A STUDY ON DRUG ABUSE AMONG WOMEN IN NORTH CHENNAI

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ABSTRACT

Drug abuse is currently one of the greatest public health and social issues across the globe and India. It is an extreme health and social issue in the urban women population. This research was aimed at evaluation of the trends, reasons and outcome of drug abuse in women in North Chennai. The past years have been characterized by the increased use of substances by women under different psychological, social and economic pretexts such as stress, pressure by peers, family issues and partners, boyfriends and other causes of financial crisis. The drug addiction among women in our society is a frequently concealed disease as it is stigmatized and most of the women lack the resources and information.

The research design is descriptive research design, Sample size is 200 women of North Chennai, the content of the study was based on closed structured questionnaire developed in Google Forms, and the primary data was collected through the use of closed structured questionnaire. The sampling technique applied in this study is snowball. The research examines different aspects such as the types of substances, the frequency of drug use, the factors that determine the use of drugs and the effects of drugs on several factors such as health, family and social life. It also checks the drug law awareness, rehabilitation services and intentions to seek help.

The paper establishes the primary causes of drug abuse among women as anxiety, peer pressure and socio-economic factors. But this decadence has its tolls in terms of health risks, domestic conflicts and being exposed to stealing, rape and alienation. The research observes that the primary problem that the women are not quitting the drug is the ignorance on where to seek treatment and the few treatment facilities available are very costly to the women.

The necessity to support the currently developed awareness program, gender sensitive rehabilitation and counseling service, and community support structure are also necessary to handle the matter of the rise of drug abuse among women in North Chennai. The stigma ought to be reduced and women should be urged to seek

treatment without having the fear of being discriminated and being shamed. The knowledge gap that will be bridged by this research is that there is a critical gap of knowledge on the drug use among women in North Chennai, and will be applied during designing and developing effective prevention and intervention programs to the vulnerable population.

Keywords: Drug abuse among women, Substance (Cocaine, weed, cigarette, tobacco) use.

CHAPTER I

INTRODUCTION

Drug abuse is a global problem and one that affects the individual, family and community level. The stereotype of substance abuse among men has always existed but, in recent years, the abuse of drugs among women has picked up pace and is extremely disturbing especially among urban Indians. This change is said to be caused by a combination of factors such as fast urbanization, alterations in social roles, stress in the workplace, peer pressure, domestic violence, and economic hardship. India has a huge gap in drug use detection and reaching out to most of the girls and women with drug addiction due to deep-rooted cultural beliefs, gender norms and intense social stigma associated with drug users.

Urbanization has been one of the largest growth rates in India and Chennai is a perfect example of the situation due to drug trafficking among women. The city's fast paced life, increasing work pressures, financial stress, and evolving social dynamics have fostered a situation where women, especially those in vulnerable and economically weak situations, are vulnerable to coping through substance use. North Chennai in particular is a densely populated area with a diversified socio-economic population, hosting a large population of lower middle class and working class population which makes it a suitable area to study this issue. As per the Ministry of Social Justice and Empowerment's report from 2019, a major chunk of the population (around 14.6%) indulges in alcohol consumption, 2.8% use cannabis and 2.1% use opioids; while men are still the majority of the drug users, the percentage of women using drugs has been incrementally increasing over time, especially for alcohol use.

Drug abuse among women has an impact on their body and mental health, family life, social functioning and financial status. Despite this dire scenario, however, only a small percentage of women with SUDs are receiving treatment in India; the most common barriers to treatment are social stigma associated with women, lack of awareness, absence of gender specific rehabilitation facilities and the cost of treatment. The current study is aimed at the analysis of pattern, cause and effect of drug abuse among the women of North Chennai and to provide evidence based recommendations for effective prevention and intervention measures.

1.1 Definition:

According to **National Cancer Institute (NCI),**

Any substance (other than food) that is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition. Drugs can also affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behaviour. Some types of drugs, such as opioids, may be abused or lead to addiction.

1.2 Types of Drugs:

Drug abuse involves use of vast number and type of substances that influence people differently. They may be divided depending on their origin, impacts or legal or illegal. The list of the most prevalent abused drugs is as follows.

a. Alcohol:

Alcohol is a well-known drug, something that is a daily routine and has become a part of the culture, one that is not illegal and seemingly harmless that may be extremely devastating when consumed in abundance. Excessive consumption of alcohol will result in addiction, liver disease and may even occur to the judgment of an individual. Even though the alcohol use problem is most often viewed as an independent problem when contrasted to the use of other drugs, alcohol is most of the times a gateway drug to other illegal substances.

b. Cannabis (Marijuana/Ganja):

Cannabis is a widely used recreational drug to experience the psychoactive effects of the drug, which include relaxation and distortion of perception. Nevertheless, chronic use of cannabis is also characterized to damage short-term memory, concentration and has been also associated with different types of mental health disorders particularly those who use it consistently.

c. Opioids:

The opioids are also addictive drugs, such as heroin and certain painkilling prescription drugs such as morphine. Opioids may cause serious dependence, breathing issue or even death when applied as a pain reliever.

d. Stimulants:

Such stimulants are as cocaine, amphetamines (including methamphetamine) and meperidine (Demerol). They heighten alertness, energy and may also bring euphoria. This however does not last long and yields to after-effects such as anxiety, panic, paranoia and even aggressive behavior. These drugs may cause problems of the heart and other serious life-long psychological disorders in the event of their long-term use.

e. Hallucinogens:

These medications have been known to influence perceptions, moods as well as cognition of the users. It can

cause effects such as hallucinations as well as distorted reality. There is always a tendency of risky behavior by the users to keep the trip going and can be affected by serious and long-term mental health problems. These drugs include LSD and some of the synthetic forms.

f. Inhalants:

And inhalants are drugs that individuals inhale in order to feel high. Adhesives, cleaning fluids and paint solvents are some of the popular inhalants. The use of inhalants may have an immediate negative effect on the brain, lungs, and other important organs.

1.3 Statement of the problem:

Drug abuse has now been a serious social and community health issue across the entire globe and its impacts on women are raising concerns. Over the past few years, it is evident that substance abuse among women has increased significantly especially in cities such as Chennai. Even with this development, drug abuse among women remains a secret, because of social stigma, cultural attributes and fear of being discriminated. Drug abuse among women results in a number of problems including physical and psychological health problems, family separations, social isolation and financial instability. In most cases, there's pressure and a lack of support systems in society, so people are not likely to seek help or to report their condition. In addition, the literature and policies available focused primarily on male drug users and few efforts have been made to attend to the unique experiences and needs of women. Urban stress, altered lifestyles, peer pressure, domestic problems and ignorance can be some of the factors that cause women to abuse drugs in Chennai. However, there is a lack of information and knowledge regarding the scope, possible cause and implications of such a problem in the local context. This disconnect prevents the creation of strong interventions by the policymakers, healthcare system and law enforcement officials. Hence the present study aims to study the problem of drug abuse among the female population of Chennai and the factors determining the drug abuse to suggest suitable measures to prevent and rehabilitate the drug addicted female population.

1.4 History:

Drug use can be traced to ancient times when people used medicinal, religious, and cultural purposes of such natural substances as opium, cannabis, and alcohol. In ancient civilizations like Mesopotamia, Egypt and India, plant based drugs were used to reduce pain, induce sleep and conduct religious ceremonies.

The use of drugs in the 19th century increased immensely with the introduction of modern medicine. Morphine, heroin and cocaine were also very common in medical use mostly in relieving pain. Nevertheless, since no one knew about their addictive quality, most people have ended up being addicted to these substances. This is the time when drug abuse as a social and health issue started.

Governments of all countries in the world started to acknowledge the negative consequences of drug abuse early in the 20th century and formulated laws regulating the production and use of drugs. Policies on

narcotic drugs were put in place by international agreements and national policies to regulate the use of narcotic drugs. These attempts did not help to reduce the issue of drug abuse.

Drug abuse has become a worldwide problem in the late 20th century and the early 21st century, with the advent of synthetic drugs, prescription drug abuse, and higher drug trafficking. The process of urbanization, globalization and evolving lifestyles also helped in propagation of substance abuse in various sectors of the society including the women and youth.

Traditionally, drug use in India has been associated with cultural practices like cannabis and opium in some areas. A change towards more destructive substances, such as heroin, synthetic drugs and misuse of pharmaceuticals, has taken place in recent decades, however. Drug abuse cases have been on the increase due to the growing accessibility of drugs, social and economic pressures especially in cities such as Chennai.

1.5 Theoretical Framework:

1. **Social Learning Theory**, that states that people learn by observing and imitating other people. According to this theory, drug abuse may take place when women are either exposed to substance use within their family, peer group or social context. When these environments endorse or reward drug use, people will tend to follow suit.
2. **Strain Theory** is a theory that attempts to explain how people can resort to drug abuse as a means of coping when they are stressed, frustrated, or just fail to meet the socially acceptable objectives. Women who are economically depressed, in conflict, abused by their partners, or are emotionally distressed can take drugs to forget their troubles.
3. **Labeling Theory** which implies that once individuals are branded as drug users or deviant, it can be internalized and the behavior will be perpetuated. Social stigma and negative labeling may not lead to recovery but instead drive the women even deeper into isolation and substance abuse in the case of women.
4. **Feminist Theory** which is important in the explanation of drug abuse among women. It reveals the gender inequality, discrimination, and social expectations, which influence the lives of women. Inability to make independent decisions, abuse and access to resources can predispose the other issues such as substance abuse. Altogether, these theories are a powerful approach to the analysis of drug abuse among women because they take into account various aspects of their lives. They aid in the identification of the underlying causes of the issue, and the creation of effective intervention and prevention plans.

1.6 Statistics:

Drug abuse has become one of the most significant worldwide and national issues with millions of individuals suffering irrespective of their age and gender. Reports by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) showed that approximately 35 million individuals in the world are drug users with disorders. The most popular drug in the world is cannabis followed by opioids, amphetamines and cocaine.

The information presented in the Indian context is valuable as the report by the Ministry of Social Justice and Empowerment (2019) is called Magnitude of Substance Use in India.

It states that:

i. About 14.6 percent of the population (10-75 years) Alcohol consumers.
ii. Approximately, 2.8% of the population smokes cannabis.
iii. Opioids: There are 2.1 percent taking opioids (heroin and pharmaceutical opioids).
iv. 0.7% of the population is estimated to be dependent on opioids.

Despite men being the majority of substance users, women are slowly on the rise when it comes to the drug abuse. Stigma and the underreporting of women have led to the actual prevalence among women being higher than documented.

There are no reliable data on gender in urban centers such as Chennai. Nonetheless, according to rehabilitation centers and NGOs, the trend of substance abuse among women is increasing, particularly, the 1835 age group. Substances that are commonly abused are alcohol, prescription drugs, sedatives and in some instances, illicit drugs like heroin and synthetic drugs.

Research also indicates that women have a tendency of getting involved with drugs because of the following reasons:

i. Mental health problems and emotional stress.
ii. Domestic violence and family problems
iii. Peer influence and relationship issues
iv. Occupational stress and changes of the urban lifestyle.

Moreover, the behavior of seeking treatment amongst women is low. It is also estimated that in India less than 10 percent of women with substance use disorders are well treated and this is largely because of the stigma, ignorance, and inaccessibility to gender sensitive rehabilitation services. These statistics show that drug abuse is not a new concern but it is one that is growing among women. The absence of precise and elaborate data, particularly the local level such as Chennai, show the necessity to conduct targeted research to comprehend and deal with this issue.

1.7 Legal provisions related to the topic:

In India, the issue of drug abuse is regulated by a set of laws. The laws control the production, distribution, possession and consumption of different drugs and aid in restraining the illegal drug activity and preventing drug abuse. The **Narcotic Drugs and Psychotropic Substances Act (NDPS Act)** is the primary law that governs drugs in India. The Act has been mainly intended to regulate and control the production, manufacture, possession, sale, purchase, transporting, use, consuming etc. of the narcotic drugs and psychotropic substances. It also recommends a strict prison sentence and penalty on the offending parties. The law sets a distinction between small and large amounts of illicit drugs whereby possession of very small amounts is different as compared to large amounts.

Besides the punishment, the Act offers the treatment and rehabilitation of the drug dependent people, who are addicted to drugs, whether willingly or not. It does not consider their addiction as a medical problem, which can be treated and prevented through medical intervention. It will thereby urge everyone, both users and pushers, particularly the first time offenders to seek and receive medical treatment to cure and rehabilitate drug abuse, rather than receive the stiffer sentence. The other legislation that are also meant to curb the problem of drug abuse are the Drugs and Cosmetics Act and Rules formulated under law are the provisions that aim at regulating the production and sale of drugs in order to protect them against abuse. Such legislation are particularly needed to curb the abuse of the prescription medicines.

The Government of India has also developed a number of programs to combat drug abuse and addiction and establish awareness and prevention of drug abuse. Drug abuse in the initiatives of the ministry of social justice and empowerment like de- addiction centres, campaigns and community based initiatives are addressing the issue in an effective and sustainable way even with the presence of stringent laws and many challenges including, drug trafficking, lack of awareness and stigma attached. Gender-based social norms, stigma, and fear of discrimination are other issues that prevent women access to legal and treatment services.

1.8 Significance of the study:

This work is significant because it concentrates on the increasing problem of drug abuse in women that is not put into the spotlight of research and policy. Substance abuse has been extensively researched, but the vast majority of the focus has been directed towards men leaving a gap in the knowledge about the particular experiences and issues women go through. This research is useful in filling that gap by offering information on the trends and reasons behind drug abuse in women in Chennai. This research will be of benefit to policymakers, healthcare providers and social workers when developing gender-sensitive prevention and rehabilitation initiatives. Through establishing the major causes of drug abuse among women, strategies that help in alleviating the factors at the core of the issue and curbing the level of abuse can be formulated. The social stigma and barriers which do not allow women to seek help are also identified in this research. By learning about these issues, more favorable environments can be created, and women will feel free to seek treatment and counseling services without fear and discrimination. In addition, the research will contribute to academic knowledge by adding to the existing literature on drug abuse, particularly in the context of urban women. It can be used as a source of information by future researchers that would like to investigate similar issues or do a comparative analysis.

1.9 Objective of the study:

i. To find out how common drug use is among the participants.
ii. To research how people acquire drugs and how they are influenced.
iii. To comprehend how drug use affects relationships within the family.
iv. To analyze drug prevalence and what type of drug.
v. To analyze the awareness on legal provisions and rehabilitation techniques of drug abuse.

CHAPTER II
REVIEW OF LITERATURE

This chapter presents the review of existing national and international research studies related to drug abuse among women, drug addiction, its prevalence, legal challenges and its impact on women. It also identifies the research gap that the present study aims to address.

A. M. Madi (2026) examined how psychological and social characteristics influence the prevalence of digital drug addiction among adolescent girls studying in secondary schools. The research identified factors such as loneliness, anxiety, low self-esteem, peer pressure, family conflicts, and excessive internet exposure as major contributors to addictive digital behaviors among female students. The study revealed that adolescent girls who experience emotional instability and weak social support are more likely to develop dependency on digital platforms, online games, and social media as coping mechanisms. The author further emphasized that digital addiction negatively affects academic performance, mental health, interpersonal relationships, and overall well-being. The findings highlighted the importance of parental supervision, school-based awareness programs, psychological counseling, and healthy social engagement in preventing digital addiction and promoting balanced technology use among adolescent girls.

D. T. Zhu, Aakash Reddy and D. E. Klein (2026) analyzed grant terminations at the National Institute on Drug Abuse and examined their implications for drug abuse research and public health initiatives. The study highlighted that the discontinuation of research grants can negatively affect ongoing studies related to substance abuse prevention, treatment, mental health, and rehabilitation programs. The authors emphasized that interruptions in funding may delay scientific advancements, reduce support for vulnerable populations affected by addiction, and limit evidence-based policy development. The analysis further pointed out the importance of sustained governmental and institutional funding to address emerging drug-related challenges, improve treatment outcomes, and support innovative research in addiction science. The researchers concluded that consistent investment in drug abuse research is essential for strengthening healthcare responses and reducing the social and psychological impact of substance addiction.

Eugene Capuzzi and colleagues (2026) examined the prevalence and correlates of prescription drug abuse and misuse among adult prisoners across various correctional settings. The study highlighted that prescription drug misuse, particularly involving opioids, benzodiazepines, and psychotropic medications, is significantly prevalent among incarcerated populations due to factors such as mental health disorders, prior substance dependence, stress, and limited healthcare monitoring within prisons. The review further identified socio-demographic and psychological correlates, including trauma history, psychiatric co morbidity, and inadequate rehabilitation services, which contribute to continued misuse among inmates. The authors emphasized the urgent need for stricter prescription monitoring, improved mental health interventions, and comprehensive

rehabilitation programs within correctional institutions to reduce prescription drug abuse and its associated health and behavioral consequences among prisoners.

K. K. Al-hadrawi and colleagues (2026) examined the relationship between drug abuse and fertility, focusing on the healthcare decisions of individuals seeking fertility-related services. The study highlighted that prolonged substance abuse, including the use of narcotics, alcohol, and other addictive drugs, can negatively affect reproductive health in both men and women by causing hormonal imbalances, reduced fertility rates, and complications in pregnancy outcomes. The authors also explored how awareness of these health consequences influences the decisions of healthcare consumers regarding treatment-seeking behavior and lifestyle changes. The research emphasized that many individuals struggling with substance dependence often lack adequate knowledge about the reproductive risks associated with drug abuse, leading to delayed medical intervention and reduced treatment success. The study concluded that healthcare institutions should strengthen awareness programs, counseling services, and rehabilitation support to address the reproductive and psychological consequences of drug abuse and encourage healthier behavioral choices among affected populations.

M. M. Asad and colleagues (2026) explored the impact of victimization on the mental health of youth and its subsequent association with the risk of drug addiction from a global perspective. The study revealed that experiences such as physical abuse, bullying, neglect, cyber victimization, and social violence significantly contribute to psychological problems including anxiety, depression, stress, and emotional trauma among young people. These mental health challenges often increase vulnerability to substance abuse as youths may use drugs as a coping mechanism to manage emotional pain and psychological distress. The authors emphasized that victimized youths are at a greater risk of developing addictive behaviors due to inadequate social support, poor coping skills, and prolonged exposure to traumatic experiences. The research highlighted the need for integrated mental health services, early intervention programs, and victim support systems to prevent drug addiction and promote psychological well-being among vulnerable youth populations.

Ma H. and colleagues (2026) developed 3D Temporal-Spatial Convolution LSTM Network to assess the effectiveness of drug addiction treatment using advanced artificial intelligence techniques. The research focused on integrating temporal and spatial behavioral data to accurately evaluate treatment progress and predict recovery outcomes among individuals undergoing rehabilitation for substance abuse. The study demonstrated that deep learning models could effectively identify behavioral patterns, emotional responses, and treatment-related changes with higher accuracy compared to traditional assessment methods. The authors emphasized that AI-driven assessment systems can support clinicians in monitoring patient recovery, improving personalized treatment strategies, and enhancing decision-making in addiction rehabilitation programs. The findings highlighted the growing role of machine learning and pattern recognition technologies in modern substance abuse treatment and recovery management.

Nur Atiqah Aisyah Mohd Nawawi and colleagues (2026) examined the issue of drug addiction in Malaysia by analyzing commonly abused drug types, the functioning of rehabilitation centers, and the effectiveness of therapeutic programs. The study identified methamphetamine, heroin, cannabis, and synthetic drugs as the most frequently abused substances, particularly among young adults and vulnerable populations. The authors discussed the role of government-operated and private rehabilitation centers in addressing substance dependence through medical treatment, counseling, spiritual rehabilitation, and psychosocial support programs. The review further highlighted challenges such as relapse, social stigma, limited community reintegration, and insufficient mental health support for recovering addicts. The researchers emphasized the importance of holistic rehabilitation approaches, early prevention strategies, and continuous aftercare programs to improve recovery outcomes and reduce the growing burden of drug addiction in Malaysia.

Shanmugam, Iyappan, and Sundaram (2026) examined the increasing involvement of young girls in drug use and the social factors contributing to the development of drug culture in Chennai. Using a qualitative and criminological research approach, the researchers collected data through interviews and case analyses to understand the psychological, social, and environmental influences behind substance abuse among adolescent and young adult females. The findings revealed that peer pressure, family conflicts, emotional neglect, relationship problems, academic stress, social media influence, and exposure to urban nightlife were major causes leading girls toward drug use. The study highlighted that many young girls used drugs as a coping mechanism to deal with anxiety, depression, loneliness, and social pressure. It further observed that substance abuse among girls often resulted in school dropout, risky sexual behaviour, mental health issues, family breakdown, and involvement in deviant or criminal activities. The researchers emphasized that changing urban lifestyles, weak parental supervision, and easy access to narcotic substances have contributed significantly to the rise of drug culture among young women in Chennai. The study concluded that gender-sensitive intervention programmes, counselling services, awareness campaigns, family support systems, and stricter law enforcement are necessary to prevent substance abuse and protect vulnerable young girls from the harmful effects of drug addiction.

A. W. Laksana and colleagues (2025) critically examined the legal protection provided to victims of drug abuse and highlighted the disharmony present in legal substance regulations. The study argued that inconsistencies and overlapping provisions within drug laws often create confusion in distinguishing drug users as victims requiring rehabilitation from offenders deserving punishment. The authors emphasized that punitive legal approaches frequently fail to address the health and psychological needs of individuals affected by substance abuse, leading to stigmatization, social exclusion, and inadequate access to treatment services. The research further discussed the importance of adopting a victim-centered and rehabilitative legal framework that prioritizes medical care, counseling, and social reintegration over criminalization. The study concluded that stronger coordination between legal, healthcare, and social welfare systems is necessary to ensure effective protection and rehabilitation for victims of drug abuse while maintaining justice and public safety.

E. **Johnson and colleagues (2025)** conducted a psychometric synthesis of different versions of the Drug Abuse Screening Test (DAST) to evaluate their reliability, validity, and effectiveness in identifying substance abuse problems. The study analyzed multiple DAST versions used across clinical, counseling, and research settings and found that the instrument remains a widely reliable and efficient tool for screening drug abuse and addiction-related behaviors among diverse populations. The authors highlighted that the DAST demonstrates strong internal consistency and accuracy in detecting varying levels of substance misuse, making it useful for early identification and intervention. The research also emphasized the importance of standardized screening tools in improving counseling outcomes, treatment planning, and rehabilitation services for individuals struggling with drug addiction. The findings supported the continued use and refinement of DAST measures in mental health and substance abuse assessment practices.

N. **Nakhaee (2025)** discussed primal prevention of drug abuse as an emerging yet insufficiently recognized public health issue. The study emphasized that primal prevention focuses on addressing the root social, environmental, and psychological factors that increase vulnerability to substance abuse before risky behaviors develop. The author highlighted that factors such as family instability, poverty, peer influence, stress, lack of education, and social inequality contribute significantly to the initiation of drug use among individuals, especially youth. The research argued that existing prevention strategies often concentrate on treatment and secondary prevention while neglecting broader structural and community-based interventions. The study further stressed the need for comprehensive public health policies, awareness programs, early childhood support, mental health promotion, and community engagement initiatives to reduce the risk of drug abuse at its earliest stage. The findings underscored the importance of integrating primal prevention into national health strategies to create long-term reductions in substance abuse and related social problems.

Shimane et al. (2025) conducted a nationwide cross-sectional survey in Japan to examine the prevalence of over-the-counter (OTC) drug abuse and the psychosocial factors associated with substance misuse among high school students. The study revealed that a considerable number of adolescents engaged in the misuse of OTC medications, particularly cough suppressants and pain relievers, often due to curiosity, stress, emotional difficulties, peer influence, and easy accessibility of these drugs. The findings indicated that students with poor mental health, low family support, academic pressure, social isolation, and risky behavioral patterns were more likely to abuse OTC drugs. The researchers emphasized that the growing misuse of legally available medications among adolescents represents a serious public health concern because it can lead to dependency, psychological problems, and progression to other forms of substance abuse. The study concluded that schools, families, healthcare professionals, and policymakers should work together to strengthen mental health support, improve awareness regarding the dangers of OTC drug misuse, and implement early prevention and intervention strategies for adolescents.

Ganesan (2024) explored the escalating issue of drug abuse among adolescents and its link with criminal

activities in Chennai. The study used descriptive research design and convenience sampling method for data collection, which is 200 respondents. The results showed that peer pressure, curiosity, family problems, stress and accessibility of drugs were significant factors which contributes to teenagers' substance abuse. The study also emphasized that teenage drug abuse often results in behavioral issues, violent behavior, stealing, and other crimes. The author pointed that drug abuse was not of any particular social class but is having a rising trend among youngsters in urban areas of Chennai city. It has been found that the focus of the study should be to create awareness programmes, parental supervision, counselling service and tighter controls of drug distribution to minimise drug abuse by teenagers and their negative social effects.

Elamathi and Hemamalini (2024) examined the impact of educational and awareness programmes in improving knowledge and attitudes regarding drug abuse among school students in Chennai. The study adopted an evaluative research design and collected data from school children using structured questionnaires before and after the implementation of the awareness programme. The findings revealed that many students initially had limited knowledge about the harmful effects of drugs, addiction, and related health and social consequences. After participating in the awareness sessions, the students showed significant improvement in their understanding of substance abuse, risk factors, prevention methods, and the importance of healthy lifestyle choices. The study highlighted that school-based awareness programmes play an important role in reducing curiosity toward drugs and promoting positive behavioural change among adolescents. The researchers further emphasized that peer influence, media exposure, stress, and lack of parental supervision were major factors contributing to the vulnerability of school children toward substance abuse. The study concluded that regular awareness campaigns, counselling services, parental involvement, and life-skill education should be incorporated into school systems to effectively prevent drug abuse among children and adolescents in Chennai.

Khiyali et al. (2024) investigated the association between smoking, alcohol consumption, drug abuse, and osteoporosis among older adults using data from the PERSIAN cohort study conducted in Fasa, Iran. The cross-sectional study examined how substance abuse behaviors contribute to bone health problems among the elderly population. The findings showed that smoking, alcohol use, and drug abuse were significantly associated with an increased risk of osteoporosis, highlighting the harmful effects of long-term substance use on bone density and overall physical health. The study emphasized that substance abuse not only affects mental and social well-being but also leads to serious chronic health complications among older adults. The researchers suggested the importance of early screening, preventive healthcare measures, lifestyle modification programs, and awareness campaigns to reduce substance-related health risks and improve quality of life among aging populations. The study further stressed the need for integrated public health interventions targeting substance abuse and age-related diseases simultaneously.

Marinelli et al. (2023) explored the influence of sex and gender differences on substance abuse patterns and emphasized the need for tailored therapeutic approaches for individuals with substance use disorders. The study highlighted that biological, psychological, and social factors contribute differently to addiction among men and women. Women were found to experience faster progression from drug use to dependence, higher rates of anxiety, depression, trauma, and

stigma, along with greater barriers to accessing treatment. The authors also discussed the role of hormonal influences, particularly estrogen, in increasing vulnerability to drug-taking behavior and relapse. Additionally, the review emphasized that many existing addiction treatment programs remain male-oriented and fail to address women-specific needs such as childcare, reproductive health, trauma-informed care, and protection from gender-based violence. The researchers concluded that effective prevention and treatment strategies must adopt gender-sensitive and personalized approaches that integrate biological, social, psychological, and medicolegal considerations to improve recovery outcomes and reduce inequalities in addiction care.

Ahmad et al. (2022) examined the effectiveness of social media-based interventions in reducing the tendency of Nigerian youth to engage in drug abuse. The study focused on how digital platforms can be used to create awareness, educate young people about the harmful effects of substance abuse, and influence positive behavioral change. The findings revealed that exposure to anti-drug campaigns and educational content on social media significantly reduced youths' willingness to engage in drug use by improving their knowledge, attitudes, and perceptions regarding substance abuse. The researchers observed that interactive online communication, peer engagement, and continuous awareness messaging played an important role in shaping preventive behaviors among adolescents and young adults. The study concluded that social media can serve as a powerful public health tool for drug abuse prevention and recommended the integration of digital awareness campaigns, community participation, and youth-centered intervention strategies into national substance abuse prevention programs.

Motyka et al. (2022) examined the specific needs, barriers, and challenges faced by women suffering from drug addiction through a secondary analysis of 23 studies conducted across different countries. The study revealed that women experience significant barriers in accessing treatment, including social stigma, discrimination, poverty, lack of childcare, inadequate healthcare services, and fear of losing parental rights. The authors emphasized that emotional problems such as shame, guilt, anxiety, depression, and low self-esteem often prevent women from seeking help. The review also highlighted the need for gender-sensitive treatment programs, improved social support systems, better healthcare access, and policies focused on women's unique experiences with addiction. The researchers concluded that addressing gender inequality, reducing stigma, and integrating women-specific interventions into national health strategies are essential for improving treatment outcomes and recovery among women with substance use disorders.

Kumar et al. (2020) examined the extent of substance use and the level of awareness regarding its harmful effects among rural populations. Using a community-based cross-sectional research design, the researchers collected data from residents through structured interviews and questionnaires to understand patterns of alcohol, tobacco, and other substance use. The findings revealed that tobacco smoking, smokeless tobacco, and alcohol consumption were highly prevalent among the rural population, particularly among adult males. The study identified peer influence, cultural practices, stress, lack of education, and easy accessibility of addictive substances as major reasons for substance use. Although some participants were aware of the negative health consequences such as cancer, respiratory diseases, liver disorders, and addiction, many

continued substance use due to dependency and social habits. The research further highlighted that low literacy levels and inadequate health awareness programmes contributed to the persistence of substance abuse in rural communities. The authors concluded that community-based awareness campaigns, health education programmes, counselling services, and early intervention strategies are necessary to reduce substance use and improve public health in rural areas.

Sathyamurthi and Sathish Kumar (2020) examined the growing prevalence of substance abuse among adolescents living in neighborhood communities and urban areas of Chennai. Using a descriptive research design, the researchers collected data from adolescents through interviews and questionnaires to understand the causes, patterns, and effects of substance use. The findings revealed that alcohol, cigarettes, tobacco, cannabis, glue, and inhalants were commonly used substances among adolescents, mainly due to peer pressure, curiosity, family problems, emotional stress, media influence, and easy availability of drugs. The study highlighted that many adolescents developed substance-use habits at an early age and often used drugs for social acceptance and recreational purposes. The research further observed that substance abuse negatively affected academic performance, mental health, family relationships, and social behaviour, leading to absenteeism, aggression, fights, and involvement in petty crimes. The authors emphasized that poverty, weak parental supervision, and lack of awareness programmes increased the vulnerability of adolescents toward addiction. The study concluded that effective prevention strategies such as counselling services, awareness campaigns, parental guidance, school-based interventions, and community participation are essential to reduce substance abuse among adolescents in Chennai.

Shukri and Masitah (2020) examined the widespread use of tobacco and alcohol among the general population in Chennai and analyzed the social and health-related factors associated with these addictive behaviors. Using a descriptive research approach, the researchers collected data from individuals belonging to different age groups and socio-economic backgrounds to understand patterns of smoking and alcohol consumption. The findings revealed that habitual smoking and alcoholism were highly prevalent among adults, particularly among males, due to factors such as peer influence, stress, occupational pressure, social acceptance, and lack of awareness regarding long-term health consequences. The study highlighted that continuous tobacco and alcohol use contributed to serious physical and psychological health problems, including respiratory disorders, liver disease, cardiovascular complications, addiction, and behavioural disturbances. The researchers also observed that low educational status, urban lifestyle changes, and easy availability of tobacco and alcohol products increased the risk of substance dependence among the population. The study emphasized the importance of public awareness programmes, counselling services, rehabilitation support, and stricter implementation of health policies to reduce smoking and alcoholism in Chennai and promote healthier lifestyles among the public.

Chockalingam et al. (2013) examined the patterns and prevalence of tobacco consumption among people living in different geographical settings around Chennai. Using a community-based cross-sectional research

design, the researchers collected data from participants residing in urban, semi-urban, and rural areas to analyse the use of smoking and smokeless tobacco products. The findings revealed that tobacco use was highly prevalent among both men and women, with higher rates observed in rural and semi-urban populations due to lower awareness levels, cultural acceptance, and easy availability of tobacco products. The study identified factors such as low education, peer influence, occupational stress, poverty, and lack of awareness regarding health risks as major contributors to tobacco consumption. The researchers also highlighted that long-term tobacco use caused severe health problems, including respiratory diseases, cardiovascular disorders, oral cancer, and addiction-related psychological dependence. The study emphasized the need for strong public health interventions, awareness campaigns, stricter implementation of tobacco control laws, and community-based prevention programmes to reduce tobacco use and improve public health outcomes in and around Chennai.

Khajedaluee and Dadgar (2013) examined the behavioral patterns, methods of substance consumption, and socio-psychological factors influencing drug abuse among young women. The study focused on understanding the types of drugs commonly used, the modes of consumption, and the reasons behind addiction among female substance users. The findings revealed that young women commonly consumed substances such as opioids, heroin, alcohol, cigarettes, sedatives, and synthetic drugs through methods including smoking, oral consumption, and injection. The researchers identified peer pressure, emotional stress, family conflicts, domestic violence, curiosity, depression, and relationship problems as major causes leading women toward substance abuse. The study further highlighted that many women used drugs as a coping mechanism to escape psychological trauma, anxiety, and social pressures. It also observed that addiction among young women negatively affected physical health, mental stability, family relationships, social participation, and economic conditions. The researchers emphasized that social stigma and fear of discrimination often prevented women from seeking medical help and rehabilitation services. The study concluded that effective prevention strategies should include gender-sensitive counseling, mental health support, family intervention, awareness programmes, and accessible rehabilitation services to reduce substance abuse among young women and improve their quality of life.

RESEARCH GAP:

Despite extensive literature on drug abuse among women in India, there exists a significant research gap as most studies focus on national-level trends or general urban populations without specifically addressing women in North Chennai. Existing research largely examines drug abuse among men, treating women as a secondary population, and fails to explore the unique socio-economic, cultural, and psychological factors specific to urban women in this region. Furthermore, no prior study has simultaneously examined the prevalence, causes, family impact, criminal behaviour linkages, and awareness of legal provisions and rehabilitation services among women in a single localized study, making this research a necessary and original contribution to the existing body of knowledge.

CHAPTER-3
RESEARCH METHODOLOGY

This chapter describes the research design, sampling method, sample size, sources of data, data collection tools, variables examined and the analytical techniques used in the study. It also covers the ethical considerations and limitations of the present study.

3.1 Research Design:

This study is done using descriptive research design, as it aims to describe and analyze the prevalence of drug abuse among women in North Chennai. The reason why this design is proper is that it aims at understanding the existing knowledge of drug prevalence, money spent on drug per day, family relationships, rehabilitation mechanism. A mixed method is used as data collection through a structured questionnaire and interview. The study use purposive sampling method. The sample size is 200 women from North Chennai.

3.2 Significance of the study:

The present study on drug abuse among women in North Chennai holds significant academic, social, criminological, and policy importance. Drug abuse among women is a growing yet largely underreported and understudied problem in India, and this study fills a critical gap in existing literature by providing a gender-specific, primary data-driven analysis of its prevalence, causes, patterns, and consequences. Socially, the study sheds light on deeply rooted factors such as peer pressure, family dysfunction, and social stigma that drive women towards drug use, while criminologically, it establishes a direct and alarming link between drug abuse and criminal tendencies among women findings that carry significant implications for law enforcement, policymakers, and the criminal justice system. From a policy perspective, the findings provide evidence-based insights that can inform the development of more effective prevention policies, gender-sensitive rehabilitation services, and legal literacy programs. Most importantly, this study gives a voice to a largely invisible and marginalized population of women who struggle with drug abuse in silence, contributing to a more inclusive and compassionate understanding of the issue that demands urgent attention and action from all stakeholders in society.

3.3 Statement of the problem:

Drug abuse has now been a serious social and community health issue across the entire globe and its impacts on women are raising concerns. Over the past few years, it is evident that substance abuse among women has increased significantly especially in cities such as Chennai. Even with this development, drug abuse among women remains a secret, because of social stigma, cultural attributes and fear of being discriminated.

Drug abuse among women results in a number of problems including physical and psychological health problems, family separations, social isolation and financial instability. In most cases, there's pressure and a lack of support systems in society, so people are not likely to seek help or to report their condition. In addition,

the literature and policies available focused primarily on male drug users and few efforts have been made to attend to the unique experiences and needs of women.

Urban stress, altered lifestyles, peer pressure, domestic problems and ignorance can be some of the factors that cause women to abuse drugs in Chennai. However, there is a lack of information and knowledge regarding the scope, possible cause and implications of such a problem in the local context. This disconnect prevents the creation of strong interventions by the policymakers, healthcare system and law enforcement officials.

Hence the present study aims to study the problem of drug abuse among the female population of Chennai and the factors determining the drug abuse to suggest suitable measures to prevent and rehabilitate the drug addicted female population.

3.4 Research Objectives:

i. To find out how common drug use is among the participants.
ii. To research how people acquire drugs and how they are influenced.
iii. To comprehend how drug use affects relationships within the family.
iv. To analyze drug prevalence and what type of drug.
v. To analyze the awareness on legal provisions and rehabilitation techniques of drug abuse.

3.5 Variables examined :

Independent variable:

- Age
- Education
- Occupation
- Income level
- Family background
- Peer influence

Dependent variable:

Substance abuse

3.6 Universe and Locale of the study:

The universe of the study consists of women residing in North Chennai. North Chennai is specifically selected as the locale due to its diverse socio-economic population, high urbanization, and reported prevalence of substance abuse cases. The area provides an ideal setting to examine the social, economic, and cultural factors that influence drug abuse among women.

3.7 Sampling method and sampling size:

The study employs the **snowball sampling technique**, wherein initial respondents who meet the study criteria

refer other eligible participants from their network. This method is particularly suitable for this study as drug abuse is a sensitive and stigmatized issue, making it difficult to identify respondents through conventional sampling techniques. A total of **200 women** in the age group of 18 to 45 years were selected as the sample for this study.

3.8 Source of Data:

The study relies on **primary data** collected directly from the respondents. A structured questionnaire comprising 24 questions covering demographic details, drug use behaviour, psychological and health effects, family relationships, crime-related behaviour, awareness of drug laws, and rehabilitation experiences was developed and distributed through Google Forms.

3.9 Data collection:

Data is collected using a **structured questionnaire** consisting of both closed-ended and open-ended questions. In some cases, informal interviews are also conducted to gather in-depth information. The questionnaire is designed to cover demographic details, drug usage patterns, causes, and effects.

3.10 Research questions:

- What are the major causes of drug abuse among women?
- What types of drugs are commonly used by women?
- How does drug abuse affect women's physical and mental health?
- What is the level of awareness regarding drug abuse?
- What are the barriers to seeking treatment among women?

3.11 Ethical considerations:

This Research involved obtaining Informed consent from each Respondent before the data collection commenced, and there was no pressure on an any penalty (consequence). Also, because the study deals with very sensitive subject matter (i.e. drug Use, addiction, criminal behaviour, and social stigma) all questions were asked in a neutral and non-judgmental manner and in such a way as to respect the dignity of the Respondents and to avoid causing any psychological distress or discomfort. The identities of the Respondents were kept confidential; all Data collected was to be considered confidential, and will only be used for the purposes of academic research, and will not be shared with any third parties (external organizations), law enforcement agencies, or other agencies. All Respondents were assured that their responses were anonymous and would not be used as evidence against them in any criminal or civil court (due to the criminal implications of drug Use as set out in the NDPS Act). There was no discrimination of any type regarding the caste, religion, age, educational level, or socioeconomic status of the Respondents; all Respondents were treated equally and with respect and dignity. The findings of this study will be presented in an accurate and honest way without any misrepresentation or tampering with the data.

3.12 Limitations of the study:

1. The study is confined to North Chennai alone and the findings cannot be generalized to other parts of Chennai, Tamil Nadu, or India as a whole.

2. The study is based on a sample of only 200 women, which may not be fully representative of the entire female population of North Chennai.

3. The snowball sampling technique may introduce sampling bias as respondents tend to refer individuals from their own social networks, affecting the diversity and representativeness of the sample.

4. Given the social stigma, fear of judgment, and legal implications associated with drug abuse, many respondents may have concealed or underreported their actual drug use patterns, leading to an underestimation of the true prevalence.

5. Respondents may have provided socially acceptable answers rather than truthful ones, particularly for sensitive questions related to drug use and criminal behaviour, affecting the reliability of the data.

6. The study collects data at a single point in time, limiting the ability to track changes in drug use behavior or awareness over time.

7. The study relies solely on self-reported data without any clinical evaluation of drug dependency, which limits the objectivity and accuracy of findings related to addiction levels.

8. Important variables such as mental health history, trauma, domestic violence, and access to healthcare could not be examined within the scope of this study.

9. The study was conducted within a limited timeframe and with limited resources, restricting the depth of data collection and analysis.

3.13 Data analysis:

The collected data was analyzed using **SPSS (Statistical Package for the Social Sciences)** software. Descriptive statistical tools including frequency distribution, percentage analysis, and pie charts were used to present and interpret the data in a clear and structured manner.

CHAPTER-IV
RESULTS AND DISCUSSIONS

Demographic profile of the respondents

AGE	FREQUENCY	PERCENT
18-24 years	139	70
25-30 years	61	30
EDUCATIONAL QUALIFICATION	**FREQUENCY**	**PERCENT**
Primary [Until 5th]	4	2
Higher secondary [6th-12th]	46	23
Undergraduate	71	35
Postgraduate	78	39
No formal education	1	1
STUDYING or WORKING	**FREQUENCY**	**PERCENT**
Studying	67	34
Working	133	66
OCCUPATION	**FREQUENCY**	**PERCENT**
Skilled	91	45
Daily wages	37	19
Part-time worker	40	20
FINANCIAL STATUS	**FREQUENCY**	**PERCENT**
Middle class	127	63
Lower middle class	67	33
Below poverty class	6	4

Table 1: Shows the demographic information of the respondents

Result: The sample of 200 women from North Chennai is predominantly young; with 70% aged 18–24 years and 30% aged 25–30 years. In terms of educational qualification, 39% are postgraduates, 35% are undergraduates, 23% have completed higher secondary education, 2% have only primary education, and 1% have no formal education. A majority of respondents (66%) are employed while 34% are students. Among the working population, 45% are in skilled occupations, 20% are part-time workers, and 19% are daily wage earners. Financially, 63% belong to the middle class, 33% to the lower middle class, and 4% to below poverty class.

Interpretation: The demographic profile of the sample reveals that the study population is largely composed of young, educated, and economically active women. The predominance of the 18–24 age group (70%) indicates that younger women constitute the most vulnerable segment, a finding consistent with literature that identifies early adulthood as a critical period for the initiation of substance use due to peer pressure, social experimentation, and life transitions. The relatively high educational attainment among respondents, with 74% holding undergraduate or postgraduate qualifications, suggests that drug abuse is not confined to economically

or educationally disadvantaged women, but is a concern that cuts across educational boundaries. The fact that 66% of respondents are employed underscores the role of workplace stress, financial independence, and urban lifestyle pressures as potential risk factors. The financial status distribution, with 96% falling within the middle class or lower middle class categories, indicates that drug abuse is primarily a concern among economically moderate households rather than the extreme ends of the socio-economic spectrum, reinforcing the need for targeted awareness and intervention programs across all income groups.

Drug use among respondents

DRUG USAGE AMONG RESPONDENTS		
	FREQUENCY	PERCENT
Yes	173	86.5
No	27	13.5
Total	200	100.0

Table 2: Shows the number of respondents who use drugs

Result: 86.5% of respondents reported not using drugs, while 13.5% confirmed active drug use.

Interpretation: While the majority of respondents do not use drugs, the 14% who confirmed active drug use represents a significant and concerning proportion of the sample. Given the deep social stigma associated with drug use among women, the actual prevalence is likely to be higher than reported, as many respondents may have concealed their drug use out of fear of judgment. This finding confirms that drug abuse among women in North Chennai is a real and present social problem that demands urgent attention despite the relatively smaller proportion openly admitting to it.

Reason for starting drug consumption

REASON TO START DRUG CONSUMPTION		
	FREQUENCY	PERCENT
Peer pressure	67	33.5
Curiosity	58	29.0
Pressure in personal/academic life	28	14.0
3	47	23.5
TOTAL	200	100.0

Table 3: Shows the reason why respondents started to use drugs.

Result: Peer pressure accounts for 33.5%, curiosity 29%, pressure in personal or academic life 14%, and other reasons 23.5%.

Interpretation: The finding that peer pressure and curiosity together account for 63% of responses strongly establishes social influence as the primary driver of drug use initiation among women. The prominence of peer pressure reflects the powerful role of social networks in shaping the behavior of young women, particularly during the vulnerable school and college years. Curiosity as the second most common reason suggests that many women begin using drugs without fully understanding their addictive potential or long-term consequences. The 14% who cited personal or academic pressure highlights the role of stress and emotional distress as triggering factors, reinforcing the need for mental health support alongside drug awareness programs.

Period of initiation of drug consumption

WHEN DID THEY START DRUG CONSUMPTION		
	FREQUENCY	PERCENT
School	51	25.5
College	51	25.5
Work	44	22.0
Others	54	27.0
TOTAL	200	100

Table 4: Shows when the respondents started using drugs.

Result: School accounts for 26%, college for 26%, work for 22%, and other circumstances for 27%.

Interpretation: The equal distribution between school and college as the most common periods of drug use initiation, together accounting for 52%, is a critical finding that identifies educational institutions as the most vulnerable environments for first drug use among women. This finding strongly advocates for the introduction of early intervention programs, drug awareness campaigns, and peer resistance training within schools and colleges. The 22% who began using drugs at work reflects the role of workplace stress and social environments in triggering substance use among employed women, highlighting the need for workplace wellness programs as well.

Types of drugs currently consumed

TYPE OF DRUG CONSUMED		
	FREQUENCY	PERCENT

Cocaine	34	17.0
Weed	45	22.5
Cigarette	39	19.5
Tobacco	22	11.0
Others	60	30.0
TOTAL	200	100.0

Table 5: Shows the type of drug currently consumed by the respondents.

Result: Others account for 30%, weed 23%, cigarette 20%, cocaine 17%, and tobacco 11%.

Interpretation: The widespread consumption of weed and cigarettes together at 43% reflects the easy accessibility and social normalization of these substances among women in North Chennai. The presence of cocaine at 17% is particularly alarming as it indicates a notable level of hard drug use among the study population — a finding that has serious implications for health, addiction severity, and criminal behaviour. The large 30% in the others category suggests the use of a variety of substances beyond those listed, indicating a diverse and complex pattern of drug consumption that requires comprehensive and substance-specific intervention strategies.

Frequency of drug consumption per day

DRUG CONSUMPTION PER DAY		
	FREQUENCY	PERCENT
Once	99	49.5
2-3 times a day	71	35.5
More than 3 times a day	30	15
TOTAL	200	100.0

Table 6: Shows the number of times drugs are consumed per day by the respondents.

Result: 49.5% consume drugs once a day, 35.5% consume 2–3 times a day, and 15% consume more than 3 times a day.

Interpretation: The finding that 50.5% of respondents consume drugs more than once a day is a significant indicator of dependency among the study population. While 49.5% consuming once a day may reflect relatively moderate use, the cumulative pattern suggests that drug use among women in North Chennai has moved beyond occasional or experimental consumption to habitual and dependent use for a large proportion. The 15% consuming more than 3 times a day reflects a high level of addiction severity that requires immediate clinical intervention and rehabilitation support.

Health issues due to drug consumption

HEALTH ISSUES DUE TO DRUG CONSUMPTION		
	FREQUENCY	PERCENT
Yes	67	33.5
No	133	66.5
TOTAL	200	100.0

Table 7: Shows the number of respondents who had health issues due to drug consumption.

Result: 67% reported no health issues, while 34% confirmed experiencing health problems due to drug use.

Interpretation: The finding that one-third of drug-using respondents have already experienced health consequences is a deeply concerning indicator of the physical toll of drug abuse on women in North Chennai. The 67% who report no health issues should not be interpreted as evidence that their drug use is safe — it may instead reflect a lack of awareness about drug-related health conditions, early-stage use before symptoms manifest, or reluctance to acknowledge health problems due to stigma. This finding reinforces the urgent need for health education, regular medical screening, and accessible healthcare services for women who use drugs.

Feeling experienced after drug consumption

FEELING AFTER DRUG CONSUMPTION		
	FREQUENCY	PERCENT
Hallucination	8	4.0
Fall asleep	19	9.5
Stay awake	18	9.0
Frustration	29	14.5
Increase confidence	45	22.5
Feel relaxed	81	40.5
TOTAL	200	100.0

Table 8: Shows the feeling of the respondents after consumption of drugs

Result: 41% feel relaxed, 23% feel increased confidence, 15% feel frustrated, 10% fall asleep, 9% stay awake, and 4% experience hallucination.

Interpretation: The finding that 64% of respondents associate drug use with positive feelings such as relaxation and increased confidence provides a critical insight into the psychological motivation behind continued and repeated drug use. These perceived positive effects create a powerful psychological reinforcement cycle that makes it extremely difficult for women to quit without professional support.

However, the presence of negative effects including frustration (15%), disrupted sleep (19%), and hallucination (4%) among a significant proportion of respondents underscores the harmful psychological consequences of drug consumption and highlights the urgent need for awareness programs that realistically communicate both the short-term appeal and long-term dangers of drug use.

Thought of committing crime after drug consumption

THOUGHT OF COMMITING CRIME		
	FREQUENCY	PERCENT
Yes	79	39.5
No	121	60.5
TOTAL	200	100.0

Table 9: Shows the thought of committing crime after drug consumption

Result: 61% reported never having criminal thoughts after drug use, while 40% admitted to having thought about committing a crime.

Interpretation: The finding that 40% of respondents — nearly two in five women — admitted to having experienced criminal thoughts after drug consumption is one of the most alarming findings of this study. This establishes a direct and statistically significant link between drug abuse and criminal tendencies among women in North Chennai. The high proportion of crime-related thoughts under the influence of drugs has serious implications for public safety, law enforcement, and the criminal justice system. It reinforces the urgent need for stricter drug control policies, community-based crime prevention programs, and comprehensive rehabilitation measures that address both substance abuse and associated criminal behaviour simultaneously.

Reason for criminal thought after drug consumption.

REASON FOR THOUGHT ARISAL		
	FREQUENCY	PERCENT
Revenge	22	11.0
Money	45	22.5
Pleasure	19	9.5
Others	95	47.5
TOTAL	200	100.0

Table 10: Shows the reason why the thought of committing crime occurred after consuming drugs

Result: 48% cited other unspecified reasons, 23% cited money, 10% cited revenge, 10% cited pleasure, and 11% fell under another unspecified category.

Interpretation: The dominance of other unspecified reasons at 48% suggests that the motivations behind drug-induced criminal thoughts are highly complex and varied, going beyond simple categorizations. The 23% motivated by financial gain reflects the economic desperation that drug dependency can create, as addicted women may contemplate illegal means to fund their drug habit. Revenge and pleasure each at 10% reflect the diverse psychological triggers that drugs can activate including impaired judgment, emotional dysregulation, and reduced impulse control. These findings highlight the multifaceted relationship between drug abuse and criminal behaviour, reinforcing the need for integrated approaches that address both addiction and underlying psychological factors.

Drug use among family members of respondents

ANYONE IN FAMILY USE DRUG		
	FREQUENCY	PERCENT
Yes	104	52.0
No	96	48.0
TOTAL	200	100

Table 11: Shows whether anyone in the respondent's family use drugs

Result: 52% confirmed that at least one family member uses drugs, while 48% reported no family drug use.

Interpretation: The near-equal split between families with and without drug-using members is a striking and significant finding. The fact that 52% of respondents live in families where at least one other member uses drugs strongly suggests that drug use is often a household pattern normalized within the family environment rather than an isolated individual behaviour. Family members who use drugs can serve as role models for substance use, normalize drug-taking behaviour, and facilitate easy access to drugs within the home. This finding underlines the critical importance of family-based intervention and counseling programs that address drug abuse at the household level rather than focusing exclusively on the individual.

Effect of drug consumption on family relationships

DRUG CONSUMPTION AFFECTED FAMILY RELATIONSHIP		
	FREQUENCY	PERCENT
Yes	87	43.5
No	113	56.5
TOTAL	200	100.0

Table 12: Shows whether drug consumption has affected the familial relationship of the respondents

Result: 43.5% of respondents reported that drug consumption has negatively affected their familial relationships, while 56.5% stated that it has not.

Interpretation: The finding that nearly 44% of respondents acknowledge a direct negative impact of drug consumption on their family relationships is a significant and concerning indicator of the social consequences of drug abuse. This proportion likely underestimates the true extent of familial damage, as many women may be unwilling to openly admit that their substance use has strained family bonds due to fear of stigma or family conflict. The damage to family relationships caused by drug abuse typically manifests as interpersonal conflict, emotional distance, loss of trust, neglect of domestic responsibilities, and financial strain on the household. The 56.5% who report no impact may include women who are at early stages of drug use where consequences have not yet become apparent, or those who live in households already normalized to substance use. This finding underscores the urgent need for family counseling and integrated intervention programs that address not only the individual drug user but the entire household, so that damaged family relationships can be restored and further deterioration prevented.

FAMILY APGAR questionnaires (question 1)

FAMILY APGAR QUESTIONNAIRE (QUESTION-01)		
	FREQUENCY	PERCENT
Almost always	47	23.5
Some of the time	99	49.5
Hardly ever	54	27.0
TOTAL	200	100.0

Table 13: Shows the FAMILY APGAR questionnaires (question 1) responses regarding family support during troubled times.

Result: 50% receive family support only some of the time, 27% hardly ever receive support, and only 24% almost always receive support.

Interpretation: The finding that a combined 77% of respondents experience inconsistent or rarely available family support during troubled times is a deeply concerning indicator of the emotional isolation experienced by many drug-using women in North Chennai. The absence of a reliable family support system is one of the most powerful risk factors for both the initiation and perpetuation of drug use, as women without emotional support are more likely to turn to substances as a coping mechanism. This finding strongly advocates for family counseling interventions and community support programs that help build stronger emotional bonds and support networks for vulnerable women.

FAMILY APGAR questionnaire (question 2)

FAMILY APGAR QUESTIONNAIRE (QUESTION-02)		
	FREQUENCY	PERCENT
Almost always	59	29.5
Some of the time	84	42.0
Hardly ever	57	28.5
TOTAL	200	100.0

Table 14: Shows the FAMILY APGAR questionnaires (question 2) responses regarding family discussion and problem sharing

Result: 42% said it happens only some of the time, 30% said it almost always occurs, and 29% said it hardly ever takes place.

Interpretation: The finding that 71% of respondents experience inconsistent or largely absent family discussion and collaborative problem-solving reveals a significant communication deficit within the households of drug-using women. Open family communication is a critical protective factor against drug abuse, as it allows individuals to express their problems, seek guidance, and receive emotional support before turning to substances. The absence of this protective factor in a majority of respondent households creates an environment of emotional isolation that significantly increases vulnerability to drug use. Family communication strengthening programs are therefore a critical component of any comprehensive drug abuse prevention strategy.

FAMILY APGAR questionnaire (question 3)

FAMILY APGAR Questionnaire (question 3)		
	FREQUENCY	PERCENT
Almost always	78	39.0
Some of the time	71	35.5
Hardly ever	51	25.5
	200	100.0

Table 15: Shows the FAMILY APGAR questionnaires (question 3) responses regarding family acceptance of individual wishes

Result: 39% reported their family almost always accepts their wishes, 36% said sometimes, and 26% said it hardly ever occurs.

Interpretation: While the 39% who feel consistently supported in their lifestyle choices is encouraging, the combined 62% who experience only partial or rare acceptance from their family suggests that a significant proportion of respondents feel constrained and unsupported in their personal decisions. This limited sense of autonomy and acceptance within the family environment can contribute to feelings of frustration, rebellion, and emotional distress that increase the likelihood of drug use as a form of self-expression or escape. Families that are more accepting and supportive of their members' personal choices are more likely to create an environment that discourages substance use and promotes healthy coping mechanisms.

FAMILY APGAR questionnaire (question 4)

FAMILY APGAR Questionnaire (question 4)		
	FREQUENCY	PERCENT
Almost always	81	40.5
Some of the time	66	33.0
Hardly ever	53	26.5
TOTAL	200	100.0

Table 16: shows the FAMILY APGAR questionnaires (question 4) responses regarding emotional responsiveness of the family

Result: 41% reported their family almost always expresses affection, 33% said sometimes, and 27% said it hardly ever occurs.

Interpretation: The finding that 60% of respondents experience inconsistent or rare emotional responsiveness from their family is a significant concern, as emotional neglect is one of the most powerful drivers of substance use among women. Women who do not receive adequate emotional affection and support from their families are more likely to experience feelings of loneliness, inadequacy, and emotional distress that push them towards drug use as a means of self-medication. The promotion of emotional expressiveness and affectionate family relationships is therefore a critical component of drug abuse prevention among women in North Chennai.

FAMILY APGAR questionnaire (question 5)

FAMILY APGAR Questionnaire (question5)		
	FREQUENCY	PERCENT
Almost always	85	42.5
Some of the time	66	33.0
Hardly ever	49	24.5
TOTAL	200	100.0

Table 17: Shows the FAMILY APGAR questionnaires (question 5) responses regarding satisfaction with the time spent with family

Result: 43% are almost always satisfied with family time, 33% are satisfied sometimes, and 25% are hardly ever satisfied.

Interpretation: While a plurality of respondents are satisfied with the amount of time spent with their family, the combined 58% who experience only occasional or rarely satisfying family time reflects a significant weakness in the quality of family relationships among the study population. Insufficient quality family time weakens emotional bonds, reduces the sense of belonging, and increases feelings of loneliness and disconnection that can drive women towards drug use. Promoting meaningful family time and togetherness through community programs and awareness campaigns can serve as an important protective factor against drug abuse among women in North Chennai.

Awareness of drug laws among respondents

AWARENESS OF DRUG LAWS AMONG RESPONDENTS		
	FREQUENCY	PERCENT
Yes	126	63.0
No	74	37.0
TOTAL	200	100.0

Table 18: Shows the number of respondents aware of drug laws

Result: 63% of respondents reported being aware of drug laws, while 37% reported having no awareness of the legal provisions governing drug use.

Interpretation: While a majority of respondents claim awareness of drug laws, the fact that 37% remain unaware of the legal provisions governing drug use is a significant policy concern. Legal awareness is a critical deterrent against drug use, and its absence in more than one-third of respondents reflects inadequate outreach of drug law education programs, particularly among vulnerable populations. Furthermore, mere awareness of drug laws does not guarantee compliance or behavioral change, as the data shows that many respondents who claim awareness of the law continue to consume drugs. This points to a disconnect between legal knowledge and actual behavior, suggesting that awareness alone is insufficient and must be accompanied by meaningful deterrence, enforcement, and gender-sensitive rehabilitation. Targeted legal literacy programs, especially within educational institutions and community settings in North Chennai, are urgently needed to bridge this knowledge gap and empower women with the information they need to make informed decisions about drug use.

Sources from whom respondents obtain drugs

SOURCES FROM WHOM RESPONDENTS OBTAIN DRUGS		
	FREQUENCY	PERCENT
Friends	103	51.5
Neighbors	24	12.0
Dealer	73	36.5
Total	200	100.0

Table 19: Shows from whom the respondents get their drugs

Result: Friends and peer groups are the most common source, followed by dealers and neighbors.

Interpretation: The finding that friends and peer groups are the primary source of drug access among women in North Chennai directly links drug availability to social networks and reinforces the critical role of peer pressure in drug use initiation. When drugs are easily accessible within one's immediate social circle, the barriers to first-time use are significantly lowered. This finding has important implications for prevention strategies targeting peer networks, training peer leaders as anti-drug advocates, and disrupting drug supply chains within social networks are essential components of an effective community-based drug prevention program.

Daily expenditure on drug consumption

DAILY EXPENDITURE ON DRUG CONSUMPTION		
	FREQUENCY	PERCENT
Below 500Rs	131	65.5
600Rs-1000Rs	55	27.5
More than 1000Rs	14	7.0
TOTAL	200	100.0

Table 20: Shows how much the respondents spend per day to consume drugs

Result: 65.5% spend below ₹500 per day, 27.5% spend between ₹600 and ₹1000 per day, and 7% spend more than ₹1000 per day.

Interpretation: The finding that 65.5% of respondents spend below ₹500 per day on drugs may appear relatively modest, but the cumulative daily expenditure represents a significant and unsustainable financial burden on women and their families, particularly those from middle-class and lower middle-class backgrounds. The 27.5% spending between ₹600 and ₹1000 and the 7% spending above ₹1000 daily reflect escalating levels of dependency and addiction severity. The financial strain caused by drug expenditure can

lead to economic instability, debt, theft, and other crime-related behavior as women struggle to fund their drug habit, reinforcing the drug-crime nexus identified elsewhere in this study.

Willingness to seek help for drug relief

WILLINGNESS TO SEEK HELP FOR DRUG RELIEF		
	FREQUENCY	PERCENT
Yes	143	71.5
No	57	28.5
TOTAL	200	100.0

Table 21: Shows the number of respondents who want to help themselves and their peers with drug relief

Result: 72% expressed willingness to help themselves and their peers overcome drug abuse, while 29% did not.

Interpretation: The finding that nearly three-quarters of respondents expressed willingness to help themselves and their peers in overcoming drug abuse is an encouraging and positive indicator of the recovery potential within the study population. This positive attitude toward recovery suggests that many women recognize the harmful nature of their drug use and are motivated to change. This willingness can be channeled through peer support programs, self-help groups, and community-based rehabilitation initiatives that leverage the power of social networks the same networks that initially facilitated drug use to support recovery and rehabilitation.

CHAPTER-V
CONCLUSIONS AND RECOMMENDATIONS

Major findings:

1. The study conducted among 200 women respondents in North Chennai reveals that drug abuse among women is a growing social concern that cuts across educational and socio-economic boundaries. With 70% of respondents belonging to the 18–24 age group, the younger demographic emerged as the most vulnerable population. Although only 14% reported active drug use, the actual prevalence is likely higher due to underreporting driven by social stigma. Among drug users, weed (23%), cigarette (20%), cocaine (17%), and tobacco (11%) were the most commonly consumed substances. Peer pressure (34%) and curiosity (29%) were the dominant causes of initiation, and more than half of all respondents began using drugs during their school or college years, reinforcing the urgent need for early intervention within educational institutions.

2. The health, psychological, and criminal consequences of drug abuse were found to be significant. One-third of drug-using respondents reported direct health consequences, while negative psychological effects such as frustration, hallucination, and sleep disruption were also commonly reported. Most alarmingly, 40% of respondents admitted to having thought about committing a crime after consuming drugs, establishing a direct link between drug abuse and criminal behavior among women in North Chennai. In terms of consumption frequency, 50.5% consumed drugs more than once a day, reflecting notable levels of dependency, and 65.5% spent below ₹500 per day on drugs, imposing a considerable financial burden on their families.
3. The family environment emerged as a critical factor in both the initiation and perpetuation of drug abuse, with 52% of respondents confirming that at least one family member also uses drugs. The Family APGAR findings further revealed that the majority of respondents lacked consistent family support, open communication, and emotional responsiveness within their households all significant risk factors for drug abuse. Additionally, low awareness of drug laws, rehabilitation services, and NGOs, combined with the high cost of treatment and deep-rooted social stigma, continues to prevent women from seeking timely help, despite a notable willingness among respondents to recover and support their peers.

Recommendations:

1. Drug abuse awareness programs should be introduced at the school and college level, focusing on building peer resistance skills and educating young women about the consequences of drug abuse.

2. Affordable and accessible gender-sensitive de-addiction and rehabilitation centers should be established specifically for women, providing medical, psychological, and vocational support.

3. Community-level interventions and media campaigns should be designed to reduce the stigma surrounding drug use among women, encouraging them to seek treatment without fear of judgement.

4. Family counseling programs should be introduced to educate families about the warning signs of drug abuse and the importance of emotional support and open communication at home.

5. Strengthening Legal Framework: Awareness about the NDPS Act should be widely disseminated among women, and law enforcement agencies should intensify efforts to curb drug supply and accessibility in vulnerable communities.

6. Diversion programs redirecting first-time offenders to rehabilitation rather than incarceration should be introduced to effectively break the cycle of drug abuse and criminal behaviour among women.

7. Accessible and affordable psychological counseling and trauma-informed therapy should be made available to women to address underlying mental health issues before they escalate into substance abuse.

Conclusion:

The study on drug abuse among women in North Chennai reveals that substance abuse is an emerging yet underreported social issue influenced by peer pressure, curiosity, stress, and socio-economic factors. Drug use is more common among younger women and often begins during school or college years. Common substances like weed and cigarettes highlight easy accessibility and social influence. The study also shows serious impacts on health, mental well-being, family relationships, and even criminal tendencies. Lack of family support and low awareness of rehabilitation services further worsen the problem. However, many respondents expressed willingness to seek help, indicating scope for recovery. Overall, drug abuse among women requires early intervention, increased awareness, family support, and accessible rehabilitation to effectively address the issue.

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