

# Time for a make-over

## Frivolity, fun ... and feminism. The 'F' words?

*The article that refreshes the parts feminism has so far failed to reach*

ONE INTERESTING ANGLE on today's youth drugtaking has not yet been made explicit. Official figures put young women ahead on smoking,<sup>1</sup> show them to be a significant force in alcohol consumption and, when it comes to illicit drug use, there are increasing signs that they are on a par with young men, in some cases actually outstripping them.<sup>2</sup> But does this fit with our gender picture of drug use? Do perspectives now shaping service provision match up?

*Druglink* readers will already have seen arguments suggesting services need to adapt to meet the needs of today's young drug users.<sup>3</sup> In the same spirit, this article considers the state of play on gender and drug use, and concludes that the kind of positive transformation women's magazines call a 'make-over' is badly needed.

If you fear another whinge about 'women's issues', don't turn that page yet! The aim is to start revitalising the question of gender and drug use, not rehash what has become its staple diet. Admittedly this article focuses on women because: (a) it reviews the history of gender concerns in the drugs field and most of this work has involved such a focus; and (b) so has my own research. But this is only with a view to paving the way towards a more integrated approach which (where appropriate) makes the roles of *both* genders explicit. Why is such an enterprise necessary?

### Going nowhere

The roughly two decades since the women's health movement began to make an impact on the drugs field have seen some interesting developments, but today the gender issue is both fraught and tired. Fraught, because the social imbalances and tensions between men and women have been redefined, but also aggravated. Tired,

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because a potentially exciting area of social explanation and debate with important practical implications has been reduced to a topic – 'women's issues' – which increasingly never reaches the important parts.

A default 'separate spheres' arrangement, with women's issues split off from 'the rest', currently dominates many areas of the drugs field – service provision, literature, conferences, training, meetings. This suits many people – mainly those who never saw the need for greater equality between the sexes anyway, and those content to operate in a feminist ghetto, dourly resifting the same evidence and reaching one basic conclusion: women suffer and are the victims of men.

This stalemate stultifies any fruitful progress in discussing the role of gender in the drug use of men as well as women, and can impede service delivery. It silences and disorients many people of goodwill unhappy with this logjam – people committed to social equality, but for whom current feminist analyses and associated behaviours seem oddly out of synch with everyday life. Mindful of (feminist) moral condemnation,

by

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The current logjam in thinking about gender-related issues in the drugs field is characterised by a failure to address the positive aspects of young women's drug use and to appreciate their more equal role in the dance drugs scene, facilitated by changes in the attitudes of young men. Feminists and female drug workers are seen by some young women today as the epitome of what they do not want to be, impeding access to services. This new drug scene points the way to a revitalised understanding of drug use and gender.

they feel unsure how to voice their discontent outside private conversations. The result? A temptation to bury the question once and for all!

These people recognise that notable gender differences persist in access to and participation in drug cultures; that the impact of drug use on the body, on self-perception, relationships, etc, and social perceptions of drug users, are also influenced by gender; and that, even now, most forms of male drug use are more acceptable in a wider range of social settings than female. These people are loth to throw the gender baby out with the stale feminist bathwater but they – we – do want to find a more pragmatic, humorous and lively way of talking about the subject.

### Moral straitjacket

It is a familiar sentiment that the literature on drugs and gender is limited. All too often studies have ignored the influence of gender; by default, the male experience has been presented as a general one. Understandably, attempts to redress this imbalance have highlighted women's drug use – with the side-effect that the male experience *as such* has escaped exploration.

Nevertheless, the literature on women's drug use is small and, if pregnancy and prostitution were excluded, much smaller. In Britain, early seminal work<sup>4</sup> has seen little follow-up in recent years,<sup>5</sup> the literature seeing its most extensive growth in Australia.<sup>6</sup>

In the context of a drugs literature dominated by medical and psychological analyses, early contributions, when considering women at all, cast their drug use as a deviation from 'normal' femininity – a deviation explained at best as compensation for physical or mental deficiencies, at worst, as a disease.<sup>7</sup> The focus was on women's roles as mothers, and the concern was over the effects of drug use on pregnancy outcomes – defined purely in terms of the baby's wellbeing, not the mother's.

Feminist criticism of these models was

# what would you do with a million pounds?

Victoria, care assistant, and Nicola, "in purchasing", at Perception, Melton Mowbray. What? Vic: "I'd get off me cake." Nic: "I'd spend it on sex, drugs and more sex."

From the July '93 edition of *Mixmag* ("The World's Leading Dance Music & Club Culture Magazine") – hedonism personified as Vic and Nic dream of unlimited sex and drugs



based on an assertion that women's dependence on drugs is above all related to their dependent position in society. Physical and mental health were understood in social terms. Alcohol and tranquilliser use have dominated this literature but illegal drugs have enjoyed a similar approach.<sup>8</sup> Recent contributions have maintained a precarious balance between social inequality as an explanation of drug use and the concept of addiction as an individual personality trait – a dissonance made louder by the growth in the feminist literature on women's addiction to everything from food, sex, sexual abuse and violence to shopping.<sup>9</sup>

But the feminist image of women's drug use is oddly similar to the stereotypes it criticises – images of women slipping into a world of drugging dominated by male rules and codes. Disease and deviance models reproduce traditional views of acceptable female behaviour and implicitly pass moral judgment on women who step outside the norm. Feminist approaches, in the attempt to take the morality out of drug use, have instead introduced the victim culture (women drug users as innocent victims of men's power).

The motive may have been the desire to encourage women to 'fight back' and become 'empowered', but the focus on negative experiences gives women little credit for the active choices they make. It also generally excludes pleasure and humour and carries its own implicit moral judgement. In these circles female as well as male behaviour is policed by a set of alternative feminist norms – so that, for instance, being female and *not* seeing

yourself as a victim, *not* being confrontational, or enjoying yourself in 'frivolous' feminine pursuits, are construed as speaking out of turn or, more often, as 'false consciousness'.

The result? Another moral straitjacket and a patronising attitude to other women. Probably you will have noticed that nowhere in this analysis do men figure in anything but a culpable role.

## Getting here

The present impasse was not easily arrived at. Back in the early '80s, before the heroin and AIDS scares had focused large sums of public money on drugs, the women's health movement had trained a spotlight on gender in the drugs field through sheer effort. This under-documented history had important results, most noticeably DAWN, a national drugs/alcohol advice and information agency for women. Disbanded in 1990, it is now regrouping as a national network.

Other services also attempted to address the needs of women who used drugs such as alcohol and tranquillisers as well as illicit drugs. Their ethos was largely as described earlier – an emphasis on the differences between men's and women's drug use and the underlying social causes of these

differences, with a view to empowering the individual woman.

By the mid-80s the need to address the specific position of women had been officially acknowledged,<sup>10</sup> but it took HIV to spur concrete recommendations. As part of a general move to maximise contact with drug users, a report from the Advisory Council on the Misuse of Drugs said special efforts were required such as women-only sessions, access to women doctors and counsellors, and provision of childcare and family planning facilities.<sup>11</sup>

Interesting developments have blossomed in this policy climate. Outreach with women involved in prostitution, and more user-friendly services for pregnant drug users, are the most notable. Some residential services have also addressed their poor record on attracting female clients. Community-based agencies have tried to cater for the health needs of women beyond those arising from their roles as mothers and prostitutes. How long these few and low-profile initiatives will survive current policy priorities is anybody's guess.

Over nearly 20 years much energy and commitment has been invested in putting gender on the drug policy/services map – and to some effect. My aim, far from wishing to rubbish this, is simply to ask for some reevaluation. And who better to consult as part of that process than some female users of drug services?

## An image problem

Last year a colleague finally achieved a longstanding ambition – she ran a women-only programme in her service. She thought this necessary for reasons now familiar – there were many potential female clients out there, but most just weren't using the service. Seven women aged 17-24 – six heroin injectors and one amphetamine injector – all involved with the criminal justice system, eventually attended the three-week programme.

After an assertiveness training session, my colleague asked them what they wanted out of drug services. Their replies included the predictable "choice of a male or female drug worker" and "local clinics/home visits and evening sessions", but also "not being identified by my hormones" and "not so bloody laid back – tighter controls and expectations".

Also offered were some thoughts on women drug workers. In this group's view, women drug workers are (in flipchart summary, of course): "vegetarian, socialist, feminist, wear glasses, dress scruffily,

middle class, not touched by money problems, animal rights/environment activists". Further insights were offered on the subject of feminists: "butch, veggy, all have dogs/are animal-friendly, live in scruffy accommodation, wear Doc Martin's and glasses, buy the *Guardian*, are skinheads and mindbenders who corrupt 'nice' women and hate men - lesbians"!

This can hardly be called a representative sample of women who use drug services or an accurate description of all women who call themselves feminists, but such comments do touch a nerve which goes far beyond the drugs field. Recent surveys in America and women's magazines here show that while feminist *ideas* are popular, feminists get a bad press. The image of feminists voiced by the young service users is widely used as a reference point for describing what, if you are a woman, you are *not*.

1. Health Education Authority. *HEA Anti-Smoking Campaign 1990*. This reported that a quarter of girls aged 15 years and one sixth of boys smoke.

2. Measham F. *et al.* "The post-heroin generation". *Druglink*: May/June 1993, p.16-17.

Initial findings of this study suggested that 38 per cent of girls aged 14-15 in the North West had tried drugs as compared with 35 per cent of boys, and that 14-year-old girls were more likely than boys to have tried solvents

3. Measham *et al* op cit

4. eg, Perry L. *Women and drug use: an unfeminine dependency*. ISDD, 1979.

5. eg, Dorn N., Henderson S. and South N. *AIDS: women, drugs and social care*. London: Falmer Press, 1992.

Ettorre B. *Women and substance use*. Basingstoke: Macmillan Press, 1992.

Kohn M. *Dope girls, the birth of the British drug underground*. London: Lawrence and Wishart, 1992.

Thom B. "Women and substance misuse - reflections on becoming a 'high-risk' group." Presented at Women and Drugs Conference, Institute of Psychiatry, 1991.

Waterson J. and Ettorre B. "Providing services for women with difficulties with alcohol or other drugs: the current UK situation as seen by women practitioners, researchers and policy makers in the field." *Drug and Alcohol Dependence*: 24, 1989, p.119-125.

6. eg, Broom D. and Stevens A. "Doubly deviant." *International Journal on Drug Policy*: 1991, 2(4), p.25-27.

Roth P. *ed. Alcohol and drugs are women's issues*. Metuchen N.J. and London: Women's Action Alliance and the Scarecrow Press, Inc, 1991.

Sargent M. *Women, drugs and policy in Sydney, London and Amsterdam*. Aldershot: Avebury, 1992.

Wodak A. "Alcohol and women's health: a cause for concern?" *Health Right*: 9(3), p.17-22.

7. See for example:

Rosenbaum M. op cit.

Cuskey W. "Female addiction: a review of the literature." *J. of Addictions and Health*: 1982, 2(1), p.3-33.

8. eg, Rosenbaum M. *Women on heroin*. New Brunswick, New Jersey: Rutgers University Press, 1981.

9. Ettorre B. op cit.

10. Advisory Council on the Misuse of Drugs. *Prevention*. HMSO, 1984.

11. Advisory Council on the Misuse of Drugs. *AIDS and drug misuse. Part two*. HMSO, 1989.

12. Conference papers and book chapters based on the project include:

Henderson S. "Luvdup and deelted: responses to drug use in the second decade." In: Aggleton P. *et al.*, eds. *AIDS: the second decade*. London: Falmer Press, 1993.

Fuller reports forthcoming in Autumn 1993.

The issue is not whether these views are a true reflection of today's dominant brand of feminist but that they are held by young women and get in the way of accessing services. Such views will not be changed by simply denying them but only by active promotion of an alternative and more appealing image. The 'What I don't want to be' image of feminists and the dour 'womb workshop' approach to women's health lack popular appeal. They could well be important factors in the low take-up of some women-only initiatives. Perhaps it's time to admit that those of us who have been committed to exploring gender issues have been high on rhetoric and dogma and low on practical engagement with the everyday lives of many women and men.

### **Maximise the charm**

Nothing has driven this image problem home more than the recent boom in youth drugtaking. My research over the last year and a half has put me in touch with women (and men) aged 15-25 from a range of social backgrounds who have been encouraged to think of themselves in feminist terms via many sources - magazines and other popular media, books, peers, education and parents.<sup>12</sup> They do not think of these ideas as feminist, simply common sense.

Economic opportunities today are relatively few and sexual equality is far from universal, yet these young women's social expectations are generally higher than might have been expected of earlier generations. Readers in contact with them through work or personal lives may have been impressed by their comparative independence and confidence.

Young women I interviewed in the 'dance drugs' culture vary in their use of ecstasy, amphetamine and LSD, having been using these drugs for between three months and three years, mostly on a weekly basis. Most regularly smoke tobacco and cannabis and have little taste for alcohol. Contrary to what previous accounts of drug use and youth culture would lead us to expect, they are generally present in the dance drugs scene in roughly the same numbers as men, and are as likely to have been introduced to it by female as male associates. They come from a range of class, race and ethnic backgrounds, participate in low-level dealing, and are more likely to access the scene via a crowd of friends rather than a boyfriend.

Drug use is for them part of a popular culture involving music, clothes, magazines, etc, and spilling over into large slices

of the high-street retail and leisure industries. This contrasts sharply with the existing picture of drug use in which women play bit parts as victims and men star as socially marginal but sometimes admirable rogues.

### ***Fun and pleasure are back ... it's time to accentuate the positive***

Clearly this is a specific culture and different from other drug scenes. However, understanding it does point the way to a revitalised understanding of gender-related factors in drug use - the beginnings of a process of 'charm maximisation', the outcome of which should be more relevant services for today's young adults.

Where does this scene direct our understanding of gender and drugs? Firstly, as a young, largely recreational scene, it puts pleasure squarely back into the equation. The benefits of drug use as perceived by drug users have received little attention, yet have clear gender implications. Secondly, its greater sexual equality reminds us that dependence and second-class status are not the inevitable lot of women, even in mainstream cultures.

Thirdly, to understand the increase in the range of options for young women in this culture, we need to understand the changes in the attitudes of young men (to, for example, sex and drugs) which facilitated this. Finally, it invites us to address a form of drug use very different to the heavy-end injecting which has been the focus of the post-AIDS era. In so doing, it reminds us of the importance of distinguishing between different forms and cultures of drug use.

These four components provide a basis for moving forward on the gender question - asking about fun and pleasure, about shifts in relations between the sexes, about the detail of men's as well as women's behaviour and experience, and about the variations in gender dynamics between different forms and contexts of drug use. Questions like these pose a constructive challenge to existing perspectives. It's time to accentuate the positive. ■

### **... to come in DRUGLINK**

This article is the first in a two-part series. To come - the positive aspects of young women's drug use and implications for existing perspectives on gender and drugs.