

Drug Use and Gender

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GENDER DIFFERENCES IN DRUG USE AND ABUSE

Looking at the world through a "gender lens" began in most areas of social science during the second wave of the women's movement, or the late 1960s through the 1970s. During this time feminist researchers began questioning science's conclusions by pointing to male-oriented biases in research questions, hypotheses, and designs.

Unfortunately, the "gender lens" did not appear in substance use research until the early 1980s. Prior to the 1970s, most studies of alcohol and other drug use were conducted among males. Early studies that included women suffered from the "add women and stir approach." Females were added to samples, but no gender-related concepts were used. The result was that women's and men's drug use were viewed through a male lens. Fortunately, the 1980s witnessed the first series of studies that placed women and gender at center stage. For instance, Rosenbaum's (1980) book on women heroin users was one of the first major U.S. publications to challenge conceptual frameworks on drug use, abuse, and treatment by gender socialization (e.g., gender roles).

The gender lens asks us to study substance use more carefully and to recognize the impact of social and cultural constructions of masculinity and femininity on individual and group drug use. Fortunately, gender oriented research has blossomed since the early 1980s. However, more is still known about male's drug use and abuse than female's. Following is a review of differences in rates of drug use, abuse, and drug-related problems and also gender-oriented explanations for them.

PREVALENCE OF DRUG USE

Currently, the two leading data sources on substance use-National Household Survey on Drug Abuse (NHSDA) and the Monitoring the Future (MTF)

study-report a greater occurrence of illicit substance use among males than among females. Both surveys have consistently documented this pattern over the years. According to the 1997 NHSDA survey, men reported a higher rate of illicit substance use (any illicit drug) than women, 8.5 percent to 4.5 percent, nearly double. Men report higher rates of cocaine use .9 percent versus .5 percent, alcohol use (58 percent versus 45 percent), binge drinking (23 percent versus 8 percent), and heavy drinking (8.7 percent versus 2.1 percent). The same pattern was observed in marijuana use (Office of Applied Studies [OAS] 1997).

Johnston, O'Malley, and Bachman (1997) at the University of Michigan compile yearly data on the substance use of 8th, 10th, and 12th graders, college students, and young adults in the MTF study. These data also have consistently shown that drug use is not equally distributed by gender. Males are more likely to use most illicit drugs, and they report using such drugs earlier and longer than females. Males also use all illicit drugs at a higher frequency and in larger amounts than females. Several minor exceptions have been noted. For instance, substance use among the younger populations in the MTF study (i.e., 8th and 10th graders) reveals fewer gender differences than data for the older populations (i.e., 12th graders, college students, and young adults).

Regarding alcohol use, there is a substantial gender difference among high school seniors in heavy drinking. Thirty-eight percent of males report heavy drinking, while only 2-f percent of females do (Johnston et al. 1997). The same pattern is true for college students and young adults. Males drink more and more often. Males (51 percent) binge drink more often, i.e., have had five or more drinks on one occasion in the past two weeks, compared with females (22 percent). Males' cigarette use also outpaces females'. A review of trends in cigarette smoking suggests early dominance by males until the 19'os, when females reached parity with them. In the early 1990s, however, rates among males rose, while they dropped among females. Today

there remains a slight gender difference, with males 'smoking more and more often than females. The persistence of gender differences in rates of drug use over time suggests the socialization of males and females plays an important role in substance use.

DRUG ABUSE INDICATORS

Data from the Drug Abuse Warning Network (DAWN 1998) support various gender patterns observed elsewhere in the public health literature. For instance, although few significant differences have been observed in the drug involvement of men's and women's emergency room episodes for the past 10 years in, 1997 data show type-of-drug variation in drug-related deaths by gender. Women more frequently die from antidepressant abuse. Men also have higher death rates from taking illicit drugs rather than prescription drugs. This finding is consistent with the previous evidence that women are prescribed psychotropic drugs more often than men (Morash, Haarr, and Rucker 199.) and, consequently, reach crisis points more often with them.

Further evidence of this can be found in DAWN data for 1997. Data show that cocaine, heroin, and alcohol in combination with other drugs were mentioned most often in deaths for both males and females. However, males had higher rates of mention for each of these drugs than did females. Codeine, Elavil, Valium, Methadone, Tylenol, Nortriptyline, Darvon, and Prozac rounded out the list of the next most frequently mentioned drugs in females' deaths. For males, the next most frequently mentioned drugs in mortalities include Codeine, marijuana or hashish, Valium, Methamphetamine, Methadone, Benadryl, and amphetamines.

GENDER, DRUGS, AND CRIME

Drug use and abuse are greater among female arrestees than among male arrestees. In the past decade, arrests of females for drug offenses has more than tripled. Women drug offenders are more likely than their male counterparts to be nonviolent (typically charged for drug possession, prostitution, and petty larceny), more often tested positive for drug use in general, and with no criminal history or involvement in high-level drug trafficking. The majority of female arrestees had a history of alcohol and marijuana use. Another 40 percent reported using heroin (Bureau of Justice Statistics [BJSI 1994]).

Men and women also differ in the illegal activities they engage in to raise money for drugs. Whereas men dominate drug selling and participate in a wide variety of street crimes, women most often restrict their activities to a few property and vice crimes. For instance, "boosting," a street term used for shop lifting, is one of the most common ways that female drug abusers support their

(Arrestee Drug Abuse Monitoring Program [ADAM] 1998). Prostitution is another common "hustling" strategy among women drug users. Fagan (1994) noted that women's participation in drug dealing has increased over the years, although they remain subordinate to men in this industry. The first major study of women in prison (BJS 1994) reported that women most often served time for property crimes (e.g., 41 percent in 1986), larceny-theft and fraud being the most common. By the 1990s, the majority of female prisoners instead were serving time for drug offenses.

DRUGS AND HEALTH

Data from ADAM (1998) show that a significant portion of property crime offenders test positive for drugs, indicating a potential for sizeable chemical dependency problems among all female offenders. In the 21 ADAM sites, between 38 percent and 79 percent, or about 60 percent, of women arrested for property offenses in 1997 tested positive for any drug. Research shows a higher rate of HIV infection among females in prison than males (Bond and Sensan 1996). The higher HIV positive rate for females in prison is likely due to higher percentages of women arrested for drug offenses. Women in jail are more likely to report intravenous drug use than men (BJS 1992). Other health problems of incarcerated females include sexually transmitted diseases; gynecological problems; tuberculosis; circulatory problems; hypertension; diabetes; pregnancy, prenatal, and postpartum issues; and sexual and physical victimization mental health trauma and psychiatric disorders.

EXPLANATIONS OF GENDER VARIATION

Research in the United States has historically neglected the topic of women and substance abuse, but is now using a "gender lens in studying etiology, prevention, and treatment. By the latter part of the century, there emerged evidence that gender was an important explanatory factor in substance use and abuse. Currently, there is considerable knowledge about the differences and similarities between males' and females' patterns of drug and alcohol consumption, treatment initiation and success, and special drug-related problems (e.g., pregnancy, AIDS, and criminal involvement). Also documented is evidence that the processes leading to drug misuse may differ for males and females (Rosenbaum 1980; Henderson and Boyd 1992).

Explanations of etiological differences between males and females have focused on such cultural constructs as gender socialization (i.e., the learning of and conformity to appropriate masculine and feminine traits) and stratification (e.g., unequal economic, educational, and social opportunities). For instance, Henderson and Boyd (1992) concluded addiction was

related to the individual's quest to integrate opposing gender scripts, that is, masculinity and femininity, in an attempt to achieve wholeness. Rosenbaum (1980) substantiates this point. Anderson (1998) found that rigid expectations of conformity to masculine and feminine identities in early adolescence was associated with increased risk of developing drug-related identities, especially for females.

GENDER DIFFERENCES IN ENTRY AND EXIT FROM DRUG ABUSE

Research has indicated that the pathways leading to drug-using careers differ for men and women. The beginning of women's drug-using careers are related more significantly to their relationships with men (Rosenbaum 1980). Women more often exit drug careers for family reasons than do men. Also, Anderson (1998) found that the processes leading to drug abuse and termination from it were partially explained by gender socialization and stratification. Using an identity-based approach, she found gender socialization to be a salient explanation of the acquisition of drug-related identities. Anderson's findings support Henderson and Boyd's (1992) research with gender scripts and addiction; departure from masculine and feminine scripts early on accounted for early and troubling marginalization experiences. Gender deviations accounted for an important source of identity dissatisfaction.

Moreover, experiences with sexual and physical abuse may play a fundamental role in the substance abuse process, especially for females, given the now substantial literature on this topic. It is currently difficult to ascertain the degree to which sexual and physical abuse plays a role in male drug misuse, since it is far less documented. However, correlates of female substance use include inappropriate sexual activity with an adult when they were children (e.g., child abuse), caretaker responsibilities for siblings and other relatives, rigid and regular domestic responsibilities (e.g., cleaning the house, cooking for members, earning money to support family-see Anderson 1998), and early parenthood.

Anderson and Bondi (1998) recently uncovered gender differences in terminating drug abuse or in exiting the drug addict role. Once again, these differences closely parallel cultural norms and socialization experiences regarding femininity and masculinity. Women's exit processes centered more on the personal and emotional aspects of drug-related experiences, while men's focused more on external and financial ones. The dichotomous classification of men's and women's lives into public and private spheres has, of course, been blurred over the years, but our research shows that the bifurcation still has some validity. For instance, Pilkington's (forthcoming) research on recreational cocaine use shows that men's and women's patterns of use differed and paralleled their social positions. Women were more likely than men to stop cocaine use if it hindered their work or family responsibilities. They also paid for the drug less often than men.

CONCLUSIONS

There is growing evidence that drug abuse manifests itself differently in the lives of males and females and that this has something to do with the gender based social organization of societies and cultures. Consequently, the demand for researchers, policy makers, and practitioners to utilize the gender lens and adopt divergent solutions for drug abuse by males and females becomes ever more imperative. Our society often focuses energy and resources narrowly on the so-called majority of any population of interest. In drug abuse research, this has meant studying males or adding women into male-biased paradigms that ignore how gender organizes all human and social life. However, we now know from studying the minority group (i.e., female substance abusers) that the social construction of gender and its societal and cultural organization gives us an important tool in helping us to unravel the complexities of all substance abuse. Researchers must view gender as more than a control variable or a sampling consideration. Policy makers must incorporate it into the laws, programs, and policies they define. Doing so will better equip us to meet the drug-related challenges of the twenty-first century.

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