

A “special population” with “unique treatment needs”: Dominant representations of “women’s substance abuse” and their effects

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A number of studies suggest that the lack of “gender sensitive” drug treatment services for women represents a pressing social problem, second only to the problem of “women’s substance abuse” itself. This article interrogates these “problem representations” by asking on what basis they are considered uniquely problematic. Through a critical analysis of research on women published between 1990–2012 in relevant high impact journals, the article identifies a dominant view of women in the drug field as a “special population” with “unique treatment needs.” The article suggests that this view not only reinforces a limited understanding of the harms associated with women’s substance abuse, but might also paradoxically enable programs and services for women to remain as “add-ons” and/or narrow the range of “gender sensitive” approaches adopted.

KEY WORDS: *Women, substance abuse, politics, treatment, poststructural policy analysis.*

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Several classic studies of women drug users by sociologists, criminologists and anthropologists begin with the observation that women are customarily ignored in drug research and policy debates, except those concerned with the potential impact of drug use on unborn or developing children (Ettorre, 1992; Maher, 1997; Measham, 2002; Murphy & Rosenbaum, 1999; Rosenbaum, 1981; Taylor, 1993). Indeed, prior to the late 1970s and the publication of Rosenbaum's ground-breaking study, *Women on Heroin* (1981), women were entirely "hidden from view" in drug research (Ettorre, 2007, p. 5). A similar observation would likely not be made today. As this article argues, despite the fact that studies of women continue to be fewer in number than those focused on men, and pregnancy and children continue to be a major preoccupation in these studies, women have become a significant object of drug research, especially from a clinical and epidemiological perspective.

The aim of this article is to identify dominant representations of women in the drug field¹ by engaging in a discursive analysis of the relevant scholarly research. A number of critical, feminist scholars have demonstrated that women who use alcohol and other drugs are frequently addressed as a pathological and/or problematic population in mainstream clinical research and practice as a result of their perceived failure to adhere to normative gender expectations (Boyd, 1999; Lupton, 2012; Murphy & Rosenbaum, 1999; Ussher, 2006; Weir, 1996). We are similarly interested in the normative assumptions that underlie clinical research and practice and the stigmatizing effects of both. The focus of this article is on the specific ways in which women's substance abuse has come to be seen as a distinct phenomenon in and through scientific research published on this topic. We identify how this research describes and represents women's substance abuse as a discrete phenomenon and discuss the implications of these representations, namely in terms of current debates about the lack of gender sensitive drug policy and programming. This article suggests that in this case, efforts to come to terms with complexity—that is, to study and identify how women's substance

abuse might differ from men's—have resulted in reifying women as a unique population of substance abusers. While knowledge production necessitates simplification and reification, this process, and its political implications, often go unexamined (Bacchi, 2009; Law & Urry, 2004; Rhodes & Coomber, 2010). Our analysis suggests that the production of clinical and epidemiological knowledge about women's substance abuse has paradoxically contributed to limiting the range and type of services and supports available to this group.

Theoretical framework

The conceptual framework for this article is primarily Foucauldian; we draw extensively on Foucault's concepts of knowledge, power and discourse. According to Foucault, discourses constitute practices, which in turn shape perceptions and understandings of "reality." They also specify what is possible (and impossible) to write or say at specific points in time (Foucault, 1980). Following Foucault's logic, we consider the act of generating knowledge or evidence around objects of study, like women's substance abuse, as an act of attaching certain meanings to it, thereby "fixing" it as a particular kind of phenomenon (Bacchi, 2009). The terms "drug," "drug dependence," and "addiction," for example, refer to phenomena that are partially produced by the act of defining, measuring, or diagnosing them in particular ways (Bancroft, 2009; Gomart, 2002; Keane, Moore, & Fraser, 2011; Seddon, 2010).² The effort that goes into this process of meaning-making—decisions about what questions to ask in research, for example—often goes unexamined, as do the discursive constraints on this process.

Our aim is to render visible the ways of thinking about women's alcohol and other drug use that have a significant influence on current thinking about this issue. Calling attention to the discourses that surround women and the use of alcohol and other drugs allows us to recognize these discourses

as contingent rather than fixed, and as only one of many ways women's use of substances can be conceived of and addressed. It also allows us to explore the political implications of dominant perspectives on women in the drug field in so far as these perspectives influence and inform the types of preventative and treatment-based supports that are available to women.

Methods

Given our key objective to critically analyze representations of women in the drug field, we limited our analysis to relevant scientific research published in high-impact journals. Using the Journal Citation Reports database (2011 Social Science and Science Editions), we identified the five "substance abuse" journals with the highest impact factors. These were the journals *Addiction*, *Addiction Biology*, *Alcoholism: Clinical and Experimental Research*, *Drug and Alcohol Dependence*, and *Journal of Substance Abuse Treatment*.³ Using the PubMed database, we carried out a keyword search within these five journals using the following parameters: review articles published within the specified date range 1990–present (2012), with the keywords "women" or "female" in the title or abstract.

We recognized that retrieving articles from this selection of journals would likely yield a greater number of clinical and epidemiological studies than those emanating from other disciplinary perspectives. Critical feminist scholarship on women's substance use, which is often based on qualitative research (Moore & Measham, 2013), does not tend to be published in addiction journals with high-impact factors. This is likely due both to researchers' preferences and the disproportionately small number of qualitative studies published in high-impact addictions journals (Rhodes, Stimson, Moore, & Bourgois, 2010). Our decision to survey high-impact factor journals runs the risk, therefore, of understating the influence of more critical, theoretical, and feminist perspectives on women's sub-

stance use. Our findings are also likely to reflect the “pathology paradigm” (Mugford, as cited in Moore, 2008, p. 353)—that is, the tendency for clinical and epidemiological research on alcohol and other drugs to adopt a “problem orientation.”⁴

We reasoned, however, that surveying review articles, which tend to be cited more frequently than other articles (Adam, 2002), would offer access to a wide range of perspectives and insights. We also reasoned that focusing on the key journals listed above corresponded with our aim to index perspectives on women likely to have a significant influence in the drug field. While impact factors are a crude measure of influence⁵ (as well as an imperfect form of citation analysis), they are nonetheless used widely by governments, granting agencies, and others as a means of assessing scientific merit (Adam, 2002). For better or worse, a journal’s impact factor has bearing on the perceived quality of the research published within it, which we assume, in turn, also has some bearing on the design of policy and/or programming. Given that the study of women’s substance abuse remained marginal well into the 1990s (Greenfield et al., 2007), our methods were also designed to capture research on the topic where it was least expected (in journals with high-impact factors), thereby constituting a reliable gauge of the most established, mainstream perspectives on the subject.⁶

Our search yielded a total of 95 review articles, which we reviewed to identify those that focused on one or more of the following: the etiological factors underlying women’s substance use/substance abuse/substance dependence; the particular consequences or harms associated with women’s substance use/substance abuse/substance dependence; and measures (e.g., preventative or treatment focused) to address women’s substance use/substance abuse/substance dependence. We excluded articles in which substance use was not the primary object of study⁷ and articles that referred to gender disaggregated data (and thus mentioned women in the abstract) but did not explain or explore these data in depth.

Our analysis of the resulting 24 review articles drew extensively on the work of poststructuralist political theorist Carol Bacchi (1999, 2009; see also Alexander, Frohlich, & Fusco, 2012; Fraser & Moore, 2011) and her “what is the problem represented to be?” approach to policy analysis. Bacchi argues that insofar as social policies make proposals for change, the process of policy-making is active in the construction of “social problems.” In other words, the specific problem addressed in a particular policy will advance only one of many possible ways of understanding this problem. Bacchi urges researchers to explore how these “problem representations” take shape and the political implications of these representations (2009, p. 2).

We considered this approach well suited to our analysis insofar as substance use, abuse and dependence, among women in particular, are seen as “pressing social problems.” Research on these topics frequently makes proposals for change and/or claims to have the potential to better inform future practice and policy. Moreover, scientific research on women in the drug field provides much of the evidence-base for policy and programming, notwithstanding the fact that the uses of this evidence is likely to be extremely uneven and dependent on both available resources and prevailing ideologies (Campbell & Ettore, 2011; Stevens, 2011).

Bacchi offers six questions or prompts to assist in such an analysis (1999; 2009);⁸ we used the first two questions (adapted as follows) to open-code each of the articles in our sample:

1. What are the dominant ways in which women's substance abuse is represented?
2. What assumptions underlie these representations of women's substance abuse?

We used a number of steps to analyze our selected articles. Using open-coding methods described by Braun and Clarke (2006) and Sanguinetti (1998), we coded the articles inde-

pendently, reading through them several times to identify the problem that each article addressed and what mechanisms were said to contribute to this problem.⁹ This was an iterative process (Sanguinetti, 1998, p. 239), informed, in part, by both authors' familiarity with the literature. We aimed to ensure reliability by comparing and discussing "problem" and "mechanism" codes, clustering them into emergent categories after consensus was reached. Problem and mechanism codes were listed according to corresponding article information (e.g., date, publication, and author/s) using SPSS data management software.

In qualitative research, data collection and analysis involves constant data reduction and interpretation (Marshall & Rossman, 2011). Correspondingly, we analyzed our data using what Tesch (1990, p. 115) has called a process of "de-contextualization" (in order to identify coding categories or emergent themes), and "re-contextualization" to present a coherent picture. Several key themes emerged from our re-contextualization of the problems and mechanisms described in each article. These themes were identified and clustered into emergent categories by both authors, after consensus was reached.

This article also engages with the scientific research on women and alcohol and other drugs by reflecting on another of Bacchi's (2009) analytical prompts, which we modified as follows: What effects are produced by these representations of women's substance abuse?

In other words, we considered the discursive and subjective effects produced by the analyzed studies. In particular, we asked how dominant problem representations of women in this scientific literature appear to be shaping wider discussions about the need to meet women's needs through specific policies, programming, and service delivery initiatives. Our reflections on this question will be the focus of our discussion.

Findings

Before going on to discuss key themes, we would like to outline several significant, general features of the primarily clinical and epidemiological articles we analyzed. First, we observed inconsistencies in the terminology used across and within these articles. For instance, searching within key “substance abuse” journals led to the retrieval of articles with a number of different, but related keywords in the title or abstract, namely “problematic substance use,” “substance misuse,” “substance dependence,” and “addiction.” These terms were also often used interchangeably within articles. This inconsistency struck us as noteworthy given our understanding that “abuse,” for example, refers to a pattern of behavior, while “dependence” and “addiction” are often used to refer to a specific, physiological condition (O’Brien, Volkow, & Li, 2006). Our search results indicate, to the contrary, that such terms are often used synonymously in the clinical and epidemiological literature and also in the indexing of this literature in journal databases. The most common term used in the articles analyzed was substance abuse.¹⁰

There also appeared to be a lack of clarity around the meaning of the term “gender” in the articles we examined. A few studies, particularly those focused on neurological or physiological causes or consequences of substance abuse among women, used the terms “sex” and/or “sex differences.” Most studies used the terms “gender” and/or “gender differences,” but very few explored or acknowledged gender and gender differences as sociocultural constructs (Bacchi & Eveline, 2010; Ettorre, 2007). In some cases, studies seemed to use the term gender as a synonym for sex; these studies referred to women and men as distinct categories of people in a way that appeared to be premised on biological differences. One study of “gender disparities in treatment entry” (Greenfield et al., 2007), for example, used a sex-based demographic metric (i.e., numbers of men and women in treatment) to calculate these disparities.

Finally, we observed that the articles retrieved in our study were largely treatment-focused. More than a third of these articles were about the accessibility and/or effectiveness of alcohol and other drug treatment services for women (as discussed below), but improving women's engagement and retention in treatment was a stated objective in many of the other articles analyzed. Implications of study findings were also often discussed in terms of either the need for further research or the need for more effective treatment services for women. Other recommendations, such as improving prevention efforts or minimizing substance-related harm, were much less often a focus of discussion.

**“Problems” and
“mechanisms”**

All of the review articles analyzed primarily addressed themselves to one of three key problems: (1) Women's substance abuse, (2) the lack of accessible or effective treatment for women, and (3) the effects of women's substance abuse on infants or children. The first category included articles focused on the abuse of a specific substance (e.g., alcohol, methamphetamine, etc.) by women, substance abuse within specific subpopulations of women (e.g., rural women, women in prison), and the effects of substances on women's physiological/neurological functioning. The second category—the lack of accessible or effective treatment for women—included articles that discussed the effectiveness of particular treatment approaches (e.g., brief interventions), the accessibility (e.g., location, treatment type) of treatment, and the impact of specific life circumstances (e.g., trauma/abuse histories, parenting responsibilities) on “help seeking” and/or retention in treatment. The last category, the effects of women's substance abuse on infants and/or children, included articles that proposed measures to minimize neonatal abstinence syndrome, measures to address fetal alcohol syndrome, or called for improved prenatal screening for substance abuse.

These problems were distributed as follows: A total of 11 articles focused on women's substance abuse, 10 focused on the lack of accessible or effective treatment for women, and three

focused on the effects of substance abuse on infants or children. Each of these problems were attributed to several key "contributing mechanisms," which we clustered into categories. These categories are specified in Figure 1.

Key themes Our analysis of this literature made one thing patently clear: From a clinical and epidemiological perspective women's substance abuse is a distinct phenomenon with its own unique causes and consequences. The studies we examined routinely identified women as a "special" population of substance abusers, and/or distinguished women from men or "mainstream" substance-abusing populations by identifying a range of physiological, psychosocial and/or socio-cultural factors. We identified two main characteristics that rendered women a "special" population in this literature: their relative or "heightened" vulnerability and their reproductive capacity and child-care responsibilities.

Almost all of the studies we examined identified women substance abusers as a uniquely vulnerable population. Some emphasized women's susceptibility to the harms—both physical and psycho-social—associated with substance abuse. For example:

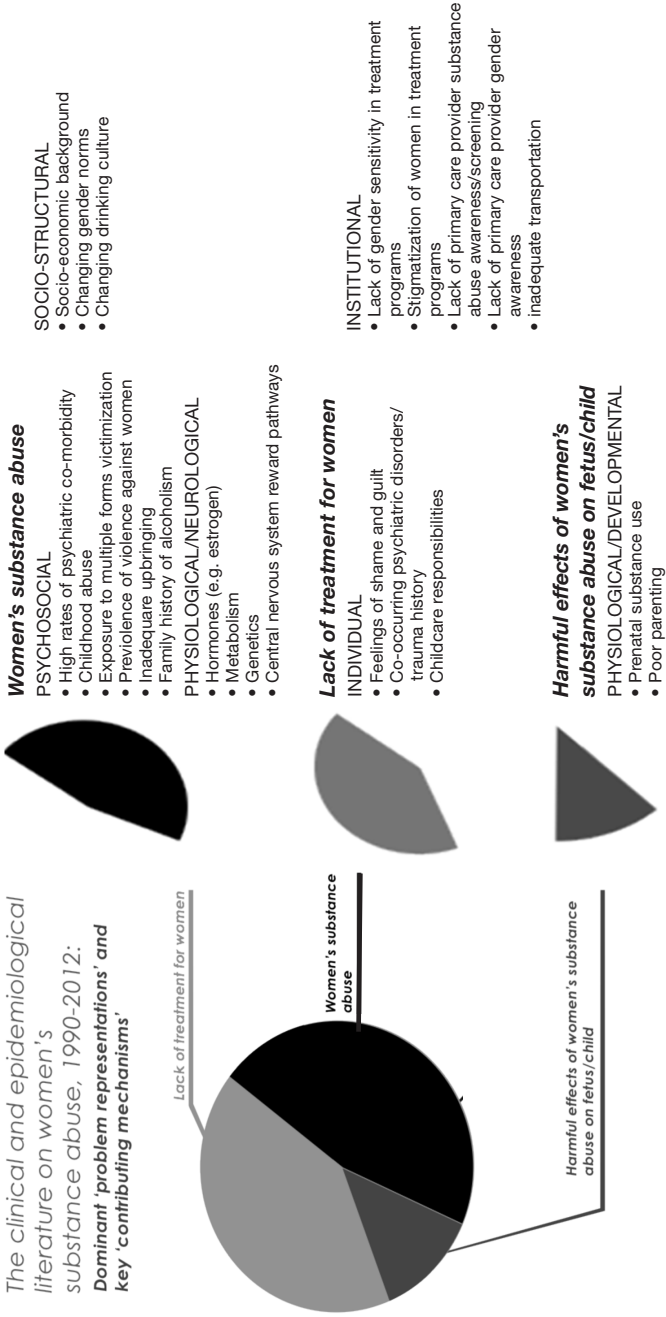
Among the most reproducible findings of studies focusing on women and substance use disorders is that of the heightened vulnerability of women to the adverse medical and social consequences of substance use, abuse, and dependence. (Greenfield et al., 2007, p. 2)

Women with alcohol disorders may be at greater physical risk for medical problems and greater morbidity and mortality (Booth & McLaughlin, 2000, p. 1271).

Others focused on the high rates of psychiatric comorbidity found within this population and on the disproportionate number of women who have experienced trauma, abuse, or victimization, as the following examples illustrate:

Studies reveal a substantial amount and multiple forms of victimization among women with alcohol and other drug problems,

FIGURE 1
Categories of “Contributing Mechanisms”



including physical (e.g., rapes, assaults) and nonphysical (e.g., psychological terror, control of other person's actions) victimizations. (Miller, Wilsnack, & Cunradi, 2000, p. 1287)

There is increasing evidence that women with alcohol use disorders are more likely to have multiple problems, including a range of psychiatric symptoms. (Sinha & O'Malley, 2000, p. 1312)

In some cases, like the following study, authors suggested a causal relationship between women's substance abuse and experiences of victimization:

Drug use remains, for many women, a consequence of and ineffective coping response to severe and extensive childhood physical or sexual abuse and the emotional or mental health consequences of such abuse. (Welle, Falkin, & Jainchill, 1998, p. 162)

Another characteristic that rendered women a "special" population according to this literature is their capacity to bear children and/or their role and responsibilities as mothers. The health risks associated with using substances during pregnancy was a particular focus in several articles, as the following passages illustrate:

[T]here has been and continues to be a need for programs that effectively identify and treat pregnant substance abusers. (Howell, Heiser, & Harrington, 1999, p. 216)

Pregnant women dependent on opioids require careful treatment to minimize harm to the fetus and neonate. (Winklbaaur et al., 2008, p. 1429)

[A]ttention must be given to monitoring and promoting proper prenatal care with these women. (Rawson, Anglin, & Ling, 2002, p. 148)

Other articles addressed women's mothering responsibilities. Some discussed the "barriers" that women's childcare responsibilities present, in terms of their willingness or ability to access drug treatment services. In the main, however, attention was directed at the effects of women's substance abuse on their children. Some articles suggested, for example, that more support should be made available to substance-abusing mothers on the grounds that they often struggle to care adequately

for their children. Interestingly, two of the studies we examined supported this claim not with evidence, but with reference to “societal” (i.e., presumed to be widespread) concerns about parental substance abuse:

In spite of the lack of empirical information, there is a strong societal belief that the children of substance abusers are at higher risk than other children. The adverse social consequences for children of maternal substance abuse may greatly outweigh the adverse physical consequences. For example, researchers have expressed concern about the parenting skills of substance abusers since they often lack role models for good parenting. (Howell, Heiser, & Harrington, 1999, p. 199)

In absolute terms, the problems of drug-addicted mothers may not seem alarming...[T]he relatively low incidence rates are offset, however, by the seriousness of the problem in terms of magnitude of costs to the patients, their children, and to society in general. (Luthar & Walsh, 1995, p. 347)

A recurring theme in the studies we examined, therefore, is that women who abuse substances constitute a special population on the basis of their childbearing and childrearing responsibilities and on the basis that they are a particularly vulnerable group. The latter was most commonly discussed in terms of women’s susceptibility to the harms associated with substance use and in terms of common experiences of psychological or emotional problems which, according to some authors, increases the likelihood of substance abuse among women.

Another related theme to emerge in our study is that women have more “complex” needs than men with regard to treatment services and programs and that they require “gender sensitive” or “gender aware” services on this basis. Almost all of the studies that focused on the lack of effective or accessible treatment for women discussed women’s “complex treatment needs,” as did many of the studies that focused on women’s substance abuse and those that focused on the harmful effects of substance abuse on the fetus or child. Among proposals to address this need was the provision of comprehensive or “integrated” services. For example:

[I]n treating drug-addicted mothers, there is a need for integrative intervention approaches that take into account their complex treatment needs. Critical psychosocial components of such treatments would include (a) parenting education, (b) supportive psychotherapy, and (c) sensitivity to issues related to patients' roles as mothers. (Luthar & Walsh, 1995, p. 347)

[I]mportant components (i.e., women-only group, residential treatment, child care, case management, and supportive individual counseling) [are] required for effective treatment of substance-abusing women. (Sun, 2006, p. 19)

Other proposed improvements to treatment services for women focused on their unique emotional and/or psychological needs. One study, for example, promoted the idea that treatment services for women should be based on "theories of women's psychological development" (Luthar & Walsh, 1995, p. 343). Others specifically recommended that alcohol and other drug treatment services recognize and address women's experiences of violence and victimization: "Findings suggest that residential treatment programs may have to be modified to address the needs of women with such early trauma histories" (Sacks, McKendrick, & Banks, 2008, p. 97).

We also noted a tendency in this literature to equate "addressing women's needs" with "addressing women's experiences of victimization," as the following examples illustrate:

Previously, most treatment approaches primarily addressed drug addiction or criminality, but did not meet the range of women's treatment needs. However, more recently, programs have begun to address clients' victimization experiences as a way to treat drug use and criminality. (Welle et al., 1998, p. 152)

Identification of violence in women's lives, including the type, extent, and repetition of patterns, is the first step toward improving treatment. (Miller et al., 2000, p. 1293)

Thus, a second recurring theme in the clinical and epidemiological literature is that women's substance use presents a unique set of challenges from a treatment perspective. These challenges call for the provision of more comprehensive alcohol and other drug treatment services—namely by providing

childcare and/or parenting support—and/or interventions that specifically address women’s experiences of violence, abuse, and trauma.

Discussion

The studies we analyzed for this article have helped to address a significant research gap and generate academic interest in women in the drug field. No longer “hidden from view” (Ettorre, 2007, p. 5), women and alcohol and other drug use is now a substantial area of research. Taken together, the review articles we examined synthesized hundreds of other publications on this topic. As a result of this work, women are now widely recognized as a group that requires different kinds of services and supports than their male counterparts. Following Bacchi, however, we suggest that the various “problem representations” contained within this body of research have “discursive effects” (2009, p. 16)—that is, they place certain limits on possible ways of thinking and talking about women’s substance abuse and those identified with this problematized form of behavior.

One of most significant discursive effects of the literature we analyzed is the reification, and othering, of women as a special population. Following Foucault’s logic of dividing practices (Foucault, 1982), the norms within substance abuse theory and practice do not just delineate notions of what it is to be a “normal” person with a substance problem. Normative substance abuse theories and practices also constitute the “not normal.” Through the articulation and illumination of the unique characteristics of women with substance abuse problems, the abnormal is extracted from the shadow of the normal and becomes subject to a “play of calculated gazes” (Foucault, 1977, p.177). In this way, normative understandings of substance abuse, derived from male dominated knowledge, and the emphasis on women’s “unique treatment needs,” work together to construct an ab/normal binary from which conclu-

sions are drawn about the "abnormal" nature of women as a "special population." Foucault describes this kind of division exercise as "binary division and branding" (Foucault, 1977, p.199).

One of the key ways in which the studies we analyzed othered women substance abusers was by drawing connections between substance abuse and experiences of violence or victimization. The nature of this relationship was rarely explored in detail, although a causal connection was frequently implied by suggesting, for example, that substance abuse among women is often an "ineffective coping response" to victimization and trauma (Welle, Falkin, & Jainchill, 1998, p. 162). As a result, these studies bracketed out other factors, such as relative socio-economic deprivation or social marginalization, that might contribute to the relationship between women's substance abuse and experiences of victimization (Stevens, 2011). They also did little to challenge a long-standing view of women substance abusers as a particularly pathological and/or pathologized population or to address the role that men play in the relationship between violence, victimization, and drug use (Keane, 2000; Vitellone, 2003). Both have reinforcing effects. The prevalence of the latter view, for example, is likely to limit researchers' capacities to explore the empowering or pleasurable aspects of women's involvement with drug use, which are conspicuously under-studied in the drug field (Ettorre, 1992; Moore, 2008; valentine & Fraser, 2008).

We also suggest that gender-sensitive treatment is increasingly becoming synonymous with "trauma informed" treatment (see, for example, Greaves & Poole, 2008; Najavits, 2002) and that this functions as a narrowing of responses to women's substance use (Carr, 2011, p. 113). Other observers of this trend suggest that it is likely to benefit some women who access treatment services but not others. As Carr (2011) argues, alcohol and other drug treatment settings are structured by relationships of power; treatment clients are therefore prompted to learn how to speak about their addictions in

therapeutically-sanctioned ways. In her ethnographic study of a women's-only drug treatment program in a Midwestern city in the United States, Carr found that some clients felt they needed to meet their therapists' implicit demands to "take inventory of their inner selves" (p. 214) by connecting their drug use to early sexual abuse. In the words of one of Carr's research participants, "You gotta be abused there, or they start thinking there be something wrong with you" (2011, p. 115).

In addition to possibly limiting perceptions of and responses to women's substance abuse, the literature we analyzed might also contribute to the reproduction of various gendered inequalities, specifically the gendered division of labor and responsibility with regard to social reproduction (Campbell, 1999; Ettorre, 2010). As our findings demonstrate, clinical and epidemiological studies frequently argue that substance-abusing women have unique needs vis-à-vis substance abuse treatment services due to their responsibilities as mothers. In relation to the harmful effects of using substances during pregnancy, these studies identify women's individual health behaviors as the key target of proposed interventions. We noted that child-care and/or parenting support were never discussed as something that anyone with care-giving responsibilities, including men, might benefit from. Likewise, important social determinants of women's health, during pregnancy and otherwise—like stable housing, adequate nutrition, and social support—were rarely discussed. We suggest that this literature, therefore, both reinforces women's socially prescribed role as the primary caregivers of children and intensifies the already disproportionate burden of responsibility for child and fetal health that they bear. If childcare is only ever spoken about as an important component of gender-sensitive treatment services, for example, it seems less likely to be provided in more mainstream treatment settings. There is little doubt that a clinical and epidemiological preoccupation with "fetal outcomes" has contributed to the particular "regulatory regime of reproduction" that women who use substances encounter when they become pregnant (Ettorre, 2010, p. 164).

Finally, it is important to recognize that the increasing number of studies on women's substance abuse has not led to widespread improvements in the accessibility of harm reduction, prevention, or treatment initiatives designed to meet the needs of this group. Gender-sensitive alcohol and other drug treatment services, for example, continue to be underprovided in Canada, the United States, the United Kingdom, and elsewhere (Campbell & Ettore, 2011; Greaves & Poole, 2008; Simpson & McNulty, 2008). We suggest that repeated claims that women require special treatment and other forms of support might, paradoxically, compound this problem. Comprehensive treatment programs for women are often deemed "too expensive" to fund in the long term (Campbell & Ettore, 2011, p. 118). Such assessments are no doubt based on a lack of political will, as well as what Campbell and Ettore term "multiple epistemologies of ignorance" (2011, p. 2). This picture seems unlikely to change in a context of austerity measures and further health and welfare cut-backs (Labonté, 2012).¹¹ Ironically therefore, it may be that while being pushed to the forefront as a special population, women will remain an othered group for whom prevention, harm reduction or treatment initiatives are add-on at best.

Conclusion

Our study suggests that "women's substance abuse" has been taken up as a distinct object of study by clinical and epidemiological researchers, but that the body of scientific research published on this topic presents a relatively narrow range of factors that render women a "special population" with "unique treatment needs." Despite a stated focus on gender, very few of the studies we analyzed engaged with this concept in any depth or took up important feminist insights into gender as "a social process and a regulatory regime" (Ettore, 2007, p. 20). While this lack of sensitivity to the sex/gender distinction long debated in feminist scholarship is unsurprising given the range and type of studies we analyzed, it is worth noting all the

same. The difference that gender makes in the lives of women who use alcohol and other drugs is presented in the clinical and epidemiological literature as fixed, as an attribute of a population. This attribute, it is said, renders women more vulnerable to the harmful consequences of substance use and renders these harms more difficult to address. We suggest that such claims other women who use substances and frame their substance use as particularly problematic. We have attempted to highlight some of the implications of these dominant representations of women's substance abuse in the delivery of programs and services designed to meet women's needs.

Knowledge production both "brings to light" and "brings into being" particular social worlds and social realities (Law & Urry, 2004, p. 396). The challenge for researchers, therefore, is to bear in mind the complexity, uncertainty and nuances that must, to one extent or another, be bracketed out in the process of knowledge production and to consider the possible political implications of this process. As Bacchi and Eveline argue, "The question ... is not whether to fix meaning—since for a range of reasons fixing must occur—but when to fix meaning and who to involve in the 'fixing' exercise" (2010, p. 13). Scholars working in the drug field might need to be particularly attentive to these ontological politics in their research (Rhodes & Coomber, 2010). We have attempted to draw attention to the implications of identifying women as a uniquely vulnerable, especially pathological population of alcohol and other drug users in social, cultural and political contexts that have proven to be very receptive to this view of them. We suggest that these kinds of contextual variables can and should be considered more often by scholars committed to meeting the needs of women who use alcohol and other drugs, for establishing that women's substance abuse is a problem is not, on its own, a sign of success, nor does it represent the realization of important social change (Bacchi, 2010, p. 265).

This article has engaged in a systematic analysis of clinical and epidemiological research to highlight some of the domi-

nant ways in which women's substance abuse is currently thought and talked about. In so doing, we have added another voice to those calling for more diverse approaches to the study of gender and alcohol and other drugs (Anderson, 2008; Ettorre, 2007; Moore & Measham, 2013), and attempted to provide a starting point for future study. Those interested in exploring the difference that gender makes vis-à-vis substance use would benefit first and foremost from a deeper engagement with more multidisciplinary analyses of gender offered in classic and more recent feminist, social scientific research on the subject (see, for example, Anderson, 2005; Aston, 2009; Ettorre, 2008; Fraser & valentine, 2008; Maher, 1997; Martin, 2011; Measham, 2002; Taylor, 1993; Vitellone, 2003). This research demonstrates that alcohol and other drug use is gendered in complex ways that intersect with other socioeconomic, cultural and political dimensions of women's lives. We have argued that the current focus on (sex) differences, parenting responsibilities, and victimization in clinical and epidemiological studies largely obscures this complexity. This, in turn, is likely to have various effects, including shaping the kinds of programming and services available to women who use alcohol and other drugs, that beg further analysis and exploration.

Notes

1. Following Moore (2008), we examine drug research vis-à-vis the place it occupies in the "drug field." Drawing on Bourdieu's definition of the "social field," Moore describes the drug field as "a space of social forces and struggles" (Wacquant, 1989, as cited in Moore, 2008, p. 354). He argues that individuals and institutions are linked within the drug field in various ways, namely through struggles over the distribution of authority and resources, such as funding for research.
2. An example of this is the decision to replace the classification of "substance dependence" with "addiction" in the latest version of the American Psychiatric Association's Diagnostic and Statistical Manual. Supporters of this decision claim that the move will help distinguish opiate-dependent pain patients, who experience a "normal" physiological response to their treatment, from addicts, who experience the "disorder of uncontrolled drug seeking" (O'Brien, 2011, as cited in Keane, Moore, & Fraser, 2011, p. 876). Keane et al. (2011) argue, however, that the effect of this reframing is the construction of two discrete categories of person, one of whom

appears to deserve more considered, sympathetic treatment than the other.

3. It should be noted that while journals were selected based on impact factor as assessed in 2012, these were consistently high-impact journals—that is, they also rated well in previous years.
4. For a discussion of the relationship between this “problem-focus” and the mandates of the major granting agencies that fund drug research, see Moore (2008) and Hart (2013).
5. Although beyond the scope of our study, another important source of data—perhaps more feasible in a locally- or regionally-based project—are articles cited in relevant policy documents and the so-called “grey literature” (McAuley, Pham, Tugwell, & Moher, 2000).
6. See Ramos (2013) and Sallaz & Zavisca (2007) for a similar rationale and research design.
7. Several review articles in our original list of 95 explored the effects of particular substances on aspects of biological functioning (e.g., bone loss, hormone levels). We determined that these articles did not address substance abuse *per se*, so they were excluded. We also opted not to analyze review articles on smoking/tobacco use on the basis that women’s use of tobacco is not problematized in the same way or to the same extent as alcohol and other drugs.
8. The complete list of these prompts can be found in Bacchi (2009, p. 2), where they are listed as follows:
 1. What is the problem represented to be in a specific policy?
 2. What presuppositions (background knowledge) or assumptions (about the world) underlie the representation of this problem?
 3. How has this representation of the problem come about?
 4. What is left unproblematic in the problem representation? Where are the silences?
 5. What effects are produced by this representation of the problem?
 6. How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?
9. Bacchi explains that policies often contain multiple “problem representations,” but the dominant “problem” addressed in any policy can often be identified by considering to what funds are targeted (2009, p. 4). We adapted this suggestion to our study by looking closely at the major recommendations proposed in the studies we analyzed.

References

10. It is for this reason that we often refer to the corpus of literature that we analyzed as research on women's "substance abuse."
 11. In Canada, addictions-related policies and services are also increasingly being merged with those in the mental health sector.
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