Reading Women's Voices: Gendered Experiences of Drug Use in India

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Substance use amongst women is a growing phenomenon in many parts of India. This small (approximately 1- 2% of 74 million substance users in the country) and hidden population is often stigmatized (United Nations Office of Drug Control [UNODC], Lawyers Collective, 2007). Female drug users are often considered to be 'doubly deviant,' deviating not only from social and moral norms as drug users but also from their traditional gendered roles as women (Fagan, 1994). Majority of research on women drug users in India is limited to reporting epidemiological trends. Very little is known about the women's everyday experiences of drug use. For social workers, insight into this psycho- social-cultural context is critical especially to the development of relevant and sensitive treatment services and responses. With rising rates of HIV among this vulnerable population, it has become even more important to understand women's risk behavior patterns, perceptions and the gendered context of drug use (UNODC, 2003). This pilot study with women drug users in a residential drug rehabilitation program in New Delhi attempts to address this gap in the literature. The present qualitative project examines how women understand, give meaning to, and narrate their experiences of drug use.

Recent research conducted in three cities in India found that most women entering treatment were in the age range of 30-40 years, with a majority employed in sex work or other criminal activities like peddling drugs (UNODC, 2003). In 2008, a national study found 78% of women drug users used heroin, 75% suffered from co-morbid psychiatric illnesses and the majority possessed little or no knowledge of HIV or other blood borne diseases. Eighty percent of these women had never sought treatment, citing the risk of losing their children, the lack family support, stigma and the fear of withdrawal from drugs (UNODC, 2008).

Research Participants

This study was conducted with five women in the age range 25-40 years old. All the participants were residential clients (at least 8 months in recovery) of the NGO Sahai (name changed) and were in different stages of the rehabilitation process. They largely belonged to the middle or lower income groups and came from urban/semi urban communities in the north and the northeast of the country. At the time of data collection, there was no institutional review board (IRB) process in India. Permission was obtained from the IRB at the University of Illinois at Urbana-Champaign to conduct a secondary data analysis of audiotapes and transcriptions from interviews.

Methods and Analysis

The researcher conducted open-ended interviews, which usually lasted for an hour to an hour and a half. The interviews addressed the participants' history of drug use, their social and familial context and their recovery experience. The data were collected during the researcher's undergraduate studies in India where the NGO's and University of Delhi's ethical procedures were followed. After multiple readings of each narrative the researcher delineated critical emic themes and highlighted the key quotes relevant to each theme. This helped to illuminate the

textures, emotions, and relationships that characterized the 'everyday' experiences of the participants. Rigorous content and interpretive analysis of these narratives combined with cultural knowledge of the drug use contexts enriched the understanding about these women.

Results

After analyzing the narratives of these women in recovery, three salient themes emerged. These themes included suffering and isolation, distancing from the bodily addictive experience and the everyday violence that characterized their lives.

Using contexts- Suffering and isolation: All the women in the study had early exposure to drugs, either through their families or via their communities. In most cases they began using drugs with their male relatives, friends or partners. Close familial relationships, especially with these male drug-using peers, were in most cases (except one) physically and emotionally abusive and neglectful. The women rarely had other close friends or a supportive network.

Aarti, in order to escape an abusive stepmother, ran away with a young man who turned out to be a heroin addict. *"One day he beat me so much, I don't know why he did it. I asked him what was it that he was having.... (then) he gave me drugs for the first time… I was 15; I kept it close to my nose and smelt it."* Isolated in a new city, Aarti soon became completely dependent on drugs and continued her abusive relationship with this man. Similar to Aarti, most women in the study used drugs in isolation. However, at times these women reported using drugs with their male peers or relatives. They often faced multiple kinds of abuse and social problems and struggled to survive.

Drugged bodies and selves: "Doing drugs meant that nothing was left in the heart..." reveals Mary impassively. Haulun shares, *"Sometimes I cannot control myself I cannot speak as I want and the tear (s) fall down I could not control myself. When I had so much anger, lonely and sad, I can't handle myself and even if I did not carried out also, my tears would fall down…my disease (addiction) started then, after this anger and sadness.... First it would be nice, but becoming an addict was not that nice. Because one could not think anything, one could not even think about work."* Drug use was seen as a means of reducing pressures, difficulties or stresses from their lives (Sterk, 1999; Taylor, 1993). The women rarely mentioned the drug as an object of pleasure, enjoyment or recreation. Instead, they talked about drug use as a form of self –medication. Drugs were used in defiance, anger or distress or at times to engage with their partners (Ettore, 1992).

While narrating their stories of drug use, these women often talked about themselves in a disembodied manner. Despite the very visceral consumptive practices of drug use the narratives were devoid of any references to the body- pleasure experienced, withdrawal symptoms, tolerance to the drugs, or the impact of recovery. However, participants did indirectly invoke their bodies as they narrated stories of emotional and physical abuse, torture, forced marriages and parenting or demeaning work. Talk about their bodies was then inextricably linked to their identity as women and not just as drug users. Meeta, for instance, articulates this many times in her statement *"Being born a woman is curse."* Other participants also talked of their limited opportunities as women, disempowerment, and the pressure to follow norms of society.

Violence around drug use: For some women, drug use became a form of violence on the self. Meeta shares, *"I had heard that doing drugs kills a person. I thought by using for one or two months I will die."* Others spoke about this direct nature of violence on their bodies, especially as drug use escalated towards addiction. Drug use was cast as a mode of 'liberation'

from oppressive conditions but as the dependence on the drugs grew, it soon became a violent assault on their bodies. Interestingly, these drug use narratives were also narratives about structural violence (Bourgois et al., 2004; Farmer, 2003). Women talked about their struggles to meet their basic needs such as food, shelter, or security (Epele, 2002). These women lived in brutal and marginalized conditions and this violent context made drug use possible, visible and understandable.

Discussion and Social Work Implications

Listening to the voices of disenfranchised groups through a gendered structural lens helps to highlight some of the unique issues that shape women's addictive behavior. For these women, drug use was wide spread and an integral part of their social fabric. Drug use was a culturally available and common way of addressing pressures and concerns. Substances were then not a choice for pleasure rather a "forced option" made to overcome, cope, medicate, and react to their overwhelming surroundings. Social workers working with such populations need to move beyond individual drug focused counseling, instead assist these women in negotiating broader social conditions that structure their drug taking behavior.

Women tended to almost mechanically recount their drug use, divorcing it from their bodily experiences or affect. In fact, drug use was almost secondary to their narratives of distress or marginalization. For most women, talking about their drug use was taboo in their immediate social surroundings. Drugs were considered a 'male problem' and the paucity of gender specific supportive networks usually silenced these women's voices. During our discussions the women found it permissible to talk about socio-economic and gender oppression and embedded their drug taking within these stories. Moreover, I argue that these stories played a much more important cultural role by helping these women to erase the differences between them (i.e. the drug users) and others (i.e., the normal women). By grounding their addiction narratives through commonly expressed idioms of oppression and pain, these women were re-instating themselves into the mainstream. In this re-telling of their lives, they made their suffering structural and social, refocused and decentered attention from 'drug use' itself. It is critical for social workers to understand these patterns of communication and perceptions of drug use while providing rehabilitation services. It is imperative for social work practice to acknowledge that drug use concerns cannot be addressed in isolation, being fundamentally linked to users' larger contexts. Instead of addressing addiction merely through a disease model, social workers must also address issues such as domestic violence, abuse and neglect, trafficking, legal support, human rights violations and economic rehabilitation.

These marginalized women primarily experienced their social lives through a framework of violence, both direct and indirect. In sharing these violent experiences, the women attempted to describe how drug use came to be their way of life. Most of them had faced emotional, physical, and social violence that made them fearful and uncertain about their future with or without drugs. Besides the more 'sensational' brutality, their everyday living conditions were often sub-human, wreaking havoc on their emotions, hopes, and sense of purpose. Their rehabilitation process had failed to address how this violence was structured and linked to their drug use. Social workers need to engage with these violent trajectories of female drug users and recognize that women's recoveries could be difficult to sustain in communities where violence is endemic, widespread, and an intrinsic part of social life.

In sum, women drug users are more likely to face discrimination, and less likely to access help or have support during their recovery. Unlike disease-focused narrations of

addiction, these women spoke of drug use by referring to linked social constructs of suffering, isolation, marginalization and violence. This reframing of addictive issues has significant implications for social workers. Sensitivity to local environments is critical, not merely to understand the individual's drug history but rather to understand the complex gestalt that forms the gendered experience of drug use. Recovery must not be limited to making an individual simply drug free, but instead address the socio-cultural and economic concerns that form this gestalt. To this end, addiction rehabilitation for women should be located in and across multiple sites such as hospitals, schools, community centers and informal social gatherings to reduce stigma and encourage more women to seek health services.

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