

# Understanding wom!n!ppv

**We need new ways of thinking about substance abuse.**

WORDS BY TROY FARAH.

Courtney wasn't much older than 17 when she was introduced to pills and cocaine, later heroin and meth. She had been struggling with a deep depression after her boss sexually assaulted her.

"I bring up the fact that I was nearly raped as I think it was the reason I started experimenting with drugs," says Courtney, whose real name is not being used to protect her identity. "I had filed a report against the guy, and his defense somehow caught wind that myself and one of my friends were doing shit, and tried to use that to slander me in the case and say I was a drug addict and a slut that deserved whatever happened to me."

After two years, Courtney eventually quit using hard drugs; she has been sober about six years now. She never went to jail or rehab, and she's not taking medications like methadone to manage her addiction. She simply stopped.

But her story isn't atypical. More than half of people with a dependency quit at some point in their lives, according to research published in the journal *Addiction*, while some epidemiological evidence suggests most people "mature out" of substance use.

Yet, the dominant narrative about addiction labels the condition a chronic disease from which you are never free, only in "recovery." Nonetheless, some addiction programs, including many (but not all) 12-step programs emphasize shame, casting addiction as a spiritual problem or moral failing.

Others, like journalist Maia Szalavitz, have categorized addiction as a learning disorder—more like ADHD or dyslexia than a chronic health condition like diabetes. "The best definition, it seems to me, is compulsive drug use or other types of behavior that continues in the face of negative consequences," Szalavitz says. The National Institute on Drug Abuse uses this definition, and it's similar to what's in the *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, the supreme handbook of psychiatric disorders.

These variations in meaning aren't just splitting hairs—they can mean the difference between treatment or prison, and intersect with issues like bodily autonomy and child custody. And when it comes to access to life-saving medications like buprenorphine, which can

stabilize opioid use disorder, it can mean life or death.

"When people hear you have a brain disease, they think you have no autonomy, and we better lock you up for your own good and for the good of everybody else," Szalavitz says. "You're kind of like a zombie."

While the disease model is certainly better than dubbing addiction a "sin," the label can gloss over why people self-medicate with illegal drugs. Like Courtney, many people turn to substances like heroin or meth following sexual trauma, especially in childhood. This is particularly relevant given recent stats that an estimated 3.3 million American women say their first sexual intercourse was rape, while 1 in 3 women experience sexual violence in their lives, according to the National Sexual Violence Resource Center.

Of course, addiction is complex and trauma is only one of many reasons people use narcotics. Nonetheless, drug overdoses have killed more than 700,000 Americans since 1999, and deaths have only recently started to drop slightly. Now, more than ever, we need a coherent, accurate understanding of what addiction is and how to treat it.

"What's going on in the brain when you become addicted, it's basically like you're falling in love with a substance or a behavior rather than a person," Szalavitz says. She has spent around 30 years wrestling with defining addiction, which she laid out in her 2016 book *Unbroken Brain: A Revolutionary New Way of Understanding Addiction*. "This doesn't mean that people with addiction have no free will, nor does it mean that people in love have no free will. It just means that their priorities have been reset in a way that will change the way they weigh what's important and what isn't."

To an outsider, that primacy can seem absurd. Western medicine still doesn't always define addiction so compassionately and that can have serious consequences, especially for women, who can have vastly different experiences with drug use than men.

"So much of the criminalization of substance use among women has to do with our dominant ideas of what is proper womanhood or femininity," says Dr. Kimberly Sue, medical director at the Harm Reduction Coalition

in New York, and author of the book *Getting Wrecked: Women, Incarceration, and the American Opioid Crisis*.

"Women's bodies have always been seen in a medical tradition as pathological," Sue explains. "They were excluded from research on drug use and were punished disproportionately to men because they were seen as having farther to fall, in kind of a Christian, puritanical, upper middle class, white, heteronormative fashion."

"These are also related to the overall criminalization of women's bodies and women's choices," Sue adds. "It has to do with bodily autonomy as well, and what pregnant women, or women in general, are allowed to put into their bodies."

In her book, Sue examines the places where addiction treatment often starts for many people: jails and prisons. She spent nearly a decade following the trajectory of more than 30 women in the Massachusetts prisons, jails, and drug treatment systems, where she witnessed what stigma against addiction and drug use can do to people.

"The shifting of these paradigms is very important because it has a lot of consequences for how people experience their own identities," Sue says. "People continue to internalize stigma, they internalize the way that people look at them, the way that people speak to them, the language people use and it actually imprints on people so much so that they'll not seek care."

Shame is not a useful or motivating emotion, Sue says, and it has no place in medicine. She compares addiction to obesity, which can be treated like a medical issue when it's really a complex social condition. "I don't want it to necessarily be a medicalized condition because I don't want them to feel like it's something that it's purely within the realm of medicine to solve or address," Sue says of her patients.

It's also important how we don't define addiction. Using drugs like methadone or buprenorphine to treat opioid addiction is often conflated with trading one addiction for another. But that is simply not accurate, Szalavitz says.

"With opioid addiction, the only thing that cuts the death rate by 50 percent or more is staying on methadone

or buprenorphine," she says. "When people are told, 'Oh, you're still addicted,' then they stop taking medication that's working for them and they die from fentanyl. So this language stuff is not just semantics, it has to do with literally matters of life and death."

Still, some addiction treatment programs ban these medications in favor of things like prayer and group therapy. But even in the realm of mainstream medicine, the complex pathologies that often lead to drug use are often ignored. Addressing the underlying trauma and sexual abuse that many people with substance use disorders struggle with, especially women, is key to compassionate, effective care.

The criminal justice system was designed for men, and addiction treatment groups often ignore the needs of women, Szalavitz says. "Women have had to deal with a level of shame around addictions that is not as great for men," she says. "There's more trauma, there's more psychiatric illness, there's more abuse, and so women with addiction tend to have worse cases."

If we want to break this cycle, Sue says, we need to stop blaming people for the complex sources of addiction. But we also need to address the broader systemic violence that contributes to these conditions.

"The fundamental problem now really is inequality, and it drives all of these drug epidemics and the chaos around them," Szalavitz agrees. "When we're thinking about trying to reduce harm associated with addiction, we really need to think about making society more fair and more just."

---

An updated "your brain on drugs" reading list for those who poured over *Go Ask Alice* in middle school: *Never Enough: The Neuroscience and Experience of Addiction* by Judith Grisel; *Blue Dreams: The Science and the Story of the Drugs That Changed Our Minds* by Lauren Slater; *Dopesick: Dealers, Doctors and the Drug Company That Addicted America* by Beth Macy.

---

"Nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one ... The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as metaphor), that horror is imposed on other things. The disease becomes adjectival." — Susan Sontag, *Illness as Metaphor*