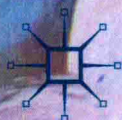


GENDERING ADDICTION

**THE POLITICS OF DRUG TREATMENT
IN A NEUROCHEMICAL WORLD**



**NANCY D. CAMPBELL AND
ELIZABETH ETTORRE**



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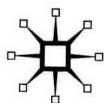
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First published 2011 by
PALGRAVE MACMILLAN

Palgrave Macmillan in the UK is an imprint of Macmillan Publishers Limited, registered in England, company number 785998, of Houndmills, Basingstoke, Hampshire RG21 6XS.

Palgrave Macmillan in the US is a division of St Martin's Press LLC, 175 Fifth Avenue, New York, NY 10010.

Palgrave Macmillan is the global academic imprint of the above companies and has companies and representatives throughout the world.

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ISBN 978–0–230–22855–9

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources. Logging, pulping and manufacturing processes are expected to conform to the environmental regulations of the country of origin.

A catalogue record for this book is available from the British Library.

Library of Congress Cataloging-in-Publication Data

Campbell, Nancy D. (Nancy Dianne), 1963–

Gendering addiction: the politics of drug treatment in a neurochemical world/Nancy Campbell, Elizabeth Ettorre.

p. cm.

Includes index.

ISBN 978–0–230–22855–9 (alk. paper)

1. Women drug addicts—Rehabilitation—United States. 2. Women—Drug use—United States. 3. Drug abuse—Treatment—United States. 4. Sex discrimination against women—United States. I. Ettorre, Elizabeth, 1948– II. Title.

HV5824.W6C347 2011

616.86'06082—dc22

2011013739

10 9 8 7 6 5 4 3 2 1
20 19 18 17 16 15 14 13 12 11

Printed and bound in Great Britain by
CPI Antony Rowe, Chippenham and Eastbourne

Gendering Addiction

*With gratitude and respect, we dedicate this book to our
feminist mentors, Donna J. Haraway and Susanne MacGregor*

Acknowledgements

Nancy D. Campbell would like to thank the Office of the Provost of Rensselaer Polytechnic Institute for granting the sabbatical leave that it took to finish this book in fall 2010. She also gratefully acknowledges the NSF RAMP UP Career Campaign Award that enabled the collaboration and the writing of the initial proposal. She gratefully acknowledges all those she interviewed for this book, including Carol Boyd, Vivian Brown, Norma Finkelstein, Loretta Finnegan, Lynn M. Paltrow, Nancy Paull, and Beth Glover Reed for their path-breaking work on behalf of drug-using women. She thanks Ned Woodhouse, Grace Campbell Woodhouse, and Isaac Campbell Eglash for affording her the time and space to write. Elizabeth (Betsy) Ettorre would like to thank Rensselaer Polytechnic Institute for the grant that was used to travel to the US and write the initial book proposal at Wiawaka Women's Retreat, Lake George, NY. A special thanks to the lovely women who were working there and/or visiting there at the time. Betsy also wishes to thank all of the women interviewed for the UK side of the study, including Virginia Berridge, Dorothy Black, Anne Delargy, Annas Dixon, Viv Evans, Cindy Fazey, Susanne MacGregor, Faye Macrory, Fiona Measham, Shirley Otto, and Betsy Thom. Betsy thanks Irmeli Laitinen for her support in the writing process. Both Nancy and Betsy are grateful to those who made it possible to present our work in progress: Carol Boyd and the University of Michigan Institute for Research on Women and Gender and the Substance Abuse Research Center; the Association for Feminist Epistemologies, Methodologies, and Science Studies; and Margrit Shildrick, Azrini Wahidin, and Deborah Steinberg who organized the seminar 'Estranged Bodies' funded by the Economic and Social Research Council, UK and sponsored by the Universities of Queen's (Belfast), Warwick and Liverpool. Given that we found the writing of this book a pleasurable feminist experience in the sharing of our ideas, we recommend this way of working to feminist scholars everywhere.

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Introduction: Making Gender Matter: Drug-Using Women, Embodiment, and the Epistemologies of Ignorance

This book brings to bear the ideas of feminist sociology of knowledge, situated knowledge and ignorance, and standpoint epistemologies (Figueroa and Harding, 2003; Haraway, 1988; Harding, 1991, 1998, 2006, 2008; Hartsock, 1984; Smith, 1990) upon a basic injustice that has grave consequences for the human rights of drug-using women. Despite concerted efforts since the 1970s, most women who need drug treatment in the US and UK still do not get it – because it is delivered in ways they cannot take up. This book is about ongoing attempts to meet a basic need that has not been met. Why not?

We argue that knowledge-making practices in the drug research and treatment arena make it resistant to acknowledging the gendered, classed, and racialized power differentials that structure the lives of drug-using women. Without such knowledge, we argue that what we need to know about women's specific needs will continue *not* to be known. We craft a critical historical and sociological framework showing how feminist knowledge production became a promising route for overcoming the pervasive 'epistemology of ignorance' that prevails in this arena.¹ Why have women drug users been marginalized so consistently in treatment and policy circles? Why has it been so difficult for feminists to carve out spaces in which to create, support, and sustain 'gender-aware', 'gender-sensitive', or 'gender-responsive' drug treatment during the latter part of the twentieth century? Why, knowing that so many women still cannot get what they need in terms of healthcare and economic and social support, do we persist in criminalizing them – as if prosecuting women will make the situations for which they are held responsible anything but worse? Finally, knowing that criminalization takes a huge toll on poor women, particularly those who are members

of racial-ethnic and sexual minorities, why do we lack the political will to bring about reproductive justice for all?

Multiple 'epistemologies of ignorance' work along gendered, sexualized, classed, and racialized lines to make knowing 'what women need' difficult to discern in this domain. These epistemologies define 'what women need' in popular women's culture as divorced from feminist political thought, which is typically viewed as a destabilizing force. We examine the historical emergence of 'feminist drug treatment' and 'feminist drug research' in the broader context of the women's health, reproductive rights, and sexual rights movements. Women who used drugs and alcohol in socially problematic ways were among those women who were initially invisible to these social movements. Even within the women's movement, women's drug and alcohol use and abuse were considered emblematic failures of gendered performativity (Ettorre, 2007) – drug-using women were seen as 'failures' as women. Drug-using women are not epistemologically credible; they continue to be constructed as wilfully wayward women who are morally corrupt and 'deviant' in socially unacceptable ways (Campbell, 2000). With the current relocation of the site of 'addiction' from the body to the brain, the dynamic we trace in this book produces an 'embodied deviance'² (Ettorre, 2007: 29) that is today represented as one among many forms taken by new forms of 'neurochemical deviance'.

Neurochemical deviance is seen as both productive of drug-using subjects – as causative, as productive of *problematic subjects and identities* – and as the long-term effect of a drug-using lifestyle. In effect, addiction research explores how drug-using bodies are variously configured as 'causal forces' under different social conditions.³ Weinberg (2002) argues that when looking at the body as a materially incarnate social force, addiction researchers should recognize that while the visible 'symptoms' of addiction consist in social and cultural transgressions, the underlying 'nature' of addiction is usually located in bodily pathology, deficit, or vulnerability (1). Thus, drug users are viewed as materially constituted subjects whose very embodied 'essence' is to be marked as deviant, abject, and 'other', and they are thus positioned as deserving the very social exclusions that exacerbate their otherness. Public policy may be used to create a more inclusive climate that locates drug-using women within the social body – or to further exacerbate social distance.

While the cultural logics of 'neurochemical selves' in 'psychopharmacological societies' (Rose, 2007) are somewhat new, the cultural figures of the abject, feminized drug user are drawn from an older lexicon shaped by governing mentalities described by Nancy Campbell (2000),

which offers an account of how the 'figures' of drug-using women have been 'used' in US drug policy discourse. Similar 'figures' have been used in the UK to depict women drug users as embroiled in 'malign constellations of abusive partners/ pimps, failures of the care system and coercion into street prostitution' (MacDonald, Shildrick, and Simpson, 2007: 168). Now marked as 'embodied deviants' whose very brains differ in structure and function from those of the 'normal', women so marked are considered fatally flawed at the level of neurochemical selfhood and neurobiopolitical citizenship. This book documents the 'difference' that gender makes in the lives of drug-using women, and in conclusion returns to take up the question of what difference gender makes in a neurochemical era.

'Gendering addiction' is our name for a precise vector of analysis that encourages the elaboration of critical feminist theory and reflexive research practices in the drugs field. As feminists, we attempt to delve into the conceptual and epistemological cauldrons that produce, construct, and resist difference, as well as sameness and reconciliation. We argue that 'gendering addiction' can be accomplished without essentializing women, who hail from a wide range of racial-ethnic formations, class, sexualities, abilities, ages, and other forms of difference, and who engage in a vast array of types and practices of substance use. We avoid essentialism in our own historical and sociological work by characterizing the knowledge paradigms that have structured policy, clinical practice, and knowledge production. At first we planned to 'recycle' the classical and postmodern⁴ paradigms that Elizabeth Ettore (2007) outlined in earlier work delving into the tensions in our knowledge awareness of the overall significance of gender and drugs. Keen to flag up key notions and related research practices characterizing these paradigms, Ettore contended that the postmodern paradigm was more conducive to feminist, emancipatory, and anti-oppressive stances, while the assumptions of the classical paradigm were rather obsolete. However, in this book we reconsider these paradigms as co-constitutive, co-occurring, and concurrent 'modes of knowledge' based on different forms of expertise, skills, education, experiences, vocabularies, and disciplines (see Figure I.1). The classical mode of knowledge roughly corresponds to what Campbell (2000) termed the 'governing mentalities' of discourse on drugs issuing from scientific, therapeutic, and policy communities concerned with controlling drug users.

Governing mentalities are the dominant conceptual frames in which truth-claims about how to govern the unruly 'make sense', and are composed of assumptions and images that structure the apparatus of

Classical mode	Postclassical mode
Epistemology of ignorance in which there are no gendered bodies	Epistemology of embodiment based on recognition of gender
Theory of addiction: Chronic, relapsing brain disease suffered by an individual brain abstracted from social circumstances	Theory of addiction: Arises from adaptive relationship situated within social contexts, cultural geographies, and local economies that make drug use likely
Power differentials and inequalities are not recognized	Power differentials and inequalities are recognized
Modernist rehabilitation moulds individual subjects to conform with dominant social norms	New Social Movements for civil rights, women's rights, human rights; 'new'-style identities, self-modulation is 'postdisciplinary'
Epidemiological	Epistemological
Deterministic	Non-deterministic
Resistant to gender-sensitivity	Gender-sensitive; emphasizes agentic corporeality
Target of intervention: brain and behaviour of sick, maladjusted, misbehaving individual	Target of intervention: relationships between person, drug, and social context
One drug of choice	Poly-substance, pick 'n' mix scene
Drug use is most salient aspect of identity	Many intersecting salient aspects of identity, including gender, race, class, sexuality, ability/disability
Anti-social	'Truly social'
Abstinence is the condition for re-entry into full citizenship and human rights	Non-conditional: all have full citizenship and human rights regardless of drug-use status, which cannot be used as conditional basis for denying rights
Universal, one-size-fits-all treatment approaches	Cultural competence and specificity, treatment situated within community
Addicts, ex-addicts, and non-addicts are the full sum of possible identities	Consumers, survivors, recovering persons, people are not either/or but in a process
Driven by deviance amplification and moral panics	Resistant to deviance amplification, critical of moral panics

Figure 1.1 Modes of knowledge

knowledge production within each mode. The classical mode also maps onto Elianne Riska's account of the central role of *medicalization* in sociological theories of social control and feminist theories of patriarchy. The feminist epistemological mode, on the other hand, corresponds to the role of *biomedicalization* in post-structuralist theories of the gendered ways in which relational constructions of bodies marked masculine and feminine work in post-disciplinary societies.⁵ In shifting towards a post-structuralist analysis of a body 'governed' not only through discursive inscription and definitional processes, but now through self-definition and an 'empowerment model' that encourages active navigation of the health system, Riska demonstrates the influence of both the women's health and consumer's movements within the current regime of *biomedicalization* (2010: 148–53). Forms of 'empowerment' and 'agency' also differ between disciplinary and post-disciplinary societies, medicalized and biomedicalized regimes, and classical and epistemological modes of knowledge. Forms of embodiment – and the meanings attached to the corporeal and moments when the 'corporeal irrupt[s] into consciousness' (Shildrick, 2002: 4) – differ in their proximity to vulnerability, abjection or monstrosity, and otherness, and in their capacity to evoke ambivalent responses that range from tolerance to empathy to disgust.

We aim to show how different forms of embodied deviance, including those now understood as embodied in the neurochemistry of 'the brain', arise out of disciplinary and post-disciplinary societies and are translated into treatment and public policy. Arising as it did out of the social organization of knowledge and control central to disciplinary society, the 'classical paradigm' or mode of knowledge locates and responds to addiction as a disease of individual bodies and brains. Proponents of this governing mentality have sought to mould individuals to conform with dominant social norms through work discipline, vocational and recreational therapies, and health routines consistent with abstinence. Today, however, this mode finds its culmination in an emerging range of pharmacotherapies aimed at modulating 'neurochemical selves', suggesting that the governing notion of agency is shifting away from abstinence and towards forms of consumption favoured in post-disciplinary societies (Vrecko, 2009: 219). As pharmacotherapies for addiction become more available, older forms of modernist 'rehabilitation' and 'normalization' have given way to the current ambition of 'modulation' and even 'self-modulation'. Addict subjects are convinced to modulate themselves by targeting specific activities and practices such as drug use 'behaviours' or 'maternal habits', emphasizing for women drug users the 'positive aspects of motherhood' (Klee, 2002: 149). All drug users are told to seek

expert help through pharmacotherapy for modulating specific parts of their brains and neurotransmitter systems. Drug use has been claimed to alter the structure and function of the addict's brain, sometimes in permanent and irreversible ways.⁶ While the 'fragmentation' of the subject targeted for technological intervention may appear to be *less* subject to social or disciplinary control, the form of control goes *deep* in seeking to rearrange bodily and neurochemical processes, often at the molecular level. 'Gender' is located within neurochemical and hormonal processes: while there are no gendered bodies in this knowledge paradigm, there are sex-differentiated brains. This paradigm or mode of knowledge has moved towards a neurochemobiological determinism accompanied by a fundamental neglect of social processes, except insofar as they affect gene expression or other aspects of brain structure or function. This mode of knowledge is deeply 'anti-social', despite its former commitment to converting 'deviant bodies' into conformance with dominant social norms.

The 'epistemological paradigm' is a 'contending mentality' that focuses on knowledges of embodiment in recognizing how social power differentials position 'addicts' and acknowledging the pervasive 'epistemologies of ignorance' that structure knowledge practices in the drugs arena. This mode responds to a pressing need for new knowledge about social relations in post-disciplinary societies stratified by race, class, gender, and other modes of difference, but also stratified, increasingly, by health status and categorization within multiple biomedical diagnoses and classificatory systems. Calls for new knowledges may seem utopian – however, we remind our readers that the women's health movement has successfully mobilized conceptual and practical tools enabling the production of new knowledges that changed patterns of ignorance about the embodied deviance of women's bodies. We argue that the women's health movement enabled a shift between the classical governing mentalities and the new epistemology we see taking shape to get underway. In practical terms, however, the governing mentalities of drugs, drug control, and scientific research undertaken for the sake of social control remain dominant in ways that make it difficult to create and sustain gender-specific treatment that drug-using women are able to take up. As a result, the shift between the classical modes of knowledge and the post-disciplinary mode has been uneven, contested, and is almost nowhere complete. Given that drug-using women typically occupy subordinate social locations, they are often passed over by feminist movements for health equity, reproductive rights, and sexual freedom due to the stigma and moralizing surrounding drug and alcohol use which exist in these movements.⁷ We argue that the epistemologies of ignorance that persist within otherwise liberatory

feminist movements can be remedied through an approach rooted in feminist knowledge produced on the basis of embodiment, generating a sense of agentic corporeality, and paying attention to lived realities that are structured by and through power differentials.

The need for feminist theory and research practice in the drugs field

Campbell (2000: 223) contends that feminist theory is a 'critical practice' capable of dislocating careless adherence to the governing mentalities embedded in prevailing patterns of thought, perception and practice in any policy domain. Feminist theorists are compelled 'to return to a set of normative commitments based on the recognition of social inequality, economic dislocation and political exclusion' (Campbell, 2000: 223). With these ideas in mind, we as feminist theorists want not only to create innovative ideas about women drug users but also to begin to transform formative notions concerning the 'social location' of women drug users (Figueroa and Harding, 2003: 31). Our theoretical work is aimed at creating a society that is more reflexive about difference and which acknowledges the multiple and intersecting marginalities inhabited by drug-using women.

We want especially to cast doubt on normative beliefs and practices based on wilful ignorance of these realities – we see these as shaped in both marginalized and privileged spaces – and we would like those who hold these normative beliefs about the limits of drug-using women's agentic corporeality and subjectivity to feel uncomfortable about adhering to them. We would further like to show how normative beliefs about drug-taking comprise an epistemology of ignorance similar to Charles W. Mills' sense of the racial contract operating as an agreement not to know, to '*misinterpret the world*' and yet act as if this misrecognition constitutes a true account (1997; see also Tuana, 2004; Tuana and Sullivan, 2007). The whole point of identifying how epistemologies of ignorance work within modes of knowledge is not only to make feminist observations and construct feminist theories, but also to begin to affect changes that actively address the social, structural, and cultural relations that continue to single out and stigmatize 'addiction'. Feminist theory can help shape effective 'cultures of action' within political movements (Klawiter, 2008: 44). We document how women's treatment advocates constitute an 'epistemic culture' that has struggled on the margins of the larger drug treatment infrastructure and the public policy framework and research apparatus that sustains it.

A major problem has been the ways in which education, research, and theorizing (including feminist theorizing) have been used as weapons of colonization (Humm, 1992; Rich, 1980) to reinforce the 'imperializing' trajectory of Western knowledge systems (Harding, 2006: 12; 2008: 153). In the dominant academic and governmental arena of the drugs field, feminism has never been taken as seriously as it should be, nor has it been considered a viable research concern or a realistic therapeutic option within the major treatment modalities. Perhaps an anecdote from one of our respondents can illustrate what we mean: after decades of emphasizing that confrontational style 'therapeutic communities' (TCs) can damage women who have been traumatized in their past or present lives, an agency providing women's treatment within the US criminal justice system was asked to implement a model based upon the TC modality. What does this type of wilful mishearing mean? Why do punitive, hurtful and confrontational 'therapies' continue to be advanced even where there has been active and vocal women's advocacy to draw attention to the misfit between dominant practices and women's needs? In our field, both biomedical and criminal justice models predominate; the masculinist focus of these models has been highly visible and extremely well defended, if not rigidly adhered to. Within this masculinist focus are embedded 'mis-beliefs' such as the notion that women's struggles for liberation and equality have enabled women's incorporation into majority culture such that they can now be ignored in their specificity. Such 'mis-recognitions' make it seem as if the need for women's liberation passed with the movements of the 1960s and 1970s. Usually those who hold these misinterpretations do not attempt to expand their ways of thinking to include women at the margins, including black and ethnic minority women, transgender and lesbian women, indigenous women, working-class women, disabled women, etcetera. It is our view that until social justice is attained for *all* women, both those at the centre and those on the margins, feminism will still be needed as a source of embodied, cultural, intellectual, and political resistance in order to challenge the overwhelmingly masculinist focus in the academic research and clinical practice arenas of the drug addiction field.

Gender – An essential (not essentializing) notion for understanding drug cultures

The long history of women's treatment has simply not been documented. Our first chapter tells the story of women's treatment in the post-World War II US – what we call 'proto-feminist' responses to the growing

number of women and girls who showed up addicted to a variety of licit and illicit substances prior to the Second Wave feminist movement. Our second chapter takes up the early 'maternalist' programmes initiated by medical professionals in the midst of the women's movement of the 1970s. Despite some women's movement attention to women's alcohol and drug problems, Ettorre recalls that when she started working as a sociologist in the drugs field in the 1970s, women drug users were completely hidden from view (2007: 5–6). Indeed, when she was carrying out a study of all 30 of the Alcohol Treatment Units (ATUs) then operating in England (Ettorre, 1984, 1985a, 1985b, 1985c, 1988), she encountered only *one* woman patient in her research travels to all of these units. She recalls:

I remember the experience vividly. I had been ushered in to meet with staff at a Northern ATU and through an observation mirror I could see a group session going on. There in a group of all male patients and a male therapist was a middle aged very slim woman slumped in a chair. She looked dejected and miserable. I was so excited to see my first woman patient that I needed to calm myself down and not overlook how miserable she looked.

Women drug users were marginalized and stigmatized, while being silenced and were the targets of social injustice. To mark International Women's Year, Orianna Jossseau Kalant edited a now classic text, *Alcohol and Drug Problems in Women* (1975). In her Introduction, Kalant argued that research on women and substance misuse was a 'non-field', stating quite openly that the subjects of choice in addiction research areas were most frequently males, ranging from rats to college students (1980: 1). Her point was not to replace male with female rats or male with female college students in research designs, protocols or scientific investigations, but to emphasize how overlooked sex differences were apt to be. This was, as she said, extremely frustrating.

More than 30 years on, it is still extremely frustrating to note that in comparison to studies of men and drugs use, studies of women and drugs use remain relatively few (South and Teeman, 1999). Indeed, studies like Marsha Rosenbaum's classic *Women on Heroin* (1981) stand in 'splendid isolation' (Pearson, 1999: 482). Despite an increase in gender related or even gender specific research, women remain 'the second sex' in diagnostic definition, theory development, and clinical trial involvement (Stein and Cyr, 1997: 993). This empiricist and at times reductionist type of work is qualitatively different from in-depth, qualitative,