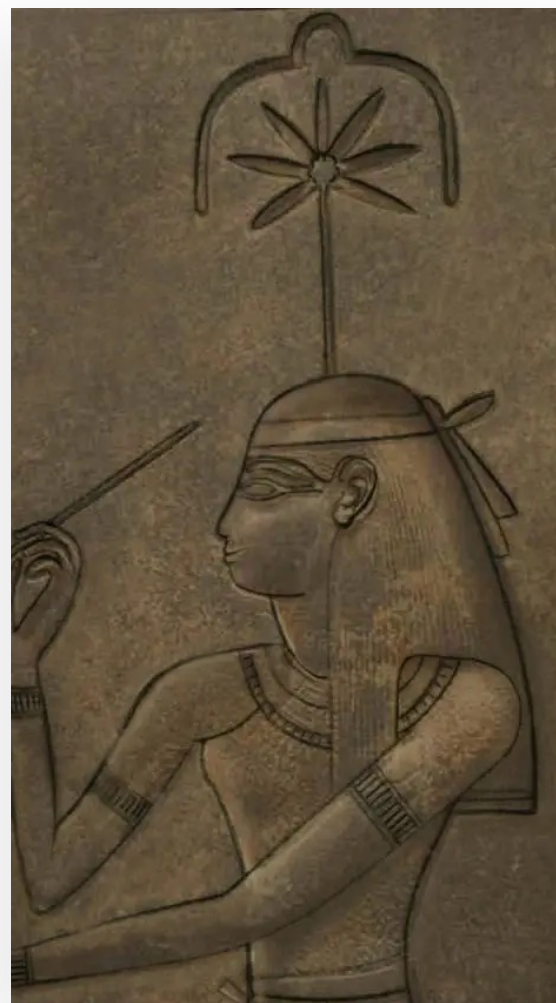


Women, Power, and Addiction

Mishka Terplan MD MPH
Medical Director, Friends Research Institute
Substance Use Warmline Clinician, UCSF



Substance Use is Ancient and Associated with Women





Addiction is Modern,
an (side) effect of
Modernity, Initially
associated with
Women

William Hogarth's *Gin Lane* 1751

The First Opioid Crisis



The Origin of the Modern Concept of Addiction (and the Establishment of Medical Authority)



INVENTING THE ADDICT

Drugs, Race, and Sexuality in
Nineteenth-Century British and
American Literature



Susan Zieger

Women, Wealth, Consumerism,
Alienation, Drugs, and Suffering

“ Women moved from the role of long-suffering drunkard’s wife into the discursive locus of a frightening modern self-reflection”

“Morphine had become a powerful symbol of the dilemmas over women’s roles and of this ambiguous meaning of their freedom”

DARING WOMEN DOCTORS

PHYSICIANS IN THE 19TH CENTURY

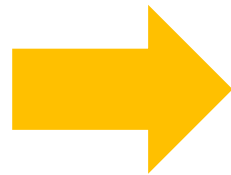


The First Era of Women Physicians

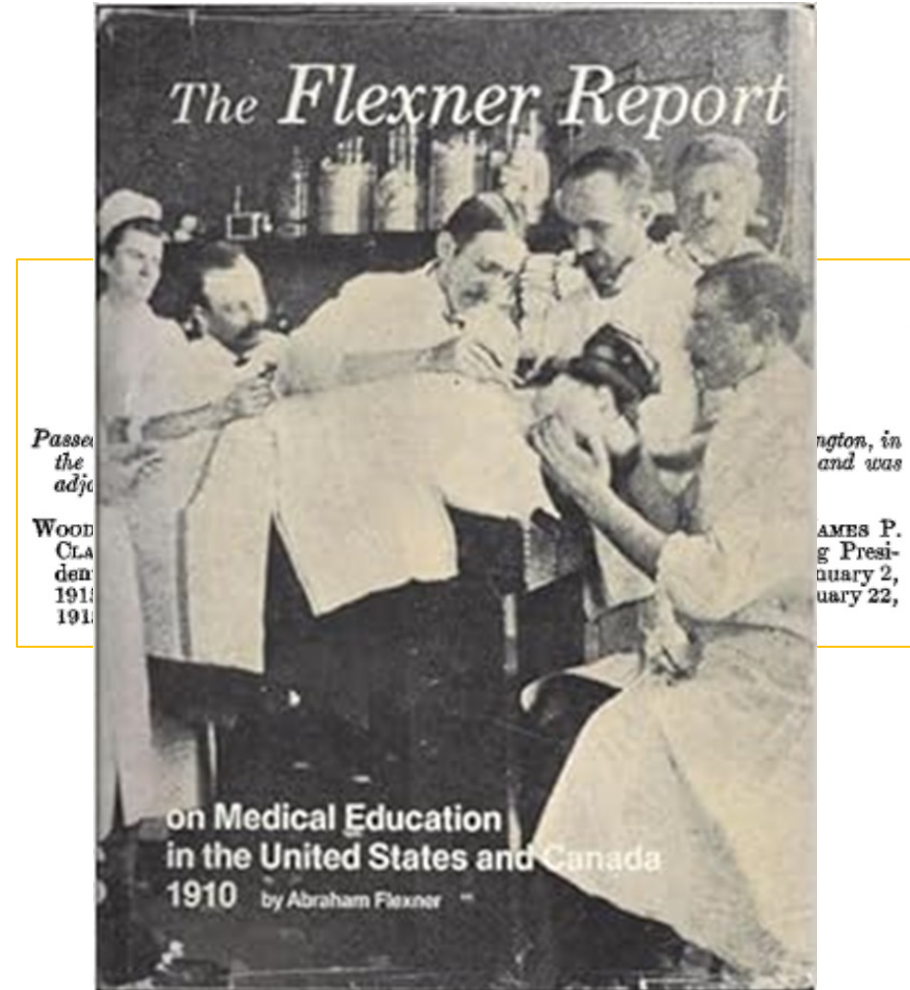


Addiction: 19th to 20th Century

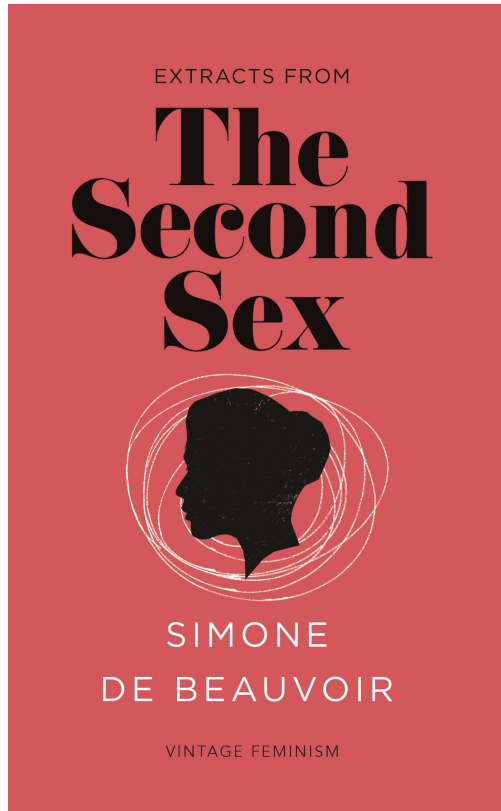
19th Century



20th Century



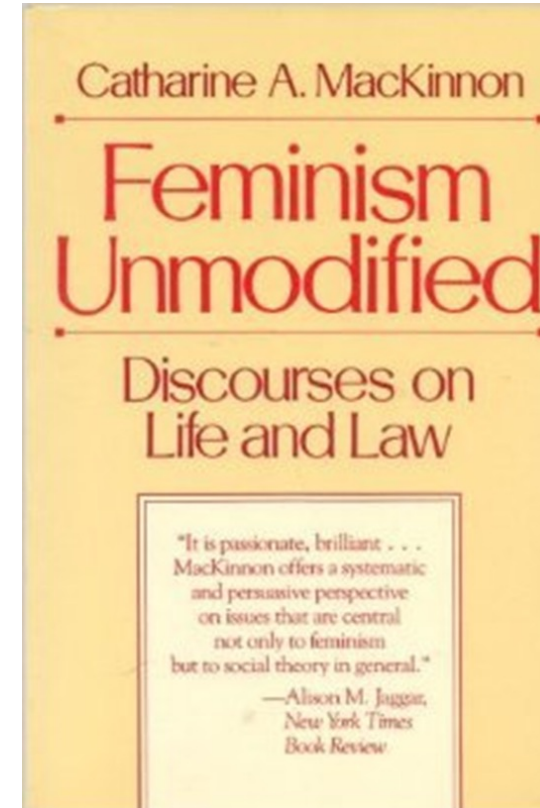
Gender (and Power)



"One is not born but becomes a woman"



Gender "performative", reproduced (and changed) through speaking and doing



Gender "a system of social hierarchy and imposed inequality of power"



20th Century: Prescribing for the Patriarchy



NOW SHE
CAN COOK
BREAKFAST
AGAIN

... WHEN YOU PRESCRIBE NEW
MORNIDINE[™]
(BRAND OF MEFAMAZINE)

A new drug with specific effectiveness in nausea and vomiting of pregnancy, Mornidine eliminates the ordeal of morning sickness.

With its selective action on the vomiting center, or the medullary chemoreceptor "trigger zone," Mornidine possesses the advantages of the phenothiazine drugs without unwanted tranquilizing activity.

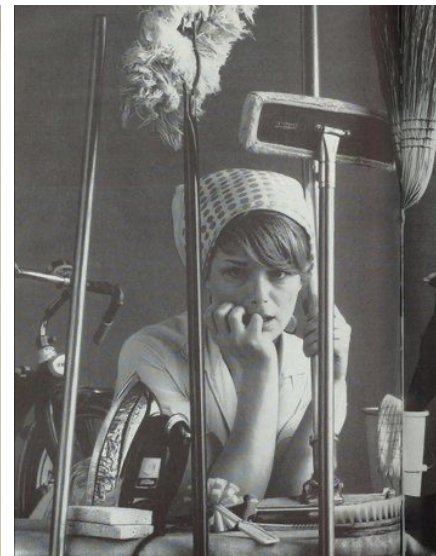
Doses of 5 to 10 mg., repeated at intervals of

six to eight hours, provide excellent relief all day. In patients who are unable to retain oral medication when first seen, Mornidine may be administered intramuscularly in doses of 5 mg. (1 cc.).

Mornidine is supplied as tablets of 5 mg. and as ampuls of 5 mg. (1 cc.).

G. D. Scarle & Co., Chicago 90, Illinois.
Research in the Service of Medicine.

1-80



**You can't set her free.
But you can help her
feel less anxious.**

You know this woman. She's anxious, tense, irritable. She's felt this way for months. Based on this seemingly insurmountable problem of raising a young family, and based on the home mood of the home, her doctors may have recommended sedation. Your reassurance and guidance may have helped some, but not enough. SERAX (oxazepam) cannot change her environment, of course. But it can help release anxiety tensions, agitation and irritability, thus strengthening her ability to cope with day-to-day problems. Eventually—as she regains confidence and confidence—your counsel may be all that supports the need.

Indicated in anxiety, tension, agitation, irritability, and anxiety associated with depression. May be used in a broad range of patients, generally with considerable dosage flexibility.

Contraindications: History of previous hypersensitivity to oxazepam. Oxazepam is not indicated in infants. **Precautions:** Hypersensitivity reactions are rare, but use with caution when carbamides could enter from a fall in blood pressure, especially in the elderly. One patient exhibiting drug sensitivity to taking a chronic oxazepam treatment soon developed hypersensitivity and died. Serax should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment.

Not indicated in children under 6 years. Absolute dosage for 6 to 12 year olds not established. Side Effects: Therapeutic overdosage may rarely occur. Treatment of overdose as a commonality. A gradual, relative change. Oxazepam, serax and oxazepam have also occurred. Indicated in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment. Oxazepam should not be used in patients with severe hepatic or renal impairment.

To help you relieve anxiety and tension

Serax[®]
(oxazepam)

Roche Laboratories
Philadelphia, Pa.

WHEN SHE OVERREACTS TO ANY SITUATION

When the patient tells you that she is too "easily upset," think of Mebaral. Overreaction to everyday occurrences may be a threat to this patient's well-being. Mebaral reduces restlessness and irritability; it has a *familiar* sedative effect. But Mebaral has the advantage of " . . . extremely low incidence of toxicity . . ." and does not produce *sedative daze*.^{2,8} Often physicians prefer the sedative effects of Mebaral to those of phenobarbital.^{2,7,9}

For daytime sedation — ½ grain, ¾ grain, and occasionally 1½ grains three or four times daily.

MEBARAL[®]

Brand of mephobarbital

SEDATION WITHOUT SEDATIVE DAZE

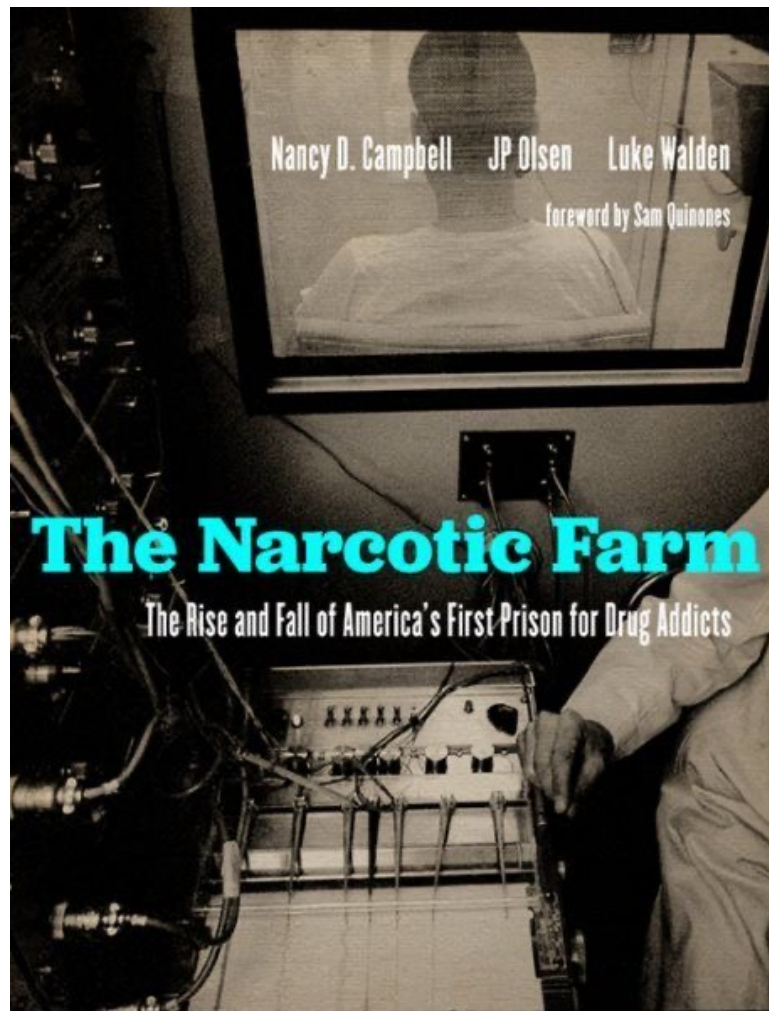
Bibliography: 1. Brown, W. T., and Smith, J. A.: *South. M. J.* 46:552, June 1953. 2. Berris, H.: *Neurology* 4:116, Feb., 1954. 3. Baker, A. B.: Personal communication. 4. Johnston, C.: *North Carolina M. J.* 8:121, March, 1947. 5. Smith, J. A.: *Am. Pract. & Digest Treat.* 4:1, July, 1953. 6. Smith, J. A.: *J.A.M.A.* 152:584, May 30, 1953. 7. Briggs, J. F.: *Minnesota Med.* 34:1082, Nov. 1951. 8. Briggs, J. F., and Bellomo, J.: *Dis. Chest* 34:96, July, 1958. 9. McCallagh, W. H.: *J. Florida M. A.* 41:718, March, 1955. 10. Cohen, B., and Myerson, A.: *New England J. Med.* 227:936, Aug. 27, 1942.

a moth seems a monster



Winthrop
LABORATORIES
New York 17349 • New England Journal of Medicine
Downloaded from mpsj.org at MICHIGAN COLLEGE OF WASHINGTON on February 7, 2014. For personal use only. All other uses without permission are prohibited.
From the NEJM Archive. Copyright © 1959 Massachusetts Medical Society. All rights reserved.

Addiction and Addiction Medicine, 20th Century



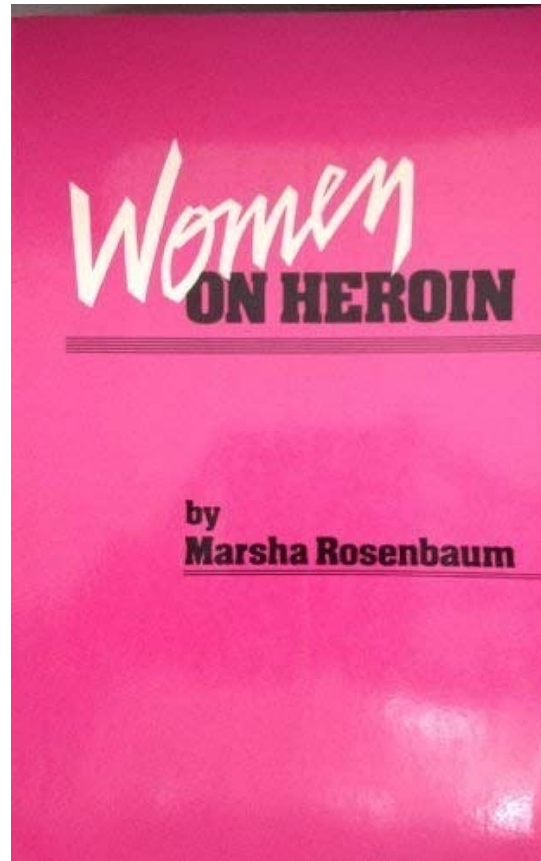
Addiction Medicine emerges from the work of Women





Dr Melissa Freeman: First to treat a woman with methadone

Gender and Drugs in the Late 20th Century: Stereotype and Structure Unchanged





American Sociological Review
2019, Vol. 84(3) 486–516
© American Sociological
Association 2019
DOI: 10.1177/0003122419848723
journals.sagepub.com/home/asr



Structural Sexism and Health in the United States: A New Perspective on Health Inequality and the Gender System

Patricia Homan^a

Abstract

In this article, I build a new line of health inequality research that parallels the emerging structural racism literature. I develop theory and measurement for the concept of *structural sexism* and examine its relationship to health outcomes. Consistent with contemporary theories of gender as a multilevel social system, I conceptualize and measure structural sexism

a
a
d
o
n
a

If sexism served no function, it would be easy to eliminate

worse physical functioning. Among men, macro-level structural sexism is also associated with worse health. However, greater meso-level structural sexism is associated with better health among men. At the micro level, internalized sexism is not related to physical health among either women or men. I close by outlining how future research on gender inequality and health can be furthered using a structural sexism perspective.

Keywords

structural sexism, gender, inequality, health

“Gender is an institutionalized system of social practices for constituting people as two significantly different categories, men and women, and organizing social relations of inequality on the basis of that difference.”
— Ridgeway and Correll (2004:510)

Social inequality in the United States is sickening. Literally. Individuals’ positions in social hierarchies as defined by race, class, gender, and other axes of inequality can influence their health and longevity in powerful

ways (Berkman, Kawachi, and Glymour 2014). Much of our current understanding of how social systems of inequality shape health is based on three broad strands of research:

^aFlorida State University

Corresponding Author:

Patricia Homan, Pepper Institute on Aging and Public Policy, Florida State University, 636 W. Call Street, Tallahassee, FL 32306
Email: phoman@fsu.edu



Annual Review of Public Health Measures of Racism, Sexism, Heterosexism, and Gender Binarism for Health Equity Research: From Structural Injustice to Embodied Harm—An Ecosocial Analysis

Nancy Krieger

of Public Health,
ph.harvard.edu

ed from www.annualreviews.org
n 10/02/23. See copyright for approved use.



www.annualreviews.org
• Download figures
• Navigate cited references

Annu. Rev. Public Health 2020.4
Access provided by 2601.152.880.0/906300

First published as a Review in Advance on November 25, 2019

The *Annual Review of Public Health* is online at pubhealth.annualreviews.org

<https://doi.org/10.1146/annurev-pubhealth-040119-094017>

Copyright © 2020 by Annual Reviews.
This work is licensed under a Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See credit lines of images or other third-party material in this article for license information.



gender identity, health equity, heterosexism, racism, sexism, structural injustice

Abstract

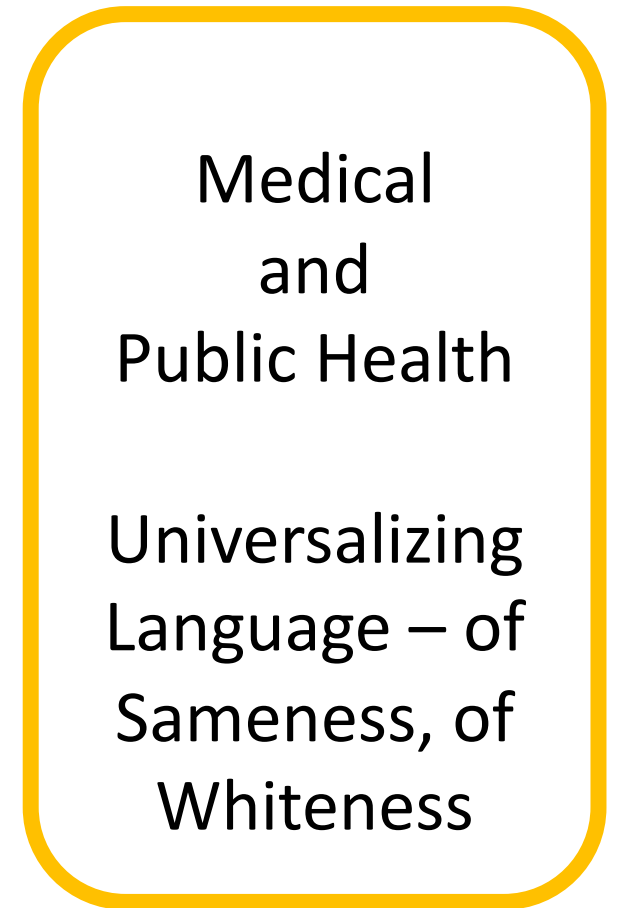
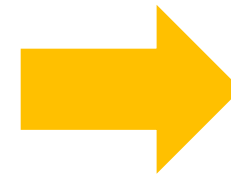
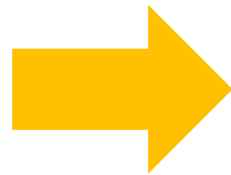
Racism. Sexism. Heterosexism. Gender binarism. Together, they comprise intimately harmful, distinct, and entangled societal systems of self-serving domination and privilege that structure the embodiment of health inequities. Guided by the ecosocial theory of disease distribution, I synthesize key features of the specified “isms” and provide a measurement schema, informed by research from both the Global North and the Global South. Metrics discussed include (a) structural, including explicit rules and laws, nonexplicit rules and laws, and area-based or institutional nonrule measures; and (b) individual-level (exposures and internalized) measures, including explicit self-report, implicit, and experimental. Recommendations include (a) expanding the use of structural measures to extend beyond the current primary emphasis on psychosocial individual-level measures; (b) analyzing exposure in relation to both life course and historical generation; (c) developing measures of anti-isms; and (d) developing terrestrially grounded measures that can reveal links between the structural drivers of unjust isms and their toll on environmental degradation, climate change, and health inequities.

Addiction and the Current Opioid Crisis: What happened to Gender?

19th Century

20th Century

21st Century





CDC



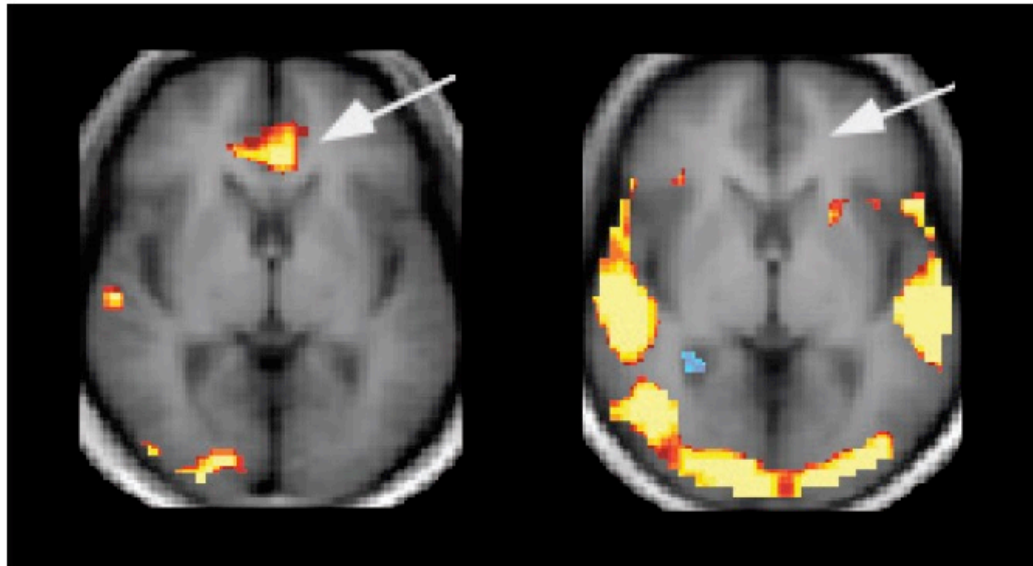
NIH

Return to the Bedside



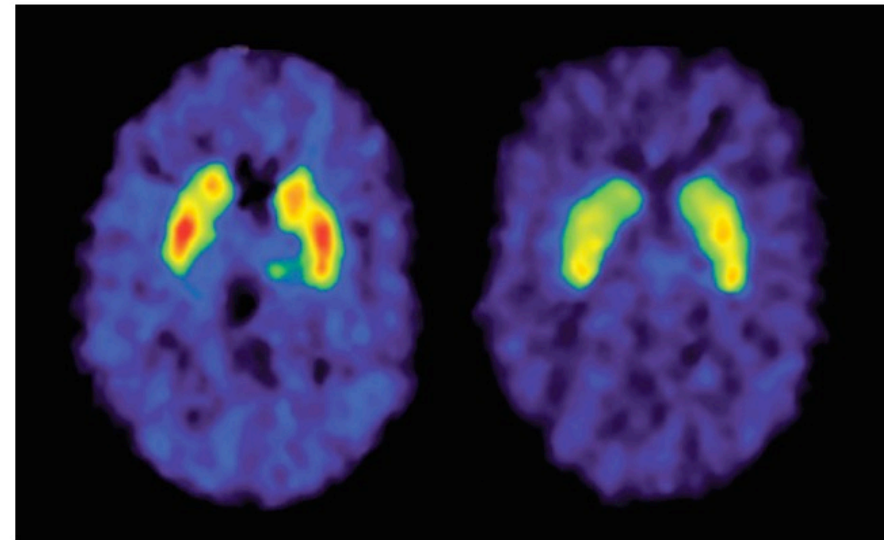
What are
Women?

“Objectivity” and the Scientific Subject



Arrows point to the anterior cingulate area, which is activated (yellow) in cocaine-addicted patients (left) but not in healthy volunteers (right) (Wexler et al., 2001).

FIGURE 9. PET: Cocaine markedly reduces dopamine D2 receptor availability



The striatum of the healthy control (left) is largely red, indicating the highest level of receptor availability, while that of the cocaine abuser has little red.

Fowler, “Imaging the addicted human brain”
2007

We are asking the
wrong questions



Why addiction becomes us?



Why addiction becomes us?

- Explore the practice of medicine as radical, as transforming rather than reproducing norms
- Rethink equality NOT as a project of sameness or difference
- Imagine life after patriarchy
- Listen to and learn from women who use drugs, their lived experiences, their embodied knowledge, and that of providers who are women; explore disparate academic fields, get uncomfortable with feminist philosophy and queer theory to ask better questions, to provide better care

Thank you

Mishka Terplan

@Do_Less_Harm

mterplan@friendsresearch.org

