Journal of Socio-Educational & Cultural Research
International Journal of Arts & Social Sciences
Peer Reviewed Refereed Journal
Published by Srijan Research Foundation, Varanasi India
Vol.12, N. 27, December 2026, **ISSN : 2394-2878**
DOI: https://doi.org/10.68868/14Js15aK32
www.jsecrjournal.in

Drug Abuse among Women in Slum Areas of Varanasi: A Review of Evidence, Determinants, and Research Gaps

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Abstract:
Drug abuse among women has emerged as an important yet inadequately explored public health and social concern in India. The issue becomes particularly serious in slum settings, where poverty, insecurity, domestic violence, food insecurity, limited access to health services, stigma, and weak psychosocial support systems may increase women's susceptibility to substance use while simultaneously restricting their access to treatment and rehabilitation. The present review examines the available literature relevant to drug abuse among women in the slum areas of Varanasi. Owing to the scarcity of direct studies focused specifically on women's own substance use in Varanasi slums, the review draws upon three interrelated bodies of evidence: Indian studies on women and substance use, research on psychosocial and health vulnerabilities among women living in slum settings, and Varanasi- or Uttar Pradesh-based studies that illuminate the broader urban-poor context. The reviewed literature includes studies by Lal et al., Nebhinani et al., Shiri et al., Sreenivasan et al., Sharma et al., Abdi et al., Panigrahi et al., Das et al., Rani et al., Speizer et al., and Keshav and Komaraiah. Across these studies, recurring themes include the hidden nature of women's substance use due to stigma, the role of stress, violence, and social exclusion as pathways to substance use, significant physical and mental health consequences, family burden, and the limited availability of women-sensitive treatment systems. The review concludes that women living in slum settlements require gender-responsive prevention strategies, early identification, mental health support, family-centered interventions, and accessible community-based de-addiction services. It further identifies a major research gap in the form of limited direct empirical evidence on drug abuse among women residing in the slum areas of Varanasi.

Keywords: *Drug abuse, women, slum areas, Varanasi, substance use, urban poverty, mental health*

Introduction

Drug abuse is not merely an individual or medical issue; it is also a social, psychological, and gendered problem. Among women, substance use often remains less visible than among men because women are more likely to experience stigma, concealment, family control, and delayed help-seeking. In the Indian context, **Lal, Deb, and Kedia (1)** argued that substance use among women remains under-recognized despite its serious implications for mental health, reproductive health, family life, and social functioning. Their review made it clear that women's substance use in India must be understood in relation to broader structures of social disadvantage and gender inequality rather than as an isolated behavioral problem.

The slum context makes this issue even more important. Women living in slum settlements often face overlapping pressures such as overcrowded housing, unstable income, unsafe surroundings, domestic violence, poor sanitation, food insecurity, weak social support, and limited access to health care. **Abdi et al. (7)**, in their systematic review, found that women living in slums are especially vulnerable to poor mental health because of social exclusion, deprivation, violence, and insecurity. These conditions are highly relevant to substance use because psychological distress, trauma, and chronic stress often function as pathways to substance initiation, continuation, or relapse.

Varanasi is a meaningful setting for such a review because it has a substantial urban-poor and slum population. A study by **Rani et al. (10)** on teenage girls living in urban slums of Varanasi reported that household food insecurity was significantly associated with anxiety, depression, loss of behavioral control, and psychological distress. Although the study did not directly examine drug abuse, it provides important evidence that slum communities in Varanasi represent psychologically and socially vulnerable environments. The same study also described a sizable slum and urban-poor population in the district.

At the same time, the literature reveals a major gap. There is very limited direct published evidence focusing specifically on women's own drug abuse in slum areas of Varanasi. One of the most relevant Varanasi-based studies, conducted by **Keshav and Komaraiah (12)**, examined addiction in urban poor households and showed that addiction damages fragile family resources and intensifies the vulnerability of women and children. However, the study primarily discussed women as affected family members of addicts rather than as substance users themselves. This gap provides a strong justification for the present review.

The present review therefore aims to synthesize the available literature in a structured manner. It first examines the broader Indian evidence on women and substance use, then reviews treatment-based and community-based studies, followed by an analysis of slum-related vulnerability and the Varanasi context. Finally, it identifies major research gaps and highlights implications for future research and policy.

Objective of the Review

This review aims:

1. To examine the available evidence on substance use among women in India.
2. To analyze the structural and psychosocial vulnerabilities of women living in slum settings.
3. To identify the specific research gaps related to drug abuse among women in slum areas

of Varanasi.

Review Method

The present review is based on secondary sources of data. Relevant literature was identified from published journal articles, review papers, public health studies, and contextual social science research related to women and substance use, slum vulnerability, and urban poor communities in India. Special attention was given to studies dealing with women's substance use, gender-based vulnerability, mental health in slums, and Varanasi or Uttar Pradesh urban-poor populations. Since direct studies on women's own drug abuse in Varanasi slums were limited, relevant contextual studies were also included to build a comprehensive analytical framework. The selected studies were reviewed thematically in relation to the central review question.

1. Women and Substance Use in India: Conceptual and Epidemiological Basis

The first major strand of literature relevant to the present review concerns the broader status of substance use among women in India. **Lal et al. (1)** highlighted that substance use among women remains a neglected but important field of inquiry in Indian public health and psychiatry. Their review showed that women use a range of substances, including alcohol, tobacco, opioids, and sedative-hypnotics, but the actual burden often remains concealed because women are less likely to disclose use openly and are less likely to enter formal treatment systems. The authors emphasized that women's substance use should not be understood only in biomedical terms; rather, it is closely connected with social disadvantage, gender inequality, family conflict, trauma, and psychiatric comorbidity. In this sense, their work provides a strong conceptual base for the present review because it demonstrates that female substance use is shaped by structural as well as personal factors. (1)

A major issue identified in the Indian literature is the problem of underreporting. Women's substance use is often hidden behind family control, social stigma, and moral judgment. In many communities, a woman who uses alcohol, tobacco, or drugs is more likely to be condemned socially than a man, and therefore disclosure becomes difficult. This means that official or survey-based prevalence rates may not fully reflect the real burden. The visible cases are often those that reach hospitals, de-addiction centers, or crisis situations, while a substantial number of women may remain outside the scope of formal identification. Thus, the apparent low prevalence of substance use among women should be interpreted with caution, especially in poor and socially conservative settings. (1)

A further dimension is added by the mixed-methods community study of **Sreenivasan et al. (5)**, who explored how women themselves perceive tobacco and alcohol use. Their study is important because it moves beyond hospital-based evidence and addresses the subjective meanings women attach to substance use. The authors found that women's attitudes were shaped by contextual stressors, normalization within the community, and insufficient awareness of long-term harm. This is highly relevant to the present review because it suggests

that some women may not themselves define their substance use as harmful or abnormal, particularly when it is woven into daily life or coping practices. Such a perception reduces the likelihood of self-report, early recognition, and preventive intervention. (5)

Taken together, these studies indicate that the Indian evidence base already establishes three important points: first, women's substance use exists across different social settings; second, it is often hidden due to stigma and underreporting; and third, it must be interpreted within a larger framework of social disadvantage, gender power, and mental health vulnerability. These insights provide the broader conceptual foundation for understanding why women in slum areas of Varanasi may represent a vulnerable but under-documented population. (1,5)

2. Evidence from Treatment-Based Studies

Treatment-based studies offer a more concrete clinical picture of women who have already entered formal systems of care for substance-related problems. **Nebhinani et al. (2)** conducted a retrospective chart review of 100 women who sought treatment at a de-addiction center in North India. Their findings revealed that most women were married, many were homemakers, and the average age was in the thirties. Tobacco emerged as the most frequently used substance, followed by opioids, alcohol, and benzodiazepines. The study also reported that women often began using substances in relation to stress, frustration, family history, and psychiatric comorbidity. This is especially important because it shows that women's substance use is not merely recreational or isolated but often tied to emotional burden and adverse psychosocial conditions. (2)

The contribution of the study by Nebhinani et al. lies in its detailed description of women who do reach treatment. It demonstrates that once women enter care, their substance use is usually accompanied by multiple vulnerabilities, including psychological distress, family disruption, and delayed help-seeking. However, the limitations of the study are equally important. Since it is based on women who had already reached a de-addiction center, it represents only a small and visible segment of the larger population. Women living in marginalized settings, especially in slums, may face far greater barriers to reaching treatment and thus remain invisible in such datasets. Therefore, treatment-center studies are useful for clinical profiling, but they cannot be treated as accurate measures of community prevalence. (2)

A somewhat different profile emerges from the tertiary-care study conducted by **Shiri et al.**

(3). Their study of women seeking treatment for substance use disorders found that alcohol dependence was particularly prominent, along with nicotine, benzodiazepine, and opioid dependence. Compared with Nebhinani et al., this study suggests that the dominant substance pattern may vary from one setting to another. Such differences are methodologically significant because they show that the profile of women's substance use depends on the type of treatment center, referral pathways, and local catchment population. One center may see more alcohol dependence, while another may see more tobacco or opioid use. This means that no single hospital-based study can be generalized to all Indian women or to all poor urban communities. (3)

Another valuable study is that of **Potukuchi and Rao (4)**, who examined problem drinking among rural women in Telangana. Although the setting was rural rather than urban, the study remains highly relevant because it demonstrates that problematic substance use among women can remain poorly managed even after identification. The authors found poor follow-up after referral or psychoeducation, indicating that women often do not continue in care. This highlights an important but often overlooked dimension of substance-use research: not only access to treatment, but also **retention in treatment** is a serious problem. For poor women facing social pressure, low mobility, family restrictions, or stigma, continuation in care may be difficult even when referral has been made. (4)

Overall, treatment-based studies show that women with substance use disorders commonly present with layered burdens, including mental distress, delayed help-seeking, family pressure, and social stigma. At the same time, these studies are limited because they reflect only women who become visible within institutional systems. For a topic such as drug abuse among women in slum areas of Varanasi, this is a crucial limitation, since many affected women may never reach such centers at all. (2-4)

3. Gender, Violence, and Hidden Burden

A more complete understanding of women's substance use emerges when clinical studies are read alongside gender-sensitive qualitative research. **Sharma et al. (6)** examined women who use drugs in Delhi, with a particular focus on sexual and reproductive health experiences. Their findings showed that women's substance use was closely linked with violence, stigma, poor treatment by health providers, restricted agency, and broader social marginalization. This study is especially important because it reveals that women who use drugs are often burdened not only by addiction itself, but also by gender-based discrimination and institutional neglect. In other words, substance use among women is frequently embedded in a wider context of bodily vulnerability, exploitation, and social exclusion. (6)

This gendered perspective is central to the present review. Women's substance use cannot be viewed in the same way as men's substance use because women face different social meanings, consequences, and barriers. A man's drinking or drug use may sometimes be socially tolerated, whereas a woman's substance use often attracts sharper stigma and moral condemnation. This increases the likelihood that women will hide their behavior, avoid treatment, or remain unidentified within the community. In turn, hidden use may worsen over time before any support becomes available. (6)

The study by **Sreenivasan et al. (5)** complements this interpretation at the community level. When read together, Sreenivasan et al. and Sharma et al. suggest two interrelated layers of invisibility. The first is **community invisibility**, where women may normalize, minimize, or privately manage substance use. The second is **institutional invisibility**, where women may avoid treatment because of disrespectful care, shame, and fear of judgment. This dual invisibility is highly relevant for slum settings, where social reputation, family dependence, and economic vulnerability may make women even less likely to disclose substance-related problems. (5,6)

From the perspective of the present review, this section makes an important analytical contribution: even if women in Varanasi slums are experiencing substance-related problems, those problems may remain largely undocumented unless the research design is confidential, gender-sensitive, and community-based. Thus, the absence of large numbers of reported cases should not be interpreted as evidence that the problem does not exist. Rather, it may reflect silence, stigma, and structural invisibility. (5,6)

4. Slum Conditions as Structural Risk Factors

The literature on women living in slum settlements does not always discuss drug abuse directly, but it is highly valuable because it identifies the structural conditions that may increase women's vulnerability to substance use. **Abdi et al. (7)**, in their systematic review, concluded that women living in slums are exposed to multiple social determinants of poor mental health, including poverty, insecure housing, violence, social exclusion, and inadequate access to services. These factors are not merely background conditions; they are fundamental structural pressures that shape women's emotional well-being, coping strategies, and access to care. For the present review, this is important because mental distress, chronic insecurity, and social marginalization are widely recognized pathways into substance use and barriers to recovery. (7)

The association between slum life and untreated psychological distress is further demonstrated by **Panigrahi et al. (8)**, who studied married women living in slum areas of Bhubaneswar. Their findings showed a substantial burden of common mental disorders among slum-dwelling women. The study is significant because it shifts the focus from general urban poverty to women's lived mental health burden in slum communities. It suggests that distress, anxiety, and other common disorders may remain untreated in poor settlements for long periods. Such untreated emotional suffering is relevant to substance use because it may increase both the risk of initiation and the persistence of use as a coping mechanism. However, the cross-sectional nature of the study limits causal interpretation, since it cannot establish whether distress precedes or follows related social problems. (8)

The work of **Das et al. (9)** on intimate partner violence among women in Mumbai slums adds another important structural dimension. Their study documented high levels of violence during and after pregnancy, indicating that many women in slum settlements live within environments of coercion, fear, and bodily insecurity. Although the study did not directly examine women's own drug use, it remains highly relevant because domestic violence is repeatedly associated with depression, helplessness, trauma, and maladaptive coping. In this sense, violence operates not only as a social injustice but also as a health-related risk environment. (9)

When these studies are read together, they show that slum conditions themselves must be treated as **structural risk factors**. Poverty, overcrowding, violence, weak services, and social exclusion do not merely coexist with women's vulnerability; they actively shape it. Therefore, in the context of Varanasi slums, any attempt to understand drug abuse among women must include the broader social ecology in which women live. Substance use, if present, cannot be separated from the pressures of everyday deprivation and insecurity. (7-9)

5. Varanasi and Urban Poor Women

For the specific setting of Varanasi, direct studies on women's own substance use are limited, but several studies illuminate the local environment in which such problems may develop. **Rani et al. (10)** studied household food insecurity and mental health among teenage girls in urban slums of Varanasi and found a significant association between food insecurity and anxiety, depression, loss of behavioral control, and psychological distress. Although the study focused on adolescent girls rather than adult women and did not examine substance use directly, it remains highly relevant because it demonstrates that the slum environment in Varanasi is marked by serious psychosocial stress. This suggests that poor urban women in the city may also experience similar stress pathways that increase vulnerability to maladaptive coping, including substance use. (10)

The relevance of broader urban-poor conditions in Uttar Pradesh is supported by **Speizer et al. (11)**, who studied urban poor women from six cities in the state. Their work showed persistent inequalities in access to health and reproductive services among poorer women, including those from slum settlements. Although the study was not focused on addiction, it is valuable for the present review because it highlights the structural disadvantages under which poor urban women live. Such inequalities likely influence whether women can access screening, counseling, mental health support, or de-addiction treatment. In this way, service inequality becomes part of the broader vulnerability framework. (11)

The most directly relevant local study is that of **Keshav and Komaraiah (12)**, who used qualitative case-based evidence from urban poor households in Varanasi slums and poverty pockets. Their study showed that addiction depletes family resources, disrupts household stability, and intensifies the suffering of women and children. Its major contribution lies in locating addiction within the everyday realities of urban poverty. Rather than viewing addiction as a purely individual weakness, the study demonstrates that it is intertwined with livelihoods, family strain, and social vulnerability. At the same time, the study also reveals the central gap of the present review: women are discussed primarily as victims of household addiction rather than as substance users whose own experiences, motives, and treatment barriers require direct attention. (12)

Thus, the Varanasi-related literature provides a strong contextual basis but not a direct epidemiological account of women's own drug abuse. This is perhaps the most important conclusion of the present review: the local setting clearly suggests risk and vulnerability, but direct evidence on women's own substance use remains insufficient. Therefore, the concern is well justified, even though precise prevalence estimates are not yet available. (10-12)

6. Methodological Appraisal and Research Gaps

From the perspective of review methodology, the literature examined in the present paper has several important limitations. First, many of the studies are based on **retrospective chart**

reviews or **cross-sectional survey designs**. These approaches are useful for identifying patterns, characteristics, and associations, but they are limited in their ability to establish causal pathways. For example, the studies by **Nebhinani et al. (2)** and **Shiri et al. (3)** provide valuable clinical profiles, but they capture only women who are already within treatment systems. As a result, they tell us more about treatment-seeking women than about the larger hidden population in the community. (2,3)

Second, many studies relevant to the slum context do not directly examine women's own substance use. Instead, they focus on adjacent issues such as mental health, violence, food insecurity, or household addiction. While these studies are still highly relevant, they provide **contextual rather than direct evidence**. This means that the current literature is analytically rich but empirically incomplete for answering the exact question of drug abuse among women in slum areas of Varanasi. (7-12)

Third, underreporting remains a major methodological concern across the literature. Because women's substance use is shaped by stigma, family control, and fear of judgment, women may not disclose their use accurately in surveys or interviews. Community-level perception studies and qualitative research both suggest that silence and concealment are central barriers to accurate assessment. Therefore, the current absence of substantial direct data from Varanasi slums should not be interpreted as proof of absence; instead, it likely reflects the difficulty of identifying a hidden and stigmatized phenomenon. (1,5,6)

Fourth, there is an urgent need for **Varanasi-specific, community-based research**. Future studies should include confidential screening for tobacco, alcohol, opioids, sedatives, and other substances; should assess mental health, domestic violence, food insecurity, and family burden together; and should ideally combine quantitative and qualitative methods. A mixed-method design would be especially useful because it could capture both prevalence patterns and women's lived experiences. Without such research, policy and intervention for slum women in Varanasi will continue to rely mainly on indirect or extrapolated evidence. (10-12)

Taken together, the reviewed literature clearly justifies concern about drug abuse among women in slum areas of Varanasi, but it also demonstrates that the evidence base remains incomplete. This tension between justified concern and limited direct evidence defines the central research gap identified by the present review. The major studies reviewed in the present paper are summarized in Table 1. The table highlights the study area, design, sample, major focus, key findings, and the specific relevance of each study to the present review.

Table 1

Summary of Key Studies Reviewed on Women, Substance Use, Slum Vulnerability, and Varanasi Context

Author (s) & Year	Study Area	Study Design	Sample/Population	Main Focus	Key Findings	Relevance to Present Review
Lal, Deb, and Kedia, 2015	India	Narrative review	Literature on women and substance use	Status of substance use among women in India	Women's substance use is under-recognized, stigmatized, and linked with psychiatric, reproductive, and family burden	Provides the national conceptual foundation for understanding women's substance use

Nebhinani et al., 2013	North India	Retrospective chart review	100 treatment-seeking women at a de-addiction center	Demographic and clinical profile of women with substance abuse	Tobacco, opioids, alcohol, and benzodiazepines were common; stress, frustration, comorbidity, and family history were important factors	Gives direct clinical evidence on women seeking addiction treatment in India

Shiri et al., 2021	India tertiary care center	Retrospective study	Women seeking treatment for substance use disorders	Treatment profile of women with substance dependence	Alcohol dependence was prominent, along with nicotine, opioids, and benzodiazepines; profiles varied by setting	Shows that substance profile among women can differ across treatment centers

Potukuchi and Rao, 2010	Telangana	Community/clinical observational study	Rural women with problem drinking	Problem alcohol use among women	Problem drinking and dependence existed, but follow-up and continuation in care were poor	Highlights care barriers and low retention among women with substance-related problems
Sreenivasan et al., 2022	India	Mixed-methods community study	Adult women in community settings	Women's perceptions of tobacco and alcohol use	Women's substance use perceptions were shaped by normalization, low risk awareness, and social context	Helps explain hidden burden, underreporting, and low self-identification of harm
Sharma et al., 2017	Delhi	Qualitative study	Women who use drugs	Sexual and reproductive health vulnerability among women who use drugs	Violence, stigma, poor health-care experiences, and low agency shaped women's vulnerability	Important for understanding gendered pathways and barriers to treatment

Abdi et al., 2021	Multiple slum settings	Systematic review	Women living in slums	Social determinants of mental health	Poverty, exclusion, violence, and insecurity adversely affected women's mental health	Provides the structural slum-vulnerability framework relevant to substance-use risk
Panigrahi et al., 2017	Bhubaneswar slums	Cross-sectional study	Married women in slum areas	Common mental disorders among slum women	Significant burden of untreated mental distress was found among slum-dwelling women	Supports the mental health pathway that may increase substance-use vulnerability
Das et al., 2013	Mumbai slums	Cross-sectional study	Women in slum communities	Intimate partner violence during and after pregnancy	High levels of violence were reported in slum settings	Shows gender violence as a structural stressor linked to psychosocial vulnerability

Rani et al., 2018	Varanasi slums	Community-based cross-sectional study	418 teenage girls from selected slums	Household food insecurity and mental health	Food insecurity was associated with anxiety, depression, loss of behavioral control, and psychological distress	Gives strong Varanasi-specific evidence of psychosocial vulnerability in slum settings
Speizer et al., 2012	Urban poor women in Uttar Pradesh	Survey analysis	Urban poor women from six cities	Health and reproductive-service inequality among urban poor women	Poor women faced service disadvantage and constrained access to care	Relevant for understanding structural barriers affecting poor urban women in Uttar Pradesh
Keshav and Komaraiah, 2015	Varanasi	Qualitative case-based study	Urban poor households in slums and poverty pockets	Impact of addiction on poor households	Addiction depleted family resources and worsened the vulnerability of women and children	Most relevant local contextual study for linking addiction with urban poverty in Varanasi, though it focuses more on household impact than on women's

						own substance use.

As shown in Table 1, the reviewed studies may be broadly grouped into three categories: studies on women's substance use in India, studies on psychosocial and structural vulnerabilities in slum settings, and Varanasi- or Uttar Pradesh-related contextual studies. This pattern itself reveals an important gap, as direct studies on women's own drug abuse in Varanasi slums remain extremely limited.

The reviewed literature suggests that drug abuse risk among women in slum areas is shaped by multiple interconnected structural, psychosocial, and health-related factors. Figure 1 presents a conceptual pathway summarizing how slum deprivation, social stressors, and mental distress may contribute to hidden substance use, delayed help-seeking, and continuing family and health burdens.

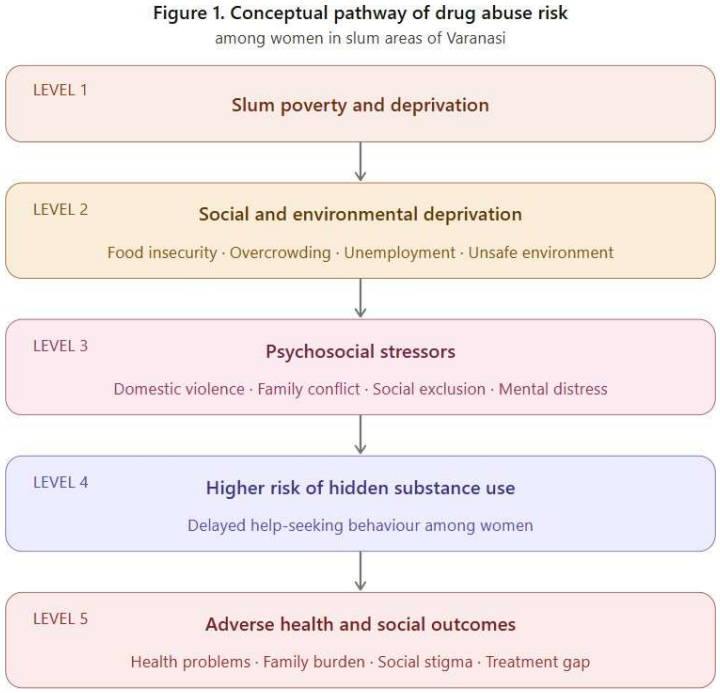


Figure 1. Conceptual Pathway of Drug Abuse Risk among Women in Slum Areas of Varanasi

As shown in Figure 1, the risk of drug abuse among women in slum settings does not emerge in isolation. It develops within a larger environment of poverty, food insecurity, overcrowding, unemployment, violence, social exclusion, and mental distress. The figure also highlights that

substance use among women may remain hidden and may be followed by delayed help-seeking, which further deepens health, family, and social burdens.

Conclusion

The present review was undertaken to examine the available evidence relevant to drug abuse among women in slum areas of Varanasi and to understand the broader structural, psychosocial, and contextual factors associated with this issue. The reviewed literature clearly indicates that substance use among women in India is an important yet under-recognized public health and social concern. Studies such as those by Lal et al. (1), Nebhinani et al. (2), Shiri et al. (3), Potukuchi and Rao (4), Sreenivasan et al. (5), and Sharma et al. (6) demonstrate that women's substance use is closely shaped by stigma, stress, violence, psychiatric vulnerability, low social agency, and limited access to appropriate treatment and rehabilitation services. These studies also show that women's substance use often remains concealed and therefore underreported, which makes the burden appear smaller than it may actually be. (1-6)

At the same time, the literature on slum conditions provides an equally important insight. Studies by Abdi et al. (7), Panigrahi et al. (8), Das et al. (9), Rani et al. (10), Speizer et al. (11), and Keshav and Komaraiah (12) indicate that women living in poor urban settlements are exposed to multiple and overlapping vulnerabilities, including poverty, food insecurity, domestic violence, untreated psychological distress, insecure living conditions, and weak access to health and social services. These conditions together create an environment in which substance-related problems may emerge, remain hidden, and intensify over time. Thus, the problem of drug abuse among women in slum areas cannot be understood in isolation from the wider realities of deprivation, exclusion, and gender-based disadvantage. (7-12)

A major conclusion emerging from the present review is that the local context of Varanasi strongly suggests vulnerability, but direct empirical evidence on women's own drug abuse in slum areas of the city remains very limited. Most of the available literature is either treatment-based, focused on broader Indian patterns, or concerned with contextual issues such as slum mental health, violence, food insecurity, and household addiction. Consequently, while the present review strongly justifies concern about the issue, it also reveals a serious gap in the existing knowledge base. The absence of direct evidence should therefore not be interpreted as the absence of the problem; rather, it reflects the hidden, stigmatized, and methodologically difficult nature of women's substance use in deprived social settings. (1,5,6,10,12)

In light of these findings, the review suggests that future research should move toward gender-sensitive, community-based, and mixed-method investigations in the slum areas of Varanasi. Such studies should not only document substance use patterns, but also examine the interrelationship of poverty, mental health, violence, family burden, and access to care. From a policy and practice perspective, there is a clear need for women-friendly screening mechanisms, early identification of hidden cases, integrated mental health support, domestic violence response systems, family-centered counseling, and accessible community-based de-addiction services in vulnerable urban settlements. Only through such a multidimensional and

gender-responsive approach can the issue of drug abuse among women in slum communities be properly understood and effectively addressed.

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