

THE RATIONALE FOR INITIATION AND CONTINUATION OF DRUG ABUSE AMONG FEMALE USERS: A STUDY OF THE YOUTH IN DHAKA CITY

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Abstract

This paper explores the reasons for female drug abuse in an urban setting. It is concerned with a gender-sensitive approach to one of the burning issues of the 21st century: abusive and non-medical consumption of drugs among the youth. It focuses on social learning theory, control theory, labeling theory, and strain theory to understand and explain why female drug abusers initiate and continue to abuse drugs. This phenomenological research was carried out in three female rehabilitation centers in the Dhaka region. Semi-structured interviews were conducted with twenty research participants: twelve female drug abusers (aged 12-30 years), seven rehabilitation personnel, and an official working with the Department of Narcotics Control, Bangladesh. This study finds some crucial reasons for initiating and continuing drug abuse among young female drug abusers, including traumatic experiences in life, the influence of peers and relatives, curiosity and sensation-seeking, easy access to and availability of unprescribed medicinal drugs, and social stigma.

Keywords: Drug Abuse, Female, Phenomenological Research, Urban Spaces

Introduction

Human civilization has historically used addictive substances found in nature since ancient times. Sumerians started using opium for recreational use in 5000 BCE while the Chinese regularly consumed opium since 1000 CE (Durant & Thakker, 2003). Despite such a long history, these mind-altering drugs were never considered as harmful as they are now. People are now getting addicted to newer man-made synthetic narcotic substances with stronger effects than natural ones.

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As a result, millions of healthy lives perish each year because of drug overdose or life-threatening diseases caused by drug abuse. The consistent rise in the number of addicts has alerted almost every nation of the world. As a result, drug addiction has become a frequently studied topic worldwide. Researchers found that people generally start abusing drugs at a young age (i.e., adolescence), turning them into long-term addicts as they grow older (UNODC, 2018). As most studies and reports conclude that men are the primary consumers of drugs, drug addiction is traditionally considered a male-centric problem. Therefore, most studies on drug abuse focused only on male drug users and simply ignored female ones. Meanwhile, researchers found that gender identity has a significant effect on experiences of drug abuse (Tuchman, 2010; Arpa, 2017). A rapid increase in the number of female drug abusers in recent years has directed scholarly attention toward a more gender-sensitive approach to drug abuse (Islam, 2018). Identifying the motivating factors for abusing drugs is one of the most popular inquiries in studies of drug addiction. Yet, a limited number of studies explore the rationale behind initiating and continuing drug abuse among female users. This paper tries to address this issue in a scholarly manner using existing literature reviews and findings of a qualitative study¹ on female drug abuse.

Despite drug addiction being a common area of study in Bangladesh, female drug abuse has been greatly ignored. The principal objective of this research was to study the female experience of drug abuse in an urban setting. Thus, it focused on addressing the reasons behind female drug abuse. It explored why more young women in recent days are getting involved in drug addiction. It also focused on why such practices are continued by them. It has attempted to address and understand the motivating factors behind urban female drug addiction based on some criminological theories. In this way, this paper has aimed to concentrate on one of the least studied aspects of drug abuse in Bangladesh.

Literature Review

The existing studies on narcotic crimes show that youth are the most vulnerable to drug abuse. Worldwide studies identify the age of 18–25 years as the optimum age for drug abuse (UNODC, 2018). The Department of Narcotics Control in Bangladesh reported that 75.64% of the drug abusers in Bangladesh were aged between 16 to 40. Whereas young people aged 21 to 25 years were the highest number of abusers (comprising 25.89%) in 2020 (DNC, 2020). Addiction Management Integrated Care (AMIC) reported in 2016 that 62.7% of drug abusers out of the total drug abusers (both male and female) had initiated drug abuse at 18 years of age or younger (Islam, 2018).

Risk factors such as trauma, memories of childhood abuse and neglect, psychological problems, poverty, nefarious peer group, insecure school environment, sensation-seeking nature, etc. are typically responsible for the initiation and continuation of drug abuse among young people (Sweeney, 2011; UNODC, 2018). Adolescents initiate drug abuse to cope with the social and psychological restraints they experience during puberty. For example, many young people abuse drugs simply to feel good or increase their sociability (Shedler & Block, 1990).

Studies on Bangladeshi youth have concluded that curiosity, sensation/pleasure-seeking, and impulsiveness are significant factors among drug-abusing youth (Kamal, Huq, Mali, Akhter & Arafat, 2018; Zaman, Ahmed, Hossain & Kamal, 2014). Sani (2010) outlined that, undergraduate private university students in Bangladesh were drawn towards drug addiction for recreational purposes and out of curiosity. Depression, frustration, and anxiety also aggravate drug abuse among youth. Those who are poor at managing stress also resort to drug abuse, as they self-administer pharmaceutical drugs (e.g., sleeping pills and painkillers) (Hussong, 2011). Akhter (2012) observed that frustration was a key reason behind illegal drug use among female residential pupils of Dhaka University.

A study on patients admitted to different private psychiatric clinics in Dhaka city stated that 30% of the respondents were addicted to drugs (Fahmida, Wahab & Rahman, 2009). Illegal substance abusers in Bangladesh who were treated in the central government treatment facility in Dhaka were frequently diagnosed with moderate depression (55%) and borderline clinical depression (23%) (Zaman et al., 2014). These studies indicate the possibility of a reciprocal relationship between psychological problems and drug abuse.

Restrictive and/or abusive parenting often instigates hostile traits in adolescents, while parental negligence exposes them to external stress, resulting in drug abuse (Barret & Turner, 2005; Hinnant, Erath & El-Sheikh, 2015). Domestic abuse and dysfunctional family relationships are also responsible for exposing young people to the dangers of drug abuse (Springer, Sheriden, Kuo & Carnes, 2007). Children are most affected by the quality of their parent's relationship. Studies commonly mention "family problems" as an influencer of drug abuse among youth in Bangladesh (Islam, 2018; Shazzad, Abdal, Majumder, Sohel, Ali & Ahmed, 2013), but the term has not been properly explained in them. Peer pressure/influence is one of the most frequently mentioned reasons for drug abuse. Young people are particularly influenced by their friends, as they prioritize friendship and often imitate the perilous behavior modeled and encouraged by their peers (Urberg,

2003). Young people seem to abuse cannabis more, as more of them are identifying cannabis as less harmful or harmless because of “*pluralistic ignorance*”³ (Prentice & Miller, 1993; UNODC, 2021).

Educated youth are mostly introduced to drugs by the friends they make at their schools, colleges, and universities. Students are identified as one of the most pregnable groups (11.68% of the total addicted population in 2020) to drug addiction (DNC, 2020). A study on female residential students at Dhaka University has revealed that nearly 17% of them are drug abusers (Akhter, 2012). Ahammed and Ahmed (2019) surveyed 200 drug-abusing university students in Bangladesh and observed that 70% of the drug abusers devoured illegal drugs in the company of their peers while others abused drugs alone.

A disorganized and chaotic locality ensures high exposure to illegal drugs. Young people living in low-income urban settings (e.g., the urban ghetto) in Asia are highly involved in drug abuse, trade, and trafficking (Rahman & Crofts, 2013). Urban slums can be considered the heart of illegal drug supply and trade, exposing slum dwellers to consuming drugs from an early age (Zafar, Raha, Rana & Fariha, 2021). Females residing in chaotic neighborhoods often consider drugs harmless and get involved in drug abuse and trade (Lambert, Brown, Phillips & Ialongo, 2004). Female members of the Rohingya refugee population in Bangladesh were reported as involved in illegal drug activity. Characterized by unemployment and dire living condition, Rohingya camps in Bangladesh have become a safe haven for drug traffickers. The young Rohingya females were found to use their vaginas to smuggle Yaba (Das, 2017; Pressly, 2019). A study of homeless people (mostly living in slums) in Dhaka discovered that drug abuser females living on the streets had fled their homes for increased access to illegal drugs without any restraint (Koehlmoos, Uddin, Ashraf & Rashid, 2009).

Positive portrayal (i.e., shown as fun, recreational, and relaxing) of drug abuse in the media has a great impact on the initiation and continuation of drug abuse among youth (Feinstein, Richter, & Foster, 2012). Many popular Bangladeshi songs also mention cannabis and the effects it has on youth involvement in using it. Social media has become a source of illegal substances, and the use of the internet in promoting contactless deliveries has ensured drug use throughout the pandemic era. Drug traffickers used the dark net, a market worth 315 million US dollars in 2021, to sell cannabis worth 61 million US dollars in 2020 (UNODC, 2021). Groups associated with drug dealing use social media to recruit young women in distress (UNODC, 2018).

Although the number of rehabs facilitating female drug users is greater in urban areas, experts and professionals who participated in this study think that they are scarce in number and lack in quality of service considering the growing demand. Department of Narcotics Control (2020) reports the number of women and children² seeking treatment in government-run rehab facilities in our country shows a rapid increase from 2014 to 2019. Though the numbers decreased in 2020-21, the recorded number in the first quarter of 2022 signaled a possible increase. The highest number of patients was recorded in 2019 before the Covid-19 lockdown. Such a pattern of change makes one question about the reasons behind them. Unfortunately, the lack of data and monitoring of female drug abuse has failed to provide a definite answer to why the number of female drug users is on the rise.

Considering all the relevant literature on drug abuse, it can be said that drug abuse is more prevalent among the youth. Researchers state that the majority of drug abusing population starts abusing drugs at an earlier age, irrespective of their gender. While exploring the underlying factors behind drug addiction, studies report not only personal attributes but also environmental factors. Personal attributes such as sensation-seeking nature, curiosity, depression, and high impulsiveness motivated the initiation of drug abuse. In addition, adverse experiences such as childhood abuse, sexual abuse, parental negligence, insecure school environment, chaotic neighborhood environment, domestic violence, deviant peers, destitution, unemployment, etc. also motivated individuals to start abusing drugs. Positive media portrayals of drug addiction have also greatly affected the youth. Moreover, young people are more prone to using technological advances in their favor for the trade and purchase of these illegal substances. However, studies on the causes of drug abuse in Bangladesh have popularly reported some unclear factors such as “family problems”, “curiosity”, and “peer pressure”. These papers also frequently mention, “anxiety”, “frustration” and “depression” as the reason for initiating drug abuse. However, these generalized factors fail to explain why more young people are becoming addicts in recent times. How do these factors actually motivate them? Why can't they stop abusing these drugs and return to their former lifestyle?

Previous studies and reports have mostly focused on male drug users as they have always been greater in number compared to females. Their findings do not explore gendered experiences and mostly report a generic scenario for all the participants. Even some studies ignore females altogether and are entirely based on male drug abusers. However, their claim on the scarce number of female drug users has become questionable since the recorded number of female drug abusers is rising at an alarming rate. It is high time that female experience of drug abuse is explored

separately. Do female abusers experience drug abuse in the same way as their male counterparts? What factors influence urban females to start abusing drugs? Does their gender have any impact on their initiation and continuation of drug abuse? Does urban lifestyle promote drug abuse among young females? These queries are left unanswered by the existing literature on drug addiction in Bangladesh.

Therefore, this paper tries to address two understudied concerns based on the female experiences of drug abuse in Dhaka city: What are the factors motivating young urban females to consume illegal substances? What are their reasons for the initiation and continuation of drug abuse?

Theoretical Context

The study of addiction to illegal substances is a common topic in criminological research. Several theories are frequently used to validate the findings of these studies. In this paper, four major theories- social learning theory, control theory, labeling theory, and strain theory has been used to understand and discuss the underlying motivating factors of initiation and continuation of drug abuse among young females living in an urban condition.

In his social learning theory, Aker's (1998) has shown that both confirming and deviant behaviors are learned in the same process. A person learns deviance (e.g., drug abuse) from associating with his/her deviant family members and peers who support or model such behavior (Akers, Sellers & Jennings, 2016). Hirschi's social bond theory asserts that deviance is caused by weakening social bonds. The main association between social bond theory and crime is in the initiation of crime. The experiences in one's life can increase or decrease these bonds with the people in one's life (Akers, 1998). According to social control theorists, deviance and criminality are seen among individuals who possess weaker bonds with their parents, non-deviant peers, school, teachers, etc. Gottfredson and Hirschi's general theory of crime suggests that those with greater self-control in their youth will be devoid of delinquency for the rest of their lives. The importance of socialization in the family in shaping one's self-interest was also mentioned by them (Gottfredson & Hirschi, 1990).

Focusing on the social reaction towards crime and deviance, labeling theorists focus on how stigmatization creates criminal careers. In labeling theory, the individual's morality does not get the center of attention, instead who defines something as wrong does (McLaughlin & Newburn, 2010). Howard Becker (1963) conducted one of the first studies on the topic, examining a group of marijuana users and highlighting

the fact that they adhere to certain norms and restrictions in terms of frequency and other characteristics of their usage. He stressed the importance of social learning in the formation of drug professions and experiences (Robins, 1993).

On the other hand, Agnew (2001) argues in his general strain theory that an imbalance between expectations and results makes a person feel strained. People resort to deviance and criminality whenever their identified path to success seems unattainable by using conventional means due to social barriers. Another source of strain consists of the actual or perceived removal of positively valued stimuli (e.g., divorce/separation of parents, death of a loved one, dropping out from educational institution, end of a romantic relationship, etc.). This type of stress, in particular, can lead to delinquent and criminal behavior as a way of coping with negative feelings through the use of illicit drugs (Akers, Sellers, & Jennings, 2016; Agnew, 2001). Agnew also claimed that stress can cause negative emotionality, which may lead to deviance and crime. He also observed that adolescents become deviant because of maladaptive ways to cope with their strain. For example, many drug-addicted adolescents start abusing drugs to cope with excessive stress and anxiety (McLaughlin & Newburn, 2010).

Methodology

This qualitative study aimed to explore the experiences of young female drug abusers residing in Dhaka city. The narratives of female drug abusers and professionals working with female drug abuse were used to understand the gendered perception of drug abuse in an urban setting. This study followed the phenomenological approach as it deals with the subjective understanding of a social phenomenon (i.e., drug abuse) from the narrative dispositions of its participants (Jackson, 2003; Mason, 2002). In-depth semi-structured interviews were conducted with participants (i.e., young female drug abusers, rehab personnel, and DNC⁴ official) of this study. It focuses on the illustrative narratives of its 20 participants. The strategy of purposive sampling was adopted to select the places (i.e., centers) of data generation and its participants (Mason, 2002; Jackson, 2003). The purposive sample included 12 young female drug abusers (aged between 12 and 30 years) and 8 professionals (7 rehab personnel and one DNC official) working with female drug abuse. Homogenous selection criteria were followed in the purposive sampling process of the female drug abusers (Omona, 2013). In this case, only young female drug abusers aged 12-30 years admitted to three different rehabilitation centers were selected. The chosen rehabilitation centers were (a) Dhaka Ahsania Mission Female Drug Treatment and Rehabilitation Center, (b)

Bangladesh Rehabilitation and Assistance Center for Addicts (BARACA)'s Treatment Center for Females, (c) Addiction Rehabilitation Residence (APON)'s Female Development and Rehabilitation Center, APONGAON. Transcriptions of the recorded and unrecorded in-depth interviews were used to construct textual data representing the raw data for this qualitative data analysis. The themes were coded manually from the transcripts. The findings of this study were descriptive in nature as they focused on the narratives of its participants.

All the centers were visited after receiving confirmed permission during their preferable date and time. All the participants of this study were verbally asked for consent before interviewing. They were first briefed about the nature and purpose of the study and then asked for their permission to proceed with the interview. Permission to use voice records to preserve the conversations with the participants was also taken. Every participant was shown the semi-structured questions they were asked before starting the conversations, and their queries were answered as well. The guardians of the female drug abusers were also contacted, and their permissions were taken. In case of a rejection, the researcher did not proceed with the interview. The cases of minors were handled with special attention. Their parents were informed and explained the purpose of this study before proceeding with their interviews. Their informed consent was also acquired. Every participant's right to privacy was respected throughout this study. To assure the privacy of participants and the confidentiality of the information received, the name of each participant was not recorded, and pseudonyms were used instead of their real names to conceal their identities in this paper. Their address and other sensitive information that can reveal their location or identities to outsiders were also not used. In addition, no recordings of the participants were disclosed to any organization or individual.

The rationale for initiation and continuation of drug abuse

The question of why and how drug abusers initiate this harmful practice is one of the most studied aspects of criminological research on drug addiction. There were several reasons identified in the existing literature in both international and local contexts. From analyzing the narratives of the participants, some patterns were observed.

Traumatic experiences in life

Most of the participants vividly mentioned their traumatic experiences in life. They experienced excruciating pain in life because of divorce, losing custody of children, death of loved ones (parent/s), domestic abuse, and childhood adversities.

One of the respondents, Ms. Lamia Afzal⁵ lost her father when she was in college. She could not recover from the tragedy and repeatedly mentioned her memories with her father. Her condition deteriorated further when she got diagnosed with schizophrenia. Meanwhile, another participant, Ms. Tania Rahman lost all her hopes in life when she got divorced. Ms. Tania Rahman mentioned,

I've always felt that my life was over when I divorced him. I believe it all started when I met him at school and fell in love. He was my first love. I was so head over heels after him. Soon I found out about my pregnancy. I was only 16 at that time, I didn't understand what being a mother meant, or what being a wife meant. Our parents hurriedly arranged our marriage. So, I got married before attending my A-level exams. I dropped out of school... I could not adjust with my in-laws. They were intentionally hurting my father's business... After living with him for two years, we got a mutual divorce. I was so young at that time; I didn't understand anything. I signed the custody papers of my daughter and handed her over to him. Someone told me I could get her back. But now I can't see her even if I want to. I felt so depressed. I could not share my pain with anyone.

Ms. Tania Rahman believed that drugs incapacitated her from motherhood. Though she feared that she might not be able to take care of her offspring properly because of her addiction, she was unsure of whether she would ever be able to recover from her addiction. The oldest participant in this study, Ms. Barkha Begum went through both of these experiences. She believed that after her father died when she was young, her struggles in life started. She was forced to marry by her family and also divorced, shortly after. The loss of a loved one through death/separation creates frustration in their lives. Agnew's strain theory identifies relationships and positive bonds as positive stimuli. In these cases, Ms. Lamia Afzal, Ms. Tania Rahman, and Ms. Barkha Begum experienced strain from the removal of positive stimuli, and to cope with the frustration they chose to use illegal drugs (Agnew, 1992). They could not tolerate the agony of losing their loved ones and started using different drugs.

Many of the participants mentioned experiencing childhood adversities such as poverty, physical and psychological abuse, and sexual violence. Ms. Saira Banu, a female drug abuser, gave a vivid narration of how she and her family suffered from extreme poverty. While most of them mentioned they were sexually, physically, and mentally harassed when they were very young, they did not think it affected their decision in abusing drugs. All of them were abused by someone they knew. For example, Ms. Sneha Rahman mentioned that she was molested by one of her male relatives when she was a child. But she felt that it did not have any connection with

her drug abuse. However, one of the professionals, Mrs. Sanjida Rahman thinks this is also relevant. These experiences affect the psychological development of a child and argued that they did not realize the effect as they were too young. She also believed these girls develop negative feelings of fear, anxiety, and anger. She thought that these behaviors were crucial in developing maladaptive patterns of drug usage. These behaviors are linked to drug abuse because the participants' development of self-control was disrupted by such behaviors as mentioned by Gottfredson & Hirschi (1990) in their general theory of crime.

Some of the participants experienced domestic violence in life. The younger ones were exposed to a chaotic domestic environment, while the older ones were domestically abused by their ex-husbands and in-laws. One of them named Ms. Tamanna Khan shared that she was brought up in a chaotic domestic environment as her father was an alcoholic and used to beat her mother. She was beaten up by her mother afterward. She thinks the violence she experienced had decreased her capability to manage her emotions. She suffered from extreme feelings of anger and would get involved in violent fights. So, Ms. Tamanna Khan was not able to learn self-control due to her violent domestic condition, which supports the similar argument developed by Gottfredson & Hirschi (1990) in their work. Meanwhile, the ones who were abused in their married lives suffered from extreme physical and mental pain. Ms. Barkha Begum, who participated in this research, could not endure the violent beatings she suffered at the hands of her in-laws and left her home. She shifted to Dhaka alone, with her young child. This traumatic experience exposed her to the struggle of a single parent in an urban environment. This experience weakened her bonds of social control (i.e., attachment, commitment, involvement, and belief) mentioned in the control theory by inducing a negative stimulus (e.g., disappointment and depression). She chose drugs to cope with her condition, which is similar to the observations of Broidy (2001) and Baron (2004).

Influence of peers and relatives

All the participants were influenced by their delinquent peers to some extent. Meanwhile, many of the participants were introduced to drugs by their own family members or relatives. The presence of drug-abuser peers and relatives had a significant impact on them. It seems that for most of them, their delinquent peers/relatives were the ones who encouraged them to use drugs for the first time and supplied illegal drugs to them. This argument is supported by the social learning theory of crime. One of the participants, Ms. Neha Ahmed mentioned,

I learned to smoke when I was 12/13 years old. At first, I did not understand how much to inhale and inhaled a lot of smoke at once, which made me cough a lot. But then Rikta⁶ showed me the proper way... She also taught me how to smoke yaba using the tinfoil paper you get from packets of cigarettes. I learned to roll the paper very thinly.

Additionally, they were mostly accompanied by them in times of consuming these drugs. For most of them, these peers were identified as friends at educational institutions or those who lived with them in the same locality. On the other hand, drug-abusing partners, parents, and siblings encouraged some of them to abuse drugs. Relevantly, Ms. Neha Ahmed stated that her fiancé abused drugs with her and influenced her to try new drugs. Most of the participants had drug-addicted partners and acknowledged their significant influence on the continuation of drug abuse. Although addicted parents and siblings didn't directly encourage their daughters/sisters to abuse drugs, they modeled the behavior and invoked curiosity in them. In this way, drug abuse is learned by the participants in association with their delinquent peers and family members.

Many participants commented that they initially learned to abuse harmful substances (e.g., nicotine and alcohol) from their friends/relatives. This is important to the present discussion because all of the participants mentioned they learned to smoke cigarettes and drink alcohol at a very young age before they started abusing drugs. And these habits were mainly developed under peer influence. One of the interviewees, Ms. Mohua Akhter stated,

I used to be very depressed after what my parents did to me. They ruined my life. They deceitfully moved me to Dhaka to keep me away from my boyfriend... I got admitted to a local school here. I made friends. One of the girls in my class was known to be a bad girl. She soon became a good friend of mine. I used to share all my feelings with her, how I missed my ex-boyfriend, how my parents didn't understand my love for him, how I could not sleep for nights... We got along well because of smoking. I learned to smoke from my local friends back in the village. And then one day Hira offered me ganja. She told me that I would be able to sleep after smoking. So, I tried it and it worked! I became even closer to her. I started hanging out with her most of the time in school... Then one day she told me to try yaba, to get slim. She told me it will reduce my hunger, and I did not have to eat anything... Gradually I became so hooked up with ganja and yaba... I also took sleeping pills.

The importance of peers was highly valued by the participants of this study. Similar to what Aker's (1998) had observed in his social learning theory, priority given to delinquent peers made them imitate the delinquent behaviors these peers portrayed.

Ms. Mohua Akhter, a young adult, expressed that her friends were the ones who suggested she took drugs to cope with her depression. Weak family bonding was identified as a key factor in this case. Ms. Mohua Akhter's experience gives an insight into how associating with delinquent peers in an unsupervised setting resulted in learning delinquency, which also reminds us of Aker's social learning. In this context, both local friends and friends made in educational institutions were important. The weakened social bond with the parents mentioned by Hirschi in social bond theory was also responsible for exposing her to the dangers of delinquency.

Curiosity and sensation seeking

In some cases, participants mentioned curiosity as the reason behind drug abuse. Their lucid explanations about how they were fascinated by observing drug abuse practices portrayed by friends and media. They felt the urge to experience the feelings of using drugs. One of the respondents, Ms. Tamanna Khan expressed that her fascination with drugs started from the positive media portrayal of such abusive practices. Moreover, delinquent peers supplied and pushed her to abuse drugs, quenching her curiosity. She expressed,

I used to watch movies, how the protagonists would abuse drugs at nightclubs and parties... I used to wonder what it feels like to get intoxicated from drinking. Would it feel real as they showed on TV, will I start saying the truth, become more self-confident... I just had to find it out myself... Then I got the opportunity to use drugs when I became friends with this group in school, they were notorious for all sorts of delinquent activities at school.

In this manner, not only did she start abusing drugs but also continued experimenting with newer drugs. In her opinion, the effects of these drugs were sensational to her as those effects changed with time, nature, and dosage. Here, Ms. Tamanna Khan's experience is identical to the finding of a handful of studies on youth and drug abuse, which documented "curiosity" as one of the major reasons behind drug abuse among youth with sensation/pleasure-seeking behavior and high impulsiveness (Sani, 2010; Zaman, Ahmed, Hossain & Kamal, 2014; Kamal, Huq, Mali, Akhter & Arafat 2018).

Easy access to and availability of unprescribed medicinal drugs

Sleeping pill, one of the most commonly used and available drugs, is very popular among female drug addicts. One of the most interesting findings of this study was that all the female drug abusers who participated in this study abused

sleeping pills. As experts and professionals working with them also confirms this trend, abusers typically start their addiction by abusing low dosage of such medicines. Rehab caregivers also pointed out that abusing sleeping pills was more preferred by women compared to men. They also think that the availability and easy access to such drugs was the main reasons more girls were abusing sleeping pills than ever before. Some of them stole these pills from their family members (especially elderly people) who took these pills as prescribed medicine by medical practitioners. Meanwhile, others simply bought them from their local pharmacies. One of the rehab officials, Ms. Majeda Khanom observed,

Sleeping pills are very commonly abused nowadays. They are also very easy to buy. The girls can easily get their hands on these at the local drug stores. They usually take their parents' prescriptions and pretend to buy this medicine. And once they've purchased from a store, they don't even need to show the prescriptions the next time they visit these stores.

However, some of the abusers claim that sleeping pills are rather used to counter the effects of other stimulant drugs such as Yaba⁷ that cause insomnia. Therefore, they are also popular among male users. Others believe that females face more difficulty in sourcing drugs than men and so they abuse the more available ones like sleeping pills instead. The Department of Narcotics Control (2020) reports that phensedyl, another easy-to-buy medicinal drug, is a commonly abused drug in Bangladesh. Yet, the participants of this study did not directly mention phensedyl as their choice of drug. Instead, some of them mentioned consuming "jhakki"⁸, a mixture where cough syrup is added.

Participants of this study also believed that the widespread availability of many non-medicinal drugs such as Yaba pills was responsible for the rapid increase in consumption of such drugs. In addition, access to such medicinal/non-medicinal substances was more availed by urban females. Ms. Saira Banu, a participant in this research, mentioned that she could easily purchase both sleeping pills and Yaba pills in Dhaka city. Whereas her previous residence in a rural area restricted her liberty to purchase them. Ms. Saira Banu's narrative supports the argument that the urban lifestyle comparatively avails more opportunities to abuse drugs for female users.

Social Stigma

Stigma, according to White (2009), is the process of labeling, stereotyping, social rejection, exclusion, and extrusion, as well as the internalization of community

attitudes by people and their families in the form of shame. White (2009) also mentioned that social stigma toward drug abuse causes the long-term continuation of drug abuse, especially for female abusers. Extreme social reactions such as abandonment, name-calling, gender-based violence, etc. are directed toward female drug abusers. Stigmatization can be considered a control tactic used by society. Women who take drugs are stigmatized as a result of their drug usage, thereby excluding them from mainstream society. Our society views female drug abusers as immoral individuals. The amount of social reaction a female drug abuser face in our society is far graver than what male drug abusers experience. The DNC official, Mr. Alam Sarkar used the term “undignified individuals” to express the view of our society toward female drug abusers. He even mentioned the presence of gendered discrimination within a family. In his opinion, a female addict will face greater criticism and be treated poorly compared to her male family members. One of the participants of this study, Ms. Ayesha Begum mentioned that her family treated her very differently from how they behaved with her older brother. She thinks he received more support than she did from her family. She claimed, “I think they would not beat me up or yell and curse me if I was a boy like my brother...”. The existing social stigma and discriminating behaviors directed towards female drug abusers can be analyzed from the aspect of labeling theory. As these girls are shunned for their conduct (drug abuse) they relapse more and continue their abusive pattern. Previous studies also show that female drug abusers receive less social support in treating their condition than male drug abusers. Family involvement in female abusers’ treatment has a significant impact on their willingness to seek and maintain recovery conditions (Greenfield, Back, Lawson & Brady, 2010). One of the participants, Ms. Rehana Ahmed mentioned,

I did not tell my parents anything. I got so used to eating sleeping pills that I would sleep through the day... One day, I felt so frustrated that I ate a lot of sleeping pills at once. As a result, I did not wake up for three days. Then my parents found out about my condition. They realized I was no longer behaving like a normal person. My parents arranged medical facilities to treat me inside the house (due to public shaming). I wanted to take my life.

Ms. Majeda Khanom, who works as a psychosocial counselor, commented that females have a higher relapse⁹ rate compared to their male counterparts. She observed,

Female drug abusers have a much higher chance of relapse than male drug abusers. In most cases, they relapse due to lack of support they need for recovery, especially from their family members... They are often harassed by their family

members after leaving our treatment center. The parents constantly remind her of her past and taunt her. This makes them frustrated. They often relapse in this situation thinking that what's the point in not using drugs? When I'm still treated as an addict? These thoughts often lead her to relapse.

In her experience of working with both male and female addicts, she observed severe cases of negligence, abandonment, and shaming of female drug abusers by their family members, neighbors, and relatives. A significant number of her female patients did not receive adequate support after leaving rehab. She also reported that all the female drug abusers were not treated in time due to fear of shame. The family members mostly delayed their treatment to avoid harming their social reputation. She thinks that these greatly influenced female abusers to relapse and continue this harmful practice. Limited access to rehabilitation and treatment facilities is also another major cause behind the continuation of drug abuse among females. According to labeling theory, female drug abusers are "labeled" and abandoned by society which decreases their chances of rehabilitation.

Conclusion

Drug abuse has traditionally been viewed as a male-dominated issue. Recently, the surge in the number of young female drug abusers has generated major doubts about the authorities' continued attempts to prevent drug abuse, particularly among the youth. The purpose of this phenomenological study was to identify the underlying factors behind adolescent female drug abuse. It focuses on why and how young urban women start abusing drugs. The narratives of the participants of this study also helped the researcher understand why female drug abusers continued to abuse drugs in the long term. Rehab professionals also shared their valuable experiences as most of them worked with rehab patients of both genders. Therefore, their experiences were a valuable contribution to this gender-sensitive research. The obstacles behind the recovery of female drug abusers were explored in the vivid descriptions of the participants' stories. This study found that young women started abusing drugs due to traumatic experiences in life, peer/relative influence, curiosity, sensation-seeking, and easy access to unprescribed medicinal drugs. On the other hand, social stigma was found responsible for the continuation of drug abuse among the participants. Female drug abusers faced more violent social reactions compared to male users because of their gender identity. The importance of gendered experience and social reaction to female drug abuse was acknowledged by all the participants of this study. This study also tried to discuss these findings theoretically. Four major theories of crime: social learning theory, control theory, labeling theory, and strain theory are used to understand the findings

of this study. Female drug abusers learned to abuse drugs through association with their delinquent peers and family members, as explained in social learning theory. Female drug abusers had weaker social bonds mentioned in the control theory of crime. The participants also mentioned that strain was induced due to adversities in their lives that eventually lead them to drug abuse. As labeling theory suggests that female drug abusers are labeled by society and in this manner, they cannot return to their previous lifestyle. In this way, it has attempted to understand female drug abuse from a Criminological perspective and created an opportunity for similar studies in the future.

Notes

- ¹ This paper is based on one of the research questions addressed in the qualitative research carried out by the first author under the supervision of the second author. The thesis is titled, "Experience of Female Drug Users in Bangladesh: A Study on the Youth in Dhaka City". It was carried out as a requirement for the degree of M.S.S. in the Department of Criminology at the University of Dhaka.
- ² All the reports of the Department of Narcotics Control, Bangladesh did not identify female drug users separately. Instead, they provide a combined report on women and children drug abusers seeking treatment in government-run rehabilitation facilities. When questioned about this during an interview of this research, one respondent, an official working there stated that they did not consider the gendered aspect of drug abuse in their reports. As a result, no separate records on the number of female drug users were found in their reports during this study.
- ³ The term "Pluralistic ignorance" refers to the general belief among a homogenous group of people.
- ⁴ Department of Narcotics Control, Bangladesh is a government agency. It is responsible for monitoring, reporting, and adopting preventive/rehabilitative measures in order to reduce narcotic crimes.
- ⁵ Pseudonym is used to identify all the participants of this study.
- ⁶ In this narrative, the character "Rikta" is also a pseudonym used to replace the actual name of the participant, Ms. Neha Ahmed's friend. According to Ms. Neha, Rikta was her close friend whom she met in school.
- ⁷ Yaba is a combination of methamphetamine and caffeine. This composition makes it a highly addictive stimulant. It is pretty popular among female users due to the misconception that it helps lose weight.
- ⁸ A mixture of Nitrazepam and Diazepam tablets with cough syrup.
- ⁹ Relapse is the condition when an abuser who avoided abusing drugs resumes his previous levels of use.

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