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## 11. Changes, Needs and Future Directions

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In India, in the last decade of the twentieth century, there have been significant initiatives (though few in number) addressing the burden of care for women with drug abusing family members, as well as some initial initiatives for women drug users and those involved in drug trade.

Some of the path-breaking initiatives to reduce the burden of drug abuse in the family have actually been achieved through self-help groups. Outstanding examples are the Meira Paibis (see box) and the Nagaland Mother's Association (Tarapot 1997).

women in distress is the Vanitha Sahayavani in Bangalore (see box).

### Help-Line for women: The Vanitha Sahayavani

The Bangalore City Police has been a trendsetter in starting a separate help-line for women. Many of the callers are women who face domestic violence or harassment from intoxicated family members. The Sahayavani has helped hundreds of such women, through support and counselling, often helping to take the addicted individual for treatment. Such help-lines have also been introduced for children and the elderly.

### Meira Paibis

The Meira Paibis are groups of old women who keep all-night vigils in the villages of the north-eastern state of Manipur to ward off crime and alcoholism. They later extended their activities to include drug addiction as well. These tribal women began by patrolling the valley, armed with torches and iron gongs. They tied empty liquor bottles to necks of men found drinking in public. They imposed fines of Rs 150 on men drinking in public and Rs 5000 on sellers of alcohol. In areas patrolled by these women, drug use patterns changed substantially, with decline in riotous behaviour, and greater safety for women at night.

Self-help and support groups have proved very effective in Imphal and Pune (for instance, the Sahachari Group, which provides therapy and support to wives of drug addicts). A novel initiative by police to provide support for

Recommendations have been made by different groups regarding the special concerns of women substance users (UNDCP/ UNDPDSD/DAW and WHO/PSA, 1993). A recent joint workshop held by UNDCP, Regional Office for South Asia and the Ministry of Social Justice and Empowerment, titled 'Drugs are a Women's Issue', brought together NGOs involved in providing treatment and prevention work, NGOs working in women's development, concerned governmental agencies (like the National Institute of Public Co-operation and Child Development which trains functionaries for the Integrated Child Development Services), the National Commission for Women and the media with a view to sensitise diverse groups to the problem of women and drug use as well as initiate networks of prevention and care. This

monograph is also an initiative in this direction.

The UNDCP has initiated a programme of sustainable alternative livelihood in Northeastern India where illicit cultivation of opium poppy and related drug abuse are rapidly displaying signs of a social crisis in the four districts of Changlang, Tirap, Lohit and Yinkiong in Eastern Arunachal Pradesh.

However, most recent and current effort is sporadic and ad hoc. There is a need for a focussed 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 a need for a shift from a purely individual, single-cause linear model to a multi-cause interactive model (as discussed in Chapter 9) in understanding addiction. It is not enough to look only at the internal and intra-psychic causes of women's problems including drug use, without a consideration of external and contextual factors and how they interact with the individual user. The social, political, cultural and economic factors that contribute to and maintain drug abuse must be addressed, as much as the psychological and physical consequences of prolonged drug use. Drug abuse among women thus needs to be understood in the context of gender as a process and an institution (Ettore, 2000).

The prominent influence of contextual factors over individual ones has specific implications for treatment and rehabilitation of women drug users, and for women affected by drug use. A recognition of this will in turn help develop programmes to improve the adaptive capacities of affected women, and enhance the supportive qualities of their environment. 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 counselling, 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. 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.

No single paradigm or strategy can effectively address the ever-changing drug scenario, especially given the regional variations and the pluralistic and cultural diversity of Indian society. Different elements of intervention and prevention may be drawn upon to develop an eclectic model, suitable and appropriate to local and regional situations.

Such elements should include:

- Bringing into national focus the issue of women and drug use.
- Media campaigns and information programmes that inform women of health and related risks of drug abuse.
- Strategies that discourage drug abuse and promote rehabilitation and recovery.
- Steps to increase women's access throughout the life cycle to appropriate, affordable and quality health care and related services.
- Improving access to appropriate treatment and rehabilitative services for affected women.
- Strengthening preventive programmes for promoting women's health.
- Support for programmes addressing HIV risk prevention for partners of drug users and for women drug users with high-risk sexual behaviour.
- Participation of women in demand reduction programmes.
- Dealing with situational factors that increase the burden on women due to drug abuse.
- Building up of support groups.
- Strengthening mechanisms to rebuild family relationships strained due to drug abuse.

### *Specific Strategies*

Treatment providers need to view women substance users beyond their drug using and sex-work status. 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, that need to be developed include:

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- Information and education about drug use consequences
- HIV/STD Counselling and Testing facilities
- Gender sensitive training for counsellors
- 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
- Vocational skills training and economic programmes like micro-credit co-operative schemes
- Services for pregnant women in the community with adequately trained and sensitive staff to recognise additional drug problems
- Legal Aid Cell and Advocacy groups
- Suicide prevention and crisis intervention help-lines
- Self-help groups and co-operatives
- Utilisation of government schemes for loan for small businesses
- Harm reduction programmes
- Life skill based approach, with focus on current gender issues in society
- Sensitisation and training for professionals, police and service providers to gender issues related to drug use
- 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.

Finally, it is necessary to emphasise that drugs mean different things to different people. While drug use can be a response to marginalisation, isolation and stress, it can also emerge from financial independence, positive growth and emancipation. Drug use is a dynamic phenomenon greatly influenced by prevailing mores, attitudes and behaviours in society. Its consequences also differ according to people's vulnerabilities, strengths and supports. Thus, drug use in women must be understood and addressed from all these perspectives.