Gender and Addiction from a Professional’s Perspective.

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A dissertation presented to the Faculty of Social Wellbeing in part fulfilment of the requirements for the Bachelor of Psychology (Honours) Degree.

May 2016
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GENDER AND ADDICTION FROM A PROFESSIONAL’S PERSPECTIVE

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ABSTRACT

The aim of this qualitative study is to explore professionals’ perspective on Gender and Addiction in the local context. Five professionals, who work in the field of addiction, took part in semi-structured interviews. The data obtained was analysed using the constant comparative method. Three conceptual categories emerged: (a) The Addictive Career; (b) Treatment; and (c) Social Reintegration. The results show that both men and women face challenges re-integrating back into society after treatment. However, re-integration is harder for women due to social expectations that they face. The dissertation concludes with some recommendations for further research, policy and practice.

Keywords: professionals’ perspective, gender, addiction, treatment, social reintegration, challenges, social expectations.
Dedicated to all those who have supported and encouraged me throughout my studies.
ACKNOWLEDGEMENTS

Firstly, I would like to deeply thank all the professionals who took part in my study. I really appreciate the time you took to speak to me about what you have personally experienced throughout your years within the field of addiction. All that I have learnt, will forever be cherished.

I would also like to thank my tutor, Professor Marilyn Clark, for all her great guidance and support during my study. All your help has been really appreciated.

A special mention also goes to my parents for supporting me not to give up, pushing me forward to accomplish all that I have worked for.

While also thanking my grandmother, Melina, for all the support, patience, prayers and love that she has given and shown me throughout the entire course.
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Chapter 1: Introduction

Preamble

From the start of human existence, individuals have always found ways to change the way they look and alter their consciousness by consuming psychotropic substances such as alcohols, drugs and herbs. The term psychotropic is used to describe chemical substances that alter brain functioning resulting in alterations in our consciousness, perceptions and mood (Dombeck, 1995-2016).

An individual who suffers from drug addiction is characterized by the repetition of drug use regardless of the consistent damage they are causing to their family, career, relationships, and health (Drug Addiction: Diseases and Conditions. (2014, December 05). Retrieved from http://www.mayoclinic.org/diseases-conditions/drug-addiction/basics/definition/con-20020970).

Previously, substance abuse was primarily seen as a problem that men faced; many substance abuse studies solely focused on the participation of males. However, through recent studies, great gender differences in substance use and abuse have been found, in which, challenges faced between both genders differ. In fact, multiple evidence shows that women, compared to men who use and abuse substances, are more likely to come across barriers preventing them from accessing and entering treatment (Tuchman, 2010).

In fact, strong evidence shows that even though men are more likely to initiate drug use, women are more likely to start earlier, become addicted and develop drug related pathologies, such as liver and cardiovascular disease. They are also more liable to sexual and physical abuse, and sexually transmitted diseases. Thus proving that biological, psychological and social gender differences are important features for the success of different types of treatment and for the detainment into treatment (UNICRI, 2013).
Through epidemiological data, different drug abuse patterns between both genders are revealed. A yearly study conducted in the United States, known as The National Survey on Drug Use and Health, reported that around 20.4 million people are currently using illegal drugs, while back in 2006, the study showed that 22.6 million people suffered from substance dependence. The survey also continued to show that adult men are more likely to be repetitive abusers of illegal substances, and users of alcohol and tobacco, than women. However, past months revealed that both genders shared equal rates of stimulants use, ecstasy, sedatives, oxycontin, LSD, and PCP (SAMHSA, 2014).

However, in the European Drug Report 2015, Malta ranked as the second highest opioid users, hosting 1,078 people in rehabilitation centres. In 2013, a survey conducted on the general population found that 70.6% of respondents had consumed alcohol in the past 12 months, resulting in an increase of 1.3% from reports issued in 2001. Those who tried smoking tobacco, at least once in their life time, resulted to 45% which depicts a decrease from 52.3% in 2001. While respondents who reported trying cannabis, ecstasy and cocaine, at least once in their life time, resulted to 4.4%, 0.7% and 0.5% respectively (D’Emanuele, Gellel & Muscat, 2014).

In addition to this, with regards to substance use, many demographic and clinical factors differentiating women from men have been discovered. Unlike men, women are more likely to come from families who include family members who are also dependent on alcohol or drugs, placing genetic predispositions, environmental stressors, or family histories as the cause of substance abuse. Research continues to show that women who are addicted are found to have a history of over responsibilities in their families of origin, more family problems, more likely to have partners/ spouses who drug abuse, and more likely to experience affective disorders (unlike men who are more likely to conduct sociopathic or criminal behaviour) (Tuchman, 2010).
Reported differences between both older genders who suffer from alcohol abuse have also been found. Unlike men, women are more likely to become divorced or widowed, have/have had a spouse with drinking problems, report more negative effects of alcohol, and are said to have experienced depression. However, while the onset of alcohol problems are found to be much later in older women, these women are also more vulnerable to stigma, more likely to be prescribed psychoactive medications, and more likely to abuse of these substances (Tuchman, 2010).

Research Agenda

This research study seeks to explore how professionals in Malta, within the field of addictive behaviour, understand gender as related to substance use and abuse. It will seek to explore their perceptions of the differences in the addictive careers of men and women (average age of onset, peak and desistance of addiction of that of women, with that of men), whilst also uncovering the perceived barriers that women face in terms of accessing treatment, the provisions provided that are specifically adapted for women, and barriers that both genders face whilst re-entering society.

I believe this study is important to make readers more aware of the barriers that women face and to emphasise the importance of conducting research on both genders, eradicating the notion of using men only for research. As the world is continuously progressing, women are becoming more autonomous and gender equality is often emphasised. This study also aims to highlight the perceived biological, social and psychological differences that both genders face before, during and after treatment.

Research Approach

A qualitative approach will be used to gather information in order to obtain different views from various professionals in the field of addiction. Data will be gathered through the
use of semi-structured interviews, which explores multiple views from each professional on gender and addiction.

The reason I chose this research approach is because it aims to explore complex questions using subjective information collected in great depth, that cannot be explained through quantitative analysis. Through an encoding process, qualitative research studies can provide information about human behaviours, personalities, and emotions through these subjective means.

However, although the research approach may have it’s pros, it’s cons are not far behind. The disadvantage of such an approach is that it is time consuming, subjectivity may lead to procedural problems, replicability is extremely hard, and researcher bias is innate and cannot be avoided.

**Rationale**

The importance of such research is to promote the support and the help that is offered for people to seek and maintain treatment, encouraging both men and women to do so. Most strategies used to prevent or to recover a substance abuser are tailored for men only and result in having little or no affect whatsoever on a women: in turn increasing and encouraging women addiction. Therefore, through my research I aim to promote gender-based drug prevention and recovery, by promoting the importance of the use of differentiated treatments for genders as to decrease/ eradicate the cultural, social and religious barriers and stigmas that women face. This in turn, prevents them from seeking and accessing the dependance services that their country offers.

**Overview of Chapter**

The following chapter (chapter 2) reviews the biological aspect of drug use and the effects that addiction implements on the individual, so as to understand addiction better.
Afterwards, I then compare men and women and their different abilities to cope with addiction. The average age of onset, peak and desistance for that of men and women will then be discussed.

Chapter 2: Literature Review

Introduction

Alcohol and drug addiction is one of the greatest problems found in society. However, most studies that have been conducted on addiction and its affects, have focused on men. It is only since the early 1980’s that medical research took gender issues into consideration (Anastasi, 2014). Infact, gender differences can be found within the prevalance of substance use, within addictive careers, within the treatments received, and within the reintegration of these individuals back into society. Therefore, throughout my literature review I will be focusing on gender, addiction and the issues that individuals face.

Gender Mainstreaming

Gender mainstreaming was endorsed in 1995 during the Fourth World Conference on Women held in Beijing by the Declaration and Platform for Action, as an important and tactical approach to achieve gender equality commitments. Gender mainstreaming was defined as: “The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetrated. The ultimate goal is to achieve gender equality.” by the Economic and Social Council (ECOSOC), one of the 6 principal organs of the UN system (UN Women, 2014)
Gender mainstreaming highlights the differences between males and females in order to ensure that both men and women benefit equally in society, by achieving gender equality. Gender is seen as a dimension found within all activities and implies that all policies, practicies and research in the field must consider both men and women. Gender equality is seen as an ultimate goal and an achievement of human rights (UNODC, 2013).

Addiction and The Gender Gap

In all aspects of the world, the gender gap is prevalent, presented as a universal difference between males and females. Multiple researches show this through the studies conducted on gender (WHO, Obot & Room, 2005).

Rates of drug and alcohol use are constantly increasing, especially for women. Since the stigma against women drinking and abusing of alcohol has decreased slightly over the years, the gender gap continues to shrink, as the rates of women who smoke and drink is constantly rising. However, despite this constant increase, men are still more likely to suffer from addiction and abuse of substances than women (Bourdet, 2013).

In an ESPAD report (2011), based on students in 36 European countries, gender differences were found. From the students who consumed alcohol, boys drank one-third more than girls, proving that the average gender gap from 1995 to 2011 shrunk from 12% to 5%. Cannabis use in a period of 12 months rated 15% among boys as opposed to 11% among girls, while use in a period of 30 days was 8% for boys and 5% for girls. Therefore, between 1995 and 2011, the average gender gap of illicit drug use increased from 11% to 20% respectively. This significantly shows how more boys than girls have used or have tried substances. However the rates for lifetime non-prescription drug use, such as tranquillisers and sedatives, are reversed. On average in 2011, more girls had reported using non-prescription drugs than boys (8% Vs 5% respectively). Therefore addiction to non-
prescription drugs is easier for women due to the easier access to these anti-anxiety, anti-depressants and anti-pain pills that they are offered: as equal opportunities increase, we may in turn wish that this easy access to self medication did not carry the opportunity for addiction (Bourdet, 2013).

**Prevalence of Substance Use and Gender.** Drugs are more likely to be abused by men than women. According to a National Household Survey (1999) on drug abuse, 4.5% of women and 8.1% of men, out of 25,000 respondents older than 12 years of age, had used illegal drugs in the previous month. However, when the opportunity arises, women are as likely as men to use drugs. Research conducted by Dr. Anthony (NIDA supported scientist, 1999), focused on gender differences in drug abuse. He says that “males are more likely than females to have an opportunity to use drugs. There is no male-female difference with respect to trying a drug once an opportunity to do so has been experienced.” He backs up this claim by stating that within one year he found that 44.2% of men and 42% of women took the opportunity presented to them to begin using marijuana; 37.7% of men and 33.2% of women began using cocaine; 50.5% of men and 50% of women began using hallucinogens; and 14.6% of males and 22.1% of women began using heroin. However, Dr. Anthony found that women are more likely to get the opportunity to use cocaine at a younger age than men. While for marijuana, heroin and hallucinogens, no age difference was found for ‘first opportunities’ (Zickler, 2000).

Alcohol studies show that men are more likely to suffer from alcohol addiction than women. In fact, according to estimations made by the World Health Organization, around 1 out of 5 men and around 1 out of 12 women in developed countries develop alcohol dependence. A few hypothesized reasons for this difference between gender are that alcohol is metabolized differently in men as they feel the alcohol effects later and to a less extent than women. However, greater amount of health risks present themselves to women who drink
alcohol as research shows that they are more likely to suffer from organ damage, breast
cancer, chronic diseases, cardiovascular and neurological problems, and psychological and
social issues. Equally, men also have their own complications due to alcohol. For instance,
men find it harder to stop drinking and are found to suffer from longer term health issues,
such as liver and brain disease, cognitive problems, depression, and sexual dysfunction:
infertility, erection failure and a rise in sexual aggression (DARA, 2016).

**Addictive Careers and Gender.**

The U.S National Survey on Drug Use and Health found that in 2008, 11.5% of males
from ages 12 upwards were found to have abused of substances or had dependence problems,
whilst only 6.4% of women admitted to having the same problem. Women tend to succumb
to a phenomenon known as telescoping in which they tend to progress quickly from using an
addictive substance, to becoming dependant. In the case of alcohol, this happens because
women’s systems tend to absorb alcohol quicker than men’s due to the enzyme that breaks
down alcohol called alcohol dehydrogenase which works slower for women. Women, unlike
men, are also more likely to suffer from consequences due to their addictions, as they find it
harder to quit and are also more likely to suffer from relapses. Such differences may affect
their treatment. In fact women are found to be more vulnerable to trauma, and interpersonal
and alcohol related organ damage than men. Some of which include: liver and brain damage;
heart disease; breast cancer; and victims of violence or accidents (USDHHS, SAMHSA,
OAS, 2008).

Women’s substance use is associated to six patterns:

1. Gender Gap Narrowing: Rates of alcohol and drug use is increasing shrinking the gender
gap between males and females.
2. People of Introduction and Relationship Status: Women are more likely to be introduced to drinking and drugs through a significant other such as boyfriends, spouses, family and friends.

3. Drug Injection and Relationships: According to Bryant and Treloar (2007), women are less likely to inject drugs, however if they do, research suggests that they are more likely to accelerate to injecting at a faster rate than men. Bryant and Treloar (2007), also found that whilst the men buy and inject the drug for them, the women find sharing and drug using with their sexual partner a sense of emotional intimacy. However, even though women may initiate drug use due to relationships, it is important to realise that initiation of drug injection is as likely to occur on their own too.

4. Earlier Patterns Reflect Later Problems: Anderson et al. (2003) and Morgan et al. (2008) found that drinking moderately in early adulthood is a predictor of later heavy drinking and alcohol-related substance use disorders in women. Furthermore, women who start smoking from a young age are too more likely to start drinking and using drugs, unlike those women who don’t smoke.

5. Responsibilities and Pattern of Use: When given caregiver responsibilities, women are more likely to temporarily change their patterns of use. According to SAMHSA (2004), during pregnancy, women are more likely to abstain or curtail from alcohol and drug use, even though they may continue use afterwards.

6. Progression and Consequences of Use: Even though women are more likely to progress into drug and alcohol use due to biological vulnerability, variations in progression and the biopsychosocial consequences of substance use may also be due to racial/ethnic differences, age and socioeconomic status.
Models of Addiction. Previously, most research conducted only focused on addiction in males. However, the importance of gender in medical research and treatment has increased in recent years, as there is now recognition of the difference between the biologic and psychosocial differences that men and women face which may influence the prevalence, comorbidity, presentation and treatment of substance abusers (Back, 2006).

To better understand addiction, the biopsychosocial model is used which gives importance to the interaction between the biological, social and psychological factors.

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Psychological differences: Addictions effect someone psychologically by decreasing pleasures of everyday life:

- makes a person moody, depressed, anxious, paranoid and violent;
- causes mental illness complications;
- psychological tolerance to the addiction’s effects causing a desire to increase the amount intake;
- hallucinations;
- and the desire to engage in risky behaviour.
However, these effects are more prominent in women as we can see through co-occurring disorders (COD). In fact, the most common COD’s in women who substance abuse are eating disorders, depression, anxiety and borderline personality disorders, as opposed to men whose most frequent COD is Antisocial Personality Disorders (APD). While female alcoholics also have higher suicide attempts than men do and female adolescents with ADHD have a great risk for substance abuse (Back, 2006).

*Social differences:* Socially, addictions may not only effect how one is perceived but also effects the person’s family life too. Families of the addict are often deceived, stolen from and may sometimes get hurt physically and/or emotionally. Some addicts don’t realise how out of control they may be and in turn do not seek treatment. They would be oblivious to the problems they may cause to themselves and to others around them, whilst other addicts who do see the problems they are causing, may be upset and confused and would not know how to ask for the help that they require (Dayton, 2015). However, reintegration back into society after treatment can also be a problem due to stigmas and barriers that women especially face.

*Biological differences:* Here the effects of addictions on the body and genetic predispositions to develop addictions are the main biological factors to be focused on (Jordan-O'Reilly, 2012).

In addition to this, biological effects on women are always greater, than that of men. As mentioned above, women are more likely to suffer from liver and brain damage, heart disease and breast cancer. While females may also suffer from menstrual disorders due to excessive drinking or drug use in which in turn may lead to infertility. However, not enough studies have been made to indicate whether this
reproductive dysfunction is related only to substance abuse or whether it is due to a combination of substance abuse and factors that are genetic and environmental.

**Onset.** Studies show that addiction careers differ for males and females. Rosenbaum (1980) stated that women are more likely to begin their addictive careers due to the relationships they may have with men (Anderson, 2001).

Data shows that 70% of women who abuse of substances have been sexually abused by the age of 16, and most likely have one parent who also abused of drugs or/and alcohol. Low self-esteem, low self-confidence, feelings of powerless and loneliness are common factors found in a women who abuses of substances (NIDA, 1994).

Having conducted an identity-based approach, Anderson (1998), found gender socialization the perfect way to explain how individuals attain a drug-related identity. From his study, while also supporting Henderson and Boyd’s (1992) research of gender scripts and addiction, he found that early and bad marginalization experiences arise when males and females departure from their masculine and feminine scripts early on. In addition to this, other experiences that may lead to addiction are caretaking responsibilities for siblings or/and other family members, early parenthood, and harsh and regular domestic responsibilities: such as cooking, cleaning, and earning money to support their family (Anderson, 2001).

**Maintenance.** Psychological factors do not only contribute towards the development of addiction, but also to the maintenance of addiction too. According to learning theories, one of the theories derived from psychological factors, one is taught that the maintenance for such substance abuse, depends on whether the action observed is perceived as being reinforced or punished. However, in the biological perspective, the dopamine reward system is taught to be the maintenance of addiction as it provides an
‘emotional’ reward to the constant user. Classical conditioning explains this: once the individual is about to receive, and receives the substance they are addicted to, dopamine is released resulting in maintenance of a strong response that is very hard to extinct (Clark, 2016).

When an individual maintains their drug career, a correlation between crime and drug use can be found. One such correlation is crime related to funds, as individuals need to fund their addiction, in which they do so through criminal acts and prostitution (NCADD, 2015).

**Desistance.** Anderson, together with Bondi (1998), found gender differences when it came to desisting from drug abuse. Women are more likely than men to desist from addiction due to family reasons. Women’s desistance focuses more on the emotional and personal aspects of addictive experiences, while men’s desistance focuses more on financial and external reasons (Anderson, 2001).

Reasons for addiction desistance differs from one individual to another. Romantic relationships and subjective reasoning are some of the reasons for individuals to stop abusing of substances (Colman, 2011).

Desistance from addiction is also more likely to occur, when these individuals experience positive support from family, employers, and friends who do not substance use and abuse (Fisher & Beckett, 2006).

**Treatment**

Treatment is meant to help individuals suffering from addiction to stop the uncontrollable drive to seek and use substances. Addiction is characterised by the occasional relapse, so short term or one time treatment is usually not enough to help the individual,
therefore treatment usually involves many interventions and regular checkups (NIDA, Principles of Drug Addiction Treatment, 2012).

Treatment for men and women differs, although both genders have equal chances to overcome substance abuse once they get the beneficial treatment needed. Research shows that if all treatment patients get the right services specific to their needs, (support from family or/and friends; help finding a job afterwards), then they are more likely to avoid or limit relapses (Women and Men: 5 Ways Gender Impacts Addiction and Recovery. (2015, July 13). Retrieved from https://www.futuresofpalmbeach.com/blog/gender-impacts-addiction/).

Treatments vary from behavioural therapies, to treatment medications, to individual and group therapies, and to a combination of therapies for some. Behavioural therapies help by motivating individuals to actively participate in substance treatments by offering methods for coping with substance cravings, methods to avoid substances to prevent relapses, and help the patient deal with relapse if it occurs. Treatment medication such as methadone, buprenorphine and naltrexone are medications to treat individuals addicted to opioids; while disulfiram, acamprosate and naltrexone are medications to treat individuals who suffer from alcohol dependence, which usually co-occurs with other drug addictions. Individual and group therapies help by promoting abstinence and a non-substance using lifestyle, by providing social reinforcement and support. A combination of therapies is useful for those individuals who, apart from being addicts, also suffer from other health issues, such as: HIV and depression, occupational issues, legal issues, family issues, and social issues. Antidepressants, anti-anxiety agents, mood stabilizers and antipsychotic medications are all psychoactive medications that may be beneficial for treatment success when patients constantly suffer from depression, anxiety disorders, bipolar disorders, or schizophrenia: all co-occurring mental disorders (NIDA, Principles of Drug Addiction Treatment, 2012).
According to Weisner and Schmidt, women are more likely to seek help in a health treatment facilitation, where their reasons to why they enter is different to that of men. Whereas men usually seek help for job related issues, women usually seek help due to child rearing difficulties and social services department’s (DSS) influence into treatment (Brady & Carrie L, 1999).

In fact, research has shown that unlike men, women who seek treatment for drug abuse, have most likely suffered from physical and sexual trauma leading to (PTSD), post-traumatic stress disorder (NIDA, What are the unique needs of women with substance use disorders?, 2012).

However, many women face issues when contemplating treatment, such as lack of funding, lack of child care support, and stigmas that they may face. In fact, recent studies showed that women who were treated in a specialized female treatment unit had a better 2-year outcome than those women who were treated in a gender mixed unit. Units that give more importance to psychiatric comorbidity, family, parenting issues, victimization and gender specific barriers have higher success rates in treatment for women (Brady & Carrie L, 1999).

Over 60% of men seek treatment for alcohol or substance abuse. Often, men hesitate seeking treatment as they worry about blowing their ego, their image and their masculinity. However through constant support from family and friends, men have a better chance at entering treatment and recovering (Gender and Substance Abuse. (n.d.). Retrieved from http://alcoholrehab.com/drug-addiction/gender-and-substance-abuse/).

According to the EMCDDA Drug Report (2015), men who entered treatment for cannabis use over ranked women by 83%, cocaine use by 85%, amphetamine use by 71% and
heroin use by 80%. Drug-induced deaths were characterised by 22% of women and 78% of men (EMCDDA, 2015).

**Pregnancy and Addiction**

Using substances during pregnancy does not only expose the women to potentially dangerous and even long term effects, but also to her developing child. Stillbirth, sudden infant death syndrome, preterm birth, infant mortality, low birth weight, and slowed fetal growth are all risks that may increase when a mother smokes during pregnancy. While fetal alcohol spectrum disorders, characterised by cognitive behavioural problems and low birth weight are disorders that can occur when the mother drinks alcohol during pregnancy. However, mothers who still use drugs, including opioids, are at a high risk of giving birth to a baby who suffers from fetal distress, abnormal developments and negative birth effects such as withdrawal syndrome also known as neonatal abstinence syndrome (NAS). Seizures, feeding difficulties, low birth weight, breathing problems, and death are all risks of NAS (NIDA, What are the unique needs of pregnant women with substance use disorders?, 2012).

**Pregnancy and Treatment.** In such cases of abuse during pregnancy, maintenance of methadone together with prenatal care and a strict drug treatment program can help better any damaging outcomes that are related to untreated heroin abuse. However, newborn babies who were previously exposed to methadone during pregnancy will still need treatment for withdrawal symptoms. On the other hand, buprenorphine, another medication to treat opioid dependence, has shown to produce less NAS symptoms in newborns than methadone and result in leaving hospital earlier (NIDA, What are the unique needs of pregnant women with substance use disorders?, 2012).

Drug use during pregnancy may also lead to delayed prenatal care as a result of fearing the potential legal consequences that they may have to face.
It is also likely that in the future, once these children start school, some may need additional educational support to help them overcome any behavioural, attentional and thinking deficits they may develop (NIDA, Addiction and Health, 2012).

Social Reintegration and Stigma

Upon release, these individuals face many challenges to reintegrate back into society. Employment, obtaining housing, and regaining custody of children are a few of the issues that one may face. Successful reintegration would include employment, family support, financial stability, involvement in substance abuse programs, and stabilizing any forms of mental illnesses. Unfortunately, when it comes to employment or housing, not many employers or neighbours would want to employ or live next to an ex-addict.

As the role of a woman is usually seen as nurturer and a child carer, negative views of that woman follow when they do no take on that role and follow a different path. For instance, a pregnant woman who abuses of substances is in most cases automatically viewed as a bad mother by society because she has broken the law.

Upon entering treatment, the planning process of reintegration must start from the first day. Following release, women must apply for health care, achieve financial stability through work, find a drug free place to live, maintain recovery from addiction, and must try to rebuild a relationship with their families once again. Unfortunately many women end up homeless or living in areas that do not support sober living, therefore strong support is extremely important as to try and keep these women from falling back into their previous life of substance abuse and/ or criminal activities. However, this is more important to women with children as many of the mothers in treatment only have one thing on their mind: reunification with their children. Therefore if the treatment goals are not met, the goal of being with their children again may be seen as merely impossible (Successful Reintegration
Conclusion

In looking at all the different themes and issues that affect women in the criminal justice system, women’s issues are also quite clearly society’s issues: racism, poverty, sexism, domestic violence, substance abuse, and sexual abuse (S. Convington, 2001).

From all of this, one may also learn that women and men are made up of different biological components when it comes to addiction and substance use intake. Onset, peak and desistance differs across both genders.

In my belief, communities of support are very important for reintegration back into society. During the transition from one environment to another, women and men alike need that hand to pull themselves back onto their feet. Also, when seeking treatment, rehabilitation should not be seen as something that is embarrassing or for some an impossible reach. It should be available to all with reassurance that their lives will only get better.

Chapter 3: Methodology

This chapter explains the rationale of the methodology used in this study. Each stage of the research process is described, including the recruitment of participants, the method of data collection, and the data analysis. This is followed by the ethical considerations and an exploration of the rigour of the study.

The Research Approach

Research has consistently documented how gender impacts on addictive careers and how women’s movement in and out of addiction is impacted by a number of contingencies. The aim of this study is to explore professional’s perspectives on gender and addiction in the
local context. In Malta little research has addressed this gender dimension. This research agenda lends itself to a number of research questions. It seeks to explore whether professionals conceptualize female addictive careers as following different career trajectories; and will also explore the perceived barriers experienced by women in relation to social reintegration.

For the purpose of this study, a semi structured interview guide was the chosen research tool. This was done because, the qualitative approach is the best way to elicit professional’s perspective.

Advantages of conducting interviews are that: the researcher can collect feedback from the respondent immediately; can probe the interviewee for further data; can observe the interviewee to evaluate further; can interact with the interviewee on a personal level; and can explain one’s self better to the interviewee if he or she has any questions.

However, disadvantages of this approach are that: interviews are time consuming and must be prepared from before, interviewer bias can effect data collection, and can be costly too (Minter, 2003).

Research Design

Data Collection. In order to collect vast information on the perspectives of professionals, an in-depth interview is ideal for such research. In this study, semi-structured interviews were used.

Participant Selection. For the purpose of my study, I conducted interviews with 5 professionals who have worked within the field of gender and addiction: a medical doctor; a counsellor; a social worker; a psychologist; and a psychiatrist.
The sample in this study was selected through purposive sampling, defined by Cresswell and Clark, (2011), as individuals who are professionals within the field of interest, chosen specifically by the researcher. Bernard (2002) and Spradley (1979), go on to say that this sampling type is chosen so that the researcher can gather as much resourceful and in depth information about the study, in a reflective way (Palinkas, et al., 2013).

When I initially started my study, multiple professionals within my field of study, were suggested to me. However, I did not receive many responses in return. I then seeked recruitment through the Foundation for Social Welfare Services. Here, I sent my recruitment letter to the leader of the Psychology and Family Team within the service, who in turn forwarded it to the team, relevant to my study.

The recruitment letter can be found in appendix A.

**Interview Guide.** Questions were constructed from the information gathered from the literature review, together with any other questions which were deemed important to include during the interview. During the literature review, I came across multiple categories and subcategories that defined what addiction entails. I then managed to stipulate a research guide that addressed all the categories and subcategories that had emerged. Open-ended questions were used to encourage the participants to talk at length.

As my study is based on the perspective of professionals, my first question to them was about their point of view on the impact of gender and addictive careers. I then asked them about their opinion on gender and the impact it has on the onset, maintenance and desistance of the addictive career. Then, I went on to ask whether men and women face the same opportunities to enter treatment services and whether treatment needs differ. While I finished off my interview by asking about the challenges and effects that both genders face when reintegrating back into society.
Interviews were conducted at a time and place suggested by, and convenient to the professional.

The research guide can be found in appendix B.

**Procedure.** I sent the Executive Manager from the Social Welfare Services an information email regarding the study, who advised me to fill in a research request form for approval, as all research requests must first be ethically approved. Once I received the letter of approval from the Research Office (found in appendix E), I was asked to contact the Sedqa Services Manager to further discuss my research. He then sent me the email of the leader of the Psychology and Family team who forwarded my recruitment letter to the team. Appointments for the interviews were set up not long after.

The interviews were done over a 5 month period and the professionals were free to choose the locations they felt most comfortable in. All were conducted at the professional’s own work place. The interviews were conducted in English but the participants were allowed to switch to Maltese when they felt more comfortable to do so. Each interview lasted between 15 to 30 minutes.

When meeting the professionals for the interview, the purpose of the study was read to them so as to help them understand what the research entailed and a consent form was then signed, prior the interview. The questions were then asked, allowing them to freely talk about their experiences within their field. As the interviews progressed, eye-contact was maintained, nodding when appropriate, so as to adopt the role of an active listener.

The consent form can be found in appendix D.

**Data Analysis.**
In the Constant Comparative Method, Glaser and Strauss (1967), state that comparison is the main tool during data analysis. Theories can be developed through comparisons that the researcher made after collecting the data. Theoretical sampling and constant comparison are similar to each other. This implies that answers can be provided for questions that arise from the analysis and reflection of previously collected data. New data and previous data are analysed once again and compared. Categories should be chosen carefully enabling effective and efficient answers for new or previous questions that may arise, permitting progression of analysis and comparisons. Reflections and comparisons of new and previous material may be repeated over again, however, it is only when new cases do not carry new information that they become saturated categories. Validity increases when comparisons are highly valued (Boeije, 2002).

When using the Constant Comparative Method, coding is used throughout the research study so that the data can be compared. Coding consists of transcribed interviews, and audio/video recordings. As more topics or themes arise whilst working through the data, the number of codes increases. In qualitative research, three types of coding exist:

- **Open Coding** refers to the organisation of data to make sense of what has been collected;

- **Axial Coding** refers to making connections between categories;

- **Selective Coding** refers to selecting the categories that lead to the development of information leading to theoretical approaches (Vickers & Offredy, 2015).

**The Constant Comparative Method**

Glaser and Strauss (1967) found that this method involves many stages:
• One must first identify an event, object, setting or phenomenon that is of interest to the researcher for the study;

• Identify process, structural, conceptual or principle features of the interested subject;

• Decide how one is going to collect the data necessary about this phenomenon;

• Use theoretical sampling: this refers to the groups or subgroups that the researcher needs to collect the data necessary for the study (Cohen & Crabtree, 2006).

Analysis was done by transcribing all audio recordings collected into text. Memos, which are side notes deemed important from the transcripts, were then collected. Coding was then conducted as multiple categories, subcategories and themes emerged. Propositions were then developed, and ground-in-data was then linked to the literature previously collected from other studies. This table of categories and themes can be found in appendix C.

Ethical Considerations

Before the study could be conducted, the study had to be approved by the Dissertation Committe at the University of Malta. The Code of Ethics and Conduct by the Maltese Psychology Profession Board (2013), states that researchers must obtain signed consent from all research participants, ensuring that they understand the nature and aim of the study. In this study, the recruitment letter and the consent form both had knowledgable information about the study, while the consent form also ensured the participant’s rights to anonymity and the right to decline or withdraw from participating in the study at any time. The consent form was only signed once the participant agreed to participate.

Rigour of the Study
Reliability and validity are defined as the quality, trustworthiness and the rigor found in qualitative research. According to Denzin (1987), in order to enable validity and reliability during data collection, the researcher must eradicate any personal biases, and use triangulation in order to increase truthfulness. This is defined by Creswell and Miller (2000), as a valid “procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study.” Therefore, in order to establish truths, reliability, validity and triangulation must be redefined in order to act as relevant research concepts (Golafshani, 2003).

Many strategies were implemented to ensure the validity and trustworthiness of this study. Firstly, professionals chosen for the interview, were professionals found within the field of addiction. During the interview, I made sure to try and affirm what was being said by the interviewee, by actively listening and repeating to ensure validity. Transcriptions were then transcribed on my own to familiarise myself with what each interviewee had to say.

Reflexivity

Cutcliffe and McKenna (2002) define reflexivity as mainly used for qualitative research by the researchers to validate their research practices. Parker (1999), states that reflexivity involves reflecting on the researcher’s own personal beliefs, experiences and views, considering how any personal biases may affect their research. Willig (2001), believes that upon understanding reflexivity, reflection is important for the researcher to conduct throughout their research, when making assumptions about their study (Lamber, Jomeen, & McSherry, 2010).

When addressing reflexivity, there are two such types:

- **Personal reflexivity**, by which the researcher reflects on their own experiences and beliefs stipulated during their research;
• *Epistemological reflexivity*, by which the researcher must reflect on the assumptions they have gathered during their study. Through reflexivity, the reader is enabled to enter the researcher’s thoughts (H.L. Goodall, 2008).

My interviews were conducted with both male and female professionals within this field of addiction, whom all had similar experiences. When reflecting on each interview, I did not experience any biases or personal opinions that did not agree with what was said, because, in my opinion, being a woman myself, I agreed that socially, culturally, physiologically and psychologically, we are differently structured to men.

**Conclusion**

The purpose of this chapter was to explain the processes involved in conducting this study. This way, one can then understand how I achieved the results and conclusions that follow in the next chapters.

**Chapter 4: Data Analysis**

**Introduction**

This chapter presents the data analysis of the interview material. Once coded, the conceptual categories which emerged as the best to elicit the professional’s perspective on gender are: ‘The Addictive Career’; ‘Treatment’; and ‘Social Reintegration’. Within these main conceptual categories, are a number of themes which are briefly explained and supported by key excerpts taken from the transcripts. The participants have been named participant 1, 2, 3, 4, and 5.

**The Addictive Career**
The professionals interviewed highlighted how the addictive careers of women, from onset through commitment and finally desistance, take different developmental pathways and are influenced by different contingencies from those of men.

**Onset.** Each professional mentioned that onset for boys is much different to that of girls. According to participants, while boys usually start experimenting from a young age, socially, together with their friends, girls are more likely to start when they spend a lot of time with individuals who are older than them; have a boyfriend from a young age; have partners who use or abuse of substances; and/or have been sexually abused. Participants also noted that, while they start later, progression for girls/women is very quick, unlike for men.

“...she is spending more time outside of the house, she is spending time with people who are much older than her and she has a boyfriend from a very young age, so that boyfriend will make her, model her, and impress her very easily. If that boyfriend becomes more important to her than her parents, then you have lost it. A boy will use drugs outside the home, but a girl will never do that. The girls will use drugs outside the home.” – Participant 1.

Referring back to my literature review, Rosenbaum (1980), affirms this by stating that women in relationships with men are more likely to begin their addictive career because of them (Anderson, 2001). While, a study showed that 70% of women who substance abuse, have been sexually abused by the age of 16, and are also more likely to have a parent who also abused of drugs or/and alcohol (NIDA,1994), thus confirming what has been said by my participants.

**Escalation.** In accordance with research on the subject, participants highlighted how women tend to succumb to a phenomenon known as telescoping, which means that women tend to progress from using to abusing of substances quickly (USDHHS, SAMHSA, OAS, 2008).

The participants all stressed that escalation occurs much faster for girls/women than it does for boys/men, as they tend to telescope their way through addiction. While adding
that, the easy access to legal drugs is one of the reasons for this. Women are more likely to use and abuse of prescribed or off-the-counter drugs for anxiety, depression and pain, which therefore, increases the opportunity for women to abuse of such substances. While men, are more likely to abuse of illegal substances.

Bourdét (2013), affirms this by stating that addiction to legal drugs is easier for women. In an ESPAD report (2011), more girls had reported using non-prescription drugs than boys (8% Vs % respectively) (Bourdet, 2013).

"Women take longer to start, but it is easier for a woman to abuse of over the counter medication, or prescribed medication. Men abuse more of illegal drugs... they are allowed to be naughty. Women are not allowed to ever, so when a woman overcomes that hurdle of ‘I don’t care, I want to play like men’, then her drug career is very quick, while men take it very slowly. A woman will snowball into the drug addiction.” - Participant 1.

According to participants, social and romantic relationships, and criminal acts also help to escalate one’s addiction. The literature highlights how women are more likely to be introduced to substances by a significant other: boyfriend, spouse, family and/or friends. The progression of criminal acts continues to increase, as some individuals do not realise how out of control they are getting: initially stealing from friends and family, to stealing from others around them.

Referring back to the literature review, some addicts do not realise how they are affecting those around them when they are out of control. Families of addicts are often deceived, stolen from and in turn hurt emotionally and/or physically too (Dayton, 2015).

"The career progression basically starts with a partner. They then continue using while they are in a relationship, sort of even if the relationship ends or not, the behaviour still keeps on being maintained.” – Participant 2.

This also coincides with what was previously said by Anderson (2001).
Commitment. As previously mentioned by the participants, social and romantic relationships are still prominent, as they are related to the commitment of addiction here too. However, they also highlighted that individuals need to fund their addiction, making women extremely likely to turn to prostitution, while men, more likely to turn to theft and other crimes.

“... most of the time, many of the women find themselves in prostitution. While men are more likely to fund their habit through certain criminal acts like theft, typically, females’ response towards maintenance would be prostitution, including all the problems related to prostitution.” – Participant 3.

This is supported in the literature review. Drug careers and crime often correlate, where crime is related to the funding too. To fund their addiction, individuals often turn to criminal acts and prostitution (NCADD, 2015).

Desistance. The participants point out that desistance from addiction, once again differs for men and women. Participants believe that pregnancy, motherhood, and separation from their children are the main reasons women tend to desist. While others, also tend to desist when they feel as though they have lost everything, or/ and when they enter hospitalisation. Supported by the literature review, men are more likely to desist for financial and external reasons, while, women’s desistance is more likely due to family reasons and focuses more on the emotional and person aspects of addictive experiences (Anderson, 2001).

“Women sometimes have children, so this life has an impact on them as well, because a lot of the women I have seen have told me, ‘Listen, I want to stop because of my children’, or ‘I want to stop because I do not want my children to go through the same experiences’, because unfortunately it does tend to be a recurring experience. Very often, many women, not all of them, stop using substances during their pregnancy. With men they do say, ‘Listen, I do not want my daughter or son to see me in this way.’, but it is again less heard of in sessions....” – Participant 2.

Treatment Services. Initially, many rehabilitation centres focused on the needs of men, rather than the needs of women. This was largely due to the fact that more men enter
into treatment than women, for various reasons: even though the access into treatment is open for anyone who needs it, barriers for treatment exist and differ between genders. This was emphasised by the professionals interviewed.

“I would say that as a service we are equally open for both. But as I said earlier, sometimes it is more difficult for women, especially because of health complications. You know if you have a man and a women going in for detox for methadone, a man you just regulate the methadone on the basis of how much they are abusing of substances, or according to how much they were abusing of substances before, and whether they are still abusing of substances while they are taking methadone. For women it might be different because it also means that if a woman is pregnant, then the dosage has to be altered and a lot of things must be put on hold... even to go for detox, a man could go at 6 in the morning and then go to work. A woman no, if she has children and she has to prepare the children for school, everything is put on hold or delayed.” – Participant 4.

Referring back to the literature review, this claim is supported. Women who contemplate treatment may face issues such as lack of child care support and stigmas. While studies showed that women who enter treatment in a female specialized unit have a better 2-year outcome than those who are treated in a mixed unit (Brady & Carrie L, 1999).

**Treatment Needs.** The treatment needs of men differs to the treatment needs of women. Whilst men can undergo group treatment, women tend to feel more comfortable in individual treatment settings. In fact, different physiological, social, cultural, and biological needs must be addressed when treating both genders.

Referring back to the literature review, according to Brady & Carrie (1999), units that give more importance to psychiatric comorbidity, family, parenting issues, victimization and gender specific barriers have higher success rates in treatment for women. Once again confirming what had been said by the participants.

“...with women there are other psychological issues that are present. I mean different diagnosis aswel, but there are more personality disorders that we usually have to work on, which makes it harder to treat sometimes.” – Participant 5.
GENDER AND ADDICTION IN THE LOCAL CONTEXT

“...it is both physiological but also social and cultural... women have certain needs that are different to men, besides physiologically or biologically, so to say, so I think we need to look at all the aspects...even the types of activities and the style by which they are delivered may need to be retaught.” – Participant 2.

Societal Reintegration

Reintegration Challenges. The challenges that both genders face while reintegrating back into society, once again, differ. Professionals interviewed emphasise how women tend to experience and carry more shame than men, while the stigma, the ability to find work and the social expectations that both genders face, also differs greatly. The expectations that society has on women are far greater than that of men.

Supported by the literature review, women having to carry the role of a nurturer or a child carer, are often perceived negatively if they do not take on or follow that role. Automatically, a pregnant woman who abuses of substances is perceived by society as a bad mother because she has broken the law (BBT, 2008).

“...if a man would have worked on the drug issue, that man is sometimes seen as the hero. If the woman would have worked on her issue, I think that women will always be thought of as unworthy or judged on her actions.” – Participant 2.

“...men are usually allowed, and actually expected, to play truant in society, while women’s expectations by society does not allow this sort of behaviour. The fact that women are perceived to have this mothering role to them, society tends to condemn any women who fails to portray it, even if they don’t have children.” – Participant 5.

Participants also emphasised that it tends to be harder for women to find work, because many of the jobs that women choose expect certificates and/ or clean records. While, if they have children to care for, the child minding aspect is also an issue. However, for men, although still difficult, it is still slightly easier to find a job, than it is for a woman, as the employers who would accept someone with such a background, tend to be manual labour workers, which are usually male oriented. While, the issue of being perceived as untrustworthy remains prevalent.
“There are places where people who are employers accept women from programs, but usually they are underpaid and it is shift duty, and shifts for women, unless you have someone who will for the children, are a big problem.” – Participant 1.

According to research found in my literature review, preparing for social reintegration begins from day 1 of treatment. After treatment, the individual must apply for health care, achieve financial stability through work, find a drug free place to live, maintain recovery from addiction and must work on rebuilding a relationship with their families once again. However, according to the professionals interviewed, many women end up homeless or living in areas that do not support sober living, turning them back into their cycle of addiction.

While, constant support from the treatment services and family and friends is extremely important, especially for those who have children, as for many, reunification with their children is their ultimate goal after treatment (BBT, 2008).

Conclusion

To conclude, the data analysis indicates that the most prevalent category present throughout all interviews was social expectations. This is found to have major effects within all aspects of addiction for women, as social expectations were found in the individual’s addictive career, the treatment, and within societal reintegration.

“We are speaking about a society where women have, sort of certain expectations to live up to...” – Participant 3.

As we can see, social expectations for women and men largely differ, where men are ‘expected’ to be and are ‘allowed’ to be naughty, while women are not.
Supported by the literature review, throughout all the different themes and issues that affect women, women’s issues are also quite clearly issues within society, such as racism, poverty, sexism, domestic violence, substance abuse and sexual abuse (Covington, 2001).

“...men don’t like it, but it is the truth, men are allowed to play all their lives. They have different toys, but they are allowed to play, they are allowed free time, they are allowed to be naughty. Women are not allowed to, ever...” – Participant 1.

We can say that it can be seen as a sort of taboo, for women to act in the same way as men. Therefore, we can conclude by saying that we live in a manmade world.

**Chapter 5: Conclusion**

**Main Findings**

The purpose of this study was to explore within the local context, how professionals in the field of addiction view differences between male and female and addiction.

From this study, I have found that addiction for males mainly starts socially, with friends to experiment. Girls on the other hand, usually start when they have social relationships with individuals who are much older than them, or/ and when they have been sexually abused at a young age.

While addiction for males occurs gradually, females enter into addiction much faster due to the physiological, psychological and biological differences.

Maintaining addiction differs too as men are more likely to take part in criminal activities such as theft, while women are more likely to enter into prostitution.

Desistance often occurs when a woman wants to give their child a better life free from this cycle of addiction and poverty. Even though some men may desist for the same reason, it is more likely for men to desist for financial reasons.
Women find it very hard to enter treatment if they have children as often due to the condemnations by society, support and help is not always offered or found. Many fear that their children may be taken away from them, so that acts as a barrier restricting them from seeking the help they need.

In cases where the children have been taken away, some women enter treatment aiming to get their children back. While others may feel as though they have lost it all, in turn spiralling further into addiction.

After treatment, the process of reintegration is difficult due to the social stigmas that both genders face. However, often for women, social stigmas faced are worse due to social expectations. Social expectations that women encounter are prevalent in all stages of addiction.

**limitations**

This research study has had some limitations. Firstly, it is important to highlight that my opinions, values and beliefs may have influenced the results I obtained in the study, even in the slightest way, despite my great efforts to avoid this from happening. Secondly, since addiction is still more prevalent in males, and most previous researches conducted focus on men, I had limitations finding research that focused solely on women. Thirdly, research on such a small sample size was also a limitation for me as this consequently limited the number of opinions available for my study.

**Recommendations for Future Research.**

**For Monitoring and Research.** This study recommends that researchers investigate the gender dimension of substance abuse further. Also recommending that studies are commissioned which address specific issues, such as the initiation, escalation, physical and psycho-social consequences for women as an ‘at risk’ category.
For Practice (Prevention and Treatment). This study recommends that the state should offer differentiated responses for women in relation to prevention, harm reduction and treatment. While, professionals should be trained on issues related to the gender dimension.

For policy. Drug policies should be ensured to address the gender dimension.

Final Note

Finally, I think that the benefits of my study encourage more research and support towards the welfare of women and hopefully encourages more women to seek the treatment that they may need. When conducting studies on this topic, it is important for researchers to acknowledge that many individuals who abuse of substances do not want to live a life of addiction forever. Encouraging help and support during treatment is extremely important for their wellbeing.

REFERENCES


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UNODC. (2013). Gender Mainstreaming in the Work of UNODC. *Guidance Note for UNODC Staff.*


APPENDICES

Appendix A

Information for Intermediaries

‘Espoir,
Apt2
Triq l-Istasija,
Tal-Ibragg Swieqi,
SWQ 2014
22/04/2015

Recruitment Letter

I am a second year university student reading for a degree in Psychology. As part fulfillment of my Bpsy course I will be carrying out research for my dissertation.

Research has consistently documented how gender impacts on addictive careers and how women’s movement in and out of addiction is impacted by a number of contingencies.

This research will explore professional’s perspectives on Gender and Addiction in the local context. In Malta little research has addressed this gender dimension. This research agenda lends itself to a number of research questions. It seeks to explore whether professionals conceptualize female addictive careers as following different career trajectories; and will also explore the perceived barriers experienced by women in relation to social reintegration.

The research will be conducted under the supervision of Prof. Marilyn Clark

I would like to ask you whether you would like to participate in this study through an interview on this subject. The interview will be circa an hour long and will take place at a place at your convenience. The interview will be audio recorded and the recording will be destroyed after the final grade once the dissertation is issued. Your participation in this interview is purely voluntary and you can stop the interview at will.

Thank you for considering my request. If you are interested in participating or in case you have any query or difficulty, you can contact me on: 99889555 or gabrielle.mallia.13@um.edu.mt

Yours sincerely,

______________________________
Gabrielle Mallia

______________________________
Tutor: Marilyn Clark
Appendix B
Interview Guide

Q1. From a professional point of view, what can you tell me the impact of gender on addictive careers?
Q2. As a professional in this field, how do you feel gender impacts on the onset of the addictive career?
Q3. How do you feel gender impacts on the maintenance of the addictive career?
Q4. How do you feel gender impacts on the desistance of the addictive career?
Q5. Do women face the same opportunities to access treatment services? Can we discuss this please?
Q6. Do women have different treatment needs than that of men? Can we discuss this further please?
Q7. Once treatment is completed, is there any support to help both genders reintegrate into society? Can we discuss this?
Q8. Is it harder for women or men to reintegrate into society? Do men and women face different reintegration challenges?
Q9. Do the women and men who reintegrate into society face any sort of stigmas? Could we discuss this further please?
Q10. How do these stigmas effect them?

Note. As this is an interview guide, questions asked may differ slightly during the interview.
### Appendix C

#### Categories of Data Analysis

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictive Career</td>
<td>Onset</td>
<td>- Girls – spending a lot of time with individuals older than them.</td>
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<tr>
<td></td>
<td></td>
<td>- Having a boyfriend from a young age.</td>
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<td></td>
<td></td>
<td>- Sexual abuse.</td>
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<td></td>
<td></td>
<td>- Partners who use or abuse of substances.</td>
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<tr>
<td></td>
<td>Escalation</td>
<td>- Easy access to drugs – legal and illegal</td>
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<td></td>
<td>- Snowballing into addiction.</td>
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<td></td>
<td></td>
<td>- Social relationships.</td>
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<td></td>
<td></td>
<td>- Romantic relationships.</td>
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<td></td>
<td>Commitment</td>
<td>- Criminal acts.</td>
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<tr>
<td></td>
<td>Desistance</td>
<td>- Prostitution.</td>
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<tr>
<td></td>
<td></td>
<td>- Social relationships.</td>
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<tr>
<td></td>
<td></td>
<td>- Romantic relationships.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Money to fund the addiction</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
<td>- Pregnancy and motherhood.</td>
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<tr>
<td></td>
<td>Treatment Services</td>
<td>- Separation from their children.</td>
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<tr>
<td></td>
<td></td>
<td>- Reaching rock bottom.</td>
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<td></td>
<td></td>
<td>- Hospitalisation.</td>
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<td></td>
<td></td>
<td>- Not many clinics for women.</td>
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<td></td>
<td></td>
<td>- Mainly male orientated.</td>
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<td></td>
<td></td>
<td>- DDU for women at Mount Carmel.</td>
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<td></td>
<td></td>
<td>- Sedqa.</td>
</tr>
</tbody>
</table>
### Treatment Needs

- Treatment access differs between genders.
- Well-being of women.
- Treatment needs differ between genders.
- Different physiological, social, cultural, biological needs must be addressed between genders.
- Group therapy sessions better for men.

<table>
<thead>
<tr>
<th>Societal Reintegration</th>
<th>Reintegration Challenges</th>
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<tbody>
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</table>

The social expectations of women are the core category as it is found in all categories.
Appendix D

Consent Form for Participants

Name of Researcher: Gabrielle Mallia
Address: ‘Espoir’ Apt2 Triq L-istasija Tal-Ibragg Swieqi SWQ 2014
Phone No: 99889555

Title of dissertation: Gender and Addiction from a Professional’s Perspective.

Statement of purpose of the study: Research has consistently documented how gender impacts on addictive careers and how women’s movement in and out of addiction is impacted by a number of contingencies.

This research will explore professional’s perspectives on Gender and Addiction in the local context. In Malta little research has addressed this gender dimension. This research agenda lends itself to a number of research questions. It seeks to explore whether professionals conceptualize female addictive careers as following different career trajectories; and will also explore the perceived barriers experienced by women in relation to social reintegration.

Methods of data collection: Interview

Use made of the information: For dissertation purposes only.

Guarantees:
I will abide by the following conditions:

i. Your real name will not be used in the study.
ii. You are free to quit from the study at any point and for whatever reason. In the case that you withdraw, all records and information collected will be destroyed.
iii. There will be no deception in the data collection process.
iv. The interview will be audiorecorded.
v. The recording will be destroyed as soon as the final grade for the dissertation is issued
vi. Any stories shared will be kept in full confidence.
vii. You will receive a copy of this research on a CD.

I agree to the conditions:

Name of participant: ________________________
Signature: ________________________
Date: _______________
I agree to the conditions: 

Researcher’s Name: Gabrielle Mallia 

Researcher’s Signature: __________________ 

Tutor’s Name: Marilyn Clark 

Tutor’s Signature: __________________
Dear Ms. Mallia

Please find attached the letter of approval from the Research Office in regards to your request to conduct research with the FSWS. Although the Research Office is giving you approval the Service Provider and the Participants still retain the right to refuse any research at any time.

Please contact Mr. Godwin Saliba, Sedqa Services Manager, to further discuss your research and to set up appointments accordingly. Also, please make sure that the condition set in the approval (please refer to the second page of the attached document) is met.

May I also take the opportunity to kindly request that you provide the Research Office with a copy of your final study once a grade has been allocated?

Good luck with your studies!

Regards,

Ronald Balzan
Executive (II) - Research
Research Office

Tel: (+356) 2258 8938
Email: ronald.balzan@gov.mt

212, Cannon Road, Sta. Venera SVR 9034

Foundation for Social Welfare Services

Incorporating

Agenzija Sedqa  Agenzija Sapport  Agenzija Appogg
21st December 2015

Espoir, Apartment 2,
Triq l-Istasija
Tal-Ibrag

Ref no: 422/1

To whom it concern,

Gabrielle Mallia’s request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore ‘Gender and Addiction from a Professional’s Perspective’.

After reviewing this request, the Research Office has given approval for the researcher to conduct interviews.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

Regards,

Ronald Balzan

Ronald Balzan
Executive (ID) - Research