Factors Responsible for Women’s Tendency to Seek Solace in Drugs

Syeda Mahnaz Hassan, PhD
Assistant Professor
Department of Social Work
University of the Punjab, Lahore, Pakistan
Email: drsyedamahnazhassan@gmail.com

Aneela Sheikh
Dar-e-Arqam Schools, Lahore
Email: asheikh3@yahoo.com

Abdul Qayyum Chaudhry, PhD
Assistant Professor, IER,
University of the Punjab, Lahore, Pakistan

Abstract:
The objective of this paper is to highlight the drug menace among women and to analyze the factors responsible for drug usage by the women. The personal profiles of the women, frequency and sources of drug provision were analyzed towards the greater knowledge of the concerning issue. This may facilitate the policy-makers to devise more efficient means of averting drugs usage. Accidental and snow ball sampling techniques were employed for data collection. The sample comprised 250 women, aged ≥ 18 years, selected from the population were interviewed for psychotropic drug abuse (for insomnia, nervousness, tiredness, headache and anxiety) and socio-demographic attributes comprising income, employment, profession and habits. It was found that the most contributing factors towards drug addiction were psychological, followed by social and economic factors respectively. The increased tendency of women seeking solace in drugs calls for immediate policy interventions and strict monitoring for appropriate control of this menace, as this is not only affecting current generation, rather it will also have adverse effects on the succeeding generations.

Keywords: Drug abuse, addiction, women, socio-economic factors, psychotropic

I. Introduction

‘Drug Abuse’ has been a perennial problem in both developed and developing countries. Narcotics can be defined as “a generic term for drugs which cannot be legally possessed, sold or transported except for medical uses for which a physician prescription is required” (Battacherjee et al., 2003). Addiction is an unmanageable urge and has harmful effects; an ‘addict’ is a person who abuses drugs. Addicted person portrays a pattern of conditions, like craving for more drugs. The drug users feel pleasure or relief from pain and become dependent on drugs. Addiction is a disease and there are well
defined protocols of drug course to cure it and addiction is posing a major challenge for the nation (Chen & Boreham, 2002).

In Pakistani society, women are undergoing a transitional phase of change, and in the society they are also facing socio-cultural and economic threats, uneducated behavior, lack of coordination, overload of responsibilities and tense and stressful community norms and critical attitudes from household to society level (Raza, 2011). Such kind of problems lead women to indulge in many types of social evils. One of these social evils is “drug addiction”. It is taken as a social stigma because it is against the Pakistani social values and the set patterns of place and position of women in the society. Drug addiction among women is not only harmful for their own health but their children and other family members are also adversely affected. In case of pregnant women, drugs cause fatal psychological and physical disorders in their fetus. Thus, in order to achieve the target of a drug free society, it is imperative to assess and eliminate the factors responsible for facilitating drug abuse among people in general, and women in particular. Women are the architects of their homes. If the women become addicted, the whole family comes at the risk of being scattered and face socio-cultural and economic distress and malfunctioning (Panda, 2013). The drug addiction among woman is related to psychological and socio-economic factors including violence against women, poverty and lack of decision making power in their existing fundamental human rights. The depression and frustration, as a result, compel them to resort to tranquilizer and other psychotropic drugs and substances available in the market that can be purchased without medical prescription to escape from harsh realities of life without realizing their consequences. Drug usage is usually linked with poverty and deprivation and various studies have reported that it entails socio-psychological and economic factors (Galea, Nandi & Vlahov, 2004). The drugs usage is generally considered to be a substantial problem for social disparities in health and poor health (Stevenson, 2005). As compared to men, women undergo more from mental mayhems (Lorhandicap-group, 2004); therefore, use more psychotropic drugs (Alonso et al., 2004; Laget, 2000).

II. Literature Review

The drug addiction has become a serious problem now days. Narcotics (drug addiction) has widened into a global problem today and it is threatening to be wider and wider, encroaching every nook and corner of the world. Heroine, a commonly used drug, which was produced by scientists in 1874 in London, proved to be a miraculous medicine in World War I, but after World War I, most of soldiers became addicted (Baumann, 2007).

Addicts use different methods for addiction like smoking, sniffing, drinking and injecting. Drug addiction is dangerous and through injections is more dangerous and may cause harmful diseases. Addicts, who use needles, pose serious threat to their lives. Addicts use needles or syringes and these syringes become the causes of germs and diseases, such as Hepatitis and HIV/AIDS (Guilbert, Baudier & Gautier, 2000).

Rate of addiction is also increasing among females. It leaves serious effects on females. The girls, who use drugs regularly, could suffer from irregularity of menstruation. Addiction could be a serious problem for addict mother and her unborn baby (Panda, 2013). Usage of drugs would affect the development of fetus and results could be in the form of handicapped, mentally retarded and addicted child.
Drug addiction is a complex phenomenon which involves social, psychological and economic factors. The major factors responsible for drug addiction can be availability of drugs, use of morphine or heroine in course and medicine or medical treatment. The pre-disposing factors in the etiology were thought to be environment, nervous instability, physical distress, insomnia, over work and anxiety (Beam, 1974).

Bauman, et al. (2007) reported that psychotropic drugs and tobacco use were associated with poverty, working conditions and educational level, whereas, alcohol usage was linked with family structure and poverty. Besides controlling drugs provision and usage, the Government efforts and public policies targeting to diminish drug abuse should also focus on the need to decrease socio-economic deprivations, develop congenial mental and physical working circumstances and assist underprivileged populations in becoming more aware with the risks of drug abuse and should try to facilitate them through remedial measures. The increase in drug abuse has resulted because the narcotics are fretfulness decreasing agents. Their mesmerizing and tranquilizing actions assist in relief from restlessness and anxiety (Laget, 2000).

In India, a research study was conducted to determine the distinct characteristics of women drug users, to examine their drug usage patterns and gender related problems in their treatment (Panda, 2013). The snowball sampling technique was used in the study and seventy five women drug addicts were selected from three different cities; Aizawl, Delhi and Mumbai. The women drug users from Mumbai were sex-workers, sample from Delhi consisted of working women and Aizawl women drug users were house-wives. The study found that more than 50% of the respondents were illiterate. 35% women were unmarried. The friends introduced drugs to 48% of the respondents, whereas, 16% respondents started drug abuse due to their partner or husband. The abuse of prescription drugs and marital conflicts were reported as common reasons of drug abuse by the married women from Delhi. The psychological problems, like depression; and physical problems, such as, menstrual irregularities or insomnia, were commonly reported by women drug addicts. Those women who were having children were feeling guilty for neglecting their children. The women drug users from Mumbai were in contact with rehabilitation centers for treatment, whereas, majority of women from Aizawl had not undergone any cure. The women in all the sample cities were apprehensive for treatment due to the concerns that their children will be unattended at home, lack of supportive systems, fear of withdrawal and fear of exploitation (Panda, 2013).

III. History of Drugs in Pakistan

Pakistan has a long history of drug usage. Before independence, cultivation and selling of opium was done under the Government’s licensing policy. After 1947 till the imposition of Hudood Ordinance in 1979, the same law was followed. This particular ordinance banned the production and sale of drugs in Pakistan (Quigley, 2014).

The ‘heroine’ drug addicts were negligible in 1980 but the number increased to 0.1 million by 1983 and till 1993 this number increased to 1.5 million approximately (UNCD, 1998). According to Sadeque (1992), besides ‘heroine’, around one million people were addicted using hashish, marijuana and opium in early 1990s. A nationwide survey was conducted in 1993 concerning drug usage in Pakistan. The survey reported
3.01 million persistent drug addicts in Pakistan. Majority (51%) were using ‘heroine’ and 29.5% were ‘cannabis’ addicts (UNDCP, 1998).

The drug abuse among women is not, for most drug types, likely to be found at the same levels as among the population. Most common drug abuse among women is psychotropic substances. Out of the total number of addicted women, only 3% are receiving treatment for drug abuse (Alonso et al., 2004). However, concerns about drug use among women were reported and this remains an important area for further research.

Pakistan became a significant transportation route for illicit narcotics, specifically heroine, due to increased opium production in Afghanistan. Resultantly, drug usage became a more distinct predicament in Pakistan. Due to this situation, the Government took a very serious notice of this issue of drug abuse (Raza, 2011) and numerous steps were taken to tackle this issue; conducting nationwide surveys and initiating researches were few of those measures.

Like in other developing countries of the world, in Pakistan women are facing insecurity because of growing competition. Unless measures are taken to empower the women, there will be no guarantee that women can gain access to the emerging prospects. For prospering in the globalization epoch, there is a dire need in Pakistan that the impoverished and poverty stricken women shall be made efficient and astute.

National Drug Abuse Study of Pakistan (2000) suggested that even after experimental or casual use of certain drugs, like, cocaine, women become rapidly drug addicted than men. Hence, when treatment of a woman is started, she might be extremely addicted and, accordingly, might need cure for both; recognition of her exact needs and how she reacts to these needs. These will probably consist of mental health problems, sexually transmitted diseases and addressing other serious health issues. Particularly, problems concerned with drug usage in women are low weight, malnutrition, grave contagious and medical diseases, like, Hepatitis and HIV/AIDS; and preterm labor.

In 2005, National Commission on the status of women was held in which it was revealed that in spite of various measures taken by the Government and civil society, there is a phenomenal increase in drug addiction among women. Anti-Narcotics Force (ANF) presented the statistics which revealed that 3% out of four million drug users in Pakistan are women. 12% of these women use syringes to infuse the drug, which results in high risk of HIV/AIDS and Hepatitis.

Drug addicted women have increased levels of fretfulness, feelings of powerlessness and despair and low levels of self-assurance and sense of worth. There are different NGOs in Pakistan which are working for the treatment and rehabilitation of the women drug addicts, such as, Dost Welfare Foundation, Sadaqat Clinic, Nai Zindagi, Shirkat Gah and Aurat Foundation. United Nation Drug Control Program (UNDCP) is also working to diminish drug usage in Pakistan by improving rehabilitation services and treatment facilities.

A careful estimate of late 70s explores that there were about one hundred opium users, in the country and chars, bhang were other drugs to abuse. Now, the situation has changed, narcotics abuse has affected every class of society, age groups, males and
females. Its main causes are being situated in Afghanistan and political instability in Pakistan. Efforts have to be made to crush drug menace with an iron hand; the emergence of narcotic problems in Pakistan has its origin, to a large extent, in the geo-political development related to Afghan war (The Daily News: 19 April, 2014).

Although drug abuse was common in Pakistan, but it became a very serious problem in early 80’s with the introduction of heroin in domestic market. Before 1980, there was no evidence of heroin addicts. In late 70’s, there were one million opium users. In 1982, there were 1.3 million regular drug abusers, out of which thirty thousand were heroin addicts (The Daily News: 05 March, 2014).

IV. Current Scenario in Pakistan

As reported in ‘The Dawn’ (2013), the official figures reveal that drugs are more used by men (8.5%) than women (2.9%) in Pakistan, but it was admitted by the officials that the estimates for women were not accurate due to socio-cultural build-up of the society. In 2010, United Nations Office of Drugs and Crime (UNODC) reported that usually males use drugs in congregation, whereas, for women its more of a hidden and personal type of an activity. That’s why, official statistics are not true reflection of the actual figures regarding women drug users. The UN agency conducted survey on more than 50,000 households and interviews were conducted with more than 3,000 drug users. The study found that women comprised only 25% of the total population of drug users in Pakistan. It was reported by UN agency that this low figure was due to the reason that high social stigma is associated with drug use by women. The UN Agency revealed that 45% were females who injected drugs. This gender ratio is not as imbalanced as the former report of drug use prevalence suggest. The official report revealed factors like social discrepancies, increasing economic woes, exacerbating security in the country and domestic problems due to which women tend to seek consolation in drugs.

According to Quigley (2014), “Drug Use in Pakistan 2013” was the report published by UNODC. It was reported that in Pakistan 6.7 million people used drugs in 2013 and out of these 4.25 million are assumed to be drug reliant. In 2013, only 30,000 addicts were provided drug treatments and rehabilitation programs. In Pakistan, 73 percent of respondents were regular injecting opiate users and mostly were found to be using a single syringe commonly; and it is reported that almost 33% of those addicts were Hepatitis patients or HIV positive.

As reported by Raza (2011), the number of drug users in Pakistan was 50,000 in 1980 and now it has increased to 8.1 million in 2011. At least 50,000 more drug addicts add up every year. National Survey of Drug Abuse revealed that hashish was the most common drug in the country. The major reason mentioned in the report was that most people get the habit of drug addiction by watching their elders while growing up.

Women’s health is not only key factor for their socio-economic development but it is also imperative for a prosperous nation and healthy future generations. Accordingly, the objectives of Pakistan for the next decade, under its ‘2025 Vision’ inter alia are to attain a “Drug free society” by eradicating the menace of drug abuse. The Government has planned to achieve its aforesaid target through various strategies including strengthening and expansion of detoxification and rehabilitation facilities, training of manpower, monitoring of incidence and prevalence of drug dependence.
V. Methodology

The study included 250 women drug abusers from Lahore city. Accidental and snow ball sampling techniques were employed for data collection. A structured interview schedule was used as data collection tool. To ensure the validity of the tool, a pilot study was done on 10% of the sample. The descriptive statistics were used and the analysis was done.

VI. Findings & Results

Demographic Characteristics of the Respondents

A total of 250 respondents were selected for data collection, analysis and interpretation. Out of total respondents, 80% belonged to urban areas and only 20% were rural area residents. 23% respondents were prostitutes, 18% were laborers and 16% were sex-workers, 10% were beggars and 11% were house-wives, 12% were students and 10% were women working in the parlours. Out of the total respondents, 77% were earning income. 75% of the respondents were literate and 25% were illiterate. Out of total respondents 60% were single and 40% were married. Out of married respondents, 20% were divorced, 12% were widows and 5% were separated.

Psychological Factors

The main reason and cause of drug usage among addicted women were psychological factors. The gathered facts revealed that 29% respondents used drugs because of family conflicts with husband and 21% respondents were using drugs in search of pleasure. It was also found that 15% took drugs because of anxiety while the remaining 9%, 8%, 7%, 5% and 5% respondents were taking drugs due to frustration, unmet basic needs, depression, curiosity and desire for recognition respectively and only 1% were affected by other factors.

![Figure 1 Psychological Factors Responsible for Drugs Abuse](image-url)
The respondents gave multiple responses when they were asked about their feelings before taking drugs (Figure 2). It was found that 42% respondents felt physical discomfort before taking drugs, 39% respondents had body aches, 25% had anxiety and only 21% had frustrated feelings before taking drugs, 50% feel inactiveness, 44% had tension & stomach problems and only 1% response for other factors.

**Figure 2 Distribution of Respondents as per their Feelings before taking Drugs**

The respondents gave multiple responses regarding feelings after taking drugs (Figure 3). It was found that 57% respondents felt relaxed after taking drugs, 54% got relief from the feeling of discomfort, 48% respondents became active, 42% respondents felt fresh, 21% felt sleepy while 4% felt stimulated. The results indicate that drugs give relief from anxiety, frustration and other psychological disturbances and the respondents feel comfortable after taking these drugs.

**Figure 3 Distribution of the Respondents as per their Feelings after taking Drugs**
VII. Social Factors

Regarding the social factors responsible for drug addiction, it was seen that 8% respondents were those who started using drugs because of social injustice, 5% were addicted due to social isolation, 15% were found addicted because of unresolved conflicts, 9% were in this habit due to failure in love affair, 28% involved due to the environment, 18% used drugs as a fashion, 5% respondents used drugs due to lack of recreational activities, while 8% were those who were taking drugs due to peer pressure, 3% due to broken family and 1% due to matrimonial stress (Figure 4). It is evident from the graph that environment plays a major role among the factors for drug addiction followed by fashion and unresolved conflicts.

![Figure 4 Social Factors Responsible for Drug Addiction](image)

VIII. Economic Factors

In view of economic factors responsible for drug addiction among females, nearly half of the respondents (48%) use drugs because of poverty, 26% because of lack of resources, 10% due to affluence, 10% due to unemployment and 6% due to other reasons. The data indicates that the major economic factor for drug addiction is poverty, followed by lack of resources.
IX. Sources of Drugs Provision
It was found in the study that 67% respondents get drugs from their friends, 12% from drug providers, 10% from family members, 5% from colleagues, 2% from their room-mates and 4% through other sources.

X. Frequency of Drugs Usage
The 35% of the respondents were using drugs once a week, 28% were taking drugs more than three times a week, 17% were using drugs two times in a week, 11% were taking drugs two times in a month and 9% use drugs once in a month.

XI. Types and Quantity of Drugs Used
Majority (47%) of the respondents use “Chars”, while 37% use alcohol, 5% use heroine, 4% use Bhang, 3% use opium and 4% use prescription drugs. Majority (38%) of the respondents were taking 13 glasses of alcohol, 27% were taking 11-13 glasses while 21% and 14% respondent were taking 7-10 glasses and less than 7 glasses, respectively, on daily basis. The quantity of heroine taken by 49%, 28% and 23% respondents was between 21-30mg, 11-20mg, and 1-10mg respectively. According to the gathered facts, majority of the total respondents (40%) were taking 6-10 glasses of bhang, 30% were taking 11-15 glasses and another 30% respondents were drinking less than 5 glasses of bhang per day. It was also found in the study that more than half of the total addicted respondents (55%) were using 21-30mg opium and the other 45% were taking 10-20 mg opium. The data regarding current potency of tablets used by the respondents shows that majority 70% were taking 6-10 tablets and rest (30%) were using 1-5 tablets. Almost half of the respondents (48%) use drugs through drinking, 45% in the form of smoking, 6% in the form of sniffing and 1% in other forms.
XII. Rehabilitation of Drug Users

Majority of the respondents (52%) did not agree for rehabilitation. 19% were of the view that comfortable atmosphere should be provided for rehabilitation. 12% suggested that a campaign should be launched to bring awareness among the masses about the dangerous consequences of drug addiction. 10% suggested psychotherapy and moral support, while 7% respondents wanted Government efforts to control the drug trafficking.

XIII. Conclusion

The present study elucidates the factors which provoke drug addiction among women in Pakistan. The most dominant factors were psychological, followed by social and economic factor, respectively. It illustrates an ascent in the connection between psychological factors including physical discomfort, anxiety, frustration, tension and body aches with psychotropic drug abuse. Whereas, environment was the most prevalent factor towards drug abuse among other social factors, and poverty is the major economic factor towards drug abuse. The rehabilitation trend was found to be very limited.

It can be concluded on the basis of study findings that multi-pronged policies are required to curtail the increasing number of women drug abusers in Pakistan. On one side, the Government should craft and implement policies for women emancipation and reduction of poverty from the society. Women’s social and economic empowerment will enable them to play an active role in the society. On the other side, rehabilitation centers, services and efforts need to be extensively supported by the Government to combat this menace of drug addiction. Although, few NGOs have established rehabilitation centers, the ever increasing number of drug addicts need a much more organized efforts on the part of Government to curb this social issue. Drugs addiction is not only affecting the present generation, rather it will have more adverse effects on the generations to come.

References


