

Short Communication: Gendered pathways and responsive interventions to curb substance use among Women

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INTRODUCTION

While substance use has historically been more prevalent among men, recent data indicate an upward trend in drug use among women. This brief explores the unique factors influencing women's substance use, including sociocultural pressures, gender-targeted marketing, and the influence of intimate partners. It also highlights systemic gaps in treatment, such as the lack of gender-responsive services. It calls for urgent, individualized, and trauma-responsive approaches to prevention and rehabilitation tailored to women's distinct needs. Globally, substance use has traditionally exhibited higher prevalence among men. However, the gender gap is narrowing, with a notable increase in substance use among women over the past few decades (United Nations Office on Drugs and Crime [UNODC], 2024). In Kenya, recent data from the *Status of Drugs and Substance Use among University Students* (NACADA, 2024) indicate that 23.9% of female students reported drug use, compared to 28.8% of male students—a margin of just 5%. These figures reveal an urgent need to re-examine gender dynamics

in substance use prevention and treatment.

Sociocultural Influences on Women's Drug Use

Women often occupy multiple societal roles: mother, wife, caretaker, and intimate partner, each accompanied by significant expectations. These roles, when coupled with unmet emotional needs and systemic pressures, contribute to women's initiation and continuation of drug use (Greenfield et al., 2010). Instead of defaulting to judgment, it is imperative to understand the gender-specific etiological factors that shape the course and outcomes of women's substance use.

Furthermore, gender-specific marketing plays a significant role in normalizing drug and alcohol consumption among women. Advertising strategies increasingly target female consumers through aesthetic appeal, such as slimness, pink packaging, and associations with culturally significant days like International Women's Day and Mother's Day, thereby glamorizing drug use as part of modern femininity (Brierley-Jones et al., 2014).

The Role of Intimate Partners

Women's initiation into drug use is often influenced by their intimate partners. A significant number of women report that their drug-using partners introduced them to substance use. The need for emotional connection, intimacy, and social belonging plays a central role in this initiation process.

Pinto and Corradi-Webster (2023) argue that intimate relationships are pivotal in both the escalation and reduction of substance use among women. These dynamics are compounded by societal expectations for women to fulfil traditional partner roles, sometimes at the cost of their health and autonomy.

Systemic Barriers in Treatment Access

Despite growing awareness, treatment programs are rarely tailored to the specific needs of women. A critical barrier is the absence of childcare services in most rehabilitation facilities, forcing women to choose between seeking treatment and fulfilling their parenting responsibilities (Brady & Ashley, 2005). Furthermore, the stigma attached to women who use drugs, rooted in cultural norms that expect women to silently endure, often deters them from seeking help.

To counter this, a gender-responsive approach is needed. Evidence shows that women respond better to programs that are woman-centered and trauma-responsive. Such approaches prioritize mental, reproductive, emotional, and physical safety needs and are developed collaboratively with the woman rather than imposed upon her (Covington, 2008).

Biological Considerations and the Telescoping Effect

Biological factors also play a significant role. Although women generally begin using drugs at a later age than men, they progress more rapidly to substance use disorders, a phenomenon known as the “telescoping effect” (Hernandez-Avila et al., 2004). For instance, due to lower levels of the enzyme alcohol dehydrogenase, women metabolize alcohol more slowly, making them more susceptible to its harmful effects even at lower doses. Paradoxically, women often achieve better treatment outcomes when programs address their gender-specific motivations, such as coping with trauma or emotional pain (Greenfield et al., 2007). This suggests that individualized and holistic treatment strategies are crucial.

Conclusion and Recommendations

As substance use among women continues to rise, particularly among young populations, there is a pressing need for targeted, gender-responsive interventions. These should address sociocultural influences, trauma histories, biological vulnerabilities, and systemic barriers to treatment. A one-size-fits-all model is insufficient; instead, we must champion woman-centered, trauma-responsive, and inclusive policies that empower women through every stage of prevention, treatment, and recovery.

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