Gender and Drug Use in Punjab: A study of Female Drug Users at Navkiran De-addiction Centre, Kapurthala

Abhijit Dhillon
Punjab University, Chandigarh

Punjab, the northwestern border state of India, has been hit hard with drug addiction. Being in direct contact with 'Golden Crescent', (the opium developing countries Iraq, Afghanistan and Pakistan) drugs have been a scourge in Punjab for years now having a large consumer base. Introduction to the paper analyses the situation first at the global level and then the Indian nation vis-à-vis Punjab. It then explores the gender dimension which are often ignored in almost all instances. The paper explores several reasons for the rising problem of female drug abuse which provides the context for discussing personal experiences of the drug user women admitted to the Navkiran Kendra in Kapurthala, the only female government run de-addiction centre in Punjab. This paper focuses on women who are doubly marginalized, courtesy of their gender in a patriarchal set up and the societal scorn and wrath that goes with being treated for drug abuse. The paper further discusses physiological drug addiction menace plus unavailability of resources to deal with it which leaves women extremely vulnerable. Finally the paper makes an attempt to outline the necessity of multi-stake holder dialogue and discussion with an effective State participation. State intervention using a gender sensitive approach is strongly advocated in dealing with drug addiction.

Introduction

"Kalmaa vaaleyon, saazan vaaleyon, natak vaaleyon te awaazan vaaleyo, sochan vaaleyon, bolan vaaleyon. Chetti chaliye, iss ton pehla oh kho lai jaan putt maavan de, Nasheyan de saudaagar. Aayo jaake beej deyiye, koi kaavi, kahaani, Amritbaani…"[1]

One of the worst tragedies that human race around the world is confronted with today has come from narcotic drugs and psychotropic substances. Narcotics can be defined as central nervous system depressants with analgesic and sedatives properties. Psychotropic substances are the drugs that alter thinking, perception, emotions or consciousness (Brien & Cohen, 1984). Drug is a wider term used for both medicinal and non-medicinal purposes. The fine line between medicinal and non-medicinal use of drugs is used to describe its legitimacy and authorised use. Substance abuse, according to the World Health Organisation (WHO) can be defined as the use of drugs in amounts or methods which are harmful to individuals or others According to the World Drug Report 2019 released by the United Nations Office on Drugs and Crime (UNODC) there are 35 million people globally who suffer from drug use disorders and who require immediate

treatment services (UNODC, 2019). The 2019 World Report provides a global overview of the supply and demand of opiates, cocaine, cannabis, amphetamine type stimulants and new psychoactive substances, plus how these dugs impact health. Definitions of drug abuse are subjective and mostly infused with political and moral milieu of a society. It is necessary to emphasize that drugs mean different things to different people. While drug use can be a response to marginalization, isolation and stress, it can also emerge from financial independence, positive growth and emancipation. Drug use is a dynamic phenomenon greatly influenced by prevailing moods, attitudes and behaviors in society.

Millions of Indians are dependent on alcohol, cannabis and opiates, and drug misuse is a pervasive phenomenon in Indian society (Kumar, 2004). India is bounded on two sides, by the golden quadrilateral and golden triangle. These neighboring countries, which are known for the mass production of opioids and its further export, are the prime countries that form the bedrock of transnational organized crime of drugs and its global distribution. The implications of this on India are many. With a population and demographic dividend being high, the risk of falling prey to drug abuse also runs high. Substance use patterns are notorious for their ability to change over time. Both licit and illicit substance use cause serious public health problems as sown by ample evidence available in our country. 'Magnitude of substance abuse in India' (2019**)** published by the Ministry of Social Justice And Empowerment is a government report which is based on data collected from the project 'National Survey on Extent and pattern of Substance Use in India'. This report presents the major findings of the survey in terms of proportion of the Indian population using various substances and those affected by substance use disorders. While psycho active substance use often tends to be framed as a problem in public health and social welfare discourses, the exact dimensions of substance use in India have not been assessed adequately. According to the survey report there are 8 categories of psychoactive substances that include: Alcohol, Cannabis, Opioids, Cocaine, Amphetamine Type Stimulants (ATS), Sedatives, Inhalants and Hallucinogens (Ambekar et al., 2019). The bane of drug abuse in Punjab has acquired such great proportion that has shaken the entire society in the state. It is observed that in Punjab 'drug abuse' is a raging epidemic, especially among the young. According to a survey, 66% of the school going students in the state consume tobacco; every third male and every tenth female student have taken to drugs on one pretext or another and seven out of ten college-going students are into drug abuse (B. Sharma et al., 2017). Despite its political sensitivity, little scientifically valid evidence on the prevalence, pattern and treatment needed for substance use in the northern border state of Punjab is available till date. Reliable estimates of substance use epidemic are not available in Punjab, though previous studies have mentioned high opiate use in the state (Pal, H., Srivastva, A., Dwivedi, S.N., Pandey, A., Nath, 2015). According to a study in Punjab 1 in 6 persons aged 11–60 years residing in households in Punjab, India (the "source population") have been dependent on some type of substance in their lifetime.1 in 7 of the source population is currently dependent on some form substance,

with 2.2 million alcohol dependent and 1.6 million tobacco dependent persons. About 1 in 60 of the source population is a current user of any illicit substance, and more than 1 in 100 are currently dependent on them.1 in 120 of the source population is currently dependent on opioids, and the estimated number of opioid dependent persons is 0.7 million. Formal treatment support was sought by only 1 in 6 substance dependent persons of the source population (Avasthi et al., 2018).

The impact of drug addiction in Punjab is much higher than the rest of India, new research suggests. According to a study undertaken by Government Medical College, Chandigarh and coordinated by the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru in the year 2016 and published in 2019, Punjab reports a high burden of substance use disorders. It surveyed 2,895 individuals from 719 households across four districts in Punjab. Of these households, 2.48 percent were home to at least one person who used illicit substances. The productive age group between thirty and 39 being the most affected. By comparison, the other states displayed an illicit substance misuse prevalence of only 0.57 percent. The prevalence of alcohol and other substance use disorders was much higher in Punjab compared to the national average (Chaven et al, 2019). The research offers a snapshot of what is a much wider problem in Punjab, particularly when it comes to illicit substances.

Many aspects of drug use have universal elements that span age, culture and gender, yet there are also considerations that are specific to, or more salient among, certain sub populations including women. Overall, men are more likely than women to use cannabis, whereas the prevalence of non-medical use of tranquilisers and opioids is comparable between men and women (Lal, Deb, & Kedia, 2015). A study conducted by the United Nations Office on Drugs and Crime (UNODC) acknowledges that female drug use is particularly hard to capture. This is further evidenced by their under representation in most surveys as well as the limited treatment facilities available to them (Pratima, 2008). Existing researches have also pointed out that due to unequal opportunities (both social and cultural) in access to illicit drugs is one of the reasons for difference in prevalence of drug use between both sexes. It is researched that if there were equal access to drugs by both men and women, the likelihood of substance abuse would not differ (McHugh R & others, 2017). Women face unique challenges when it comes to substance abuse. These differences are influenced by sex, gender and societal set up. Hence it is important that treatment for substance use disorders in women may progress differently than men. Women abusers in South Asian countries are on the increase, ranging up to 17 percent of lifetime abusers (U. Sharma, 2009). Reports show a substantial percentage of women drug addicts are divorced, separated, and widowed (India and Sri Lanka). Women abusers are more marginalized from society than men and suffer greatly when a member of the family abuses drugs. Treatment facilities for women are limited, stigmatizing, and not suited to their needs. A survey also revealed that 36 percent of addicts manifested unwanted behavior and that more than 80 percent of addicts indulged in domestic violence.

Female drug users are particularly vulnerable on route to drug dependence. They are a hard to reach population as evidenced by their under representation both in traditional drug surveys and in treatment facilities. Overwhelming family responsibilities often make their own needs a lower priority so their drug dependence remains untreated. Societal disapproval, fear of exposure, lack of support also influences access to and utilization of treatment (UNODC, 2008).

In terms of substance abuse among women in India, it appears epidemiologically that the 1990s witnessed an increase in the use of opiates, especially heroin, among women in different cities. In general, it can be argued that 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 (Murthy, 2002). Peer pressure, a need for excitement, and stress also appear to operate as initiators into drug use. These factors interact in a complex manner and together increase the risk of drug abuse through a multiplier effect. The drug using woman is perceived as double deviant and is thus stigmatized and socially isolated. This in turn increases and compounds the social disadvantage women already face. 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. Research shows that women using drugs and those not using drugs are increasingly involved in the drug distribution network. Dire economic conditions and the lure of money often lead women to become involved with drug peddling. The usual profile of a drug courier is a woman of childbearing age, single or married with children, unemployed, a trader or menial worker and financially impoverished (Murthy, 2002).

The social consequences, disadvantages 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 Indian 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 being a drug abuser has even graver problems for women. The problem of drug abuse in Punjab over the years has largely focused on males even as experts and studies point out the number of women addicted to drugs is ‘alarming’ in the State. Experts have pointed out that social stigma, state of denial and exclusive facilities are the key reasons why women are not coming out or seeking help (Vasudeva, 2018). There are 31 government run de-addiction centres in Punjab, but only one exclusively for women.

Initially my research attempted to understand the phenomenon of female drug abuse in Punjab and this research discovered that there was only one female de-addiction centre at the governmental level located at Kapurthala Civil Hospital called the Navkiran Kendra/Centre. The universe of the sample and the area is hence confined to this region and Centre. In this paper I attempt to explore the reasons and social consequences of females using drugs and why they don’t

come forward for treatment. Another insight after interviews with respondents explores the social relation of prostitution and drug use. The paper also attempts to briefly analyse the biological toll that women using drugs face. At the institutional level, the paper explores the question of governmental infrastructure, projects, policy making and rehabilitation for fighting drug menace in Punjab. Open ended interviews, after due consent of the interviewees, were conducted with female patients and staff of the Centre and have been used as primary data. The interviews with drug survivor women and the personal challenges that they faced are both motivational and inspiring. Their names are not mentioned respecting their privacy and anonymity. By using these interviews with respondents and the staff, an attempt has been made to get a better picture of drug addiction and abuse as well the reasons that led women to start abusing substances in the first place. The study also draws upon various international, national and regional literatures related to drug use.

Drug Use(r) story: Background

Attempts to understand the nature of illicit drug use and addiction can be traced back for centuries; however, this search has always been limited by scientific theories and social attitudes available or dominant at any one time. As drugs have been abused for hundreds of years all over the world, their effects have been felt for just as long. There are both empirical and theoretical reasons to suspect that drug use and drug use attitudes may be related to overall socio-political ideology, social differences, conventionally social change and social defiance. Along these lines, researchers have related drug use to positions on various socio-political issues (Keniston, 1968). The reasons for drug abuse are at all levels ranging from psychological, social, political and structural. The motivation for taking drugs are also due to many reasons: peer pressure, relief of stress, increased energy, to relax, to relieve pain, to escape reality, to feel more self-esteem and for recreation.

Punjab forms a fertile ground for all the reasons for drug use to manifest and persist. Punjab is a north-western border state, with a proximity to the Golden Crescent (Pakistan, Afghanistan and Iran). Drugs in Punjab come from poppy fields of Afghanistan.[2] They enter the State through the border with Pakistan. The menace of drug addiction in Punjab is clearly incurring a significant human and social cost. Many families grappling with substance abuse are witnessing their lives ruined. It is fortunate that the state government is acting against the scourge but stepping up efforts will be vital in combating a public health crisis of significant magnitude (Watts, 2019).

Being a buffer state, it becomes the first point of contact for drug traffickers to enter the country. Not only that, cheap and spurious drugs are also prepared locally, in the garb of pharmaceutical factories. On the supply side, Punjab is ‘golden’. That is then coupled with an over increasing demand and supply which is motivated by narco-politics (the profitability of drug trade business is unprecedented), unemployment and further stress related to unemployment and peer pressure among other factors. It is a vicious cycle that affects almost all

strata of people. So, the consumer side is also a fertile ground for drug use to prosper. These structural reasons in the state of Punjab cover the geographic, economic and social fronts. However amongst all this, what remains is the question exploring the gendering of drug use.

An overview on Female Drug Use with a focus on Punjab: Social roadblocks

Though there has been intense scrutiny of the drug problem in Punjab, thanks to popular media and movies like 'Udta Punjab', there is still lack of tangible information when studying the overlap between drug abuse and women. Punjab, like other modern countries, is slowly trying to piece and put together a plan in its war against drugs. The female drug use in Punjab has always been shrouded in mystery. The lack of visibility of female drug use is mostly draped in a cloak of invisibility. This is mainly due to the societal set up, and the inherent fear of women coming forward for treatment. The problem of drug abuse in Punjab over the years has largely been focused on males despite the fact that experts and research point out that the number of women addicted to drugs is 'alarming. It is common clinical experience that when a man requires treatment for substance misuse or dependence it is the wife who normally brings him to de addiction centres for admission and follow up. Sadly, when the woman herself is affected, whether or not her husband has a substance problem, she does not present herself for treatment unless there are serious physical complications, and almost never comes up for follow up in an institutional setting (Prasad, 1998). Substance use including alcohol use in women, is under reported. There is some support for this view, as significant number of male and female users in studies sponsored by WHO, expressed that women's drinking and drug use is viewed as more shameful and therefore, is kept hidden (Murthy et al, 2011). Experts have pointed that social stigma, state of denial and exclusive facilities are the key reasons why women are not coming out or seeking help (Vasudeva, 2018). For instance, the fact of only one government run female de-addiction centre in Punjab demonstrates the lack of institutional support that is provided by the Government for women. According to a 21-year old educated respondent belonging to Chandigarh, who had been admitted to Navkiran De-addiction Centre in January 2020, she had chosen the Centre for the anonymity it provided her and her family. Private de-addiction centres mostly cater to women who are financially sound coming from both liberal as well conservative backgrounds. All dimensions of problem seen in men are reflected in women as well. They come from all walks of society; rich and poor, educated and uneducated, first generation drug abusers as well as second. They fall into the classical drug abuse age demographic, the most productive 18-40 age groups. Many of them abuse multiple drugs (Singla, 2020). In an interview report published by *The Hindu* in 2018, the reasons that introduced most women to drugs include being introduced to them by friends or family with most of these women belonging to rural or semi-rural areas. The reasons for trying out drugs vary from enjoyment and relaxation, depression, to increased focus and energy requirement to do work. What follows in most cases for these women is a descent into addiction and

misery, that eventually leads them to become a drug peddler (Avasthi et al., 2018) (Vasudeva, 2018). According to a 29 year old married respondent with two children, she was introduced to heroin by her friends She worked as a house help and claims that the bouts of energy she got after injecting drugs made her feel invincible. The dependence which was brutal came in later. A parallel dimension that is unique to women addicts is their road to prostitution. Prostitution and drug use in women is intimately connected. Most sex workers believe that taking any substance in the field of their work, helps making their work easier. The juxtaposition of prostitution being the means to support addiction is also complex. Most women enter prostitution for sustaining a drug addiction lifestyle. Those who enter otherwise, take drugs to stay in that line of work. Connecting prostitution with drug use was given in the testimony of a 23-year old sex worker who was admitted to the Navkiran De-addiction Center, and had tested positive for HIV and HCV. She belonged to the Kapurthala district. According to her, she had an unhappy childhood. Though her father sent her to school, she was not a very bright student academically and hence, she quit. She was 15, when she started doing menial jobs for money. In 2013, when she was only 16, she tried 'chitta' or unfiltered heroin for the first time. A friend of hers, who was a sex worker, introduced her to the drug to which she got addicted. Since the menial jobs she did never paid her much to entertain her new addictions, she began to work as a sex worker. The money was decent and it took care of her addictions. But after she entered into this work, her family abandoned her. According to her, this pushed her into taking drugs because it helped her forget her pains and traumas. She had found solace and acceptance in drugs. Her reason for quitting drugs is hope for a better future for her unborn child.

Women make up approximately a quarter of all people with serious drug problems and around one-fifth of all entrants to drug treatment in Europe. They are particularly likely to experience stigma and economic disadvantage, and to have less social support. The women who use drugs usually come from families with substance use problems and have a substance-using partner. They have children who may play a central role in their drug use and recovery; and most of them have experienced sexual and physical assault and abuse and have co-occurring mental disorders (Policy and Practise Briefings: Women with drug problems, 2016). Most of the respondents, who were admitted to the Centre, were introduced to drugs by their partners/spouses. Another respondent was a married 30-year old paraplegic woman deserted by her family with a 5-year old daughter who lived with her in the Navkiran De-addiction Centre. She belonged to a drug infested village near the border in Kapurthala district. She got married when she was 24. Her husband used to make a living by selling milk. One day her husband and she got into a major road accident. Though both of them survived the accident, they were seriously injured, leaving her paraplegic. The accident left both of them in constant pain. According to the respondent, her husband, in order to get away from the pain, started doing heroin. She followed suit as well. For two years both of them did wrap heroin. Once they became resistant to it they shifted to injecting heroin. Meanwhile her in-laws took care

of their daughter. Then one fateful day her husband ran away from home, leaving their daughter and her, to fend for themselves. She was helped by some good Samaritans villagers by admitting her to the Navkiran Centre. Another respondent, a 22-year old married woman belonged to a village in District Amritsar. She was admitted the Centre for her heroin/chitta addiction on the insistence of her family. She was introduced to the drug by her husband, who was a drug addict and a peddler. He had also been convicted under the NDPS Act.

The experiences of social stigma are more likely to be in women who use drugs as they are perceived as contravening ascribed roles, primarily of mothers and care-givers. Apart from this, women also have less social support than their male counterparts. There is a need for a more comprehensive gender responsive treatment interventions to tackle multiple issues and specific needs of women. By gendering the issue of drug use, the impacts of the same on society can be better understood. The sociological issues relating to gender and drug abuse run deep. Most women do not come forward for treatment fearing social stigma, which means that the actual number of women drug addicts is likely to be large. This coupled with lack of policy and institutional support leads to unawareness and hence reduced sensitization of women as well as the society to the harmful effects that drug addiction may cause to women's health and well-being. The societal scorn associated with drug use along with criminalisation leaves the debate open for compromising of the human rights standards.

Biological Toll of Drug use on Women

Historically the understanding of substance use has been based on male patterns. Though earlier writers believed that these patterns are equally applicable to women, recent research has shown important gender differences in biology, epidemiology, socio cultural factors and psychological morbidity. In many developing countries substance abuse is no longer an exclusive or predominantly a male activity. However there is hardly any information on substance use among women from developing countries (Murthy & Chand, 2010).

Recent substance abuse research indicates significant gender differences in the substance-related epidemiology, social factors and characteristics, biological responses, progressions to dependence, medical consequences, co-occurring psychiatric disorders, and barriers to treatment entry, retention, and completion. The epidemiology of women's drug use presents challenges separate from those raised by men's drug use. A convergence of evidence suggests that women with substance use disorders are more likely than men to face multiple barriers affecting access and entry to substance abuse treatment. Gender-specific medical problems, as a result of the interplay of gender-specific drug use patterns and sex-related risk behaviors, create an environment in which women are more vulnerable than men to human immunodeficiency virus (HIV). Individual characteristics and treatment approaches can differentially affect

outcomes by gender. All of these differences have important clinical, treatment, and research implications (Tuchman, 2010).

The experience of women coming to Drug De-addiction Centre opens up the debate for the same. According to Dr. Sandeep Bhola (MD Psychiatry, Head of the De-addiction Centres at the Kapurthala Civil Hospital), who has revolutionised the drug treatment in all of Punjab, physiologically woman's body reacts differently to drugs both at the stage of addiction and then with withdrawal symptoms. According to him, women also have more chances of a relapse. A lot of literature supports his findings. Human and animal research indicates the presence of sex differences in drug abuse. These data suggest that females, compared to males, are more vulnerable to key phases of the addiction process that mark transitions in drug use such as initiation, drug bingeing, and relapse. Recent data indicate that the female gonadal hormone estrogen may facilitate drug abuse in women. For example, phases of the menstrual cycle when estrogen levels are high are associated with enhanced positive subjective measures following cocaine and amphetamine administration in women. Furthermore, in animal research, the administration of estrogen increases drug taking and facilitates the acquisition, escalation, and reinstatement of cocaine-seeking behavior. Neurobiological data suggest that estrogen may facilitate drug taking by interacting with reward and stress-related systems(Anker & Carroll, 2011). All of the women, who were admitted to the Navkiran De-addiction centre complained of intense withdrawal symptoms ranging from fever, body aches, diarrhea, panic attacks, chills and insomnia among others. Gender differences in the physiological effects contribute to the increased harmful effects of alcohol in women than in men. For instance, women become intoxicated after drinking smaller quantities of alcohol than do men. This may be due to less body water in comparison to size, which means they achieve higher blood concentrations than do men after drinking an equivalent amount of alcohol. Additionally, lower levels of alcohol dehydrogenase enzymes in the stomach results in a higher amount of alcohol in the systemic circulation. Women develop alcohol liver disease with comparatively shorter and less intense drinking than men. More women die from cirrhosis than men. Heavy alcohol consumption may also be associated with increased risk of menstrual disturbances, infertility and breast cancer. Women and men may face unique issues when it comes to substance use, as a result of both sex and gender.

Sex differences result from biology, or being genetically female or male, while gender differences are based on culturally defined roles for men and women, as well as those who feel uncomfortable identifying with either category; such roles influence how people perceive themselves and how they interact with others (Weizmann, TM; Pardue, 2001). Sex and gender can also interact with each other to create even more complex differences between men and women. For example, 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. Substance abuse is when a person needs drug to function normally and stopping use leads to withdrawal symptoms. Some of the unique issues women who use drugs face are further

complicated during pregnancy and breastfeeding. Most new mothers and mothers-to-be realize that drugs, including tobacco and alcohol, can be passed on to their babies (both while in the womb and via mothers' milk) and cause them harm (National Institute on Drug Abuse, 2015). According to Dr. Sandeep Bhola, treatment for pregnant women gets even more complicated and a nuanced approaches while diagnoses are necessary. The pregnant women who approached the centre either hid their pregnancy or were unaware of the same. The pregnancy, if not factored in during de-addiction program, can lead to complications for the fetus as well as the mother.

Female Addiction and its Consequences

The social consequences, disadvantages 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. As also stated earlier, clearly, drug abuse impacts women dually - male drug abuse creates enormous burden for the affected women, and being a 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. Just as HIV causes problems in terms of health, finances and relationships, substance use too has the same consequences. Relationships suffer, financial resources are depleted and health costs increase. When the user stops taking on responsibilities because of substance use, the carers who are most often women, have to shoulder the additional burden of earning for the family (Murthy, 2002).

The economic impact of this is enormous, because the income is fractured to fund substance use costs. There is less money available for running the household and inadequate funds for the family's health and education needs. It is a vicious cycle. According to a 23-year old respondent at the Navkiran De-addiction Centre, after being introduced to drugs by her friends, she lost all her savings and even sold her jewellery to fund her addiction. Her family disowned her and she got to the street where she was helped by an NGO who got her admitted to the Centre giving her hope to recovery.

Treatment Interventions at the Institutional level: General and Gender Specific

Drug addiction is a chronic disease and people who use drugs can't just simply stop using them for a few days and be cured. Most patients need long-term or repeated care to stop using them completely and recover their lives. Each approach to drug treatment is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Use of

drugs causes domestic violence, which magnifies the physical and emotional distress of the family.

At the national policy level, governments all over the world have come up with various interventions. The criminal justice system, for almost all countries including India, has put the issue of drugs under the cumulative head, of the deterrence system. Hence the law sees the trafficker and the drug user as a 'criminal'. This Deterrence Model has failed to provide any necessary improvement in the situation of drug use in India or other countries. In India, Maharashtra has highest number of arrests under the NDPS Act, 1985 but the conviction rate for the same is extremely low. This actually has provided neither a control on the number of addictions, neither a control on the supply side of drugs. Taking example from a successful model from Portugal can be a step in the right direction for all countries. The policy level intervention of Portugal, finds a mention when assessing the effects of decriminalisation of drug use at the demand and supply levels. The drug policy of Portugal, called 'The Drug Strategy' was put in place in 2000. Mainly to curb HIV/AIDS, the decriminalisation of possession and consumption of illicit substances was done. Rather than being arrested, those caught with a personal supply were given a warning, a small fine, or told to appear before a local commission that gave guidance on treatment, harm reduction and support services that were available to them. This led to the opioid crisis to be stabilised and saw a dramatic drop in problematic drug use, HIV and hepatitis infection rates, overdose effects, drug related crimes and incarceration levels. Along with these liberal policy changes, Portugal also witnessed a huge cultural change that led to winning on some parts with the menace of drug use.

Women who misuse of drugs commonly reported serious diseases like gastrointestinal, genitourinary liver problems and sexually transmitted infections. Women also suffered psychological problems including insomnia, depression and anxiety etc. 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 (Ashok Yakkaldevi, 2012). Some of the path-breaking initiatives to reduce the burden of drug abuse on the family have actually been achieved through self-help groups. Programmes for alternative livelihoods have also been set up. However, many groups of stakeholders recommend the need for a focused policy and concerted national and regional action to address gender aspects of the drug abuse problem, from both perceived 'burden' and 'drug use' perspectives. There is also a need for a shift from a purely individual, single-cause linear model to a multi-cause interactive model in understanding addiction. Most of the policies especially at governmental levels are considered gender blind. The issue entailing gender blindness is that gender-blind action is not necessarily gender-neutral in impact. This inherently leads to a biased approach and perspective in assessing situations. The 'idea of inclusivity' by keeping a gender blind objective approach into the programmes/policies fail to assess the inherent flaws and differences in a

subjective manner in policy making process which in the end does not end up as being inclusive at all.

Overall, gender-responsive interventions are recommended to address the issues women face, incorporating women's needs in all aspects of their design and delivery, including structure and organisation, location, staffing, programme development, approach and content (UNODC, 2004; Covington, 2008; UNODC and WHO, 2016). Gender-responsive programmes may be female only or part of a mixed-gender programme that incorporates components and services for women (UNODC, 2004). Holistic and comprehensive interventions are required to tackle the multiple issues and needs of women (Bloom et al., 2003). Services may be integrated or coordinated through collaborative links between multiple services, sectors and disciplines.

However, India is behind in the gender sensitive approach to treatment and rehabilitation of its women drug users. It is an uncomfortable scene. A vast majority of the de-addiction centres revolve around male addicts. The result is tragic: women often discover themselves very apprehensive or reluctant to attend de-addiction centres. They are also very reluctant to get themselves admitted to de-addiction centres in India as evidenced. According to a report of the Ministry of Social Justice and Empowerment there are just three out of the 398 centers across the country that have women inmates. Only the de-addiction centers in Manipur, Mizoram, and Karnataka have women inmates according to a study of the functioning of the Integrated Rehabilitation Centers for Drug Addicts (IRCAs) funded by the ministry (Drug Deaddiction Among Women, 2018). The female centre at Kapurthala was established only recently in 2018.

The study report by Ministry of Social Justice and Empowerment, 2018 clarifies that though there are women who need to be admitted to these centres, they are skeptical of it because of the social taboos attached to drugs and alcohol, and also because the centres are manned by men. The recommendations by the report includes opening up of new centres for women with female staff. The report also highlighted that the majority of drug de-addiction centres are located in urban areas of the country. The report stated that about 52 percent of the centers are located in urban areas, while 37.5 percent are located in rural areas and 10.5 percent in semi urban areas (Drug Deaddiction Among Women, 2018). Treatment providers need to view women substance users beyond their drug using and sex-work status. Most of the women who come for treatment of drug use are sex workers. Programmes with a community focus are more accessible and less stigmatising. A range of services, apart from health care services and gender sensitive residential treatment and rehabilitation centres for women drug users need to be developed that includes, information and education about drug use consequences, HIV/STD Counseling and Testing facilities, Gender sensitive training for counselors, Peer driven outreach services through training of ex-users, or other affected women Night Shelters/Hostels for the homeless, Auxiliary services for children of affected women, encouragement and support for alternative livelihoods for women involved in illicit drug cultivation and supply, networking of women-sensitive NGOs and government organizations working for women's development and women's problems among others.

The Navkiran Centre is providing strides in this direction, albeit, slowly. The Navkiran Centre since its initiation in 2018 has had 92 women as admissions (residential) and 152 women[3] who are part of the Opioid Substitution Therapy (OST)[4] and (Out Patient Opioid Assessment treatment) OAAT[5]/Methadone services. In January 2019, a pilot program for *Female Drug Users (FDU)* by the Global Fund (for its outreach operations) and Alliance India was started in the Navkiran De-addiction Centre in Kapurthala. The project named '*Comprehensive Health and Rights Based Response for Women Who Use Drugs'* was started and this project would provide a road map for 7 South Asian countries on how to approach the drug menace in their country. The 7 countries included are India, Indonesia, Cambodia, Thailand, Nepal, Philippines and Vietnam. This program is not based on the zero sum game applied by governments but based on a *woman centric harm reduction program* suggested by UNAIDS. Under this pilot program being conducted in Kapurthala and which had a target of 150 women, 40 women had already been admitted under the program and 52 women were under the OST/methadone treatment plan as of 31st January, 2020. Most women availing the services of the projects are sex workers. This includes women who use oral and injecting drugs. There are 9 services that have to be provided to these women under the project in which de-addiction is just one dimension. The package includes: HIV treatment, HCV treatment, TB testing, Condom promotion, sexually transmitted infections prevention, Opioid Substitution Therapy (OST), Needle syringe treatment (although this is not included for the female Kapurthala Program), De-addiction which includes admission of patients and treatment via detoxification and vocational training and social protection schemes. One of the main initiative which it brings to females who use drugs as part of the program deals with 'out-reach workers'. It is a community effort in which females from amongst the drug using community are roped in. Working on the same concept as snowball sampling, they then go to the field and register more women. The chain continues. Mostly the women under this novel project, includes female sex workers. This project is not about de-addiction but about harm reduction.

The first challenge by and large will be the use of OST or opioid assisted Therapy. Some of the experts believe that OST is another form of addiction and there should be adequate checks and balances when administering this treatment. The second challenge that faces de-addiction treatments is the relapse that can occur. Relapses are very common for drug users and can occur anytime post successful treatments. These challenges are further exacerbated for women given their biological make up. Withdrawal and Relapse rates are greater in women as compared to men (Becker et al., 2017). Follow ups by patients remain dismal. This further leads to more chances of Relapse. Social and legal norms, making drug use a criminal activity also remains a challenge as only the outer symptoms are treated and systemic problems still remain. For instance, Sikkim had in 2017-18 decriminalised drug use, which has since then shifted the number of drug users in the State dramatically. Deterrence model of policy formulation is failing, as the inherent drug abuse issue goes unnoticed and remains unsolved.

The Punjab Government had come out with a report called Comprehensive Action against Drug Abuse (CADA) in 2018**,** which instituted a Special Task Force earlier in 2017 for the fight against drugs. The report also talks about the state government's strategy in curbing the drug menace. The report envisages a programme to synergise the efforts of all government departments and society as a whole. It outlines policy interventions at three levels, namely at the a) enforcement level; b) De-addiction and Rehabilitation level; and c) Prevention level. In order to achieve its goal of fighting against drugs, it mentions two novel approaches to be adopted at the societal level. These approaches have been applied after studying best practices around the world. These are namely the DAPO (Drug Abuse Prevention Officers) project where willing members of the society are trained by STF offering them opportunity to work towards prevention of drug abuse, and the BUDDY project where school students are trained and guided by the STF to gain adequate knowledge and skills to protect them as well as their friends against drug menace right at the school level. The report also talks about the role of governmental departments at the drug use and prevention level, and includes the importance of awareness and educational dissemination of information at this level (Department of Home Affairs and Justice Government of Punjab, 2018). However, most government policies and programmes are gender blind. As mentioned before, the issue that encompasses gender blind policies is that it is not gender neutral or gender inclusive. This conclusion rests on evidence based studies of societies throughout time that a specific need based model is to be appropriated for women to address their unique needs and requirements. The STF or the Special Task Force set up by the Punjab Government has around 15 members. The STF is an all-male force with no women representation. The lack of a female voice in the force and Steering committee against drugs that has been set up by the Punjab Government acts as a deterrent in formulation of a gender sensitive and gender responsive action plan against drug use.

As stated earlier, the Navkiran De-addiction Centre is the only female de-addiction centres in the state of Punjab. The facility is small and remains under funded. Though it provides for a number of women centric projects, the fact remains that the outreach and access of women patients to Kapurthala (which is a border district) from 22 districts of Punjab is difficult. Follow back is an important dimension in drug abuse therapies. The already stigmatised female drug use has a long way to go, before proper and sufficient treatment options are not only available but also accessible.

Drug abuse and its effects on women need to be understood in the context of gender as a process and an institution. Thus, all treatment modalities that serve women, and those that cater to women burdened by drug abuse in the family, must be sensitive to needs such as counseling, family therapy, ancillary services such as transportation, child-care, housing, legal assistance and job or vocational training. They must be sensitive to diverse cultural needs of women. Alternative facilities such as separate women's treatment programmes, acceptance of children in treatment programmes, attention to pregnant drug users, and economic rehabilitation issues need to be addressed as well (Murthy, 2002).

Reflections and Conclusions

Women who came to fight drug addiction at the Centre were mostly from lower socio-economic backgrounds. Trauma and difficult childhoods in the past are seen in almost all respondent cases. The case studies though limited provides a solid grounds to point out that the socio-cultural and psycho-economic consequences of drug use in women are often ignored. Another inference drawn from the case study interviews is that most women who come forward for harm reduction treatments are those who are working in the sex industry. Their line of work makes them susceptible to drug abuse. The relation between sex workers and drug use is bidirectional. Prostitution is seen as a cause as well as an effect for women to use drugs.

De-addiction is part of a long process that in its fore includes rehabilitation. That rehabilitation requires efforts both at the societal as well as the governmental levels. Women are mostly ignored when questions of addiction and rehabilitations are raised. The gender question and sensitization, wherein women are recognized as victims, will take time. The secrecy surrounding drug addiction and the other consequences attached to it, be it health issues like HIV/AIDS, HCV, or issues of gender and intimate partner violence is slowly making a way into human knowledge. Though there is still apathy related to gender and addiction, as more stories become public, consciousness regarding it is also finding meaning. Though a lot still remains to be done, policy making interventions are the foremost changes needed to bring an awakening in the recognition of women as addicts. Apart from that intervention and dissemination of this issue by all stakeholders at all levels of the social system needs to be addressed. To view drug dependents as people who have rights and provide them with necessary facilities, is the major intervention required from governments and the public.

The way we conceptualise a problem, helps in defining the problem and hence forth the measures required to solve it. Issue of Drug use and addiction has off late become interspersed with a gender dimension.

The experiences of social stigma are more likely to be in women who use drugs as they are perceived as contravening ascribed roles, primarily of mothers and care-givers. Apart from this, women also have less social support than their male counterparts. There is a need for comprehensive gender responsive treatment interventions to tackle multiple issues and needs of women. Addiction is as much a sociological problem as it is a medical condition. At the medical level, women respond differently to drugs, the effects it has on female bodies are not appropriately understood. Addiction is mostly seen as a man's disease; hence different paradigms and approaches for understanding female addiction must be found by undertaking further medical research.

The huge amount of disregard and stigmatisation that is involved with drug use is an issue both for rehabilitation as well as the prevention of drug use, especially among the young. The societal discord that goes along with drug use is unusually exaggerated when a woman is on the side of drug use. Women face

unique challenges when it comes to substance abuse. These differences are influenced by sex, gender and societal set up. Hence it is important that treatment for substance use disorders in women may progress differently than men. By gendering the issue of drug use, the impacts of the same on the society can be better understood. The sociological issues are deep that are related to gender and drug abuse. Most women do not come forward for treatment fearing social stigma, which means that the actual number of women drug addicts is likely to be much large than acknowledged. This coupled with lack of policy and institutional support leads to unawareness and hence reduced sensitization of women. Society also remains ignorant of the harmful effects that drug addiction may cause to women health and well-being. The societal scorn associated with drug use along with criminalisation leaves the debate open for making compromises on human rights standards between men and women. The gender victimisation related with drug use is one of the major reasons that afflicts society and community today. Taking cues from best practises across the globe, national plans on drug use require an approach which takes into account the views of all stake holders, including the government, the community and drug dependents from both genders. This will lead to a more holistic and comprehensive policy formulation.

In Punjab a steering committee was formed in 2018, particularly to focus on drug issue afflicting the state. Though the task force and policies by the state government have come across as harbingers of change in the fight against drugs, the gender question remains unanswered. This is due to structural shortcomings, which include an all-male task force among others. The issues confronting women and questions raised can be better answered and resolved by women themselves. Gender sensitivity is lacking in almost all departments of national and state governments.

The reasons for growing dependence of women in India and Punjab on drugs need to be studied comprehensively. Women focussed studies on drug addiction are important in opening the Pandora's Box of female drug abuse. Apart from massive changes in the institutional set up by the government of the day, far sighted, community based, friendly and accessible services are needed. The scope and number of female de-addiction centres can be increased. This can help in addressing and assessing the real time issue of female drug abuse more comprehensively. Apart from societal awareness, sensitization of police authorities and protective agencies need to be advocated at the governmental level. Gender sensitive policies and interventions need to be undertaken. For instance the STF created by the Punjab Government should also comprise of women members that can assist in better understanding and hence including women drug users in rehabilitation processes. The axis with physical abuse and violence of drug use needs to be explored by providing Crisis Intervention services staffed by trained personnel. The overlap of prostitution with drug use can be better studied and explored with necessary changes at the governmental level. The criminalisation of both these activities makes human rights of the substance abusing sex-workers to be in jeopardy. Moreover the exact extent of the issue remains hidden. Relapse among patients is common. Timely and

continuous follow ups using a digital interface, spearheaded by the governments and local communities/centres with strong implementation can helpful. Trained and friendly counsellors at school level, who can help children address their childhood traumas affectively, can be a novel intervention that indirectly affects the issue of drug abuse in a better way. Zero tolerance policy on drug use should be modified. This will help in promotion of harm reduction measures that can lead to more effective rehabilitation of victims. Adequate steps for rehabilitation of drug users with defined policy guidelines can be a step in the right direction.

A drug user woman is in a complex psychosocial and economic-political spiral, which does little to improve her condition. This combined with a lack of knowledge regarding women-oriented substance abuse needs to be addressed.

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Notes

[1] The poem '*Chetti Chaliye*' by Surjit Pattar laments the loss of a generation to drugs. The poet has urged to all writers, poets and intellectuals to reach out to the youth of Punjab before drug suppliers reach them and snatch a son from a mother's lap. He urges us to educate the masses by planting the seed of thought, poem, pious Gurbani and a light of knowledge before drug smugglers take over.

[2] According to United Nation Office of Drugs and Crime (UNODC), Afghanistan has been the world's leading illicit opium producer since 2001.

[3] Field study for this research was conducted in January 2020. The numbers and statistics are dated to January 2020 itself.

[4] OST (Opioid substitution Therapy) works on the philosophy that an illegal, impure and dangerous substance like heroin used through high risk route (injecting) is substituted with a legal medication of known purity and potency, taken by a safer (oral) route administered under medical supervision.

[5] The concept to set up OOAT centres in Punjab began in October, 2017. The centres were set to administer de-addiction medicine, which is a combination of *Buprenorphine and Naloxane*, to the drug users registered with them. Administered in the form of a pill, opioid assisted treatment of which the OOAT clinics are a part, is primarily for drug users who are hooked to and dependent on various opioids drugs, including heroin, poppy husk and opium. These clinics are linked digitally all over Punjab, and a digital database of the patients who

come for over-the-counter drug de-addiction is maintained so that there is transparency and no issue of doubling of the medicines taken by the users

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