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An Equal Right to Addiction

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The gender convergence hypothesis, originally proposed in the early 1980s, has always been tinged with irony. There is now a sizable body of evidence to support its claim that, as populations move towards greater gender equity, women come to drink more like men. I believe that this is partly because drinking and intoxication are symbolic acts—acts that manifest deeper divisions and inequities within societies. Those allowed to drink freely—traditionally, men of high economic standing—tend also to be among those at the top of the status hierarchy. One symbol of their privilege, power and independence is the freedom to drink and to drink to intoxication. When women become more economically equal to men, they are allowed to join the gentlemen's club and to drink with less restraint. Among the many privileges afforded the modern working woman is the right to a three-martini lunch. The irony is that along with the equal right to drink may come a more equal burden of alcohol-attributable health harms, abuse and dependence.

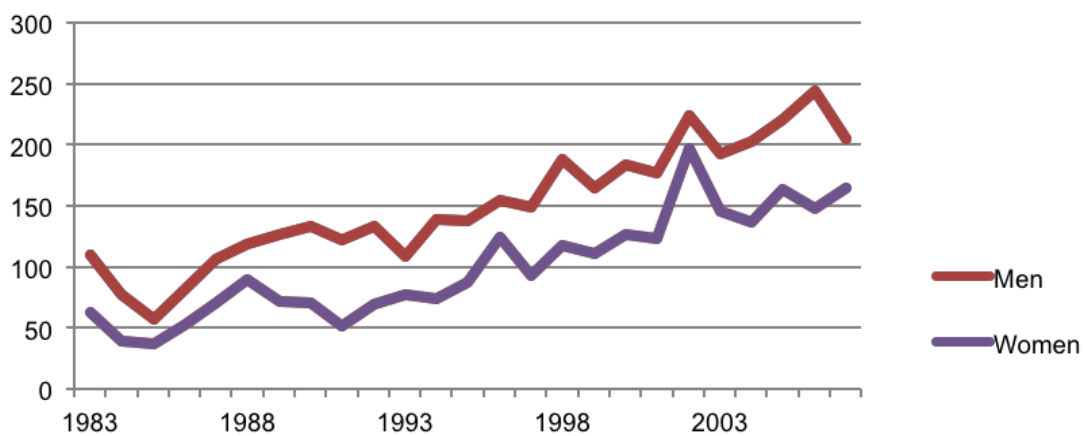
In a novel analysis of the gender convergence hypothesis, Steingrimsdóttir et al. take this hint of irony to its logical conclusion. Drawing on data from patient registries in all of Iceland's psychiatric hospitals over the past quarter-century, they measure secular changes in the gender gap among patients treated for addictive disorders. They show that, between 1983 and 2007, the gender gap for alcohol use disorders (AUDs) significantly narrowed—from a 4:2 to 1:5 male-to-female ratio. Meanwhile, they find no statistically significant changes in the gender gap for substance use disorders (SUDs), which only travels from a male/female ratio of 1.7 to 1.2 during this time span.

My main objection to Steingrímsson et al.'s paper is that it underplays the broader significance of the changes observed. The authors, for example, argue that a "limitation" of their analysis is that the narrowing gender gap in AUDs could be attributable to changes in treatment seeking by women. But this seems precisely the point. From a broad societal standpoint, gender convergence in drinking is a manifestation of changing norms as women begin to shed their traditional status as subordinates to men. A likely consequence is some lifting of the veil of stigma for women who experience alcohol problems, allowing more to admit they have a problem and seek help. Indeed, American feminists are not at all inhibited about asserting the woman addict's "equal right" to substance abuse treatment.⁽⁹⁾ Using trends data, researchers have shown that gendered drinking norms in the US began to fade with the rise of feminism. Normative shifts of this kind have also been linked to changes in social pressuring and the willingness to seek help in general population studies.

Steingrímsson et al. also underplay a rather striking increase in the number of Icelandic women in treatment for SUDs, conservatively noting that the gender gap in SUDs, unlike AUDs, is "not statistically significant." Their focus on tracking the gender gap—the ratio of men to women in treatment—tends to obscure a substantial increase in the absolute number of women treated for an SUD. My rendering of their data in Figure 1 shows the crude numbers of women and men treated for SUDs over time. (Numbers, rather than proportions, are adequate for this demonstration because base rates of men and women are fairly similar and stable over time.) The figure shows that for both genders, numbers treated for an SUD have been on the rise since 1983. By 2007, there are 2.58 times more women treated for an SUD compared to the 1983 baseline; there is a more modest 1.87 increase among men.

I suspect that Steingrímsson et al. hesitate to more forcefully assert the convergence hypothesis for a couple of reasons. There is, of course, the need to present one's findings with appropriate caveats and cautions if authors want to make their way through the rigorous peer reviews required by a major science journal like *Addiction*. But at a deeper level, it is simply difficult to offer up evidence that more equal rights for women, where it has occurred, has not necessarily been an unmitigated success. Evidence of gender convergence in addictive disorders is what Max Weber would have called "an inconvenient fact." It exposes the reality that the record on equal rights for women isn't completely unblemished. With the rising fortunes and freedoms brought by upward mobility also tend to come increases in alcohol consumption and problems—for both men and women alike. At the end of the day, Steingrímsson et al. should be commended for bringing this inconvenient fact to light, even if they do so with a bit of guardedness and hesitation.

Figure 1. Number of patients admitted annually to psychiatric hospitals for a substance use disorder



Source: Steingrimsson, et al., 2012, Table 1.

References

1. Fillmore KM. "When Angels Fall": Women's Drinking as Cultural Preoccupation and as a Reality. In: Wilsnack SC, Beckman LJ, editors. *Alcohol Problems in Women*. New York: Guilford Press; 1984. p. 7-36.
2. Keyes KM, Li G, Hasin DS. Birth Cohort Effects and Gender Differences in Alcohol Epidemiology: A Review and Synthesis. *Alcoholism: Clinical and Experimental Research*. 2011;35(12):2101-012.
3. Keyes KM, Grant BF, Hasin DS. Evidence for a Closing Gender Gap in Alcohol Use, Abuse, and Dependence in the United States. *Drug and Alcohol Dependence*. 2008;93:21-9.
4. Bloomfield K, Gmel G, NEve R, Mustonen H. Investigating Gender Convergence in Alcohol Consumption in Finland, Germany, The Netherlands, and Switzerland: A Repeated Survey Analysis. *Substance Abuse*. 2001;22(1):39-53.
5. McPherson M, Casswell S, Pledger M. Gender Convergence in Alcohol Consumption and Related Problems: Issues and Outcomes from Comparisons of New Zealand Survey Data. *Addiction*. 2004;99:738-48.
6. Knupfer G, Room R. Age, Sex and Social Class as Factors in Amount of Drinking in a Metropolitan Community. *Social Problems*. 1964;12(2):224-40.
7. Steingrimsson S, Carlsen H, Sigusson S, Magnusson A. The Changing Gender Gap in Substance Use Disorder: A Total Population Based Study of Psychiatric Inpatients. *Addiction*. 2012.

8. Greenfield SF, Brooks AJ, Gordon SM, Green CA, Dropp F, McHugh RK, et al. Substance Abuse Treatment Entry, Retention, and Outcome in Women: A Review of the Literature. *Drug and Alcohol Dependence*. 2007;86:1-21.
9. Schmidt LA, Weisner CM. The Emergence of Problem-Drinking Women as a Special Population in Need of Treatment. *Recent Developments in Alcoholism*. 1995;12.
10. Greenfield TK, Room R. Situational Norms for Drinking and Drunkenness: Trends in the U.S. Adult Population, 1979-1990. *Addiction*. 1997;92(1):33-47.
11. Room R, Bondy SJ, Ferris J. Determinants of Suggestions for Alcohol Treatment. *Addiction*. 1996;91(5):643-55.
12. Room R, Greenfield T, Weisner C. People Who Might Have Liked You to Drink Less: Changing Responses to Drinking by U.S. Family Members and Friends, 1979-1990. *Contemporary Drug Problems*. 1991;18(4):573-95.
13. Schmidt LA, Makela P, Rehm J, Room R. Alcohol: Equity and Social Determinants. In: Blas E, Kurup AS, editors. *Equity, Social Determinants and Public Health Programmes*. Geneva, Switzerland: World Health Organization; 2010. p. 11-29.
14. Schmidt LA, Room R. Alcohol and Inequity in the Process of Economic Development: Contributions from Ethnographic Research. *International Journal of Alcohol and Drug Research*. 2012;1(1):1-15.