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Emerging Trends of Drug Use among Women in Rajasthan

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ABSTRACT

Drug use has been part of Indian culture for a long time, used for medicine, healing, rituals, and social occasions. Over time, this practice has turned into addiction in many communities, creating serious problems for public health and society. This paper looks at the growing problem of drug abuse among women in Rajasthan, especially in its western, rural areas, where the traditional use of opium and poppy husk is deeply rooted in social customs. While men's drug use has often been socially accepted, women's use of intoxicants is usually hidden and treated with shame, which makes the problem harder to see and address. The paper studies why women turn to drugs, the social stigma they face, and the difficulties this creates for them and their families. It also reviews steps taken by the government and civil society, such as awareness campaigns, women-led self-help groups, mobile treatment vans, and local governance programs from states like Kerala, Punjab, and Tamil Nadu, which Rajasthan could learn from. The paper concludes that solving this problem needs a gender-sensitive approach that recognizes women both as users and as caregivers affected by drug abuse in their families, along with culturally sensitive prevention, treatment, and rehabilitation policies.

Introduction

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Drug consumption in India has had various connotations over time, used for medication, healing, and pleasure, and has also become an important part of culture and social life in some regions. Gradually, these uses have turned into addictive practices, increasing the drug menace among common people and leading to drug abuse and addiction. India's location between the Golden Crescent and the Golden Triangle makes it especially vulnerable to drug trafficking, and these growing challenges pose serious risks to public health, morality, and national security, particularly among youth.

In Rajasthan, particularly its western region, drug consumption initially emerged as a commemorative practice during social gatherings and celebrations, but has gradually transformed into a compulsory addictive issue affecting individuals and society. This paper aims to understand the increasing addiction to drugs among women in Rajasthan and its association with social customs and stigma, addressing the causes, concerns, and challenges that arise, while also evaluating socio-political and legal initiatives undertaken by governments and civil society, and putting forth recommendations to mitigate the problem.

Historically, opium, alcohol, and cannabis were linked to masculinity and social life in Rajasthan, with men's use being more socially accepted. Women's substance use was often considered immoral and kept hidden. In Western Rajasthan, opium (*afeem*) and poppy husk (*doda*) use is deeply rooted, especially in rural areas. Some women also consume these substances for pain relief or due to partner pressure, which can lead to dependency and withdrawal symptoms.

As awareness of gender inequality and women's rights grows globally, new challenges faced by women are coming to light—including how men's drug misuse can negatively affect their female partners. At the same time, efforts to empower women through financial independence and social status can bring unexpected pressures, such as the stress of managing multiple roles. Both gender inequality and the pressures of empowerment are linked to the growing use of alcohol and other drugs among women, making them more vulnerable to health, social, and economic difficulties.

Drug abuse in Rajasthan is a deeply gendered phenomenon shaped by social norms, cultural expectations, economic structures, and power relations. While male drug consumption has historically been embedded within cultural, occupational, and ritual contexts, female drug use has remained largely invisible, stigmatized, and underreported—reflecting broader patriarchal structures that regulate women's behaviour more strictly while normalizing male substance use.

Women drug users constitute "a hidden population," and because of this non-recognition, studies on Indian women's substance abuse remain sparse. It remains difficult to interview women users because of the

additional stigma attached, especially among marginalized groups. Women are not only users of drugs but are increasingly involved in cultivation, processing, and drug dealing, driven by changes in social and economic conditions and greater female involvement in the informal, illegal economy.

Causes of drug use

Major causes of increasing drug use among women in Rajasthan include domestic violence, family stress, marital conflict, emotional trauma, peer pressure, and the influence of partners. In rural and semi-urban areas, lack of stable income, debt, and financial insecurity push women toward substance use as a coping mechanism or to sustain dependence. Women facing depression, anxiety, loneliness, or trauma often use drugs or alcohol as self-medication, and many report using substances to relieve fatigue from agricultural work or to treat illness. Lack of access to mental health services worsens the problem.

Globalisation and changing lifestyles are also driving new patterns: alcohol is now more accepted even in previously conservative families, and among Gen-Z, drinking is becoming more common and socially open, particularly in cities where both men and women take part in social drinking culture. Among young girls, medical students, and women in high society, consumption of alcohol and smoking is rising, sometimes becoming a fashion statement. Social gatherings such as kitty parties and high-society nightlife are venues where alcohol and smoking are normalized, fuelled by socializing trends and social media.

Impact of drug use

The adverse impact of drug use on families is tremendous. The family is often where the dependent user turns in distress, and relationships suffer, financial resources deplete, and health costs and emotional stress increase. When a drug user stops taking responsibility, common family responses include depression, stress, and resentment; the non-using partner may also turn to substances for solace. Consequences are often worse for families in poverty. Sexual relationships can be adversely affected, with a serious risk of HIV and other blood-borne infections among partners of drug users. Drug use is also strongly associated with domestic violence, which further aggravates family distress.

Within the family, it is often the woman—as wife or mother—who bears a significant part of this burden, an impact that is even more pronounced in a developing country like India where women are already disadvantaged. This burden on women has received scant research attention.

Although alcohol and tobacco use has historically been higher among men in Rajasthan, studies indicate that the physiological, social, and health impacts can be more severe for women due to biological and socio-

cultural factors. Women face higher risks of infertility, chronic liver disease, cancer, heart problems, irregular menstrual cycles, and pregnancy complications from alcohol and smoking.

Women are also doubly affected—both as partners of substance-using men and as users themselves—compounding their disadvantage. In rural Jaipur, alcohol consumption has emerged as a leading contributor to domestic violence, cited as the primary cause in 41% of cases, followed by job dissatisfaction and family stress; reported effects included anxiety, depression, sleep disturbances, and physical health issues among 12.1%, 8.4%, and 17.7% of respondents, respectively.

Consumption among women remains an underexplored area in India. According to NFHS-5 data, tobacco is the primary substance used among women aged 15–49 in Rajasthan, reported at 3.3% in rural areas and 1.5% in urban areas (2.9% overall), with rural women consuming more alcohol than their urban counterparts. This paper contributes to the neglected area of gender-focused research on alcohol and tobacco consumption among Indian women, supporting policy formulation to reduce it.

Rajasthan – Key Indicators under NFHS-5 (2020–21)

S. No	Tobacco Use and Alcohol Consumption among Adults (age 15+)	Urban	Rural
1	Women who use any kind of tobacco (%)	5.9	7.2
2	Men who use any kind of tobacco (%)	33.3	44.9
3	Women who consume alcohol (%)	0.3	0.3
4	Men who consume alcohol (%)	9.3	11.6

In recent years, attention to female substance abuse in India has increased. Research shows that many cases remain underreported, while women often face more severe consequences and greater barriers to treatment. Globally, about one-third of drug users are women, and women make up around one-fifth of people who inject drugs. Women are also increasingly involved in drug-related activities and crimes.

Government and civil society response

The Government of India and the Rajasthan government have launched several initiatives focused on awareness, community mobilization, and rehabilitation for women affected by drug abuse, a significant issue in the state's border areas. The Ministry of Social Justice and Empowerment launched the Nasha Mukt Bharat Abhiyaan (NMBA) in 2020 across all districts of Rajasthan, focusing on reaching women and youth through local NGOs, community meetings, and awareness drives, making women key agents of change. The

Rajasthan government established the Drug-Free Rajasthan Directorate and an Anti-Narcotics Task Force (ANTF), chaired by the Additional Chief Secretary (Home), to focus on prevention and rehabilitation, empowering local women leaders (Sarpanchs, ASHA and Anganwadi workers) as "first responders," decriminalizing personal use for women who agree to treatment with mandatory legal aid, and deploying mobile de-addiction vans to remote villages in districts like Sri Ganganagar and Jaisalmer.

Other proposed measures include training women within Self-Help Groups (SHGs) to recognize signs of addiction and provide peer-led counselling; cultural "Baatcheet" campaigns using folk media, street plays, and community radio to spread awareness in local dialects; and training local health workers to handle female patients with addiction issues with dignity and confidentiality, reducing stigma in medical settings.

Women's participation in local governance is important for preventing substance abuse. Kerala, Punjab, and Tamil Nadu use Panchayats and community groups for awareness, monitoring, and prevention programs. Rajasthan can learn from these successful models. At the international level, the UN General Assembly's 2030 Agenda for Sustainable Development recognized the importance of gender equality and women's empowerment, and the Commission on Narcotic Drugs (CND), UNODC's policy-making body, has urged member states to consider the particular needs of women in drug policy and to advance gender-sensitive approaches to the world drug problem.

Conclusion

Addressing drug abuse in Rajasthan requires a gender-sensitive framework that recognizes both women's invisibility as users and their central role as affected caregivers. Integrating gender perspectives into prevention, treatment, and rehabilitation policies is essential for developing inclusive and effective responses to substance abuse. By foregrounding gender as a critical analytical lens, this study contributes to a more nuanced understanding of drug abuse in Rajasthan and highlights the need for socially responsive and culturally informed interventions. The problem of drug use and addiction among women cannot be separated from other aspects of their social existence and conditioning, since their social and economic status directly affects their freedom—a status of great relevance both when women themselves use substances and when they suffer the consequences of abuse by family members.

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