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## Gender bias in addictions and their treatment. An overview from the social perspective

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### Abstract

Gender perspective in sociological analysis provides large doses of pragmatism in the work of social problems. From this premise, we have developed a piece of research based on the problem suggested by the organization “Proyecto Hombre Murcia, Solidaridad y Reinserción”, the main objective of which was to analyze the existing differences in problems among men and women in treatment, and the implications these have on the success of the treatment. Thus, we have performed an analysis of social perceptions of addicts receiving treatment. The methodology used was qualitative, allowing for the participation of people undergoing treatment in the focus groups, together with interviews developed for this research. This has helped explain and understand why gender roles are affecting welfare policies and intervention programs.

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### 1. Proposals of the Research

The aim of this article is to share our knowledge about gender differences in addiction treatments. We intend to clarify all the inequalities embedded in these situations, and to insist on the use of this perspective when professionals are dealing with drug addiction. Customer service guidelines would be improved by adapting the treatment to the particular needs of each gender. For these reasons, it is crucial to look into how men and women experience the different areas within the treatment. Why do more men than women attend rehabilitation

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programmes? Why are men kept under these treatments longer? This is the concern and the starting point of the research carried out, as requested by “*Proyecto Hombre Murcia, Fundación Solidaridad y Reinserción*”; it was clear to us the need to delve into the impact that gender bias causes in addictions and, especially, in their treatments.

Experts note that there are still many social impediments, traditionally related to gender, during the course of drug addicts' lives; despite the legal and therapeutic measures available, access to these programmes is still minimum and inefficient. According to the data collected in the 2011 report issued by *Proyecto Hombre Murcia*<sup>†</sup>, the organization attended more than 500 people, 89% were men, and 11% women.

From this evidence, we have decided to carry out research on several fronts we consider crucial, to be able to provide answers to the questions asked: the analysis of the different rehabilitation programmes, the types of substances used and the demographic impact of the addictions.

As a first approach, we think a neutral overview of reality is not feasible. Symbolisms, social imaginaries, judgements and the different ways of understanding and reacting to the things happening around us, are the causes and the effects of lifestyles that meet the collective interests, social and cultural structures that strengthen or weaken the different perceptions.

This process becomes especially obvious in this regard. The social overview about female drug addiction is full of clichés and prejudices, which are detrimental to women. The recognition of this differentiation as a problem is a *sine qua non* condition to put efficient, preventive care and political measures into practice.

In fact, gender has an influence on addictions in such a way that we talk about *female and male addictions* on a regular basis. We realise that the causes of why both men and women start using drugs vary; their psychosocial problems are different, as well as their individual needs and the way they solve these. Male drug addicts are usually in the company of women (wives, mothers, daughters, sisters, etc), who look after them and the rest of their family while they are going through their detoxification treatment. This fact does not really apply to women who, in spite of being in the same situation, usually end up losing their husbands, children and other relatives. They have less support and, at the same time, more household responsibilities. This is one of the reasons that lead them and their environment to deny their problems, thus making their recovery hugely difficult. This is known as *invisible drug addiction* (Fundación Atenea Report, 2009) and private drug consumption. There are many more women with drug addictions than those who attend the care networks. When they do finally make the decision to attend specific treatment centres they arrive there with serious health problems.

Dealing with this research from a gender perspective, we are confirming that female drug addicts will always suffer from a structural inequality because they are women.

Furthermore, we noticed a gender disparity in terms of social inclusion and labour market integration among the people who use addictive substances. Men know that the integration of the labour market will be easier for them once they complete their rehabilitation programmes, and so do women. Both men and women understand that women have been left *socially marked* (Castaño Ruiz, 2008).

In short, the social and cultural conditions turn female addiction into a habit, which is much more *stigmatized* and rejected by society than in the case of men. Women suffer from stronger disapproval as they are seen as breaking their traditionally female roles, which cannot go hand in hand with drug consumption. The breach of the rule is not neutral. Female drug addicts suffer from a bigger, more stressful and destructive stigma than men. As a result, they feel more guilty, ashamed or incapable, which may lead them to hide their addiction and not to ask for help, to avoid being labelled as drug addicts. To them, keeping it invisible is the easiest solution.

Bearing all this in mind, the understanding of the double stigma applied to female drug addicts entails the need to pay special attention to a personal, social and political system that treats women and men differently. Nevertheless, it is crucial to emphasize that we cannot deal with women as a homogeneous group. There are many factors to take into consideration, such as ethnic origin, nationality, age, marital status, socio-economic status, legal situation, among others; as these are key aspects when it comes to planning the treatment and prevention strategies.

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<sup>†</sup> Available in [www.proyctohombremurcia.es](http://www.proyctohombremurcia.es), [Viewed on 10-09-2012]

Furthermore, the female subjectivity is another fundamental circumstance that must be taken into account in this project. Not all women are the same; there are many ways to understand what being a woman means.

## 2. Theoretical Models

Sociology tends to classify addictive behaviour as a deviant conduct, as this behaviour steps away from the values and norms accepted by most societies. The difference between deviant and addictive behaviour relies on the explanation given in criminal guidelines.

Since the Symbolic Interactionism, the models of femininity and masculinity have been highlighted; the roles and gender norms transmitted during the process of socialization and which reinforce the sexual differences. Deviance is always considered as relative, as it depends on the context, whereas the deviant conduct is labelled as such by people. The Labelling Theory, which follows symbolic interactionism, holds that deviance is not inherent to an act, but something that is defined or labelled as such by a group of people.

We find this paradigm helpful to be able to explain the different social assessments about addictive conducts. It holds convincing arguments about the reason why there are several types of drug use. The use of some drugs or others is strictly conditioned by the social norms. There are some drugs traditionally considered as preferred by males, especially the illegal ones, whereas women have been considered more to use psychoactive drugs. The use of illegal substances entails a double challenge to society, both because women use them and they challenge the feminine model (Ettore, 1992).

Other theoretical models insist on the social organization and the different positions of men and women in the social environment, where inequality arises in terms of economy, work, power, capital, or access to resources. These differences also explain the various qualities of the addictive substances, as sometimes these can help or otherwise impede the different habits of drug use. The amount of money the users have, their contacts or the access to certain environments, make it possible or not, to access certain types of drugs. Men, in this case, still have a more favourable situation than women.

## 3. The qualitative method: what patients say

The qualitative method is an appropriate and available means to obtaining valid, reliable and sensitive data from people who remain hidden (Vallés, 1999). By the term *hidden people*, we mean all those groups not easily recognized, hence it is difficult to gain access to them. This is precisely our main concern and for that reason we have decided to put in place techniques that will allow us to understand the reasons and feelings these female drug addicts have, by letting them speak and tell their own stories.

The basic criterion used –to select participants in this project– has been an “ease of understanding”. In other words, we have counted on all those people undergoing treatment who could convey relevant messages concerning our research through their own speech. Furthermore, all the participants in the project were on rehabilitation programmes in Proyecto Hombre. The variables we have considered for the structural composition are as follows: gender (men and women); integration programme in which they are taking part in: *Proyecto Hombre* (integration and daytime); type of addiction (alcohol, cocaine and heroin, gambling) and habitat (urban and rural).

The techniques carried out have consisted of in-depth interviews and focus groups. Individual interviews provided us with much more detailed information and also made it possible to access some information that might not be disclosed in discussion groups. Also, the discussion group reinforced the speech patterns and possible for us to observe. We have promoted the knowledge of the subjective experience of those under treatment.

Following the above mentioned criteria, here are the tasks carried out from January until March 2012:

- 10 partly-structured interviews, five women interviewed and five men interviewed
- 2 focus groups, seven participants each. A male group and a female group. (This allocation criterion was followed in order to avoid any impediments in the female discourse).

For both interviews and focus groups, we used a partly-structured script with themed areas such as: origins of the addiction, consumption guidelines, access and information about the treatment programmes and social perception. The considerations we obtained (which were audio-recorded) have helped us *build* the perception of all the stages in the process from a gender perspective.

#### 4. What the main participants say

##### 4.1. How drug use is perceived

Our informants describe the environment in which the drug use takes place as two social extremes. At one extreme, the drug consumption is related to marginal groups, whereas at the other extreme it is related to elitist groups. Frequently both extremes merge together, sharing the same social spaces at times. The link between marginality and drug addiction is clearly seen as a social problem, with serious individual and collective consequences. Nevertheless, it is different when the socially elite choose drug consumption as part of their lifestyle. It is important to clarify that, although these two environments are very far from each other for obvious reasons, in the eyes of the drug addicts, these differences end up fading and they all become just addicts.

*Everyone uses drugs nowadays, and sometimes people even take importance away from certain drugs such as alcohol. Certain drugs are highly accepted. (Int.1, Woman).*

In any case, all the participants that have been interviewed agree that the social overview about drug use is essentially negative, although it is also a fact that the view is different depending on the substance which is used. Society accepts certain consumptions more than others.

*Not all the drugs used are perceived in the same way, alcohol is more widely accepted than cocaine (Int.1, Woman).*

We observe that there is a social ambivalence, as in spite of the negative perception of drug addiction and drug addicts, the drug use is socially extended and is used as an integration instrument, hence leisure areas become places to access those substances. Therefore, the same conduct is encouraged and criticised at the same time.

*In some areas drug use has a positive view: it's to do with being cocky, being eager to please, that's what leads men to use drugs (FG. 2, Women).*

The habitat where the drug consumption takes place is one of the analysed variables. There is a significant difference between rural and urban environments when it comes to assessing drug use. In rural areas drug addicts are more sharply judged, especially women, as they are required to strictly comply with the social norms, while men are treated in a more flexible way. It is a more coercive environment, where there is no anonymity.

*In villages women are more criticized than men; it's less accepted, less public, if it is done by a woman (Int. 9, Man).*

As we continue discussing the results, we have noticed that *violence* is one of the concepts that is very frequently associated with drug use. Everything in connection with addictions is classified as aggressive. And so is drug addiction itself. This opinion is shared by both genders to the same extent, as it is shown as something common to the addiction itself.

*Drug use is associated with violence and abuse (FG. 2, Women).*

Social rejection is the direct consequence of this, as is isolation and exclusion from the rest of society. Drug addicts are depraved, deviant or offenders, and therefore we need to keep a safe distance away until they kick the habit. Nevertheless, this marginalization is the result of the lack of information available to drug users. Social barriers are erected, as people do not really know that addiction is really a disease; a pathology with social roots and effects.

*There is a lot of social rejection of drug addicts, also because of the lack of information and not seeing it as a disease. There is so much prejudice. (Int. 9, Man).*

In any case, there is no doubt that gender is crucial in the social perception of drug use. There is a big difference in the way drug abuse is perceived and construed by men and women. This fact and its consequences are unanimously agreed upon. Female addiction is not compatible with the behaviour and responsibilities that women have been assigned. Out of the people we interviewed, we found many testimonies with this view.

*In the social context, that often surrounds drug use, women are treated differently. If the society is generally sexist, when ethics and morals are weaker, this is even more so. (Int. 6, Man).*

*Female drug addicts are still less accepted than male users (Int. 1, Woman).*

This social punishment known and suspected by everyone makes the female drug addiction invisible. Women hide themselves so as not to be labelled as drug addicts, as they are aware of the social reprimand. On the other hand, male users are conscious about the tolerance of the drug use and are prone to show themselves openly and use drugs in public.

*Male drug use is more public, that is, drug consumption conducts have been more visible, having taken place in the street, and consequently more accepted than female addiction. (Int. 9, Man).*

The fact that the discriminatory perception about female drug addicts is so obvious and is not associated to any other variables highlights that this differentiation has a starting point prior to the addiction. In other words, it is not the addiction itself that makes a differentiated gender perception, but the fact that the discriminatory perception about the female gender is prior to this, and it is shown in a forceful way once the addiction takes place.

#### 4.2. How drug addicts are perceived

Drug addicts see themselves in a very similar way to how they are perceived. We visualise ourselves on the basis of how we think the others see us. G. H. Mead's theory, or Goffman's *Dramaturgical Approach* would be really helpful to explain this situation.

Society has a negative image about the addicted person, therefore they also have a negative image of themselves. They talk about themselves in a derogatory way, and they establish a social limit between themselves and the rest of the society. There are many testimonies in this regard.

*Drug users are seen as weirdoes, as irresponsible people on the lowest rungs of the society (Int. 3, Woman)*

*If you already feel bad for what you've done to yourself, society makes you feel worse, because the way people look at you makes you feel undermined. They make you feel really bad. (Int. 5, Woman).*

It is a fact that addicted people have social stigmas, which are considerably enhanced in the case of women. Gender disparity happens in a drug addiction context very often. The participants that were interviewed emphasized that, in addition to the addiction itself, being a female drug addict and especially being a mother, makes the addiction look much worse.

*Women become a disgrace at home (Int. 5, Woman).*

*The female image is more negative. Women are inferior in many aspects, and also on this regards. That makes it possible for men to have certain conducts which are more public. (Int. 7, Man).*

The labels assigned to both conducts are not different in terms of grading, but are located at different ranks.

*There's a gender inequality, a man can use drugs, he's just a bloke and there's nothing wrong with it, especially if he fulfils his duties or whatsoever, he's then more accepted (Int. 4, Woman).*

*It is frowned upon for a woman to use drugs, as people assume that she is not fulfilling her household duties or looking after her children. A woman is more undermined than a man and also in these regards. (Int. 10, Man).*

To sum up, we have noticed that both men and women agree that there is an evident and actual gender disparity in terms of drug addiction. Both men and women agree this inequality entails a burden which is heavier in the case of female drug addicts.

#### 4.3. How an ex-drug addict or a recovering addict is perceived

Society views recovering drug addicts who are undergoing treatment in a more positive light. They deserve more respect; at least that is how our participants felt. The sensation they feel is that once addicts go public and enter into a detoxification program, social perceptions of them improve. A drug addict is lower down the ladder than a recovering drug addict. Once in treatment, addicts' self perception also improves, as does the opinion of close friends and relatives, although the fact that they have once been drug addicts will never be erased. This means that they have mixed feelings, as they feel they are never truly accepted back into society.

*The effort to come off drugs is recognized, although feelings of pride and admiration are mixed with hypocrisy; 'you are very brave, keep it up, you have your whole life ahead of you', but I stay on the sideline. (Int. 1, Man).*

*Those who are undergoing treatment are seen in a different light, and people approach them more, but in the end it always boils down to 'He used to be a drug addict'. (Int. 2, Woman).*

They speak about pride, satisfaction and bravery. They are happy they made the decision to undergo treatment, and they know that society recognizes this and values the effort they have made.

On the other hand, many concur that the crucial and decisive moment is when they go public and admit they have a problem, and speak about their situation. This step is described as a huge feeling of relief, despite the shame that may accompany it, because before they make this key step, certain things have led up to this forced confession, as they look for the help they know they need. In the narratives collected for this project there is a common element in that complicated situations lead up to this point.

*You lift a huge weight off your shoulders; nobody knows what you are going to say; once you have said 'I am going to do this, I'm going to a treatment centre you stop lying. It is the moment when you stop lying and say 'enough is enough, it stops here...' (FG. 1, Men).*

*When someone goes public about their addiction they face rejection, discrimination, and losing their job. On a personal level it is also liberating. You stop living a never-ending lie and regain some honesty. (FG. 2, Women).*

Despite the difficulties, the feeling of self-fulfillment is noticeable due to having the strength to confront addiction. Even before taking this decision, addicts viewed others who had taken the step with admiration.

*Addicts see those who go into rehabilitation in a very positive light; they consider them intelligent and happy. (Int. 4, Woman).*

But once again gender discrimination raises its head in the social perception of women undergoing treatment, which as always, is more negative than that of men. Even those who have been brave enough to admit their addiction feel that society treats them unfairly.

While the men undergoing treatment change, women in the same situation have to hide their addiction. The bravery and pride associated with undergoing treatment disappears for women, and this influences their posterior reintegration into society. For this reason they want to remain invisible. This is another hurdle to overcome.

*I believe that it is far more difficult for women to ask for help, because it's not the same to see an alcoholic man as an alcoholic woman. This makes it harder for women to ask for help. A woman finds it far more shameful to say 'I am an alcoholic'. Men don't find it as hard to say this. (FG. 1, Men).*

*The social shame and the feeling of guilt is much stronger in women, but men undergoing treatment are seen as doing what they have to do... bravely (FG. 2, Women).*

*Social integration for women who have been drug users is much more difficult than for men. Finding a job is paramount, and this is harder for women (Int. 4, Woman).*

Those women who decide to face up to their addiction find they have bigger difficulties to publicly admit their addiction, lower expectations to reintegrate into society, and less public confidence that they will follow their treatment successfully.

## 5. Conclusion

Throughout this paper we have delved into the social perception about male and female drug addicts, emphasizing the latter. Although we are aware of the vast amount of literature on this issue, presenting a subjective overview about this group of people is beneficial for both research in drug addiction and health care policies and treatment programmes.

We could conclude that the contextual variables for a woman condition the way they use drugs from the very beginning: they also condition the initial decision to take part or not in a rehabilitation programme and to complete it or not.

The behavioural expectations of a group are based on their socialization process. From this perspective, women are given more responsibility to look after and control their environment. In most cases, women are not seen as transgressors, but as carers of what surrounds them. For that reason, when their conduct does not comply with the established roles and norms, a strong reaction against them is unleashed. Tolerance of female drug addiction is rare. Female drug addicts suffer from more social rejection and discrimination than their male counterparts. Being a woman and a drug user leads to less social independence, less family support and a bigger stigmatization in their environment.

On the other hand, it would be a big mistake to deal with the risks and problems arising from drug use by considering the population as a homogeneous group. The result of this approach would be an utterly inappropriate response. On the contrary, the correct action lines must include the gender perspective. We need to plan and propose specific care prevention and social integration programs, aimed at women, which take into consideration the sociocultural conditions that they are bound to. It is crucial to include these variables in action protocols.

We confirm the need to identify the particular aspects of the different groups of male and female drug addicts. These specific aspects are normally hidden behind generic denominations, thus disguising the risk factors that would lead to social exclusion and discrimination. Indeed, this work needs to be done not through a biased analysis, but from a comprehensive and multidimensional perspective. Therefore, let us not talk about gender in singular, but about genders and their social perspectives, if we really want to open more effective routes to understand the groups concerned.

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