

Gender and Illicit Drug Use

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Summary

There has been no recent large-scale systematic UK investigation of differences between male and female drug users seeking treatment. Equally, there has been no debate within the social work field regarding how best to address any gender-specific needs of drug-using clients. This is despite the fact that social workers frequently work with both drug-dependent individuals and members of their families. This paper examines differences between men and women beginning a new episode of drug treatment in Scotland and considers some of the implications of the findings for social work practice. Data were collected from structured interviews conducted with 1,033 individuals (715 males and 318 females) in a range of treatment settings. Chi-square statistics were computed to investigate sex differences on key categorical variables relating to: (i) patterns of drug use; (ii) education, employment and income; (iii) offending behaviour; (iv) housing circumstances; (v) health status; and (vi) personal relationships. Analyses identified many differences between the men and women interviewed, but also many common difficulties faced by respondents of both sexes. Additionally, the extensive range of problems and stressful life circumstances encountered suggested that the lives of individuals seeking drug treatment were extremely heterogeneous. It is concluded that social workers can employ a range of practical interventions and theoretical approaches when working with both male and female drug-using clients.

Keywords: substance misuse, gender, survey.

The scale and scope of the drug problem

Research indicates that there are circa 268,000 problem drug users in the UK (Frischer *et al.*, 2001) with nearly 56,000 individuals (2 per cent of the total

population aged between 15 and 54 years) misusing opiates or benzodiazepines in Scotland (Hay *et al.*, 2001). These worrying statistics are confirmed by rises in drug-related deaths and increases in the number of individuals seeking and receiving drug misuse treatment. For example, data for England and Wales show that drug-related poisonings have risen steadily from 2,252 in 1993 to 2,943 in 1999. Additionally, the number of new individuals presenting at drug services has risen from 18,014 for the six-month period prior to September 1993 to 34,869 for the six-month period prior to September 2000 (DrugScope, 2002). In Scotland, meanwhile, the number of new treatment clients has more than doubled from 2,207 in 1993 to 4,789 in 2000 (*ibid.*).

Although there is no precise UK information on the proportion of social work and probation clients who are experiencing drug problems, it is widely accepted that drug misuse is a major issue confronted within practice. In Scotland, for example, researchers conducting a national survey of drug misuse prevalence screened 31,000 criminal justice social enquiry reports and identified at least 4,628 instances where there was definite evidence of opiate or benzodiazepine use (Hay *et al.*, personal communication). In addition, information from Glasgow City Council suggests that problem drug or alcohol use is the underlying reason for inclusion on the city's Child Protection Register in 52 per cent of cases. Furthermore, rising levels of substance misuse within families seem to account for a sudden 25 per cent increase in the number of young people looked after away from home (Scottish Executive, 2001).

Reasons why social workers might come into contact with problem drug users are many and varied. The client may either be the drug user or an individual affected by the drug-taking behaviour of another (such as a parent or partner). Sometimes drug problems may be the direct reason for contact. On other occasions, addiction may be secondary to the presenting problem (for example, if a client seeks assistance with financial or accommodation difficulties or has a history of mental health problems or alcohol abuse). When drug users approach social services specifically for support with drug issues, this may take the form of a request for advice about the availability of different sources of treatment, assistance in securing funding for a residential programme, or the actual provision of drug counselling. In the criminal justice field, contact will frequently relate to the preparation of social enquiry reports or fulfilling the requirements of court orders (particularly the new drug treatment and testing orders which were introduced under the 1998 Crime and Disorder Act). For social workers involved with families where drug problems exist, practice will often focus on child protection issues.

Gender and drug dependence

Although drug misuse affects both males and females, the addiction literature has traditionally focused on men rather than women. As various feminist

commentators have argued, women have often been omitted from—or at best have been peripheral to—drug research (Ettorre, 1992, 1994; Henderson, 1999; Pettiway, 1997; Rosenbaum, 1981; Taylor, 1993). When female drug use has been included, drug-using women have tended to be portrayed as victims or as weak, self-destructive and insecure individuals who are sicker, more deviant and more psychologically disturbed than their male peers (Colten, 1979; Ettorre, 1989, 1992; Pettiway, 1997). Equally, only a narrow range of ‘women’s issues’ has been considered. Primarily, these have related to the effects of addiction on childbirth and child rearing (Glynn *et al.*, 1983; Murphy and Rosenbaum, 1995) and the involvement of women drug users in prostitution as a means of generating income (Freund *et al.*, 1989; Perkins and Bennett, 1985).

Increasingly, however, information relating to gender differences in drug-taking behaviour has been emerging. For example, research has shown that women report shorter progressions from first drug use to dependence than men (Anglin *et al.*, 1987; McCance-Katz *et al.*, 1999) and are more likely to share needles, receive previously used injecting equipment, and have a sexual partner who is also a drug user (Barnard, 1993; Becker and Duffy, 2002; Donoghoe, 1992; Durante *et al.*, 1995; Dwyer *et al.*, 1994; Gossop *et al.*, 1994; Powis *et al.*, 1996). In addition, disproportionate numbers of drug dependent women have suffered post-traumatic experiences, such as sexual abuse, incest, domestic violence, death of a child or a stillbirth (Becker and Duffy, 2002; El-Bassel *et al.*, 2000; Gilbert *et al.*, 2001; Horgan *et al.*, 1998). Likewise, female drug users experience particularly high levels of mental health problems, including low self-esteem, depression, anxiety and suicidal feelings (Becker and Duffy, 2002; Gilbert *et al.*, 2001).

The ratio of men to women presenting at drug treatment services is 3:1 in England and Wales (Department of Health, 2000) and 2.3:1 in Scotland (ISD, 2002). Although there is widespread evidence that men use illicit drugs more frequently than women (Ramsey *et al.*, 2001), it has also been argued that women are less likely to attend drug agencies because these have largely been designed by males for males and thus fail to meet women’s needs (Abbott, 1994; Langan and Pelissier, 2001; Weissman *et al.*, 1995). Furthermore, women encounter more barriers in accessing drug services, particularly negative stereotyping; social stigma; ignorance about the range of treatment options; concerns about childcare; transportation problems; and anxieties about the confrontational models used within some treatment programmes (Copeland, 1997; Fraser, 1997; Marsh *et al.*, 2000; Nelsonzlupko *et al.*, 1996). Such arguments have elicited a demand for treatment based on a feminist perspective (Abbott, 1994) and specialized women’s services, including women-only groups, child-care services, assistance with transport, and support in addressing abuse issues (Becker and Duffy, 2002; Grella *et al.*, 2000; Marsh *et al.*, 2000; Nelsonzlupko *et al.*, 1996; Oppenheimer, 1991; Swift *et al.*, 1996).

A summary of American research by Davis *et al.* (2002) has indicated that—compared with men—women who enter drug treatment are more likely to be younger (Grella and Joshi, 1999; Rowan-Szal *et al.*, 2000), single parents or

responsible for childcare (Grella and Joshi, 1999; Rowan-Szal *et al.*, 2000) and unemployed (Brown *et al.*, 1993; McCance-Katz *et al.*, 1999; Rowan-Szal *et al.*, 2000). Aside from prostitution, they engage in less criminal activities than men (Luthar *et al.*, 1996; Rounds-Bryant *et al.*, 1998) and have fewer legal problems (Brown *et al.*, 1993). Conversely, they report more sexual victimization (Miller *et al.*, 1993; Root, 1989), medical and psychological difficulties (Brown *et al.*, 1993; Davis and DiNitto, 1996; Grella and Joshi, 1999), employment or financial troubles (Brown *et al.*, 1993; McCance-Katz *et al.*, 1999; Rowan-Szal *et al.*, 2000), and family/social issues (Brown *et al.*, 1993; Davis and DiNitto, 1996). Australian research, meanwhile, has found that a sizeable proportion of drug-using women in treatment has experienced physical and psychological health problems, physical or sexual violence and loss of children to the care system (Swift *et al.*, 1996).

In the UK, there has been no recent large-scale systematic investigation of differences between men and women seeking drug treatment. Equally, there has been no debate within the social work field regarding how best to address any gender-specific needs of drug-using clients. For example, do female drug users experience more drug-related and other personal problems than their male counterparts? How, if at all, do men's and women's drug use and life circumstances differ? And do male and female drug users require different forms of support? This paper examines gender differences between new drug treatment clients in Scotland and considers some of the implications of the findings for social work practice. To this end, the following six broad areas of drug users' lives are investigated: (i) patterns of drug use; (ii) education, employment and income; (iii) offending behaviour; (iv) housing circumstances; (v) health status; and (vi) personal relationships.

The study

Between 1 October 2001 and 30 June 2002, 1,033 individuals beginning a new episode of drug treatment were interviewed as part of the Drug Outcome Research in Scotland (DORIS) study. DORIS is a prospective cohort research project that is designed to provide a wide-ranging evaluation of the main treatment services currently available to drug users in Scotland. The study has full ethical approval from the Scottish Multi Centre Research Ethics Committee and involves an intake interview (to collect baseline information on participants' circumstances) and up to six re-interviews (to assess their progress over time). Drug users were recruited onto the study from thirty-three agencies located in rural, urban and inner-city areas. Prior to joining the cohort, potential participants were given an information sheet about the research; fully appraised of the study requirements—including the need for subsequent interviews; reassured of the confidentiality of their responses; and asked to sign a consent form. After completing their first interview, each drug

user was paid £10 for their inconvenience and told when they would next be contacted.

During the initial DORIS interview, data were collected via a structured questionnaire that was administered by one of a team of trained interviewers employed by the Centre for Drug Misuse Research at Glasgow University. This structured questionnaire collected information relating to a broad range of drug and more general life issues and generally took between one and two hours to complete. Although individuals participating in the DORIS study will be re-interviewed over future months, this paper only presents findings from the first stage. Chi-square statistics were computed to investigate any statistically significant differences between the male and female respondents on a range of key categorical variables. This was undertaken using the statistical package SPSS for Windows Version 10.1. Given the exploratory nature of this analysis, no specific hypotheses were tested. Any variance in sample size evident in the results relates to missing data and all statistical tests were considered significant at $p \leq 0.05$.

The study participants

Of the 1,033 study participants, 715 (69 per cent) were male and 318 (31 per cent) were female. Their median age was 27 years (range 16–53) and 1,026 (99.3 per cent) were white. Women were generally younger than men, the median age of females being 24 years compared to 28 years for males. In total, 585 individuals (394 males and 191 females) were recruited from a community setting (specialist drug service, GP practice or pharmacy) and 448 drug users (321 males and 127 females) were recruited from a prison. There was no significant difference between the gender of respondents and whether or not they were recruited from a community agency or prison ($\chi^2 = 2.203$; $p = 0.153$).

Over two-fifths (454 or 43.9 per cent) of the 1,033 respondents had had contact with social services at some time during the six-month period prior to their interview. When these 454 respondents gave the main reason for their last social work contact, 48 per cent cited criminal justice matters; 19 per cent cited children factors; 16 per cent cited drug treatment issues; 8 per cent cited accommodation problems; and 4 per cent cited money or benefit difficulties. Other reasons were each reported by three or less respondents and included mental health problems; physical health problems; problematic drinking; help in registering with a GP; routine home visiting; and general planning meetings.

Further analyses revealed that women were significantly more likely to have had recent involvement with social services than their male counterparts ($\chi^2 = 34.483$; $p \leq 0.001$). In addition, women were more likely than men to identify children factors as the main reason for their last social work contact ($\chi^2 = 46.923$; $p \leq 0.001$), whilst men were significantly more likely to identify criminal justice matters ($\chi^2 = 10.049$; $p \leq 0.01$). No other significant differences

between the males' and females' reasons for last social work contact were identified.

Male and female drug users compared

Patterns of drug use

Respondents were asked whether the use of various illicit drugs had ever been a problem for them. Although heroin was by far the most common problem drug reported (86 per cent of all respondents), individuals highlighted difficulties with diazepam (34 per cent), cannabis (21 per cent), methadone (11 per cent), temazepam (10 per cent), crack (10 per cent) and cocaine (7 per cent) (see Table 1). Chi-squared statistics revealed no significant differences between the sex of respondents and whether individuals had ever had a problem with heroin ($p = 0.10$), methadone ($p = 0.91$), diazepam ($p = 0.94$), cocaine ($p = 0.89$) or crack ($p = 0.14$). Men were, however, more likely than women to report that they had at some time considered their use of cannabis to be problematic ($p \leq 0.05$). Likewise, there was some evidence that they were more likely to identify a difficulty with temazepam, although this difference did not reach statistical significance ($p = 0.07$).

Experience of drug overdose and drug injection are two important indicators of chaotic drug taking. The sharing of injecting equipment, meanwhile, has implications for infectious disease transmission and is particularly suggestive of high-risk behaviour. Half of all respondents had ever overdosed, more than three-quarters (78 per cent) had ever injected, and just over 40 per cent had ever used a needle or syringe after another. Chi-squared statistics revealed no significant differences between male and female respondents in terms of having ever overdosed ($p = 0.11$) or having ever injected ($p = 0.37$), but men were more likely to report that they had ever used a needle or syringe after someone else ($p \leq 0.05$).

Table 1 Patterns of drug use

	Men (<i>n</i> = 715) (% yes)	Women (<i>n</i> = 318) (% yes)	Total (<i>n</i> = 1033) (% yes)	χ^2
Heroin use ever a problem	84.8	88.6	85.9	2.750
Diazepam use ever a problem	34.2	33.8	34.0	0.011
Cannabis use ever a problem*	22.6	15.7	20.5	6.401
Methadone use ever a problem	11.1	10.7	10.9	0.031
Temazepam use ever a problem	11.2	7.5	10.1	3.247
Crack use ever a problem	8.7	11.6	9.6	2.210
Cocaine use ever a problem	7.0	6.6	6.9	0.052
Ever had a drug overdose	51.2	45.6	49.5	2.753
Ever injected	78.6	76.1	77.8	0.798
Ever used needle/syringe after another*	43.0	36.0	40.8	4.497

* $p \leq 0.05$

Education, employment and income

Formal qualifications, employment and financial security all contribute to personal independence and enhance self-sufficiency and self-confidence. Conversely, their absence suggests disadvantage, social exclusion and the need for education, training and/or job seeking support. Little more than a half of all respondents (53 per cent) had a formal qualification and only one in ten (11 per cent) had undertaken any education or training in the previous six months. During that same period, 11 per cent had had some paid legal employment whilst 16 per cent had undertaken some form of cash-in-hand work. Although the main recent income source for both males and females was state benefits (89 per cent of all respondents), money had also been obtained from loans (44 per cent), begging (8 per cent), prostitution (4 per cent), and selling the *Big Issue* street magazine (4 per cent). Over half of men and women (52 per cent) had legal debts, 23 per cent had illegal debts (such as money owed to drug dealers), and 17 per cent had benefit problems (see Table 2).

Whilst there were no significant differences between men and women in terms of having a formal qualification ($p = 1.00$), men were more likely to have undertaken education or training in the six months prior to their interview ($p = 0.05$) and were more likely to have earned money from informal/cash-in-hand work during that time ($p \leq 0.001$). They also seemed slightly more likely to have had paid legal employment in the previous six months, although this difference did not reach statistical significance ($p = 0.08$). In terms of other sources of income, men and women were equally likely to have taken out a loan ($p = 0.34$), but men were more likely to have begged ($p \leq 0.05$) and sold the *Big Issue* ($p \leq 0.01$). Conversely, women were more likely to have been dependent on state benefits ($p \leq 0.001$) and selling sex ($p \leq 0.001$). No differences in terms of having legal debts ($p = 0.18$) or benefit problems ($p = 0.13$) were found, although men more often reported having illegal debts ($p \leq 0.01$).

Table 2 Education, employment and income

	Men ($n = 715$) (% yes)	Women ($n = 318$) (% yes)	Total ($n = 1033$) (% yes)	χ^2
Has a formal qualification	52.9	52.7	52.8	0.004
Undertaken education or training in last 6 months*	12.2	7.2	10.6	5.634
Paid legal employment in last 6 months	11.9	8.2	10.7	3.162
Cash in hand work in last 6 months***	20.1	6.6	16.0	30.048
Income from state benefits in last 6 months***	87.1	94.0	89.2	10.945
Income from loans in last 6 months	45.2	42.0	44.2	0.914
Income from begging in last 6 months*	9.5	5.7	8.3	4.270
Income from prostitution in last 6 months***	0.4	12.6	4.2	81.610
Income from <i>Big Issue</i> in last 6 months**	5.2	1.6	4.1	7.320
Has legal debts	50.0	54.7	51.5	1.974
Has illegal debts**	25.3	17.4	22.9	7.699
Has benefit problems	16.0	19.9	17.2	2.366

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

Offending behaviour

Because drugs are expensive, many addicted individuals engage in acquisitive crime and eventually experience one or more periods of imprisonment. In addition to producing the requirement for legal representation, criminal behaviour can cause or exacerbate family problems, barriers to employment, and housing vulnerability (Neale, 2002). Drug users in the study had committed a wide range of offences in the three-month period prior to their interview. The most common crime reported was theft from a shop or business (42 per cent), followed by selling or supplying drugs (32 per cent); handling stolen goods (30 per cent); fraud or forgery (19 per cent); assault (18 per cent); theft from a person (15 per cent); theft from a house (10 per cent); theft from a vehicle (9 per cent); causing criminal damage (5 per cent); and soliciting (3 per cent). Over two-thirds of all respondents (70 per cent) had received a custodial sentence and over three-quarters (76 per cent) had current legal problems (see Table 3).

In terms of gender differences in offending behaviour, men and women were equally likely to have engaged in fraud or forgery during the previous three months ($p = 0.39$) and to have stolen from a shop or commercial property ($p = 0.12$). Women were more likely to have recently solicited ($p \leq 0.001$), but men were more likely to have sold or supplied drugs ($p \leq 0.05$); stolen from a person ($p \leq 0.01$); stolen from a house or home ($p \leq 0.001$); stolen from a vehicle ($p \leq 0.001$); handled stolen goods ($p \leq 0.001$); caused criminal damage ($p \leq 0.001$); or committed assault ($p \leq 0.001$). Unsurprisingly, perhaps, men were also more likely to have ever been sentenced ($p \leq 0.001$) and to report having on-going legal problems ($p \leq 0.001$).

Table 3 Offending behaviour

	Men (<i>n</i> = 715) (% yes)	Women (<i>n</i> = 318) (% yes)	Total (<i>n</i> = 1033) (% yes)	χ^2
Theft from shop/business in last 3 months	40.3	45.7	42.0	2.633
Sold or supplied drugs in last 3 months*	34.8	27.1	32.4	5.866
Handled stolen goods in last 3 months***	34.5	20.5	30.2	20.277
Fraud or forgery in last 3 months	20.2	17.7	19.4	0.879
Assault in last 3 months***	21.7	10.4	18.2	18.797
Theft from a person in last 3 months**	16.9	10.4	14.9	7.383
Theft from a house in last 3 months***	11.9	4.4	9.6	14.182
Theft from a vehicle in last 3 months***	11.5	1.9	8.5	25.872
Caused criminal damage in last 3 months***	6.2	1.3	4.7	11.878
Soliciting in last 3 months***	0.6	9.5	3.3	54.571
Ever sentenced***	78.1	49.8	69.5	81.241
Has current legal problems***	79.8	67.4	76.0	18.219

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

Housing circumstances

Homelessness and poor housing are further problems with which many drug users require support (Kennedy *et al.*, 2001). The data revealed that many of the drug users interviewed were insecurely housed or homeless. In the six months prior to their interview, 52 per cent had stayed with relatives; 36 per cent had stayed with friends; 16 per cent had been in a hostel or shelter for homeless people; and 15 per cent had slept rough. In addition, 22 per cent of respondents had rent arrears; 7 per cent were living in a building that was in a poor state of repair; 6 per cent were resident in premises that were overcrowded; and 5 per cent had a current eviction notice. When answering questions about the area where they usually lived, a wide range of problems was evident. Nearly three-quarters (73 per cent) said that the vicinity had drug dealing; 57 per cent reported local burglary or theft; 56 per cent identified vandalism; 52 per cent complained of assaults or muggings; and 44 per cent highlighted gang violence (see Table 4).

When the circumstances of the male and female respondents were investigated separately, there was no evidence of any gender differences in respect of living in a hostel or shelter in the last six months ($p = 0.93$) or staying with friends in the last six months ($p = 0.33$). Nonetheless, men were more likely to have stayed with relatives ($p \leq 0.05$) or to have slept rough ($p \leq 0.001$). There were no differences in terms of currently living in overcrowded accommodation ($p = 0.14$), but women were more likely to be in arrears ($p \leq 0.05$), to live in a poorly maintained building ($p \leq 0.05$), and to have an eviction notice ($p \leq 0.001$). Focusing on the areas where respondents lived, there were no identified sex differences relating to local drug dealing ($p = 0.26$), but men reported more neighbourhood vandalism ($p \leq 0.01$), burglary/theft ($p \leq 0.05$), assaults/muggings, ($p \leq 0.01$) and gang violence ($p \leq 0.001$).

Table 4 Housing circumstances

	Men (<i>n</i> = 715) (% yes)	Women (<i>n</i> = 318) (% yes)	Total (<i>n</i> = 1033) (% yes)	χ^2
Stayed with relatives in last 6 months*	54.6	46.1	52.0	6.452
Stayed with friends in last 6 months	37.2	34.0	36.2	1.001
Hostel or shelter in last 6 months	15.5	15.7	15.6	0.007
Slept rough in last 6 months***	17.6	8.5	14.8	14.547
Currently in arrears*	19.6	26.4	21.7	5.999
Current accommodation has poor maintenance*	5.6	10.1	7.0	6.745
Current accommodation is overcrowded	4.9	7.2	5.6	2.253
Currently has eviction notice***	2.9	8.5	4.7	15.278
Area has drug dealing	73.6	70.0	72.5	1.397
Area has burglary or theft*	59.7	51.7	57.2	5.673
Area has vandalism**	59.1	49.5	56.2	8.215
Area has assaults or muggings**	54.9	44.8	51.8	8.999
Area has gang violence***	47.3	35.3	43.6	12.843

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

Health status

Drug misuse (particularly intravenous drug use) can cause many physical and mental health problems. Poor physical and mental health, meanwhile, contribute to the vulnerability of those with a drug problem. Only one male and three female respondents were HIV positive, but the incidence of Hepatitis infection (particularly Hepatitis C) was much higher. In total, 30 per cent of the 533 respondents who had ever been tested for Hepatitis C were infected and 4 per cent of the 515 individuals who had ever been tested for Hepatitis B were infected. In practice, however, nearly half of all respondents had never been tested for either type of Hepatitis and many of those who had been tested had not been tested recently. It was likely, therefore, that the actual numbers of respondents with either condition were greater than those recorded (see Table 5).

Although just over a fifth (23 per cent) of all drug users reported that their physical health was poor or very poor, nearly twice as many (41 per cent) stated that their health was worse than one year ago. In addition, 80 per cent reported bodily pain and 37 per cent reported serious bodily pain during the previous month. Such findings suggest that the drug users' perceptions of what constituted 'acceptable', 'good' or 'very good' health were probably rather low. Responses to questions relating to mental well-being, meanwhile, contributed to this negative picture. In total, 35 per cent had ever attempted suicide; 26 per cent had ever deliberately self-harmed; and 18 per cent had ever heard voices (Table 5).

When the health of both sexes was compared, results revealed that men and women were equally likely to be Hepatitis B positive ($p = 0.48$), but men were more likely to be Hepatitis C positive ($p \leq 0.01$). Although women were slightly more likely than men to report that their physical health was poor, this did not reach statistical significance ($p = 0.054$). Similarly, slightly more

Table 5 Health status

	Men (<i>n</i> = 715) (% yes)	Women (<i>n</i> = 318) (% yes)	Total (<i>n</i> = 1033) (% yes)	χ^2
Hepatitis C positive ^{a**}	33.8	20.6	29.8	9.257
Hepatitis B positive ^b	3.9	5.2	4.3	0.466
Poor or very poor general health	21.1	26.7	22.9	3.885
Health worse than one year ago	39.2	45.0	41.0	3.010
Any bodily pain in the last 4 weeks	79.0	82.6	80.1	1.817
Serious bodily pain in the last 4 weeks ^{***}	33.7	44.5	37.0	10.933
Ever attempted suicide ^{***}	28.1	48.9	34.5	42.216
Ever deliberately self-harmed ^{***}	20.4	37.9	25.8	34.746
Ever heard voices	17.3	19.4	17.9	0.664

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

^a Results are only analysed for the 533 individuals who had ever been tested for Hepatitis C

^b Results are only analysed for the 516 individuals who had ever been tested for Hepatitis B

women than men reported that their health was worse than one year ago, but again this difference was not statistically proven ($p = 0.09$). No differences were identified in terms of having any bodily pain in the previous four weeks ($p = 0.21$), but women reported more serious bodily pain ($p \leq 0.001$). In terms of mental health, men and women were equally likely to have heard voices ($p = 0.43$), but women had more often attempted suicide ($p \leq 0.001$) and self-harmed ($p \leq 0.001$).

Personal relationships

Personal relationships can be fulfilling and rewarding but may also bring demands and stresses of their own. Caring for children is one generally manageable kind of demand. Being subjected to physical or sexual abuse by a relative or family friend is considerably more harmful. In the study, both male and female respondents reported relationships that placed some level of domestic responsibility or difficulty upon them. For example, 60 per cent of all drug users had children (although only 23 per cent had a child living with them). In addition, 20 per cent of interviewees had been physically abused by a relative or family friend; 13 per cent had been sexually abused by a relative or family friend; 23 per cent had been physically abused by a partner; and 5 per cent had been sexually abused by a partner. Many individuals also had living or deceased relatives who had, or had had, drink or drug problems. In total, 47 per cent identified a father with a drink or drug dependence; 24 per cent identified a mother with a drink or drug dependence; 41 per cent identified a sibling with a drink or drug dependence; and 28 per cent were currently in a relationship with a partner who had a drink or drug dependence (see Table 6).

Analyses of the differences between the personal relationships of the male and female interviewees revealed that the two sexes were equally likely to have

Table 6 Personal relationships

	Men ($n = 715$) (% yes)	Women ($n = 318$) (% yes)	Total ($n = 1033$) (% yes)	χ^2
Any children	59.7	60.7	60.0	0.082
Ordinarily resident with at least one child***	19.2	30.2	22.6	15.324
Physical abuse by relative or family friend***	16.0	27.3	19.5	17.660
Sexual abuse by relative or family friend***	6.9	25.4	12.6	68.003
Physical abuse by a partner***	10.1	51.4	22.9	211.999
Sexual abuse by a partner***	0.4	14.7	4.8	97.194
Father with drug or alcohol problems ^a	47.8	44.1	46.7	1.069
Mother with drug or alcohol problems ^a	21.7	28.0	23.6	4.675
Sibling/s with drug or alcohol problems ^a	41.3	40.4	41.0	0.079
Partner with drug or alcohol problems***	20.9	43.4	27.8	55.617

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

^a Information on a deceased family member was included when known

children ($p = 0.78$). Nonetheless, women were more commonly resident with at least one child ($p \leq 0.001$) and thus more likely to have child-care responsibilities. In addition, women were more likely than men to have been physically abused by a relative or family friend ($p \leq 0.001$), sexually abused by a relative or family friend ($p \leq 0.001$), physically abused by a partner ($p \leq 0.001$), and sexually abused by a partner ($p \leq 0.001$). Drug use by members of an individual's social network is a strong predictor of continued drug use (Schroeder *et al.*, 2001). There were no differences between male and female respondents in terms of whether or not a father ($p = 0.32$) or sibling ($p = 0.78$) had a drug or alcohol problem, but women were more likely than men to have a mother ($p \leq 0.05$) or a partner ($p \leq 0.001$) who had some kind of drug or drink dependence.

Discussion

Methodological considerations

In Scotland, basic national statistics on new drug treatment clients are produced annually by the Scottish Drug Misuse Information Strategy Team. Its latest publication (ISD, 2002) shows that new clients attending drug services comprised 68 per cent males (median age 27 years) and 32 per cent females (median age 25 years). In addition, 99.7 per cent were white. Similarities between the latest ISD data and the DORIS study sample suggest that the drug users interviewed were demographically very similar to other individuals attending drug services in Scotland. As such, information provided by the DORIS research is very relevant to individuals working with drug users across the country. Despite this, the study sample does not represent Scottish drug users in general. This is because individuals seeking professional assistance comprise only a subset of all people who are actually misusing illegal substances. Individuals who had not sought drug treatment were not included within the DORIS research and so cannot be discussed here.

This caveat aside, the data indicate that drug users beginning treatment have frequent contact with social services departments. Indeed, over two-fifths had had some sort of social work involvement during the six months prior to their interview, with women receiving disproportionate levels of support. The two main reasons given by respondents for their last contact with social services related to criminal justice matters (especially amongst men) and children factors (especially amongst women). Unfortunately, more detailed information about the nature, intensity and duration of drug users' involvement with social services was not available from the questionnaire.

Further analyses relating to drug use and more general life experiences confirmed that the individuals interviewed comprised an extremely vulnerable group that had very complex needs. Furthermore, men and women often shared many experiences of addiction. For example, heroin was the most

common problem drug used, but difficulties with many other substances were consistently cited. Over three-quarters of both sexes had injected, approximately half had overdosed, and high-risk injecting practices were customary. Educational achievement was low (nearly half of all study participants did not have a formal qualification) and very few had had any recent employment or training. Money was obtained from a range of unreliable legal and illegal sources, financial difficulties were widespread and legal troubles were virtually the norm. Additionally, homelessness and poor housing affected many, physical and mental ill-health was endemic, and relationship problems (being separated from a child, family addiction, and physical and sexual abuse) were routine.

Interestingly, however, individuals of the same sex were often quite evenly balanced in terms of whether they did, or did not, have a particular problem or difficult life circumstance. For example, about half of all female respondents had ever overdosed whilst half had not; half had legal debts whilst half did not; and half had at some time been sentenced whilst half had not. Although it might be inferred from this that some drug users were experiencing multiple complex problems whilst others were not, the extensive range of troubles encountered (sometimes by few and sometimes by many respondents) actually revealed a great diversity of individual experience. Indeed, contrary to any evidence of a 'typical' male or 'typical' female new treatment client, the lives of drug users seeking treatment were extremely heterogeneous. Accordingly, the various sex differences discussed below cannot be divorced from the finding that the men and women participating in the research shared many common problems, but were simultaneously divided by many personal differences (see also Neale, 2002).

The relevance of gender

Focusing first on patterns of drug use, few clear sex differences were identified. Essentially, men were more likely to report a problem with cannabis and were more likely to have used a needle or syringe after another drug user. These findings were at odds with other research which has emphasized definite gender differences in drug-taking behaviour and, particularly, a greater incidence of injecting equipment sharing amongst males than females (Barnard, 1993; Durante *et al.*, 1995; Dwyer *et al.*, 1994). One possible explanation for the very similar drug use profiles of men and women in the present study is a convergence of drug-taking patterns as illicit substances have become more widely available in recent years and as differences in the numbers of men and women using drugs have decreased (Becker and Duffy, 2002). This argument cannot, however, account for why the ratio of males to females seeking drug treatment remains so imbalanced. In the present study (as in recent Department of Health and ISD data), men outnumbered women by more than 2:1.

Despite notable similarities in the patterns of drug use, the interviewees exhibited striking sex differences in other life areas. For example, men fared better in respect of training and were less reliant on income from state benefits. They were also more likely to supplement their income by begging or selling the *Big Issue* whilst women were more likely to earn money from selling sex. With the exception of prostitution (where women predominated), fraud or forgery (where the sexes were equally active) and stealing from a shop or commercial property (where the sexes were equally active), men engaged in a much wider range of illicit activities and had more illegal debts, legal trouble and experience of being imprisoned. These gender-specific findings were very similar to those identified in previous American studies (Brown *et al.*, 1993; Luthar *et al.*, 1996; Rounds-Bryant *et al.*, 1998).

As might have been anticipated from general homelessness research conducted in the UK (Anderson *et al.*, 1993), men were more likely than women to have recently slept rough. However, in direct contradiction to some of the more gender-specific homelessness literature (see, for example, Austerberry and Watson, 1983), men were also more likely to be living with relatives and thus in situations of concealed homelessness. That women were more likely than men to have any accommodation at all probably reflects the fact that they were more often living with children and so deemed in 'priority need' under the terms of the homelessness legislation. Having accommodation of any kind would help to explain why women were more likely than men to be in arrears, living in a poorly maintained building, and threatened by an eviction notice. Higher levels of reported vandalism, burglary/theft, assaults/muggings, and gang violence amongst men, meanwhile, suggested that males were living in particularly undesirable neighbourhoods and/or were more likely than women to be caught up in such anti-social activities.

Whilst women tended to report more physical health problems than their male counterparts, men were more likely to be Hepatitis C positive. This latter finding is contrary to other studies that have indicated that women are at greater risk of infectious disease transmission because of their more dangerous injecting practices (Barnard, 1993; Durante *et al.*, 1995; Dwyer *et al.*, 1994). It is, however, consistent with the discovery that in this investigation men were more likely than the women to share their injecting equipment. That new female treatment clients had engaged in more 'parasuicidal' behaviour and self-harm than their male peers mirrors gender differences in the general population (Payne and Lart, 1999). Meanwhile, the finding that 49 per cent of all female respondents had ever attempted suicide is extremely worrying but comparable with Australian data indicating that 44 per cent of women drug users in treatment had ever attempted suicide (Swift *et al.*, 1996). As documented elsewhere, women were also more likely to have a drug-using partner than a man (Dwyer *et al.*, 1994; Gossop *et al.*, 1994) and were more likely to have ever been abused (El-Bassel *et al.*, 2000; Miller *et al.*, 1993; Root, 1989). Interestingly, they were also more likely to report having a mother with a drug or alcohol problem.

Considerations for social work practice

This study has identified many significant differences between male and female drug users. Sometimes women seemed more disadvantaged than men and sometimes the reverse appeared to be true. Despite this, both sexes shared many common problems. Equally, they were often divided by many individual differences. Such findings suggest that women and men may sometimes require different kinds of assistance and perhaps benefit from single sex services or support provided by a professional of one particular gender rather than another. Frequently, however, agencies dealing with both men and women together or a professional of either sex will be equally effective in meeting needs, as long as assistance is delivered in a gender-sensitive manner. That is, differences between men and women are recognized whilst prescriptive sex-role stereotyping is avoided.

As previously noted in the section on gender and drug dependence, a sex-segregated approach to service provision has been advocated by researchers such as Becker and Duffy, 2002; Grella *et al.*, 2000; Marsh *et al.*, 2000; Nelsonzlupko *et al.*, 1996; Oppenheimer, 1991; and Swift *et al.*, 1996. In contrast, the need for gender-sensitive work with both men and women affected by drug problems has seldom been highlighted by those researching and writing within the drug misuse field. Two exceptions to this include work by McMahon and Luthar (2000) and Broom (1995). In their study of within gender differences in the clinical presentation of opioid-dependent women, McMahon and Luthar (2000) concluded that divergence between male and female drug users cannot be ignored but awareness of the ways women differ from one another may be as important in the development of effective treatment programmes. Similarly, Broom (1995) has argued that research and services to the whole drug-using population can be improved by paying attention to the gender of men as well as women.

Since social workers do not always have the necessary training and/or resources to respond personally to drug users' treatment requirements, their involvement will often comprise of an assessment followed by referral to a specialist drug service or GP. Findings from this study indicate that the processes of both weighing up drug-using clients' needs and identifying appropriate sources of assistance for them require an awareness of the gender-specific nature of drug-users' problems, alongside an appreciation of the complexity of their circumstances and the heterogeneity of their situations. Whenever social workers are themselves able to work directly with drug-using clients, a range of practical interventions and theoretical approaches can be adopted and some of these are discussed below.

Although most contact with drug users will likely relate to criminal justice issues, this should not preclude efforts to improve other aspects of clients' lives—particularly their domestic circumstances. Addiction can have devastating effects on family life, including arguments, relationship breakdown, neglect of and/or inability to care for children, and loss of accommodation (Neale,

2002). Consequently, both male and female drug users may benefit from a family-oriented social work approach. Sustaining children within the parental home (whenever possible) and maintaining relationships (when residency arrangements break down) will therefore be two important goals. Similarly, mobilizing resources (such as family support workers, pre-school education and after school care) and encouraging parental involvement/responsibility are also likely to play critical roles. In addition, mediation between disputing family members may often be able to prevent a more serious crisis.

Recognition of the family unit should not, of course, detract from the primary needs of the individual client. Given the diversity of individual circumstances and problems, a client-centred and needs-led method of working is essential. However, within this, various methods of addressing particular problems are possible. For example, task-centred work (Doel and Marsh, 1992) or cognitive behavioural practice (Cigno and Bourn, 1998) might be useful in assisting drug users to achieve tangible goals and manageable changes in behaviour. Thus, some clients (particularly males) might be encouraged to reduce their criminal activities and high-risk behaviours, such as needle-sharing; some (particularly females) might be helped to come forward for treatment and/or consider employment options; and some (either sex) might be supported in seeking hepatitis vaccination and testing. Providing an advocacy function might also be a constructive way of empowering clients to reclaim some control over their lives. In this regard, men might especially appreciate support in submitting housing applications or arranging accommodation transfers to safer areas, whereas women might particularly benefit from assistance in dealing with benefit problems or sorting out rent arrears.

Two further interventions that will often be helpful in working with drug users are counselling and confidence building. On many occasions, these two forms of support will be very closely related (for example, when counselling seeks to provide clients with an inner belief that they are capable of changing their behaviour and living a better life). On other occasions, counselling may involve a more in-depth therapeutic process that seeks to help drug users to understand why they behave as they do and how they might deal with traumatic life events that have occurred to them in the past. For drug users (often women) who may need to deal with issues of physical and sexual abuse, mental health problems, suicidal behaviour, and intergenerational relationship problems (including those relating to parental substance misuse), counselling is likely to be a very important source of assistance. However, just as social workers will often need to direct drug-using clients to specialist drug agencies for medical treatments, so they may need to refer them on to specialist addiction services for more in-depth therapeutic work.

Finally, although less tangibly, two theoretical perspectives that often underpin social work practice can guide practitioners in their task. The first of these is feminism. Over recent years, feminist social work praxis has increasingly involved recognizing the many differences between men and women, but also accepting the heterogeneity of women's experiences and the

imperative of working with men and women together. Feminist theorizing therefore provides a sound basis on which to build effective responses to the needs of both male and female clients without perpetuating sexist assumptions and oppressive gender stereotypes (Orme, 2002). The second perspective is structuralism. This involves recognizing that the problems experienced by people in need cannot be divorced from broader structural factors, such as poverty, unsuitable housing, limited education and poor employment prospects (Dominelli, 2002). Where social work is informed by thinking of this kind, practitioners strive to respond to clients' problems by looking beyond the concept of individual blame and, where possible, mobilizing material resources (Walker and Walker, 2002). This non-judgemental approach is likely to be particularly appropriate for a client group that experiences multiple disadvantage (often from childhood) and yet frequently suffers immense shame and guilt for much of their subsequent behaviour.

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