

GENDER EQUALITY PROGRAMME

Female Drug Users – Problems and Challenges

(Working Paper)

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Contents

Introduction	3
Different Explanations of Gender Differences in Drug Abuse	3
Research Methodology	5
Georgian Drug Culture	6
Female and male drug users – experts’ observations	8
Gendered Stigma	12
Conclusion	16
About the Author	17
References:	18

Introduction

The purpose of the present paper is to review the attitudes to drug related issues in Georgia, particularly from the perspective of gender. When I was getting acquainted with the existing studies on the use of injective drugs in Georgia, I found that most of these studies had been conducted on males. The research on female population has faced difficulties, because women have been underrepresented compared with men both in treatment services and in research. Of course, women were added to samples, but no gender-related concepts were used. For this reason, drug use by both men and women was viewed through male lens. By gender-related concepts, I mean analyzing the different patterns of drug use according to the drug user's gender. In my opinion, gender-related concepts take into account the peculiar reasons for drug use by males as well as by females, whether there is a difference in injective drug use by males and females, female users' preferences for illicit substances, and the problems and barriers faced by female drug users.

The main goal of this study is to ascertain the attitudes of Georgian experts to drug addiction and drug-dependent people, taking gender factors into consideration. I decided to achieve this goal by conducting in-depth interviews with experts who work in the field of narcology.

In the process of the interviews, I sought to determine the experts' attitude towards the problem of drug dependence in Georgia; to reveal the factors that they consider as causes of drug dependence; to determine their attitude towards male and female drug users and find out what similarities and differences they see in the addictive behavior of males and females, as well as in the treatment process; and to find out whether they use different approaches in the treatment of patients due to the peculiarities of their gender, how they explain the motives for tasting drugs by males and females, how differently they characterize their patients due to their gender, and whether they think that the factor of gender should be taken into consideration in the process of treatment. The results of the study will help us analyze what knowledge the Georgian experts have about drug use from the viewpoint of gender differences. I think that the knowledge of the opinions and attitudes of the experts about the aforementioned issues will contribute significantly to the planning of future studies and development of the systems of more elaborated treatment, because the information we receive will make it clearer which issues remain outside the focus in the experts' work on the issue of drug addiction and to what they should pay particular attention.

The paper brings together information from the academic literature and in-depth interviews with Georgian experts in the field of drug addiction.

Different Explanations of Gender Differences in Drug Abuse

Different theories offer different answers to the fundamental question of why people use drugs and what are the appropriate ways for treatment.

Based on literature review, we can argue that there is a growing evidence that drug abuse manifests itself differently in the lives of males and females and that this has something to do with the gender-based organization of societies and cultures. It should be noted that substance-abusing women differ from

substance-abusing men in many ways, including patterns of drug use, psycho-social characteristics, physiological consequences of drug use, and treatment needs (Nelson-Zlupko, Kauffman, & Dore, 1995).

Some studies demonstrate that women are more likely than men to come from families where one or more members are also addicted to drugs or alcohol and they are more likely to attribute the cause of substance abuse to genetic predisposition, family history, or environmental stress than men (Kauffman et al, 1997). Authors like Gomberg (Gomberg, 1982) argue that females have traditionally been encouraged to use drugs in medicinal, therapeutic ways, while males have been encouraged to use drugs for recreation and pleasure (Swift, Copeland, & Hall, 1995). There are very interesting studies which suggest that in drug use females give more psychological reasons, such as depression, whereas males give more physiological reasons, as well as for loosening up in social situations (Binnion, 1982). Some authors argue that addicted women are more likely to express negative feelings about their bodies than addicted men (Nelson-Zlupko et al, 1995) and that they are more likely to have attempted suicide than male addicts (the US Department of Health and Human Services, 2000).

Research has also identified another interesting reason for substance use by females – a history of physical and/or sexual abuse or trauma. Authors like Bloom and Convington say in their 1998 report that women begin abusing drugs or alcohol after a specific traumatic event, and research indicates that as many as 70% of women in substance abuse treatment have histories of physical or sexual abuse (Manhal-Baugus, 1998).

Studies show that women are more likely than men to abuse drugs and alcohol in private, for example, at home, while men are more likely to abuse drugs or alcohol in a social setting, such as a party or a bar (Manhal-Baugus, 1998). Female drug users have limited opportunities to use drugs in a public setting in contrast with men. These patterns of behavior may reflect society's greater tolerance to substance use by males and the greater social stigma attached to female substance abusers (Kauffman et al, 1997).

It is also worth mentioning that some studies present data according to which drug-using sexual partners play an important role in causing women's drug use complications. Male drug users exert important influence over women's addictive behavior, and most female users of injective drugs were given their first injection by their male sexual partner (Powis, 1996). The influence of male sexual partners on female drug users should play an important role in determining appropriate treatment options for female drug users. The likelihood of female addicts to be in a relationship with a drug-abusing partner may be one of the most serious barriers for treatment (Bride, 2001). Addicted women are less likely than their male addicts to have someone actively supporting them in treatment. However, when their primary relationship is with another addict, the woman face additional hurdles in seeking and completing treatment and remaining abstinent, as their very lifestyle supports substance use (Bloom and Covington, 1998).

As described in the literature, drug dependent women are seen as more wrong and more deviant than drug dependent men, because they have transgressed the general social norms of being a "good woman". The major concern is that female addicts will not be able to live up to their role as nurturer and caretaker, and, if they decide to do so, their decision to bear more children will be often deemed irresponsible. Addicted women, therefore, apply these stereotypes and social norms to themselves and react to their problem of abuse with guilt and shame (Finkelstein, 1994).

Female users may experience what Copeland (1997) describes as “double deviance”, which refers to the extremely negative stereotype that female users are sexually promiscuous because of their using drugs or alcohol. This double deviance relates to notions about the traditional “place” which women have occupied in society. Ridlon (Ridlon, 1988) argues in her book that women have been seen “as the preservers of morality, charged to uphold the moral and spiritual values of society.” The greater social stigma is a very important barrier for women in the recovery process. The fear of social isolation and of losing love and support causes women to delay asking for help. As Boyd reports in her study (Boyd, 1999), female drug users often claimed to be disrespectfully treated by physicians and other health care staff during prenatal visits and childbirth. In Klein’s (1996) study, females reported more negative expectations about treatment than males and more use of drugs to bolster self-esteem. Studies demonstrate that treatment providers describe female clients as difficult, non-compliant, and unresponsive to treatment. These perceptions may become a self-fulfilling prophecy, dramatically decreasing a woman’s chances of succeeding in treatment, achieving sobriety, and maintaining recovery (Manhal-Baugus, 1999). In addition, many women reportedly experience sexual harassment from counselors, other program staff, or male patients (Hodgins et al, 1997).

Despite the fact that women are statistically more likely to seek help for their problems than men, the rates of entry into treatment, retention, and completion of treatment are lower for women than for men (Hodgins et al 1997)

Women’s failure rates in treatment programs can be attributed to the fact that traditional programs are designed by and for males, and their approaches have been informed by research conducted on the male substance-abusing population (Nelson-Zlupko et al, 1995). Previous research indicates that male patients are more likely to deny their drug dependence more sharply. As such, traditional treatment programs are centered on aggressively confronting addicts about their abuse and resulting consequences. Relapse is often met with a punitive response instead of an exploration of possible environmental factors that may have contributed to recurring drug use. In contrast to males, females are more likely to experience higher levels of guilt and shame in acknowledging their substance abuse. Therefore, confrontational approaches which serve to enhance guilt and shame have been found to be ineffective with female patients (Hodgins et al, 1997).

In addition, female representation is often low among both treatment staff and administrators. Typically, there is a disproportionately high number of male staff in positions of authority, leaving few female role models for female patients (Nelson-Zlupko et al, 1995). On the whole, women often feel that they do not fit into traditional treatment modalities, which results in fewer women seeking treatment, low retention, and disappointing completion rates (Bloom and Covington, 1998).

Research Methodology

In order to conduct this study, I selected 20 experts in the field of narcology with the snowball method in Tbilisi. To select experts, I first addressed “Global Initiative on Psychiatry” whose representative gave me a list of people who work actively on drug dependence.

From the aforementioned list, I selected 20 respondents who have worked in this field for at least 7-10 years, have direct contact with drug users, and have worked with five or more female patients with a syndrome of severe drug dependence. Apart from this, the experts had to be involved in research activities in this direction. In this report, the respondents are referred to as experts, since their experience and professionalism in this area allows us to call them experts, and the information provided by them is very valuable and important.

A part of the selected experts work in leading positions in state or private clinics, while others lead NGOs that are involved in the treatment and prevention of drug addiction.

I arranged the time of the interviews with the experts in advance. The interviews were conducted in the workplace of each expert, with a full guarantee of confidentiality. Of the 20 experts, six were men and 12 were women. Each interview was conducted with a pre-prepared semi-structured interview guide and recorded on an audio recorder. The average duration of the interviews is 40-45 minutes. The interview guide consisted of two sections and aimed at covering a wide spectrum of issues relating to the problems of drug use. The interview guide included questions about different causes of drug addiction; the age at which people start tasting drugs most often; frequency of drug addiction in women; the differences between male and female drug users; how much the addictive behavior of male and female drug users differs from each other; how the experts perceive drug-dependent males and females; whether there is a difference in the experts' attitude towards male and female patients due to their gender; how the treatment process proceeds; what problems patients face during treatment; what barriers drug-dependent people encounter from the society; and what individual and social factors hinder successful implementation of the treatment process. It is important to mention that, the interviews with the respondents of the study dealt with users with severe drug dependence who belong to the middle class and are 35 to 50 years old. The experts did not talk about users who use marijuana and ecstasy in clubs and entertainment situations, do not have a strong addiction, and have not undergone a treatment course at least once.

Each interview was subsequently transcribed and used as the basis for the analysis presented in this paper. Before the final analysis, I did a primary analysis during which the answers given by the experts to each question were grouped into categories and summed up. After this, I analyzed the answers in more depth and enclosed it with literature review and my own opinions.

Georgian Drug Culture

The annual report “Drug Situation in Georgia 2010” makes it clear that there are no credible data on the prevalence of use or different forms of abuse of drugs, because no studies have been conducted in Georgia to determine the scale of drug use in the Georgian population either at the national or local levels (in a single city or region of the country).

In addition, we have information obtained as a result of a study on the prevalence of the use of injective drugs that was conducted with the multiplier/benchmark method by NGO Bemoni (Sirbiladze 2010), in the framework of the South Caucasus Anti-Drug Program (SCAD). According to the results of this study, in 2010, there were about 40,000 users of injective drugs between the ages of 15 and 64 in

Georgia (Sirbiladze 2010). The study indicates that the majority of the 40,000 injective drug users are males, though it does not specify the percentages of male and female users.

As for the data on treatment, in 2009, there were five drug treatment clinics in Georgia where the main method of service was short- and average-term detoxification with or without a little further medical and psycho-social assistance (Chikovani et al. 2010). In 2009, the number of persons who underwent treatment in all of these clinics through the detoxification therapy amounted to 584 (in 2008 – 841, in 2007 – 1,092). The majority of the patients of the drug treatment clinics (for example, 402 of the 583 persons who underwent treatment in 2009) falls within the age range of 25-39 and are males. In 2009, only 12 women received treatment in the drug treatment clinics. In my opinion, the fact that a very small number of women use the services of drug treatment institutions may be attributed to the existing stigma against female drug users.

Unfortunately, the report of the Georgian Harm Reduction Network 2008 (Balanchivadze N. et. al) says that stigma is even stronger against female drug users than against male addicts and that female drug users remain invisible in the official data and dependence treatment programs. The authors say that, in spite of equal access to drug dependence treatment, it is necessary that clinics provide women with tailored services, because many female drug users seek assistance from private physicians due to discriminatory social attitudes (Georgian Harm Reduction Network 2008). But this report does not specify the narcotic substances, the age groups, and social class of the women it talks about. In order to ascertain more concrete details and information about female drug users, I decided to interview drug experts themselves before I undertook a more in-depth study of male and female drug users.

As noted by most of the drug experts I interviewed, drug addiction is a disease that has become very widespread in Georgia, especially after the country gained independence in 1991. The experts define drug addiction as a bio-psycho-social disease, which means that it involves all levels of human development and functioning, damaging both the biological-physiological component and psychological and personal characteristics of a person – values, attitudes, abilities, which affects the person's behavior and social relationships, his/her activities in the society, and his/her skills.

Similarly to the experts' opinion, the Georgian legislation also declares drug addiction as a disease and says that drug addicts are sick people (Balanchivadze N. et. al.). In spite of this, according to Article 45 of the Code of Administrative Offences of Georgia, use of narcotic substances without a doctor's prescription is punishable with a fine of EUR 250, and repeated use within a year is qualified as a criminal offence. The Criminal Code of Georgia, which was passed in 1999, qualifies the use of narcotic substances without a doctor's prescription as an offense along with other types of offenses (Balanchivadze N. et. al 2009). The sanctions established by the Criminal Code of Georgia for this offence include a fine in the amount of EUR 1,000 and imprisonment for a period of up to one year (Article 273). Moreover, the Criminal Code (Article 260) envisages imprisonment for 11 years for acquisition and storage of narcotic substances. The said article does not differentiate between the purposes of drug possession (for personal consumption or for sale). It is also noteworthy that the Law on Struggle against Drug Crimes (2007) restricts drug users in the exercise of certain civil rights for a period of three years. These rights include the right to drive a vehicle, the right to conduct legal/medical practice, and the right to engage in teaching and other occupational activities. As a result, in 2007, the

finances imposed for drug-related offenses reached EUR 10 million, while the Ministry of Health spent only EUR 125,000 on the medical treatment of drug addiction in Georgia (Balanchivadze N. et. al. 2009).

As stated in Shadow Report Georgia 1998-2008, the state policy is more focused on collecting fines that accrue to the state budget than on providing drug users with services. And, as the fines are very high, they deteriorate the social and financial condition of drug users' families.

All of the experts think that the Georgian society is badly misinformed about drug use. Drug use is associated with crime, and it is very difficult and requires a lot of work to unravel this association. I think we should not be surprised that the society has such a negative attitude to drug use and associates it with crime, since, as was noted above, the laws relating to drug use have become very strict. The connection between strict anti-drug policies and society's negative attitudes was also indicated by the experts.

Drug users are prosecuted in Georgia. Police crackdowns and arrests serve to send a message to other users that punishment for illegal activities is actively enforced. Repressive anti-drug policies are implemented in a manner that makes violation of drug users' human rights inevitable. (R2)¹

In my opinion, most of the tactics used in Georgia against drug users belong to the classical approach to drug addiction (Ettorre, 1992) which is inclined towards prosecuting and punishing addicted people. This approach suggests that drug use is a deviant behavior that stigmatizes and marginalizes users.

In spite of this, I think that tactics, such as imposing severe penalties on persons convicted for possession and use of drugs, country-wide anti-drug campaigns designed to put users to shame, and police harassment and arrest of users who purchase syringes at local pharmacies, drive drug users further underground.

I believe that such kind of repressive policies is the main factor that hinders successful treatment and anti-drug campaign in Georgia. Moreover, prosecution and punishment of drug users results in their discrimination and social isolation and decreases their desire to recover. Social stigma and discrimination lead to isolation from social support networks, such as family and friends, and lower drug users' living standards. (R18)

Changing the way drug users are perceived by law enforcement agencies should be the first step towards checking the rising number of users. Taking into account drug users' needs and choice of treatment is the second step in the provision of appropriate treatment and, subsequently, improvement of the lives of users and those around them. (R12)

Until the society realizes that drug addiction is an illness and that it is not necessary to regard every drug addict as a criminal, the phenomenon of discrimination and stigma won't disappear. And discrimination and stigma are the main factors that stand in the way of the treatment of drug users. (R4)

Female and male drug users – experts' observations

As the experts observed, men usually start tasting drugs in teenage years, between the ages of 12 and 15, and the majority of them start with using marijuana and then switch to injective drugs. As for women, the experts, based on their female patients, say that they taste drugs for the first time a little later, at

¹ The notation (Rn) is used to code the respondent number "n".

about the age of 17-20. Of course, each case is different, but, based on the experts' observation, in most cases, tasting drugs by a woman is connected with her drug-using partner.

The experts believe that, in general, the main causes for tasting drugs are interest, solidarity towards a group, lack of prospects, conformist behavior, and fear of being ostracized from the society, stress, and protest. In the case of men, the main causes from this list are interest and conformist behavior (see Table 1), while, for women, the most important factors are their sexual partner, violence, trauma, dissatisfaction with social status and family circumstances, stress, depression, and feelings of inferiority which prompt them to taste drugs.

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)

According to almost all the respondents, it should also be taken into account that in most cases tasting drugs once does not result in the development of addiction. In most cases, tasting drugs once gives rise to a very strong psychological aspiration/desire to taste them again and experience the same heavenly pleasure.

All the 20 experts say that the main reason for tasting drugs by women is connected with their drug-using partners.

In the opinion of 14 experts, male drug users make their partners taste drugs, because they do not want to have problems with other people because of their drug addiction, and they a priori know that they may have problems with their wives or girlfriends. These problems may be caused by their partners' dissatisfaction with their unemployment, their lack of support, interest, love, understanding, and involvement in family needs and problem-solving, etc. In order to avoid such problems, they offer their partners to taste drugs.

In order to avoid these problems and 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)

In my observation, all the experts blame male drug-using partners for women's addiction, though this explanation seems very banal and general. The conclusion we can draw from the experts' responses is that the majority of Georgian women do not have their own opinions and will and are totally submissive to their spouses or partners. Is it possible to assume that all drug-addicted women are so devoid of will and submissive? As the respondents explain, the drug-using male partners have a very strong influence on their other halves.

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)

The experts also recall cases when a man injected a narcotic substance into his female partner by force and coercion. But we should take into account that all cases are different, though they may be similar to one another in some details. What I was interested most often was to find out the motivation of women who took narcotic substances, whether they were pressured and coerced to do so, and how men managed

to get their consent. Several experts told me that it happened because of fear and that women fell under the influence of their male partners, because they were afraid of them, did not have anywhere to go, and, in part, preferred to be in an analogous situation but be free from anxiety, fear, and tension.

One of the reasons is strong terror and fear. When you have nowhere to go and you are constantly forced to take drugs, finally you agree. (R18)

Apart from male partners, the experts also name other, no less important, reasons why women taste drugs for the first time, for example, a serious psychological trauma, dissatisfaction with social status and family circumstances, stress, depression, and feelings of inferiority.

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 abuse and family 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)

The experts believe that drugs change a person's, and more so, a woman's psyche radically.

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)

The Georgian experts, regardless of their gender, reveal an inclination towards gender stereotypes. From the way they talked and from the contents of their responses, I got the impression that they talked about all women as a homogenous group, despite the fact that, at first, all of them told me that they could not give a general description of a female drug addict and that all women had their reasons for using drugs and were characterized with addictive behavior that stemmed from cultural and social factors. In addition, they said that it was important to take into account what substance this or that woman used.

I find it difficult to talk in general; every woman is different, and every one of them has her own history. It is very important to take into account what drugs they use and in what kind of family and environment they were raised. (R6)

Before each interview, I told every respondent that they should talk about women who lived in Georgia, represented the age group of 35-50, and belonged to the middle class. I also asked them to answer my questions based on the examples of only those women whom they had worked with and who were characterized with a severe drug addiction. The experts tried their best to observe these criteria, though when they talked about the women, they made statements which seemed to me more generalized and devoid of concrete evidence. For example, 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. In addition, most of my respondents declared that women degraded more as a result of drug use than men. Both of these explanations may be related to the patriarchal values that pervade the Georgian society. In Georgia it is accepted to think that women, due to their gender role, represent the weaker sex and that their role in the family and public sphere should be more passive and submissive than that of men. And a woman who commits an action that does not correspond with her gender role is considered much more wrong, deviant, and worse.

When asked which group of narcotic substances women used for the most part, a part of the experts replied that women mostly preferred to use drugs belonging to the type of stimulants (for example, amphetamines).

Stimulants give women energy and activate their sexual activity, which helps them get rid of complexes during a sexual intercourse with a man. (R1)

However, there are also a lot of women who prefer to take soporific, psychotropic substances. The experts say that women are very accurate and careful in purchasing drugs.

Women are, generally, less likely than men to use illicit substances, such as opiates and cocaine, but more likely to use pharmaceutical substances. (R4)

Women are usually distinguished with 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. There is, of course, a category of women who do not care what narcotics they use and use what is available, including home-made drugs. (R13)

Table 2. Type of drugs, used by women according to experts' opinion

Drugs	# of Responses
Stimulants	18
Psychotropic Substances	15
Homemade Drugs	10

In the experts' opinion, one of the characteristics of female drug addicts is that their addictive behavior often remains unnoticed by the society, including even by family members, for a long time. Because of our cultural and social values, it is difficult to imagine and assume that a woman from our circle or family uses drugs. Due to this, both discrimination and stigma are stronger in the case of female drug users than male addicts.

Female drug users' behavior often remains unnoticed. They can conceal it 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. (R7)

The experts noted that even male drug users are disposed very aggressively towards female drug addicts. The experts offer two explanations of this fact. One explanation is connected with the woman's role as a mother and housewife. Due to this role, addictive behavior of a woman who shows that she is a drug user and can no longer hide this causes considerable irritation and disgust in men.

Despite the fact that, in most cases, it is the man that causes the woman to become a drug addict and makes his partner taste a narcotic substance for the first time, no man wants the mother of his children to be a drug user. (R6)

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)

Another explanation is connected with the fact that, very often, women also act as drug dealers.

It should also be noted that economic difficulties have led women to turn to activities such as drug trafficking to survive. Nobody likes this activity, in particular, if a woman is engaged in selling drugs. (R5)

The Georgian society finds it difficult to assume that a woman can be a drug user, because of the social and cultural values which are accepted in our country. It is even more difficult for people to imagine her in the role of a drug dealer. (R11)

The experts think that female drug users lose self-respect more easily than male addicts, and they often go as far as to offer themselves sexually, many of them even becoming sex workers.

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)

This explanation, which was given by several of my respondents, may also indicate to a discriminatory attitude towards women. The experts say that the cause of aggression is that female users lose their dignity much more easily than males. In this case, too, they talk about women and their losing dignity in a generalized manner, with none of them mentioning that, according to a number of international studies, there is a very high correlation between drug addiction and criminal activities committed by drug-addicted men (Hammersley, et.all.1989).

Gendered Stigma

The interviews with the experts reveal that female users are much more discriminated than male users in the Georgian society. In the experts' opinion, stigma and discrimination are the social barriers that drug dependent persons face in everyday life and in the process of treatment. And the fear that they will be forever be labeled as drug addicts, be ostracized, and lose their friends and loved ones is so strong that drug users, especially women, often refuse to go to treatment centers. At the same time, each of the experts notes that it is almost impossible for a person to manage to extricate himself/herself from drug dependence without the assistance of professionals.

We all know that a strong motivation for recovery is extremely important for successful treatment. Stigma and discrimination are two main factors that lower motivation. (R20)

Stigma and discrimination can be considered the most serious barriers that drug users, especially female users, face, and it is precisely for this reason that women often refuse to undergo treatment. But it is unperceivable to extricate yourself from this disease without serious treatment. (R5)

Fifteen out of the 20 experts used the definition of double discrimination in relation to addicted women; they said that women were subjected to double discrimination, which caused fatal consequences. Women know how aggressively the society is disposed towards them due to their addiction. Going to receive treatment is equal to getting the status of a drug addict, which has very dramatic consequences

for women in our society. The reasons why female drug addicts are persecuted and ostracized from the society more than male addicts lie in cultural and social factors.

Female drug users in our society are subjected to double discrimination. The society is disposed very aggressively towards them. They know that after entering a treatment center, they will get the status of a drug addict. Because of our cultural and social factors, female drug addicts are persecuted and ostracized from the society more than male addicts. (R4)

For this reason, when women decide to get treatment, this fear and negative expectations are so deeply ingrained in them that even a simple word or gesture from doctors that they perceive as a sign of social discrimination can disrupt the entire process of treatment.

Women face more complicated barriers in the treatment of drug abuse than men usually do. They a priori are afraid that even the doctor will discriminate against them, and they have little belief that they will be received and extended a helping hand as men are helped. When they make the final decision to take treatment, their fear and the expectation that they will not be received well by the society impede the process of their treatment significantly. (R8)

However, it should be noted that the majority of the experts acknowledge that if women decide to get treatment, they devote more energy to this process and are more eager to recover than men.

Women who decide to get treatment relapse less frequently than men. This may be because they attend more treatment sessions and are more motivated than men. (R18)

The experts talk about two methods of treatment which have been introduced in Georgia – treatment oriented towards complete release, which includes detoxification treatment and further psycho-social rehabilitation of patients, and opiate-supported treatment, or the so-called replacement therapy.

The majority of the experts believe that the most desirable methods of treatment for the society are those oriented to stopping the use of drugs. But they note that, unfortunately, the multi-year international experience makes it clear that such methods are not effective enough, and, for this reason, a different method of treatment, the so-called agonist-supported therapy, or replacement therapy, was developed.

There is a high demand for replacement therapy in Georgia. Replacement therapy implies giving the patient replacing narcotic substances for a relatively long period. (R14)

However, the experts believe that when this approach was being developed, the focus was on male users and female users were not taken into account at all, which creates a big problem for female users.

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. As it was already noted, male users are distinguished with their aggressiveness and unacceptability towards female users, and women are afraid of this aggression. The experts name several cases when male users displayed such an aggressive and insulting attitude towards female drug users that they 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)

Female users are especially afraid of encountering a relative, friend, or neighbor who will realize after seeing them in a center for replacement therapy that they are addicted, too. It automatically means that this person won't perceive their addiction as an illness and will be disappointed in them. Women are

afraid that this person will tell other people – their family members or friends from their circle – about their addiction and that they will lose their family and friends. For this reason, a lot of women refuse to use the service of replacement therapy.

Going to a treatment 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)

Drug-using women know a lot of male drug users who are involved in the replacement therapy, and they are afraid of coming across these people there. A female drug user a priori knows how aggressive and disappointed these men will be if they come across her in a treatment center. She is also afraid that they will tell other people about her addiction and she will lose respect, love, and friends. (R3)

The experts believe that if male and female users were isolated from one another in medical establishments, far more women would resort to replacement therapy and that they would be subjected to less discrimination on the part of male users. They also believe that a center designed only for women would be much more effective for treating female users.

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)

Another serious reason why women refrain from using treatment services is connected with their drug-using partners.

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)

In some cases, women may be forbidden to leave their homes to go to a treatment center, or husbands may not be supportive of their wives stopping to fulfill their family and household responsibilities. In these circumstances, family members may only take women to a treatment center when they are unable to fulfill their family responsibilities or are very sick. (R20)

This is also confirmed by the study of Bloom and Covington, for example, who say that when a female user's primary relationship is with another addict, she faces additional hurdles to seeking and completing treatment and remaining abstinent, as her very lifestyle supports substance use (Bloom and Covington, 1998; Hodgins et al; Nelson-Zlupko et al, 1997).

Some of the experts note that many women and their families often lack information on available treatment options, feel that they can handle the problems themselves, and/or lack confidence in the effectiveness of treatment. As we saw, women also experience social, cultural, and personal barriers to treatment entry. These include significant stigma, shame, and guilt associated with substance use and related problems, fear of male drug users, lack of support from partners and other family members who do not want them to take treatment, and lack of confidence in the treatment.

If we summarize the experts' responses, we will get a picture according to which some of the most important social factors that exert strong influence on drug users are the negative attitude of the society and stigma. The stigma is particularly strong in the case of women, and, so far, it remains an insurmountable barrier. Women's fear and distrust towards both doctors and people around them brings very severe consequences.

One of the first steps that the experts consider necessary for removing this social barrier is to separate male and female users and to create a separate medical establishment for females. But a separate

establishment may be unable to resolve the existing problem, and women may still remain under serious fear and avoid going to the medical establishment. Due to this, as drug dependence involves biological, psychological, and social factors, doctors working with patients must take into consideration the social barriers that patients face, or the stigma which was mentioned by all of the experts. When talking about this disease, the experts explained to me that drug addiction is a chronic psychic disease whose consequences depend on the patient, his/her motivation, and readiness for alertness.

The drug experts emphasize that in order for a person to overcome drug addiction successfully, the treatment service should be designed according to his/her individual needs. Understanding his/her needs will help each addict choose a treatment method that works best for him/her.

Treatment of drug dependence has many aims. In addition to decreasing drug abuse, it can help drug users to look at themselves and their problems from a different angle, strengthen their self-confidence, and empower them to change their lives. Treatment can also increase patients' self-evaluation and instill hope for the future in them. At the same time, it can make physical, psychical, and social assistance available for patients and help patients' families and patients themselves to deal with the problem of addiction. (R12)

But when it comes to treatment of and approach to patients, in my opinion, we should pay particular attention to social factors. As it has turned out, such social factors as the aggression of the society and stigma against drug dependent people differ according to their gender, and however professionally the treatment process is conducted, if female drug users are afraid and unwilling to take treatment and think that they won't be extended a helping hand and that treatment may become a cause of losing their family and children, they will try their best to avoid undergoing treatment, which will, certainly, deteriorate their condition even more.

It is also necessary to take into account that drug experts and medical staff themselves who work with these people in medical establishments are part of the society that is often unable to conceal its negative attitude towards female drug users. Even the explanations I was given by several respondents reveal the deep-set stereotypes regarding the woman's nature and show the experts' predisposition towards female drug users. For example, some of the experts note that psychological dependence on drugs develops more often in women than in men, which they blame 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)

Despite the fact that this statement is very general, it still seems somewhat discriminatory and sexist to me. It turns out that all women are much more emotional than all men, and it is also much more difficult to work with all women. With such a stereotype in place, it is no surprise that experts whose assistance women seek, from the very beginning, have an attitude that it will be much more difficult to work with them. 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 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, believe more that their family will stand by them, and feel less ostracized from the society.

Conclusion

The in-depth interviews with the experts aimed, first of all, at ascertaining what knowledge exists in Georgia about the differences in the addictive behavior of male and female drug users, as well as at assessing the opinions of the drug experts themselves to male and female users, finding out what motives the experts name as the reason for drug use, and ascertaining what difficulties and social barriers the experts think drug users have to overcome because of their gender.

The interviews with the 20 experts in drug addiction have revealed quite a lot of differences between male and female drug users, as well as in the experts' opinions and attitudes to male and female users.

In the opinion of the Georgian experts, drug users of different genders may differ to a great extent in how and why their addiction begins and how it proceeds, as well as in their paths to recovery. In this respect, it is also important to mention that differing attitudes of the society toward male and female drug users which the experts talk about in the interviews have their roots in the long-term development of our culture.

As the experts note, 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 barriers to entering treatment. At the same time, women with addiction may be more vulnerable to getting and remaining involved in unhealthy relationships, and they may receive less support in the recovery process. In addition, women find themselves more isolated from the society and have more difficulty altering the situation. The experts think that female drug users are more careful in their drug use and less aggressive than males; they generally abuse drugs secretly and in private from the beginning, and the surrounding environment, thus, reacts more slowly to their drug addiction. In the experts' opinion, the most common motivation for drug abuse among women is related to their drug addicted partners who are the initiators of their addictive behavior. The fear of being discriminated against, other people's reactions, and aggression, as well as the greater social stigma, causes women to delay asking for help. In addition to all of the differences listed above, it should also be noted that, when talking about female drug users, the experts themselves gave very general explanations that lacked concrete details. I got the impression that the majority of them characterized women as a homogenous group. Although the experts often mentioned that women were under a double stigma from the society, in some cases, some of them characterized female drug users in such a way that showed signs of the double stigma and discrimination that is characteristic of our society and that portrays female drug users as much more deviant, sinful, and reprehensible due to their drug behavior than male addicts.

About the Author

Elene cooperates with CSS since 2010; she is a PhD student at the international PhD program in Gender Studies. Her doctoral thesis considers studying Drug Addiction Issues from the Perspective of Gender. Elene got her MA in Social and Political Science at the Ilia State University and holds BA in Social Psychology from Tbilisi State University. During her BA Elene studied at the University of Saarbrücken, within the framework of a student exchange program, where she had training courses in qualitative research planning. After returning to Tbilisi Elene started to work at Market Research & Consulting Company ACT. During her MA degree studies she planned and conducted different social research projects under the supervision of the Ilia State University research team. In 2010-2011 she joined CRRC's Junior Research Fellow program, and planned and conducted different research projects.

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