



**What is gender and why it is necessary to incorporate a gender perspective
in the drug field?**

Evolution of key theoretical concepts in the area of gender and trends
influencing the drug field

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Session

**Gender differences and gender identities in drug use, addiction and
interventions: why gender matters**

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1.

Why do we speak about sex and about gender? Differentiating historically and conceptually the two terms.

2. What is at stake when we talk about gender inequalities?



1.1 First phase: late 19th century until first half of the 20th century.

- Medicine, Biology, Psychology... did **not distinguish between sex and gender.**
- It was established that **biological differences determinate behaviors, character, personality traits, ways of thinking, different – and even opposite - for men and women** (the 2 planets view)
- Biological sex = gender and a **binary view:**
 - male/female; man/woman; male/female, opposites that however “complemented” each other, but **asymmetrically** considered:
 - **men with higher status than women.** Women are marked **by nature, biology and by particularistic** characteristics, **men** are **universal, rational,** and the **referent** for what is considered an **individual or a person.**

(persistence of these views even nowadays)



1.2 Second phase 1960/ 1970

Launched a vision that distinguishes:

- **Sex** which is associated with **the biological differences** between the sexes;
- **Gender** that focuses on **the cultural dimension**, that is, on the meanings attributed in **different societies and social contexts** to what it means to be a **woman or a man**.
- **Feminist proposals** in the **philosophical field**, in the **social sciences**, and in the **public debate in the political arena**, through a set of contributions from different authors; and through **women's liberation movements** (second wave feminism), and **gays and lesbians social movements and claims**.



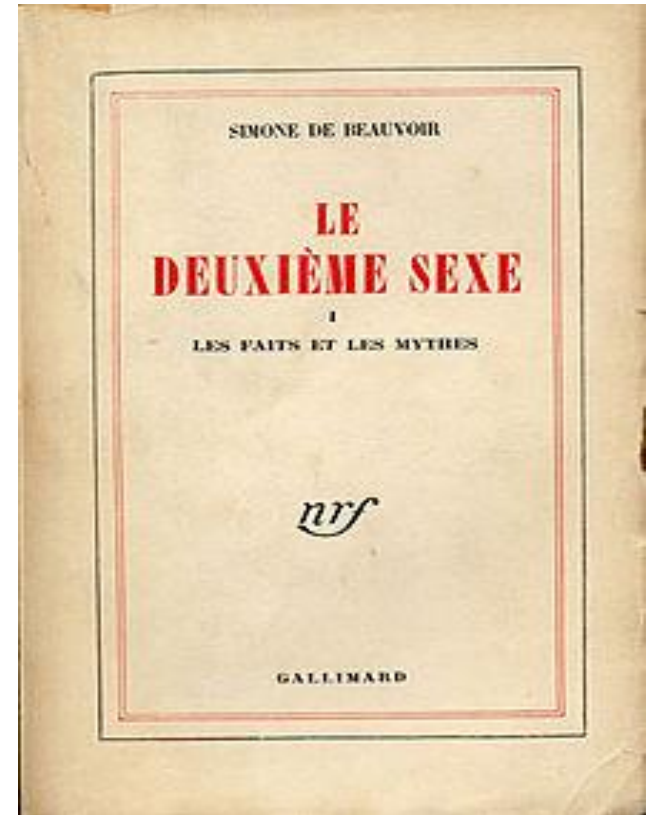
Simone Beauvoir's central thesis in The Second Sex

You are not born a woman, you become one (...)" (1949/1953)

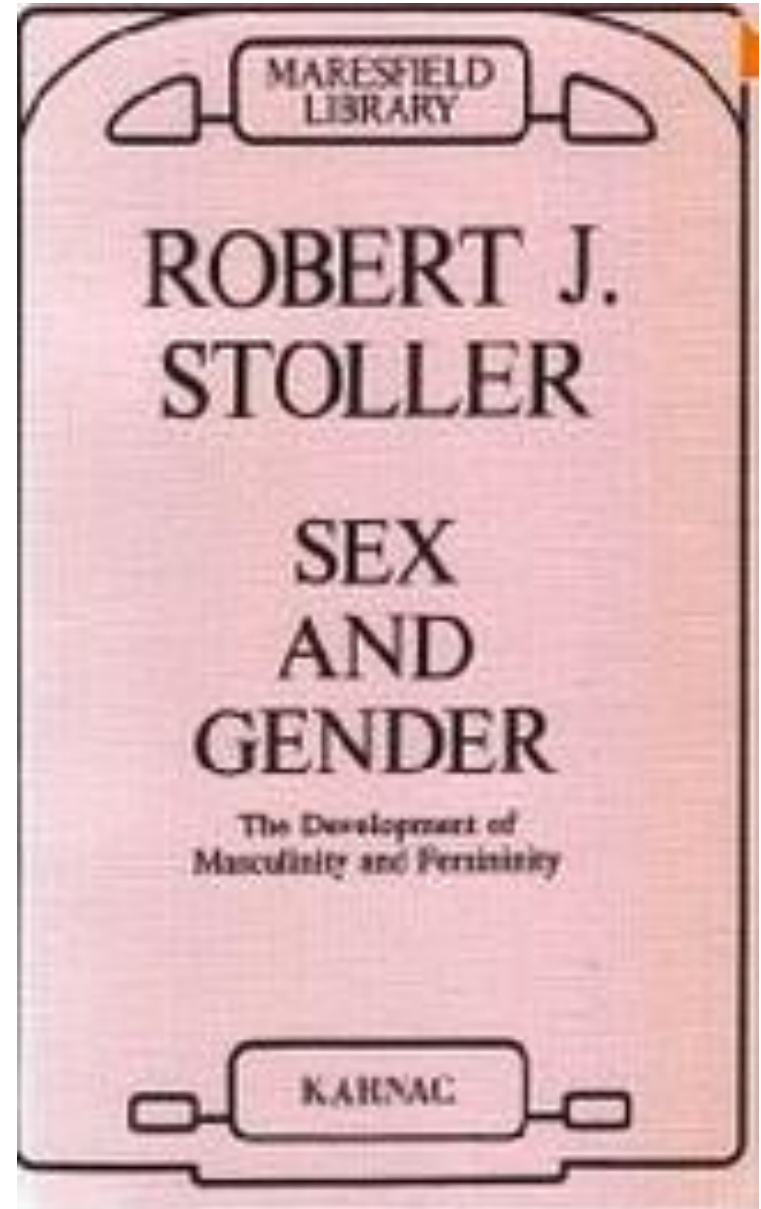
It presents a vision **of being a woman as a construction:**

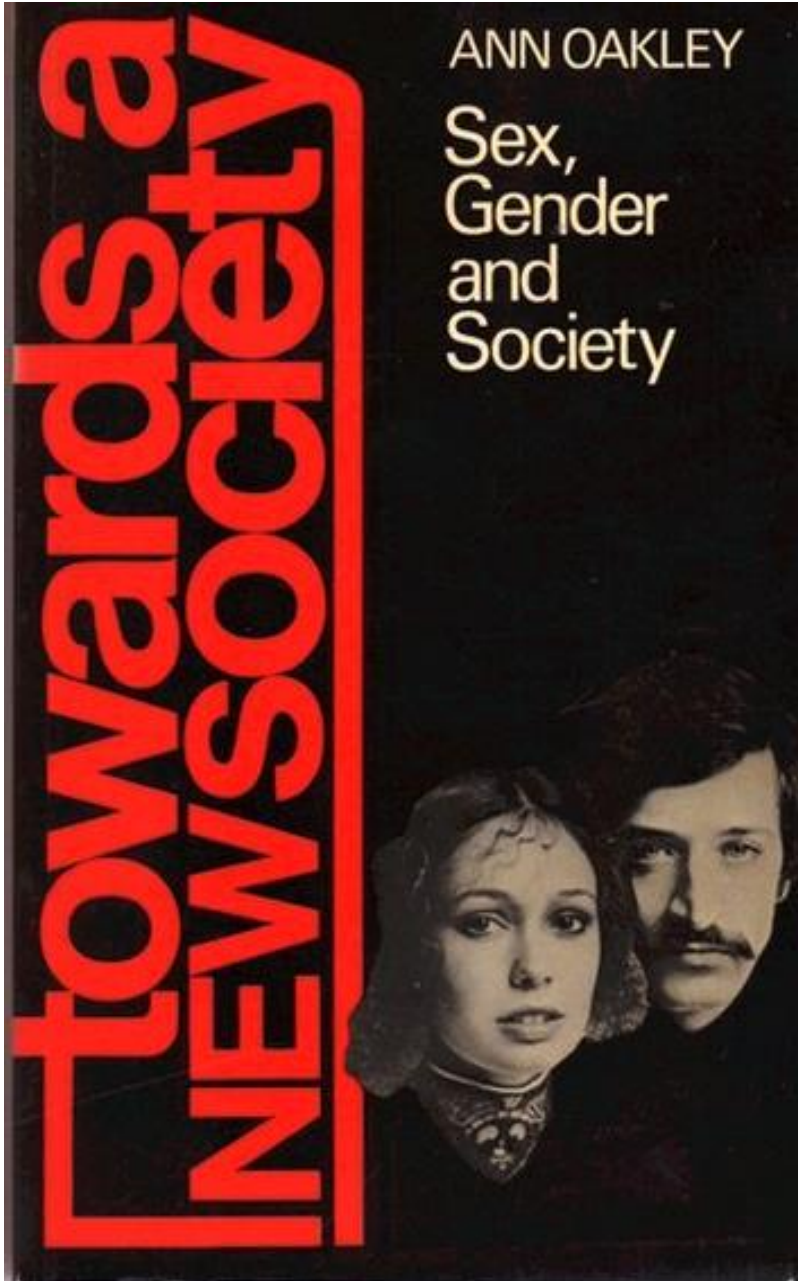
- **In historical time.** Analysis from classical antiquity.
- **In individual time:** women **embody throughout their lives** the way they “should” be women.

Idea of normative and cultural construction based on biological sex



- Gender” was already a familiar concept in the medical sciences.
- Stoller distinguished, in 1968:
 - **sex** as a physical and **biological marker**
 - **gender** as a **cultural aspect**, of **sociological or psychological production**, which contributes to the perception and **understanding of the body** and to the **construction of the 'self'** and 'others'.





- *“sex is a biological fact, a constant, but gender is a social construction”.*
- Emphasizes the separation between sex and gender
- It shows how **gender roles are constructed** and how they can, therefore, be **variable, susceptible to change**, from what is defined as an adequate norm for one gender or the other.
(Oakley, 1972: 53)

1.3 Third phase, late 1980/1990

WHY SEX IS NOT BINARY
by Ann Fausto-Sterling



- Several authors began to draw attention to the fact that the **biological sex itself** is less constant and can present itself in a **more continuous than binary form**.
- The discussion of **what biologically distinguishes men from women** becomes **complex** (e.g, biologists such as Ann Fausto-Sterling).
 - You can have a different **genetic sex** than **hormonal** or/and **anatomic sex**. A child can be, for example, genetically female (two XX chromosomes and no Y) but have male genitals (Holmes, 2007: 25).
 - Nature produces a range of **possible combinations of masculine (or male) or female** (or female) characteristics, and the numbers are far greater than would be supposed.
 - Precise estimates are difficult but it is estimated that between **1 in 2.000 babies to 17 in 1.000 children are born** with some form or **intersexual condition** (Fausto Sterling, 2002b: 20; Hird, 2004:15 apud Holmes, 2007: 25).

- The proposals of **third wave feminism** introduce **new questions** in the relationship between sex and gender. **Sexuality**, a theme also important in the previous waves, assumes an even more central role.
- Thus, gender is considered **not to be a property of individuals**, but **something that is “made” and attributed to us since birth**, and that we build and negotiate throughout life and in different social interactions.
- **Gender can “subvert” the biological sex itself**, which becomes very visible in the case of **transsexuals**. This performative vision of gender is important because it emphasizes the possibility of agency, that is, the ability to act on a reality that can be felt to be constraining.
- It opens doors to the **diversity of gender identities**, to the possibility of the **fluid character of gender questioning the imperative of hetero-normativity**.
- This is what **Judith Butler** and other **queer authors** and authors have advocated.



In summary

- ❑ Concept of **Gender as meanings attributed to “sex”** (biological) in a particular social system. **Social construction**. The biological does not **determine** behavior.
- ❑ **Overcoming the binary vision**, realizing that there is more fluidity than previously thought. But need to categorize, it is neither **possible nor useful to stop using male/female categorizations**. We should **add** and not replace categories (**intersectional approach**)
- ❑ The **biological and psychological differences between HM are small**. But **those that do exist must be taken into account** – an example of **health** and here again the importance of abandoning the masculine as the “neutral” referent.
- ❑ Strong relationship between social and biological dimensions of sex and gender that need to be studied in depth.

Series from the Lancet journals

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Gender Equality, Norms, and Health

Published: May 30, 2019

Executive Summary

The Series on Gender Equality, Norms, and Health is a collection of five papers, led by Gary Darmstadt and colleagues, that provides new analysis and insights into the impact of gender inequalities and norms on health, and the opportunities that exist within health systems, programmes, policies, and research to transform gender norms and inequalities. The need for more action and accountability on gender equality is clear: introduction of the 2030 Agenda for Sustainable Development and the Universal Health Coverage goals demand greater attention to the social determinants of health, including gender, for the purpose of enabling all people to reach their full human potential. The systemic neglect of gender norms and inequalities in programme design, implementation, monitoring, and evaluation undermine the health of everyone—women and girls, boys and men, and gender minorities. This Series aims to inform the global health community of the critical need and effective actions to recognise and transform restrictive gender norms and gender inequalities, and their intersections with other social inequalities—including those related to age, race/ethnicity, religion, and socioeconomic status—in all they do.



Audio

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A Series on gender norms, equality, and health
Gary Darmstadt (Stanford University, USA) in discussion with *Lancet* Executive Editor Jocalyn Clark on the priority to transform gender norms and inequalities. The need for more action and accountability on gender

Lancet series on Gender with several papers concerning gender norms and health issues

Panel 1: Definitions as used in the *Lancet Series* on gender equality, norms, and health

Sex

A person's biological status as male, female, or intersex (a person who is born with sexual anatomy or chromosomes that do not conform to what typically distinguishes male from female). There are a number of indicators of biological sex, including sex chromosomes, hormones, internal reproductive organs, and external genitalia.

Gender

The culturally defined roles, responsibilities, attributes, and entitlements associated with being male or female in a given setting, along with the power relations between and among women and men, and boys and girls. The definition and expectations of what it means to be a woman/girl or man/boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age, and sexual orientation.

Gender norms

The often unspoken social rules that govern the attributes and behaviours that are valued and considered acceptable for males and females within a given culture or social group. Norms are learned and reinforced from childhood to adulthood through observation, instruction, positive and negative sanctioning, the media, religion, and other social institutions. At times, norms can be so pervasive that individuals mistakenly assume that they are "natural" or "ordained" and thus immutable.

Restrictive gender norms are those that permit only a narrow range of gender expressions and/or behaviours as acceptable for men and women. Individuals who do not conform to prevailing gender norms may experience sanctions.

Gender system/order

The structures, social relations, and processes that define males and females as different in socially significant ways and justify inequality on the basis of that difference. Each society creates and maintains a system where women and men are assigned different tasks, roles, and social positions. Most existing gender systems consider things deemed male/masculine superior to those deemed female/feminine.

Gender equality

The concept that all human beings, irrespective of their sex or gender identity, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or discrimination. Gender equality means that the different behaviour, aspirations, and needs of males, females, and people of other gender identities are considered, valued, and favoured equally. It does not mean that women and men become "the same", but that the rights, responsibilities, and opportunities of individuals will not depend on whether they were born male or female.

Gender equity

The process of being fair to women and men, boys and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, and boys and girls from operating on a level playing field.

Gender minority

A group whose gender identity and/or expression differs from the majority of the surrounding society. It can also refer to transgender, genderqueer (including third gender), or non-binary.

Gender identity

A person's internal psychological sense of being male or female or a blend of both. One's gender identity can be the same or different from one's sex assigned at birth.

Gender expression

How an individual expresses a sense of being masculine, feminine, neither, or both through clothing, mannerisms, haircut, voice, and behaviour. Gender expression is not an indicator of sexual orientation.

Sexual orientation

Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attraction to men, women, or both sexes. It is separate from gender identity or how a person chooses to display gender through their appearance, dress, and actions.

Transgender

An umbrella term for persons whose gender identity, gender expression, or behaviour does not conform to that typically associated with the sex to which they were assigned at birth.

Panel 2: Definitions of gender in programme planning as used in the *Lancet Series* on gender equality, norms, and health

Gender analysis

A systematic methodology for examining the differences in roles and norms for women, men, girls, and boys; the different levels of power they hold; their differing needs, constraints, and opportunities; and the impact of these differences on their lives. It is a planning tool used to anticipate the impact of policies and programmes in light of these realities to help ensure that programmes achieve their stated goals and do not exacerbate gender inequalities.

Intersectional analysis

The recognition that an individual's lived experience and position in society is simultaneously defined by intersecting hierarchies of power based on race, class, ethnicity, sexual orientation, gender, (dis)ability, and other form of social inequality.

Gender transformative

Programmes that "seek to transform gender relations to promote equality and achieve program objectives by: 1) fostering critical examination of inequalities and gender roles, norms, and dynamics; 2) recognizing and strengthening positive norms that support equality and an enabling environment; 3) promoting the relative position of women, girls, and marginalized groups; and 4) transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities".⁹

Gender mainstreaming³

The process of assessing the implications for women and men of any planned action, including legislation, policies or programmes—a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programmes so that women and men benefit equally and inequality is not perpetuated. It was endorsed at the Fourth World Conference on Women (1995) as the strategy to be adopted by institutions to address gender inequality.

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**Gender norms shape all sort of behaviour attitudes:
health issues, violence, drug addiction, etc.**

Drug policy should incorporate a gender perspective in the drug issue, by understanding:

- ❖ The complex link between social processes and biology;
- ❖ The different life trajectories between men and women and non binary people in a gender unequal society;
- ❖ The influence of the different gender norms in drug use behaviours;
- ❖ The role of specific gender factors (e.g., gender based violence) in the development of drug addiction

2. What is at stake when we talk about gender inequalities?

1. We need to understand them as the product of the **asymmetrical positions** of women and men in the **spheres of production, reproduction and sexuality**.
2. This asymmetry translates into an **hierarchy that values the productive dimension over the reproductive one**, implying women's **subordination** in relations of power and decision making.
3. The **symbolic devaluation of care and the feminine**, has also early and subtle effects in socialization and identity building processes and in everyday life; children and youth take active part in these processes, although they can also resist them and contradict stereotypes.

4. We must also account for **conscious and unconscious bias** that contribute to these inequalities (men and women in recruitment processes, in face of the same CV choose that of the man).
5. Though transversal to all dimensions of life, **gender relations are differently experienced** according to social class, race/ethnic background sexual orientation and also other social contexts such as: generational, regional, national and age. Gender constraints operate both on women as well as on men.