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Intersectionality of Gender, Stigma and Substance Use: A Study of Punjab

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ABSTRACT: The intersectionality of gender, stigma, and substance use reveals unique challenges faced by women who engage in drug use. Globally, women, though a minority among drug users, tend to use drugs more frequently and develop substance use disorders more rapidly than men. In Punjab, the rise in female drug users is significantly influenced by intersecting factors such as social stigma, economic pressures, and gendered expectations. Female drug users face heightened judgment, severe social isolation, and discrimination, often harsher than what male drug users encounter. These experiences perpetuate a cycle of substance use and social exclusion, infringing on their rights to dignity and freedom from discrimination. Therefore, the study aims to investigate how gender-based stigma and discrimination shape the experiences of female drug users in Punjab. It delves into the socio-cultural and structural inequalities that exacerbate substance use among women and hinder their access to support systems. The research also aims to propose actionable strategies to reduce stigma, foster social inclusion, and promote equitable access to healthcare and rehabilitation for female drug users in the region.

KEYWORDS: Female Drug Users; Substance Use Disorder; Stigma Attached to Substance Use.

INTRODUCTION

It is estimated that women make up to 45-49 percent of users of amphetamines, non-medical pharmaceutical stimulants, opioids, sedatives, and tranquilizers globally. Even though women make up nearly half of amphetamine users, they only make up one in five of those undergoing treatment for amphetamine use disorders (World Drug Report, 2022). This represents a considerable treatment gap. Since 1990s, more women in India have started using opiates like heroin. This trend is influenced by life changes and social hardships (Murthy, 2008). Traditionally, drug misuse was more common among men, but this is changing. Punjab Opioid Dependence Survey (2015) conducted in ten districts of Punjab found that 1 percent of opioid dependents were women (Ministry of Social Justice and Empowerment, 2015). In 2018, a study by PGIMER, Chandigarh revealed that about 4.1 million people in Punjab had used substances, with 3.2 million becoming dependent. Among this dependent population, there were 3.1 million men and 0.1 million women (Avasthi et al., 2018). Many national and international survey substantiate the fact that women may be making up 2 to 5 percent of this estimated population (Vasudeva, 2022). Therefore, in Punjab, the number of female drug users has noticeably increased due to various factors. Many women turn to substance abuse as a way to escape or find comfort from social and economic pressures, as well as due to changing cultural standards.

UNDERSTANDING INTERSECTIONALITY: GENDER, STIGMA AND SUBSTANCE USE

The concept of intersectionality, introduced by Kimberlé Crenshaw, offers a lens to examine how overlapping identities such as gender, class, and caste interact with systems of oppression and privilege (Crenshaw, 1989). In the context of Punjab, where gender roles are traditionally defined, substance abuse manifests differently among men and women. While male substance users often face societal censure, women frequently encounter compounded stigma due to cultural expectations of femininity, morality, and family honor. Gender-based discrimination and societal stigma often cause female drug users to experience twice the impact of stigma related to substance use faced by male drug users. The females with substance use disorder are greatly affected by the stigma attached to substance use disorder leading to their social exclusion, discrimination, and denial to basic necessities for life such as access to employment, education and healthcare and prevalence of different kind of stereotypes against them.

This, in turn, exacerbates the challenges women already face. Some women become involved in criminal activities, including selling sex, to obtain money for drugs. This creates a vicious cycle where drug use and social exclusion feed into each other, worsening the situation (Murthy, 2008). Experts identify the lack of specialized facilities, pervasive social stigma, and a state of denial as the main barriers preventing women from seeking treatment exacerbating the issue and leading to underrepresentation of women in studies

and policy interventions. Therefore, the stigma associated with substance use disorders significantly undermines the dignity and right to freedom from discrimination for female drug users.

RESEARCH METHODOLOGY

The study aimed to explore the intersectionality of gender and substance use, focusing on the stigma and discrimination experienced by female drug users in Punjab. As the number of female drug users increased in Punjab, the state government established a Drug De-addiction Centre and the OOAT Clinic in District Kapurthala in 2017 for the treatment and rehabilitation of the Female Drug Users (FDUs). At the time of the study, 13 females were seeking treatment in the centre (10 from Drug De-Addiction Centre and 3 from the OOAT Clinic). All these 13 FDUs were interviewed. The interviews were conducted in the months of March to August 2022. The informed consent was taken from the respondents before the interview.

STIGMA AND DISCRIMINATION FACED BY FEMALE DRUG USERS IN PUNJAB

Stigma is a powerful social force that shapes how individuals are perceived and treated in society, particularly those engaged in substance use. Erving Goffman (1963) first conceptualized stigma, categorizing it into three main types: a) stigma related to mental illness, b) stigma linked to physical deformities, and c) stigma associated with one's race, religion, or ethnicity. Building on this foundation, Link and Phelan (2001) emphasized that stigma operates on three interconnected levels: individual, interpersonal, and structural. These levels influence how stigma is internalized and perpetuated within society (Gupta and Monika, 2021). For female drug users in Punjab, stigma takes on unique and often severe dimensions due to cultural and societal expectations regarding gender. Women who use drugs not only face judgment for their substance use but are also scrutinized for defying traditional roles of femininity and respectability. This dual layer of stigma amplifies discrimination, making it harder for them to access support or rehabilitation.

In Punjab, the intersection of gender and stigma plays a significant role in shaping the experiences of individuals struggling with substance use. Among the various forms of stigma, public, structural, and self-stigma emerge as most prominent, with women disproportionately bearing the brunt of these challenges. Public stigma refers to the negative perceptions and judgments that society places on individuals who use drugs, often leading to social isolation and exclusion. Structural stigma arises from institutional barriers, such as discriminatory laws, policies, or practices in healthcare, workplaces, or educational settings, which hinder women's access to support and resources for recovery. Self-stigma, on the other hand, occurs when individuals internalize societal judgments, blaming themselves for their struggles and experiencing feelings of guilt and shame.

For female drug users in Punjab, the compounded effects of these stigmas result in significant barriers to seeking help and reclaiming their lives. Public stigma subjects them to harsh scrutiny, structural stigma denies them equitable access to vital services, and self-stigma erodes their self-worth and confidence in overcoming addiction. These intersecting forms of stigma not only perpetuate the cycle of substance use but also deprive women of their fundamental rights to health, dignity, and equality. The study highlights the diverse stigmas that female drug users in Punjab face daily, revealing how these challenges profoundly impact their well-being and limit their opportunities for recovery and reintegration into society. These stigmas are discussed in details below:

(I) Public Stigma faced by Female Drug Users:

Public stigma involves widespread prejudice and discrimination against individuals with substance use disorders, often denying them basic rights like housing, food, education, and employment. People with substance use disorders need support and compassion from family and friends, but they are often abandoned due to stigma and misunderstanding, which negatively impacts their emotional and social wellbeing. It has been found out in the study that women suffered more public stigma due to the social construct of the society. Various public stigma faced by the female drug users were:

(a) Stigma faced in the family: In the process of recovery for drug users, family support is crucial. A vital safety net can be created during the difficult process of overcoming a substance use disorder by the love, compassion, and encouragement of family members. It aids in fostering an atmosphere of emotional stability and inspiration, strengthening the person's commitment to recovery. Furthermore, family support can help in restoring damaged relationships, promote better communication, and offer critical support in gaining access to treatment options.

In the present study, majority of the female respondents (76.9 percent) admitted that they had faced stigma in the family. Shockingly, some women were found to be abandoned by their own families due to their substance dependence. These women faced social exclusion and were excluded from family events and functions. Disturbingly, there were instances of violence against female respondents when they lived with their families. The doctors at the Centre who visited other de-addiction centres catering male substance users also confirmed that married men seeking treatment often received support from their wives during treatment, as their spouse visited them at the treatment centers. However, the same support was not found for the female respondents, as the study revealed that the spouses of the married female drug users seeking treatment rarely visited them during their stay at the center. This underscores a critical need for addressing familial and societal attitudes towards female drug users and need for enhancing support

systems to ensure their well-being during the recovery process. Additionally, it was found that 23.07 percent of the female respondents were either separated or divorced. Their divorce or separation was a direct result of their drug use disorder.

Narratives of Female Drug Users

A female respondent stated that "My parents had never understood my condition. When I needed them the most, they sent me to the treatment centres. They never come for the family counselling though they both are doctors by profession. Whenever I went home after completion of my treatment, my mother used to taunt me. She used foul language against me which triggered me and became the reason for my relapse."

Another woman shared that "When my sister got engaged, my parents did not take me to the ceremony due to my problem of drug dependence. Now I am taking treatment so that I can attend her wedding."

Another woman respondent narrated that "From the time my brother had got to know about my problem of drug dependence, he had not allowed me to enter my parents' home. My in- laws' family have disowned me. I have taken room on rent with the help of my mother and sister near my parents' home."

There was another respondent, who stated "From the time my father has got to know about my problem of drug dependence, he does not talk to me though he himself is dependent on alcohol."

Hence, it can be stated that all female drug users faced stigma with in their families which hampered their treatment as well as rehabilitation.

(b) Loss of Friends: The experience of stigma and abandonment often compounds the challenges faced by women battling drug dependence. Relationships that initially facilitate substance use through peer pressure often transform into sources of rejection and isolation, further deepening their challenges. In the present study, 46.1 percent of women stated that they had experienced stigma from friends. While 44.4 percent of the female respondents in the study stated that the reason for taking drugs was peer pressure; however, once they were hooked up to the drugs, their friends abandoned them. One of the respondents narrated "I started using drugs with friends, but once I became dependent on drugs, they eventually distanced themselves from me because of my dependence."

(c) Stigma faced in the Society: Women who took drugs were typically subjected to harsher judgement from society since they were perceived as breaking from social norms. Female drug users faced greater stigma and social isolation as a result of this simultaneous judgment; first for using drugs, and second for being a woman. In the present study, 61.5 percent of the female respondents stated that they faced stigma in the society in various forms. Some of them shared that their relatives had ended ties with them when they came to know about their problem of drug dependence. As relatives, family or friends decided to cut ties with female drug users because of their drug dependency, it had profound impact on the female drug users. Different type of stereotypes against female drug users was identified during the study such as: sidelong glances, outright rejection from others, labeling female drug dependents as 'unfit mothers' creating an environment where they felt unwelcome and marginalized. This was a harmful and stigmatizing practice with detrimental consequences. It perpetuated the misconception that addiction was solely a moral failing rather than a complex medical condition. This stigma deterred women from seeking the help they desperately needed, which in turn, exacerbated their substance use disorder and negatively impacted their families. Treating women who battled with substance use disorder as "unfit" ignored broader societal causes that contributed to substance use in addition to unfairly placing the burden on these women. The in-depth interviews with the respondents revealed that the female respondents continually lived in fear because of the stigma attached to them. Their family members regularly accused them for the choices they had made in their past. This kind of isolation made their already challenging journey of overcoming addiction more difficult. The lack of support and understanding from loved ones also led to the feelings of loneliness, rejection, and despair among the female drug users.

A significant number of women shared that "their presence becomes intolerable to family members or relatives, who exhibit unwelcoming behavior towards them during family functions. As a result, they avoid attending such events, which leaves them feeling hurt and excluded." A woman shared, "I started using drugs because my husband was addicted, and I felt compelled to destroy my life in the same way he was destroying his. My in-laws often blamed me for his condition, and eventually, our relationship ended in separation." Another woman shared, "I am often blamed for not being a good mother, and I constantly worry about the possibility of my sons becoming dependent on drugs as well."

The impact of stigma and discrimination against female drug users in public places affect not only their well-being but also hinder broader societal progress. When society stigmatizes and discriminates against women with drug dependencies in public spaces, it exacerbates the challenges they already face. This isolation contributed to a cycle of loneliness and despair, further complicating their efforts to overcome addiction. Moreover, public stigma often translated into structural discrimination, limiting access to essential services, education, and employment opportunities. As a result, female drug users found themselves trapped in a cycle of poverty and vulnerability, with limited avenues for personal and professional growth. Therefore, addressing social stigma and discrimination is important and requires a collective commitment to fostering understanding, empathy, and compassion. Rebuilding relationships and seeking help become crucial aspects of their recovery, emphasizing the importance of empathy and support from

the community to break the cycle of drug dependence. It involves challenging societal stereotypes and promoting inclusivity to ensure that female drug users are treated with dignity and respect. By dismantling these barriers, we can create a more supportive and equitable society where individuals facing substance abuse challenges can find the encouragement and assistance, they need to rebuild their lives.

(II) Structural Stigma:

Structural stigma in substance use disorders refers to systemic biases and discriminatory practices in organizations, laws, and social norms. It goes beyond personal opinions and includes actions that create inequality and harm the health of the people with substance use, affecting services like social support, law enforcement, and healthcare. This stigma makes it harder for individuals to get successful treatment and rehabilitation. Structural stigma against female drug users is a pervasive and deeply rooted societal issue that extends beyond individual attitudes, affecting the very systems and institutions designed to support and uplift individuals. This form of stigma is embedded in the structures of society, including legal, economic, and healthcare systems, and it significantly impacts the lives of women facing drug dependencies. The criminalization of taking drugs also makes matters worse by imposing legal penalties that obstruct rather than helping in rehabilitation. In the present study, the women respondents were found to be facing multiple structural stigmas.

(a) Stigma at Educational Institutions: The stigma attached to drug dependence often extends its reach to educational institutes, impacting the lives of women striving for an education. In the face of societal judgment and misconceptions, female students grappling with drug dependence found themselves marginalized within educational settings. This stigma manifested as discrimination, gossip, or even exclusion, creating an environment that become hostile to their well-being and academic pursuits. Unfortunately, the weight of this stigma became a formidable barrier, leading some women to discontinue their education. In the present study, 23.7 percent of the female respondents discontinued their education due to the stigma at educational institutes. They faced stigma not only from the fellow students but from the teachers as well. One of the respondents narrated “My teacher used to call me nashedi (addict), and fellow student also started calling me the same. Because of the reason I left my study.” The fear of judgment, isolation, and the associated shame overpowered their desire to learn, hindered their personal and academic growth. Addressing this issue necessitates a collective effort to foster understanding, empathy, and supportive environments within educational institutions.

(b) Stigma at Workplace: Structural stigma at the place of employment has the potential to restrict women who use drugs from seeking work. Existing prejudiced hiring practices and rules at work made it difficult for them to obtain stable job, trapping them in cycles of poverty and making them more prone to drug misuse. When women faced stigma at workplace due to their drug dependence, it often resulted in them ceasing to work, marking a disheartening consequence of societal judgment. The stigma surrounding drug dependence manifests as discrimination, isolation, and a lack of understanding from colleagues and employers. This hostile environment force women to withdraw from their professional lives, abandoning their careers in an attempt to escape judgment. In the present study (Table 1.1), 30.7 percent of the female respondents ceased to work due to stigma prevalent at workplace. One woman shared, "I used to work at a salon, but when I became dependent on drugs, I had to leave my job due to the stigma surrounding my condition in the workplace." Another woman, who previously worked as a nurse, said, "I lost my job because people at work could not understand or support me in dealing with my drug dependence."

(c) Insufficient Healthcare System: The fact that female drug users have less access to healthcare services is one obvious effect of structural stigma. Disparities in treatment options are frequently perpetuated by discriminatory policies and poor healthcare infrastructure, making it challenging for these women to get the care they desperately need. The exiting health care system for the treatment and rehabilitation of female drug users was found to be insufficient. As stated earlier, though the number of female drug users was increasing in the state of Punjab, there was only one de-addiction centre to cater them. Furthermore, the stigma attached to female drug users discouraged them to seek treatment at the Centre. The attitude of the counsellors in these centres was found to be highly prejudiced making the treatment journey more difficult for the respondents. The study found that the counsellor from the only drug de-addiction centre in Punjab lacked the necessary sensitivity to comprehend the struggles a woman with a substance use disorder faced. It was noticed during one of the meetings with the counsellor that the counsellor was evaluating one of her patients by referring to her as a person of loose character. In response to a question on a respondent's persistent relapse after finishing treatment, the counsellor described “After she has finished her treatment, we send her home, but she immediately begins dating boyfriends outside and drinking with them.” The inadequate infrastructure, lower quality of treatment and limited demand reduction strategies available for women at the Centre further deteriorated the situation.

(d) Stigmatization and Discrimination by Police: Police discrimination is a serious issue, with women often facing unjust treatment. Many experiences harassment, unnecessary searches, and biased actions by law enforcement. 30.76 percent of the female respondents experienced discrimination by police. They asserted that they were forcefully stopped, searched, misbehaved by police

in public place under the suspension of carrying drugs. A woman narrated "While passing through a village on my scooter, a policeman stopped me and questioned me inappropriately about possessing drugs, even though no drugs were found on me."
Thus, a comprehensive and systemic reforms are needed to address structural stigma. It involves changing laws so that healthcare is given priority over punitive measures, putting anti-discrimination measures into place at work, and promoting an inclusive society that acknowledges the complexity of substance use disorder concerns. By taking down institutional obstacles, female drug users can be empowered to live happy, fulfilled lives free from discrimination and stigma, and can support them on their road to recovery.

(III) Self-Stigma:

Internalizing stigma is a major consequence of being stigmatized, leading to lower self-esteem, self-worth, and poorer recovery outcomes. It can cause feelings of guilt, hopelessness, anxiety, self-devaluation, and depression (da Silveira et al., 2018). The World Health Organization notes that dependence on illicit substances is the most stigmatizing condition. People with substance use disorders often feel shame, guilt, anger, rejection, and worthlessness due to stigma, which can push them to use substances even more. These feelings can lead to further substance use and risky behaviors due to trauma and daily humiliations (United Nations Economic and Social Council, 2019).

Table 1.1: Self Stigma among the Respondents due to Substance Use

Type of Self Stigma faced by Respondents (MR*)	Total No. of Female Respondents N=13
Felt embarrassed	10 (76.9%)
Felt guilty	10 (76.9%)
Believed that they have been labeled as an addict for life	09 (69.2%)
Felt worthlessness and low self esteem	08 (61.5%)
Suffered mental stress because of the stigma faced	10 (76.9%)
Felt Suicidal	05 (38.4%)

Source: Data Computed from the Analysis of the Study
MR*= Multiple Responses given by Respondents

Self-stigma is often perpetuated by public as well as structural stigma. The women suffering from substance abuse often internalize negative beliefs about drug dependence, thinking that they are somehow weak or flawed. This self-stigma can be especially tough for female drug users, as society already have certain expectations and stereotypes about women's behavior. In the present study (Table 1.1), it was found out that 76.9 percent of female respondents felt embarrassed, guilty, and suffered mental stress because of the stigma they faced. There were 69.2 percent of women who had believed that they have been labelled as 'addict' for life, while 61.5 percent of female respondents felt worthless and had low self-esteem. There were 38.4 percent of female respondents who had suicidal thoughts. The patients who were HIV positive, lacked the will to live. However, neither their doctors nor counsellors were able to motivate them. A female respondent from Drug De Addiction Centre narrated "what is life? mam, I have AIDS, and I don't want to live. All I want to do is die." Another woman narrated "I often feel depressed whenever I go home, as I am always judged by my own parents and it cause me significant stress. This not only lowers my confidence but also lead to relapses." The fear of being judged made it difficult for these women to seek help or talk openly about their struggles. Therefore, breaking free from self-stigma is a crucial step towards healing, as it allows individuals to see themselves with compassion and recognize that seeking support is a strength, not a weakness.

CONCLUSION

The intersectionality of gender, stigma, and substance use in Punjab reveals a deeply rooted societal bias that disproportionately impacts female drug users. These women face double discrimination: one as individuals grappling with substance use and the other as women defying traditional gender norms. This dual stigma not only intensifies their marginalization but also creates significant barriers to seeking help and accessing support. To address these challenges, comprehensive strategies must be developed to combat public, structural, and self-stigma affecting female drug users. Community education programs should be launched to dismantle stereotypes and prejudices, fostering awareness and empathy among the public. These programs must emphasize the societal and systemic factors that contribute to substance use and the need for compassion and understanding in supporting recovery. Tailored community support initiatives are essential to provide female drug users with safe, non-judgmental spaces where they can seek help, share their experiences, and access peer and professional support. Policy reforms should focus on reducing discrimination in critical areas such as healthcare, employment, and education, ensuring equal opportunities for recovery and reintegration into society. The role of media is pivotal in reshaping public perceptions. Responsible and dignified portrayals of female drug users can challenge

prevailing stereotypes and highlight their resilience and potential. Support groups specifically designed for women can further combat isolation and shame, creating a sense of belonging and empowerment. Finally, accessible, stigma-free counselling and therapy services are vital to address self-stigma, build self-esteem, and equip women with coping strategies. Empowerment programs focusing on skill-building, leadership, and self-advocacy can help women challenge stigma and advocate for their rights. By addressing the intersectionality of gender, stigma, and substance use, we can create a more inclusive and supportive environment that enables recovery, empowerment, and social change.

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