

April 2014

GENDER EQUALITY PROGRAMME

***The comparative analyses of Men and Women with
drug use problems***

Working Paper

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Introduction

The literature demonstrates that females and males with drug use problems differ in many ways, including the patterns of drug use, psycho-social characteristics, physiological consequences of drug use, and treatment needs.¹ There are many studies which suggest that men and women start to experiment with drugs for different reasons, give priority to different substances, develop the syndrome of drug dependence in different ways, and encounter different difficulties and problems due to their dependence on drugs.² Various studies have been undertaken in the recent past, to investigate the characteristics of women with drug use problems as well as their stigmatization.

Kauffman et al, (1997) states that women, in most cases, view substance abuse in a more negative manner and that the social stigma towards individuals with drug use problems may act as a deterrent for them.³ According to Nelson-Zlupko et al (1995), women with drug use problems, in most cases, are more likely to come from families where one or several members of the family are associated with drug use. Nelson-Zlupko et al (1995) go on to state that, drug use amongst women is attributed to environmental stress, genetic predisposition and family history.⁴ However, research makes it obvious that the most significant problem regarding female drug use, which makes it peculiar and different from men's experience, is related to violence against women and their victimization.

Overall research demonstrates that women tend to be victims of physical and sexual abuse more often than men do and mostly the perpetrators of violence tend to be spouses and sexual partners. A study conducted on women in Georgia – *National Research on Domestic Violence against Women in Georgia* (2010) – makes it clear that one of every 11 women in a marriage or serious relationship has been a victim of physical or sexual violence.⁵ National survey conducted in Canada also demonstrates that approximately 1 in 3 women have experienced violence at some point in their adult lives and that 1 in 10 women are presently experiencing violence.⁶

The feminist literature about violence and abuse provides insight into the male power and domination.⁷ Within a patriarchal social order, men maintain a privileged position through their

¹Nelson-Zlupko, L., Kauffman, E., 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.

² Anderson, T. L. (2001). "Drug Use and Gender". *Encyclopedia of Criminology and Deviant Behavior*, Vol. IV: Self-Destructive Behavior and Devalued Identity, pp. 286-289.

³Kauffman, S.E & Silver, P & Poulin, J. (1997). "Gender differences in attitudes toward alcohol, tobacco, and other drugs", *Social Work*, 42(3), pp. 231-241.

⁴Nelson-Zlupko, L., Kauffman, E., 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.

⁵Chitashvili, 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: 5.07.2013

⁶ Canadian Women's Foundation (2011) "Report on Violence Against Women, Mental Health and Substance Use". Available at: http://www.canadianwomen.org/sites/canadianwomen.org/files/PDF%20-%20VP%20Resources%20-%20BCSTH%20CWF%20Report_Final_2011_%20Mental%20Health_Substance%20use.pdf Accessed: 18.09.10

⁷ Johnson, H. (1996). "*Dangerous Domains: Violence Against Women in Canada*". Toronto: Nelson Canada.

domination of women, and their monopoly of social institutions. Feminists look to the historical roots of these inequities to explain the deeply gendered division of power in contemporary society.⁸

For example Rosemary Radford Ruether (1989) concludes that domestic violence against women is ‘rooted in and is the logical conclusion of basic patriarchal assumptions about women’s subordinate status.’⁹ Moreover, research shows that batterers often blame the woman they have victimized for the violence, either implicitly or explicitly, and other people, including police, judges, and juries, often accept this argument.¹⁰ It appears that male domination and societal norms are those factors which directly and/or indirectly excuse violence against women¹¹ and this problem is much more visible when it concerns female mental health and drug use.¹² As stipulated by Najavits (2002), most females with drug use problems attribute their drug use to physical, sexual abuse or traumatic experience.¹³ The same sentiments are postulated by the US department of Health and Human Services (2002). According to the US dept of Health and Human services (2002), most women with substance abuse problem tend to attribute their substance abuse to physical, sexual or traumatic experience. Also, Bloom and Covington (1998) state that 70% of women in substance abuse treatment have histories of physical or sexual abuse.¹⁴

Out of 40,000 officially registered individuals with drug dependence in Georgia (systematic users of hard and/or injective drugs) about 10 percent are women¹⁵, however most studies in Georgia still focus their attention and resources specifically on what is referred to as ‘the majority’ of drug using population – which means studying only males or adding women into male-biased paradigms.

According to the recent results 80% of drug dependent women have experienced domestic violence and 64% of them are unaware if there are any harm reduction services in their

⁸Yllö, K.A. (1993). “*Through a feminist lens: Gender, Power, and Violence*”. In Gelles, R.J. and Loseke, D.R. (eds.), “*Current Controversies on Family Violence*”. Newbury Park, CA: Sage Publications, pp. 47-62.

⁹Ruether, R.R.(1989) “*The Western Religious Tradition and Violence against Women in the Home*”. Christianity, Patriarchy, and Abuse. Ed. Joanne Carlson Brown and Carole R. Bohn; Cleveland, OH: Pilgrim, pp. 31.

¹⁰Dobash, R.E., Dobash, R. (1997) “*Violence against Wives*”. New York: Free Press

¹¹Bennett, L.W. (1995) “Substance Abuse and the Domestic Assault of Women”, *Social Work*, 40(6), pp. 760–772.

¹² Humphreys, C., Thiara, R.K., Regan, L. (2005). “Domestic violence and substance use: overlapping issues in separate services?” Summary Report. London Domestic Violence Project: London. Available at:

http://www2.warwick.ac.uk/fac/soc/shss/swell/research/final_report.pdf Accessed 25.09.13.

¹³Najavits, L. M. (2002). “Seeking safety: therapy for trauma and substance abuse”, *Corrections Today*, 64(6), pp. 136-139.

¹⁴ Bloom, B., Covington, S. (1998) “Gender-Specific Programming for Female Offenders: What is It and Why is It Important?” Paper presented at the 50th annual meeting of the American Society of Criminology. Available at: <http://www.stephaniecovington.com/pdfs/13.pdf> Accessed: 27. 04. 2012.

¹⁵Sirbiladze, T. (2010). “*Estimating the Prevalence of Injection Drug Use in Georgia: Consensus Report*”. Tbilisi: Bemoni Public Union.

neighborhood.¹⁶ Furthermore, a research conducted in Georgia, Azerbaijan, Ukraine, Russia, and Kyrgyzstan shows that there are many factors that prevent women to start treating their substance use problems or to turn to services that specialize in drug dependence.¹⁷ No empirical study has been conducted to examine in what social setting, how or why women use substances. The lack of systematic data on women with substance use problems results in little awareness about this part of society and this lack of knowledge makes it hard to come up with strategies that will engage women in treatment.¹⁸

Therefore, I think that the data analyzed in this particular paper constitute an important contribution in terms of shedding more light on female drug use experience and problems in Georgia and compare it with those of men. The aim of this paper is to show the differences between men and women with substance use problems and to demonstrate how important it is to look at women's problems from the gender perspective. Understanding similarities and differences across a variety of attitudes of men and women starting drug use, exploring differences of their drug use and the kinds of problems and barriers they encounter may improve the development of gender-specific programming.

Gender differences in the motivations for tasting drugs from the perspective of the persons who use illegal drugs themselves

Adolescents start using substances when they are in a transitional period. At this time they grow, mature and become more independent.¹⁹ In addition, adolescents prefer to take their cue from their peers rather than from their family, and become less obedient to parents. Viner and Taylor (2007) have shown that adolescents who use substances may continue this practice when they become adults, and may encounter problems of dependence.²⁰ There are different reasons for substance use, and many young people may think that experimenting with tobacco, alcohol and drugs is a normal way of life for an adolescent.

However, most of the recent studies acknowledge the importance to analyze drug use experimentation and its reasons through gender lens and highlight the specific problems and complications females with substance use face. It is widely observed that men and women differ in their reasons and motivations for drug use.

The male respondents interviewed in my study list different reasons for systematic use of drugs. In the first place, they emphasize the desire to feel the pleasure they experienced when they first tasted drugs, then comes their circle of friends, the environment in which everyone uses drugs systematically, and the unique ability of drugs to enable a person to feel more confident and omnipotent.

¹⁶Otiashvili, 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>

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹Gilvarry, E. (2000). "Substance abuse in young people", *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, pp.55-80.

²⁰Viner, R.M., and Taylor, B. (2007) "Adult outcomes of binge drinking in adolescence: Findings from a UK national birth cohort", *Journal of Epidemiology and Community Health*, 61, pp.902-907

'There are many people who want to establish themselves in the circle of guys, in their neighborhood. When their friends inject drugs, they don't want to lag behind.' (Respondent 1, male, Gori)

'To get the pleasure they got the first time they took drugs. This lasts for a certain period, and then you only take drugs to avoid feeling bad.' (Respondent 1, male, Tbilisi)

It should be noted, that the male respondents, particularly in Zugdidi and Gori, name the possibility to escape from social problems as a cause of systematic use of drugs. The respondents also talk about such problems as unemployment, financial hardship, and the related feeling of inferiority and incapability.

'We, young people, have a lot of reasons today. First of all, unemployment. Those who have not studied and haven't graduated from college or university. It's even difficult for people with diplomas. They also sit at home and are unemployed. And when you hang around in the street, you either have to drink or take drugs or steal something or do something like that. Why else do you hang around in the street then?' (Respondent 8, male, Zugdidi)

Most of the male respondents interviewed by me in all the three cities (Tbilisi, Zugdidi and Gori) say that they first tasted drugs at the age of 14-15, confirming the opinion expressed by the experts and other scholars. Before sharing their drug experience, most of the respondents started talking about their life before they became drug users. Considering that almost absolute majority of the male respondents started using drugs (mainly intravenous drugs) actively just before or after graduating from school, when they were school students, they describe their life before starting to use drugs as 'an ordinary life' which included studying, sports, parents, and, in some cases, a marriage and a job. Interestingly, when remembering their life before they developed strong dependence on drugs, the respondents themselves mentioned the (possible) factors that stimulated them to start using drugs, such as the war that started in the 1990s²¹, the criminal mentality prevalent in the 1990s, and the positive attitude of the society to drugs and drug users.

'Our generation had an interest, and those who took drugs at that time were considered as cool guys; they dressed well and drove good cars...' (Respondent 4, male, Tbilisi)

Some male respondents also emphasize such specific circumstances (factors) as the stress inflicted at the formation age (caused by a death of a loved one), development of dependence on alcohol and/or what is referred to as 'grass' (marijuana), and the influence of the circle of acquaintances who used drugs.

'I studied at school; then I graduated from school and studied at an institute; I studied there till the middle of the year and then I quit. It was, so to say, a disordered life – in my childhood, my

²¹The respondents talk about the War of Abkhazia, waged in 1992-1993 chiefly between Georgian government forces on one side and the [Abkhaz](http://en.wikipedia.org/wiki/Abkhaz) separatist forces supporting [Abkhazia](http://en.wikipedia.org/wiki/Abkhazia)'s independence from Georgia, Russian armed forces, and North Caucasian hired fighters on the other side. See more detailed information at: [http://en.wikipedia.org/wiki/War_in_Abkhazia_\(1992%E2%80%931993\)](http://en.wikipedia.org/wiki/War_in_Abkhazia_(1992%E2%80%931993))

life was all about war and birja²². I had parents, brothers and sisters by my side; I was quite a clever child.’ (Respondent 1, male, Gori)

‘I was self-conscious about communicating with strangers; in fact, I grew up in the street, in the neighborhood, as most of us did. When I was 11 years old, my father died; I worried a lot about this and started smoking cigarettes. When I was 13, my friend and I had a fight at school; my friend’s brother accompanied us and stood beside me during the fight. He was killed by a friend of mine, in about half a meter away from me. I had a terrible depression and neurosis, and my mother took me to the village.’ (Respondent 1, male, Tbilisi)

As it turns out, the majority of the male respondents with drug use problems started smoking marijuana at an early age, when they were 12 or 13, and then got acquainted with more serious and stronger narcotic substances. All the male respondents without exception confirm that they first tasted drugs willingly, though their circle of friends really had a considerable influence. There were a lot of individuals using drugs in the respondents’ circle of friends, and being in such an environment caused an intense desire and interest in drugs in each of them. Drugs were often offered by older friends who also ensured the availability of drugs.

‘No one put pressure on me. The other day, we, old drug addicts, were remembering a joke in which a man says: “Show me the place where they inject drugs by force”. (Respondent 4, male, Tbilisi)

Almost absolute majority of the respondents note that their lives deteriorated because of drug dependence, their health was damaged, they spent large amounts of money, and their reputation was tarnished. Several of those interviewed also emphasize that they feel better only when they are under narcotic intoxication and only for a few hours; they say that, for this reason, a drug-dependent person’s thoughts are mainly focused on obtaining drugs, which, in its turn, causes a reappraisal of values in them; taking the needs of family members into consideration, helping them, and having relationship with them become of secondary importance, and the satisfaction of their own needs, even by illegal means (taking by force, theft, etc.), becomes the only important thing for them.

‘Everything becomes black and white; the values you have slowly disappear, and when you wake up in the morning, you only think about where and with whom to inject drugs. Until you do that, you steal and you rob. Obsessed with your aim, you are no longer interested in your parents, wife, and children. And when you inject drugs, you no longer want anything else; you are left alone with yourself.’ (Respondent 6, male, Tbilisi)

The list of narcotic substances that the male respondents used for the first time (and were dependent on it) includes such drugs as marijuana, Subutex, Tramal, ‘Jeffy’, Heroin, and Morphine. All the male respondents name personal interest and the environment (circle of friends who used drugs) as the main reason for tasting drugs.

When I asked the respondents to name the major factor that triggered their interest in drugs, almost all of them cited the situation in 1990’s, a positive, inherently wrong attitude towards

²²A term used in Georgia to denote a place in a neighborhood where people, especially boys and young men, loiter and hang around.

drug users, reverence to thieves traditions and the influence of their friends as principle reasons for drug use.

'All of us lived during 90's and it was considered that a 'good guy' had to taste drugs. Everybody was on drugs, at school, in the neighborhood, everywhere, and this was considered a cool behavior and good style.' (Respondent 6, male, Tbilisi)

'Maybe, if it had not been for 90's I wouldn't have been in such trouble.' (Respondent 3, male, Zugdidi)

'Definitely, the major factors were environment, friends and the society I lived in. You may find it hard to imagine, but it really was uncool not to inject or taste drugs and not to help someone to obtain them. There was different mentality and situation, but I grew up in such mentality and situation and consequently I followed suit.' (Respondent 3, male, Gori)

To sum up, the major reasons for a male drug user to taste drugs during adolescence are the situations, social relations, or social structures in which the individual was located. Accordingly, we can discuss the examples given by them from the perspective of social theory, specifically from the perspective of social learning theory. According to social learning theory, drug behaviour can be learned by observing other people's behaviour.²³ According to Goode (1989), individuals learn crime and deviance – when they interact with others closely, face to face, or with people close to them.²⁴ A person becomes deviant or criminal if the definitions he/she comes in contact with favor the violation of the law more than non-violation.²⁵ According to Social Learning Theory, a person's behavior depends on the rewards and punishment, or reinforcement he/she receives.²⁶ Individuals continue certain actions based on the past and present rewards and punishments for such actions. While interacting with certain groups of people or social circles, individuals learn what behavior is defined as bad and what as good. When Individuals are in a group, they are rewarded or punished, are exposed to behavioral models and this happens in different ways in different groups.²⁷

Therefore, if we consider that in the 90s the use of drugs was a model behaviour and was even encouraged in adolescents, we get a picture, where a circle of friends, which in its own right has great influence on the behavior of adolescents, as well as the trends and situation within the country, played a significant role in the formation of the wish of or reason for the male respondents to taste drugs. Many individuals wanted to become a member of the society where drug use was considered a good form and drug users – role models. Most of the male respondents admit that they wanted to look cool and therefore had to share those views and engage in the actions that were characteristic of the members of such social circle.

'If you did not want to lose your friends, be an outcast and often an object of ridicule, you had to inject. Anyway, this is the way I see the situation of the time. I might be mistaken and this was the perception at that time, but generally you were either rejected and many guys were rejected and went the other way. Now I do realize that they went the right way, but at the time they were not

²³Bandura, A. (1977). "Social Learning Theory". General Learning Press.

²⁴Goode, E. (1989). "Drugs in American Society". New York: McGraw-Hill Publishing.

²⁵Ibid.

²⁶Ibid.

²⁷Ibid.

happy, because they were alone and could not be friends with us. But, I don't know, maybe that was all to the good, and If I had done the same I would be in a better situation, but at the time I thought differently. My friends were my priority and still are.' (Respondent 3, male, Zugdidi)

'He, who used drugs was a role model and a cool guy, drove a good car, was popular among girls, was respected. So, you began to wish to be like him. At that time you think your actions are right. You also think that nothing bad will happen to you, when injecting you feel that you are the best. If you don't inject, you realize that you no longer belong to their group, you are different, a lesser person. Such ideas and feelings are the main drivers that make you inject again and feel as part of their group.' (Respondent 6, male, Tbilisi)

For example the Sub-cultural theory holds that if individuals are part of a particular social group which favors drug use, they are encouraged to use drugs, whereas if individuals are part of a group which does not favor drug use, they are actively discouraged and even punished.²⁸ This theory clearly explains the reasons why men choose to taste drugs in order to become members of their favourite group.

In the case of women, the situation is different, however, at first glance, it does not seem so. The age of tasting drugs for the first time varies from 14 to 35 years. The list of narcotic substances that they tasted for the first time includes different drugs: Marijuana, Subotex, Ecstasy, 'Black',²⁹ Heroin, etc. Like the male respondents, the majority of the female respondents also note that the cause of using drugs for the first time was interest. And only few of them rule out at the begging of the interview being coerced and pressured to taste drugs for the first time.

'I was always terribly interested in why they were so dependent and why they needed to do this; I was very interested, and, as I was a bit light-headed, I thought it wouldn't kill me if I tasted it once.' (Respondent 2, female, Zugdidi)

'I first tasted drugs after the breakup of my family, two years after that. My husband and I broke up, and I was left alone with a child. I was literally embittered, and I was capable of doing anything at that time.' (Respondent 3, female, Zugdidi)

As the female respondents note, access to drugs was ensured by the circle of their friends and acquaintances (whose members consumed drugs actively). They not only tasted drugs for the first time, but also obtained them systematically through the circle of friends. It should be noted that a large part of the female respondents interviewed in Tbilisi first tasted drugs abroad, specifically, in Kiev, Prague and Berlin. The respondents recall that at an early age they were abroad together with their friends and had access to narcotic substances; it was there that they started consuming narcotic substances, specifically, Ecstasy. However, several women emphasize that they did not have any information about Ecstasy and similar drugs and when they first tasted it, they didn't know it was a narcotic substance.

'We, a group of ten friends, were in Prague and tasted Ecstasy there. We were 16 or 17 years old, and we liked it very much, but we didn't know it was a narcotic substance. We were so young and liked it so much that we brought it back to Batumi in packages. There were festivals

²⁸Goode, E. (1989). *"Drugs in American Society"*. New York: McGraw-Hill Publishing.

²⁹A street name for poppy stream.

in Batumi at that time called Subtropics, and during these three months, I drank it at noon, in the afternoon, and in the evening. I had not heard that it was a narcotic substance. It was not known in Georgia then, it was introduced here later.’ (Respondent 1, female, Tbilisi)

‘I had a vacation for some time, and my life got messed up at the time of the vacation. I first tasted marijuana; it was in Kiev. Then I tasted heroin. Everyone was high and I was very interested what it was. I turned 19 there. At that moment, I liked it. I kind of wanted it and I took it for this reason. Afterwards, I took it because of pain.’ (Respondent 9, female, Tbilisi)

Almost the majority of the females with drug use problems who were interviewed say that they had an easygoing and carefree life before they developed drug dependence. The female respondents interviewed in Tbilisi and Zugdidi, in particular, note that when they were children and teenagers, their parents did their best to ensure that they had a carefree life. The number of the female respondents who say that they were not very happy and satisfied with their lives before starting to use drugs is the highest in Gori. Some of the female respondents got married quite young and their lives were burdened with family problems from an early age; some of them had to live under harsh conditions due to financial hardship even without that. It is also interesting that in Zugdidi marijuana was as easily accessible for women as it was for men (almost all the women interviewed in Zugdidi had tasted marijuana at least once before they tasted more serious drugs, despite the fact that we are talking about a province and the lives of women living in a province two or three decades ago). The majority of the female respondents received secondary education at school, then they continued studying at the university, and got a job; some of them got married (especially those in the provinces). The majority of the female respondents tasted serious drugs (Ecstasy, Subutex, Heroin) after finishing school and started to use them actively willingly and out of interest (except several cases of forced use).

‘Before that, I studied in the Medical Institute. I met my husband there. He had escaped from prison. I didn’t know he was a drug addict. I took a year off in the first year, and he didn’t let me go back to the institute. I grew up in a boarding house. I was happier before the marriage. I had passed the exams myself and was studying in the institute. After I got married, my situation changed.’ (Respondent 1, female, Gori)

‘It was different; I went to university, studied, and had a quiet life. I was at home, with members of my family; I went to school, then to university.’ (Respondent 7, female, Tbilisi)

At first glance, the reasons and experiences shared by female respondents are very similar to those of males. Therefore, it may seem that there is no difference between male and females in terms of the wish and reasons of drug use, because women, like men, cite their own interest and friends as the main reasons for tasting drugs. However, when I asked women respondents about other women and asked them to share their views on the reasons for drug use among Georgian women, or what it meant to be drug dependent, and the similarity in terms of the problems that men and women users face, the conversation with almost all of the respondents took a different turn. As opposed to men who talked about the situation in 90s, their friends’ influence, the women respondents cited family, spouses, situations related to personal psychological problems in the family, and noted that sometimes drugs are the only way for a woman to escape from reality.

'Yes, at first you may use drugs because of interest and pleasure, but once you taste it and realize that this substance makes you forget all problems, escape from harsh reality you live in, then you turn to them again and the only time you feel happy is the time when you are high.' (Respondent 4, female, Zugdidi)

'I get rid of all the problems and I'm delighted. I'm relaxed. I don't remember anything - I forget the problems and no longer think about the future.' (Respondent 4, female, Gori)

'Depressed state, a hard psychological state caused by family conditions... caused by a lot of things.' (Respondent 1, female, Zugdidi)

'First of all, it's about avoiding and escaping from family problems ...' (Respondent 2, female, Zugdidi)

It should also be noted that the female respondents mention psychological tension and depression when talking about drug addiction. Quite a considerable number of the women, unlike the men [none of the men mentioned using psychotropic substances], acknowledge that they use psychotropic substances in order to cure depression. It is noteworthy that psychotropic substances are actively consumed by the female respondents who were interviewed in Gori. For example, seven female respondents interviewed in Gori acknowledge that they actively consume psychotropic substances to calm down, but the amounts consumed by the respondents markedly exceed the amount that is enough for a person to calm down. The female respondents interviewed in Gori had mainly been users of opiates and then, due to several reasons (one of the main reasons is limited access to opioids on the Georgian market, see details in Chapter 3), switched to psychotropic substances.

During the interviews with this group of respondents (ladies from Gori), it was visible that these women did not consider medicines of this group as narcotic substances. For example, when talking about opioids and narcotic substances of other groups, these ladies used such terms and words as 'pleasure', 'physical dependence', 'being high on drugs', and 'cold turkey', and when they talked about the narcotic substances of the psychotropic group, they only said they needed these medications to overcome depressed state.

'Depression is added to all this, and, in order not to go hysterical and not to let the children see my emotions, I use these substances more often, trying to refrain myself in this way.' (Respondent 2, female, Gori)

Two major factors are worth noting when talking with women. The first factor is that women find it more difficult to share personal experiences than men, while men talked about the reasons of their tasting drugs openly, although disappointedly, provided details about the setting and conditions where they tasted drugs for the first time. Women tried not to dwell on such issues and their account about their friends' influence and interest as the main cause of tasting drugs was short and superficial. But, when the conversation shifted to the problems of other women and their experience and problems, female respondents found it easier to talk and the conversation took a radically different turn. It is worth noting that at first most of the women respondents attributed their own suffering and experience to others, that is, they started conversation by talking about the experiences of their acquaintances or friends, however they

continued to talk in first person. Another noteworthy fact is that unlike men, women talk about personal problems, heavy state of mind related to the problems in the family and personal relations. In this case it should be underscored that most of the women claim they can escape from and forget reality through drugs, and the factors leading to their first tasting of drugs are no longer important. It is true, that most of them tasted drugs for pleasure, and it was later when they realized that drugs were the only way to forget the reality, family problems and disagreements that troubled them.

As Goode describes, several psychological theories of drug use argue that there is something wrong in the emotional or psychic life of certain individuals that makes drugs attractive to them.³⁰ These individuals with emotional and/or psychic problems start to use drugs as an escape from reality, as a means of avoiding life's problems and retreating into euphoric bliss and drugged-out indifference.³¹ If we consider women respondents' experiences from this point of view, we will see that the heavy state of mind makes them use drugs. As for the state of mind, it is heavy because of the family problems and conflicts. It is clear that the problems cannot be solved by turning to drugs, because the problems never get solved, only covered up, and meanwhile, drug use itself generates a host of other, more serious problems. But the fact is that in the case of these women drug abuse appears to be a defense mechanism, a means of erasing feelings of inferiority and helplessness.

Therefore, it comes out that the main factor in most of the women for tasting drugs (except for six respondents) is interest, and the circle of friends provide drugs and encouragement. However the reason for repeated and systematic use is the ability to escape from reality. This is especially true for the women from regions (Zugdidi and Gori). They acknowledge that severe psychological terror in the family, continuous insults from their husbands, lack of love and peace, absence of support and stability are so depressing that they choose drugs as the preferred means of escape.

'Never-ending insult, groundless humiliation, just because I am a woman. I wonder what would he have done if I were not a woman?!' (respondent 3, woman, Gori)

'Shouting, dissatisfaction, venting on me all that is bad... It is very difficult when you do not have anybody to turn for support. The husband is supposed to be the one to support you in the first place, and instead, you are afraid of him, he is the one who hurts and humiliates you.'
(Respondent 5, a woman, Zugdidi)

'When everything is restricted for you, groundless jealousy, where did you go? why did you do? who did you talk to... ? It's very hard and there is no way out...' (Respondent 4, woman, Tbilisi)

By inequality and subordination to men in the family, most of the women mean the oppressed state that they want to escape. As other means of escape are unknown or inadmissible for them, they resort to an illusory means of solving the problem, which enables them to forget problems only for a certain period of time, but later become the cause of more serious problems. The

³⁰Goode, E. (1989). "Drugs in American Society". New York: McGraw-Hill Publishing.

³¹Ibid.

unequal and subordinated position, often manifested in different forms of violence, have detrimental influence on women's mind and health.³²

The problem of violence against women is a serious challenge for the Georgian society. Many studies show that in some countries physical violence or brutality committed by men against their wives was an accepted fact as a 'punitive correction' in cases where women did not comply with social mandates.³³ The most recent survey conducted in Georgia covering domestic violence issues is the National Research on Domestic Violence against Women in Georgia, which was carried out in 2010 and aimed to estimate rates of domestic violence against women in the whole country.³⁴ According to abovementioned study, 35.9% of women disclosed having experienced controlling behavior from an intimate partner since the age of 15.³⁵ While no total rate for economic violence was provided (only rates for individual acts constituting economic violence), 4.7% women admitted to having earnings forcefully taken away by their intimate partner.³⁶ This study clearly demonstrates that 'among women who have ever been married, every eleventh is a victim of physical abuse and 34,7% has had injuries several times.'³⁷ Most of these women are between the age of 45-49. Most often they suffer injuries such as scratch, abrasion, bruise (84,4%) and internal injuries. (29,1%). 18,8% of women have experienced brain concussion due to the violence of their husband/partner, 15,3% of women who have ever been victims of their husband's/partner's physical or sexual violence, have needed medical assistance at least once. Among them, 18,2% of women have received medical assistance. 33.3% of women report spending from 2 to 30 days at the hospital.³⁸

Family problems, oppressed or humiliated state, especially constant control of women's actions by their husbands is clearly manifested in the interviews and especially in the case of those six women who named their spouses, partners as the sole reasons for their use of drugs.

When talking about the causes of tasting drugs for the first time and describing the situation, the aforementioned six female respondents told me in detail about their cohabitation with drug-abusing husbands and intimated indirectly, if not directly, that it was this cohabitation that caused them to taste drugs. As a result of cohabitation with man who was drug dependent, some of these women developed a desire and interest to taste a narcotic substance, while, in some

³²Sen, G., Östlin, P. and George, A. (2007) "Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it?" Final Report to the WHO Commission on Social Determinants of Health Available at:

http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf Accessed: 16.01.14.

³³ Rico, N. (1997) "Gender-based Violence: A Human rights Issue". Available at:

<http://www.eclac.org/publicaciones/xml/3/4743/lc1957i.pdf> Accessed: 20.01.14.

³⁴Chitashvili, 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.

³⁵Ibid.

³⁶Ibid.

³⁷Ibid.

³⁸Chitashvili, 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.

cases them, their already existing desire and interest intensified. Two ladies directly stated that they had been pressured and coerced by their husbands to taste drugs.

'I was 22 when I got married. My husband took me by force, made me stay at his home, and injected me forcibly with a drug. He, in fact, injected me by force. I had a high temperature after being injected. He told me he was going to make me a drug addict, so that I would not be able to leave him. My husband was a serious drug addict.' (Respondent 1, female, Gori)

'I was 18 years old. My husband took drugs. He made me smoke marijuana. I didn't inject drugs. When I had the second child, it was unbearable for me to watch him and his friends coming in crowds and injecting drugs. And it was a time when they all bore arms. When he was under the influence of drugs, he twice fired his gun accidentally. I injected at the age of 20. I told him I would divorce him unless he injected me.' (Respondent 4, female, Tbilisi)

The experience shared by these respondents where they started using drugs at the initiative and in some cases by force of their male partners, proves the idea argued by Georgian experts (see Chapter IV) that men are main initiators in the case of women drug use. Even those women who did not blame directly male partners for their drug dependence, and only noted that systematic use enabled them to forget family problems, recalled cases where their acquaintances and neighbors started using drugs because of men. Some women even say that they have heard of many cases when a man injected his wife or girlfriend with drugs by force. It was notable that for women it was easier to talk on others' experience. Also some male respondents approved the arguments provided by women and argued that in many cases men got their female partners to start using drugs with very egoistic aims. They also recalled cases that reinforced the accuracy of the aforementioned opinion.

'I know of many families in which the husband injected the wife with drugs while she was asleep, because the wife had her own business and if he managed to involve her, it would be easier for her to obtain drugs.' (Respondent 3, female, Zugdidi)

'Some women have drug-abusing husbands who inject them so that the wives will no longer quarrel with them. Some women inject themselves in defiance of their drug-abusing husbands.' (Respondent 5, female, Gori)

'For example, I know of a case when a husband injected his wife with a narcotic substance; she is a friend of our family. When you know what it is and still inject it into a person, you practically doom her. But you know what it is like? A friend of mine told me that it would be good if his wife were also a drunkard, because they would drink together. It's more comfortable. They do it for their own comfort.' (Respondent 4, male, Tbilisi)

The fact that men often make women start using drugs for egoistic reasons is clearly visible in the report 'Women who inject drugs: A review of their risks, experiences and needs' describing a couple leading their daily life, their drug use, particularly how they divide tasks in order to get hold of drugs, food and other needed supplies.³⁹ The report also examines the effect that such

³⁹Roberts,A., Mathers,B., Degenhardt,L. "Women who inject drugs: A review of their risks, experiences and needs". Available at: http://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf Accessed: 17.01.14.

relationship has on substance dependent couple.⁴⁰ According to the report, female injectors often engage in sex work to provide for their partner and/or family as part of the gendered division of labour. Further, some females with substance use problems report that the reason they have sex relationships with their partner is connected with having shelter, food, drugs and/or protection. Such relationships may make the women vulnerable because they depend on these men and they cannot require from their partners to engage in safe sex or practice injection safely.⁴¹ As Dawson et al (2007) argue, some women continue using alcohol and illicit drugs to have an activity in common with their partners or to maintain the relationships.⁴² The man often supplies drugs, and the woman becomes dependent on him for drugs. Some of my respondents admitted to have used drugs in order to have an activity in common with their partners or to save the relationship.

'I was of secondary importance for him. I could not stand watching him being with his drugs and me by myself. So I asked him to inject and he clearly did not refuse. I thought I could keep the family this way.' (Respondent 4, female, Tbilisi)

Overall, it is obvious from the view of the men and women respondents (except for those who dismissed the idea that men were the initiators of women's drug abuse) that the man's desire to offer drugs to his partner is connected with the willingness to increase his power and control over her. The examples provided by the respondents clearly demonstrate the cases where women were forced to use drugs for the purpose of exercising direct control over and subordinating them. In other cases women tried to save their relationships, as they felt unimportant compared to drugs. There are cases where women are trying to have common activities and interests not to lose their partners and not to get separated. The stories shared by the respondents also reveal the oppressed women, who are trying to escape from reality through drugs. Their reality includes their subordinated, unequal, oppressed position which they are trying to escape. Drugs offer only illusory escape and as drug users, women become victims of even more, oppression, discrimination and stigma

The Social Stigma against Individuals with Drug Use Problems

As Crocker et al (1998) defined: 'A person who is stigmatized is a person whose social identity or membership in some social category, calls into questions his or her full humanity; the person is devalued, spoiled, or flawed in the eyes of others.'⁴³

According to Goffman (1963), stigma has a property that turns a complete person of good standing into a blemished and devalued one.⁴⁴ Characteristics leading to stigma may be clearly seen (e.g. cleft palate) or hidden (e.g. sexual orientation). Generally, they are linked to how a

⁴⁰Roberts,A., Mathers,B., Degenhardt,L.“Women who inject drugs: A review of their risks, experiences andneeds”. Available at:http://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf Accessed: 17.01.14.

⁴¹Ibid.

⁴²Dawson D., Grant B., Chou S., Stinson F.(2007) “The impact of partner alcohol problems on women's physical and mental health”, *Journal of Studies on Alcohol and Drugs*.68(1), pp66–75.

⁴³ Crocker J, Major B, Steele C. 1998. “Social stigma”. Handbook of Social Psychology, ed. S Fiske, D Gilbert, G Lindzey, vol. 2, pp. 504–53. Boston, MA: McGraw-Hill.

⁴⁴Goffman, E. (1963). “*Stigma: Notes on the Management of a Spoiled Identity*”. Englewood Cliffs: Prentice-Hall, Inc, p.3.

person looks, behaves or what group he/she belongs to. Goffman (1963) suggested that individuals who have hidden stigmas find themselves in a social atmosphere comprised of two levels, the discredited and the discreditable. In the discreditable atmosphere, the attributes of an individual that may lead to his/her stigmatization are hidden and may successfully remain that way; however, there is a chance that the individual's stigma may become known, either knowingly by that individual, or due to some unforeseen factors. The stigma which the individuals with drug use encounter is the discreditable stigma - the individual's stigmatized status which is not immediately evident and may be successfully concealed.⁴⁵ But if it is revealed, drug users become victims of strong stigma, especially because they are viewed as people who can control their health condition and therefore are more likely to be blamed.⁴⁶ According to Corrigan (2000), society responds to substance use problems depending on the severity of stigma. Society may react in different ways, for instance they may express anger, avoid people with substance use problems, punish them or force them to seek treatment. The stigma also influences the way substance abusers view themselves.⁴⁷

Various studies also suggest that people who abuse drugs resort to different strategies for fighting and coping with stigma. Hiding their dependence on drugs is one of the principal strategies they adopt.

Most of the male respondents say that they had tried to hide the problem of drug dependence for quite a long time. However, all of them failed to do so for a long term period. The family members and the loved ones of almost all the men who were interviewed know about their drug addiction. The men name caring for loved ones as the most important reason for hiding this fact. The male respondents say that when they realized the essence of the problem of drug addiction and became aware that they had developed dependence on drugs, they also realized that it would be very difficult for members of their family to understand it. They tried to protect the family from the stress and hide the problem of drug dependence from them as much as they could.

'Yes, I always tried that, because my mother was very worried. Mother is still the closest person for a child. She observes your life very attentively. I might have hidden my daily life from my father, but my mother would have realized all this... I mainly always evaded them, so that they would not know, so that my mother would not be worried and would not have to undergo all this. No mother is glad to have a drug-addicted son.' (Respondent 4, male, Zugdidi)

Some of the respondents say that, at first, they used drugs covertly, in a remote place from family members to conceal their drug dependence, or did not go home in an intoxicated condition. And

⁴⁵Goffman, E. (1963). *"Stigma: Notes on the Management of a Spoiled Identity"*. Englewood Cliffs: Prentice-Hall, Inc.

⁴⁶Schomerus G, Lucht M, Holzinger A, Matschinger H, Carta MG, Angermeyer MC. (2011). "The stigma of alcohol dependence compared with other mental disorders: a review of population studies", *Alcohol Alcohol.*, 46, pp.105–12.

⁴⁷Corrigan P. (2000). "Mental health stigma as social attribution: implications for research methods and attitude change", *ClinPsycholSciPract.*, 7, pp.48–67.

some of them drank vodka or other alcoholic drinks, so that they could cover the traces and their loved ones would think they were drunk and under the influence of alcohol.

'Yes, first of all, I tried to hide this from my family. For some time, I managed to do so; when I was under the influence of drugs, I did not talk with them and didn't go home.' (Respondent 7, male, Gori)

'I have drunk vodka many times after using drugs, so that I would smell of alcohol.' (Respondent 8, male, Zugdidi)

The majority of the respondents also say that at the time of injecting drugs they often injected a drug into the muscle instead of the vein, so that their family members would not see the traces of narcotics on the veins. It is no wonder that absolutely all the respondents mentioned the drug policy that has recently become stricter and name the fear of being arrested and fined as one of the reasons for concealing drug use. However, in the final analysis, none of the male respondents concealed/was able to conceal his illness entirely.

'At last, I was arrested in Batumi while being high on drugs, and it became widely known. There was a trial.' (Respondent 6, male, Tbilisi)

'In the beginning, I concealed it, but later it no longer made any sense; everyone knew everything. You may try not to make them worry and not let them see that you are going to inject drugs, but everyone knows everything.' (Respondent 8, male, Tbilisi)

Part of the respondents say that their family members reacted very badly, which was manifested in quarrels, arguments, and threats. In some cases, the respondent only felt that his family members were sorry for him and they asked him to quit drugs. Only a very small part of the respondents note that their families broke up because of their drug dependence. After the first shock and negative reactions were over, the family members of the majority of the respondents expressed sympathy and extended them a helping hand.

'There were hysterics and shock in the family. But, finally, you get used to everything.' (Respondent 8, male, Tbilisi)

All the male respondents note that none of their family members was happy to hear about their drug dependence. The respondents underscore the fact that although the problem of drug abuse was quite common in the country the drugs were readily available and a large part of society, especially the youth had wrong attitude towards drugs. They were well aware of the fact that none of the parents would approve of their action and their drug use would cause great distress and concern. Therefore, in the beginning, the reason for concealing drugs was their willingness to avoid the wrath, anger and concern of their parents. They were protecting both their reputation in their parents' eyes and themselves. The reasons for concealing drug use changed and became

one of the means of fighting stigma when the situation changed in the country and the State declared zero tolerance against drug abuse and declared drug abusers criminals.⁴⁸

'Yes, first you were a good guy and then suddenly turned into a criminal, but actually you are not a criminal at all, but the society was told to avoid us, that we are bad people, dangerous ones. Consequently, society rejected the people like us.' (Respondent 6, male, Tbilisi)

'Stigma appeared as soon as the drug abuse was criminalised... We were scared of arrest, rejection... You live in a constant fear and when you see the way they treat people like you, how people avoid them, harass and despise them, you only think about the ways to hide your problem, you try to pretend as long as possible in order not to share their fate.' (Respondent 7, male, Tbilisi)

In the opinion of almost absolute majority of the male respondents, the society views drug dependence as a crime rather than a disease. Several respondents emphasize that all individuals with drug use problems are treated the same way; a person may be blamed for bad behavior due to his/her dependence on drugs, or, conversely, the society may explain a person's bad behavior by his/her drug addiction. One of the respondents even says that the society does not differentiate permanent users of drugs from those who have only tasted drugs once. The male respondents note that the attitudes to them are very negative, which is manifested in different things, ranging from a change in the expression of the faces of people around them to finger-pointing and negative comments about them. Some respondents pointed out that the society's negative attitude is also manifested in the fact that they have no chance of employment, as friends and relatives avoid involving drug users in business. According to the respondents, their opinions are not considered as competent, and the degree of trust in them is low, especially in matters of money. The drug-abusing men note that, usually, the degree of trust does not increase even after they quit drugs, because the conviction that there is no such person as a former drug addict is strongly entrenched in the society.

'There are difficulties in the sense that drug users are associated with criminals, and there is a strongly entrenched opinion that drug use is necessarily connected with criminal mentality; the state has played a very big part in convincing people that a drug user is necessarily a murderer and seller of his wife and children.' (Respondent 6, male, Gori)

'Almost everyone avoids drug-dependent people. Based on my own example... even a relative has refrained from involving me in a business, because I was dependent on drugs. He thought that, since I needed money, I might spend the funds of the business on drugs, despite the fact that I am his relative and friend.' (Respondent 4, male, Zugdidi)

⁴⁸Jorbenadze, L. (2012). "Legal Analysis of Georgian Drug Policy". Available at: <http://www.drugpolicy.dsl.ge/drug%20policy%20research.pdf> Accessed: 18.03.2013.

It is clear from the male respondents' talk that at first they tried to hide their problems from their family members, because when they faced the problem of drug abuse they feared about their families' reaction and were ashamed of themselves. At the time they were not commonly stigmatized by society and they were not concerned about it. But when many reforms were implemented at state level and a new stereotype – drug abuser is a criminal – was introduced, individuals with drug use problems came across a far more severe and serious problem; their drug dependence problem automatically made them criminals and society perceived these guys, who had been successful and good guys in the past, as ruthless and awful individuals and started rejecting them. Consequently, drug users found themselves in a situation where one-time successful guys became discriminated and stigmatized.

Major, B and O'Brien, L.(2005) explain that individuals who experience stigma share the opinions and look at themselves from the point of view of the society they live in; they are very well aware of their stigmatized status.⁴⁹ They understand that they are viewed as second class citizens and recognize the fact that they can be discriminated against. Almost all members of a culture, including stigmatized people, know about cultural stereotypes, even if they do not personally support them. They also know what ideologies dominate in their culture and how society explains why different groups have the status that they do.

The State has played a big part in convincing the Georgian society that all drug users are criminals and deserve the stigmatized status.

Collective representations have considerable effect on the way the stigmatized people perceive and assess situations involving stigma. Individuals who are stigmatized may adjust their behavior according to collective representations even if there are no signs that they are discriminated against by others and even when they are alone.⁵⁰ The effect of collective representations and of the attitudes entrenched in society on the self-perception of individuals with drug dependence problem is clearly manifested when the respondents describe their behavior (drug use).

It is noteworthy that male respondents talk much more and far more emotionally about the negative effects of drug dependence. In addition to the fact that all the male respondents call drug dependence a chronic, incurable disease and say that drug addicts are permanently sick and disabled people, they note that, apart from physical dependence on drugs, many people also develop a strong psychological dependence which deprives them of the ability to live freely without drugs and drugs become the most valuable thing for them. Some respondents say that even in case of recovery from drug dependence, the desire to use drugs remains strong and, at this time, it is very dangerous to be tempted. It should be noted that the respondents talk about those wrong and condemnable behaviors and actions that a drug dependent individual may engage in. They recognize the fact that a drug dependent person may sell everything, steal, rob,

⁴⁹Major, B and O'Brien, L.T.(2005) "The Social Psychology of Stigma", *Annual Review Psychology*, 56, pp.393–421.

⁵⁰Ibid.

etc. They do not deny that society has the grounds for not trusting and for being afraid of drug users, because many drug dependent individuals commit unlawful acts. However, on the other hand, the majority of individuals with substance use problems say that they never do anything wrong, but still fall within the category of the group which is stigmatized and discriminated.

'Obviously, there are many cases when people steal, rob or mug somebody for drugs, but not everyone acts like that. We cannot tar everyone with the same brush. I use drugs, but I have never stolen anything. When in need, I would ask, borrow, but never rob. But someone may be as afraid of me as of the person who steals, robs, etc.' (Respondent 1, male, Gori)

'It's an illness. All you care about when you get up in the morning is how to obtain and inject drugs; you want to inject it again in the evening. You are afraid to go to bed if you don't have drugs for the next morning, so that you don't get sick when you get up. You are only interested in taking drugs, nothing else.' (Respondent 7, male, Tbilisi)

Two significant issues manifest themselves in the information provided by the male respondents. The first issue concerns the initial reasons for concealing drug use; the fear of being rejected by society was not one of them. All of the respondents concealed their habit to avoid dissatisfaction and anger from their family members. This situation can be explained by the fact that most of them started using drugs during adolescence, before starting to live independently. When the situation in the county changed and a new stereotype – a drug user is a criminal – was introduced, concealing drug use became a means of fighting stigma. Therefore, the stigma attached to drug users is the same as the one attached to any criminal. The second issue worth noting is the attitude of family members toward males. All the respondents said that although their families were at first outraged when they found out about their drug use, none of them turned their backs on them; they even offered them support. Therefore the male respondents did not feel rejected or stigmatized by their families. The fact that they have not lost the love and affection of their families is obvious from their answers to the question if they have lost anything due to their drug dependence. When I asked the male respondents whether they had lost someone in their lives because of drug dependence, I assumed that they would talk about people who had turned their back on them and stopped communicating with them due to their drug addiction. However, the answers given by the male respondents in all the three cities turned out quite surprising for me. Almost all the male respondents understood this question differently from its original content. The majority of them started enumerating their friends who had died because of drug addiction. It turned out that many of them had friends who had died because of a drug overdose.

'A lot of my friends have died, and I'm very heartbroken. One of them always told me not to do it, to quit it, and that it was bad. He would do it only about once a month, but we lost him. I couldn't imagine he would die because of this, but it happened. I've lost a lot of friends; a lot of young people have died because of this.' (Respondent 6, male, Gori)

Only after I explained to the respondents what I had meant by this specific question, very few of them said that several people, but not family members, had turned their back on them. Some of them even added that they had lost a lot of money and wealth because of drugs.

'Yes, several friends, female friends who were almost as close to me as my sisters. At first, I was very heartbroken, but then I adapted myself to it.' (Respondent 1, male, Tbilisi)

'Yes, an apartment in Tbilisi, also here. And money.' (Respondent 3, male, Zugdidi)

Based on the male respondents' answers, we can assume that the circle of those around them adapted themselves naturally to their drug dependence. At least they do not feel rejected by the people close to them. Definitely, it should be noted that people's perception of a particular situation may be different from the actual situation. Many factors are at play affecting the perception of people, and these factors determine whether people view themselves as targets of prejudice.⁵¹ For instance, as Major and O'Brien (2005) argue individuals tend to notice that their social group is discriminated, but may not apply the discrimination to themselves personally.⁵² The above is quite obvious in the interviews with the male respondents, because they stress the fact that the discrimination and stigmatization from society is directed against drug users as a group, that this group is marginalized and as a result the respondent himself feels and perceives the harshness of the stigma.

'Drug dependent people are treated very badly.' (Respondent 6, male, Gori)

'We are blamed for everything: somebody gets killed and they immediately point the finger at us, something gets stolen and we are to blame again, just because we depend on drugs.' (Respondent 5, male, Tbilisi)

The defence mechanism demonstrated in their self-assessment and self-esteem can be clearly seen in the case of the male respondents. When asked if they felt shame using drugs, 20 out of 26 respondents said 'no', and noted that they had done nothing shameful and stressed the fact that they have not lost self-esteem and their identity.

'No, why should I feel ashamed?! I am not ashamed, it's my life and if I've done something wrong I did it to myself.' (Respondent 2, male, Gori)

⁵¹Major, B and O'Brien, L.T.(2005) "The Social Psychology of Stigma", *Annual Review Psychology*, 56, pp.393–421.

⁵² Ibid.

Stigma and Women with drug use problems

Many studies demonstrate that women with substance abuse problems are more stigmatized by the society and experience greater resistance on the part of their family and friends than men do.⁵³ As Elisabeth Ettorre (1992) argues: ‘In the public sphere she (a woman who uses drugs) is a “non-woman.” Her visibility is a direct challenge to the established patriarchal order ... Whether or not a female heroin addict has ever exchanged her body for drugs or money for her habit, she is characterized as an impure woman, an evil slut or a loose female.’⁵⁴ The issue that Elisabeth Ettorre (1992) talks about can be seen in the conversations with male respondents, especially the fact that the women who are using drugs are perceived as non-women.

‘terrible... It’s a great tragedy for a woman. I can’t perceive them as women... Women do not do such things.’ (Respondent 3, male, Gori)

‘Women like that do not deserve respect or humane treatment. No, they are not women. A woman will never inject and if she does then she is no longer a woman...’ (Respondent 2, male, Gori)

‘You know what I think? You may consider me Asiatic, but she is still a mother; she must give birth to a child.’ (Respondent 7, male, Tbilisi)

All male respondents interviewed in Gori and Zugdidi said that it was unacceptable for women to have problems associated with drug use. Some of them explained that a woman is supposed to become a mother and it is absolutely impermissible for her to use drugs, while others, said that women who use drugs are absolutely immoral and devoid of self-esteem.

‘Generally, I have a very bad attitude to drug users. And I absolutely hate female users; I hate when women take drugs. I don’t know, women are still... men are still different. Women should have nothing to do with drugs.’ (Respondent 3, male, Zugdidi)

‘When women take drugs, they change by 100%. They become people of the lowest level; they become, so to say, obscene.’ (Respondent 5, male, Gori)

The male respondents say that much is required from a woman, that a woman is a mother or a potential mother and a lot of things, for example, creating a warm and love-filled atmosphere in the family, depend on her. Most men explain that a woman should first of all, give all of her efforts to household chores, and if drugs hinder her from being a successful housewife, she must give them up. The respondents even said that no man, whether a drug user or not, would want to have a relationship with a woman who was dependent on drugs.

⁵³Nancy Poole and Colleen Anne Dell “Girls, Women and Substance Abuse”. Available at: <http://www.ccsa.ca/2005%20CCSA%20Documents/ccsa-011142-2005.pdf>

⁵⁴Ettorre, E. (1992) “Women and Substance Use”. London: Mcmillan, p.78.

'A woman is still a woman; she has more responsibilities, more is required of her; she is still a woman. There is a difference between a man and woman, right? I think that's it, otherwise both are people. In my opinion, more is required of a woman.' (Respondent 8, male, Gori)

'You wouldn't want your girlfriend to be dependent on something. In this respect, boys and girls are different. No one likes girls who are dependent on something – on alcohol or drugs.' (Respondent 1, male, Tbilisi)

The opinions expressed by the men manifest the gender-based discrimination. They justify the aggression towards women by the fact that the principle duty of a woman is to be a mother and to look after her family, so a drug dependent woman will not be able to carry out what is referred to as her 'principal duties'. For instance, a study conducted by Laudet et al. (1999) demonstrates that men are not concerned about the drug use of their woman partner or spouse as long as they successfully carry out their household duties and look after children.⁵⁵ So, in the case of my male respondents it is obvious that the standards and rules prevalent in society about the role of a woman as a mother, housewife, good spouse, etc., affects the way men view the women whose lifestyle does not meet the above criteria. According to Otiashvili et al. (2013) women are considered by the Georgian society to be the guardians of family norms and values, their principle purpose in life is to care for her family and bear children. Therefore the behavior of the women who use substances is perceived as deviant, because they do not adhere to the widely accepted social norms. For these reasons women who use drugs are described as individuals who lack will or principles, and are reckless or careless.⁵⁶

The absolute majority of the female respondents also said that, in general, more is required of a woman in life than of a man and a man 'can be forgiven for a lot of things and a lot of things are admissible for him' in the eyes of the society. In their opinion, such action as drug abuse is absolutely inappropriate, shameful, and unacceptable for a woman. Some respondents even said that they hate women who use drugs. The female respondents explain with arguments why a woman must not use drugs. One of the reasons they name is that a woman is a mother and she has a lot of obligations towards her family and children. In addition, the majority of the female respondents think that drug-abusing women have less chance of producing healthy offspring than men.

'It's more shameful for a woman. She is a mother and has children...' (Respondent 1, female, Gori)

⁵⁵Laudet A, Magura S, Furst RT, Kumar N, Whitney S. (1999). "Male partners of substance-abusing women in treatment: An exploratory study", *American Journal of Drug and Alcohol Abuse*, 25(4), pp.607–627.

⁵⁶Otiashvili, D., Kirtadze, I., O'Grady, K.E., Zule, W., Krupitsky, E., Wechsberg, W.M., Jones, H.E. (2013) "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>

'It is still acceptable for a man, because he is still a man and, in some way, it's more permissible for him than for a woman. You are already a mother; you are still a woman, and you must show more tenderness.' (Respondent 7, female, Zugdidi)

'It's terrible, I hate it. I may be intoxicated myself, but I can't communicate with a drug-abusing woman or man. I think all of them are the same. It irritates me. Women irritate me more. I'm that kind of woman myself, but still.' (Respondent 1, female, Tbilisi)

'I think that a woman still has no justification. This is my opinion and it is based on myself, because I have no justification. I was born a woman, and this says everything. You are a woman and must remain a woman. Men can still be forgiven for everything.' (Respondent 7, female, Zugdidi)

The majority of the female respondents expressed the opinion that women manage to conceal their drug dependence well. In most cases family members learned about the respondents' drug addiction, but later some of the respondents convinced them that they had quit using drugs forever, though, in fact, they continued using drugs. All the female respondents, except one, noted that they have concealed their drug dependence as much as they could, because the society considers drug use by a woman much more shameful than in the case of men. The majority of the respondents (especially those in Gori and Zugdidi) say that they suffer from a terrible fear, because, if their drug dependence becomes widely known and society learns about it, everyone will start to hate them and they may even lose/be deprived of their children. The women (two women) who have concealed their drug dependence to this day note that if the society learns about their disease, it will reproach and judge them and ostracize them forever.

'If you told it to people now, many of them wouldn't believe it. My loved ones and family members - my mother and brother - don't know it. I conceal it, because I'm very ashamed. They don't expect such behavior from me, and I also don't want to disappoint them. I conceal it by staying at home when I am under the influence of drugs; I lock myself up; they know that I'm not quite all right and think I want quiet. I conceal it in this way.' (Respondent 4, female, Zugdidi)

'It was equal to death. I concealed it, because I knew it would be a great stress for them and, if I told them about this, they would consider me their enemy. For this reason, I refrained myself from telling it.' (Respondent 5, female, Zugdidi)

Of course, some of the respondents were unable to or did not conceal their problem entirely, while, in the case of some of them, family members realized everything. It should not be surprising and unexpected that, according to the respondents, their family members received a great stress and shock after hearing about this problem. The majority of them note that they had quarrels and encountered threats and rejection. None of the women says that their loved ones have accommodated themselves to this fact.

In addition, it is quite interesting to know the female respondents' answers to the question whether they have lost someone due to their drug dependence. Unlike the male respondents, almost all the female respondents understood the contents of this question correctly and recalled facts and stories in which their loved ones had turned their back on them, refused to accept them, and ostracized them without any explanations. The majority of them notes that, in addition to the fact that their parents have stopped communicating with them and expelled them from home forever, close friends, relatives, and most of the people who learned about their problem have also ostracized them.

'It was my cousin who learned about it first, and she reacted to it in a terrible way. She has not spoken to me since then. She told me to forget her unless I quit drugs.' (Respondent 3, female, Gori)

'They turned their back to me for good and I will never mend our relationship...' (Respondent 10, female, Tbilisi)

'I wish I had not lived such a life; I wish I had had the brains.' (Respondent 5, female, Gori)

Most of the women are, first of all, ashamed of themselves and are characterized with self-flagellation and self-stigmatization, which was not observable in the case of the men. Those who have children feel shame towards them. Those with no children are terribly afraid of giving birth to a child, because they think that a woman with drug use problems cannot give birth to a healthy child and that the child will suffer from and be held answerable for the behavior of his/her drug-using mother all his/her life. This opinion is also confirmed by those respondents who have children and say that the society also reproaches, ostracizes, and refuses to accept their children, because they are children of 'drug-abusing women.' In this context, none of the male respondents mentioned responsibility and shame towards their children, and we can assume that none of the men face or perceive the problem of ostracism of their children by the society as resulting from their drug dependence.

'I am the shortest, I'm the most useless – when I look at the girls, they are so good and pretty. I can also be like them, I am also able not to do this, right?' (Respondent 3, female, Zugdidi)

'But I'm still very ashamed today; I can't give birth to a child, because I don't want him/her to suffer because of me.' (Respondent 1, female, Tbilisi)

'Everyone points a finger at these children, no one wants to communicate with them after they find out that their mother is a drug addict. Why would you want to be friends with a child of a drug-addicted woman?' (Respondent 10, female, Tbilisi)

It is clear from the talk of the women that hiding their problems from the society is one of the means of protecting themselves from stigma, however most of them have not been able to conceal the problem for good and have experienced the negative influence and consequences of

stigmatization. The strong influence of stigmatization is manifested in the negative attitude towards oneself and low self-esteem. Unlike the male respondents who tried to set themselves apart from other drug users and describe themselves as different, better persons, or went to great lengths to explain their problem not by their weak will, but by situational factors, women said that they were individuals of the lowest level, indecent, unwanted and worthless. They describe themselves as other members of society, for example as my male respondents described them.

'How can anyone trust me? There is no one worse than me. Who can be worse than a drug addict woman? I know that I have committed a terrible thing and have to be punished for that. It tortures and worries me. But it's too late.' (Respondent 7, female, Zugdidi)

'I hate to see a man under the influence and imagine what an intoxicated woman would look like. You must be surprised to hear me say that, but that is true, the mostabominable, a nobody...' (Respondent 9, female, Tbilisi)

A classical view on the influence of stigmatization on individuals suggests that the negative view of the society shapes the inner self of the stigmatized people.⁵⁷ According to this view, stigmatized people's self-esteem is equal to the level to which they are devalued by the society. Nonstigmatised people's self-esteem is relatively higher. There is also a difference in the level of self-esteem among stigmatized people, those who are more valued have higher self-esteem than those who are less valued.⁵⁸ Therefore, the respective case of women drug users perfectly fits this perspective and demonstrates that unlike men women assess themselves more negatively. The reason behind this fact is that women experience stronger stigmatisation, which has negative influence on their self-esteem and self-attitude.

Another interesting point identified during the interviews with women is the stigma attached to their family members. This was not the case with male respondents. The stigma towards family members of stigmatized individual is the courtesy stigma according to Goffman (1963), who explained it as a prejudice and discrimination that is extended to people not because of some mark they manifest, but rather because they are somehow linked to a person with the stigmatized mark. Many studies demonstrate that people who have individuals with mental health and/or drug use problems as their family members often become victims of courtesy stigma.⁵⁹ Corrigan et al. (2004) hold that members of an individual's family who has drug use problems, are more stigmatized than the family members of an individual with mental illness, because society

⁵⁷Major, B and O'Brien, L.T.(2005) "The Social Psychology of Stigma", *Annual Review Psychology*, 56, pp.393–421.

⁵⁸Major, B and O'Brien, L.T.(2005) "The Social Psychology of Stigma", *Annual Review Psychology*, 56, pp.393–421.

⁵⁹ Patrick W. Corrigan, Amy C. Watson, Frederick E. Miller (2004). "Shame, Blame, and Contamination: A Review of the Impact of Mental Illness Stigma on Family Members". Manuscript submitted to *Psychological Bulletin*.

blames the family members for a person's drug addiction.⁶⁰ As Corrigan et al. (2004) argue 25 to 50 percent of family members concealed having a mentally ill family member because they were ashamed, and feared that people might avoid them.⁶¹

In the interviews of my female respondents it is observable that their family members encounter the courtesy stigma, that the respondents understand and feel that the family members are ashamed and are afraid of social isolation because they are in relationship with the individuals whose drug use behavior is heavily stigmatized. Therefore in order to save their family members from social isolation and in order to save themselves from ostracism women, whose family members and loved ones learned about their drug dependence, still continue to lie to those around them that they had quit this harmful habit. A part of them failed to convince their families that they were not using drugs any more. Another part tried detoxification treatment several times, some of them got involved in methadone program and some of them used harm reduction programs, however at neither stage were the treatments as effective as the family members had hoped for. Consequently most of the women returned to drugs and had to hide their addiction again.

It is noteworthy that women cite the fear of rejection and ostracism from their family as the reason for lying again. They say that they will not be forgiven again and given another chance, so they have to lie. The women also noted that if their relatives found out that they were using drugs even after the treatment they would blame it on their weak will, indecency and lack of motivation and would never consider the fact that the treatment could have been ineffective itself. For this reason, the fear of (of physical abuse, psychological, of being expelled from home, of being punished by taking away her children, etc.) the shame and remorse that these women have already experienced and that was partly alleviated by undergoing treatment (giving rise to hopes of reintegration with the society and of complete recovery) may be renewed by repeated use of drugs. These women still conceal this fact and now find themselves in a much more difficult state.

'I conceal it all the time; members of my family are still unaware of it. They have heard about it before, once or twice. When I needed help with hospitalization, they, of course, helped me. Since then, they have thought I quit it forever.' (Respondent 1, female, Tbilisi)

'The society will ostracize you; it has ostracized you partly once and it will ostracize you forever if you do it again. They trusted you and you disappointed them? They will blame you; they will tell you that you are bad, you haven't been able to refrain from doing it and injected drugs again. It will occur to no one that treatment is not about one or two transfusions only.' (Respondent 12, female, Tbilisi)

⁶⁰Ibid.

⁶¹Ibid.

According to Otiashvili et al. (2013) women can feel bad about their using drugs. They are ashamed of what they have done and do not want to tell about it to their family or friends. This reluctance to disclose their behavior extends to non-family members and even to healthcare providers.⁶² From some accounts of the interviews with women who are dependent on drugs, presented by Otiashvili et al. (2013) it is obvious that when these women tried to look for help outside the family their family members were against letting other people know about their substance use problem. This created an additional barrier for women who wanted to undergo treatment. However, there were many cases where the family offered support and was the one who made the decision to seek treatment, to finance it, and to look after the children of their drug dependent family member. But, after giving support to a person with substance use problems, the family expects the person they stood by to quit drugs and recover.⁶³

The fact that the family expects the treatment to be effective can be quite a sensitive matter in the case of women. The female respondents touched on this issue and demonstrated the difference between the family support provided to men and women.

'I am concealing in order for them to think that it's over and I am cured, but how can a few blood transfusions cure you completely? They just don't understand that it's not so easy, but if they find out that I am still injecting they would not believe that the treatment was not enough or effective. They would blame me for everything again.' (Respondent 3, female, Gori)

'I have a friend whose family spent a lot of money on her treatment, but she could not quit and the family banished her, left her to her own devices, because they don't believe that the girl tried her best, but could not have been cured in a few months. Understandably, family members want you to quit in a few days, but they don't understand that drug dependence is not flu to recover from in three days, and it's not your fault that the treatment is not effective.'(Respondent 8, female, Gori)

When talking with women about concealing their drug dependence several important issues come to the fore. Firstly, the significant impact of stigma is becoming obvious, which is largely discussed by the interviewed experts as well as by international studies and researchers (see previous chapters). It is also clear from the female respondents' answers that women have far more to lose than men do and experience stronger fear and psychological pressure. When male respondents reveal their problem to their families they no longer have to hide it in the future, because most of them get support from the families. On the other hand, women are rejected, ostracized and condemned by their friends and family. They are tortured by the thought that their children will be taken away and even if the family provides support and finance for treatment, women still have to lie if the treatment proves ineffective.

⁶²Otiashvili, 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>

⁶³Ibid.

When women return to their old habits after receiving treatment the relatives blame women's feeble nature, weak will and other personal weaknesses and nobody doubts the effectiveness of the treatment. In the case of men, given that traditionally they are considered strong and determined, it is hard to blame their feeble nature for the ineffectiveness of treatment.

Conclusion

This paper demonstrates that there are differences in case of men and women when it comes to drug use reasons. Social factors and environment appear to be main factors triggering men's drug use. A circle of friends, which had a great influence on the behavior of adolescents, as well as the trends and situation within the country in 90's played a significant role in the formation of the wish and of a reason for the male respondents to taste drugs. Many of them admitted wanting to become a member of the society where drug use was considered a good form and drug users – role models.

In case of women instead of the social and/or environmental factors, psychological factors come in to the first place. Despite the fact that in many cases interest and availability of drugs appeared to be main factor triggering women's first drug use, the reason for repeated and systematic use is the ability to escape from reality. This is especially true for the women from regions (Zugdidi and Gori). A considerable part of female respondents acknowledged that severe psychological terror in the family, continuous insults from their husbands, lack of love and peace, absence of support and stability motivated their wish to escape from reality with the help of drugs. Another serious reason of drug use in case of women is related to their sexual partner. As a result of cohabitation with man who was drug dependent, some of the female respondents developed a desire and interest to taste a narcotic substance, while, in some cases the use of substances was forced. This paper makes it clear that mostly men benefit from their female partners drug use. Men's desire to offer drugs to his partner is connected with the willingness to increase his power and control over her. The examples provided by the respondents clearly demonstrate the cases where women were forced to use drugs for the purpose of exercising direct control over and subordinating them. The stories shared by the respondents reveal the oppressed women, who are trying to escape from reality through drugs. Their reality includes their subordinated, unequal, oppressed position which they are trying to escape. The examples provided by the respondents also show that women suffer from depression and neuroseness and have much more to lose because of their drug use habit. The society tolerates men's drug use much more and women are perceived as failing as mothers, sisters, daughters and spouses. Therefore men and women adopt different strategies to struggle against the stigma attached to their identity because of their drug use problems. Women try to conceal their drug dependence problem as long as they can in order to avoid themselves as well as their family members stigma and discrimination. Women are discriminated from the whole society and unlike men even their family member turn back to their needs and problems and reject them. The strong influence of stigmatization in case of women is manifested in the negative attitude towards oneself and low self-esteem. Unlike the male respondents who set themselves apart from other drug users and describe themselves as different, better persons, or went to great lengths to explain their problem not by their weak will, but by situational factors, women placed themselves belonging to the individuals of the lowest level, indecent, unwanted and worthless.