There is something intriguing in the gender aspect in substance abuse treatment today. It is difficult to claim that the treatment system was much more transparent in handling men’s and women’s problems when there were clear and publicly sanctioned different roles for men and women or when women were regarded by many as victims of male oppression. But today there seems to be confusion both about what to do in treatment and about how to interpret what is done.

This is clear also in two of the articles in this issue of Nordic Studies on Alcohol and Drugs. Jessica Storbjörk (2011) analyses gender differences in a large clinical sample from Stockholm county, looking at the consumption of substances, substance-related problems, routes to treatment, treatment experiences and the social situation among men and women. She finds, somewhat surprisingly, that the alcohol and drug consumption levels and prevalence of dependency among men and women in treatment do not differ significantly. The substance use per se, if there is such a thing, is handled in the treatment system in a gender-equal way.

And yet, more men are economically dependent on illegal activities or social allowances, while proportionally more women have (relatively more generous and socially more acceptable) sick-leave benefits. More men than women in treatment do not have a home of their own. Men have also more commonly been in prison or in contact with the criminal justice and social welfare systems, whereas women have comparatively often been treated within the general health care or mental health care systems.

While the differences between men and women are not always that dramatic, the problem-handling system, reflecting society at large, seems to define many substance-abusing men as undeserving poor. Their care and need of help will be individually needs-tested and the measures taken will more often be correctional or even punitive. Women with problems, on the other hand, more often receive better material security and professional treatment, including psychotropic drugs (which for some become a problem).

Storbjörk asks whether the long-standing focus on women’s unmet treatment needs has created real problems. This focus may have strengthened stereotypical conceptions about non-existent gender differences. It may also hinder the relevant handling of many men’s problems, because the needs of “undeserving” men have become invisible.
Editorial

Storbjörk’s question of whether women really need a more caring or empowering environment than men, or whether we need individualised rather than gender-differentiated treatment is very timely. It will likely be met with much sympathy within the treatment system. It is one way out of the general confusion surrounding gender differences. But one dramatic and clearly gender-related question remains: the special treatment requested for substance-abusing pregnant women.

The question of coercive treatment of pregnant substance abusers has previously been discussed in this journal (see, for instance, the editorial in 3/2009). It is taken up again in this issue by Therese Reitan (2011), who presents the first larger study of pregnant substance users in Swedish coercive treatment. Reitan shows that pregnant substance users as a group have a somewhat better housing situation than other abusers in the same age group, more often live with a partner and have a better health than others in coercive treatment. In some respects, these women have been treated relatively well by society, it seems. But the study goes on to show that pregnancy also in a situation where it is not a legal ground for coercive treatment provokes forced measures from society against women. And as data from Norway shows (see, for example, Rindal Lundeberg et al. 2010), these measures do not seem to effectively prevent alcohol-related damage to the foetus in Sweden, either, since most pregnant women in treatment are drug users. A troubling fact is also that a considerable proportion of the pregnant women in Swedish coercive treatment have already given birth to children who have been placed in foster care.

The target groups and goals of coercive treatment are good indicators of the limits of the prevailing normative tolerance in society. As the readers of this journal know, all Nordic countries either have (Norway) or are considering legislation about the coercive treatment of pregnant women with substance abuse problems. This extension of coercion to a new group was raised for a critical discussion in a Nordic conference on “Treatment without compulsion – a utopian idea?” (www.thl.fi/vardutantvang) in Vaasa, Finland, June 20–22 this year. One of the conference participants noted that if the goal of coercive treatment is to protect the children from substance-related damages, and not only while they are unborn, coercive measures against abusing fathers would target the gender that causes more harm to the children.

New interest in substance-related harms to others and particularly in the protection of children may further fuel a debate on gender and treatment.

REFERENCES