in prostitution or come from very high or very low income group.

National survey revealed that 31% of women were single and 32% were separated or divorced. Some more factors have been found responsible factors for substance abuse among females such as

domestic violence, poor education, lack of job, early marriage and lack of social support. (14). Divorce, loss of child or the death of partner or child can trigger women substance use.

**Consequences** - Female addiction does not destruct only one life but entire sub system within the family such as parents, child, and siblings' relationship which are visibly disturbed. The children of drug using mothers often suffer from loneliness, guilt feelings and are more prone to drugs use. They face difficulties to maintain inter personal relation and often suffer from homelessness, unemployment, poverty and general dislikeness of the communities. (23). National Survey revealed that many drug using women were separated or divorced and encountered harsh treatment from family. (14).

Many severe and often life threatening complications result from drug abuse. The most common medical problems of women drug users are high risk of complication during pregnancy and child birth. It has been found in Indian studies that women drug users suffered from severe pneumonia, rupture of lungs and tuberculosis, hepatitis, HIV and adverse effects of AIDS. (24). National Survey, both in RAS and women's study, exhibited many physical complications like sexually transmitted diseases (STDs), abscess, TB, irregular menstrual cycle, amenorrhea and medical termination of pregnancy.(4).

Crime is a major consequence of drug abuse. Mostly drug addicts are involved in illegal activities, illegal employment and have high rate of arrest while female addicts are associated with prostitution, selling of drugs and pick pocketing and theft etc. Female addicts do not feel shy or hesitation in doing any type of work for getting money whether they have to involve in offence. It was found in women studies that 44% women have the history of incarceration due to their peddling activities, sex work, pick pocketing and theft charges. (14).

**PREVENTION-** There are several efficient ways to prevent drug addiction as under:-

- 1- FIND HEALTHY WAYS TO COPE WITH STRESS Many people begin using drugs as a way to deal with stress and tension. Finding coping methods such as exercise or meditation can eliminate urg to try drugs.
- 2- MAINTAIN A HEALTHY LIFE STYLE- Maintaining strong relationship and a healthy balance between physical and mental activity can help to maintain the stability that is needed to stay drug free.
- 3- HAVE THINGS IN YOUR LIFE THAT YOU CARE DEEPLY ABOUT Whether it is a sport, artistic endeavor or personal relationship, having something that you are passionate about, motivates you to stay healthy, mentally agile and emotionally in shape.
- 3- BEWARE OF FAMILY HISTORY- The tendency towards addiction is linked to genetics, be familiar with parents or other family members who have struggled with addiction, you have a higher chance of becoming addicted. Take extra precaution to avoid drugs.
- 5- STEP AWAY FROM DRUG USING FRIENDS- Don't mix-up with friends who are using drugs.
- 6- AVOID BARS AND CLUBS-Avoid those situations and environment that associated with drug use.

**CONCLUSION**- Earlier studies suggest that for women drug-addicts, the outside world is of paramount significance. It is important that due to drug taking behaviour they become concernigly misfit for the outside world. Rather, all efforts should be directed towards making them more and more compatible with the society at large and well adjusted, when they return to clean life.

There are many hurdles to treatment that may be unique to women such as lack of financial independence, family responsibilities, transportation issues, social and cultural stigma, and presence of co-occurring disorders.

Women are often the main care taker of their children and families and fear of losing this role or of not being able to keep-up, with obligations may encourage women from seeking treatment. When family members or loved ones ask the woman to seek treatment, she may be more likely to do so. Treatment methods that are specialized for women can be highly beneficial. Women-only programme can focus on emotional needs, provide child care and transportation, managed co-occurring disorders and help women learn how to cope with stress, stigma and cultural expectations. These programmes can also teach women how to minimize relapse. Parenting workshop and other life skills training, as well as emotional support through peer groups, counseling and therapy session can improve communication and functioning within and mental health complications resulting from addiction that should be managed through integrated care medical detox programme.

Therefore, efforts may be made so that their contact and communication with the outside world remains intact and proper feedback given.

The psychological state of women drug addicts make them feel remorseful and resolute. Therefore, it is important that they spend their time in useful activities like education and vocational training after

detoxification. They should be paid decent wages for the work. They may be put to work in specially established factories and industrial home etc. and adequate medical follow-up made. This is particularly important because by caring reasonable wages for their skill and labour, they may not only contribute productively to the society, but they may also assist themselves in cultivating a favorable attitude towards society and adherence to can law. They can also support their families, which would contribute to lesser their guilt and anxiety. Moreover, their caring may help them in the rehabilitation process and thus, it shall serve the cause of humanity as well as society and social justice and curb the crime rate as well.

## REFERENCES

- 1. Ellinwood, E.H.et al [1966]; Narcotic Addiction in Males and Females; Comparison. Int. Jl. Of Addiction, 1-33.
- 2. Compton WM, Thomas YF, Stinson FS, Grant BF. Prevalence, correlates, disability and co morbidity of DSM –IV drug abuse and dependence in the United States; Result from the national epidemiologic survey on alcohol and related conditions. Arch Gen Psychiatry. 2007; 64: 566-76
- 3. Mohan D, Desai N. New Delhi, İndian Council of Medical Research; 1993. A survey on Drug Dependence in the community, Urban Megapolise, Delhi.
- 4. Mohan D, Sundaram K. New Delhi, India: Ministry of Welfare, Government of India and All India Institute of Medical Science; 1987. A Multi centred Study of Drug Abuse among students: A Preliminary report.
- 5. Mohan D. Prevalence of drug abuse among university students: Preliminary report of a multi centre survey. In: Mohan D, Sethi H, Tongue E, editors. Current Research in Drug Abuse in India. New Delhi, India: Gemini Printers; 1981. pp. 1831.
- 6. Channabasavanna S, Ray R, Kaliaperumal V. Karnataka, India: Department of Health and Family Welfare, Government of Karnataka; 1990. Patterns and problems of non- Alcoholic Drug Dependence in Karnataka.
- 7. Mohan D, Ray R, Sharma S, Desai N, Tripathi B, Purohit D, et al. New Delhi, India: Indian Council of Medical Research; 1993. Collaborative study on Narcotic Drugs and Psychotropic substances.
- 8. Singh A, Kaul R, Sharma S. Survey of Drug Abuse in Manipur state. Department of Science, Technology and Environment, Government of Manipur. 1992.
- Kapoor S. Pavamani V, Mittal S. New Delhi, India: Ministry of Social Justice and Empowerment and UNDCP, ROSA; 2001. Substance Abuse among Women in India.
- 10. Mondol J. Kolkata, India: Vivekananda Education Society; 1992. A Study on Women, the Family and Drugs.
- 11. Shankardass M. New Delhi, India: UNDCP, ROSA; 1998. Women's Health Issues with Special to Drugs.
- 12. Back SE, Waldrop AE, Saladin ME, Yeatts SD, Simpson A, McRae AL, et al. Effects of gender and cigarette smoking on reactivity to psychological and pharmacological stress provocation. Psychoneuroendocrinology. 2008; 33: 560-8.
- 13. Fox HC, Hong KA, Paliwal P, Morgan PT, Sinha R. Altered levels of sex and stress steroid hormones assessed daily over a 28 day cycle in early abstinent cocaine dependents females. Psychopharmacology [Berl] 2008; 195: 527-36.
- 14. Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia and Ministry of Social Justice and Empowerment, Government of India; 2004. The Extent, Pattern and Trends of Drugs Abuse in India: National Survey.
- 15. Grover S, Irpati AS, Saluja BS, Mattoo SK, Basu D. Substance dependent women attending a de addiction center in North India: Sociodemographic and Clinical Profile. Indian J Med Sci. 2005; 59: 283 91.
- 16. Nebhinani N, Sarkar S, Gupta S, Mattoo S K, Basu D. Demographic and Clinical Profile of Substance abusing women seeking treatment at a de addiction centre in north India. Ind Psychiatry J. 2013; 22: 12–6.
- 17. Murthy P, Chand P. Substance use disorder in women. In Lal R, editor. Substance use Disorder Manual for physicians. New Delhi, India: National Drug Dependence Treatment centre, All India Institute of Medical Sciences; 2005. [Last accessed on 2015 Jul 9]. Pp. S 170 S7.
- 18. Winfield I, George LK, Swartz M, Blazer DG. Sexual assault and Psychiatric disorders among a community sample of women. Am J Psychiatry. 1990; 147: 335-41.
- 19. Khan SS, Secads Villa R, Okuda M, Wang S, Perez-Fuentes G, Kerridge BT, et.al Gender differences in cannabis use disorders: Result from the National Epidemiologic Survey of Alcohol and Related conditions. Drug Alcohol Depend. 2013; 130: 101-8.
- 20. Khan S, Okuda M, Hasin DS, Secades- R, Keyes K ,Lin KH, et. al. Gender differences in lifetime alcohol dependence: Result from the National epidemiologic survey on alcohol and related conditions. Alcohol Clin Exp Res. 2013; 37:1696-705.
- 21. Greenfield SF, Back SE, Lawson K, Brady KT. Substance abuse in women. Psychiatr Clin North Am. 2010; 33: 339-55.
- 22. Merikangas KR, Mehta RL, Molnr BE, Walters EE, Swendsen JD, Aguilar-Gaziola S, et.al. Comorbidity of substance use disorders with mood anxiety disorders; Results of the International Consortium in Psychiatric Epidemiology. Addict Behav. 1998; 23:893 907.
- 23. Crome IB, Kumar MT. Epidemiology of drug and alcohol use in young women. Semin Fetal Neonatal Med. 2007; 12:98 105.
- 24. Kumar MS, Sharma M. Women and Substance use in India and Bangladesh. Subst use Misuse. 2008; 43: 1062 77.