

## Alcohol use: social aspect, gender differences and stigmatization

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**Abstract**- Gender differences in alcohol consumption, that have been present and maintained for years are now being changed, particularly in countries going through the transition, and women are crossing the risk boundaries and coming closer in alcohol consumption to man. The abuse of alcohol and other substances in the last two decades has increased, especially in the young population, and among the stigmatized groups. The aim of this paper was to, through some sociological theories and epidemiological data, review possible factors affecting the mental health of women and men as well as abuse and alcohol dependence in terms of gender differences. Method - Review of sociological, socio-psychological and psychiatric studies dealing with gender dimensions of use, abuse and dependence on alcohol, its consequences and the level of stigmatization. Despite the results based on gender differences in the level of consumption, patterns of drinking and alcohol types, the consequences are similar at all levels of functioning- mental and physical, social, family, marital and professional. Gender differences in the use of alcohol and other PAS and alcohol dependence are reduced at the beginning of 21<sup>st</sup> century compared to the entire 20<sup>th</sup> century. Similar levels of alcohol use and addiction in men and women have not conditioned less stigmatization of female addicts, but they appear to be more stigmatized during the period of drinking and men living in traditional cultures during the period of treatment and abstinence. Negative stereotypes about male and female addicts are influenced strongly by social politics and social activities to reduce the stigma and allocate treatment funds.

**Key words:** alcohol use, alcohol abuse, gender differences, stigmatization

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### Mental health and gender

Whenever we speak about health, we should keep in mind that health is not only a biological state but state which entangles biology and culture. A number of illnesses,

viewed in context of biological and cultural aspects, are socially constructed illnesses, and their development is directed by social attitudes and state policies [1]. Many social variables influence people's health. Sociologists talk about few positive and negative factors [2] and outline the following: quality of primary and secondary education, high education and employment opportunity, residential status, poverty, tobacco and alcohol use, diet quality, physical exercise. Stressful life events

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influence negatively both mental and physical health, especially if stressful events are continuous, but more so in people who are of lower socioeconomic background and with poorer resources [2].

Studies have pointed that there are different relation between unemployment, gender and mental health. Unemployment and mental health, in opinion of some authors, should be related to other variables such as economical status, affliction to a class and ethnical group, marital status, age, length of unemployment, previous unemployment experience. Unemployed women have more psychological problems compared to men, according to some research findings while others speak contrary [3].

Studies researching the link between unemployment and mental health in 804 women and 946 men from Sweden and in 488 women and 1011 men from Ireland have come to a conclusion that differing gender regimes in those two countries influence significantly the relation between the two variables. That is to say that unemployment in Ireland affects mental health of men more significantly than in Sweden where that influence is approximately the same on both sexes. Sweden is a country with high percentage of employment of women and it represents strong de-familization. context, unlike Ireland where the level of traditionally employed women is low as well as strong de-familization context. Income of women is of secondary importance and therefore psychosocial need and job responsibility lesser. In Ireland gender rolls differences are much wider and the female participation in labour market is not being supported therefore the unemployment level of women does not cause a lot of stress. Unemployment causes more stress and mental health suffering to

men since they are expected to be the family providers. All of the above points to the social context as being of acute significance in regard to relation between gender, unemployment and mental health [3]. Since 1970s' researches have discussed if the increase of gender equality has decreased differences in alcohol consumption. Supposedly that reason for changes is greater employment of woman and liberalization of gender ideology. Apart from employment important are the changes of traditional family roles which have accordingly influenced the change of attitudes on men and women and influenced other aspects of social behaviour such as drinking [4]. Similarity in drinking patterns in man and women has induced fear in society that women will suffer health problems, productivity will decrease and family as institution will be damaged. Contrary to Convergence Hypothesis the modern research have found that greater number of women drinks similarly to man during the period of adolescents, but the drinking patterns defer during adult age [4]. According to this theoretical model man whose believes match the traditional male roles are in greater risk from consumption while women who accept conventional roles – traditionally female, drink less and vice versa.

Some findings indicate that greater gender equality on overall level would influence better mental health of women. In USA, in countries with lower level of gender equality, higher is degree of morbidity and mortality, also, higher level of patriarchy is associated with higher mortality degree. There are some contrary evidence, namely on negative effects of gender equality, that have conditioned more strain for women and loss of privileges for men. In societies that nourish patriarchal behaviour and attitude patterns women re-

tain higher degree of power, but also more health problems due to overload of home and work responsibilities. Some studies have found that in societies which gender equal behaviour of man is compensated by speed driving, alcohol abuse and aggressive behaviour, but in man in lower social class such behaviour is adherent also to women but of higher classes [5].

### **Alcohol use within stigmatized groups and risky behaviour**

Positive expectations in regard to alcohol influence the beginning of drinking, drinking problems, and quantity and frequency of alcohol use in adolescent and young adults, both man and women. Researches have verified the positive correlation between expectations linked to alcohol and level of consumption. Positive attitudes of the young towards alcohol are extreme and indicate that young people believe that alcohol enhances social behaviour, cognitive functioning, increases thrill and sexual pleasure, reduces the tension [6].

Study of a sexual relationship in a group of 92 male students (heterosexual), found statistically significant connection between use of alcohol and use of condoms, particularly so if their female partners have agreed to such sexual relation. Man who frequently consume alcohol before sexual intercourse change more sexual partners in shorter periods compared to those who do not or drink rarely. Men who on average have had 15 sexual encounters with different partners over a period of 3 months are in a risk group for sexually transmitted diseases and HIV infection [7].

Stigmatized groups such as homosexuals and minorities are under particular threat [6].

The study of mental disorder in young homeless who are gay, lesbian, bisexual (GLB) and heterosexual, has revealed that members of GLB population suffer more frequently from depression major (41.3%), in particular gay man, compared to heterosexual man (28.5%), also, the post traumatic stress disorder is more often found in GBL lesbian population who frequently have suicidal ideas. Contrary to those data, behaviour disorders are more often present in heterosexual man compared to homosexual (81.1% to 63.2%). Alcohol abuse is lower among homosexual man. Homosexual women more often use alcohol and other PAS compared to heterosexual women. Therefore, the conclusion would be that gay girls, members of homeless population, suffer from greater number of mental illnesses, that is – post traumatic stress disorder, suicidal ideas and attempts, alcohol and drugs abuse – compared to heterosexual girls. Gay girls also suffer more mental problems than gay man, bisexual and heterosexual homeless adolescents [8]. It is believed that women who belong to gay population are under greater risk to develop alcohol problem due to social reproach of their sexual orientation [9].

In the USA Latino Americans, who mostly reside in poorer city quarters, have easier access to psychoactive substances (PAS) and quite a few of them use it. It is believed that Mexicans are the greatest consumers of alcohol with the highest number of treated alcoholics. However, it is emphasized that Centres for Alcohol Treatments in California are not ready available in areas where Latino Americans (Mexicans) live [10].

Besides the knowledge that alcohol consumption depends on different factors such as economic, social and cultural, some research have pointed that during long periods

of time change in alcohol consumption were similar in many countries [11].

Today, at the age of globalization, similar level of consumption could be expected, but statistical data speak otherwise. Religious influences have been decreased, whilst cultural and socially significant factors have remained important features which, together with individual, “determine” the level of alcohol use.

### **Epidemiology and consequences of alcohol use and abuse in men and women**

Anthropological and epidemiological research all over the world have shown that men drink more than women and there is no country in which women do so more than men. Men have taken the lead regardless of ethnical group, religion, level of education, marital status or age. Men, besides using alcohol in greater quantities, also use more cannabis, cocaine and opiates. Still, young women today drink more intensely, on different occasions, in public places, at younger age and greater quantity than some decades ago. The trend of increase of drinking in women has been noticed in many countries.

The USA studies have revealed that younger women drink similarly to men, similarly frequent and similar quantities. Educated employed women living in towns drink more than uneducated unemployed women in villages. During one month in year 2000 in the USA 45% of women from the age of 12 onwards had used alcohol, 8% of them had been drunk once or more than once during that one-month period. Alcohol is mostly used by women aged between 26 and 34, but drunkenness is more common among women aged 18 to 25 [9]. In Australia about 60% of women have at least one alcoholic drink

a week, and about 13% take at least 5 drinks a week. Girls aged 18 to 23 tend to get periodically drunk, up to 70% [12]. In European countries most frequent female drinkers are young, employed and unmarried, living with a partner who also drinks, but alcohol addiction is still most common among the middle aged women. The most intensive drinking occurs between the age of 30 and 40, past this age the number of female alcohol addicts reduces [13].

The ESPAD study (2011) revealed that from 2007 to 2011 heavy drinking (intoxication) has been increased among the young, in four countries in particular – Cyprus, Greece, Hungary and Serbia. The more recent studies showed that the consumers are mainly male except in Sweden where the number of boys and girls who consume alcohol has almost equalled. As far as the USA is concerned young men consume alcohol more frequently than young women but that difference has been reducing in recent years [14].

Few cross-cultural studies have recognised high risk factors. Those are: peer drinking, lack of parental monitoring, bad marital/parental, heavy family drinking and alcohol. Even if all the cultural and economical differences are taken into account decreased availability and higher alcohol prices have showed to be successful drinking prevention for adolescents, particularly for those between 10 and 15 [15].

In Finland, during the last three decades, the consequences of alcohol abuse and addiction are more visible, that is, greater and more serious. The same was noted in Norway and Sweden by number of authors [16].

The alcohol consumption level in Russia is among the highest in the world and drinking is a part of Russian tradition [17]. The fatali-

ties are greater than in Europe [18]. Between 1989 and 2008 the consumption level has been increased by 1.4 and it reached 15 liters of pure alcohol per capita [19]. In period between 1990 and 2005 the overall consumption has been increased by 80%. The number of women and the young who have taken to drinking has risen, and women have become and important propaganda target group. Women drink socially quite huge quantities [17]. According to some research conducted in Russia number of female alcohol consumers has increased from 6:1 in 1991 to 3.7:1 in 2009. Since the 1990's beer has become more commonly consumed, often by youngsters who comprehend it as a non-alcoholic beverage [18].

In Croatia about 6%, about 250.000, of people are addicted to alcohol. About 14% of adult men and 4% of women are excessive drinkers. About  $\frac{3}{4}$  are so called functional alcoholics who are socially unrecognizable, have family and are employed, that is they function satisfactorily. In Croatia women aged between 20 and 35 who have not accomplished social roles such as employment, marriage, children, are considered to be in more risk for drinking. The same applies to women who have lost their social and family roles such as widows, divorcees and those whose children have left home [12].

Home literature provides details on gender, in favour of men who prevailed if alcoholism was diagnosed as a disease (1951), however, that ratio has been changing from 1:7, 1:6 up to 1:4 during the 1970's and 1980's. Men and older male adolescents have been under greater risk compared to girls and younger adolescents [20]. At The Centre for Family Therapy of Alcoholism of Mental Health Institute in Belgrade, out of a total

number of treated alcoholics during 1988. 44% were young people, under the age of 30 [21]. A study of hazardous behaviour among the young which involved 3111 subjects aged between 17 and 35 has showed that use of alcohol in Serbia is still part of "male culture" [22].

There are no epidemiological data regarding the number of alcohol abusers or addicts in Serbia. It has been assessed that between 10 and 15 percent of adult male population are alcoholics, and that during the year 2003 about 532 people, 410 men and 122 women, have died as a consequence of alcoholism [23].

### **The consequences of abuse and use of alcohol and gender**

Alcoholism impairs physical and psychical health of men and women, and if drinking is continuous it impairs with daily functioning all aspects of life. The level of damage caused by alcoholism depends on several different factors which are: age, gender, inherent factors, presence of physical and psychological disorders, quantity and intensity of drinking, duration of drinking, drinking patterns, type of drinks and combined use of other PAS [24].

Even smaller quantities of alcohol influence health of women negatively, however, bigger quantities are needed for men's health to be affected negatively.

Prolonged consumption of alcohol in women causes sexual dysfunction, irregular menstrual cycle, infertility, breast cancer, alcoholic fatal syndrome, early menopause as well as more frequent comorbidity compared to men, that is, women more often suffer from psychological problems such as depression (evidence exist in support of a fact that

alcohol is the CNS depressant), anxiety disorders, post traumatic stress disorder [25]. In a study conducted in Russia on 648 female subjects it has been concluded that 65% of women consumed alcohol during the last 3 months prior to beginning of the research. Significant number of female subjects enrolled in the research were at reproductive age and had tried or wanted to conceive a baby drunk larger amount of alcohol. During the pregnancy women reduce quantities of alcohol that they consume, however, drinking prior to pregnancy affects the foetus and can cause alcoholic foetal syndrome [17].

Schuckit and associates (1993) in their longitudinal study conducted on a sample of 600 male alcohol addicts between 1985 and 1995, have found that all the subjects had had developed addiction symptoms before the age of 30, but also social and professional problems. After the age of 40 those problems increased and were accompanied by severe psychological damage. [26] What is common to all cultures is that men drink more; they get drunk more often and experience greater social problems due to drinking. Alcohol use increases violent behaviour, again, more common to male population. Crime statistical data from USA point that up to 75% of men who have been arrested for murder or violence were intoxicated at the time of committing the crime. It is the men who have drunk some quantity of alcohol that react more violently to any type of aggravation unlike the men who did not have any alcoholic drinks [27].

Women who drink or use substances are frequently victims of different kinds of harassment compared to those who do not take any substances. The research on victimization of Afro-Americans, conducted on a sample of 333 women aged between 18 and 59, dis-

closed that 6 months prior to the commencement of the research 53% of women have been physically abused, 63% sexually, 67% emotionally and 43% physically, sexually and emotionally at the same time. Victimization is more common in younger women who use crack – smoke or use intravenous drugs and live in PAS friendly environment, or offer sexual favours in exchange for narcotics [28].

Next research speaks about victimization of adolescents and dual diagnosis – comorbidity caused by different types of maltreatment of children.

The Risk Factors Model for comorbidity emphasizes: chronically stress, frequent use of substances and maltreatment [29]. In a sample of 106 adolescents aged between 11 and 18 (69.2% of boys and 30.8% of girls), mostly Afro-Americans and Hispano-Americans and only 4% of white Americans, studied was the presence of two psychological disorders – comorbidity. The results pointed that 63% of subjects were physically abused, 10% sexually and 45.7% emotionally. The research also disclosed that most of the adolescence who had been victims of multiple abuses through longer periods more often had been given dual diagnosis. The research conducted in a sample of 3.761 girl twins average age 21.7, 13% of who had been sexually abused when they were average age 8.4 (14.6% Afro-Americans and 85.4% white Americans) indicates that sexual abuse in early childhood, particularly if it continued for longer period, is one of the essential factors that contribute to early onset of substance use, that is cigarettes, cannabis and alcohol. [30] It is a well known fact that in alcoholic families children are often abused, therefore some authors have labelled such families as *abusing families* [31] emphasising the emotional

abuse and high risk for other types of neglect and abuse.

At the end we can conclude that decades old attitudes and culture expectations that women drink moderately and only in special occasions, protects women, to some extent, from severe intoxications [13] on one hand, and on the other, holds them back or entirely impedes the alcoholism treatment process. What men and women have in common is the consequences for both have a number of social, family, marital, professional, psychological, psychiatric and other problems due to use, abuse and addiction to alcohol.

However, the gender differences regarding use of alcohol and other PAS have reduced more at the beginning of the 21<sup>st</sup> century than they have throughout the 20<sup>th</sup> century.

### **Attitudes and misperceptions about drinking of men and women**

Formal and informal rules that apply to expectable, moderate drinking in every culture, are based on social beliefs about effect of alcohol to men and women. Many societies have nourished double, gender related standards in regard to alcoholism. Media often present intoxicated man as interesting, witty and lovable, and woman as immoral, weak and promiscuous. It is obvious that female alcohol addicts break stereotypes about behaviour of women, disturb family and friends, but also medical experts, and finally the society as a whole.

For a long time it is believed that alcohol increases sexual desire in women. This attitude can be found in the Talmud, and even with Romans who believed that alcohol impels women to indecent behaviour. Such notions are still present in the West. However,

women themselves, influenced by the accepted stereotype, nourish positive attitudes towards alcohol as sexual stimulator. Social stereotype of female alcohol addict is linked to promiscuity, therefore it affects the crime involvement, particularly rape, and in such circumstances the perpetrators are considered less culpable. The researches have confirmed that women who drink more often become victims of abuse and fatal violence acts committed by their partners [25].

Male drinking is approved in almost all cultures. The society is one of the main encouragement factors for the onset of male drinking and partially for development of alcohol addiction (other factors include personality, family, genetics). Male drinking is associated with masculinity, sociability, loyalty to a group and bravery (!). In many areas male alcoholics are considered either to be sick or on occasion drink more than they should or simply that they drink just as any man would, while female alcoholics become the moral failures – persons with deviant behaviour. Families and society is inclined to judge female addicts much harsher than male. Families, because of the lack of social understanding, often keep alcoholism of their female members well hidden to avoid the family stigma. On the other hand women themselves hide and deny the problem or refuse the treatment for the fear of discrimination and loss of parental rights.

In many cultures, particularly the traditional ones, different attitudes to alcohol consumption in men and women are still actual. As example we shall use Russia and Serbia.

In Russia there is a traditional role division between men and women and it is quite common for men being the feeder of the family to consume alcohol, what the „real men” do. It is socially acceptable for men in Russia to drink excessively, but not for women. Woman

is to take care of children and household, and also to prevent husband's excessive drinking. If she fails in doing society comprehends her as unfit to care of her husband – family. Woman should control her husband's drinking by serving alcohol with the meal. Also, they should give money for alcohol to a husband if he is incapacitated by an illness to make money [32].

The research on attitudes towards alcohol conducted in Serbia pointed out that Belgrade citizens perceive alcoholics as aggressive, inclined towards violence and crime, of poor work performance, with number of moral deficiencies [33]. Alcohol addict stereotype emphasises aggressiveness and violent behaviour followed by criminal behaviour, neurosis and madness as psychopathic features, addiction as a trait of an alcoholic is last to be recognised as such.

Potrebić [34] emphasised that drinking in Serbian society is not condemned, especially in men, if alcohol is consumed moderately. When a person who drinks becomes an addict, the circumstances change and environment starts to reject and consider the alcoholic as useless, ruined and “an ex man”. The situation does not change radically if treatment process begins meaning that the environment still “watches them alertly” without trust in treatment and recovery, therefore the contradictory by which it is easier for an alcoholic to continue normal living then it is for a treated alcoholic.

### **Stigmatisation of female and male alcohol addicts**

Stigmatisation of certain health condition is always associated with particular socio-cultural context and it represents social process that discredits state of health and spe-

cific groups are being devalued and rejected. [35] Studies show that mental and physical disabilities are more common in socially stigmatised migrant and racial groups in Europe, America, New Zealand, Africa and Australia [2].

Stigma occurs at several levels – personal, social and structural. Self-stigmatisation is a subjective process which underlines negative self-perception, maladaptive behaviour, and transformation of identity or stereotypes formed on personal experience basis or anticipation of negative social reaction due to previous experience of social and state of health. Social stigma is described as a phenomenon of large social groups that except and approve of stereotypes against stigmatised groups. Structural stigma refers to institutional rules, policies and procedures that are limiting the rights and the potential of stigmatised group's members [35].

Reaction of society to addicts and alcohol addicts can cause damage if they are both stigmatised and excluded (social exclusion). Reactions like this are based on position that damage and expenses are restricted to individuals who drink. Susan Sontag [1] says that *any man born has dual citizenship, in kingdom of healthy and kingdom of ill*. If all people would understand this message and be open minded enough there would be lot less of rejects, labelled and stigmatised persons. Both in literature and clinical practice we have found evidence that anyone who consumes alcohol can easily become an alcoholic. The border between moderate drinking, abuse and addiction is rather a thin one and with time it only becomes easier to cross. Exactly for this reason moderate drinking period is considered to be the beginning of alcoholism.

The behaviour associated with the use of substances is frequently coupled with other

health issues that are also stigmatised - hepatitis, HIV, mental disorders, hazardous behaviour (driving under influence) and social problems (poverty, crime).

Gender stigmatisation is very pronounced in our but also in other countries with women being stigmatised more than men whose drinking is usually supported and approved from early adolescent age.

Western countries stigmatise a woman, alcohol addict, much more than man in three ways: 1. just as all the other individuals who drink and have not the strength and will to put a stop to such behaviour; 2. women are criticised more frequently because they are expected to abide by high behaviour “standards”; 3. alcohol urges sexual desire and women become easy targets of sexual attacks and rape. Public confessions to alcoholism by public female figures like Betty Ford, Elisabeth Taylor, Dru Barrymore, Merry Taylor Moor, has had some effect to partially dismissing negative public opinion about female drinking and it, in a way, showed that alcoholism is a serious health problem for women of all social classes [25].

The moralist approach, still very much alive in our “wet” culture, is one of reactive dimensions of stigmatisation. More so, the contradictory lies in the opinion that it is normal to drink but not to become alcoholic for as such one deserves to be stigmatised. The society does not take on responsibility because of availability and positive messages passed onto young men and women through deferent types of advertisements and commercials. In Serbia of today even women have become victims of alcohol industry manipulation.

In patriarchal societies male drinking and intoxication is approved but women are al-

lowed to drink only a little, especially if they are in company of men. And there are no occasions that support female intoxication. Considering that a woman is the one who has to “care for and maintain family” it is not strange that female drinking is considered more serious a problem and the one that can cause family decline [12].

In our research [36] in a sample of 44 subjects (32 men and 12 women), from 3 Belgrade Clubs of treated alcoholics we studied stigmatisation in regard to gender. It can be said that the sample, considering the number of subjects, represents the treated alcoholics’ population since there are 8 Clubs in Belgrade with membership of between 160 and 180, but it is not valid in the sense of gender because that ratio is 4:1 (the data are unofficial and based on experience in alcoholics’ treatment institutions since there are no epidemiological statistics). The results pointed that majority of our subjects, 61%, have faced misunderstanding, distancing or complete break of ties once they started alcoholism treatment.

The reasons for break of ties are treatment in Psychiatric Institution or just the alcoholism treatment, more often combined. The subjects stated that they have been rejected by significant others and those who once had been “significant” (those answers have not been calculated as part of the stigmatised) such as: alcoholics, former drinking mates. This type of rejection did not hurt them drastically unlike the rejection by the significant others. It could have been expected since the therapy or abstinence rules, order the abstainers not to socialise with the people who drink at least for one year. The time the distancing last is most commonly between 7 months and 3 years as stated by over 60% of subjects, but two of them have

felt that such relation towards them has continued over and above that period.

We did not succeed in verifying the hypotheses that female alcohol addicts are more stigmatized than male. But 3% more men have stated that they experienced rejection and distancing. It is possible that the wide public does not believe that alcoholism is an illness which should be treated and men are perceived as “incompetent” to face and fight problem by themselves. Education and gender, that is male gender, are two important factors for not being labelled and for facing fewer stigmas.

Upon survey of 30 studies that dealt with evaluations of interventions used for reducing the stigma towards the substance addicts, we conducted the interventions assessment. Focus of those studies was on self stigmatisation, social and structural stigma. It is emphasised that stigma has negative effect in all areas of life of people who suffer substance addiction. Those include social isolation, social and residential problems, poor mental and physical health, uncompleted treatments, longer recovery process, slow reintegration and hazardous behaviour. Reduction of stigmatisation has been accomplished through therapy interventions such as group therapy, particularly the commitment therapy, motivational interviews and positive stories about people who had faced substance addiction. Structural stigmatisation is reduced by organising educational programs for experts – medical students, advisers, police and other professionals involved in treatment processes [35].

## Conclusion

Negative stereotypes impact significantly social policy and social activities to reduce the

stigma and allocate treatment funds. So that people who suffer substance use disorder may experience stigma and based on prejudice about other health conditions associated with the substance use. The crime link seen in the behavior of people who suffer substance use disorder reinforces stigma and deepens marginalization, especially if the substances used are illicit. Thus, the social institutions that should control the use of substances actually contribute to the continuation of the use.

Finally, all the people who have a problem with the use of substances are considered to be responsible for their condition and expected to be able to control themselves, and if they are not successfully fighting their problem they are blamed for failure. It is this belief system that enables reactions such as anger, avoidance, coercion and punishment of people who have a problem with substance use [35]. Erroneous view that the damage and costs are associated exclusively with people who consume alcohol, and that the environment has no share in it, arises, according to Link et al., (1997), the stigma internalization and people begin to feel guilt and shame. These feelings exacerbate mental health, reduce esteem and increase the likelihood of relapse especially among women. Stigma impact of on the lives of people with mental disorders, according to Petrik Korigena can be harmful as much as the effects of the disorder. The mental disorder then becomes a *double mental disorder* [37]. Near to our heart are findings of studies already discussed above, indicating that greater gender equality at the macro level reflects in better mental health of women. Also, attitudes to women who drink, especially if they are addicted, are that it is necessary to modify by *wakening* awareness on gender equality.

Certainly this is a long process, which has already begun in some countries. However, despite the convergence or similarity in patterns of drinking and number of alcohol users in regard to gender, stigma towards women has not decreased; on the contrary, it is still higher in all societies. Reducing the gender difference does not mean reducing stigma towards women.

## References

1. Moris D. *Bolest i kultura u postmodernom dobu*. Beograd: Clío; 2008.
2. Williams RS, Sternthal M. Understanding Racial-ethnic Disparities in Health: Sociological Contributions, *Journal of Health and Social Behavior* 2010;51:15-27.
3. Strandh M, Hammarstro A, Nilsson K, Nordenmark M, Russel H. Unemployment, gender and mental health: the role of the gender regime. *Sociology of Health & Illness* 2013;35:649-665.
4. Christie-Mizell CA, Peralta LR. The Gender Gap in Alcohol Consumption during Late Adolescence and Young Adulthood: Gendered Attitudes and Adult Roles. *Journal of Health and Social Behavior* 2009;50:410-426.
5. Van de Velde S, Huijts T, Bracke P, Bambra C. Macro-level gender equality and depression in men and women in Europe. *Sociology of Health & Illness* 2013; 35:682-698.
6. Ramirez-Valles J, Kuhns ML, Campbell TR, Diaz MR. Social Integration and Health: Community Involvement, Stigmatized Identities, and Sexual Risk in Latino Sexual Minorities. *Journal of Health and Social Behavior* 2010;51:30-47.
7. LaBrie J, Earleywine M, Schiffman J, Pedersen E, Marriot C. Effects of Alcohol, Expectancies, and Partner Type on Condom Use in College Males: Event-Level Analyses. *The Journal of Sex Research* 2005;42:259-266.
8. Whitbeck BL, Chen X, Hoyt RD, Tyler AK, Johnson DK. Mental Disorder, Subsistence Strategies, and Victimization among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents. *The Journal of Sex Research* 2004;41:329-342.
9. Lewis Alexander L, La Rosa HJ, Bader H, Garfield S. *New Dimensions in Women's Health*, London: Jones and Barlett Publishers; 2004.
10. Guerrero EG, Pan KB, Curtis A, Lizano EL. Availability of substance abuse treatment services in Spanish: A GIS analysis of Latino communities in Los Angeles County, California. *Substance Abuse Treatment, Prevention, and Policy* 2011;6: 6-21.
11. Eaton WW. *The Sociology of Mental Disorders*. USA: Greenwood Publishing Group; 2001.
12. Torre R. *Propadanje alkoholičara*. Zagreb: HSK-LA; 2006.
13. Jung J. *Psychology of Alcohol and other Drugs, A Research Perspective*. London: SAGE; 2001.
14. Peleg-Oren N, Saint-Jean G, Cardenas AG, Tamara H, Pierre C. Drinking Alcohol before Age 13 and Negative Outcomes in Late Adolescence. *Alcoholism: Clinical and Experimental Research* 2009;33:1966-1972.
15. Danielsson AK, Wennberg P, Hibell B, Romelsjö A. Alcohol use, heavy episodic drinking and subsequent problems among adolescents in 23 European countries: does the prevention paradox apply? *Addiction* 2012;107:71-80.
16. Holmila M, Raitasalo K. Gender differences in drinking: why do they still exist? *Addiction* 2005;100:1763-1769.
17. Balachova T, Bonner B, Chaffin M, Bard D, Isurina G, Tsvetkova L, Elena Volkova E. Women's alcohol consumption and risk for alcohol-exposed pregnancies in Russia. *Addiction* 2012;107:109-117.

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## Conflict of interest

None to declare

18. Martinov M, Martinova D. Situacija s alkoholizmom v severnom gorade. *Sociologieskie isledovanja* 2010;7:119-121.
19. Zaigraev GG Alkoholizam i pjanstvo v Rosi. Puti vihoda iz krizisnoj situaci. *Sociologieskie isledovanja* 2009;8:74-84.
20. Gai B. Alkoholizam - bolest pojedinca, porodice i društva. Beograd: Filip Višnji; 1985.
21. Dimitrijevi I. Alkoholizam mladih. Beograd: Nina-Press; 1992.
22. Jugovi A. (Zlo)upotreba alkohola u omladinskoj populaciji Srbije. *Socijalna misao* 2005;2-3:67-92.
23. Nastasi P. Ekosistemski pristup alkoholizmu. Beograd: Publikum; 2011.
24. Anthenelli R, Shuckit M. Genetics. In: Lowinson J, Ruiz P, Millman R, Langrod J. editors. *Substance Abuse, A Comprehensive Textbook*. Pennsylvania, USA: Williams and Wilkins; 1997.
25. Blume SB. Alcohol Problems in Women. In: Johnson B, Ruiz P, Galanter M. editors. *Handbook of Clinical Alcoholism Treatment*. Maryland, USA: Lippincott Williams Wilkins; 2003.
26. Gelder M, Mayol R, Cowen P. editors. *Shorter Oxford Textbook of Psychiatry*, Oxford: Oxford University Press; 2001.
27. Aronson E, Wilson TD, Akert R.M. *Socijalna psihologija*. Zagreb: Mate; 2005.
28. Theall PK, Sterk EC, Elifson WK Past and New Victimization among African American Female Drug Users Who Participated in an HIV Risk-Reduction Intervention. *The Journal of Sex Research* 2004;41:400-407.
29. Sabri B. Severity of Victimization and Co-Occurring Mental Health Disorders Among Substance Using Adolescents. *Child & Youth Care Forum* 2012;41:37-55.
30. Sartor EC, Waldron M, Duncan EA, Grant DJ, McCutcheon VV, Nelson CE, Madden, AFP, Bucholz KK, Heath CA. Childhood sexual abuse and early substance use in adolescent girls: the role of familial influences. *Addiction* 2013;108:993-1000.
31. Filipovi S. Evaluacija grupne terapije adolescenata iz porodice alkoholiara. *Doktorska teza, Filozofski fakultet Univerziteta u Beogradu*; 2007.
32. Keenan K, Kenward GM, Grundy E, Leon AD. Longitudinal Prediction of Divorce in Russia: The Role of Individual and Couple Drinking Patterns. *Alcohol and Alcoholism* 2013;48,6:737-742.
33. Popovi M, Opali P, Kuzmanovi B, Đukanovi B, Markovi M. Mi i oni drugaiji, istraŹivanje stavova prema duševnim bolesnicima, narkomanima i alkoholiarima. ISI FF; 1988.
34. Potrebi J. Alkoholizam, iz prakse za praksu. Beograd: Štampa; 2005.
35. Livingston DL, Milne T, Fang ML. The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction* 2012;107:39-50.
36. Dragiši Labaš S. Čovek i alkohol u društvu - od podsticanja do odbacivanja. Beograd: Institut za sociološka istraŹivanja, Čigoja štampa; 2012.
37. Kecmanovi D. Psihijatrija protiv sebe. Beograd: Clio; 2012.

## Uporaba alkohola, socijalni aspekt, spolne razlike i stigmatizacija

**SaŹetak** – Dugo prisutne i godinama odrŹavane rodne razlike u konzumaciji alkohola sada se mijenjaju i Źene, posebice u zemljama koje prolaze kroz tranziciju, spadaju u rizinu skupinu i pribliŹavaju se u konzumaciji muškarcima. Zloupotreba alkohola i drugih supstanci u posljednje dvije dekade je poveana, osobito u mladoj populaciji, i među stigmatiziranim skupinama. Cilj ovog rada je bio ispitati rizine čimbenike koji utjeu na zloupotrebu i ovisnost o alkoholu i mentalno zdravlje Źena i muškaraca. Primijenjena metoda je pregled nekih socioloških, socio-psiholoških i psihijatrijskih studija koje se bave rodnom dimenzijom uporabe, zloupotrebe i ovisnosti o alkoholu, njegovim posljedicama i razinama stigmatizacije. Unato rodnim razlikama u razini konzumacije alkohola i obrascima pijenja, posljedice su sline na svim razinama funkcioniranja- mentalnom, fizikom, obiteljskom, branom i profesionalnom. Rodne razlike u uporabi alkohola i drugih PAS se smanjuju na početku 21. stoljea u odnosu na cijelo 20. stoljee. Sline razine alkohola i ovisnosti kod muškaraca i Źena nisu uvjetovane manjom stigmatizacijom Źenskih ovisnika, ali se čini da su Źene više od muškaraca

stigmatizirane tijekom razdoblja opijanja, a muškarci koji žive u tradicionalnim kulturama tijekom razdoblja liječenja i apstinencije. Negativni stereotipi o muškim i ženskim ovisnicima snažno utječu na socijalne politike i društvene aktivnosti za smanjenje stigme i odvajanje sredstava za liječenje.

**Ključne riječi:** uporaba alkohola, alkoholizam, spolne razlike, stigmatizacija

