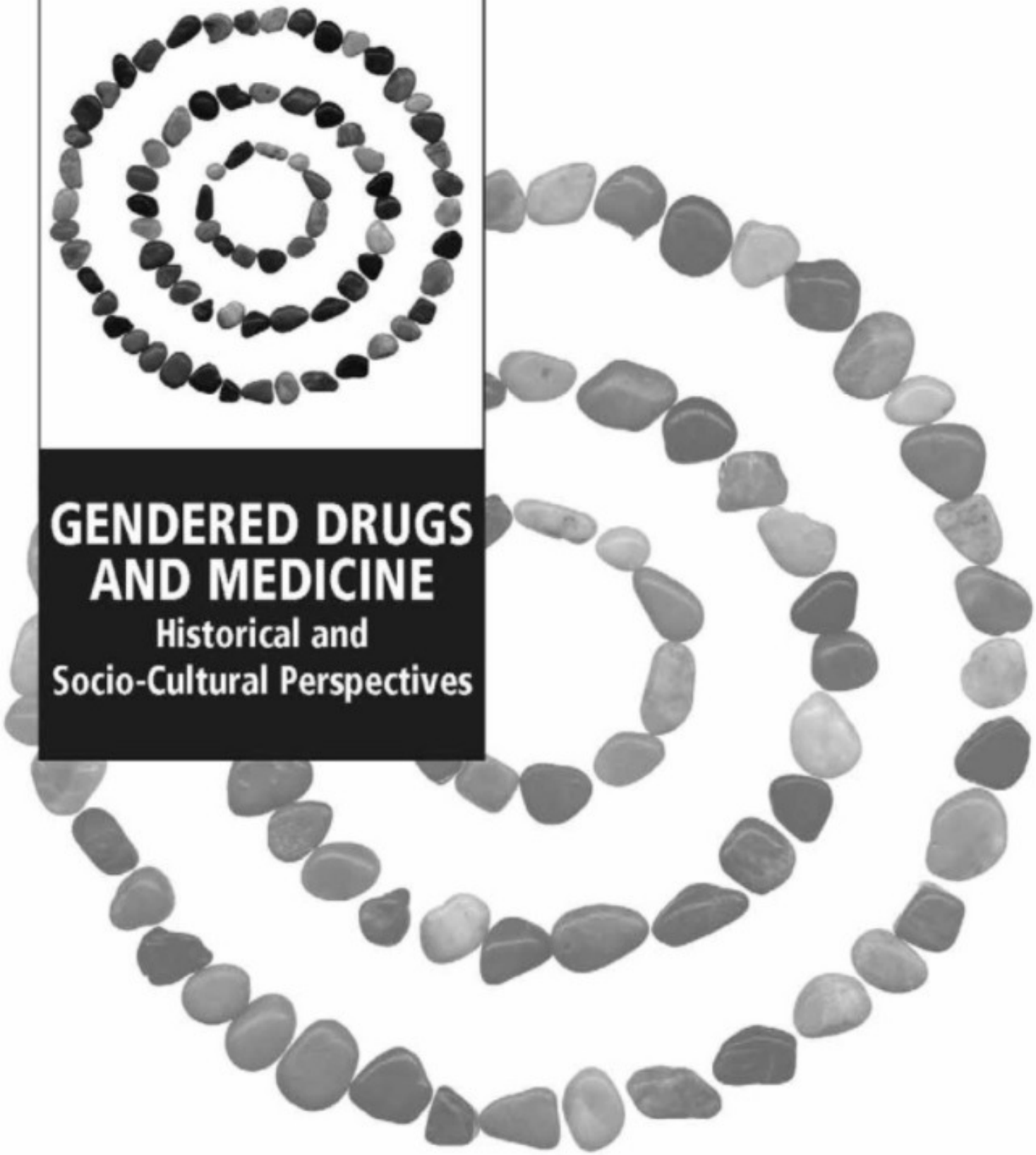
GENDER AND WELL-BEING
GENDER AND WELL-BEING
GENDER AND WELL-BEING
GENDER AND WELL-BEING

ROUTLEDGE



GENDERED DRUGS AND MEDICINE

Historical and Socio-Cultural Perspectives

EDITED BY
Teresa Ortiz-Gómez and
María Jesús Santesmases

EUROPEAN SCIENCE FOUNDATION

Chapter 10
Learning to be a Girl: Gender, Risks and Legal Drugs Amongst Spanish Teenagers[1]

Nuria Romo-Avilés, Carmen Meneses-Falcón, Eugenia Gil-García

Gendered Risky Behaviour

Risk is inherent in life and part of our everyday experience; it cannot be avoided and we have to live with it. Risk helps adolescents acquire maturing experiences, become aware of their limitations and gain knowledge about themselves (France 2000; Lupton and Tulloch 2002; Meneses, Gil and Romo 2010). Risk behaviours are not uniform, and gender, ethnicity and social class are essential factors for understanding the perception of risk and responses to it (Bimbela and Cruz 1997; Romo 2005). Risk behaviours relating to drug use, vehicle driving or unprotected sexual relationships are usually associated with, and determined by, transversal categories such as gender (Best et al. 2001). Thus, according to the so-called 'white male' effect, the perception and assessment of risk by white men differs from that of women and of other ethnic groups (Finucane et al. 2000), or to frame it in another way, risk perception differs between people with higher and lower socioeconomic power or status (Kawachi and Kennedy 1997; Mackenbach 2006). The differential socialisation and education of boys and girls means that this situation, observed in adulthood, can also be discerned in adolescence.

The usual approach in studies of adolescence and risk is to consider risk as associated with danger or injury and with circumstances and behaviours to be prevented and avoided (Douglas and Wildavsky 1983). However, this association between risk and injury does not usually match the assessment made by adolescents themselves, for whom risk can be positive (Coleman and Hagell 2007). Our analysis of risk behaviour associated with the use of legal drugs by Spanish adolescents adopts a similar perspective to that of the adolescents themselves. By not directly associating risk with harm, we can gain a more comprehensive view of their behaviours.

However, adolescents are not a homogeneous group. A gender perspective is useful for the observation of differences in risk behaviours between adolescent

1 This work is part of the National R+D+i Project, 'Adolescence and Risk: a comparative study in three Autonomous Communities', subsidised by the Ministry of Education and Science, Reference: SEJ2005-03839, the general aim of which is to study risk behaviours in adolescents.

females and males, and is indispensable when the objective is to understand the reasons for their risk behaviours and their meanings.

Within this gender analysis, the dominant representations associated with masculinity and femininity are determinant of the culture and social lifestyles of male and female adolescents. For instance, the dominant constructions of masculinity lead to the consideration of passivity as a quality of 'appropriate femininity', which in turn leads females to adopt unsafe sexual strategies (Ryan and Edward 2000). In contrast, males usually interpret masculinity as a legitimisation of social patterns that include exposing their girlfriends to risk (WHO 2012).

Behaviours that pose health risks are not part of the conventional construction of feminine identity. However, cultural trends towards equality entail, for some female adolescents, the adoption of risk behaviours previously considered to be typically male. In fact, intergenerational research indicates there has been an increase in risk behaviours among adolescent females when compared to their mothers' generation, with a reduction in the conventional gender gap with regard to risk taking (Abbott-Chapman, Denholn and Wyld 2007).

Therefore, if the reasons leading individuals to adopt risk behaviours are to be fully understood, investigations need to take account of social relationships, situations and interactions, and move beyond theoretical psychological perspectives that consider actions as resulting from a rational assessment of the costs and benefits (Rhodes 2009).

Use of Legal Drugs by Females

The view of the consumption of certain psychoactive drugs as a social problem is part of a historical process that began in the late nineteenth century, with the introduction of state interventionist policies. In 1914, the Harrison Narcotic Law was enacted in the US to ban the use of narcotics without medical prescription, leading to the subsequent criminalisation of certain psychoactive substances in that country and around the world (Markez Alonso 2010; see also chapters by Kragh and Marchant in this volume). Since that time, drugs have remained bound in the Western collective imaginary to drug dependency, described by Oriol Romaní (1999) as a complex phenomenon characterised by the more or less compulsive consumption of one or more drugs, or by the organisation of an individual's daily life around this habit. Differentiation between legal and illegal drugs has become the main way of explaining differences between psychoactive substances, with little attention paid to other characteristics, such as the damage their consumption might inflict on the health of populations.

Thus, perception of the risks derived from the use or abuse of a psychoactive substance became determined by its legal or illegal status and by the attempts of governments to control its consumption. International classifications that guide the penalisation of psychoactive substances offer no clear correlation between their effects and their possible damage to health. The legality of a substance is

determined by the way in which it is used rather than by its health effects. For instance, despite the severe individual and public health problems caused by tobacco and alcohol, these substances remain legal.

In the same way that risk behaviour is considered nowadays a part of masculine culture, so is drug dependency. The androcentric positions that have dominated relevant literature have masked the social construction of the legal or illegal character of psychoactive substances that took place throughout the nineteenth and twentieth centuries. Despite the fact that the construction of the 'drugs problem' was initially associated with illegality and masculinity, women have generally consumed socially accepted drugs and medicines (Aldrich 1994; Kandall 2010; and Kragh's chapter in this volume), explaining in part the tendency for females to be ignored in public policymaking on drug dependency. Hence, a feminist and gender perspective is necessary to develop a better understanding of drug consumption cultures (Measham 2002). This approach also allows the risk behaviours of women and men and their possible health repercussions to be analysed from a public health perspective.

Since the 1990s, young females appear to have overtaken young males in the consumption of legal drugs (tobacco, alcohol and non-prescribed tranquillizers) in Spain. According to the most recent school survey by the Spanish Drug Observatory in 2010, a higher proportion of females than males aged between the ages of 14 and 18 consumed alcohol and tobacco. In addition, non-prescribed tranquillizers were used by 3 per cent of females in this age group, compared to only 1.8 per cent of males. In contrast, there was no gender difference in cannabis consumption, the most prevalent illegal drug among Spanish adolescents (DGPNSD 2011).

The consumption pattern for non-prescribed tranquillizers appears to be related to new modes of female drug consumption in Spain. These are legal substances when medically prescribed but are considered illegal when their use is not under the control of a healthcare professional. The consumption of psychoactive drugs has undergone a transformation since the 1950s, becoming widespread among individuals with no psychological disease, especially females (Romo et al. 2003; Gil et al. 2004; Arrizaga 2007). Health surveys conducted in Spain have reported that around 10 per cent of the female population had consumed a tranquillizer without medical prescription in the previous month (Hidalgo, Garrido and Hernández 2000).

Some adolescent females are treated with psychoactive drugs by their physician. Others start to use them without a medical prescription, however, often obtaining them from family members or friends for whom they have been prescribed (Romo et al. 2003). These self-prescribers have been described as generally healthy individuals who simultaneously begin to consume other legal and illegal drugs; in both cases (medical and self-prescription), the girls perceive the risk associated with psychoactive drugs to be low (Meneses 2002; Romo and Gil 2006).

The aim of this chapter is to analyse the relationship of young Spanish females with risk behaviours associated with the use of legal drugs (tobacco, alcohol

and non-prescribed tranquillizers) and compare these behaviours with those of young Spanish males, taking into consideration their ethnic origin, social class, and sexuality.

Observing the New Forms of Articulating Risk Among Adolescent Women from an Intersectionality Perspective

Gender analysis reports and explains differences and inequalities between males and females in health and drug consumption. However, neither females nor males constitute a homogeneous group and there are other forms of inequality (McCall 2005; Simien 2007; Shields 2008; Bowleg 2012). Intersectionality offers a theoretical and methodological framework for explaining inter-gender and intra-gender inequalities (Mahalingam, Balan and Haritatos 2008; Nash 2008; Shields 2008). Social class, ethnicity/race, sexual orientation, age and religion, all contribute to experiences of oppression, inequality or privilege, and their consideration as analytical categories alongside gender can assist in elucidating the organisation of risk behaviours around drug consumption. Thus, in her paper on gender construction in psychoactive drug consumption patterns, "'Doing gender" – "doing drugs'", Fiona Measham (2002) underscored the relationship between their utilisation and gender identity.

Health promotion policies have been guided by the assumption that more risks are taken by young males than females, but it is possible that the behaviour of girls has been masked within some risk behaviour models. It is important to investigate gender differences in these behaviours and interactions between male and female adolescents.

Methodology: Samples and Procedures

This study adopted a mixed qualitative and quantitative approach, employing both discussion groups and a questionnaire. The subject group was a representative sample of secondary school students in the autonomous communities of Madrid and Andalusia, during the academic year 2007–2008. Discussion groups were used to obtain the meanings participants associated with these behaviours. The results also served to support the design of the questionnaire, and the analysis of responses (Meneses et al. 2009).

Two groups of adolescents aged between 13 and 17 were established in the Andalusia region and four groups in the Madrid region. Firstly, two discussion groups were held to validate the procedure to be followed with the six groups that formed part of the main study. A total of 58 adolescents participated in the six discussion groups. Gender acted in two of the groups as a homogeneity criterion (males alone and females alone) and in the other four groups as a heterogeneity criterion (mixed males and females). Age was a homogeneity criterion, given

that fewer risks are perceived and assumed during the early years (first and second) than in the latter years (third and fourth) of secondary school. All groups included at least one student not born in Spain. The moderators were close in age to the participants to avoid any bias that might result from age difference. The only exception to this was the group for female adolescents alone, which was moderated by the principal investigator and, in this all-female setting, achieved a positive atmosphere of dialogue and participation. Written consent from parents or guardians was mandatory for the adolescents to participate. All discussions, including those in the Basque country, were conducted in Spanish. The adolescents were given a guarantee of strict confidentiality and anonymity, and assured the information would be used for social research purposes only. They also received a small gift in appreciation of their participation.

The discussion groups followed a standardised protocol. The aim was to elucidate the meaning of risk for the participants and their perception and assessment of risk behaviours, either their own or those of their peers. In general, it proved unnecessary for moderators to introduce the behaviours in question (drug consumption, sexual relationships, violence, and road insecurity), because debates on these points tended to emerge spontaneously in the course of discussion.

A questionnaire designed by the research team was used to gather data for quantitative analysis. This questionnaire included 57 questions on socio-demographic characteristics, risk behaviours and situations relating to drug use, violence, sexual relationships, road safety and eating disorders. The time period referred to was the previous year, with the exceptions of cigarette consumption (current daily number of cigarettes) and physical exercise (current weekly frequency). Two discussion groups were conducted to adapt the instrument to the language and perspectives of the adolescents. In a pilot test, the draft questionnaire was tested in two educational centres in a town of around 15,000 inhabitants in the Madrid region that was not involved in the main study.

The study populations for the questionnaires in Andalusia (n=1907) and Madrid (n=1720) were representative of the secondary school populations of these regions. The sample size was estimated by multistage simple random sampling for a sample error of 2.5, population variance of 50 per cent and 95 per cent confidence interval, yielding a minimum of 1,600 questionnaires for each region. The educational centres were selected to represent the types of secondary school in each region, including state schools, state-subsidised private schools (religious and non-religious) and private schools. Classes from years one, two, three and four were randomly selected at each centre. It was necessary to involve more centres in Andalusia than in Madrid to recruit the requisite number of participants.

The final study sample comprised 3,627 secondary school students from 17 centres (60 classes) in Madrid and 23 centres (83 classes) in Andalusia. Questionnaires were administered to the different groups during the same academic year (2007–2008). Participation was always voluntary, and the confidentiality

of responses was explicitly guaranteed; 49.1 per cent of participants were male and 50.9 per cent female; 25.8 per cent of participants were in the first year, 24.5 per cent in the second, 25.7 per cent in the third, and 24 per cent in the fourth. The mean age was 14.8 years (standard deviation [SD] = 1.3, ranging between 12 and 19). With regard to school type, 38.6 per cent studied at a state school, 52.8 per cent at a state-subsidised private religious school, 2.7 per cent at a state-subsidised private (non-religious) school and 5.9 per cent at a private school. Place of birth was reported as Spain by 92.6 per cent, Latin-America by 5.1 per cent, Eastern Europe by 1.5 per cent and Africa by 0.8 per cent.

The ethnicity of the participants was self-determined from a list of different ethnic groups (White, Gypsy, Black, Asian, and so on) drawn up by the adolescents themselves and using their own designations. Because a large majority of the participants recruited at the centres defined themselves as 'white', all other ethnicities were grouped as 'other ethnic groups', the scant representation of which prevented the analysis of differences among them.

The questionnaires were self-administered in the classroom, in the presence of one of the research team. The adolescents took an average of around 40 minutes to complete the task.

SPSS 17 (SPSS, IBM, Chicago, IL) was used for the statistical analyses. Qualitative and categorical data were expressed as frequencies and percentages, and quantitative data as measures of central tendency and dispersion. The chi-square test was used for contingency analyses of relationships among variables and the Student's t-test was used to compare means. $P<0.05$ was considered significant. Multivariate analysis of risk behaviours was not possible due to inadequate sample sizes, given the small number of female consumers of tranquillizers.

Regarding the perception of family economic level, 78.2 per cent reported a good economic level, 20.2 per cent barely made it to the end of the month, and 1.6 per cent described many economic problems. According to parents' profession, participants were classified as having a high socioeconomic position (29.9 per cent), medium position (35.6 per cent), or low socioeconomic position (23.1 per cent); 11.5 per cent could not be classified due to the lack of relevant data.

Drug Use and Accessibility to Drugs

In this survey of female and male secondary school students, the majority of drugs consumed were legal. The consumption of these drugs (tobacco, alcohol, and non-prescribed tranquillizers) was more frequent among females than among males. Table 10.1 shows that the consumption of legal drugs was more frequent among females in both lifetime-prevalence and 12-month-prevalence.

Table 10.1 Drugs consumed by female and male adolescents in Andalusia and Madrid, 2007–2008

Drug Use	Females %	Males %	$\chi 2$	P
At some time in their life				
Alcohol	67.0	63.0	6.187	.013
Tobacco	46.2	34.8	46.123	.000
Cannabis	9.5	11.6	3.894	.048
Non-prescribed tranquillizers	8.8	5.6	12.892	.000
Analgesics	12.3	7.5	21.703	.000
Ecstasy	0.7	0.7	0.004	.949
Inhalants	1.5	1.8	0.560	.454
Heroin	0.6	0.5	0.336	.562
Cocaine	1.6	1.8	0.221	.638
Previous year				
Alcohol	58.3	52.1	12.940	.000
Tobacco	35.7	24.4	50.806	.000
Cannabis	7.2	9.0	3.866	.049
Non-prescribed tranquillizers	5.0	3.0	9.255	.002
Analgesics	9.6	5.1	24.686	.000
Ecstasy	0.2	0.5	2.560	.110
Inhalants	0.8	0.8	0.001	.970
Heroin	0.2	0.3	0.171	.679
Cocaine	0.9	1.0	0.108	.743

These results are consistent with other studies conducted within Spanish populations (Inglés et al. 2007; Romo 2011). Initiation into illegal drug use is uncommon at these ages, with cannabis being more frequently consumed for the first time at later stages of adolescence. In the discussion groups, both female and male adolescents evidenced a low perception of the risks associated with legal drug consumption, regarding risk as omnipresent and seeing no reason why it would affect them in particular:

> 'People of our age may face many types of risks. On the street, at school, everywhere. I think it's the same … well, not the same because we're not the same age as the adults, we are maybe more … sensitive, we're more easily misled and all that but … I think it's practically the same for us as for adults. Risk is everywhere.'
>
> (Mixed group: males and females)

Alcohol is the stellar substance. It stood out in discussions and in the high prevalence of its consumption among both males and females; results in line with the reports of other researchers in Spain (Moral, Sirvent and Rodríguez 2005; Gómez 2006). Alcohol was consumed by a higher proportion of females than males, but males consumed greater amounts than females:

> 'Alcohol … almost everyone drinks it and for older people or whatever … it is like they were drinking a coca-cola among friends and such: drink and drink and drink and they binge drink to get drunk and it's no big deal.'
> 'Alcohol consumption has become very generalised. The starting age has dropped a lot … to 14, 13 …'
>
> (Mixed group: males and females)

The widespread consumption of legal 'drugs', such as alcohol, and of officially prohibited substances considered 'legal' by young people, like cannabis, leads to the normalisation of these substances and facilitates access to them:

> 'Because so many people smoke joints, it's like you're less afraid to try it'
> 'With pills … it's like more .. risky. You see people smoking joints and nothing happens to them so you know it won't happen to you either …'
> 'It's like, it's more natural, isn't it?'
> 'If nothing happens to him, there's no reason why it would happen to you.'
> 'So, because everyone smokes joints, you're less afraid to try them aren't you?'
>
> (Mixed group: males and females)

Male and female adolescents categorised substances according to the potential danger they posed to health. Although some substances were considered 'natural', because they were used by everybody and therefore normalised, others were perceived as more dangerous or risky. This also related to the possibilities and difficulties of obtaining the substances. The legal or illegal status of the substances affected the perceptions associated with their consumption.

Table 10.2 shows that these adolescents considered it easy to gain access to legal substances, with no significant gender differentiation.

In the discussion groups, both males and females agreed they had no problems in gaining access to substances. When they could not buy them in public places because of their age, they would find other ways of obtaining them without difficulty:

> 'Well the truth is that … regardless, it's prohibited to buy it under a certain age but in some bars they don't stop you, what do I know, at first glance maybe they can't tell that we're only 13 or 14 years old or whatever, you know? But if they don't say anything to you, you buy it.'
>
> (Mixed group: males and females)

Table 10.2 Perception of female and male adolescents of the accessibility of substances

Easy access to substances	Females % (n)	Males % (n)	$\chi 2$	P
Tobacco	78.0 (1395)	76.6 (1271)	3.725	.054
Beer	78.0 (1386)	78.6 (1321)	0.234	.629
Wine	72.3 (1281)	75.5 (1269)	4.573	.032
Cocktails	58.4 (1024)	59.8 (991)	0.651	.420
Cannabis	26.5 (469)	32.9 (549)	16.771	.000
Ecstasy	13.3 (235)	15.4 (257)	3.066	.080
Inhalants	15.6 (274)	20.5 (341)	13.747	.000
Heroin	8.4 (149)	12.3 (205)	13.773	.000
Cocaine	12.5 (221)	15.2 (254)	5.326	.021

'If you have 18-year-old friends they can easily buy it for you.'

'And do they buy it for you?'

'Yes, but they always tell you that when someone asks you: Who bought it? Not to say it was them.'

'Of course, or … we go to another place. For example, in the 24-hour store here (a store that's open 24 hours) if you buy alcohol, which they sometimes sell us, they give us white bags so you can't …'

'So the label can't be seen …'

'Or an older person comes up to you: look, I'll buy it for you but if they ask who sold it to you or who bought it for you, don't say it was me. Or, it's like with joints, if you score off a Moroccan and the police catch you … they'll go after him. So you say you just found it, or someone you don't know gave it to you, or something.'

(Mixed group: males and females)

These extracts from the discourses of male and female adolescents highlight the strategies they use for obtaining legal psychoactive substances that are prohibited to them due to their age. The ability to gain access to these substances is most frequently attributed to the permissiveness of sales or bar staff and to the assistance of over 18-year-olds. Older teens provide this service because they had recently been in the same situation and had found someone to help them. This offers insight into how and why young people help each other. On other occasions, this service is provided in exchange for something, usually alcohol.

Female Drug Use and Other Risky Behaviours

Our study revealed a higher frequency of legal drug consumption among the female than male adolescents, consistent with the findings of other national studies. We focused on the questionnaire results for female adolescents, who represented almost 50 per cent (n=1827) of the study population.

Out of the 1827 females in the study, 87 (5 per cent) had consumed tranquillizers without a medical prescription in the previous 12 months; they showed no significant differences with the other females as a function of region (Madrid vs Andalusia (p=0.451), school year (p=0.102) or nation of birth (0.533). Among these 87 female adolescents, 85 per cent also consumed alcohol and 59 per cent smoked tobacco. In other words, other legal substances were usually consumed by the users of mood-altering drugs. According to statements made in one of the all-female discussion groups, alcohol played a key role in the structuring of relationships in leisure time and space:

> 'Okay, okay, I'll say it. For example, let's say, since we're on the subject of alcohol, if you go to a botellón [outdoor gathering of young people to consume alcohol bought from shops], it's obvious that you're going to drink, you're not going to stick to a glass of water.'
>
> (All-female group)

The only significant differences between the females who had and had not consumed non-prescribed tranquillizers during the previous year were in type of family, perception of the domestic economic situation, and age (see Table 10.3). Thus, non-prescribed tranquillizer consumption was more frequent among those not living with a parent, in comparison to those living with one or two parents, and among those perceiving many financial problems at home. The mean age of females who had taken tranquillizers was around one year older (around 15 years old) than that of females who had not.

Parents were continually referred to in the females' discourse, but were perceived as being unable to act:

> 'I think parents can't do anything to help us avoid the risk, because if you want to do it, you're going to do it, whether they help you or not. I don't know how to explain it.'
>
> (All-female group)

Many believed that their mothers had lived through the same situation and should therefore understand; they did not expect their mothers to stop them.

Table 10.3 Socio-demographic characteristics of female adolescents as a function of their use of tranquillizers without medical prescription (n=87)

	Use previous year (%)	No use previous year (%)	χ2	P
Region				
Andalucía	55.2	51.0	0.567	.451
Madrid	44.8	49.0		
Secondary school year				
1st	12.6	23.9		
2nd	25.3	24.4	6.207	.102
3rd	31.0	25.3		
4th	31.0	26.4		
Born in Spain				
Yes	90.8	92.6	0.388	.533
No	9.2	7.4		
Type of family				
Live with father alone	-	1.2		
Live with mother alone	17.2	11.6	11.107	.025
Live with both parents	75.9	82.0		
Live with step-family	2.3	4.1		
Other	4.6	1.2		
Social Class				
High	34.1	31.1	0.751	.687
Medium	36.6	41.1		
Low	29.3	27.5		
Perception of domestic financial situation				
Quite good	67.4	76.9		
Barely make it to the end of the month	26.7	21.5	10.523	.005
Many financial problems	5.8	1.5		
Ethnicity				
White Caucasian	85.7	83.0	0.421	.517
Other ethnic groups	14.3	17.0		
Mean age	15.2	14.8 years	-2.995*	.003

* Student's t test

Table 10.3 shows that the consumption of tranquillizers was not related to social class, ethnicity (self-identified) or nation of birth and was only significantly associated with type of family and subjective economic perception. Data suggests that there were significant links with living in female-headed households, barely making it to the end of the month, and experiencing financial problems. But we cannot know to what extent those variables are related. Although our series is representative, the sample size of females taking tranquillizers may be inadequate to detect differences relating to social class or ethnicity. These differences may be explained by various circumstances detectable through qualitative research.

Legal Drug Use and Risk

The female adolescents who had consumed non-prescribed tranquillizers in the previous year also reported other risky behaviours. In comparison to the other females, a higher proportion reported: riding on a scooter (term used in this chapter to cover all types of motor bicycle or moped) after consuming alcohol; losing consciousness after taking a drug; becoming inebriated; taking medicines or drugs with alcohol; consuming cannabis or some other illegal drug; riding on a scooter after the consumption of cannabis or other substance; and smoking cigarettes (see Table 10.4).

Table 10.4 Risk behaviours with drug use among the sample of females, based on the use of tranquillizers without medical prescription in the previous year

	Use previous year %	No use previous year %	$\chi 2$	P
Drink alcohol at a botellón and ride on a scooter afterwards	39.3	21.7	14.076	.000
Take too much of a drug and lose consciousness	8.3	3.4	5.97	.020
Get drunk	54.8	29.6	23.796	.000
Take medicines with alcohol	14.3	4.7	14.765	.000
Smoke cannabis	18.8	11.4	4.305	.038
Use illegal drugs other than cannabis	10.8	1.2	45.729	.000
Ride on a scooter when you have smoked cannabis or taken other drugs	8.3	3.1	6.872	.009
Sell cannabis and other drugs	4.8	1.3	6.685	.010
Smoke cigarettes	29.4	16.5	9.437	.002

Drug Use, Risk and Sexuality

A significant relationship was observed between the consumption by females of non-prescribed tranquillizers in the previous year and risky behaviour in sexual relationships (Table 10.5).

Table 10.5 Risk behaviours of female adolescents in sexual relationships as a function of their use of non-prescribed tranquillizers in the previous year

	Use in previous year %	Non-use in previous year %	$\chi 2$	P
Intercourse	31.0	18.8	7.480	.006
Use of condoms	92.3	89.6	0.192	.661
Having sex when asked to by boyfriend despite not wanting it	9.6	4.1	5.934	.015
Becoming pregnant	2.4	0.9	1.657	.198
Having sex after drinking	15.7	4.4	21.561	.000
Attempt at non-consensual sexual relations	20.7	11.6	6.451	.011

Females who consumed non-prescribed tranquillizers more frequently reported engaging in sexual relations with penetration and without protection, in comparison to those who did not. Although we cannot determine the extent to which they were victims or active agents in their sexual behaviours, they were also more likely to have sex when requested to by their boyfriends, either against their wishes or after drinking alcohol, and to have experienced attempted sexual abuse. These data provide evidence that adolescent females who use non-prescribed tranquillizers are more sexually active than non-users and yet are more vulnerable in their sexual relationships and more likely to be exposed to involuntary risks.

Risks associated with sexuality tended to emerge spontaneously in the all-female discussion groups. Pregnancy remained one of the main perceived risks, especially for females, although this situation may be changing, given that the risk can be controlled by new drugs, such as the morning-after pill. However, the same is not true for the risk of sexually-transmitted diseases:

> 'I think sex is what worries you most.'
>
> 'In terms of diseases, because you can take morning-after pill to stop yourself getting pregnant, and well, just carry on.'
>
> (All-female group)

Although condoms were known to be a good safety measure, the risk of condom failure was raised in some of the discussion groups:

> 'It could split and then you catch something …'
>
> 'Even if you buy them in a chemists or wherever (talking at same time), even if you buy them in a chemists they can still split. There isn't, no … I think there isn't any like that or …'
>
> 'It's not 100 percent probability against, it's 99 and …'
>
> (All-female group)

Drug Use and Other Risk Behaviours

In previous studies by our group, incidents of unsafe behaviour on the road (Meneses, Gil and Romo 2010) and violent behaviour (Gil and Romo 2008; Meneses et al. 2009) were more frequent in young males than females. In the present study, female adolescents who had used non-prescribed tranquillizers reported fights and traffic violations in the previous year more frequently, and a greater liking for risk in comparison to those who had not (Table 10.6). The performance of these risky behaviours appears to reflect a different way of being a girl.

Table 10.6 Other risk behaviours by female adolescents as a function of their use of non-prescribed tranquillizers in the previous year

	Use in previous year %	Non-use in previous year %	$\chi 2$	P
Fight in the previous year	26.7	14.9	8.845	.003
Fight after drinking	19.0	4.0	40.093	.000
High-speed racing				
Never	31.0	49.4	26.187	.000
At some time	32.2	34.4		
Often	36.8	16.2		
I like risks				
Never	18.4	34.8	13.317	.001
At some time	39.1	37.8		
Often	42.5	27.4		
Competing with others on the road				
Never	73.6	87.9	16.114	.000
At some time	18.4	9.2		
Often	8.0	2.9		

It was generally stated within discussion groups, that girls do not usually fight as often or with the same intensity as boys. Conflictive interaction between girls was mostly associated with verbal violence, with physical violence usually arising under the effects of alcohol and other drugs:

> 'Let's see, what I think is it's not only this about going into a coma or whatever, but rather alcohol, most of the fights, or whatever, perhaps at some parties it is because people go into a 'fog', they don't know what they're doing, ... it's not necessary to join in everything, but because of the alcohol, the situation, it's no longer that you can just fall into a coma, or whatever if you don't control yourself, because you may control yourself and get into a fight, and that's when you lose control.'
>
> (All-female group)

Road safety risks also appear to be a gender issue, with fewer girls having scooters or feeling drawn to them:

> 'I think it's because they do more stupid things with a scooter, for example, you give a girl a scooter and she doesn't think: Hey, I'm going to do wheelies until I crack my head!'
>
> (All-female group)

Hence, the girls who adopt this type of behaviour, whether or not combined with other risk behaviours, appear to be in a distinct dimension with different meanings. Explanations may include rebelliousness, participation in the male world, or experimentation and learning in areas previously forbidden to women. It should not be forgotten that risk is inevitable and necessary for learning and discovering our limits and for forming our own identity (Lupton and Tulloch 2002).

Thinking About New Ways of Learning to be a Girl

Our investigation reveals a trend towards an increase in drug use and risk behaviours by young females in two Spanish regions. Both elements appear to be intertwined with gender.

The use of non-prescribed tranquillizers was associated with the consumption of other legal drugs, such as tobacco and alcohol. The same girls also adopted some risk behaviours considered masculine, including reckless driving, violence and risky sexual practices. These are particular ways of becoming an adult that should not serve to stigmatise this group but rather to strengthen it in a preventive approach. These forms of consumption, very distinct from conventional feminine passivity, require adapted public health interventions that include a gender perspective.

This study contributes evidence for a new 'female drug consumption model' organised around legality. Consumption may be a way of standing out and rebelling against what is expected of them, presenting behaviour that could be considered more masculine, but is at the same time distinctly female in terms of the choice of substance. This relatively small group of girls demonstrated a different way of constructing their identity, adopting an approach to learning and an experimentation strategy that might either make them more vulnerable, or endow them with greater knowledge and maturity. This represents one way for today's female teenagers to draw level with their male peers in terms of knowledge and discovery of their limits, self-control, and living with everyday and exceptional risks. Our study appears to unmask a group of female adolescents who engage in the most risky behaviours and are close to illegality in a similar way to males and in interaction with them. The risks faced by this group may be transient or become deep-rooted, but both can have negative repercussions on their health, requiring adequate preventive measures.

Wider studies with different methodologies are required to verify whether the present results are reproducible in other socio-cultural settings. Qualitative research is also warranted to explore some of our conclusions and enhance our understanding of these findings.

Previous studies indicating a trend towards an increased use of alcohol, tobacco and drugs by young females have questioned whether preventive policies are yielding adequate results for females. Two issues are at the core of this question: the gender-specific context of risk for substance use, and the implication of this context for prevention strategies (Amaro et al. 2001; Meneses et al. 2009). It is essential to address the health and development needs of adolescents if they are to make a healthy transition into adulthood. Societies must tackle the factors that promote potentially hazardous habits in relation to sex, tobacco and alcohol use, and must provide adolescents with the support they need to avoid these behaviours. In many high-income countries, adolescent females are increasingly using alcohol and tobacco, and obesity is on the rise. Supporting adolescents to establish healthy habits can yield major health benefits later in life, including a reduction in the risk of mortality or disability due to cardiovascular disease, stroke or cancer (WHO 2012). It may be that we should address the context of inequality in which these substances are consumed rather than working on specific groups (Frieden 2010). In agreement with Ettorre (2004 and 2007), we suggest that the inclusion of a gender perspective in the field of drug dependency would allow the creation of harm-reducing policies that cannot be successful without the full consideration of gender differences.

References

Abbott-Chapman, J. A., Denholm, C. J. and Wyld, C. (2007), 'Gender differences in adolescent risk taking: Are they diminishing? An Australian intergenerational study', *Youth and Society* 40:1, 131–54.

Aldrich, M. R. (1994), 'Historical notes on women addicts', *Journal of Psychoactive Drugs* 26:1, 61–4.

Amaro, H., Blake, S. M., Schwartz, P. M. and Flinchbaugh, L. J. (2001), 'Developing theory-based substance abuse prevention programs for young adolescent girls', *Journal of Early Adolescence* 21:3, 256–93.

Arrizaga, C. (2007), *La Medicalización de la Vida Cotidiana. El Consumo Indebido de Psicotrópicos en Adultos* (Buenos Aires: Observatorio Argentino de Drogas, SEDRONAR).

Best, D., Rawaf, S., Rowley, J., Floyd, K., Manning, V. and Strang, J. (2001), 'Ethnic and gender differences in drinking and smoking among London adolescents', *Ethnicity and Health* 6:1, 51–7.

Bimbela, J. L. and Cruz, M. T. (1997), *Sida y Jóvenes. La Prevención de la Transmisión Sexual del VIH* (Granada: Escuela Andaluza de Salud Pública).

Bowleg, L. (2012), 'The problem with the phrase women and minorities: intersectionality an important theoretical framework for public health', *American Journal of Public Health* 102:7, 1267–73.

Coleman, J. and Hagell, A. (2007), *Adolescence, Risk and Resilience. Against the Odds* (West Sussex: John Wiley & Sons, Ltd).

DGPNSD (2011) Encuesta Estatal Sobre Usode Drogas en Enseñanzas Secundarias (ESTUDES). Ministerio de Sanidad, Política Social e Igualdad. [Online: Delegación del Gobierno para el Plan Nacional sobre Drogas] Available at: http://www.pnsd.es [accessed 10 December 2012].

Douglas, M. and Wildavsky, A. B. (1983), *Risk and Culture: An essay on the Selection of Technical and Environmental Dangers* (Berkeley: University of California Press).

Ettorre, E. (2004), 'Revisioning women and drug use: gender sensitivity, gendered bodies and reducing harm', *International Journal of Drugs Policy* 15:5–6, 327–50.

——— (2007), *Revisioning Women and Drug Use: Gender, Power and the Body* (Basingstoke: Palgrave).

Finucane, M. L., Slovic, P., Mertz, C. K., Flynn, J. and Satterfield, T. A. (2000), 'Gender, race, and perceived risk: the "white male" effect', *Health, Risk and Society* 2:2, 159–72.

France, A. (2000), 'Towards a sociological understanding of youth and their risk-taking', *Journal of Youth Studies* 3:3, 317–31.

Frieden, T. R. (2010), 'A framework for public health action: The health impact pyramid', *American Journal of Public Health* 100:4, 590–95.

Gil, E. and Romo, N. (2008), 'Conductas de riesgo en adolescentes urbanos andaluces', *Miscelánea Comillas* 66:129, 493–509.

Gil, E., Romo, N., Poo, M., Meneses, C., Markez, I. and Vega, A. (2004), 'Género y psicofármacos. La opinión de los prescriptores a través de una investigación cualitativa', *Atención Primaria* 5:8, 402–8.

Gómez, J. (2006), 'El alcoholismo femenino, una verdad oculta', *Trastornos adictivos: Órgano Oficial de la Sociedad española de Toxicomanías* 8:4, 251–60.

Hidalgo, I., Garrido, G. and Hernández, M. (2000), 'Health status and risk behavior of adolescents in the north of Madrid (Spain)', *Journal of Adolescent Health* 27:5, 351–60.

Inglés, C. J., Delgado, B., Bautista, R., Torregrosa, M. S., Espada, J. P., García, J. M., Hidalgo, M. D. and García, L. J. (2007), 'Factores psicosociales relacionados con el consumo de alcohol y tabaco en adolescentes españoles', *International Journal of Clinical and Health Psychology* 7:2, 403–20.

Kandall, S. R. (2010), 'Women and drug addiction: a historical perspective', *Journal of Addictive Diseases* 29:2, 117–26.

Kawachi, I. and Kennedy, B. P. (1997), 'The relationship of income inequality to mortality: Does the choice of indicator matter?', *Social Science and Medicine* 45:7, 1121–7.

Lupton, D. and Tulloch, J. (2002), 'Risk is part of your life. Risk epistemologies among a group of Australians', *Sociology* 36:2, 317–34.

Mackenbach, J. P. (2006), 'Socio-economic inequalities in health in Western Europe: from description to explanation to intervention' in Siegrist, J. and Marmot, M. (eds) *Social Inequalities in Health. New Evidence and Policy Implications* (Oxford and New York: Oxford University Press) pp. 223–50.

Mahalingam, R., Balan, S. and Haritatos, J. (2008), 'Engendering immigrant psychology: an intersectionality perspective', *Sex Roles* 59:326–36.

Markez Alonso, I. (2010), 'Dependencias: de la coerción a la reducción de daños', *Crítica* 60:967, 33–8.

McCall, L. (2005), 'The complexity of intersectionality', *Signs: Journal of Woman in Culture and Society* 30:3, 1771–800.

Measham, F. (2002), '"Doing gender" – "doing drugs": conceptualising the gendering of drugs cultures', *Contemporary Drug Problems* 29:2, 335–73.

Meneses, C. (2002), 'De la morfina a la heroína: el consumo de drogas en las mujeres', *Miscelánea Comillas* 60:116, 217–43.

Meneses, C., Gil, E., and Romo, N. (2010), 'Adolescentes, situaciones de riesgo y seguridad vial', *Atención Primaria* 42:9, 452–62.

Meneses, C., Romo, N., Uroz, J., Gil, E., Markez, I., Jiménez, S. and Vega, A. (2009), 'Adolescencia, consumo de drogas y comportamientos de riesgo: diferencias por sexo, etnicidad y áreas geográficas en España', *Trastornos Adictivos* 11:1, 51–63.

Moral, M. V., Sirvent, C. and Rodríguez, F. J. (2005), 'Motivadores del consumo de alcohol en adolescentes: análisis de diferencias inter-género y propuesta de un continuum etiológico', *Adicciones: Revista de Socidrogalcohol* 17:2, 105–20.

Nash, J. C. (2008), 'Re-thinking intersectionality', *Feminist Review* 89, 1–15.

Rhodes, T. (2009), 'Risk environments and drug harms: A social science for harm reduction approach', *International Journal of Drug Policy* 20, 193–201.

Romaní, O. (1999), *Las Drogas: Sueños y Razones* (Madrid: Ariel).

Romo, N. (2005), 'Género y uso de drogas: la invisibilidad de las mujeres', *Monografías Humanitas* 5, 65–83.

——— (2011), 'Cannabis, juventud y género: nuevos patrones de consumo, nuevos modelos de intervención', *Trastornos Adictivos: Órgano Oficial de la Sociedad Española de Toxicomanías* 13:3, 91–3.

Romo, N. and Gil, E. (2006), 'Género y uso de drogas. De la ilegalidad a la legalidad para enfrentar el malestar', *Trastornos Adictivos* 6:4, 243–50.

Romo, N., Vega A., Meneses, C., Gil, E., Márquez, I. and Poo, M. (2003), 'Sobre el malestar y la prescripción: un estudio sobre los usos de psicofármacos por las mujeres', *Revista Española de Drogodependencias* 28:4, 372–80.

Ryan, R. M. and Edward, L. (2000), 'Intrinsic and extrinsic motivations: Classic definitions and new directions', *Contemporary Educational Psychology* 25:1, 54–67.

Shields, S. A. (2008), 'Gender: An intersectionality perspective', *Sex Roles* 59, 301–11.

Simien, E. M. (2007), 'Doing intersectionality research: from conceptual issues to practical examples', *Politics and Gender* 3:2, 264–71.

World Health Organization (2012), *Women and Health: Today's Evidence Tomorrow's Agenda.* [Online: World Health Organization] Available at: http://www.who.int/gender/documents/9789241563857/en/index.html [accessed: 11 December 2012].