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WOMEN AND SUBSTANCE ABUSE:

1993 country assessment report

WORLD HEALTH ORGANIZATION

ABSTRACT

This 1993 country assessment report on women and substance abuse is the second in a series of country studies on the sociocultural, health and policy impact on women who are affected by substance use, whether they are themselves substance users or not. The earlier provisional findings, entitled *Women and substance abuse, 1992 interim report (WHO/PSA/92.9)*, comprised country reports from Africa, Central America and Eastern Europe.

This report consists of country studies from all WHO Regions: Cameroon and Kenya in the African Region; the Bahamas, Bolivia, Brazil and Honduras in the Region of the Americas; Egypt and Lebanon in the Eastern Mediterranean Region; Estonia, Greece, Kazakhstan and Turkmenistan in the European Region; India and Sri Lanka in the South East Asian Region and China, Japan and the Philippines in the Western Pacific Region.

These two compilations of country studies are part of a global assessment being carried out for the women and substance abuse project supported by the United Nations International Drug Control Programme (UNDCP). The financial contribution of UNDCP is gratefully acknowledged.

TABLE OF CONTENTS

INTRODUCTION

This document is the second compilation of country reports on women and substance abuse prepared under the auspices of the World Health Organization Programme on Substance Abuse (WHO/PSA). It includes reports from all WHO Regions; the African Region, the Region of the Americas, the Eastern Mediterranean Region, the European Region, the South East Asian Region and the Western Pacific Region. The document forms part of the 1993 **Women and Drug Abuse, HIV/AIDS** project funded by the United Nations International Drug Control Programme (UNDCP). It expands and updates an earlier compilation of reports from Africa, Central America and Eastern Europe entitled *Women and Substance Abuse, 1992 interim report* (WHO/PSA/92.9).

Two additional reports have been prepared from the 1993 project: *Women and Drug Abuse; United Nations System Position Paper*, which is a collaborative report prepared by WHO/PSA, UNDCP and the UN Department of Policy Coordination and Sustainable Development, Division for the Advancement of Women (UN/DPCSD/DAW), and *Women and Drug Abuse; a gender analysis and review of health and policy implications* (WHO/PSA/93.12).

All country reports in the present document are the result of assessments carried out in 1993. The countries included are the Bahamas, Bolivia, Brazil, Cameroon, China, Egypt, Estonia, Greece, Honduras, India, Japan, Kazakhstan, Kenya, Lebanon, the Philippines, Sri Lanka and Turkmenistan. All reports were prepared by specialists active in the areas of drug abuse research, prevention or treatment in the countries concerned. The term "drug" refers to alcohol, tobacco, illicit or licit drugs and other psychoactive substances.

The country assessments presented here are based on several sources of information: a comprehensive review of published literature on women and substance abuse and dependence in each country, admission statistics from treatment facilities, and police and prison records. In addition, interviews were conducted with persons providing a variety of services to drug abusers and drug dependents, with women substance users themselves, and with women affected by the substance abuse problems of relatives or friends.

The country assessments have three objectives:

(1) to identify drug use related issues faced by women, whether they are drug users or not;
(2) to assess the trends, regional variations or unique aspects of the issue of women and substance abuse;
(3) to document women's resources in countries that have potential for providing interventions to reduce drug abuse demand.

This compilation of country report is the first international assessment of women and drug abuse and should serve as a useful reference work on the topic. While the country reports differ considerably in the quantity and range of information they are able to provide, each is presented in accordance with a common overall structure. With minor variations, therefore, each country report includes the following five elements:

(1) introductory section covering the historical, sociocultural and gender perspectives of substance abuse in the country concerned;
(2) report on literature review;
(3) summary of treatment statistics by gender and type of substance used;
(4) assessment of the role of women in demand reduction interventions;
(5) conclusions

The purpose of this series of reports is not to provide a comparison between countries. Rather it is to place on record what is known regarding women and substance abuse, what is not known, and what may be considered possible steps for future research or action.

Common factors

With such a wide variety of cultural backgrounds and social attitudes, and with such variation in availability of data, national priorities in one country may often differ from those in another. This is only to be expected, but while similarities between women or between substances used in different national situations may not always be easy to visualize, it is clear that a number of factors are common to the issue of women and substance abuse in more than one country.

One obvious common factor is that, in most countries, substance abuse has traditionally been seen as a man's problem. Substance abuse was felt to be incompatible with women's role in society. Consequently, while men's abuse of substances could be excused, or even condoned, as an acceptable part of manhood, women's abuse of substances attracted a negative stigma. While this latter fact may be claimed to have prevented many women from abusing drugs, it has also made it extremely difficult for substance-dependent women to seek assistance for their dependence in many societies.

Negative attitudes to women's substance abuse coupled with the reluctance of women to admit their abuse and dependence have resulted in scanty data being available specifically on women. Even in countries with considerable research information about drug abuse and dependence it is often hard to find data relating directly to women. In cases where studies have examined women's role in substance abuse the approach has by no means always been gender-specific, so that conclusions may have been clouded by viewing women's involvement from a male perspective.

A third factor related to the concept of substance abuse as a male problem is the lack of services for women substance users. The country reports in this document bear witness to this lack of services and to the need to provide such services as a priority. Where services, such as treatment and rehabilitation services, do exist, they may frequently have an approach based on male role models of drug dependence. Where services are provided for women it is clear that they must be accessible. This is not always easy when women's drug dependence is stigmatized and when cost of treatment is beyond the means of the majority of women.

Varied situations

Differing country situations make for a set of reports that vary in a number of respects. Wherever possible, for instance, drug abuse by women has been assessed by age group - from adolescence through adulthood to old age - but there are cases where the data was simply not available to allow this. Similarly, information about the relationship of HIV/AIDS to women and substance abuse has been included wherever reliable data could be found.

In the document, the country reports are organized according to the WHO Regions to which the country belongs.

African Region

The most common drugs used in Cameroon are licit, including tobacco, palm wine and other alcoholic drinks. Women are involved in the production of and sale of alcohol, especially **harki**. Palm wine is also used for medicinal purposes and by children. Traditionally, the use of tobacco by women was common only among old women, who chewed or sniffed a powder made of the ground leaves and other spices. With the adoption of western practices, there is an increased number of women smoking cigarettes today. Among the illicit drugs, cannabis is the most commonly used. Women often use cannabis pessaries

in the vagina to increase the sexual desire of their partners, as "dry" sex is a common practice and it is believed that men prefer a woman with a dry vagina. This practice can contribute to alteration of the vaginal mucosa and increase in exposure to HIV.

Kenya has seen increases in the use of a number of substances by women, with changing social attitudes leading to acceptability of alcohol and tobacco use by young women. Women's alcohol abuse is especially linked to the distilling of illicit liquor, often in situations of low socioeconomic status where selling liquor may be seen as the only way of producing income. Studies have indicated alcohol dependence among women slum-dwellers and female students. The lifestyle of a typical alcohol-abusing female slum-dweller is described and a link is made to the problem of substance abuse among street children. Women are also noted to be frequent users of tranquillizers and barbiturates. In view of the lack of services for treatment of drug dependence, the report suggests the provision of home-based care for dependent persons.

American Region

Alcohol is the most commonly used drug for all groups, and alcohol abuse has long been a problem in the Bahamas. Rapid social changes have contributed to an increase in alcohol dependence and alcohol related problems, and the differences between men and women have narrowed. In the last 20 years, poly-drug use has become common, including the combined use of alcohol and methaqualude. Cocaine use and abuse has also increased, especially among women. Not only do women substance abusers seem less willing than their male counterparts to enter treatment, but they also seem less likely to complete inpatient treatment. The HIV infection has become the focus of much concern in the Bahamas due to the rapid increase in the number of infected people and AIDS cases. Unsafe heterosexual practices and intravenous drug use are the most important modes of transmission. Women do not perceive themselves as at risk and lack knowledge of HIV transmission. A high percent of HIV infected women are cocaine dependent, keeping their habit by trading sex for drugs.

The abuse of alcohol, cocaine, cannabis and psychoactive drugs by women is reported to be growing in Bolivia, but in each case the amount of abuse is said to be less than that among men. Bolivia is a coca-producing country and the use of coca paste, one of the by-products of cocaine production, is considered to be a growing problem. While women are reported to abuse substances less than men do, women are shown to become dependent after a shorter period of use. The report indicates that treatment programmes specifically for women are needed as a priority, that prevention programmes should include a component specifically aimed at women, and that greater effort should be made to reach rural women with such programmes. Although the extent of women's alcohol abuse is less than men's, rural women in Bolivia are found to be more likely to use alcohol than their urban counterparts.

In Brazil the main drugs of abuse are said to be licit ones. Self-medication with benzodiazepines and anorectic drugs is a major concern among women that is compounded by easy availability of drugs without prescription. While studies indicate that HIV infection and use of alcohol and drugs are increasing among Brazilian women, little is known about the impact they are having. Violence against women by alcohol-abusing males is a problem that is often unrecognized and the role of alcohol in traffic accidents needs further evaluation. Studies indicate a rise in the incidence of AIDS among injecting drug users. Treatment services for women are reported scarce and there is a call for more training of health professionals in the treatment of substance dependence and related problems.

Honduras lists substance abuse as one of the country's top 10 health priorities. Alcohol is the most abused substance but women also show relatively high rates of benzodiazepine use. Again the easy availability of drugs without the need for a prescription is mentioned as a major obstacle to prevention. More services for women are needed and the role of women's groups in drug abuse prevention is highlighted.

Each of the Latin American reports mentions the particular problem of substance abuse among street children, many of whom use solvents. This group is likely to be undernourished and high rates of sexually transmitted diseases were found among female street children in Bolivia. Brazilian street children are reported to use a range of drugs in order to escape from reality.

Eastern Mediterranean Region

Information on women's abuse of substances is particularly sparce in Egypt, though some studies have focused on abuse among students. Very few women are known to seek treatment for drug-related problems and it is suggested that there needs to be a conscious effort to find out why this is so. Egypt has seen a rise in use of hashish, and of amphetamines which are manufactured in the country. Opium use has declined but heroin use has increased. Psychotropics are the main drugs used by women. The report stresses the need for women to be trained to treat women, for women's NGOs to take an active role in sensitizing people to the issue of women and substance abuse, and for more consideration of how to overcome cultural and traditional barriers to prevention.

An overall low level of substance abuse is reported in Lebanon, with women using drugs far less than men. The extent of tranquillizer use is not known but medicines are reported easy to obtain without prescription.

European Region

In Estonia, alcohol has been traditionally consumed in the society, and the existence of alcohol related problems is recognized. Little data are available on the patterns of other drug use and related problems in Estonia, although there is evidence that both consumption and drug-related problems are increasing, particularly from cannabis, amphetamines, barbiturates and other sedatives. However, these problems have not yet been fully appreciated by authorities of the society. It is foreseen that rapid social and economical changes, including increasing unemployment, will make drug abuse more likely.

Greece notes an increase in the abuse of substances among young people in the past two decades and the country has carried out a number of surveys of abuse among school students. Women are found to use licit drugs such as pain relievers and tranquillizers without prescription, and licit drug abuse is noted among school students. A need for more services for women is indicated and steps are under way to provide a range of more targeted services that include more focused counselling for drug abusers. A pilot health education programme to prevent drug abuse was carried out in the late 1980s and a more extensive one is under way on the basis of this. There are indications that the rise in substance abuse among students who were part of the project was less than among other students.