



A Brief Feminist Review and Critique of the Sociology of Alcohol-Use and Substance-Abuse Treatment Approaches

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Abstract

Guided by a sociology-of-gender framework, we provide an overview and critique of recent academic debates on substance-use, particularly alcohol-use. We note that substance use research has been useful for illuminating areas central to sociological inquiry. In limited scope, we focus on the relationships between alcohol-use, gender, marginalization, violence, and sexualities. Alcohol-use, we argue, is highly meaningful yet a paradox in that alcohol-use both upholds and violates gender and sexuality norms. The active construction of gender is particularly visible when focusing on alcohol, gender and violence. We also claim that alcohol plays a role in the maintenance of a gendered society. We conclude by offering suggestions for future sociologically informed research and treatment approaches.

Introduction

In this article we detail how research on alcohol-use, abuse and treatment speaks to important areas of sociological inquiry and feminist theory. While alcohol-use is our main focus in the present paper, we allude to substance-use research in general where appropriate. We begin by first reviewing long standing epidemiological patterns of alcohol-use and some of the theoretical orientations which attempt to explain them. We proceed with an overview of sociological research on interpersonal violence as a particularly troubling correlate of alcohol-use. We then review the current state of research on the relationship between gender, sexualities and alcohol-use. We conclude with a brief discussion of treatment and make recommendations for future research trajectories and treatment approaches.

Due to our interests in the reciprocal nature of social processes and contexts, our arguments here are informed by decades of qualitative research on substance-use and the construction of gender/masculinities (Caceres and Cortinas 1996; Ettorre 2007; Gefou-Madianou 1992; MacAndrew and Edgerton 1969; Palacios 2005; West 2001). Although statistical as well as mixed method studies have significantly enhanced our understanding of alcohol-use and gender, we privilege those pieces which have emphasized marginalization as a structuring feature of substance abuse. Examining substance-use and in particular alcohol-use research from a feminist framework illuminates the paradoxical role that drunkenness plays in both upholding and violating contested social norms.

Research on alcohol-use from sociological and criminological perspectives has in part been guided by elements of gender construction theory and more recently structured action theory (Messerschmidt 1993). Asking questions about who uses alcohol, when, how much, and why reveals processes of gender construction and marginalization. Those

researchers who have embraced intersectionality approaches to substance use research have subsequently advanced the sociology of gender by revealing how social processes structure gendered interaction and thus individual behavior. For example, structured action theory suggests that gender is salient and fluid (as is race, and ultimately sexuality), and is performed situationally in ways that sometimes alter one's core identities (Messerschmidt 1993). It also maintains that men and women are each capable of 'doing' masculinity or femininity. Importantly, gender performance (i.e. expression) is not only shaped by macro processes but also reproduces social structure at the local level. Such processes have been shown to exacerbate, curtail, or stem substance-use behaviors (Peralta 2002). Not conforming to gendered expectations for behavior, for example, can be grounds for marginalization (i.e. ostracization, rejection).

We suggest that key elements of sociological research on substance use have been guided by three overarching and interrelated research questions: (1) how are deviance and gender expressed? (2) What are the behavioral manifestations of dominance and marginalization (e.g. substance use)? And (3) how do the effects of marginalization differ by gender, sex, racial, ethnic, and sexualities? These guiding sociological questions – whether applied directly or indirectly to alcohol-use research – have yielded insightful results. Below we provide a brief review of the relevant research which speaks to social structure, gender, and substance use.

Alcohol-use patterns: a sociology of gender overview

Gender scholars continue to identify the need to understand inequality from a vantage point that includes gender, sex, race/ethnicity and sexuality as not only equally important variables, but as variables which inform, intersect, and impact one another in fundamental ways (Andersen 1983; Hill Collins 1990). Hegemonic masculinity and emphasized femininity are concepts referring to the dominant, idealized notions of sexual character and gender appropriate behavior/expression in society; they are ideals that are unquestioned and largely accepted as normal.

Published studies routinely suggest that White college males are disproportionately involved in heavy drinking and alcohol-related problems and other forms of drug use (Peralta 2005; Terry-Mcelrath et al. 2009; Wechsler and Kuo 2003). In explaining this pattern, some scholars have suggested that White males may be conforming to perceived drinking expectancies. Such a conclusion is demonstrative of extant social inequalities which structure substance use patterns differently depending on social status. Reviewing larger trends and consequences of alcohol-use by standard demographic characteristics produces an interesting socio-structural portrait of US society.

Despite some evidence of the closing sex gap in drinking (Keyes et al. 2008), men continue to drink more often and in greater quantities compared to women, and are beginning to drink at younger ages (Christie-Mizell and Peralta 2009). Approximately 62% of adult men reported drinking alcohol in the last 30 days and were more likely to binge drink than women (47%) during the same time period (CDC 2010a). Men average about 12.5 binge drinking episodes per person per year, while women average about 2.7 binge drinking episodes per year (Naimi et al. 2003). Notably most people who binge drink are not alcoholics or alcohol dependent (Dawson et al. 2005) which further suggests that social nature of drinking behavior among the majority of the populace (as opposed to individual level or genetics-based addiction concerns).

Adult men consistently have higher rates of alcohol-related deaths and hospitalizations than women (CDC 2010b). Among drivers in fatal motor-vehicle traffic crashes, men are

almost two times as likely as women to have been intoxicated (i.e. a blood alcohol concentration of 0.08% or greater, NHTSA 2010). Excessive alcohol consumption is associated with aggression and, as a result, can increase the risk of physically assaulting another person (Scott et al. 1999). Men are more likely than women to commit suicide and more likely to have been drinking prior to committing suicide (May et al. 2002).

Compared with young Whites, young African-Americans have consistently reported lower rates of alcohol-use, drunkenness, and alcohol-related problems (Dawson 1998; Ham and Hope 2003; Jones-Webb et al. 1997; Wechsler and Dowdall 1998). Interestingly, emerging research on immigrants utilizing segmented acculturation theory offers evidence for cultural ‘whiteness’ as a gendered risk factor for alcohol abuse. Zemore (2007) offers a comprehensive review of 32 studies on acculturation, Hispanic adults and alcohol use. Higher acculturation was consistently associated with higher odds of drinking among women, whereas relationships were weaker and ambiguous among men. Karriker-Jaffe and Zemore (2009) included social class analysis when examining a nationally representative sample of Hispanics. Men with higher acculturation levels were more likely to be drinkers, but only if they had above average incomes.

The association between higher alcohol consumption and the level of acculturation among women was explained by an adoption of US liberal drinking and gender norms (Caetano et al. 2008) and increased association with non-Hispanic peers who facilitate alcohol-use (Raffaelli et al. 2007). Nevertheless, high stigmatization of Hispanic women with drinking problems is mirrored in low treatment utilization rates for this group (Villarreal 2007; Zemore et al. 2009). However, data show significant variation across different Hispanic ethnic groups (Caetano et al. 2009; Eitle et al. 2009) and no acculturation effects at all for certain immigrant groups, for example, Koreans (Cook et al. 2009).

Trend data suggest the proportion of students who engage in heavy episodic or binge drinking behavior remains high (relatively consistent at 41–44%) – with men still more likely to engage in heavier and more frequent drinking. Moreover, White college students drink more and more often compared to African-American students (Peralta 2005; Terry-Mcelrath et al. 2009; Wechsler and Kuo 2003). Biological determinism has historically been used to justify and explain gender and race differences in social standing and behavior. Hormones, ‘natural differences’ between men and women/‘Blacks’ and ‘Whites’ as essentialist-based arguments are often used in public discourse to explain contemporary social disparities. Sociological explanations, however, highlight the social nature of these patterns.

Scholars have suggested that alcohol-use may be a resource by which people ‘do’ or construct masculinity (Connell and Messerschmidt 2005; Messerschmidt 1997). Examples of the influence of gender on drinking behavior include the ‘types’ of drinks consumed by men and women and what it *means* for women and men to consume alcohol, to ‘get drunk’, or to abstain altogether (Peralta and Cruz 2006). Attention to these concerns in qualitative research reveal how intersectionality unfolds while shedding light on the paradoxical role that drunkenness plays in both upholding and violating contested norms.

Peralta (2008) further reports that alcohol plays an important role in the process of ameliorating negative consequences associated with what he termed ‘gender blunders’, i.e. behaviors that violate gender norms which are redefined as ‘accidental’ and blamed on the effects of alcohol (Peralta 2008). Peralta documents how drunkenness – which in some but certainly not all contexts is a norm violation – can sometimes be used to excuse gender transgressions (e.g. men who weep publicly or ‘sexual promiscuity’ among women) and suggests that it is through the *use and acceptance* of alcohol-based excuses that the gender order is ultimately maintained and unchanged (George et al. 1988; Scully 1990; Stappenbeck and Fromme 2010).

In sum, alcohol research has borrowed from sociology to illuminate the structural processes and repercussions of status, gender, and deviant behavior (Huselid and Cooper 1992; Peralta et al. 2010a). Trends in sociological efforts to explain alcohol-use have been grounded in research on compensatory masculinity and how the pursuit of hegemonic masculinity influence both substance-use and violent behavior as well as lower-levels of use or abstinence (Gough and Edwards 1998; Hemmingsson et al. 1998; Peralta et al. 2010a; West 2001).

Alcohol and violence: a sociology of gender overview

The literature continues to evidence links between alcohol-use and violent behavior; a closer inspection of the symbolic nature of this relationship continues to be important. Across disciplines, research reveals a consistent pattern in which the social behaviors of alcohol-use and interpersonal violence co-occur (when considering the offender, the victim or both). In addition, males most often constitute the majority of violence assailants, drinkers, heavy drinkers, problem drinkers and the majority of violence victims (when combining stranger and known assailant victimization). Alcohol-use and violent behavior are thus clearly gendered phenomena (see Peralta et al. 2010a for a review of the recent alcohol-related violence literature).

The collective construction of hegemonic masculinity is most evident in alcohol-related sexualized and/or physical violence against women by assailants pursuing sexual contact. A significant proportion of sexual assault (Abbey et al. 2004) and other violence victimization (Scott et al. 1999) cases involve alcohol. Among women, victims of sexual assault are more likely to be acquainted with the perpetrator. Evidence suggests drugs and alcohol are used to debilitate women in the pursuit of sexual activity (Mohler-Kuo et al. 2004; Armstrong et al. 2004). Most sexual assaults, however, occurred in one study after women voluntarily consumed alcohol, whereas fewer occurred after women were given a drug without their knowledge or consent (Krebs et al. 2007). Alcohol-related assault is more likely to occur at parties or at bars as opposed to homes. Eighty-two percent of students experiencing unwanted sexual intercourse were under the influence when they were victimized (Dowdall 2007). Social expectations seem to be at play in producing these statistics (Abbey et al. 1998). For women, an expectation for friendly exchange likely occur in social settings (e.g. parties) – trust supersedes guard in such contexts. Men mistake friendliness for sexual interest and do not appear to see their behavior as forceful while women do. Alcohol-use thus appears to exacerbate gendered risks in alcohol-use situations especially among college students.

Research has consistently found a strong positive association between alcohol consumption and intimate partner violence (IPV). Across race and ethnic categories in a nationally representative study (i.e. White, Black, Hispanic), alcohol has been found to be involved in between 27% and 41% of male-on-female IPV instances (Caetano et al. 2000). Indeed, alcohol-involvement in assault is more likely to involve physical force against women regardless of relationship status (Young et al. 2008).

Given the scope and frequency of interpersonal violence and alcohol-related violence in US society, the question of whether and to what extent violence, especially alcohol-related violence, is in fact deviant (i.e. non-normative) deserves serious empirical attention. Violence is meaningful: for example, compulsory aggression among men legitimates male-on-male violence; sexual harassment and overt and covert racism is a method used to control public behavior; violence toward gay women and men and transgendered people is a punishment for gender transgression; rape is a form of domination found in

institutions such as prisons and intimate relationships (O'Toole et al. 2007). This tension between what is considered deviant and what is actually practiced is of intellectual and practical importance. Again, we the authors understand this tension to be influenced by gender and marginalization processes. In some situations, for example, alcohol-related violence is relatively accepted as normative male behavior (Peralta and Cruz 2006). When behavior is expected, efforts to identify behavior as harmful become scarce or undermined which results in continuation of the unwanted behavior. Examining the contexts (i.e. alcohol-use contexts) in which interpersonal violence occurs and the gendered meanings interpersonal violence has for perpetrators and victims alike is critical for understanding harmful behaviors.

Alcohol, gender, and sexualities

In this section, we highlight methodological advances (i.e. data availability; sexuality measures; related theoretical advances) in a subfield that remains underfunded and stigmatized (Epstein 2003; Hughes and Eliason 2002). The last 10 years have witnessed more sophisticated approaches to address the complex intersections between alcohol-use, gender, sexuality, race, and age. Alcohol research is becoming a useful prism through which to understand how we measure sexuality and gender and their interconnections in oppressive contexts. Research has largely emerged as a result of research on Lesbian, Gay, Bisexual and Transgender (LGBT) populations, although most alcohol research to date remains limited to lesbian, gay, and to a lesser extent bisexual populations. These efforts hold significant promise in shedding light on the processes of gender construction and marginalization.

Alcohol research among LGBT individuals has seen important methodological advances in the past decade. Because 'state-centered' LGBT health politics have emerged in the United States, sexuality measures are now increasingly included in large population surveys (Epstein 2003). A milestone in quantitative research is the first ever assessment of LGBT health in the decennial national health agenda 'Healthy People 2020' which is tied to national data collection as well as funding (DHHS 2010). The disjuncture between sexual identity (whether a person identifies as gay, bi, or queer), sexual practice (whether a person practices sex with same sex and/or other partners), and sexual desire (if a person feels attracted to same sex and/or other partners), however, complicates the operationalization of sexual orientation.

Research, for example, has found that identity and behavior measures were not congruent among respondents and alcohol-use rates thus varied (Hegna and Rossow 2007; Midanik et al. 2007). One methodological problem with using behavioral measures to catalog sexual identity is that, by default, they require respondents to report and/or have sexual partners. Collecting prevalence data from homosexual populations requires self-identification as homosexual or bisexual. This can become problematic methodologically insomuch as women, racial and ethnic minority men are more likely to identify as bisexual than homosexual (Caceres and Cortinas 1996; Hughes and Eliason 2002). Measures of lifetime experience with same sex partners may be the best tool to assess GLB subgroups that do not self-identify as gay (Eisenberg and Wechsler 2003).

Another methodological advancement is the focus on bisexual populations which traditionally have been grouped with homosexual individuals. Recent research offers consistent evidence that bisexually active women are at higher risk for elevated alcohol-use and alcohol-related problems (Burgard et al. 2010; Rosario 2008). With one exception (Bostwick et al. 2007), bisexual women were overwhelmingly found to report more binge

drinking (Conron et al. 2010; Midanik et al. 2007; Ziyadeh et al. 2007), hazardous drinking and depression (Wilsnack et al. 2008), and more general substance-use than young heterosexual or lesbian women in representative samples (Eisenberg and Wechsler 2003). Social factors such as stigma/marginalization – grounded in heterosexist contexts – may operate as a stressor and in turn contribute to alcohol-use particularly for bisexual women (Bostwick et al. 2007). Bisexual women have also been found to be marginalized by the gay and lesbian community (Hughes and Eliason 2002) which may further exacerbate substance-use risk.

Gender structures sexuality in that self-identified lesbians may align less with traditional gender roles; lesbians appear to be more free to be increasingly masculine or ‘butch’ without jeopardizing gender identity compared to gay men. Thus, lesbians may be more approving of alcohol-use and rely on bar settings more often for socialization purposes compared to their heterosexual female counterparts (Parks 1999; Drabble and Trocki 2005). Young ‘butch’ lesbian and bisexual women in a New York City sample reported drinking alcohol more frequently and in greater quantity than young ‘femme’ lesbian and bisexual women. These higher levels of alcohol use were associated with the need to express masculinity due to differential exposure to gay-related stress and marginalization (Rosario et al. 2008). Again, this emerging body of research suggests the symbolic value of public substance use for reinventing, navigating, challenging, or reinforcing gender systems and gender relations.

An innovative axis of analysis is offered by Parks and Hughes (2005) who present a cohort analysis among lesbians; their sample was divided into ‘Rights’ (ages 18–32), ‘Liberation’ (ages 33–48), and ‘Stonewall’ lesbians (ages 49–84). Consistent with trends in the general population, the authors found that the youngest ‘Rights’ generation reported more current heavy drinking and alcohol-related problems compared to the other two groups. Contrary to expectations, the ‘Liberation’ cohort significantly reported heavier initial drinking than the comparison cohort. Also reported was a potentially heightened risk for alcohol-related problems among older African-American and younger White and Hispanic Lesbians. Drawing on the same data, Parks and Hughes (2007) found that women who were younger when they disclosed their sexuality tended to experience more negative drinking consequences than women who disclosed at older ages. These are intriguing findings which shed light on the structuring effects of historical social-location on behavior.

Researchers have sought to illuminate factors such as internal identity conflicts (Pettinato 2008; Wong et al. 2008), the centrality of gay bars as safe havens and networking resources (Caceres and Cortinas 1996; Kerby et al. 2005; Parks 1999; Parks and Hughes 2005; Staddon 2005; Stall et al. 2001), and increased sexual victimization (Amadio et al. 2008; Conron et al. 2010; Pettinato 2008) to explain higher alcohol consumption rates among lesbian, gay, bisexual populations (LGB). It is prudent to also focus on unique societal stressors such as heterosexism and homophobia which are important elements of the matrix of domination (Hill Collins 1990). McCabe et al. (2010) measured associations between multiple forms of discrimination (i.e. sexuality, race, gender) and alcohol consumption. In their sample, sexual-orientation-discrimination was reported by more than one-third of LGB respondents during the past year (38.2%) and nearly one half prior to the past year (47.4%). Ten percent of LGB respondents reported all three types of discrimination of which 50% used alcohol and substances at an elevated level (Parks and Hughes 2005).

Research on youth and college samples reveal oppressive social structures as well. GLB college student samples generally report greater alcohol and illicit drug use and problematic

consequences compared to their heterosexual peers (McCabe et al. 2003; Reed et al. 2010). Data across 119 colleges in 39 states show that a stressful campus environment may contribute to increased substance-use behavior and related consequences (Eisenberg and Wechsler 2003). Compared to heterosexual students, GLB students were found to report more threats or experiences with physical and sexual violence and reported greater perceived stress which was significantly and positively associated with alcohol and drug use (Reed et al. 2010). Also, the national Youth Risk Behavior Survey reveals that health risk behavior among gay or lesbian students (9th–12th) grade was more prevalent than among heterosexual students in seven of the 10 measured risk behavior categories (behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management; YRBSS 2010). It is important to note that being a GLBT college student amounts to gender and sexuality transgression to which majority students may be negatively reacting – thus highlighting a structural condition as a potential determinant of substance-use.

In sum, studies continue to demonstrate that gay men have higher rates of alcohol-use and abuse (Wong et al. 2008), particularly in urban areas (Stall et al. 2001). Also lesbian-identified women continue to have a significantly higher alcohol intake and related problems than heterosexual women (Burgard et al. 2010; Diamant et al. 2000; Drabble and Trocki 2005; Jaffe and Clance 2000). Not only do lesbians appear to drink more often compared to heterosexual women, but also appear to start drinking earlier in adolescence (Amadio et al. 2008). No significant differences are apparent between gay men and gay women in alcohol-related problems (Amadio et al. 2008). The lack of sex differences in alcohol-related problems is noteworthy given that research comparing males and females in the general population consistently find that males are disproportionately affected by alcohol-related problems. To date very little research in the alcohol research field has addressed the fact that sexualities are fluid and can be subject to change over the life course, thus the terms ‘lesbian’, ‘gay’, and ‘bisexual’ remain ambiguous and static in the extant literature.

Gender and sexualities in treatment

Due to page constraints, we present a brief overarching presentation of gender, sex, and sexuality concerns within existing treatment approaches. We specifically focus on LGB issues in treatment to highlight the general lack of research in this area. Systemic oppression through heteronormativity in a patriarchal context urge for more intersectional alcohol research in placing multi-marginalized groups at the center of analysis (Choo and Ferree 2011).

Men have long been the target and focus of research, prevention, and intervention without considering the gendered underpinnings of alcohol-use and alcohol-related problems despite evidence for the importance of gender (Greenfield et al. 2007b; Huselid and Cooper 1992). The recovery and treatment structure for alcohol and substance abuse in the United States in the 20th century has been highly influenced by a medical-model, dominated by the male and middle class discourse of Alcoholics Anonymous (AA), and mass-marketed via the ‘addiction treatment industry’ (Travis 2009).

The proportion of females among substance-abuse treatment clients has increased over the past decade, and female clients currently constitute about one-third of the treatment population, yet reports have shown that female substance abusers experience a number of barriers to receiving treatment (Brady and Ashley 2005; Greenfield et al. 2007b; Taylor 2010). Greenfield et al. (2007b) offers a comprehensive review on this topic. She identifies

maternal responsibilities, the lack of childcare in and outside of treatment, disadvantages in economic resources (e.g. insurance, employee assistance programs) due to lower educational attainment levels, less social/partner-support and greater social stigma for women as factors contributing to lower treatment levels for women. Mothers experience a particular double bind as they are labeled deviant as bad mothers (Ettorre 2007) in this context and thus fear having their children taken away (Taylor 2010); yet treatment facilities often do not address childcare needs (Brady and Ashley 2005; Green 2006). Also, women in particular are more likely to have trauma and abuse in their history than males. Interestingly, upon arrest for domestic violence, men are more likely to be ordered to receive anger management training. Research suggests that a hybrid approach that involves both anger management and substance-abuse treatment is necessary in that IPV and substance use co-occur at very high rates (Collins et al. 1997). Moreover, research suggests that a bi-modal approach produces better treatment outcomes (Goldkamp et al. 1996).

In response, a variety of feminist treatment approaches have been developed and evaluated since the mid to late 1990s. For example Amaro et al. (2001) offered a helpful theoretical blueprint on how to incorporate gender into substance-abuse prevention and treatment while discussing the need for girls and women-centered/gender-conscious treatment models. Programs such as the Trauma Recovery and Empowerment Model (TREM), a comprehensive trauma-informed treatment strategy, have become a challenge to traditional prevention and treatment approaches. TREM successfully addresses the long-term cognitive, emotional, and interpersonal consequences of women's sexual and physical abuse (Fallot and Harris 2002, 2004). Integrated treatment and trauma-sensitive approaches have shown promising results; the Boston Consortium of Services for Families in Recovery (a treatment approach targeting ethnic minority women) is a recent example (Amaro et al. 2007a,b). Gender and sex specific treatment approaches have proven to be more efficacious than mixed gender groups (Brady and Ashley 2005), particularly for women with low self-efficacy, (Greenfield et al. 2007a, 2010).

In an intersectional feminist recovery perspective, substance abuse has been identified as a symptom of gender oppression (Travis 2009) and as a reaction to shame and internalized homophobia (Bobbe 2002) within anti-oppressive postmodern theoretical frameworks (Ettorre 2005, 2007; Pettinato 2005). Qualitative accounts grounded in women's experiences in recovery have lately added to this literature by eliciting how covert and overt racism (Ehrmin 2002), traditional gender structures (particularly in rural areas, as in Grant 2008), and homophobia (Matthews et al. 2005; Staddon 2005) negatively impact recovery processes. Although the dominant discourse has been challenged and reshaped by feminist recovery advocates since the 1970s in AA and beyond AA orientations (Travis 2009), women and in particular LGBT populations oftentimes cannot find safe and affirmative treatment options and are labeled 'doubly deviant' if they do not suppress their sexuality (Staddon 2005, 74). Questions of institutional treatment thus remain an important topic in alcohol research.

While LGBT needs are becoming increasingly recognized in research and treatment (Wilsnack et al. 2008), treatment programs labeled LGBT-friendly may not be LGBT-oriented. Cochran et al. (2007) surveyed substance-use treatment programs in the United States and Puerto Rico and found that over 900 programs indicated that they offer specialized services for LGBT clients. However, only 7.4% of these programs could identify a specially tailored LGBT program. Especially addressing the 'T' in LGBT remains problematic as transgender persons are largely excluded from programs that are strictly segregated along dichotomous gender lines. Treatment environments have been found to be hostile against individuals visibly transgressing a formidable gender order

(Lombardi and van Servellen 2000). Research suggests the importance and success of specialized LGBT substance use treatment contexts where clients are free to either disclose or not disclose their sexuality (Jaffe and Clance 2000; Senreich 2010). Research also suggests that a non-heterosexist organizational climate is predictive of counselor affirmative behavior and success with LGB clients (Matthews and Selvidge 2005).

Suggestions for future research and treatment approaches

We need to better understand the fluidity and situatedness of gender that protect against or facilitate risky substance use practices and consequences. Future research should thus focus on ensuring that gender-orientation scales are included in research designs and that they measure what they intend to measure (traits or identity). Unless sex – as a biological phenomenon – is the variable of interest, sex should not be used as a proxy for gender in research on alcohol-use. In particular ‘binge drinking’ research needs to move beyond basic demographic descriptions of drinking differences among and between the sexes (Peralta et al. 2010b). Studying men versus women while taking femininity and masculinity for granted has curtailed our ability to understand how and why alcohol is used or not by men and women in a gendered society. Sociological analysis into the empirical question of whether gender versus sex matters for substance-use is important. Doing so holds promise for moving descriptive statistics on sex differences to a more focused and precise understanding of the gendered significance of substance-use. From such an orientation, we stand to gain a better understanding of power structures and gendered sources of substance-related problems.

Along these lines scholars need to not only include measures of gender identity in national quantitative health surveys, but also include nuanced behavioral measures that speak to the complexities of human sexuality (Midanik et al. 2007; Ziyadeh et al. 2007). Sexual orientation and gender identity are complex, multidimensional constructs. As such,

there is growing consensus that adequate assessment of these constructs requires multiple measures. For example, measurement of sexual orientation must include at least the three dimensions of behavior, identity, and attraction or desire (Hughes and Eliason 2002, 266).

Perhaps it is because men are at greater risk for alcohol-related problems (both perpetrating and experiencing) that research on alcohol has taken men and masculinity for granted – as ‘natural’ and therefore normal. We suggest that masculinity may be inextricably associated with problem-use, and not necessarily males *per se*; it is therefore prudent to examine the social nature of gender, how it is expressed and how alcohol-use contributes to gender performance. The dominant status of White masculinity (see Connell and Messerschmidt 2005), a status and process which requires the suppression of race, social-class, gender, and sexuality-minorities, has many repercussions that may manifest in alcohol and other substance-use behavior and their oftentimes deleterious outcomes.

In a postmodern power-reflexive framework (Ettorre 2007; Pettinato 2005), scholars should commit to a critical social research approach by not taking gender for granted. Researchers that have considered gender orientation, for example, find that gender is more predictive than sex for treatment outcomes (John et al. 2008; Klingemann and Gomez 2010). Treatment approaches that ignore intersections of gender, race, and sexuality tacitly assume that past research findings and hence policy implications will always be appropriate for all. A serious consideration of gender and sexualities holds promise for improving gender-blind prevention and intervention outcomes which are currently found

to have mixed results at best (Amaro et al. 2001; Greenfield et al. 2007b; Wechsler and Wuethrich 2002).

In recovery contexts, Caceres and Cortinas (1996) point out the dangers of engaging in a Western, primarily recovery industry-driven functionalist analysis that relies heavily on drinking as an individualized and pathological response to the environment or life experiences of a person. Patterns of alcohol use among various immigrant groups, as well as structural constraints of non-hegemonic sexualities, may be neglected by such paradigms. Scholars should also consider the hegemonic recovery industry (Travis 2009) and the process of sexualizing governance and medicalizing identity (Epstein 2003) in a reflexive research design and interpretation of results. Treatment programs need to be evaluated not only in quantitative but also in qualitative terms in regard to their ability to provide a non-racist, non-heterosexist environment for all possible intersecting experiences of recovery.

There is a significant lack of treatment attention to the problem of masculinity: this oversight renders masculinity a taken for granted phenomenon. The notion that a heavy and abusive drinking practice is a marker of healthy masculinity needs to be directly and consistently challenged. Because binge drinking continues to be of great concern for the US college population, reconsideration of prevention strategies for this population are especially in need. We encourage college administrators and health professionals to address hegemonic masculinity pursuits as they inform decisions to use alcohol. We suggest that athletic departments, coaches, fraternities and sororities be explicitly involved in training and prevention efforts given the prominence of gender and gender segregation in these contexts. Finally, prevention programs targeting men should make it clear that intoxicated or incapacitated individuals cannot legally or otherwise consent to sexual contact.

Among LGBT clients, treatment plans should acknowledge and include same sex partners; furthermore, traditional treatment approaches might have to be revised for sexual minority populations (e.g. cutting all ties with already limited social networks, in order to abstain from substances, Parks 1999). The courage to address structural power differentials in aiming to understand the labeling and marginalization processes associated with alcohol and substance-use can contribute greatly to research, prevention, and treatment.

Concluding thoughts

The relatively small biological differences in how alcohol affects women and men can be magnified by cultural norms for how women and men should or should not use alcohol. Alcohol-use can also effectively distance individuals from feminine characteristics which are all too often subverted in a sexist society. What is evident is that there are different pressures to drink or not to drink based upon varying intersecting social statuses (e.g. being male, feminine, gay, Hispanic).

Scholars have considered how gender differences in alcohol-use – in terms of how men's drinking exists in relation to women's or subjugated men's drinking – occurs. Gotoh (1994) argued that alcohol might be a symbolic tool to demonstrate stamina, self-control, non-conformity (the antithesis of submissiveness), and willingness to take risks. The making of masculinities and the reliance on men's bodies in the context of drinking coincide in the production of gender (Connell 1987; Peralta 2008). Behaviors such as alcohol-use and violence may also serve as an effective proxy for hegemonic masculinity for those without access to traditional markers of masculinity (e.g. heterosexual marriage,

fatherhood, gainful employment, material possessions like homes or automobiles) or require site physical characteristics (e.g. height, muscularity, body mass) (Peralta et al. 2010b).

Although it is more acceptable for women to drink publicly today, women's reasons for drinking appear to be grounded in a different historical legacy marked by more control and less freedom compared to men. While women, for example, are subject to far less condemnation for alcohol-use today than what might have occurred in the not-too-distant past, women who appear to be intoxicated continue to be at risk for stigmatization and violent victimization. Perhaps it is through women's ascribed deviant status stemming from 'drinking too much' that women are in effect dehumanized and thus rendered susceptible to violent assault in drinking contexts. Research on how the reproduction of social hierarchy is connected to drinking or abstinence behavior is thus a promising area of research (Peralta and Steele 2009). Examining other statuses that are susceptible to moral condemnation (e.g. ex-felons; the impoverished, prostitutes) in the context of alcohol and drug use can further enhance our theoretical understanding of the structuring effects of inequality on modern drug problems and can also make interdisciplinary contributions to theories on behavior and social interaction.

In conclusion, empirical and theoretical sociological analysis of gender and deviance document, describe, and theorize the disproportionate impact alcohol-related problems have among various segments of stratified society while simultaneously contributing to core sociological theoretical concerns (Peralta 2002). Violence and alcohol-related problems are likely to remain costly in terms of mortality, morbidity, and their associated economic impact without informed and comprehensive social and behavioral interventions on these important and sociologically relevant public health concerns. An interest in exposing the underpinnings of marginalization as structural features of substance-use has been of major concern among sociologists who specialize in the sociology of substance-use and abuse. Our hope is that through further research and understanding, disadvantaged and privileged groups will be in a better position to understand their circumstances and develop the tools necessary to constructively confront the causes and consequences of social inequality which are often sources of substance-use and abuse and their noxious corollaries.

Short Biographies

Dr. Robert L. Peralta is an Associate Professor of Sociology at the University of Akron. He holds a BA in Psychology from the University of New Mexico and an MA and PhD in Sociology from the University of Delaware. His areas of interest and expertise include alcohol and other drug use, deviance, gender, social inequality, and interpersonal violence. Some of his publications appear at *The Journal of Health and Social Behavior*; *The Journal of Drug Issues*; *Violence Against Women*; *Gender Issues*; *The Journal of the American Board of Family Practice*; *Deviant Behavior, Substance Use and Misuse, and Violence and Victims*. Qualitative inquiries on the process of labeling across four areas (HIV/AIDS, interpersonal violence, sexualities, and substance abuse) are the focus of his current research. Prior to his arrival at Akron, Dr. Peralta was a National Research Science Award Post Doctoral Fellow in the Department of Family Medicine at the University of Wisconsin at Madison and then a visiting professor in the Justice, Law and Society Department at American University in Washington D.C.

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