

Family and Psychosocial Developmental Features of Drug Dependent Women and a Specific Needs for Treatment and Social Reintegration

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Abstract

Insofar, female addiction onset has been only poorly explored, although a number of experts see the nature of female addiction as distinctive and therefore mandating entirely different treatment approaches. Within this communication, the results of two studies conducted in Croatia will be presented with the aim of identifying needs in the area of prevention and treatment of women addicts.

The first study was carried out in 2008 and 2009, involving 143 drug addicts, of whom 92 men and 51 women aged 18 to 46 years, mostly 23 to 28 years of age (mean age M=28.18 SD=5.070) which at the time of the examination were in some form of residential treatment in a hospital or a therapeutic community. The results revealed several differences between male and female addicts relative of their familial socio-demographic and interaction, as well as psychosocial developmental features.

Second study was carried out within the Scientific Research Project of Resocialization Project Evaluation with the aim of define the positive and negative aspects of the Resocialization Project as well as its modification and improvement. The on-line questionnaire and focus group results from the perspective women addicts who are the Project beneficiary.

Based on the foregoing, it can be concluded that familial risk factors are more often encountered across female addicts, whose addiction onset and history takes a different course as compared to male addiction. Also, in the treatment and resocialization of women addicts, the most important place should be taken the family approach and family therapy.

Keywords: Women; Drug addiction; Family; Treatment programs

Introduction

Drug abuse in the community is primarily a socially conditioned phenomenon which affects all countries and all communities. The spread of drug abuse depends on the socio-demographic, ethничal, cultural and other features of some communities, and presents one of the main socio-health problems of today.

Based on results of many researches, it can undoubtedly be concluded that a whole set of factors, ranging from psychological, family and social to genetic predisposition, affects the healthy psychosocial development of a child and that the causes of drug addiction need to be sought in the interaction of risk and protective factors on an individual, family and social levels [1,2].

Psycho-social factors such as early behavioral disorders, poor school achievement and personality traits such as withdrawal/shyness, aggressive and impulsive behavior, socializing with drug consuming peers, and genetic predispositions are important in the etiology of addiction.

As a main family risk factor, there is a lack of emotional close relationship between parents and children, particularly with father, a chaotic family environment-especially if parents consume psychoactive substances or if there are mental disorders in the family, ineffective parenting-especially children with severe temperament or with multiple disorders, poor relationship between parents and children and poor parental care.

According to all epidemiological researches and follow-ups in the world and in Croatia, drug addiction is mostly "male disease". The ratio of men and women is 4.7: 1.0. Out of a total of 7,107 treated persons in 2016, there were 5867 males (82.6%) and 1.240 and 17.4% women (2015: 83.3% M: 16.7%). Drug addiction issues are becoming more and more current in the world, European union members states and so in Croatia.

Therefore, in the last time, in the field of addiction, there are more and more studies that takes into account gender differences.

The 2002 monograph published by Berkley University in California [3] lists several key factors in the etiology of female drug addiction, where is the most significant trauma that can be caused by sexual, physical and family violence stigmatization based on poverty, racial or sexual orientation.

Studies further show that partner relationships of female addicts are often burdened with violence and abuse [4]. Namely, a male partner has a powerful influence on a young woman in terms of drug and alcohol consumption, which is often a male partner who introduces a woman to the world of heavy drugs.

Studies has also shown that girls who consume drugs and alcohol receive significantly more negative and more extreme social reactions from their families than boys who show the same behavior.

Since it is the phenomenon of addiction has remained fairly unclear until today, it is immensely important clarify the causes of women addiction from psychosocial and especially of family aspect. Those aspects could enable development of the effective addiction prevention programs as well as treatment and rehabilitation programs for women addicts. There is more and more evidence that in prevention and treatment of addiction we should include family approach and family [3,5].

Studies of the etiology of women addiction can contribute to more effective forms of treatment for women addicts and develop more effective preventive programs targeted at female children.

Goals and Methods

Within this communication, the results of two studies conducted in Croatia will be presented with the aim of identifying needs in the area of prevention and treatment of women addicts.

The first study was carried out in 2008 and 2009, involving 143 drug addicts, of whom 92 men and 51 women aged 18 to 46 years, mostly 23 to 28 years of age (mean age $M=28.18$ $SD=5.070$) which at the time of the examination were in some form of residential treatment in a hospital or a therapeutic community [6].

The main purpose of this study was to identify specific differences in family factors and some of the features of psychosocial development among men and women of drug addicts during their childhood and adolescence, and on the basis of gender-based differences, to contribute to the development of more effective female population-specific addiction prevention programs, and more effective forms of treatment of women addicts.

Second study was carried out within the Scientific Research Project of Resocialization Project Evaluation with the aim of define the positive and negative aspects of the Resocialization Project as well as its modification and improvement [7]. The research methods were: focus groups (7 focus groups-project

promoters at national, local and customer level), case studies (2 case studies-Split Dalmatia and Šibenik-Knin County) and online questionnaire. Out of a total of 7 focus groups, two were formed from addicted women, and of a total 147 addicts who filled out an online questionnaire, 113 were male and 34 were women [8].

Results

By comparing the differences between male and female addicts within the framework of the first survey, the results show a number of very interesting data regarding differences in the characteristics of the family between women and men addicts, and confirm the hypothesis that there are differences in male and female addicts in terms of socio-demographic, and interaction characteristics of their families, as well as some characteristics of their psychosocial development.

In terms of socio-demographic status of primary family, it has been shown that female addicts are more likely to come from families with better material status or a very good status (women 31%, men 12%), as opposed to men who usually come from the family of good status (men 70%, women 57%), and also women are more often the first in the order on family birth or the only child in their family (68% women, 43% men) [9].

Furthermore, the results show that women addicts statistically differ significantly from emotional relationships and communication with their mother in childhood and adolescence, and woman addicts have a much more frequent negative relationship with their mothers than men, and their communication with mothers is more often described as defensive and critical.

The results further show that women addicts were statistically significantly abused more than a male addicts in their childhood (38% women, 20% males $p < 0.05$), more frequent than male addicts were exposed to domestic violence (40% women, 24% males $p < 0.05$), and in their families statistically significant more frequent alcoholism and mental illness (51% women, 33% males $p < 0.05$).

Women addicts have statistically significantly better a success in high school, although women were on average slightly younger than men when they first consumed drugs [10].

The on-line questionnaire and focus group results from the perspective women addicts who are the Project beneficiary, showed that they more often than men considered that the project had an greater impact on increasing the motivation for schooling and employment and increasing self-confidence of treated addicts. And opposite, women less than men addicts agree with the statement that the Project has reduced the stigma of addicts in society. In addition to difficulties and obstacles related to objective and socially-based difficulties, women addicts, are the biggest obstacles to successful resocialization at a personal level, such as: maintaining work habits and abstinence, motivation and self-confidence in seeking employment from an addict's position and generally ignorance and inability structured and organized filling in leisure time.

Conclusion

Consequently, the main conclusion of the first study was that in planning the prevention and treatment programs for risky groups of children and young people, especially for female children, besides individual work and socio-pedagogical treatment with these children and young people, more significant place should be taken the work with theirs parents and family members. Also, in the treatment of women addicts, the most important place should be taken the family approach and family therapy.

As main result of the second study, it was found, that women addicts more often than men consider that increasing their self-confidence and social skills is a key precondition for successful psychosocial treatment and resocialization. Therefore, special programs and interventions involving work on improving social skills such as increasing self-confidence, communication and creating relationships with other people need to be planned for treatment programs of women addicts. An extremely important form of re-socialization is the improving or rebuilding family relationships which is the key link for a successful treatment. Providing psychosocial support to women addicts is an extremely important link for inclusion in the Project after leaving the therapeutic community/institution. Also, important factors for success social integration of female addicts is availability of houses for temporary accommodation which create a link between treatment in the therapeutic community and return to normal life.

References

1. Blumenthal SJ (2008) Women and substance abuses: a new national focus on drug addiction. NIDA Research and Women's Health.
2. Bolland J, Sandler J (1965) The Hampstead Psychoanalytic Index. International University Press.
3. Price A, Simeel C (2002) Partners Influence on Women's Addiction and Recovery: The connection between substance Abuse, Trauma and Intimate Relationships.
4. Brajša Žganec A, Raboteg Šarić Z, Glavak Tkalić R (2002) Gender Differences in Relationships between Some Family Characteristics and Abuse of Adolescents. *Soc Res* 11: 335-352.
5. Etz KE, Robertson EB, Ashery RS (1998) Prevention of Narcotic Drug Abuse Through Family Interventions - Scientific Findings from Research on Family Prevention. *NIDA* 103-120.
6. Zimić JI, Jukić V (2012) Familial risk factors favoring drug addiction onset. *J Psychoactive Drugs* 44: 173-185.
7. Zimić JI (2012) Female addicts- differences in familial and psychosocial developmental features witnessed between female and male addicts. *Crimi Soc Integr* 19: 57-71.
8. Reports on the Evaluation of the Proliferation of Drug Addicts Resocialization, Zagreb.
9. Chen G (2009) Gender differences in crime, drug addiction, abstinence, personality characteristics, and negative emotions. *J Psychoactive Drugs* 41: 255-266.
10. Guidelines for Psychosocial Treatment in Health, Social Welfare and Prison System of the Republic of Croatia (2014) Zagreb. Office for Combating Drug Abuse.