Social and Behavioral Consequences of Chemical Dependence

Rafaela R. Robles, Ed.D.; Carmen A. Marrero, M.P.H.; Tomás D. Matos, M.S.; Héctor M. Colón, M.A.; Lourdes I. Cancel, M.S.; and Juan C. Reyes, M.S.

INTRODUCTION

Chemical dependence is one of the greatest problems facing contemporary society. In the eagerness to tackle these problems, there is a danger of generalizing too hastily and assuming that all users of alcohol and other drugs are the same and therefore that the ways of studying, identifying, diagnosing, and treating these problems also should be the same. This is particularly true in the areas of research, prevention, diagnosis, and treatment for drug-abusing women. Most research, prevention, diagnosis, and treatment strategies to help women cope with their addiction have been developed for men.

It was not until the mid-1970s that interest was shown in the study of drug use among women (Sutker 1987, pp. 25-51). Reports that show a dramatic increase in illicit drug use among women have raised concern (Burt et al. 1979; Prather and Fidell 1978). Estimates of drug use in the United States show a female-to-male ratio of 1:5 in the 1960s, 1:3 in the 1980s (Rosenbaum 1981), and 1:2 in the 1990s (Anthony and Helzer 1991, pp. 116-154). Opiate use has been increasing among women at greater rates than among men. A greater proportion of women than men appear to be abusing barbiturates, sedatives, and tranquilizers. There has been an overall decrease in gender differences in illicit drug use among adolescents (Robles et al. 1991). Also, an increasing proportion of women are becoming infected with the human immunodeficiency virus (HIV) through their own drug-abusing behavior or through sexual practices with drug abusers (Robles 1995, pp. 143-174).

The pathways to abuse and the factors associated with drug use appear to vary by gender. Women have been found to be more likely

than men to be exposed to drugs by their sex partners (Rosenbaum 1981; Stenbacka et al. 1992; Bresnahan et al. 1992). Drug use by women has been explained as a coping strategy to deal with stress (Sutker 1987; Rhoads 1983) or sexual abuse (Rohsenow et al. 1988; Inciardi et al. 1993) or as treatment for an illness (Marsh and Miller 1993). The research literature also fails to bring attention to the different consequences of drug use among women and among men. Drug abuse is believed to have more serious consequences for women than for men (Rosenbaum 1981).

METHODS AND RESULTS

This chapter presents analyses of the impact of drug abuse on a group of women who abused drugs and who participated in various research projects among drug abusers in the San Juan, PR, metropolitan area. Table 1 shows that more women than men had completed high school, lived in their own homes, had a regular source of income, and lived with their spouses or children. Women also reported fewer drug treatment episodes than men. Table 2 shows that women were more likely than men to use crack but were less likely to use speedball (a mixture of cocaine and heroin). Women were also more likely than men to practice risky behaviors such as anal and oral sex, have multiple sex partners, and trade sexual relations for money.

Table 3 demonstrates that drug-abusing women were more likely than drug-abusing men to report psychiatric symptoms and suicide attempts, live in an unsafe place, have a history of physical abuse, and report serious conflicts with mothers and their spouses or sex partners. Women were also more likely to report use of health care services than were men.

Social support and social integration are related to psychiatric symptoms, morbidity, and mortality (Blazer 1982; Kobrin and Hendershot 1977). Individuals who are well integrated at different levels of the social structure and who have social support from family and friends are less likely to report psychiatric symptoms or physical illness and are more likely to live longer (Berkman and Syme 1979). Because of the impact these variables have on well-being, the authors decided to assess the degree of social integration and the types of social support by gender.

TABLE 1. *Sociodemographic characteristics, by gender, among drug users entering drug treatment in San Juan, PR (n=416)*

Sociodemographic Characteristic	Men			Women			*p*
	Mean	Percent	Standard Deviation	Mean	Percent	Standard Deviation	
Age	31.1		7.7	30.7		6.8	0.565
Completed high school		24.2			34.3		0.002
Lives in own home		23.4			49.7		≤0.001
Has a regular source of income*		67.9			77.3		0.046
Lives with spouse and/or children		20.5			37.8		≤0.001
Size of support network	4.4		2.6	4.0		2.3	0.115
Drug treatment episodes	2.8		3.1	2.1		2.6	0.016

*Includes job or governmental assistance

SOURCE: Robles et al., unpublished data (NIDA grant DA-06993)

TABLE 2. *Drug use patterns and sexual practices, by gender, among drug users entering drug treatment in San Juan, PR (n=416)*

Drug Use and Sexual Practices	Percent		*p*
	Men	Women	
Drug use*			
Crack	58.6	69.7	0.035
Cocaine	95.6	88.0	0.008
Heroin	79.5	76.1	0.497
Speedball (cocaine and heroin)	71.8	57.7	0.005
Sexual practices†			
Sexual activity	56.4	68.3	0.025
Vaginal sex	53.8	64.5	0.048
Oral sex	34.1	46.1	0.022
Anal sex	11.0	16.3	0.167
Multiple sex partners	11.7	20.4	0.026
Sexual relations for money	1.1	19.0	≤0.001

*Ever used
†Past 30 days

SOURCE: Robles et al., unpublished data (NIDA grant DA-06993)

TABLE 3. *Drug use patterns and sexual practices, by gender, among drug users entering drug treatment in San Juan, PR (n=416)*

Health Status, Life Events, and Network Disruptions	Percent		
	Men	Women	*p*
Health status			
Poor or fair physical condition*	34.8	51.0	0.002
Psychiatric symptoms	46.5	63.6	≤0.001
Suicide attempts	24.5	40.8	≤0.001
Use of health services*	51.3	62.2	0.042
Life events			
Living at unsafe place	39.2	53.1	0.009
Loss of house or job	35.5	17.5	≤0.001
History of physical abuse	27.5	57.3	≤0.001
Network disruptions—recent serious conflict with:†			
Mother	18.3	28.7	0.021
Father	11.7	10.5	0.831
Spouse or partner	19.8	28.7	0.054
Sibling	16.5	16.8	0.938
Child	2.6	5.6	0.194

*Past 6 months
†Past year

SOURCE: Robles et al., unpublished data (NIDA grant DA-06993)

With regard to social integration, women were less likely to be employed or to have lived in the same community for 1 year or more (table 4). Women were also less likely to live with parents and siblings currently, but a significantly higher proportion of women lived with their children. Men and women reported a small number of friends, but on average, men had twice as many friends as women did. Measures of social support also revealed some gender differences, although there was no significant gender difference in the number of people mentioned as sources of support. Men were more likely to report family members as sources of support. This was especially true of support received for completing drug treatment. Men also reported receiving tangible support from a larger number of people than did women. Table 5 compares rates of conflictual relationships and events for men and women. Significantly large differences were found in events of physical abuse during childhood as well as during the previous year. Approximately one-third of the women reported having been physically abused during childhood, and

TABLE 4. *Social integration and support, by gender, among drug abusers entering drug treatment in San Juan, PR (n=416)*

Social Integration and Social Support	Men			Women			
	Mean	Percent	Standard Deviation	Mean	Percent	Standard Deviation	*p*
Employed during past 30 days		36.3			16.8		≤0.001
Living in same community for a year or more		90.3			78.9		0.004
Currently in academic or training program		13.2			16.9		0.308
At least monthly attendance of religious activities		24.5			19.7		0.268
Attending a self-help group		1.1			1.4		0.791
Lives with:							
Father		28.9			11.9		≤0.001
Mother		60.4			32.9		≤0.001
Spouse or partner		29.7			25.9		0.416
Sibling		37.4			18.9		≤0.001
Children		24.9			59.4		≤0.001
Number of friends	2.9		5.1	1.5		2.6	≤0.001
Social support							
Size of support network	4.4		2.6	4.0		2.3	0.115
Kin in support network		69.1			62.1		0.047
Spouse in support network		33.3			33.6		0.962
Receives support during treatment from:							
Parents		85.4			73.2		0.005
Spouse or partner		50.9			52.1		0.818
Siblings		77.7			59.9		≤0.001
Children		33.3			66.2		≤0.001
Other relatives		50.2			39.4		0.037
Friends		55.9			57.8		0.717
Number of persons providing:							
Tangible support	3.9		2.4	3.3		1.9	0.008
Emotional support	4.1		2.4	3.7		2.3	0.111

SOURCE: Robles et al., unpublished data (NIDA grant DA-06993)

TABLE 5. *Physical abuse and recent network conflicts, by gender, among drug abusers entering drug treatment in San Juan, PR (n=416)*

Physical Abuse and Network Conflicts	Percent		
	Men	Women	*p*
Physically abused:			
During childhood	15.0	30.8	≤0.001
During past year	5.9	21.0	≤0.001
Serious conflicts during past year with:			
Mother	18.3	28.0	0.030
Father	11.7	10.5	0.707
Spouse or partner	20.5	29.4	0.043
Sibling	16.5	17.5	0.796
Child	2.6	5.6	0.161

SOURCE: Robles et al., unpublished data (NIDA grant DA-06993)

21 percent said they had also been abused during the previous year. Women were also more likely than men to have had serious conflicts with their mothers and partners during the previous year.

A large proportion of the women who abuse drugs have been exposed to HIV (41.6 percent) (Robles et al. 1993) as shown by HIV test results (i.e., seropositivity). This high rate of seropositivity among women is similar to that of Puerto Rican men participating in the same study (48.9 percent). Among women ages 25 to 34 years, a history of incarceration, injecting drugs for 6 or more years, and syphilis were the variables significantly associated with HIV seropositivity (table 6). Moreover, women who report always using condoms were significantly less likely to be HIV seropositive.

CONCLUSIONS

Drug-abusing women in Puerto Rico are coping with the consequences of their addiction without the social support of significant others and support for drug treatment. They are less integrated with their families and networks of friends and receive less support from their families than do drug-abusing men. Although women use health care services, they are more likely to use emergency services, which limits the possibility of having a regular source of care and followup for the chronic conditions that are prevalent among this population.

TABLE 6. *Results of multiple logistic regression for HIV seropositivity incorporating all previously significant variables among 329 women who are injection drug users*

Variables	Adjusted Odds Ratio	95-Percent Confidence Interval
Age		
Younger than 25 years		
25-34 years	2.69*	1.37-5.50
35 or older	1.63	0.92-3.71
Live with children	0.83	0.49-1.39
Ever been in jail	1.71*	1.02-2.85
Frequency of drug injection		
Less than daily†	–	
1-3 times a day	1.43	0.64-3.18
Ever been in jail	1.71	0.86-3.83
Years of injection		
0-5†		
6-10	2.05*	1.11-3.79
≥11	2.68*	1.42-5.05
Sex risk behaviors		
No sex	0.43	0.16-1.14
Sex, no condom use†	–	
Always use condoms	0.30*	0.12-0.71
Syphilis	2.62*	1.27-5.40

*$p<0.05$
†Reference category

SOURCE: Robles et al. 1993

Compared with men, women in the United States are seldom offered HIV testing in health care facilities, particularly in inner-city emergency rooms (Melnick et al. 1994). This health system policy does not facilitate the diagnosis needed for early intervention in the illness. Survival time after diagnosis of AIDS may be shorter for women than for heterosexual men because of a tendency among HIV-infected women to show up for treatment later in the course of their infection (Melnick et al. 1994). A low level of recognition of early HIV infection in health care settings as well as poor access to HIV-related services may be a contributing factor to the different patterns of disease progression and survival in women and in men.

According to field staff members in the research projects reported on here, the low use of drug treatment by drug-abusing women, which is common in Puerto Rico, is attributable to the criminalization of

drug-abusing mothers and the close linkage between drug treatment and the judiciary system. In Puerto Rico, as in the rest of the United States, the legal reaction to women who use drugs during pregnancy may include coercive interventions, such as removal of newborns from their mothers, and court-ordered detentions of pregnant, drug-using women. Therefore, women who need and want drug treatment or medical care for themselves and their babies might not feel free to seek treatment because of the threat of criminal prosecution. This criminalization approach ignores the more pervasive problems that pregnant women face, including inadequate access to prenatal care, insufficient and inadequate access to substance abuse treatment, and a host of socio-economic conditions that make it difficult for poor, drug-abusing women to take care of themselves and their children.

Drug-abusing women report more psychological symptoms than drug-abusing men and are less likely to be integrated into the family. They are also less likely to receive support from their significant others. However, they support a family unit along with their children in their own homes, as provided by the public housing authorities. Furthermore, they have steady incomes through cash provided by government assistance programs for their children. Drug-abusing women are more likely to use the health care system for their drug and health problems; however, they stay away from drug treatment programs. This may be because in the health care, housing, and social services systems, they can hide their addiction and use the services without interrupting their relationship with their children, unlike in the drug treatment system. Children may well be the only "significant others" on whom they can depend and to whom they can offer the care and support they are able to give.

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AUTHORS

Rafaela R. Robles, Ed.D.
Senior Scientist

Carmen A. Marrero, M.P.H.
Research Analyst

Tomás D. Matos, M.S.
Research Analyst

Héctor M. Colón, M.A.
Researcher

Lourdes I. Cancel, M.S.
Research Analyst

Juan C. Reyes, M.S.
Research Analyst

Research Institute
Mental Health and Anti-Addiction
Services Administration
Center for Sociomedical Research
Medical Sciences Campus
University of Puerto Rico

Center for Addiction Studies
School of Medicine
Universidad Central del Caribe
P.O. Box 21414
San Juan, PR 00928-1414
(787) 764-2888 (Tel)
(787) 765-5439 (Fax)
mhaasari@coqui.net (E-mail)

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