



Perspective
on
female
drug abuse
in
Pakistan

A STUDY OF WOMEN DRUG USERS
IN LAHORE AND KARACHI



**UNITED NATIONS INTERNATIONAL
DRUG CONTROL PROGRAMME**

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GLOSSARY OF ACRONYMS AND ABBREVIATIONS

NCD	NARCOTICS CONTROL DIVISION
NGO	NON - GOVERNMENTAL ORGANISATION
NSDA	NATIONAL SURVEY ON DRUG ABUSE
PNCB	PAKISTAN NARCOTICS CONTROL BOARD
UNDCP	UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME

EXECUTIVE SUMMARY

In December 1998 and January 1999, a research study of female drug users in Lahore and Karachi was undertaken by the United Nations International Drug Control Programme (UNDCP) country office for Pakistan. The population sample consisted of 98 women. In spite of the relatively small number of respondents, this study represented the first significant effort to understand patterns of drug abuse among women in Pakistan.

For the purposes of this study, drugs of abuse were considered to be alcohol, tranquillisers, charas, bhang, opium, heroin or any other pharmaceutical or illegal substance. The study revealed that after tranquillisers, the most preferred drug was heroin, which was used by 34 percent of respondents. The highest frequency of daily drug consumption was found among those using heroin and tranquillisers, followed by those using charas and alcohol. A large proportion of respondents (28 percent) reported multiple, concurrent drug use of between two and five different drugs.

Although limited to two urban centres with a relatively high level of female literacy, the study dispels the belief that drug abuse is restricted to women from a particular educational background. The data revealed that drug abuse was found among both literate and illiterate women. Sixty-seven percent of the respondents reported having formal educations with the most educated holding Master's degrees. Among the respondents, ages varied widely from 15 years to over 50. Unemployment levels were high among the respondents (41 percent), perhaps partially due to the fact that housewives (who comprised 31 percent of the sample) characterised themselves as unemployed.

The study results identified home as the most preferred place for drug use with 89 percent of respondents reporting using drugs there. This high percentage could be affected by the fact that 43 percent of women were using tranquillisers (with or without a medical prescription) and that these are most often ingested in the home. Besides their own home, women reported using drugs at the homes of their friends. A very small number of women were found to be using drugs at places outside the home, such as parks, schools, shrines and other places.

Regarding the methods used for administration of drugs, the respondents indicated that almost all usage of opium, bhang and alcohol was orally ingested, whereas heroin and charas were mainly smoked or the fumes inhaled. The respondents indicated that, unlike men, they were generally not abusing heroin through intravenous injection.

It is perhaps significant that 84 percent of the respondents claimed to have been unaware of any negative effects arising from drug abuse prior to their initial use of drugs. Forty-six percent were not aware that addiction treatment services were available should they wish to seek help for their addiction.

Finally, the study looked at the perception and ideas of people from various

socio-economic and professional backgrounds on the issue of women and drug abuse. There was a general consensus that the relatively underprivileged status of women in Pakistan can lead to social and health problems, one of these being drug abuse. Ignorance of the consequences and misinformation also play an important part in the processes of abuse and addiction especially where friends, husbands or general practitioners are the introducing sources.



I. BACKGROUND TO THE STUDY

A. INTRODUCTION

Overview

The use of legal and illegal drugs has a long history in Pakistan. Prior to partition opium was cultivated and sold under a licensing policy of the government. After independence in 1947, the same laws were followed by the government until February, 1979 when the Hadood Ordinance was imposed. This ordinance placed a ban on the cultivation, production, sale and use of narcotics within Pakistan. Although the ban closed down legal outlets for drugs, illegal availability and use continued. Until this period, the issue of drug abuse had not become a social policy consideration or a national concern. The dramatic increase in opium production in Afghanistan made Pakistan an important transit gateway for illegal drugs, especially heroin. As a result, drug abuse within Pakistan became a more pronounced problem. Since that time, the problem of drug abuse has not only persisted but has continuously increased.

This growing use of legal and illegal drugs compelled the authorities to take the issue of drug abuse more seriously. Various measures were adopted by the government of Pakistan to address the issue and conducting nation-wide research and surveys was one of them. The first National Survey on Drug Abuse (NSDA) was conducted in 1982 by the Pakistan Narcotics Control Board (PNCB). The results showed that heroin use was expanding on a significant scale and it was predicted that heroin consumption would continue to rise. Similar NSDAs were conducted in 1984 and 1986. Both these subsequent surveys indicated a rapid growth pattern of drug abuse in Pakistan.

In 1988, another NSDA was carried out which presented further evidence of the growing numbers of drug users in Pakistan. This study estimated that there were 2.24 million drug addicts of which 48 percent were heroin abusers and nearly 32 percent were charas (marijuana) abusers. The last NSDA was conducted in 1993 and has been widely quoted. This survey revealed that there were 3.01 million chronic drug users in Pakistan and that this number was rising at a rate of nearly 7 percent annually. This meant that by the year 2000 the total number of chronic drug users was projected to rise to 4.8 million. Almost half of the total drug users were addicted to heroin. Those using charas totalled 0.9 million, while opium was used by 170,000 persons. The survey brought to light the fact that nearly 72 percent of drug users were under 35 years of age with the highest proportion in the 26-30 age bracket.

Women and Drug Abuse

All the NSDAs until 1993 were constrained in the matter of interviewing women because the interviewing teams consisted exclusively of male researchers who were, therefore, not able to find easy access to women as a result of Pakistan's segregated society. Thus, in NSDA 1986, only a limited number of female drug users were interviewed and, due to their small number, it was reported that "the proportion of interviewed female abusers was negligible at 0.4 percent."

The same report in its summary says, "There is thus no further mention of any sexual distinction in the following section as the description applies to male drug users alone."

This pattern continued, as the 1993 NSDA also revealed that 97 percent of the drug users were men. The survey team once again was comprised solely of male members. The team did, however, make some efforts to interview female drug users, especially in the cities of Karachi and Quetta. Twenty-eight (2.8 percent of the total survey sample) female drug users were interviewed and although this sample was too small to generalise from it did reveal some important information about the incidence of drug abuse among women. According to the survey 71 percent of the women were heroin abusers and 11 percent abused charas. The survey further revealed that 93 percent of the respondents were illiterate. The average personal income and family income of female drug users was exceptionally low. Nearly 52 percent of the respondents belonged to skilled, sales or other categories of occupation, while 48 percent identified themselves as beggars. This was significantly different from the figure of nearly 6 percent who identified themselves as beggars within the overall population of male and female drug users. The majority of the cases (57 percent) were introduced to drug use by family members and 32 percent by friends. It is important to note here that the sample population was extraordinarily small (28 women in this particular aspect of the study) and that, therefore, these figures should be considered not as generalisations but as indicative figures for a small, and perhaps not representative, group.

Certainly, the issue of women and drug abuse is an important one and needs attention. A search of available research data reveal that not much information is available on drug abuse by women in Pakistan. There are few research studies conducted by agencies or students of national universities. One example, a survey undertaken in 1970, was a statistical survey of two communities in the districts of Rawalpindi and Swat designed to investigate general attitudes regarding the use of opium. This study could find only a few women respondents. A 1994-95 research paper addressed the issue of drug addiction and the social, economic and psychological impact on female family members of drug addicts. Generally, it has

been found that if students conduct research on drug abuse their focus is male-oriented.

In the absence of an updated national report on the drug situation, the exact number of female drug users in Pakistan is not known. It is generally accepted, however, that their number is far less than that of men. While it may be correct that there are fewer female drug users than male users, the fact that field research studies and surveys do not always represent women adequately must be acknowledged and addressed.

B. PURPOSE OF THE STUDY

The purpose of this study is to provide insight into general issues of female drug abuse. In Pakistan, little attention has been paid to the issue of drug abuse on the basis of gender. Although the findings of various surveys postulate a very limited number of women with drug dependency problems, this assumption is open to question as official surveys and reports have never endeavoured to represent women adequately. While it may be true that the number of female drug users is much lower than that of male drug users, it must be remembered that in Pakistani society, cultural constraints often lead to the concealment of problems related to women, including drug abuse, and this can cause difficulties in identification of drug abuse by health professionals and researchers.

C. OBJECTIVES

The objectives of this study were to:

- Examine general issues of drug use and abuse as it relates to Pakistani women
- Analyse the principal causes of drug use and abuse among a discrete group of women in Lahore and Karachi
- Determine various socio-economic, demographic and crime-related indicators of female drug users
- Create awareness and generate discussion regarding the issue of drug use and abuse among women

D. OUTPUTS AND LIMITATIONS OF THE STUDY

The study was intended to be a comprehensive report based on a combination of qualitative and quantitative analyses. The results of the study provide detailed information on the levels of drug abuse among women of various socio-economic strata and the patterns and trends of drug use among them. The study

provides a general profile of a group of female drug users, the broad social and economic impact of drug abuse and the nature, extent and quality of prevention and treatment services for women.

A sample of two cities is, of course, too small to represent the drug abuse situation in Pakistan, a diverse country both socially and geographically. It should, therefore, not be considered representative of the national situation, but only suggestive of certain patterns and trends among female drug users. The importance of this issue, however, demands a much larger sample size with broad representation from rural and urban areas. Due to social, cultural and religious restrictions, most of the female drug users are hard to identify and are kept in situations which hinder efforts at research and investigation. Most of the interviews for this study were conducted by doctors, key informants and close associates of the respondents. At many locations, even though female drug users were identified, they refused to come forward and talk to the team members. In these circumstances the help of key informants was sought to complete the questionnaires. At some instance, it was difficult or impossible to interview the policy planners, relevant government officials and representatives of law enforcement agencies. Through focus group discussions in female educational institutions, it was noted that co-educational institutions should have been included in the survey (instead of only women's educational institutions) because the availability of drugs is usually made possible through men.

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E. METHODOLOGY

Locale of the Study

The study was conducted in two major cities of Pakistan, Karachi and Lahore. These cities are the capitals of the provinces of Sindh and Punjab, respectively. Because they represent a more cosmopolitan atmosphere than other areas of Pakistan, women are more socially visible and therefore somewhat more accessible. Because of the multi-ethnic and multi-lingual cultures of these urban areas it was felt that a broader survey sample could be found.

Sampling

A sample population of 100 female drug users was the target number for the purposes of this survey. A total of 98 respondents completed the questionnaires and thereby became the total survey sample. Respondents' participation in the survey was sought through a combination of direct request by the survey team members, through reference by key informants and through peer referral.

Interviews with a wide range of key informants (among them psychiatrists and psychologists from government hospitals and private clinics, and professionals

working in addiction treatment centres), relevant individuals and representatives of organisations associated with drug abuse, health care, law enforcement and other agencies were undertaken using a combination of “snowballing” techniques, peer referrals and face-to-face interviews.

Preparation and Pre-testing of Questionnaire

The questionnaire for use among the respondents in this survey was prepared in the Urdu language and included questions about socio-economic and demographic factors, patterns of drug use and levels of drug awareness.

Semi-structured interviews were prepared for use with policy planners, representatives of women's organisations and educational Institutions, law enforcement agencies and women's work-places, along with guidelines for focus group discussions among women students.

Before use in the field, the questionnaire was pre-tested in Islamabad among female drug users in order to identify any shortcomings or need for amendments.

Data Collection

Data were collected during December, 1998 and January, 1999. As the study was both qualitative and quantitative, two methods of data collection were employed. The questionnaires completed by the 98 respondents, were processed using SPSS software. Various tables were derived from the questionnaires in order to clarify an understanding of the raw data. Cross-tabulations were employed to look at the issue of women and drug abuse from various perspectives. There were approximately 20 extensive, semi-structured interviews of persons from various key areas. These interviews were conducted in both Urdu and English and were recorded on tape. These tapes were then transcribed by the team members who also translated the Urdu scripts into English.

II. RESULTS OF THE STUDY

A. DEMOGRAPHIC CHARACTERISTICS

The data on demographic characteristics of the survey respondents are divided into the following categories:

- Age distribution
- Level of education
- Employment status
- Monthly income
- Marital and Residency status

Age Distribution

As can be seen in Table 1, the majority of the respondents (67 percent) were in the age group of 20-39 years old. In Lahore, 69 percent and in Karachi 64 percent of respondents fell within this age group. The highest percentage of drug users were aged between 20 and 24 years old. Fifteen percent of respondents were aged 50 years or above. The overall median age of all respondents was 32 years.

Table 1: Age by City

Respondent Age	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
15—19	6.3	3	6.0	3	6.1	6
20—24	22.9	11	16.0	8	19.4	19
25—29	12.5	6	12.0	6	12.2	12
30—34	22.9	11	12.0	6	17.3	17
35—39	12.5	6	24.0	12	18.4	18
40—44	10.4	5	6.0	3	8.2	8
45—49	—	—	6.0	3	3.1	3
50 & +	12.5	6	18.0	9	15.3	15
Total	100	48	100	50	100.0	98
Median Age	30.0		35.0		32.0	

Level of Education

Although 33 percent of respondents had not received any education, the remainder had acquired different levels of education. The data shows that 40 percent of respondents had received an “intermediate” or higher level of education. If we consider that post-primary education implies literacy, then these data also indicate that the respondents enjoyed a higher literacy rate (55 percent) in comparison with the overall female literacy rate of 28 percent in Pakistan. One reason for this difference could be that data collection was confined to two large urban centres.

Table 2: Level of Education by City

Level of Education	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
No education	29.2	14	36.0	18	32.7	32
Primary	20.8	10	4.0	2	12.2	12
Matric	10.4	5	20.0	10	15.3	15
Intermediate	20.8	10	18.0	9	19.4	19
Bachelor	6.3	3	14.0	7	10.2	10
Masters	12.5	6	8.0	4	10.2	10
Total	100	48	100.0	50	100.0	98

Employment Status

The employment status of women has important implications regarding their economic independence and means of livelihood. As far as women in general, and female drug users in particular, are concerned, employment status is an important indicator in determining their relative level of independence within their social environment. Table 3 illustrates the fact that 53 percent of overall respondents earned their living through various means while 31 percent were engaged solely in household activities. Over 13 percent of total respondents were employed as commercial sex workers. It was also observed that the highest incidence of drug abuse among this group of women, was found in housewives (31 percent) followed by the self-employed (19 percent) and commercial sex workers (13 percent).

Table 3: Employment Status by City

Employment Status	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
Unemployed	18.8	9	2.0	1	10.2	10
Employed	14.6	7	10.0	5	12.2	12
Self-employed	20.8	10	18.0	9	19.4	19
House wife	20.8	10	40	20	30.6	30
Student	2.1	1	10	5	6.1	6
Sex worker/ dancer	18.8	9	8.0	4	13.3	13
Begger	4.2	2	4.0	2	4.1	4
Drug peddler	—	—	8.0	4	4.1	4
Total	100	48	100.0	50	100.0	98

Monthly Income

Income is one of the best measures of economic well-being and it compares favourably with educational attainment and occupation as a measure of socio-economic status. Nearly half (47 percent) of the respondents reported no income. This group was comprised primarily of the unemployed, housewives and students. More than 30 percent of the respondents (the largest percentage after those who are not formally employed) were earning up to Rs. 5,000 per month and 12 percent were earning more than Rs. 10,000 per month.

Marital and Residency Status

Marital status among the respondents is evenly split between married (49 percent) and unmarried (51 percent). (See Table 4.) Slightly more than 25 percent of the respondents had never been married, and the remaining 25 percent were either divorced, separated or widowed. It was noted that 13 percent of the respondents were in the midst of family problems such as separation and divorce. Both Lahore and Karachi present nearly identical data regarding the marital status of the respondents.

Table 4: Marital Status by City

Marital Status	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
Unmarried	25.7	12	26.0	13	25.5	25
Married	47.9	23	50.0	25	49.0	48
Separated	10.4	5	8.0	4	9.2	9
Widow	10.4	5	12.0	6	11.2	11
Divorced	4.2	2	4.0	2	4.1	4
No response	2.1	1	—	—	1.0	1
Total	100.0	48	100.0	50	100.0	98

As far as their residential pattern is concerned, the highest percentage (71 percent) of respondents were living in their own homes and 9 percent were living with their relatives, while 3 percent were living with friends or in a hostel. Five percent indicated that they had no actual place of residence. The NSDA of 1993, by contrast, reported that 82 percent of all drug users (male and female) lived in their family homes, whereas 8 percent had no regular place to live.

B. DRUG USE HISTORY

Age at Initiation of Drug Use

Table 5 describes the age at initiation of drug use for any drug. Eight percent of the respondents started drug use before they reached the age of fifteen years, while 11 percent initiated drug use at the ages of 35+ years. Eighty-one percent of the respondents started using drugs between the ages of 15 and 34 years. The median age of initiation for all respondents was 23 years.

Heroin and tranquillisers were the two drugs which were most commonly reported by the respondent's as the first drug which they used. Alcohol was the first drug for 16 percent, and *charas* for 15 percent. A small minority started their addiction by using *bhong* or opium. These results suggest that prevention programmes targeted to heroin and tranquilliser abuse could have a greater overall effect than those aimed at preventing *charas*, *bhong* or alcohol abuse.

Table 5: Age at Initiation of Drug Use by City

Initiation Age	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
<15	6.3	3	10.0	5	8.2	8
15—24	50.0	24	50.0	25	50.0	49
25—34	33.3	16	28.0	14	30.6	30
35—44	4.2	2	10.0	5	7.1	7
45+	6.3	3	2.0	1	4.1	4
Total	100.0	48	100.0	50	100.0	98
Median Age	23.0		22.50		23.0	

Reasons for Initiation

Respondents identified nine different reasons which they felt had caused them to begin to use drugs. (See Table 6) Stress and peer pressure (both 18 percent) were the two main reasons, accounting together for more than a third of the respondents. This was followed closely by insomnia and depression which were identified by 17 percent as the cause of their beginning to use drugs. The next largest

group (12 percent) reported that they had been “ forced by [their] husbands” to use drugs and that this was the principal reason for their initial use. Eight percent started drug use due to medical reasons, while easy availability was stated by 7 percent as the reason. Initiating drug use as a means to take revenge (mostly on husbands) was also reported by 7 percent. Four percent of the respondents said that they had been social drinkers and that this started them on the road to addiction.

Table 6: Reasons to Start Drug use by City

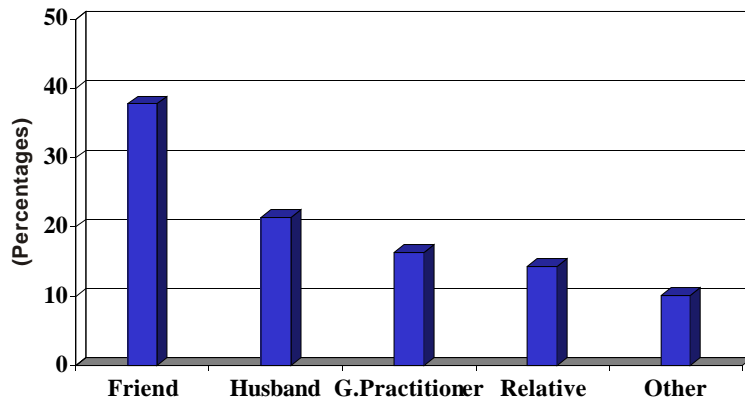
Reasons	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
Pleasure seeking	4.2	2	6.0	3	5.1	5
Stressful life situation	29.2	14	8.0	4	18.4	18
Peer Pressure	20.8	10	16.0	8	18.4	18
Revenge	4.2	2	10.0	5	7.1	7
Forced by Husband	10.4	5	14.0	7	12.2	12
Medical reason	4.2	2	12.0	6	8.2	8
Insomnia/ Depression	14.6	7	20.0	10	17.3	17
Easy availability	8.3	4	6.0	3	7.1	7
Social Drinking	2.1	1	6.0	3	4.1	4
No response	2.1	1	2.0	1	2.0	2
Total	100	48	100.0	50	100.0	98

Source of Introduction

In the previous section we found that peer pressure was one of the most significant risk factors for initiating drug use. As shown in Figure 1, the greatest number of respondents (38 percent) were introduced to the use of drugs by their friends. Although 12 percent reported that they began using drugs because they were forced to by their husbands, an even greater proportion 21 percent reported that they were introduced to drug use by their husbands. An additional 14 percent

were introduced by other relatives. This means that 35 percent in total were initiated into drug use by family members. Sixteen percent of the respondents blamed general practitioners for initially putting them on drugs.

Figure 1: Source of introduction to Drugs



C. PATTERNS AND PRACTISES OF DRUG USE

This section of the report covers the drug use patterns and practises of the respondents. It focuses on information about present drug of choice and links these findings with the age and education of the respondents. In addition, issues of the abuse of a single drug versus a number of different drugs (“poly drug abuse”), various combinations of poly drug abuse, mode of intake of drugs, frequency of drug consumption and the customary place for respondents to use drugs are also discussed below.

Present Drug of Abuse

Tranquillisers are the most prevalent drug of abuse (43 percent) followed by heroin (34 percent), alcohol (31 percent) and charas (20 percent) (see table 7). Seven percent of respondents were using opium while bhang was the least preferred drug used by only 2 percent of the total respondents. It is noticeable that most of the tranquilliser abusers were of the view that they were not drug addicts although they were using them without any doctor's prescription and increased the dose on their own. These findings are different from those of Pakistan's NSDA of 1993 where 71 percent of women were found abusing heroin, 11 percent using charas and only 4 percent were found to be abusing tranquillisers. It is observed that heroin, opium and alcohol were more commonly abused in Karachi while charas and tranquillisers were more prevalent among the respondents of Lahore.

Table 7: Present Drug of Choice by City

Type of Drug	Lahore	Karachi	Total
Heroin	31.3	36	33.7
Charas	27.1	14	20.4
Bhang	4.2	—	2.0
Opium	2.1	12	7.1
Alcohol	22.9	38	30.6
Tranquilizers	45.8	40	42.9

The highest incidence of heroin abuse was found in the 30-34 year old age group, as can be seen in Table 8. The highest number of charas abusers were found among those aged 20-24 years. The maximum number of alcohol drinkers were among those between 45 and 49 years old, while the highest percentage of

tranquilliser abusers were in the 25-29 years age bracket.

Table 8: Present Drug of Choice by Age

Respondents Age	Heroin	Charas	Alcohol	Tranquilizers
15—19	16.7	33.3	33.3	50.0
20—24	36.8	42.1	31.6	31.6
25—29	25.0	16.7	41.7	58.3
30—34	52.9	17.6	23.5	41.2
35—39	27.8	11.1	33.3	55.6
40—44	50.0	0.0	25.0	37.5
45—49	33.3	0.0	66.7	33.3
50 & +	20.0	20.0	20.0	33.3

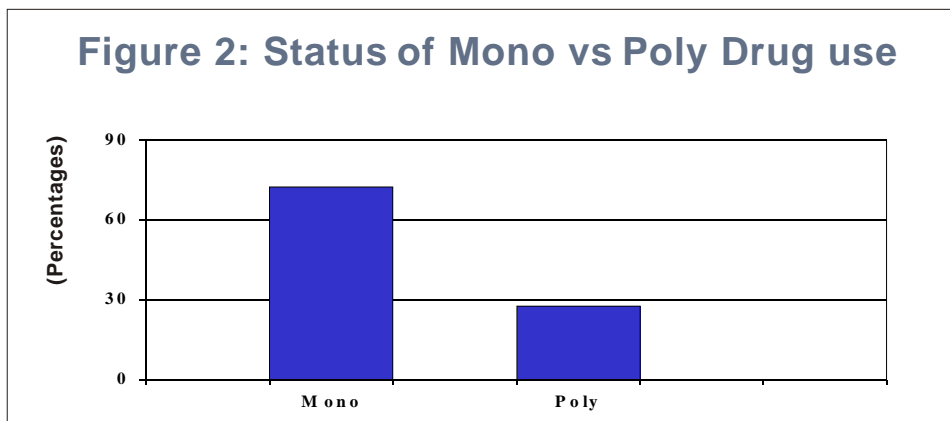
Correlating the educational level of respondents with the type of drug abused, we can see by Table 9 that the greatest number of heroin abusers had reached the level of matriculation, while the highest incidence of *charas* abuse was found in respondents with a primary level of education. Alcohol and tranquillisers were most prevalent among the holders of master's degrees.

Table 9: Present Drug of Choice By Education

Level of Education	Heroin	Charas	Alcohol	Tranquilizers
No Education	50.7	15.6	21.9	18.8
Primary	16.7	41.7	25.0	50.0
Matric	53.3	33.3	20.0	33.3
Intermediate	21.1	26.3	47.4	63.2
Bachelor	20.0	0.0	20.0	60.0
Master	11.1	0.0	66.6	66.7

Single and Multiple Drug Abuse

Multiple drug abuse is defined as the use of two or more drugs for non-medical purpose. Multiple drug users can show a preference for a particular substance and use additional drugs when their drug of choice is not available. In addition, they may move from one class of drugs to another to either intensify the effects or to diminish certain of the side-effects. In this survey, 72 percent of the respondents were users of a single drug while the remaining 28 percent were multiple drug users.



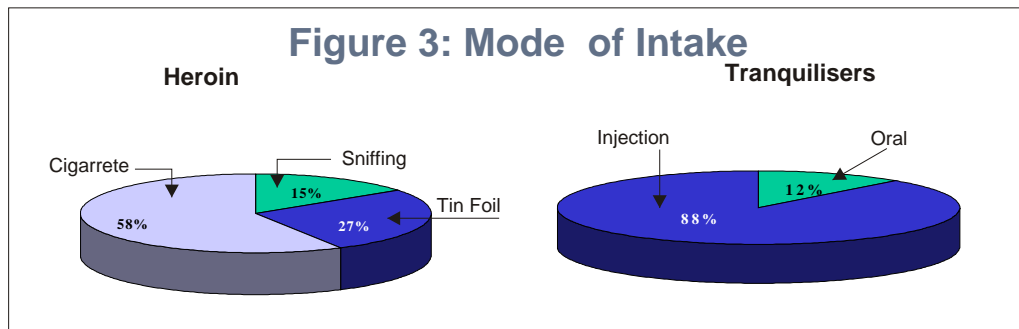
Various combinations of drugs used by the multiple drug users are listed in Table 10 along with the number of respondents reporting using those particular combinations. The findings show that the combination of alcohol and tranquillisers was the most favoured drug combination adopted by more than 30 percent of multiple drug users.

Table 10: Various Combinations for Poly Drug Use

Combination of Drugs	Number
Heroin + Tranquilisers	2
Heroin + Opium	1
Heroin + Charas	2
Heroin + Alcohol + Tranquilisers	2
Heroin + Charas + Opium	1
Heroin + Charas + Tranquilisers	2
Heroin + Charas + Opium + Tranquilisers	1
Charas + Tranquilisers	2
Charas + Bhang	3
Charas + Alcohol + Tranquilisers	1
Charas + Alcohol	2
Alcohol + Tranquilisers	8
Total	27

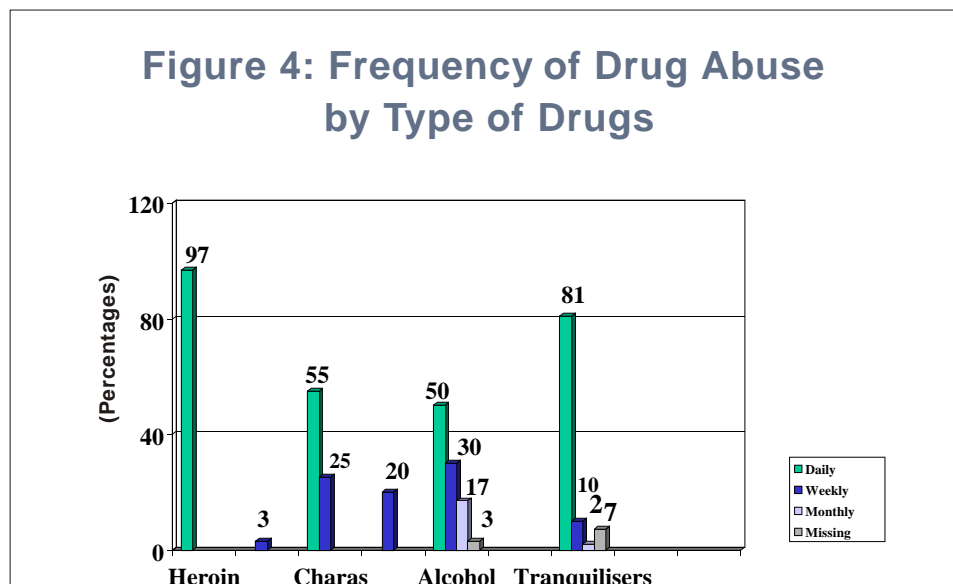
Mode of Intake

Opium, bhang and charas are principally used by smoking, and alcohol and tranquillisers are mainly ingested orally. Smoking or inhaling the fumes is the main mode of intake for heroin practised by the majority of respondents (see Figure 3). Injection is associated only with a few tranquilliser abusers and no respondent had used heroin intravenously. It should be noted that intravenous abuse of heroin is quite common among male drug abusers in Karachi and Lahore. Heroin smoking in cigarettes is practised by nearly 60 percent of respondents who use heroin, whereas the most common practice found in other studies among men using heroin is 'chasing the dragon' (i.e., inhaling the fumes).



Frequency of Drug Use

The frequency of drug use can be considered one of the primary indicators of the problematic use of drugs. The higher the drug taking frequency the higher the level of problematic use of drugs. The data represented in Figure 4 show that among heroin abusers almost all were daily users. Among the charas abusers, slightly over half were daily users while 25 percent used it on a weekly basis. Among the alcohol users, half of the respondents consumed alcohol daily, while 30 percent and 17 percent respectively were consuming it on a weekly or monthly basis. Among the tranquilliser abusers, a vast majority of the respondents used tranquillisers daily, compared with 10 percent who used them weekly and 3 percent using them on a monthly basis.



Places for Using Drugs

Consideration of a safer place and avoiding the possibilities of being discovered by others may be responsible, to a large extent, for the importance of choosing a specific place, considered to be safe, where drugs can be used. The majority of respondents (89 percent) reported that they were using drugs in their own homes. The next largest group was that of those who reported using drugs at a friend's house (28 percent). Five percent of the respondents reported using drugs in public parks and the same amount reported using drugs at their workplace. A few respondents indicated that they used drugs at shrines or their schools or institutions.

D. EXPENDITURE ON DRUGS AND SOURCES OF INCOME

Expenditure on Drugs

Within this small sample population, the abuse of drugs appears to cut across every income category and could not be statistically related to any specific income group within the general population. Nonetheless, nearly 70 percent of the respondents to this survey reported spending up to 100 Rupees per day on drugs. Thirteen percent reported spending between 100 and 200 Rupees per day for drugs.

Income for Drug Purchases

Most of the respondents reported financing their drug use through payments to them from family members (especially husbands) or by personal savings or the return from prior investments. Approximately eight percent reported using income derived from their property holdings. Eleven percent received money from friends while 6 percent fulfilled their income requirements through begging. Only one person in the sample purchased drugs by stealing money from others.

Table 11: Source of Expenditure by City

Source of Expenditure	Lahore	Karachi	Total <i>Percent</i>
Salary	35.4	20.0	26.4
Husband	18.8	32.0	24.5
Family members	27.1	32.0	28.4
Property Income	10.4	6.0	7.8
Friend	18.8	4.0	10.7
Begging	4.2	8.0	5.8
Stealing	2.1	—	0.98

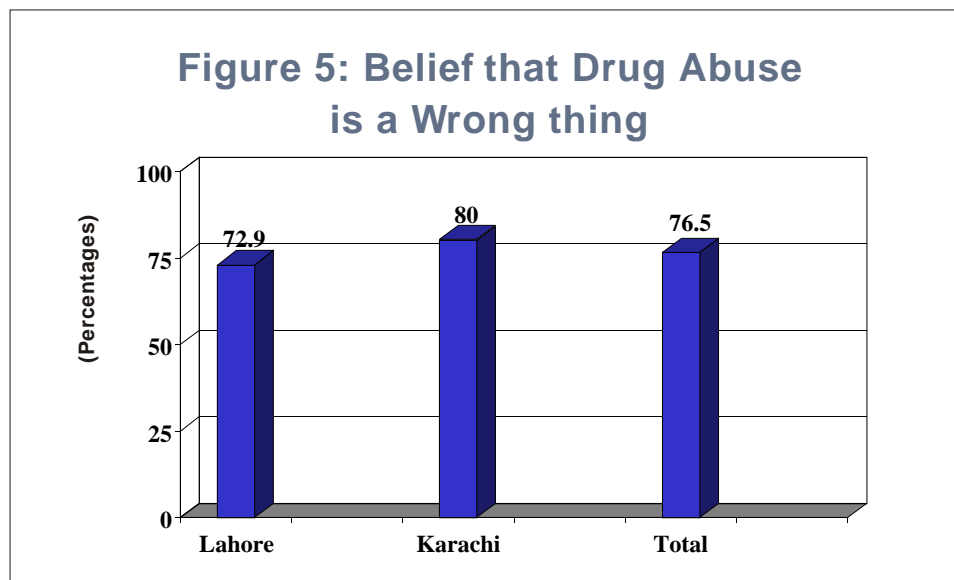
E. KNOWLEDGE, ATTITUDES and PRACTICES

In order to analyse the knowledge, attitudes and practices (KAP) of the respondents information was collected regarding their beliefs about drug abuse including awareness of ill-effects of drugs prior to initiating their use, knowledge about addiction treatment facilities, attempts to give up drug use, means adopted to give up drug use and abstinence periods prior to relapse, if any.

Beliefs about Drug Abuse

Beliefs associated with different drugs can be an important variable in understanding drug-use behaviours. Answering a question about whether drug abuse is a “right” or “wrong” thing to do, 77 percent of respondents stated that it is “wrong.” Those who thought they were not doing a “wrong” thing consisted mainly of occasional alcohol and tranquilliser abusers.

Regarding knowledge of any ill-effects of drug use, the majority of respondents (84 percent) replied that they had no awareness of ill-effects prior to initiating drug use. Sixteen percent admitted that they had some knowledge of drugs and their effects prior to using them. This may be an indication that the message that the negative effects of drug use is not reaching the general population.



Knowledge About Treatment Facilities

Forty six percent of respondents had no knowledge of the existence of addiction treatment facilities.

Attempts to Overcome Drug Use

Forty three percent of the respondents had never tried to give up the use of drugs while the remaining 57 percent had tried various ways to stop their addiction. Only 5 percent of the respondents sought medical treatment.

Self-controlled abstinence was practised by 52 percent of the respondents who reported attempting to give up drugs. Fourteen percent visited government hospitals in an attempt to receive treatment, while 18 percent of the respondents relied upon treatment centres run by various NGOs. Seven percent of the respondents had visited private clinics.

Of the 57 percent of respondents who tried to abstain from drug use, 55 percent succeeded for less than 1 month. Sixteen percent succeeded for a period ranging from 1 to 3 months and 11 percent had stayed away from drugs for 4 to 6 months. A mere 2 percent of respondents remained drug free for 7 to 12 months and the same number were drug free for 1 to 2 years. Three percent of the respondents succeeded in remaining drug free for more than 2 years. (See Table 12.)

Table 12: Abstinence Period before Relapse to Drug use by City

Abstinence Period	Lahore		Karachi		Total	
	Percent	Number	Percent	Number	Percent	Number
Less than a month	50.0	17	63.6	14	55.4	31
1—3	17.6	6	13.6	3	16.1	9
4—6	8.8	3	13.6	3	10.7	6
7—12	2.9	1	—	—	1.8	1
1—2 years	2.9	1	—	—	1.8	1
More than two years	2.9	1	4.5	1	3.6	2
Not known	14.7	5	4.5	1	10.8	6
Total	100.0	34	100.0	22	100.0	56

F. IMPACT OF DRUG ABUSE ON WOMEN

Negative Impact on Life

When queried about the negative aspects of using drugs more than 76 percent of respondents stated that drug abuse was something that was “wrong.”

Nearly half (47 percent) reported that their social relations were affected and 72 percent said that their health suffered as a result of using drugs. Thirty-two percent mentioned that drug use caused trouble in their marital life and 17 percent reported that it had a negative impact on their job, business or education.

Knowledge by Others of Respondent's Drug Abuse

After a certain period of using drugs, it becomes difficult to hide the use and its effects from others. More than three-quarters of the respondents reported that their drug use was known to their family members. Nearly half (47 percent) indicated that their use of drugs was known to friends, 39 percent indicated it was known to relatives and 21 percent said that their colleagues were aware of their drug use. Twenty-eight percent of the respondents' maintained that other persons who had knowledge of their drug use were unconcerned about it as compared with 20 percent who replied that other persons had requested that they give up the habit.

History of Arrest for Use of Drugs

Only 7 percent of the respondents confessed to having been arrested by law enforcement authorities and four persons in this group were still incarcerated following arrest. The remainder of the respondents (93 percent) reported that they had never been arrested. When asked about whether they had been convicted for abusing drugs, only two of the women admitted conviction, one for selling drugs, not for abuse of drugs.

III. PROFILES

While it is impossible to accurately portray a “typical” drug abuser based on the extremely small population sample in this survey, it is perhaps useful to characterise some of the findings in an effort to see some of the stronger trends that became apparent from studying this group of women. In the following sections, profiles of the drug users are made by considering the majority response in each data group as “typical.” This formulation, while imperfect, may give some idea of patterns within the group.

A. PROFILE OF THE TRANQUILLISER ABUSER

The tranquilliser abuser seems generally to be an older woman as the mean initiation age for tranquilliser abuse among respondents is 26 years. Maximum number of abusers fell into the 35-39 years age group. In addition, tranquilliser abuse seems to be more prevalent among the educated class as only 14 percent of the 42 tranquilliser abusers have no education.

The ratio of married to unmarried users (40 percent and 36 percent respectively) was nearly equal. Thirty-eight percent of married women were living with their husbands whereas 36 percent women reported living with their parents. More than 40 percent are unemployed or housewives. Among 52 percent of respondents earning an income, 21 percent are earning Rupees two thousand to five thousand a month and 17 percent are earning more than ten thousand Rupees a month.

Over one-third of tranquilliser abusers report that their general practitioner introduced them to drug use. Giving reasons for starting, 33 percent used tranquillisers to cure insomnia or depression, while 26 percent blamed a stressful life situation for their initiation into drug use. Seventy-nine percent of the tranquilliser abusers were aware of the potential negative impacts of their use prior to beginning to use them. Since becoming addicted, 55 percent had tried to abstain at some point from drug use.

Case Study #1

I am a thirty year old house wife. I was introduced to drugs at the age of twenty-eight. It was my physician who prescribed psychotropic drugs for me to treat an illness. Basically, my problem was sleeplessness, anxiety and depression. I would attribute all those symptoms to my domestic difficulties caused by my husband and my in-laws. My physician introduced me to a daily dosage of one sleeping pill. Then gradually the dosage was increased and now it can be any number, but I must take at least one tablet daily. It doesn't

matter whether it is Lexotanil, Ativan or Noctamid. I have taken them all at Different times. The expenditure is not much as these tablets are not expensive. But the impact of this habit on my life has been very negative. My relationship with my husband has become more tense and now he has also started taking Prozac. My health is bad and I feel like committing suicide. I tried this once by taking a lot of sleeping pills. But I was taken for a stomach wash and was saved. I have tried to quit this habit through a therapist who referred me to a non-government treatment centre. I am under treatment and the dosage is gradually being reduced. My addiction is different from other types of drugs and I am helpless. If taking sleeping pills is also addiction, then there must be atleast eight to ten addicts in my family.

B. PROFILE OF THE HEROIN ABUSER

The majority of heroin abusers in this study were between 30 and 34 years old. The mean age of initiation into drug use was 23 years. Most of the heroin abusers (48 percent) reported having no education, whereas 24 percent had an education up to the level of matriculation. Nearly one quarter of respondents reported themselves as housewives and almost as many indicated that they were self-employed. Over one quarter of the heroin abusers earn two thousand to five thousand Rupees a month. Thirty-nine percent are married, while nearly 36 percent are separated, divorced or widowed. Thirty percent are living with their husbands and 24 percent are living with parents.

The vast majority of respondents used heroin by smoking it in a cigarette or inhaling the fumes (called "chasing the dragon"). No woman participating in this study injects heroin. Forty-two percent are dependent on relatives for money to spend on heroin.

Case Study 2

I am 50 years old and have received no formal education past the ninth grade. I got hooked on drugs when I was only 19 years old. It was through a male friend who introduced me to smoking. Meanwhile, I got married to another man who worked in a bank. The marriage caused a temporary break in my friendship. I started to live with my husband in a rented house. Soon I, with the help of a friend vacated this house and got another house that was closer to his. Now, I would spend my spare time with my friend. He introduced me to heroin through cigarettes. We would indulge in sexual activity and I enjoyed it.

The neighbourhood got suspicious; so did my husband. We moved house. I also thought it was best to stay away from that boy so that my home would not be destroyed. But, when the urge for the cigarette would be there, I was compelled to turn to my friend. He then told me this was powder and could only be bought with money. I started to steal money from home. My husband tried to get me treated. I couldn't give up and then he divorced me. I resorted to prostitution and begging to fulfil my needs. Now I am living on the footpath with the other addicts. It is these addicts who use me and in return I manage to get a small dose. This habit has ruined my life and my body has been turned into a useless piece of flesh. I know it is a bad habit. I know there are treatment and rehabilitation centres, but I have not been in any; I cannot abstain for a day.

C. PROFILE OF THE ALCOHOL ABUSER

The mean age of the alcohol abuser is 33 years while the mean initiation age is 21 years. The majority of alcohol abusers (30 percent) received education up to the intermediate level. Fifty-three percent of alcohol abusing women are married and 50 percent are living with their husbands.

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Regarding their employment status, 23 percent identified themselves as housewives, 20 percent were self-employed and the same percentage were commercial sex workers. For monthly income 17 percent reported monthly earnings as two thousand to five thousand Rupees per month, while a similar number reported earning ten thousand to twenty thousand Rupees per month. Slightly over half of the respondents initiated alcohol use between the ages of 15 and 24 years. Twenty-seven percent of the respondents reported peer pressure as the reason for initiation. Half of the respondents began using other drugs, such as tranquillisers or charas through their use of alcohol.

Eighty percent of the women were well aware of the consequences of drug abuse prior using them and 40 percent tried to quit using alcohol.

D. PROFILE OF THE CHARAS ABUSER

A typical charas abuser from this survey was 30 years of age. The mean initiation age for charas abusers was reported as 20 years.

Charas abusers in this study came equally from all educational backgrounds: no education, primary, matriculation and intermediate levels).

Thirty five percent reported being employed as sex workers/dancers, followed by 25 percent reporting being self-employed. Forty percent are earning two thousand to five thousand Rupees per month.

Seventy percent initiated drug use between 15 and 24 years of age. 65 percent started using drugs with charas and then proceeded to use other drugs also. 60 percent blamed their friends as source of introduction. 30 percent said it is peer pressure and 25 percent cited easy availability as the main reason for drug abuse. Forty-five percent are married, and 75 percent reported being aware of the negative effects of drug use prior to beginning to use them.

IV. PERSPECTIVES

A. THE PERSPECTIVE AMONG STUDENTS

This section is the result of informal discussions, focus-group discussions and interviews with people from various segments of society who are associated in some way with issues of female drug abuse. The purpose of this research was to identify the level of awareness among them of drug abuse as a social, political and economic issue with special focus on women, and to get their views on how to counter this growing problem.

The research team interviewed and held focus group discussions with students of various girls' colleges and universities in Lahore and Karachi. Responses to questions regarding the status of women and the issue of drug abuse were similar despite the fact that the students belonged to different economic and social groups in both the cities. There was unanimous agreement that women in our society did not enjoy equal rights to those of men. The foremost problems brought to light were: limited decision-making powers; low or no economic independence; lack of educational facilities; undue social restrictions imposed on girls, parental indifference or negligence, limited communication with elders including parents and teachers, and a general lack of respect for women including sexual and physical harassment. In addition, it was agreed that women are denied rights over their own bodies and reproductive health. Financially, they have limited access to money. These were some of the reasons the girls attributed to women being pushed into drug use. When women, even the educated ones, are denied their "rights", they may turn to drugs for temporary relief, escape or relaxation.

There was denial from all the female students that drug abuse occurred among the students of their particular college. The standard answer was that they were aware of the problem and some even knew people who were addicted to drugs, but that those people were either outsiders or did not take drugs while in college. "There has never been a case of anyone being caught using drugs, they may be doing it at parties etc. but never in the hostel" said a student who has been living in the college hostel for the past 3 years. It was mentioned that stories had circulated about drug abuse among female students and that peddlers (corn-sellers) and rickshaw drivers had been suspected of selling drugs to students, but nobody admitted to buying it themselves or knowing anyone who did.

B. THE PERSPECTIVE AMONG TEACHERS

Teachers from various girls' colleges and university departments in both cities (see attached list) were also interviewed regarding issues of drug abuse and women. Most of them held that the prevailing social conditions in Pakistan were responsible

for the low status of women and many of the problems they face. One teacher said

“There is one issue the whole country is facing together and that is the economic collapse, but women are definitely more affected by it, both as housewives and as working women. Segregation and discrimination is another major issue; women are discriminated against even among the educated families. Things are improving, we are changing, but I have observed that females are not considered as important as the males in the family. Although the government is making some effort in the urban areas, in rural areas health is still a major issue. NGOs are certainly helping.”

Another remarked

“One of the major issues of women in Pakistan is male dominance. It's a man's world and all the responsibilities are for the women. She then suffers from emotional dissatisfaction and frustration. She is like the sacrificial lamb. This aggressive attitude of the man affects the family where the son also learns and does what his father is doing, while the daughter, in response, becomes subdued. The men of our society are not taught to respect their women and this causes a sense of insecurity in females.”

Most of the teachers showed concern over the various problems facing today's Pakistani woman. The problems ranged from denial of basic human rights to more specific problems such as the difficulties in commuting; there are a limited number of designated women's seats in the segregated public transport system.

Like the students, the teachers denied personal knowledge of drug abuse in educational institutions, especially their own. One teacher remarked that

“I don't have any personal observations but I heard about it and am sure it is happening. While a student 8 years ago, I heard about abuse among young girls. I personally did not know anyone, but we knew that something was wrong. We hear about women taking tranquillisers like Valium. Even among my friends and relatives I know of people using them. Women take them mainly due to stress caused by family pressures.”

There was one interviewee who spoke very openly on this issue:

“The problems are multiple and manifold: economic instability, family and social pressures, ignorance and illiteracy. With more

women having to contribute economically in addition to household responsibilities, the combined stress and pressures lead to depression, etc., and a greater dependence on drugs. I am aware of drug abuse among women, when you include alcohol and tranquillisers as addictive items. I myself use tranquillisers when I am under pressure from work and family to relax my nerves and muscles. There are too many pressures on married women. When we were younger we were free from responsibilities, but after marriage, due to societal constraints, you cannot express your feelings, and that causes stress and strain on your body and mind. There has been an increase in drug abuse. Mainly, because problems are multiplying day by day, and this is the easy way out: to escape, to relax, but this only harms you and not anyone else. People can smoke for fun, abuse narcotics for thrills, but not tranquillisers. It is necessity that drives a person to psychotropic drugs. This is not a passing phenomenon. Yes, if a user is made aware of its negative impact and helped, tranquillisers can be given up or at least minimised. There are certain drugs that can prove fatal and people seldom dare take them. But tranquillisers are relatively safer, so it is easy for people to turn to them.”

In discussions about drug abuse among women and men having different consequences, many teachers maintained that when something is wrong with the women, this means something is wrong with the family. Therefore, the impact of drug abuse on women is widespread. In our social system the male members work out of the house and it is the exclusive responsibility of the women to care for the house.

C. PERSPECTIVES OF WOMEN AT TYPICAL WORK PLACES

The research team interviewed more than 100 women, belonging to a widely disparate, economic strata, at beauty parlours, fisheries, a toffee factory and a pharmaceutical company. These women identified inequality and injustices against women along with economic dependency and insecurity as major problems leading to drug abuse.

The owner of a beauty parlour in Lahore said that

“there are innumerable issues facing Pakistani women today: discrimination, insecurity, religious constraints, economic

problems and unemployment. There are security problems for working women, who cannot work late or travel without an escort. They are victims of abusive behaviour when they step outside their home to work. I am afraid to send my daughter to a co-educational institution, because I don't feel that she is safe there. Also the media is spreading western culture in the society. The problems have compounded, especially because of unemployment and economic depression which leads to hardships and depression, frustration and the need to escape."

There was an awareness of drug abuse at these places.

"Yes, I am aware of this problem, and have heard that drugs have entered in the lives of women, especially in educational institutions and hostels. However, I personally have not encountered any woman drug addict. Although I do know about other family members (males) who are narcotic abusers and some alcoholics among the upper class teenagers. They have resources but nothing to do. Among the younger group it is mainly narcotics, while middle age and up women indulge in alcohol and perhaps tranquillisers."

Talking about women who decide to take drugs, nearly everyone was convinced of its negative impact and that it would lead to destruction of life and health. It was agreed that married life could be badly affected and that the children could go astray. The reasons given for women using drugs were mainly family pressures, unhappy marriage or drug-addicted husbands. Among young girls, one of the reasons cited was heartbreak and frustration. Girls also indulge in drugs for thrills or due to peer pressure.

D. PERSPECTIVES OF POLICE AND AIRPORT SECURITY STAFF

In both Lahore and Karachi, women Station House Officers and Airport Security Force officers were interviewed. They were asked general questions regarding the overall status of women and the issue of drug abuse in a social context. In addition, more specific questions regarding the arrest and conviction of female drug users and traffickers were asked.

In answer to a query about the ratio between women who are caught and those punished, the Station House Officer from Lahore said,

"I cannot give a correct picture on this, because I have no experience of it. However, it is a punishable crime. This year, in 1998, we held three women for use of alcohol and heroin. In 1997 we apprehended two women for drinking alcohol. The two held for imbibing alcohol belonged to the upper class and were educated. While the heroin user came from the lower strata and was perhaps illiterate."

E. PERSPECTIVES OF WOMEN ACTIVISTS

Activists for women's issues generally agreed that growing insecurity, inequality, lack of decision making powers and discrimination on the basis of gender are basic issues facing Pakistani women today. One respondent remarked,

"the woman of our country is the victim of dual exploitation where she faces multiple domestic problems, unnecessary social, cultural and religious pressures. Then we have violence against women, from beatings to actual murder. There is honour killing, an act justified by our males in the name of shame and honour. We have settled violence in which undue restrictions are imposed on the girls by the family mainly male members on what the girls should and should not do. Decisions regarding their education, marriage and jobs are all made by men. New trends in violence have emerged. According to the 1997 Human Rights Commission Pakistan report, 55 women were killed in Multan, of which 44 were victims of family violence and murdered on suspicion of illicit relationships and disobedience."

Women in our society suffer from depression, social pressures and lack of freedom of expression. There are very limited outlets for women to take a break from daily routine. Although men also lack some outlets, they do have the option of sitting in tea-shops and chatting with others, going out with friends or playing outdoor games. However, there are no such options for the majority of women.

The impact of drug abuse on women was considered to have more severe social repercussions than the impact of male drug abuse. Many reasons were given in support of this statement. Nearly all the interviewees agreed that women are the focal point of the family who keep the unit intact.

A large number of interviewees, in agreement with the respondents,

mentioned that women begin taking drugs to “get even” with their husbands or to escape from the problems.

F. PERSPECTIVES OF POLICY PLANNERS

Interviews were conducted with senior officials in the Ministry of Women's Development, Ministry of Health and the Narcotics Control Division (NCD). All these senior officials were males, but they agreed on the need to improve the status of women in Pakistan.

Drug abuse was identified as a very serious problem and was discussed in the perspective of prevention and cure. The need to raise awareness about drugs and related problems was also greatly felt by some policy planners. One official remarked that

“we need to educate our women on these issues so that they can spread the knowledge among other family members. There has been very little exposure in the media that can help to raise awareness and the government and non-government agencies must also play their role. Control and prevention can only come through mass awareness. Rehabilitation of addicts also requires greater effort.”

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The NCD is reportedly working in close linkage with UNDCP on overall drug reduction. A senior officer said

“We are jointly working on a program covering 4 years, in drug demand reduction. Then we have the national program of 1998-2000. Currently, the Narcotics Affairs Section of the US embassy has made an allocation for various activities for drug demand reduction. A current national survey on drug abuse is due now. It is being worked at in collaboration with UNDCP and has a special focus on women addicts.”

Officials of the Ministry of Health refused to accept drug abuse as a health issue and referred to it as something that comes under Narcotics Control Division.

G.PERSPECTIVES OF SERVICE PROVIDERS IN THE GOVERNMENT, PRIVATE SECTOR AND AMONG NGOs

One aim of this study was to find out the existing services being provided to drug abusing women in Lahore and Karachi at all levels of government, the private sector and NGOs.

A senior doctor remarked

“There is no difference in the treatment for males and females. But there are some factors such as being part of a closed system which affect, exclusively, females. The media should provide guidance on drug abuse but this has not been successful even in America and Europe.”

According to Ms. Mehmooda Aftab, a clinical psychologist, Pakistani women's major problems are stress-related both among working women and housewives.

The doctors at the Mayo hospital agreed that

“we have lack of funds and no separate ward for drug users, who are kept in the psychiatric ward. This leads to more problems.”

The need to expand treatment services and raise greater awareness was also felt to be critical:

“Workshops should be organised to bring together the treatment service providers, women activists and female drug users to discuss the problem of drug abuse on a more participatory level rather than designing and implementing it at a bureaucratic level only. This would facilitate an understanding of the situation at the Grass root levels thereby Resulting in solutions that fit the problem.”

H. PERSPECTIVES OF SPECIFIC NGOs: SHIRKAT GAH, TEHRIK-E-NISWAN, ALL PAKISTAN WOMEN'S ASSOCIATION, WOMEN AND DEVELOPMENT AGENCY

The NGOs interviewed by the team included All Pakistan Women's Association and Shirkat Gah in Lahore and Tehrik-e-Niswan, Women Action Forum and Women And Development Agency in Karachi. All the interviews highlighted the existing unfavourable social conditions under which the women of today's Pakistan are living. The interviewees were all women who have a long history of working for the rights and development of Pakistani women. During the interviews, emphasis was placed on equality with males in education, freedom of movement and expression, and legal and human rights support.

The NGO sector, in agreement with other groups interviewed, agreed that the media should avoid over-simplification or over-dramatisation of drug issues.

This remark of one NGO worker was representative:

“All the social indicators show that Pakistani women lag behind in ordinary opportunities, in simple life skills, employment skills, social skills etc. They suffer from all these disadvantages simply because they are women. All Pakistan Women's Association is a service providing NGO and we address issues by giving services in the field of health etc. We helped insert clauses against discrimination against women in the 1973 Constitution. We also advocated raising the marriageable age of girls. Another major issue is the invisibility of women and the work extracted from them without compensation. The man is always free to go out to seek work or indulge in other activities.”

V. OBSERVATIONS AND FINDINGS

- All treatment centres were of the opinion that only one percent of women drug users sought treatment for their addiction.
- Addiction treatment requires separate wards due to the consequences of withdrawal symptoms. Existing treatment centres have no such facilities for women.
- All key informants agreed that drug abuse among women is on an increase. Teachers confirmed that tobacco smoking trend is increasing among students, including girls.
- Government hospitals have no treatment facilities besides basic detoxification services. They lack services such as rehabilitation care and social reintegration programmes.
- The stigma attached to drug addiction is one reason why women are not brought or do not come forward for addiction treatment.
- In jails in Karachi and Lahore there were no women inmates booked on charges of drug abuse. They were there on charges of trafficking and other offences, but not for drug abuse.
- According to research conducted by the Psychiatry ward of Jinnah Post Graduate Medical College, the highest percentage of psychotropic drugs was being given to patients who were in the Cardiac and Orthopaedic wards, whereas, it is generally believed that the Psychiatry ward prescribes psychotropic drugs in highest quantities.
- Drug addiction treatment is being carried out by hakims, for men as well as women.
- Drug addiction among women is not a passing phenomenon. It is increasing and efforts at reduction should be conscientiously undertaken.
- The majority of respondents were aware that drug abuse could have a negative impact on their lives. Nonetheless, for many women, a lack of awareness about drug abuse seems to play a significant role in allowing them to begin to use drugs.
- In all NSDA reports prior to 1993, drug abuse has been referred to as a “male activity.” There is hardly any mention of drug abuse among women, nor any

discussion of the consequences of this problem.

- Social and health-related consequences of drug consumption among young people is an important area for future consideration and research. The majority of respondents to this survey belonged to the age group of 15-39 years.
- Poverty and intimidation play a significant role in motivating women to become drug users.
- Contrary to popular belief, it is not just people from the lower economic strata who fall into habits of drug abuse. This study shows that young women from economically stable families are also a part of the growing numbers of drug addicts in Pakistan.
- The people from the higher social strata are often able to conceal their problems and have greater resources and access to proper rehabilitation and recovery programmes.

RECOMMENDATIONS AND SUGGESTIONS

As a result of this study, it is clear that the issues of women and drug abuse need immediate attention. The following recommendations and suggestions are made by the study team for the consideration of policymakers, potential donors and all other interested parties.

- Separate treatment facilities for female drug addicts should be made part of all existing and future treatment centres and hospitals.
- Separate drug prevention strategies need to be adopted for literate and illiterate groups.
- Special attention should be given to the prevention of usage of heroin and tranquillisers among women, both of which types of abuse are rapidly increasing.
- General practitioners should be properly trained in the rational use of potentially addictive medication and the prescription of tranquillisers should be monitored. Over-the counter sale and purchase of tranquillisers should be prohibited.
- There is an urgent need to conduct a new National Survey on Drug Abuse, to look at the current, emerging trends in drug abuse, with a special focus on women.
- Drug education programmes should be established for schools and colleges.
- Proper programs should be planned for youth, including peer education and the promotion of sports activities leading towards an atmosphere of healthy competition.
- Relevant organisations should be encouraged to start a service providing telephone help-lines and counselling for drug users.
- Research and studies pertaining to the issues of drug use/abuse should be encouraged in all higher-level educational institutions from medical as well as socio-economic and cultural perspectives.
- Educational institutions should encourage research, debate and discussion on various aspects of drug abuse, and should also consider using theatre and art to promote awareness of the issue.

- There must be more studies and research that focus on gender disparities at all levels of the society.
- There is an urgent need to look more closely at the basic issues of poverty, inequality and unemployment.
- Women's perceptions of themselves, their own lives, their broader social reality and their struggles and aspirations must be acknowledged.
- Efforts should be made to encourage an understanding in society that women's work in the house is a legitimate form of labour and should be considered as such.
- Efforts should also be made to use drug awareness programs as general health promotion messages.

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Lahore

Department of Applied Psychology, Punjab University

Kinnaird College

Government College for Girls, Cooper Road

Fatima Jinnah Medical College

Shirkat Gah

All Pakistan Women's Association

Woman's Cell, KotLakhpatt Jail

Mayo Hospital

Services Hospital

Ganga Ram Hospital

Nai Zindagi

Sadaquat Clinic

Modern Polyclinic

Addiction Treatment Hospital, Warris Road

Jinnah Hospital

Aghaz-e-Nau

Government Hospital for Psychiatric Diseases

Red Light Area

Brik Kiln Factory, Raiwind Road

Toffee Factory

Beauty Parlour

Saad Clinic

Women Police Station

International Airport

Shrine

Show biz

Prof. Dr. Saad Bashir Malik, Head of the Department of Psychiatry, Services Hospital and Post Graduate Medical Institute

Dr. Haroon Rasheed Chaudhry, Associate Professor of Psychiatry, Fatima Jinnah Medical College

Prof. Dr. Mohammad Riaz Bhatti, Head of Department of Psychiatry, Fatima Jinnah Medical College

Dr. Mohammad Rasheed Chaudhry, Fountain House Rehabilitation Centre

Karachi

Samaji Tanzeem, Itehad Chawk, Mohammadi Colony

Karachi NGO Alliance, Lyari

Asghar Dawa Khana, Lyari

Government Lyari Hospital

Kharadar General Hospital

Pakistan Society

Fisheries (Prawn Cleaning Factory)
Civil Hospital
Jinnah Post Graduate Medical College
Karachi Psychiatric Hospital (Rimpa Plaza)
Karachi Psychiatric Hospital (Nazimabad)
Yaseen Psychiatric Hospital
Rehan Psychiatric Hospital
Abbasi Shaheed Hospital
Sadaquat Clinic
Agha Khan Hospital
Liaquat National Hospital
AK Centre (Day Care)
Asghar Hospital
Abtida Rehabilitation Centre
IQ Neuro-Psychiatric Hospital
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Women Action Forum NGO
Women And Development Agency NGO
Women Police Station
Woman Airport Security Force Official
Red Light Area, Napier Road
Women's Cell, Central jail
Show biz
Hyderi a small village
Rehri a small village
Defence Housing Authority Residential area
Essa Nigri

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