International Journal of Drug Policy 56 (2018) 30–39

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research Paper

Representations of women and drug use in policy: A critical policy analysis

Natalie Thomas[a,b,*], Melissa Bull[a]

[a] Griffith Criminology Institute, Griffith University, Brisbane, Australia
[b] Faculty of Humanities, Arts and Social Sciences, University of New England, Armidale, Australia

ARTICLE INFO

Keywords:
Women
Drug use
Drug policy
Gender
Critical policy analysis
Problematisations

ABSTRACT

Contemporary research in the drugs field has demonstrated a number of gender differences in patterns and experiences of substance use, and the design and provision of gender-responsive interventions has been identified as an important policy issue. Consequently, whether and how domestic drug policies attend to women and gender issues is an important question for investigation. This article presents a policy audit and critical analysis of Australian national and state and territory policy documents. It identifies and discusses two key styles of problematisation of women's drug use in policy: 1) drug use and its effect on women's reproductive role (including a focus on pregnant women and women who are mothers), and 2) drug use and its relationship to women's vulnerability to harm (including violent and sexual victimisation, trauma, and mental health issues). Whilst these are important areas for policy to address, we argue that such representations of women who use drugs tend to reinforce particular understandings of women and drug use, while at the same time contributing to areas of 'policy silence' or neglect. In particular, the policy documents analysed are largely silent about the harm reduction needs of all women, as well as the needs of women who are not mothers, young women, older women, transwomen or other women deemed to be outside of dominant normative reproductive discourse. This analysis is important because understanding how women's drug use is problematised and identifying areas of policy silence provides a foundation for redressing gaps in policy, and for assessing the likely effectiveness of current and future policy approaches.

Introduction

Contemporary clinical academic discourse on substance use endorses the idea that women who use drugs demonstrate unique characteristics and treatment needs, as evidenced by the push for 'gender-sensitivity' in treatment and policy (Grella, 2008; Martin & Aston, 2014; Tang, Claus, Orwin, Kissin, & Arieira, 2012). Research indicates that women who use drugs have high rates of mental health problems as well as histories of childhood victimisation and trauma, and have greater vulnerability to health and social harms from their drug use and dependence (Ashley, Marsden, & Brady, 2003; Copeland, 1997; Greenfield et al., 2007; Pelissier & Jones, 2017; Shand, Degenhardt, Slade, & Nelson, 2011). Women who use drugs are also less likely than men to enter treatment for their drug use, and they experience particular barriers to treatment entry, including childcare responsibilities, inappropriate treatment models, and gendered stigmatisation (Ashley et al., 2003; Copeland, 1997; Greenfield et al., 2007; Pelissier & Jones, 2017). Consequently, gender differences in drug use patterns, characteristics, and intervention needs represent an important policy issue.

At the international level, United Nations governing bodies have been concerned to ensure that gender issues and the specific needs of women and girls are considered in drug policy. The recent resolutions adopted by the United Nations General Assembly Special Session in 2016 provides an example of this by encouraging the adoption of 'operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities' (General Assembly resolution S30/1, 2016). Reflecting the broad push for 'gender mainstreaming' across a range of policy arenas, one of these operational recommendations is to:

> [m]ainstream a gender perspective into and ensure the involvement of women in all stages of the development, implementation, monitoring and evaluation of drug policies and programmes, develop and disseminate gender-sensitive and age-appropriate measures that take into account the specific needs and circumstances faced by women and girls with regard to the world drug problem and, as States parties, implement the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution S30/1, 2016, p. 12).

From this, it is clear that the international community is committed to ensuring that gender is considered in drug policy and interventions,

* Corresponding author. Present Address: Faculty of Humanities, Arts and Social Sciences, University of New England, Armidale, NSW, 2350, Australia.
E-mail addresses: natalie.thomas@une.edu.au, natalie.thomas@griffithuni.edu.au (N. Thomas).

https://doi.org/10.1016/j.drugpo.2018.02.015
Received 6 November 2017; Received in revised form 8 February 2018; Accepted 12 February 2018

and as such domestic drug policies should reflect this commitment.

Despite this recognition that gender should be an important consideration in drug policy, there is still only a relatively small literature on whether and how gender issues are attended to in policy, including the ways that women are constructed as objects of government in official drug policy discourse (for exceptions, see Campbell, 2000; Du Rose, 2015; Harding, 2006; Malinowska-Sempruch & Rychkova, 2015; Moore, Fraser, Törrönen, & Tinghög, 2015). A recent special issue in the Howard Journal of Criminal Justice highlights the gendered nature of issues related to 'drug mules', and in particular draws attention to gendered discourses in international drug policy around women who use or traffic drugs, particularly in Latin American countries and South East Asian countries (Fleetwood & Seal, 2017; Giacomello, 2017). Furthermore, the journal of Contemporary Drug Problems has also recently released a special issue on gender in critical drug studies, inviting drug policy authors to incorporate gendered analysis into emerging scholarship on all aspects of drug use, markets, interventions and policy (Campbell & Herzberg, 2017). There is still relatively little research, however, that investigates domestic drug policies and whether they address gender issues (again, see for an exception Manton & Moore, 2016; Moore et al., 2015). Consequently, the purpose of this study was to investigate whether and how Australian governments have addressed women and gender issues in drug policy. Based on this broad purpose, data collection and analysis occurred in two main stages: 1. a policy audit of Australian drug and health policies federally and across all states and territories to investigate whether these policies attend to women and gender issues; and 2. a critical policy analysis of key domestic policy documents to examine how women and gender issues are represented in policy.

This article, which reports the outcomes of this work, begins by surveying what is known about the prevalence of drug use amongst women in Australia and briefly outlining a number of key issues in relation to this use. Second, we outline our methods of data collection and analysis including the policy audit and critical policy analysis. Following this, we summarise the results of our policy audit and review a number of relevant national and state/territory policies and programs. The policy audit provides a springboard for thinking about policy representations of women who use drugs. In this article we deploy a critical approach to draw attention to both the over-production of certain discourses around women and drug use, as well as areas of 'policy silences' — issues that are largely neglected in policy (Bacchi, 2000, 2009; Ball, 1993; Scheurich, 1994; Taylor, 2006). Overall, we argue that in Australia women have been represented in drug policy in two key overlapping ways, which focus on 1. reproductive and population health, and 2. vulnerability to harm.

Women and drugs

There are significant gender differences in patterns of drug use, reasons for use, experiences, circumstances and characteristics of users, as well as treatment experiences and needs of people who use drugs. To provide context for the analysis and discussion presented in this article, this section reviews prevalence data on women's drug use in Australia before discussing research on women's experiences of drug use and interventions. The 2016 National Drug Strategy Household Survey (NDSHS) delivers the most recent population prevalence data on alcohol, tobacco and other drug use in Australia (Australian Institute of Health and Welfare, 2017b). Overall, women were less likely to report illicit drug use, alcohol consumption or tobacco use than males (Australian Institute of Health and Welfare, 2017b). This finding is consistent across all recent previous iterations of the NDSHS (Australian Institute of Health and Welfare, 2008, 2011, 2014b). In 2016, males aged 14 or older were almost twice as likely to report drinking daily compared with females (Australian Institute of Health and Welfare, 2017b). Similarly, more males reported any use of illicit drugs than females in 2016 (Australian Institute of Health and Welfare, 2017b). Recent use of an illicit drug was higher amongst males: 18.3% of males reported recent use of an illicit drug, compared with 13.0% of females (Australian Institute of Health and Welfare, 2017b). Rates of recent illicit drug use are highest amongst young women (ages 14–29) (Australian Institute of Health and Welfare, 2017a). The NDSHS 2016 report notes, however, that there was a statistically significant increase in females in their 30 s reporting recent use of illicit drugs — cannabis, ecstasy, and cocaine — between 2013 (12.1%) and 2016 (16.1%) (Australian Institute of Health and Welfare, 2017b).

Whilst fewer women report use of illicit drugs and alcohol than men, there appears to be less difference between men and women in the rate of occurrence of 'problematic' substance use and drug-related harm. In a review of the literature on gender differences in substance abuse, Pelissier and Jones (2017) note that there is inconsistent evidence around whether there are significant gender differences in substance abuse problem severity and co-morbid disorders (p. 353). These authors note, however, that there is more consistent evidence for 'higher rates of sexual abuse, employment problems, and drug use problems among at least one family member experienced by women, as well as the greater percentage of women being responsible for a dependent child' (p. 353). Research on drug trends suggests that women may be more likely to engage in risky practices and experience harm from drug use (Breen, Roxburgh, & Degenhardt, 2005; Swift, Copeland, & Hall, 1996). For example, whilst women comprise a smaller percentage of the population of people who inject drugs, an Australian study found that women who inject drugs may be more likely to engage in risky behaviours such as sharing needles or injecting equipment and performing sex work (Breen et al., 2005).

Women who use drugs demonstrate unique characteristics and treatment needs (Ashley et al., 2003). Women who use drugs have high rates of mental health problems, are more likely to experience adult victimisation in the context of an intimate relationship, and are more likely than males to have been introduced to substance use by a male partner (Ashley et al., 2003; Shand et al., 2011). Women also experience particular barriers to accessing treatment and interventions, including childcare responsibilities, problems accessing childcare, inappropriate treatment models based on male populations, and the perception and experience of gendered stigmatisation from friends, family or service providers (Ashley et al., 2003; Copeland, 1997). Whilst people who use drugs are highly stigmatised (Lloyd, 2013), gender is a key factor shaping how stigma impacts on people who use drugs. A number of authors have suggested that women face greater stigmatisation for their drug use than men, because of the breach of traditional gender and care-giving roles that their drug use signifies (Azim, Bontell, & Strathdee, 2015; Copeland, 1997; Greenfield & Grella, 2009; Simpson & McNulty, 2008). Research indicates that women who use drugs perceive greater stigma from their drug use: for example, an Australian study of pharmaceutical opioid dependent people found that being female was associated with higher levels of perceived stigma from drug use (Cooper, Campbell, Larance, Murnion, & Nielsen, 2018). For women who use drugs and are also primary care givers, there may also be the fear that health care providers will report them to child protection services (Azim et al., 2015; Taplin & Mattick, 2014). Factors such as race, class, sexual identity, criminal history, injecting drug use, HIV-status, contact with welfare and child protection systems, and involvement in sex work, can compound the experience of gendered stigma (Gunn, Sacks, & Jemal, 2016).

Gender appears to exert its major effect in terms of likelihood of treatment entry, but shows no real effect on treatment process or outcomes (Ashley et al., 2003; Greenfield et al., 2007) – although as Pelissier and Jones (2017) note there is limited data on outcomes for women. Research suggests that over the life-course women are less likely than men to enter treatment for problematic drug use, however once in treatment, gender does not predict treatment retention, rates of completion or outcomes (Greenfield et al., 2007). The limited research findings on gender-responsive treatment are less than equivocal. The