

GENDER EQUALITY PROGRAMME

Drugs, Gender and Stereotypes

Working Paper

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Introduction

This paper explores gendered claims about drug use in the views of contemporary drug rehabilitation experts in Georgia. When scholars separate motivations of men and women for drug use, gender is playing a critical role in structuring plausible empirical accounts of drug use. Yet gender may also operate in a less explicit way in shaping experts' assessments of drug addiction. Indeed, a number of scholars invoke gender stereotypes, explaining women's drug dependence in terms of their emotional nature, depression, and other types of psychological problems,¹ while attributing men's drug dependence to risk-taking behaviors and adolescent male bonding.²

To investigate how gender operates in the analysis of drug use in Georgia, I designed a study of expert opinions for a country pervaded by patriarchal norms and values. Using interview data from 20 Georgian drug rehabilitation experts, I examine gendered accounts of the motivations and causes of drug use, the gender-specific problems they encounter, and the solutions they offer for successful treatment of women who have drug use problems. I sought to determine whether Georgia's patriarchal culture influences experts' perceptions of and treatment protocols for male and female drug use. Although the experts identify violence, stigma, and lack of female-oriented services as a particular problem for women with drug use problems, they also rely on multiple gender stereotypes in their accounts of women's recourse to drugs, the stereotypes that underestimate the agency of women and may undermine successful intervention strategies.

Methodology

In order to study experts' opinions, I interviewed 20 experts in Tbilisi specializing in the field of drug addiction. I used purposive sampling method to approach my study participants. I applied to the local NGO 'Foundation Global Initiative on Psychiatry-Tbilisi,' an organization actively working on drug prevention strategies. From the list of professionals that the representatives of the organization provided to me I selected 30 individuals working on drug-related issues in Tbilisi and other cities of Georgia. I selected the experts who met the following criteria: had at least 7-10 years' experience working on drug issues, had good understanding of the situation in Georgia, were familiar with drug policy and had experience of working with women with drug use problems. At first I selected 30 respondents who met the abovementioned criteria and started reaching them per telephone and mail. From those 30 individuals 20 agreed to participate in my study. From the 20 selected experts 12 were women and eight were men. From eight male experts **three** were professors, working in the Institute on Addiction as doctors, involved in detoxification and methadone therapy. **Two** other male psychiatrists were working in a private clinic 'Uranti' which has detoxification and methadone substitution programs. The other **three** male experts represented NGOs involved in harm reduction activities. All male experts were residents of Tbilisi and were working in Tbilisi.

¹Gomberg, E.S.L. (1982). "Historical and political perspective: Women and drug use", *Journal of Social Issues*, 38 (2), pp. 9-23.

²Akers, R. L. (1998). "*Social learning and social structure: A general theory of crime and deviance*". Boston, MA: Northeastern University Press.

From 12 female experts **nine** were residents of Tbilisi, **two** were from Zugdidi, and **one** from Gori. From nine female experts in Tbilisi **three** were psychiatrists working in the Institute on Addiction, **two** were psychotherapists specialized in drug addiction issues having their private practice, **one** was a social worker working in a clinic with patients from methadone program, **one** was the director of a nongovernmental organization 'Kamara' providing psychological and rehabilitation services, **two** represented an NGO involved in harm reduction activities. All three experts from Gori and Zugdidi (one expert from Gori and two from Zugdidi) represented NGOs involved in harm reduction activities ('Step to the Future' in Gori and 'Xenoni' in Zugdidi). All three female experts were working on leading positions, had primary contact with beneficiaries with drug use problems and were also engaged in research activities. Time for the interview was arranged with experts in advance and each interview was conducted at the workplace, with a full guarantee of confidentiality. Only those interviews that were held with experts from regions – Gori and Zugdidi - were conducted at my workplace, because these experts were on a short business trip in Tbilisi and I managed to meet them and conduct the interviews during their stay in Tbilisi. Each interview followed a pre-prepared open-ended discussion guide and was recorded on an audio recorder. The open-ended questions encouraged my respondents to provide more information, express their feelings, attitudes and present their understanding of the subject, giving me an opportunity to better access the experts' true understandings and opinions on drug use issue.

One point which should be taken in to the consideration is that while talking about individuals with drug use problems, all experts focused on individuals aged from 20 to 55 with severe drug dependence and explored different examples about people who belong to the above mentioned group. The experts did not talk about users of marijuana and/or ecstasy in clubs and entertainment situations who do not have severe dependence problems. The average duration of each interview was 40-45 minutes. Each interview was subsequently transcribed and used as a basis for the analysis presented in this paper. After the first findings obtained from experts' interviews had been summarized, I came to conclusion that more in-depth information was needed on some topics and issues, which I had not addressed earlier. Despite the fact that I got comprehensive information from experts' interviews, some topics and issues (for example the reasons and motivations for women to use substances, the stigma and women, gender approach while working with women, etc.) needed more clarification in order to avoid some misconceptions during the analyses.

Therefore, I approached again some of the experts who had participated in my study. For the second interview I selected only those eight experts whose previous interviews raised the necessity of clarification and more in-depth explanations. The second round of interviews was also conducted with the previous discussion guide, but I only dealt with the issues that needed clarification. The second round of discussion was more purposeful. The average duration of each 'second interview' was approximately 20 minutes. All the eight interviews were transcribed, the information was summarized, combined with the first draft of expert interviews summary and analyzed.

The Reasons of Drug Use

The experts interviewed in my study acknowledge that men and women with substance use problems differ in many ways and major differences, according to their opinion, are connected to their reasons for drug use, social barriers they encounter and their treatment needs. When examining the expert interviews I focus on these three topics and analyze how the explanations provided by my respondents are constructed, and whether gender determined stereotypes and ideologies have their impact on experts' opinions and thoughts. The first topic of discussion in my interview guide was about the reasons and motivations for drug use.

As the experts observed, men usually begin experimenting with drugs in their teenage years, between the ages of 12 and 15; their drug use is often connected with their circle of friends; and the majority of them start by using marijuana, then switch to injective drugs. The experts think that men are more likely to abuse drugs or alcohol in a social setting, together with friends.

'Boys often start to use drugs in their teenage years and their drug behaviour is connected with their social environment. Just imagine that you are young, inexperienced, you have no relevant information about drugs, and you will have enormous interest and desire to do the same, because it is acceptable in your social circle.' (R3)

The Georgian experts emphasize that, based on their own observation, the main reason for experimenting with drugs, in the case of men, is interest and their circle of friends. As they explain, the local community and environment can greatly influence the way an adolescent views drug and alcohol use. If the community makes drugs and alcohol easily available to adolescents, is tolerant of relaxed drug and alcohol rules, or drug and alcohol use is popular in the community, then adolescents are more likely to abuse them. If an adolescent believes their community is safe and supportive, they are less likely to use drugs or alcohol.³

As for women, the experts say that, women experiment with drugs for the first time later than men and in most cases, initial drug experimentation is connected with a woman's drug-using partner. All the experts, without exception, name men as the main cause of drug use by women. Some of them even note that *'95% of drug-using women, if not more, start using drugs due to the offer and will of men and in submission to them.'* (R6)

'Women more often than men have a sexual partner who uses injective drugs and who is also the primary initiator of using shared needles!' (R16)

'In the beginning everything is OK. A man introduces his partner with drugs, he just offers them to her, they are in love, they have fun and using drugs together is related with more fun and more pleasure. The woman has the feeling of equality, because they are behaving in the same way. She is using forbidden drugs with him together. But when she realizes what is going on, she understands that she is already dependent and all other problems crop up.' (R3)

While explaining the reason why men offer drugs to their female partners, the Georgian experts referred to the situations where the first contact with drugs happens for fun and in order to share the same feelings, pleasure and emotions. However, during the further discussions, most of my

³Mayberry, M. L., Espelage, D. L., & Koenig, B. (2009). "Multilevel modeling of direct effects and interactions of peers, parents, school, and community influences on adolescent substance use", *Journal of Youth & Adolescence*, 38(8), pp.1038-1049.

interviewed experts mentioned, that mostly men show aggression and irritation when women refuse to continue or just want to stop their drug use. Also, the literature shows that the male partner generally discourages the female from stopping drug use and often reacts with increased violence and abuse against the woman's desire to stay abstinent.⁴ On the question: 'why do men discourage their female partners from stopping drug use?' the experts provided me with very general and less in-depth arguments ignoring the issue of patriarchal structure and male dominance. The issue that most of them touched upon was that males with drug use problems force their partners to use drugs believing that it will prevent interpersonal problems caused by their own addiction. These problems may be caused by their partner's dissatisfaction with the lack of support, interest, love, understanding, and involvement in family needs and problem-solving, etc.

'In order to avoid this endless dissatisfaction of his female partner, he urges his partner to start living like him and experience the pleasant feelings associated with drugs together with him, as well as to take care of obtaining drugs together.' (R11) *'Male drug addicts exert a very strong influence on their sexual partners. The majority of my female patients were forced to start using drugs by their husbands or boyfriends, and when I asked them why they had obeyed them so foolishly, they answered that their husbands had tempted them and they had been unable to resist the temptation. They said they wanted to be with them and were unwilling to lose the person they loved.'*(R13)

On the one hand, the explanation offered by the experts may be realistic, because it is no surprise that no man who uses drugs would want anyone to make him feel uncomfortable and interfere with his drug use. However, I should mention, that while talking and discussing this subject, the Georgian experts ignored the issue of power imbalance between men and women and did not try to analyse and explain this problem in a more complex and in-depth way.

Those international scholars who are analyzing women's drug use and violence from gender and feminism perspective provide insight in to the male power and domination. Regarding the role of a male partner in female drug use, the explanations presented by international scholars mostly rely on the fact that by making their partners dependent on drugs, men reinforce women's dependence, their subordinated position and their control over them.⁵ I think that the feminist point of view is of immense importance while analyzing the men's role in hindering their partner's abstinence. If we review the Report by the United Nations Office on Drugs and Crime (2006), we will find some very important facts demonstrating women's subordination and vulnerability and male partners' domination over them. The Report by United Nations Office on Drugs and Crime (2006) demonstrates that because of the unequal power balance, females have greater difficulties abstaining from drug use, particularly if their male drug-injecting partner continues and supports injecting.⁶ It is said in the report that very often male partners even discourage females from seeking help and involvement in treatment. The second example, which

⁴United Nations Office on Drugs and Crime (2006), "HIV/AIDS Prevention and Care for Female Injecting Drug Users". Available at: http://www.unodc.org/pdf/HIV-AIDS_femaleIDUs_Aug06.pdf Accessed: 5.12.13.

⁵Martin, S., Kilgallen, B., Dee, D., Dawson, S., & Campbell, J. (1998). "Women in a Prenatal Care/Substance Abuse Treatment Program: Links between Domestic Violence and Mental Health", *Maternal and Child Health Journal*, 2(2), pp.85-94.

⁶United Nations Office on Drugs and Crime (2006), "HIV/AIDS Prevention and Care for Female Injecting Drug Users". Available at: http://www.unodc.org/pdf/HIV-AIDS_femaleIDUs_Aug06.pdf Accessed: 5.12.13.

also demonstrates the power imbalance between the couples, is clearly demonstrated in case of using shared needles. According to the Report, it is a common practice for a female drug injector to use the needle after her partner and it is often impossible for a female to ask for clean injection equipment from her partner as it implies that she does not trust him. A refusal to use a partner's contaminated injecting equipment also increases the risk of intimate partner violence and such violence is often supported by cultural constructs whereby the male partner is free to exert power and control.⁷ Therefore females are at least more than twice as vulnerable as males to HIV in terms of being infected via a shared needle.⁸

The third argument demonstrating females' subordination reported in the aforementioned report is related to females' high-risk sexual activities. The report describes that due to the lack of negotiating strength in terms of safer sex (such as consistent condom use) the reason of which is male domination of sexual roles, females with drug use problems mostly engage in high-risk sexual activities in addition to their injecting drug use. The problem related to the stereotyped gender relationships, which is a major barrier for females in terms of maintaining safer sex practices with their partners, appears to be common for women in general, but as the authors of the report notice, for females who are injecting drug users it is even more severe since they are marginalized by society and thus often have strong feelings of powerlessness, and low levels of self-esteem and self-confidence.⁹ The data presented in the aforementioned report provide perfect arguments in order to think that drug dependency in women gives more control and power to men over them.

Despite the fact that the experts did not mention the patriarchal structure, power imbalance and gender role stereotypes, most of them used words like 'submissiveness' and 'obey' in order to answer my questions why do women continue using drugs despite the fact that they may not want to do so.

'A woman obeys her partner, she behaves in the way she was asked to behave. You know that women are submissive and therefore it is difficult for her to say simply 'No' and reject his offer to use drugs.' (R4)

The answer that women obey their partners was no surprise to me. And actually this answer can also be analysed from the perspective of male domination paradigm. Research demonstrates that Georgia represents the example of a male dominated country where women are supposed to be in less priority positions.¹⁰ Patriarchal norms and values in the country demand women to be obedient and submissive and the data presented in the study - *National Research on Domestic Violence Against Women in Georgia 2010* make good examples of this.¹¹ According to this study, 50.7% of the women surveyed thought that 'a good wife should obey her husband even if she does

⁷ The Global Coalition on Women and Aids (2011) "Women who use Drugs, Harm Reduction and HIV". Available at: <http://www.womenandaids.net/CMSPages/GetFile.aspx?guid=74d74180-8cba-4b95-931e-90bd0c4abef4&disposition=inline> Accessed: 5.12.13.

⁸ United Nations Office on Drugs and Crime (2006), "HIV/AIDS Prevention and Care for Female Injecting Drug Users". Available at: http://www.unodc.org/pdf/HIV-AIDS_femaleIDUs_Aug06.pdf Accessed: 5.12.13.

⁹ Ibid.

¹⁰ Chitashvili, M., Javakhishvili, N., Arutiunov, L., Tsuladze, L., Chachanidze, S. (2010), "National Research on Domestic Violence against Women in Georgia". Available at: <http://www.genderbasedviolence.ge/conimages/annual-eng.pdf> Accessed: 5 July 2012.

¹¹ Ibid.

not agree with his decision', and 45% believed that 'a man must show his wife/partner clearly who is the head of the family.'¹² These percentages show a trend acknowledging the position of authority held by men due to their gender role in society. They are not only entitled, but also required to make decisions. According to this logic, we can assume that if the use of drugs is a decision made by men, if men decide that their partner should continue using drugs, accordingly women are expected to do the same.

Another interesting example offered by the Georgian experts explaining why men who use drugs may force their partners to continue using drugs and why they may forbid and deny women an opportunity to cure their dependence is related with gaining an accomplice. The experts noted that sometimes men need an accomplice to help them obtain drugs and share actions needed to obtain drugs. And their wives or partners may go out of their way to help them instead of interrupting them.

'Everybody needs an accomplice to help in obtaining drugs. Money and help and support in needed. A wife or girlfriend can be a perfect partner when she is also dependent and when she also needs her daily dose...She can help him, she can do everything... It is a fact that female users even undertake sex work very often in order to pay for drugs for themselves and their partners.' (R19)

The Report by the United Nations Office on Drugs and Crime (2006) manifests that sex work is a common income-generating activity for some women who are drug users.¹³ Moreover, the Report by the Women's Health Victoria (2008) makes it obvious that women who use drugs are more likely to undertake sex work to pay for housing, food and drugs for themselves and their partners.¹⁴ Some of the Georgian experts even noted that despite the fact that a woman can be main drug obtainer she has no right to use drugs without her partner's permission.

'Very often, men involve women in the process of obtaining drugs, and, besides, women obey the rules established by men by all means – they may obtain drugs, but they do not have the right to use them before men do.' (R14)

Therefore, I think that those men who have drug using female partner may benefit from their partners' drug use significantly. Firstly, because women's dependence gives them more power and dominance over them, secondly, because they get an additional help during drug obtaining process and even may get financial support from the woman who is ready to be involved in sex-work in order to get money and pay for drugs; and thirdly, because in male dominated system violence against women is widespread, violence against women who are drug dependent is even justified.¹⁵ Therefore, the whole male dominated system, which even justifies violence against

¹² *Ibid.*

¹³ United Nations Office on Drugs and Crime (2006), "HIV/AIDS Prevention and Care for Female Injecting Drug Users". Available at: http://www.unodc.org/pdf/HIV-AIDS_femaleIDUs_Aug06.pdf Accessed: 5.12.13.

¹⁴ Women's Health Victoria (2008) "Women and Drugs". Available at: http://whv.org.au/static/files/assets/030e652b/Women_and_drugs_GIA.pdf Accessed: 5.12.13.

¹⁵ Pinkham S, Malinowska-Sempruch, K. (2007) Women, Harm Reduction and HIV, New York: International Harm Reduction Development Program of the Open Society Institute. Available at: <http://www.hivpolicy.org/Library/HPP001574.pdf> Accessed: 26.09.13.

women who use drugs, creates an ideal opportunity for men to *exercise* double power and control over women, who has drug use problems. One interesting point I would like to outline before moving on to the next important issue touched upon by the experts regarding women and drug use is the way how the experts described and characterized women and their drug use activities. The experts expressed an opinion that a male with drug dependence, who has a wife or a girlfriend, must be the initiator of her drug use and must be forcing her to use or continue to use drugs. The experts formulate this opinion based on their own experience, since female patients who approach them for assistance are, in most cases, married to male drug users. But why not assume that the experts' explanation is dictated by the Georgian traditional attitudes according to which a woman is a passive and obedient being who does not show initiative herself and carries out deviant behavior (in this case, drug use) only if a man demands or orders her to do so, because she knows that she must obey a man's demand? Of course, we must acknowledge that the explanation provided by the experts is not far from the reality in Georgian patriarchal families. The majority of Georgia's population supports the opinion that all important decisions in the family must be made by the man.¹⁶ But, if we assume that a woman may also be interested in drugs and want to taste the 'forbidden fruit' and have more access to narcotic substances through a male who uses drugs, then the explanation provided by the experts, according to which the man is the main cause, may no longer be a good argument to explain all the cases. In this case, the man turns out to be the main '**means**' rather than the main '**cause**' of experimenting with and searching for drugs. It is really not difficult to argue that women in Georgia are mostly passive and submissive in relation to men, but we cannot deny either that representatives of both genders may have a desire to taste the 'forbidden fruit' and that women, like men, may also use drugs on their initiative and have a drug-using partner, but still have the role of an active individual responsible for her desires and actions rather than that of a passive and submissive person when she uses drugs. However, the studies as well as the expert interviews with my respondents clearly demonstrate that sooner or later, even an active, independent female who uses drugs who is confident in her actions still becomes a victim of the patriarchal system, however strong she may be. Some day or later, a strong and independent woman who uses drugs also encounters problems related to some form of violence. Studies demonstrate that violence and illicit drug use are strongly linked¹⁷ and that involvement in drug use can increase the risks of being a victim of violence, while experiencing violence can increase the risks of initiating illicit drug use.¹⁸

The Georgian experts discussed the issue of violence in details and mentioned that apart from male partners, another important reason for female drug use appears to be violence. In some cases women start using drugs because they have experienced domestic violence and abuse.

'Physical or sexual abuse of women is a widespread problem in Georgia. A lot of international studies show that women with substance use problems are more likely to have experienced physical or sexual abuse than addicted men. I think that, in the case of Georgian women, physical

¹⁶Japaridze,E.(2012) Assessment of the Gender Equality Policy in Georgia by Women's Organizations, Research Paper. Available at: http://css.ge/index.php?lang_id=ENG&sec_id=52&info_id=463, Accessed: 12.03.13.

¹⁷World Health Organization. (2006) "Alcohol and Interpersonal Violence Policy Brief". Geneva, World Health Organization

¹⁸ Ibid.

abuse and domestic violence is one of the very important reasons which stimulates women's desire to use drugs and escape from the horrid reality. A history of violence can increase the risk of substance use, post-traumatic stress disorder, or other mental health problems. (R9)

Experts mention that women use drugs in order to escape from violent reality, because they experience domestic/interpersonal violence, other experts note that women start to use drugs for fun and to share the same emotions and the feeling of equality with their drug using partners and then their drug use turns into violence and abuse. But it is evident that in both of these described cases the main difference in case of male and female drug experimentation and drug use is related to experiencing violence.

Also, the literature demonstrates that women very often use drugs as a coping mechanism in order to deal with the distress associated with being a victim of violence^{19/20}. The literature also demonstrates that, mostly, women tend to be victims of physical and sexual violence²¹ and that violence very often appears in case of women's substance use.^{22/23} Moreover, research figures show that a high number of women in drug treatment have suffered recent domestic abuse and that approximately half of men in drug treatment admit to perpetrating such abuse.²⁴ Studies covering domestic violence issues demonstrate that approximately two-thirds of women who are using antiviolence services report to have started to use drugs because of experiencing domestic violence.²⁵ At the same time, there is evidence that substance use and/or mental health concerns can create a vulnerability to violence and that the pre-existence of these conditions may exacerbate the effects of abuse.²⁶ Moreover, violence towards women who use drugs is justified and the big part of the society even thinks that drug dependent victims deserve to be treated disrespectfully.²⁷ Drug use exposes women to harsh judgment from the society and justifies the batterers²⁸ and worsens women's life conditions significantly. Studies make it obvious that the batterers are searching for arguments and justifications for their violence. **Those** men, who commit violence against their female partners, often perceive that their partners are failing in their responsibilities and therefore deserve to be treated violently. According to Dobash and Dobash

¹⁹ Moran, P., Vuchinich, S., Hall, N. (2004) "Associations between Types of Maltreatment and Substance Use During Adolescence". *Child Abuse and Neglect*, 28, pp. 565-574.

²⁰ Clark, W. (2001) "Violent Traumatic Events and Drug Abuse Severity", *Journal of Substance Abuse Treatment*, 20, pp. 121-127.

²¹ National Center for Injury Prevention and Control (2010) "National Intimate Partner and Sexual Violence Survey". Available at: http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf Accessed: 17.09.13.

²² Wallen, J. (1992). "A comparison of Male and Female Clients in Substance Abuse Treatment", *Journal of Substance Abuse Treatment*, 9, pp. 243-248.

²³ Boyd, C., Blow, F., Orgain, L. S. (1993). "Gender Differences among African-American Substance Abusers", *Journal of Psychoactive Drugs*, 25(4), pp. 301-305.

²⁴ Weisman, M., Berman, M.E., Taylor, S.P. (1998) "Effects of Clozapate, Diazepam and Oxzapan on a Laboratory Measurement of Aggression in Men", *International Clinical Psychopharmacology*, 13, pp. 183-188

²⁵ Parkes, T., Welch, Besla, K., Leavitt, S., Ziegler, M., MacDougall, A., Armstrong, S., La Combe, B., LeClaire, M., Taylor, N., Cory, J. (2007). "Freedom from Violence Tools for Working with Trauma, Mental Health and Substance Use". Ending Violence Association of BC. Available at: <http://www.endingviolence.org/files/uploads/FreedomViolenceIntro.pdf> Accessed: 18.09.13.

²⁶ Gatz, M., Russell, L.A., Grady, J., Kram-Fernandez, D., Clark, C., Marshall, B. (2005). "Women's Recollections of Victimization, Psychological Problems, and Substance Use", *Journal of Community Psychology*, 33(4), pp. 479-493

²⁷ Pinkham S, Malinowska-Sempruch, K. (2007) Women, Harm Reduction and HIV, New York: International Harm Reduction Development Program of the Open Society Institute. Available at: <http://www.hivpolicy.org/Library/HPP001574.pdf> Accessed: 26.09.13.

²⁸ Ibid.

(1979), these responsibilities are about sex, money and home making.²⁹ Therefore, women often apply men's perception and expectations to themselves and react to their 'failures' with guilt and shame and believe that they have deserved this kind of violence because they have not fulfilled those duties which were expected of them. Consequently, women often even believe that they deserved to be beaten. The Dobash study made it clear that 31% of the women participating in the study thought that in some circumstances a man has the right to hit his wife; for neglecting the children; sleeping around and for failing to care for her husband.³⁰ And when women's drug use is added to the abovementioned situation, it is clear that the batterer has additional argument to treat his partner violently and diminish her rights. For example, research conducted in Georgia demonstrates that over 80% of women who use drugs have suffered violence in their homes.³¹

Stigma

As the experts note, one of the characteristics of females with drug dependence is that their addictive behavior often remains unnoticed by society (including even their family members) for a rather long time. The experts say that females are usually distinguished by their care and accuracy in the process of looking for drugs. Most of them prefer buying psychotropic tablets in a drugstore and avoid problems with drug dealers and the police and generally, their drug dependence often remains unnoticed. They can and do conceal it for a long time.

'Female drug users can conceal their drug use for a long time. It is very difficult to imagine that a woman from our circle – our wife, friend, sister, cousin, or neighbor – uses drugs. They hide their addiction and that leads to very negative consequences.' (R7)

The Georgian experts agree that society exhibits considerable stigma and intolerance towards females with drug use problems, *'because a female drug addict violates the stereotypical role established for a woman'* (R3), and females with drug use problems try to conceal the problem of their drug dependence for as long as possible in order not to be ostracized from the society and not to become a victim of stigma.

'Due to our social and cultural values, women are, first of all, seen as mothers, housewives, and care-givers. A woman's addictive behavior causes considerable irritation and disgust in men. Male drug users know that drug users' thinking is entirely focused on how to obtain drugs. For a drug addict, taking drugs is so important that all the other values become worthless compared to it. A woman who uses drugs can forget all her responsibilities – the responsibilities of a wife, housewife, mother, sister...' (R1)

As discussed by Otiashvili et al (2013), the Georgian society mostly idealizes a woman's role and considers her 'destiny' to be a caring wife and mother. Therefore, substance use, which is viewed as a serious deviation from these traditional societal norms, contributes to the acceptance of substance using women as morally weak, irresponsible, and negligent.³² As Otiashvili et al (2013)

²⁹Dobash, R.E. and Dobash, R. (1979) *"Violence against Wives"*. New York: Free Press

³⁰Ibid.

³¹Союз «Шагвбудущее» (2012). *Насилие в семьях наркозависимых женщин*. Грузия. – Гори, 2012, стр. 11

³²Otiashvili, D., Kirtadze, I., O'Grady, K.E., Zule, W., Krupitsky, E., Wechsberg, W.M., Jones, H.E. (2012) "Access to Treatment for Substance-using Women in the Republic of Georgia: Socio-cultural and Structural Barriers" *International Journal of Drug Policy*, <http://dx.doi.org/10.1016/j.drugpo.2013.05.004>

argue, society's negative attitudes influence a woman's perception of herself and lead to extreme self-stigmatization and low self-esteem. Mostly, women with substance abuse problems feel guilty and ashamed of their behavior and therefore they try to conceal it from the family members, friends, and even from the healthcare providers.³³ As discussed by Frisaufova (2012), drug use in many ways contradicts what is seen as the social ideal of feminine behaviour and therefore negative moral judgements and stereotypes are more likely in the case of drugusing women than men.³⁴ Also Ettorre (1992) argues, that because of the socially accepted norms women are more stigmatised for drug use activity.³⁵ Women who use drugs are mostly stereotyped as being bad women, failing as mothers, partners, and guardians of moral standards.³⁶

As Fiske (1992) explains, 'stereotyping operates in the service of control'.³⁷ Stereotypes involve perceptions as how one is expected to behave, what they are 'supposed to' like, and the types of activities that they are 'fit' to do. Examples include the ideas that women should be good caregivers, men should be strong, etc., and therefore, those women who do not fit in the role of a good caregiver are in turn stereotyped as failing women and mothers. Fiske (1992) compares this type of stereotype to a 'fence' that surrounds and controls social interactions. Stereotypes, therefore, reinforce the power that one group exerts over another through limiting the options of the stereotyped; in this way stereotypes maintain power and power maintains stereotypes. Considering that stereotypes constitute a dimension of stigma, any conceptualization of stigma must entail the concepts of power and control, which are inextricably intertwined. And when analyzing the problem of female drug use, we face both - power and control over women who are stereotyped as being failing as 'ideal women' because of their drug use.

More than half of the interviewed experts used the definition of 'twice stigmatized' while referring to women with substance abuse problems. The experts explained that women who are drug dependent are not only marginalized by the society but are also rejected by drug dependent men.

'Even male drug user sare disposed to judge female drug addicts very aggressively! Women with drug use are rejected by everyone!' (R20)

The fact that the society is very negatively disposed towards individuals with drug use problems is no surprise. Many examples of society's negative attitudes towards drug use and users were demonstrated in different studies reviewed in the literature part. One good example of Georgian society's intolerance towards individuals with drug use is also confirmed by an opinion poll conducted in 2008, according to which, 90% of Georgians acknowledge that they would not like

³³Ibid.

³⁴Frisaufova M. (2012) "The Female Drug User as a 'Victim' or 'Villain' and the Implications for Social Work". Social Work and Society, 10 (1). Available at: <http://www.socwork.net/sws/article/view/313/657> Accessed: 11.09.13.

³⁵Ettorre, E. (1992) "Women and Substance Use". London: Palgrave Macmillan

³⁶Frisaufova M. (2012) "The Female Drug User as a 'Victim' or 'Villain' and the Implications for Social Work". Social Work and Society, 10 (1). Available at: <http://www.socwork.net/sws/article/view/313/657> Accessed: 11.09.13.

³⁷Fiske, S (1992) "Controlling other People.The Impact of Power on Stereotyping". Available at: http://www.radford.edu/~jaspelme/private/gradsoc_articles/stereotypes%20and%20prejudice/Power_and_stereotyp es.pdf Accessed: 17.12.13.

to have a drug addict as a neighbor.³⁸ In addition, Georgia's repressive drug policy contributes to the formation of intolerance and stigma.³⁹

However, I was surprised to discover that those men who use drugs and are stigmatized, show aggressiveness and intolerance towards women with drug dependence problems. The similar sentiments are expressed by Kirtadze et al (2013), who argues that Georgian women are twice stigmatized, once by the society that views them as failing women and by their male drug-using counterparts.⁴⁰ Some experts explained the particular aggression of males with substance use problems towards women who use drugs with the argument that females with drug use problems often are involved in prostitution. This means that women who use drugs once are stigmatized as failing as 'good/ideal' women and secondly are carrying the stigma attached to prostitution. Studies show the strong link between prostitution and drug use among women and demonstrate that for many women drugs are the reason they became involved in prostitution and working on the streets appears to be a reason to get money for drugs.⁴¹ Women involved in prostitution and substance use experience the impact of 'double stigma' as a result of using drugs and involvement in prostitution.⁴²

According to the experts opinion, the disproportionate levels of stigma and discrimination attached to women with substance use problems creates significant barriers to accessing both treatment and harm reduction services. Women are afraid of being forcibly removed from their homes, ostracized by family, friends and the broader community and having their children taken away, regardless of whether or not they fulfill their parental responsibilities. Because of the stigma women prefer to conceal their drug use problems as long as it is possible and the issue of refusing help and professional support deteriorates their health and life conditions significantly.

However, before we move to the next discussion topic regarding the treatment needs and barriers women with substance use problems face, I would like to focus my attention on the issue how one part of the experts interviewed by me described and explained the aggression towards women with dependence problems. Some of the interviewed experts used the argument that, mostly, women who use drugs lose self-respect and dignity much more quickly than men do. Due to women's emotional nature they come under the influence of narcotic substances very easily, openly demonstrate their sexual desires. Accordingly, in a woman who is drug dependent a male with drug dependence sees a dishonest woman who has lost her self-respect and is ready to do anything, and his belief that this is socially unacceptable for a woman causes his aggression towards her:

³⁸European Values Study 2008 (EVS). Available at: <http://www.europeanvaluesstudy.eu/evs/data-and-downloads/> Accessed: 11 February 2013.

³⁹Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> [Accessed: 18 March 2013].

⁴⁰Kirtadze, I., Otiashvili, D., O'Grady, K. E., Zule, W., Krupitsky, E., Wendee M., Jones, H., E. (2013) "Twice Stigmatized: Provider's Perspectives on Drug-Using Women in the Republic of Georgia", *Journal of Psychoactive Drugs*, 45(1), p.1.

⁴¹ Drug Scope and AVA "The Challenge of Change: Improving services for women involved in prostitution and substance use". Available at: http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/Challenge%20of%20change_policy%20Briefing.pdf Accessed: 19.12.13.

⁴² Ibid.

'Female drug users lose self-respect more easily than male addicts. They often offer themselves sexually for money, and many of them even become sex workers. When women drop from the social ladder, it is much more difficult for them to achieve further adaptation than it is for men.' (R20)

The explanation that ***'female drug users lose self-respect more easily than male addicts'***, which was offered by several of my respondents, may indicate an extremely negative stereotype that female users are sexually promiscuous because of their drug or alcohol use.⁴³ When explaining the signs characteristic of women's addiction, several experts noted that, in general, the woman is more emotional than the man and, for this reason, narcotic substances affect her psyche much more negatively.

'Women are more emotional than men, and their addiction is more complicated. Drugs change a woman's psyche radically. When women drop from the social ladder, it is much more difficult for them to achieve further adaptation than it is for men.'(R3)

In both of these cases, the experts reveal an inclination towards gender stereotyping by referring to the female addicts' emotional nature and loss of dignity. This generalization mirrors the discriminatory attitudes towards females with drug-use problems and is reminiscent of the point made by Ridlon (1988) that according to widely spread stereotype, alcohol use causes loosening of sexual mores in women and that drunken women are mostly sexually 'available'.⁴⁴ Ridlon (1988) called this fact as 'double standard' and due to the 'double standard' the level of stigma towards women who use alcohol or other drugs is much more severe. In my opinion, it is worthwhile to take into account that drug experts and medical staff themselves are part of the society that is often unable to conceal its negative attitude towards females with drug use problems. Even the explanations that several experts gave me revealed the deep-set stereotypes regarding a woman's nature and showed the experts' predisposition to negatively judge females who are drug dependent. For example, some of the experts noted, that psychological dependence on drugs develops more often in women than in men, which they blamed on women's emotional nature:

'Due to the emotional nature of women, the psychological dependence on illicit substances develops faster and in more severe forms in women than in the case of men. Working with women is very difficult and requires a lot of patience.' (R7)

The statement regarding women's emotional nature is very general and the experts did not explain to me why it was difficult to work with women. The statement implies that women are much more emotional than men, and it is also much more difficult to work with a cohort of women. The statement could be attributed to the widespread stereotype regarding women's emotional nature and placing all women in the 'weaker sex' category. However as Philis Chesler (2005) argues, women are socially marked as the 'weaker' sex not just physically, but mentally and therefore their illnesses are also attributed to their emotional nature and not physical.⁴⁵ And exactly this is the gender biased inclination in case of my interviewed experts too. Part of the experts think that it

⁴³ Copeland, J. (1997). "Barriers to formal treatment among women who self managed change in addictive behaviors", *Journal of Substance Abuse Treatment*, 14(2), pp. 183-190.

⁴⁴Ridlon, F. V. (1988). *"A Fallen Angel: The Status Insularity of the Female Alcoholic"*. Lewisberg: Bucknell University Press, p.25.

⁴⁵Chesler, P. (2005) *"Women and Madness"*. Palgrave Macmillan.

is difficult to work with women who use drugs, and perhaps they are right. But I find the arguments provided by the experts to substantiate this claim very stereotyped and gendered. Those experts that talk about the difficulty of working with women, cite women's emotional nature as the only cause of such difficulties and problems. Chesler (2005), in his book, clearly indicated and analyzed how the experts' stereotyped talk about women's emotional state constitutes a serious problem, and how the social factors are grossly disregarded at the same time, which plays an important part in aggravating women's situation and in working with them.

When talking about working with female users, a large part of the Georgian experts overlooked a number of problems, such as domestic violence, sexual violence, etc., which significantly aggravates women's mental health and is the reason women are already in quite a poor state when they approach health institution for treatment or for other type of service. Studies of women with drug problems have revealed a dramatic connection between domestic violence, childhood abuse, and substance abuse and have showed that the problem of violent victimization deeply affects women's general conditions.⁴⁶ And when working with women it is of immense importance to take the problem of violence and other social factors such as sexism, gender inequality, subordination, poverty into the consideration and become free from the biological determinism and be focused only on individual pathology.

The analysis of the explanations offered by the experts allows me to think that the experts themselves, consciously or unconsciously, make a very strict and stereotypical distinction between genders in terms of the desire to use drugs. They rule out the individual, independent nature of a woman who is responsible for her actions and desires, subjecting her, as a passive object, to an active, influential, and strong man. They explain a woman's diseases and deviations by her emotional nature. The explanations offered by the experts emphasize the traditional notions of the 'place' and 'nature' of the Georgian woman, and, finally, we encounter the stereotypical ideology according to which a woman is an irrational and weak being.⁴⁷ However, this definitely should not be surprising, because the explanations that have been offered were formulated under the influence of the culture and traditions in which these experts live and work. The professionals repeat the gender order; they tend to interpret what they see in a gendered-stereotypic mode.

One important issue I would like to stress is related to the fact that both male and female drug experts' explanations are very similar, and on the whole, neither male nor female drug experts (except for a few individuals) seemed to have gender sensitive attitudes towards females with drug use problems. This could be explained by the fact that they just lacked the gender awareness regarding drug use issues and female drug use. The problem regarding gender-determined approach in the drug treatment sphere is evident in the study by Kirtadze et al (2013), which examined attitudes and perspectives of 34 health service providers in Georgia which worked with women with drug dependence. Most participants of the aforementioned study

⁴⁶SAMHSA.(1997). "*Substance Abuse Treatment and Domestic Violence*". Washington, DC: SAMHSA.

⁴⁷Oliver, K., Pearsall,M. (1998) "*Introduction: Why Feminists Read Nietzsche*", in *Feminist Interpretations of Friedrich Nietzsche*, Penn State Press, pp. 1-4 .

reported that drug dependence in women is much more severe than in men and expressed less tolerance towards women, characterizing them as bad mothers and failing wives.⁴⁸

My main goal, as for a researcher working on gender and women's issues, is not to criticize the existing ideology, but to highlight the essence of the problem clearly. I think that, with such a stereotype in place, it is no surprise that the experts whose assistance women seek, from the very beginning, have an attitude that it will be much more difficult to work with women service users. But what if the difficulty of working with women is caused by social barriers created by our society, such as the fear of losing a child, family, and loved ones, rather than by their emotional state? It still remains a fact that these barriers are more frequent and stronger in the case of women than in the case of men, and they may be the reason why men find it less difficult to go to treatment clinics, have more belief that their families will stand by them, and feel less ostracized from society.

Gendered treatment protocols

Recent studies conducted on drug use in Georgia recognize a specific problem of female drug user population. There is a serious discussion that society's discriminatory attitudes and the greater social stigma attached to females dependent on drugs are most important barriers for women in searching for treatment and assistance. There are 40,000 officially registered individuals in Georgia (systematic users of hard and/or injective drugs), out of whom about 10 percent are women.⁴⁹ These are the only reliable data about officially registered injective drug users, because no studies have been conducted to determine the scale of drug use in the Georgian population either at the national or local levels.⁵⁰ Only 1.3% of women (11 of 841 people) received drug treatment (detoxification) in 6 drug treatment clinics of Georgia in 2008. From 2005 till 2012 only 42 women underwent methadone treatment and half of this number (21 women) was inpatients in methadone programs in September 2012. As it turns out, women involved in methadone therapy accounted for 1.5 percent of all methadone patients in 2012 (21 women out of 1,400 methadone patients).⁵¹ Due to the severe stigma women with drug use problems are invisible and represent the hidden population; they do not undergo treatment anywhere, do not use any services, and are not registered officially anywhere and presumably, the real number exceeds the data given here to a great extent.⁵²

Several studies demonstrate different reasons explaining women's failure rates in treatment programs. For example, Brady and Ashley (2005) report that women are more likely than men to

⁴⁸Kirtadze, I., Otiashvili, D., O'Grady, K. E., Zule, W., Krupitsky, E., Wendee M., Jones, H., E.(2013) "Twice Stigmatized: Provider's Perspectives on Drug-Using Women in the Republic of Georgia", *Journal of Psychoactive Drugs*, 45(1), p.1.

⁴⁹Sirbiladze, T. (2010). "Estimating the Prevalence of Injection Drug Use in Georgia: Consensus Report". Tbilisi: Bemoni Public Union.

⁵⁰Javakhishvili, D.J., Sturua, L., Otiashvili, D., Kirtadze, I., Zabransky, T. (2011). "Drug Situation in Georgia 2010", Overview, *Adiktologie*, 11(1), pp. 42–51.

⁵¹Lomidze, G. (2012). Research conducted within the framework of the project 'Femina'. Gori: Union 'Step to the Future' (Unpublished).

⁵²Kirtadze, I., Otiashvili, D., O'Grady, K.E., Zule, W., Krupitsk, E., Wendee, M., Jones, H.E.(2013). "Twice Stigmatized: Provider's Perspectives on Drug-Using Women in the Republic of Georgia", *Journal of Psychoactive Drugs*, 45:1, pp. 1-9.

experience economic barriers when seeking treatment. They are also more likely to have trouble finding the time to attend regular treatment sessions because of family responsibilities and are more likely to have problems related to transportation to medical establishments.⁵³ However, the most significant problem regarding women's low attendance is related to male oriented treatment, which does not consider women's specific needs and problems.⁵⁴

The experts interviewed in my study outline that females with drug use face more complicated barriers in the treatment than men usually do; they focus their attention on such problems as lack of childcare assistance or safe environment for women. In the experts' opinion, the absence of appropriate services for women makes it very difficult for them to go to a center for replacement therapy or any other type of rehabilitation establishment. For this reason, women either do not go to medical establishments or, if they do so in extreme circumstances, they have to overcome a great deal of discomfort, fear, and difficulties, which, in itself, decreases their motivation and desire to recover.

'The replacement therapy in Georgia is not women-oriented; it doesn't provide on-site childcare or assistance for women with children.' (R13)

'Mostly, drug using women are not financially independent and depend entirely on their male partners. For this reason, it is difficult for them to obtain the money needed for treatment when, for example, their male partners either do not want them to quit using drugs or they are not drug users and the women do not want to let them know about their addiction. Besides, the women who have no one to take care of their young children find it very difficult to visit a medical establishment. If we add stigma, fear, discrimination, and aggression to the aforementioned problems, it is practically no surprise that these women may conceal their drug problem.' (R9)

As the experts explain, when a woman goes to a center for replacement therapy, she automatically has to let the other patients there know about her illness, because there is, for example, only one entrance to the treatment center and all the male patients who stand *'in the queue for their daily dose of methadone see her'* (R9). As it was already noted, males with substance use problems are distinguished with their aggressiveness and unacceptability towards female users, and women are afraid of this aggression. The experts recall several cases when men displayed such an aggressive and insulting attitude towards female with drug use problems that the latter had to leave the treatment center to avoid dramatic consequences. For women, lack of physical safety inside and outside the treatment program setting can be a barrier to entering and remaining in treatment.

'We had some very unpleasant cases when female users left the center because of aggression from male addicts.' (R17)

The experts say that women with substance use problems are especially afraid of encountering acquaintances in a replacement therapy center, who will stigmatize them because of their drug use. For this reason, a lot of women refuse to use the service of replacement therapy. Some of the experts also note that in some cases, women may be forbidden from leaving their homes to go to a treatment center.

⁵³Brady, T.M. and Ashley, O.S. (2005). "Women in Substance Abuse Treatment: Results From the Alcohol and Drug Services Study (ADSS)". DHHS Pub. No. SMA 04-3968, Analytic Series A-26. Rockville, MD: The Substance Abuse and Mental Health Services Administration, the Office of Applied Studies.

⁵⁴Nelson-Zlupko, L., Kauffman, E., and Dore, M. M. (1995). "Gender difference in drug addiction and treatment: Implications for social work intervention with substance-abusing women", *Social Work*, 40(1), pp. 45-54.

‘Going to a medical establishment implies acknowledging your status and making your drug dependence visible to other people. Tbilisi is a small city and it is very likely that someone you know will see you. And women are afraid of this.’ (R15)

‘Because relationships play such a significant role in women’s lives, women living with a substance-using partner may be deterred from seeking treatment for fear of losing the relationship.’ (R15)

It is true that the experts highlight the existence of women-oriented services, but by this they imply child-care service, a separate entrance for women and safe environment. The above issues are clearly important, and their resolution still remains a priority, but the scope of the problem is not limited to these topics. Many experts believe that there should be a separate treatment facility for women where they will be in a better environment. They also reckon that in similar institutions women would feel much safer and protected from male aggression. Furthermore, there is less possibility of meeting a male acquaintance who they do not want to see and reveal their drug addiction.

‘It would be very good to have a center designed only for women in Georgia. This would resolve many problems related to discrimination of female drug users.’ (R1)

However, the majority of experts overlook two important issues. The first is that women-oriented services do not imply only a separate facility or child-care services. The experts did not focus on a number of those specific problems that are associated with women with drug dependence, such as violence, and the condition aggravated by violence. During the interviews the experts also failed to mention the structural problems concerning the lack of skills of working with women. Many studies have proved that it is important to take into account the effect of domestic violence when working with women service users. Mostly, the treatment delivery services do not acknowledge the importance of considering the impact of domestic abuse on delivering treatment that is effective, accessible and meets the needs of women service users.⁵⁵ It is a fact that female service users are the victims of violence and it comes out that apart from interpersonal/domestic violence women with drug use problems face structural violence as well. The problem of structural violence is visible when the women suffering from domestic violence are denied help and access to shelters because of being suspected of using drugs. Studies show that domestic violence victim shelters fail to address substance use problems. Many services dealing with domestic violence lack training and the resources to meet the specific needs and requirements of women drug users. Furthermore, research demonstrates that women may be denied assistance and not accepted if they are suspected of using drugs.⁵⁶

As it is stated in the briefing paper on ‘Violence against Women who use Drugs and Access to Domestic Violence Shelters’ (2013) by the Harm Reduction International, female victims of violence who have drug use problems also face serious problems and rejections from anti-

⁵⁵ Galvani, S., Humphreys C.(2007) “The Impact of Violence and Abuse on Engagement and Retention Rates for Women in Substance use Treatment”. Available at:

http://www.nta.nhs.uk/uploads/nta_the_impact_of_violence_and_abuse_women.pdf Accessed:17.09.13.

⁵⁶ UNODC, (2004) “Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned”. Available at: http://www.unodc.org/pdf/report_2004-08-30_1.pdf Accessed: 17.12.13.

violence services.⁵⁷ The briefing paper describes that in Spain the access to shelters is restricted for both native and migrant women who are dependent on drugs, while the only shelter providing support for women who use drugs and who have suffered violence is in Slovenia. Similarly, in Hungary only NGOs provide residential support and harm reduction services to women who use drugs and experience violence, because no state support exists. Furthermore, women who use drugs are commonly excluded from shelters in US and UK too. There are no reliable data regarding female victims' exclusion from Georgian shelters because of drug use experience. However, as the regulations of the Georgian State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking state, those beneficiaries who use alcohol or other drugs in the shelter may be excluded from the shelter.⁵⁸ This means that exclusion of female drug users from the shelter forces women who use drugs to remain in violent relationships or face potential homelessness, compromising their safety and violating their right to live free from violence.⁵⁹

At the same time, social care services, which provide treatment and support for women who use drugs, also lack the knowledge and capacity to deal with the domestic violence cases of their clients.⁶⁰ For example, the study conducted in Georgia by Otiashvili et al (2013) shows that the vast majority of substance use treatment and low-threshold programmes lack the knowledge and skills to address the unique needs of women, lack the comprehensive knowledge of gender-specific characteristics and are male oriented.⁶¹ According to the briefing paper 'Violence against Women who use Drugs and Access to Domestic Violence Shelters (2013), exclusions from accessing shelters are rarely required by law and mostly women who use drugs are denied access to domestic violence services based on the decisions of care workers and/or policies of individual shelters.⁶² It means that there is a big gap creating a serious structural problem for women who may be victims of violence and drug users at the same time. This kind of structural barriers deteriorate health and life conditions of women who use drugs and may be in need of help and support. According to the Committee on the Elimination of Discrimination against Women, the absence of such support and arrangements in domestic violence shelters, 'constitute[s] a violation of the applicant's human rights and fundamental freedoms, particularly her right to security of person.'⁶³

Therefore, when discussing the problems of female service users, it is important that the institutions providing services to these women see the problem from a gender point of view, because, if the services are not women-oriented and the personnel trained to provide qualified

⁵⁷ Harm Reduction International (2013) "Violence against Women who use Drugs and Access to Domestic Violence Shelters". Briefing Paper. Available at: http://www.ihra.net/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13.pdf

⁵⁸ Available at: http://www.atipfund.gov.ge/images/stories/pdf/filialebi/gori_dzaladoba.pdf Accessed: 17.12.13.

⁵⁹ Iowa Coalition for Domestic Violence, (2012) "Service Delivery Standards for Member Programs". Available at: <http://www.icadv.org/pdf/icadv-service-delivery-standards-march-2012.pdf;-a> Accessed: 17.12.13.

⁶⁰ Harm Reduction International (2013) "Violence against Women who use Drugs and Access to Domestic Violence Shelters". Briefing Paper. Available at: http://www.ihra.net/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13.pdf

⁶¹ Otiashvili, D., Kirtadze, I., O'Grady, K.E., Zule, W., Krupitsky, E., Wechsberg, W.M., Jones, H.E. (2012) "Access to Treatment for Substance-using Women in the Republic of Georgia: Socio-cultural and Structural Barriers." International Journal of Drug Policy, <http://dx.doi.org/10.1016/j.drugpo.2013.05.004>

⁶² Harm Reduction International (2013) "Violence against Women who use Drugs and Access to Domestic Violence Shelters". Briefing Paper. Available at: http://www.ihra.net/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13.pdf

⁶³ Ibid.

assistance, a separate facility for women and so called logistical problems will not solve the issues of women with drug use problems. There is no denying that improved services and a separate rehabilitation establishment for women will provide a partial solution to the problem of the registered female users who are currently undergoing treatment. It will make it easier for them to get involved in the treatment process and remove the fear of meeting men and acquaintances in the establishment, and there will be fewer cases of aggressive and insulting acts against women on the part of men. But the existence of a separate establishment for women is no guarantee that it will provide professional assistance for the more result in the reduction of the level of stigma and discrimination in society. Firstly, it is of crucial importance to train and qualify the staff which will work with women.

Secondly, it is necessary to facilitate the improvement of the system where women-oriented services mutually cooperate and do not create the kind of gap that exists between various violence protection services and other services of drug dependent persons. Solving these issues will definitely reduce those strategic barriers that female users encounter. But, in my opinion, a different kind of work has to be carried out to reduce the level of stigma and discrimination; a separate facility for women service users may not only reduce but even increase the existing stigma against women service users in society.

In my opinion, a rehabilitation center for women, if it is only designed for drug-dependent women and only provides services related to the problem of drug dependence, may even increase the stigma and discrimination on the part of the society, taking into account that going to and registering in this center will be related to immediately being labeled as a drug addict, as it is the case with other rehabilitation establishments. And the society will particularly stigmatize all those women who will be registered in this center. One of the most important steps in the struggle against stigma and discrimination is not only improving/developing the existing services for women as indicated by my respondents, but also holding educational and information events, which the experts did not mention in conversations with me.

I think that Georgian society will have a more adequate attitude to the problem of female drug use peculiarities if it receives comprehensive and reliable information about drug dependence in general, separates drug dependence from criminal activity, and realizes that severe stigmatization and discrimination of women leads to deplorable consequences.

Conclusion

This paper summarizes the results of in-depth interviews with experts aimed at: (i) ascertaining the level of knowledge currently existing in Georgia about the differences in the addictive behavior of male and females with drug use problems, (ii) finding out the gender-specific problems the individuals with drug use problems encounter based on experts experience, (iii) identifying difficulties, barriers the individuals with drug use problems of different genders face and (iv) analyzing the solutions the experts offer for successful treatment of women who are drug dependent.

This paper shows that, in the opinion of the experts interviewed in this study, individuals with drug use problems of different genders in Georgia may differ to a great extent in how and why their drug use begins and how it proceeds, as well as in their paths to recovery. In this respect, it is also noteworthy that different attitudes of the society towards males and females with drug use

problems (which the experts talked about in their interviews) stem from ancient traditions and customs of our culture. As it has turned out, men in their teenage years are mainly motivated by solidarity towards a group. In order not to be different and ostracized from their circle of friends, with whom they spend a lot of time and who are authorities for them, men carry out an imitative action and behave in a way that is acceptable in this group. In case of females, experts suggest absolutely different explanation. Most of them blame male drug using partners who give first injection to women. The experts believe that women are more likely to suffer from serious negative effects of addiction and to experience those negative effects faster than men. Women are less likely to seek addiction treatment than men and encounter more social and structural barriers on their ways to treatment. At the same time, women with addiction may be more vulnerable to starting and remaining in unhealthy relationships, and they may receive less support in the recovery process. In addition, women find themselves more isolated from society and have more difficulties in managing the situation. The experts acknowledge the problem of stigma towards women with substance use and the weakness of female oriented services. Due to increased aggression and discrimination towards females with drug use problems women find it more difficult to go to a medical establishment. The fear of being ostracized from the family and society and of losing the respect of friends and loved ones makes women refuse treatment as long as possible and conceal their disease. However the experts fail to acknowledge the importance of analyzing female specific problems like interpersonal/domestic violence which women with substance use problems face. The experts fail to mention that even those women who try to overcome their fear of being stigmatized and enter the treatment center are not only facing the problems related with stigma and discrimination from the part of male counterparts but also face structural problems related with the absence of female oriented treatment and untrained and inexperienced staff.

One of the most important findings of the present paper is that the opinions of most of the interviewed experts in my study appeared to be gendered, revealing inclination towards gender stereotyping and lacking the gender awareness when analyzing female drug use problems.