

Critical Incidents Contributing to the Initiation of Substance Use and Abuse among Women Attending Drug Rehabilitation Centres in Trinidad and Tobago

RG Maharaj, J Rampersad, J Henry, KV Khan, B Koonj-Beharry, J Mohammed, U Rajhbeharrysingh,
F Ramkissoon, M Sriranganathan, B Brathwaite, S Barclay

ABSTRACT

The aim of this study was to determine the critical incidents that contribute to the initiation of substance use and abuse among women in Trinidad and Tobago. Twenty women were randomly selected from 46 women currently attending 43 drug rehabilitation centres, Narcotics Anonymous and Alcoholics Anonymous groups in Trinidad and Tobago. In-depth semi-structured interviews using the critical incident technique were conducted. Interviews were recorded, transcribed and analyzed. Concepts, categories and themes were determined by team study and group discussion. The critical incidents that influenced women to initiate the use and abuse of substances fell into eight major themes: factors intrinsic to the individual woman, family factors, social and environmental factors, life stresses, relationship issues, abuse, peer pressure and substance use and abuse as a coping mechanism. The results imply that the factors contributing to the initiation of substance use and abuse among women in Trinidad and Tobago are many and complex. As such any attempt to address this issue requires a broad-based approach. Such an approach should address family use of such substances, societal acceptance of them, availability, the self-esteem of the individual woman and her ability to cope with peer and internal stresses.

Incidentes Críticos que Contribuyen a la Iniciación en el Uso y Abuso de Sustancias entre Mujeres que Asisten a los Centros de Rehabilitación de Droga en Trinidad y Tobago

RG Maharaj, J Rampersad, J Henry, KV Khan, B Koonj-Beharry, J Mohammed,
U Rajhbeharrysingh, F Ramkissoon, M Sriranganathan, B Brathwaite, S Barclay

RESUMEN

El objetivo de este estudio era determinar los incidentes críticos que contribuyen a la iniciación en el uso y abuso de sustancias entre las mujeres en Trinidad y Tobago. Se seleccionaron veinte mujeres al azar, de 46 mujeres que asistían a 43 centros de rehabilitación de drogas, grupos de Alcohólicos Anónimos, y Narcóticos Anónimos en Trinidad y Tobago. Se realizaron entrevistas profundas semi-estructuradas usando la técnica de incidentes críticos. Las entrevistas fueron grabadas, transcritas, y analizadas. Los conceptos, categorías y temas fueron determinados mediante estudio en equipo y discusión en grupos. Los incidentes críticos que influyeron en que las mujeres se iniciaran en el uso y abuso de sustancias comprendían ocho temas principales: factores intrínsecos a la mujer como individuo, factores familiares, factores sociales y medioambientales, estreses cotidianos, problemas en las relaciones, abusos, influencia de los amigos y malas compañías, y el uso y abuso de sustancias como mecanismo para hacer frente al estrés. Los resultados implican que los factores que contribuyen a la iniciación del uso y abuso de sustancias entre las mujeres de Trinidad y Tobago son muchos y complejos. Siendo así, cualquier intento por abordar este problema requiere un enfoque amplio. Tal enfoque debe abordar el uso de sustancias por parte de la familia, la aceptación social de las sustancias, la disponibilidad, la autoestima de la mujer como individuo y su capacidad para hacer frente tanto a su estrés interno como al que proviene de la presión que ejercen amigos y malas compañías.

West Indian Med J 2005; 54: (1) 51

From: Department of Paraclinical Sciences, Public Health and Primary Care Unit (Family Medicine), Faculty of Medical Sciences, The University of the West Indies, St Augustine, Trinidad and Tobago, West Indies.

Correspondence: Dr R Maharaj, Department of Paraclinical Sciences, Public Health and Primary Care Unit (Family Medicine), Faculty of Medical Sciences, The University of the West Indies, St Augustine, Trinidad and Tobago, West Indies. Fax: (868) 645-6741, e-mail: fammed@tsst.net.tt.

INTRODUCTION

Substance abuse contributes significantly to medical and social issues such as mental health, crime rates, domestic violence and unemployment (1). Historically, research on the development and consequences of drug abuse and dependency focussed on men, however, alcohol and other

drug abuse is recognized as a significant problem in women. Previous studies have demonstrated that substance abuse is more prevalent among men (2, 3) perpetuating the perception that women do not suffer from substance abuse problems to the same extent as their male counterparts (4).

Women have distinct risk factors and reasons for beginning drug use (4). As a woman advances through life, different components of her life – upbringing, relationships, family composition, employment – may influence her chances of using or abusing drugs (5). The most common risk factors for the development of substance abuse include parental and familial, peer-related, individual and community risk factors (6). Some familial predictors of drug use include parental absence, addict siblings, addict parents and a large family size (3, 7). Previous studies have demonstrated an association between substance abuse in women and mental illness (8–10). Other studies have shown that victims of physical and/or sexual violence have a greater likelihood than non-victims to be diagnosed with substance abuse disorders (8, 11, 12). In Trinidad and Tobago, it was found that 28.6% of female cocaine users admitted to being abused as children (13). Other relevant factors related to drug use in women include marital status, education (11, 14) and age of onset of substance abuse. The risk of drug disorders is high during adolescence and the transition to adulthood in women (9).

There are a variety of gender-specific barriers that are believed to decrease women's tendency to seek treatment. Access to care may be a problem. In Trinidad and Tobago, there is only one all-female drug rehabilitation centre. Other barriers include a lack of women-oriented treatment programmes, fear of losing custody of children, lack of child-care, societal attitudes, lack of family support and lack of transportation (15, 16). In addition, female substance abusers are still faced with old attitudes, beliefs and social intolerance relating to their use of drugs; they are often viewed as promiscuous or immoral (11). As a result, women have been inadequately studied, diagnosed or treated. Caribbean research on addictions has generally focussed on trauma (17), prevalence (18–20), the threat to family and social systems (18, 21), psychiatric morbidity (22, 23), patterns of drug use (18, 20, 23–25) and past histories of child abuse (13). There are no studies on the initiation of substance use or abuse. Methodologies employed in these published papers include surveys (19, 24, 26) case reviews and questionnaires administered by an interviewer (13, 20). But no qualitative methodologies using in-depth semi-structured interviews have been described in the Caribbean literature on addictions.

Qualitative research (QLR) methods are well accepted in researching substance abuse. It is not easy to understand how addiction problems develop by using quantitative methods such as surveys. Large-scale survey formats cannot examine the processes by which social structure and psychosocial factors meet and are mediated at the level of an

individual's experience (27). Qualitative research is particularly suited to “describe the social and physical settings in which drug use occurs and the interplay of individual and social factors which influence patterns of drug use” (28.) The results of QLR can in turn help to inform questionnaire design for large-scale surveys. It is important to understand that, ‘the validity, meaningfulness and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researchers than with the sample size (29). The critical incident technique assists the qualitative researcher by focussing the interview on the specific situation and personal context of their initiation into substance use or abuse (30). Also in societies such as Trinidad and Tobago, there is a case for ethnically and culturally sensitive research to be carried out (31) and this paper attempts to do so.

The aim of this study was to determine the critical incidents leading to the initiation of substance use and abuse among women in Trinidad and Tobago.

METHODS

The study was a compulsory research project by Year 2 medical students at the Unit of Public Health and Primary Care at the Faculty of Medical Sciences, St Augustine, Trinidad and Tobago. Time limitations meant that the interviews had to be completed within one month. Twenty women were randomly selected from a total population of 46 women attending 43 drug treatment, rehabilitation and counselling centres, including Narcotic Anonymous and Alcoholic Anonymous in Trinidad and Tobago. A random selection was made to give each woman an equal possibility of participating in the study. In a qualitative study, the sample size is usually chosen based on the on-going assessment of the interviews and attempting to reach ‘saturation’ where no new themes emerge. Although 20 women were chosen with a time limit in mind, saturation (32) was achieved with the last three interviews adding no new themes. However the last three interviews did provide quotes which represented more powerfully the themes elucidated previously.

Inclusion criteria included female substance abusers currently involved in rehabilitation programmes and recovering female substance abusers attending support groups. Exclusion criteria included drug induced psychotic patients, women currently undergoing detoxification in hospital clinics or female substance abusers not currently involved in a rehabilitation programme.

A pair of trained interviewers (one male and one female) conducted in-depth, semi-structured interviews in private rooms at the rehabilitation centres with no pre-set time limits to the interviewers. An interview guide assisted the interviews but was not rigidly adhered to. The interviews focussed on the critical incidents that initiated substance use and abuse in these women (30). Interviews were conducted between July 16 and August 6, 2001. All interviews were

taped. The recordings were transcribed and analyzed by the editing technique described by Crabtree and Miller (33). This technique requires that the investigator, in analysing the transcripts, first identifies utterances or phrases and indicates what makes them noteworthy. Next, investigators go line by line through the transcripts to reach a consensus on the texts to be highlighted. Differences in interpretation are negotiated between investigators. Hypotheses are then generated. Observations are then compared systematically by organizing concepts, contradictions and similarities. From these observations key concepts, categories and themes are developed. All concepts, categories and themes were discussed and approved by a team of at least two individuals. Researchers then met in full group sessions, further discussed and agreed on the final concepts, categories and themes that emerged from the analysis. Informed consent was sought before each interview and the study protocol was approved by the Ethics Committee of the Faculty of Medical Sciences at The University of the West Indies, St Augustine, Trinidad and Tobago.

RESULTS

Sample Description

The age range of the 20 women interviewed was 35-50 years. Nine women (45%) were Indo-Trinidadians, eight (40%) were of mixed ethnicity, and three (15%) were Afro-Trinidadians. Eight (40%) of the women were single, seven (35%) were divorced/separated, and five (25%) were married or involved in a relationship. Most of the women (75%) had children. The majority of the sample was well educated, with seventeen (85%) of the women reporting at least a secondary education.

The critical incidents that influenced the women to initiate substance use and abuse fell into eight major themes. These themes were, factors intrinsic to the woman, family factors, social and environmental factors, relationship issues, abuse, life stresses, peer pressure and substance use and abuse as coping mechanisms.

Factors Intrinsic to the Individual Woman

The factors intrinsic to the individual women had two components, the psychological make-up of the particular women and their personal psychological issues. The categories within the 'psychological make-up' included their low self-esteem, their curious nature, their introversion, their need to be the centre of attention or their rebelliousness. Categories within psychological issues included wanting to care for someone, loneliness, needing relaxation and guilt. Also intrinsic to the women were their medical issues, such as being depressed or anxious or the presence of a toothache or migraine.

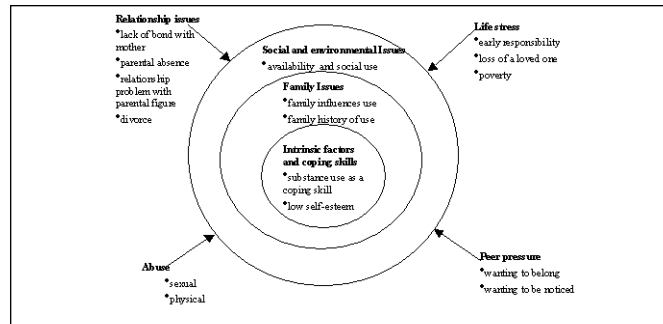


Figure: Major themes from the research: Factors which contribute to the initiation of substance use and abuse among women in Trinidad and Tobago

The psychological make-up of the individual woman

W1 "I never had confidence in myself. I always wanted to be someone else.... My father never really accepted me for who I am. The job (as a waitress)...I think my father never really accepted that. It affected me a lot."

W1 "I really turned to alcohol because of loneliness and not being accepted. I had a very low self esteem and I hated myself. When I got drunk the pain subsided and it felt good. It was different. I was free of myself. I was able to enjoy conversations. I was not shy."

W8 "Well, I used to drink my father's vodka... I was around six years old... and I used to steal cigarettes and smoke...but all that was just experimenting. I really started smoking cigarettes when I was 13 years old. I was a regular everyday smoker. I hid and smoked."

W8 "I didn't want to do childish stuff... I wanted to be cool..."

W3 "When I feel depressed I used to take a drink. Sometimes it made me feel more depressed.... I thought I had to have a drink to be the centre of attraction then. I certainly was the centre of attraction."

W3 "I grew up with that middle child feeling. You know the first child and the last baby always get all ... and I figured that nobody was seeing me. I needed a drink to talk to people and make them notice me."

Psychological Issues

W10 "I wanted to relax. It made me feel cool and calm because when I found out about my husband's affair I was stammering, I was nervous and the drink relaxed me. The body felt relaxed."

W6 "I started when I was 14 years old because of the anxiety and the depression...the lying, the guilt, (because of my affair with a married man)...His wife loved me, his kids loved me, both families were close. I had to be hiding and lying."

W4 "I first used cigarette at 11 years of age. I was a lonely child and I wanted to belong...I wanted friends, I wanted people. And in school...well, nobody really used to pay attention to me, and then the ones that did were the ones that said...hold my bag for me... I will do it, because I felt that they accepted me. So I went with them. And when they said, look we're smoking cigarettes, let's go, we would go into a cemetery and hide..."

W8 "I took it because I wanted to be cool...I wanted to hang out with the cool people, people on the motor cycles...it sounds stupid, it sounds very superficial. But I used to look up to those people... the motor cycles, the long hair.. that was the time when I was influenced most... I would tend to gravitate towards that kind of crowd."

Medical Issues

W6 "I was lonely; I developed a problem with depression and they kept prescribing valium for me."

W8 "But once you get locked in that cycle of using drugs, you get depressed because you are locked in the cycle. So whether you started off depressed....you still end up....But there are so many times... like when I was clean for ten years and then relapsed. And I know at that time I was depressed... I just decided to do this thing again."

W9 "I used to be really depressed, my husband was working all the time, he would leave very early in the morning and come back late at nights, so I would be very lonely.... And so when I took the codeine....I would be able to cope for the day.... And then with codeine, people don't know when you use it.... so you don't look high. So I would take it with alcohol. I suffered from manic depression; codeine is one thing I used for it... I never liked to drink alcohol."

Substance use and abuse as coping mechanisms

Fourteen of the twenty women cited incidents where using and abusing substances enabled them to cope with difficult and painful circumstances. Such circumstances included relationship, family and work-related problems.

W4 "And when my child died...I didn't know what to do, so I locked myself [in] and I smoked [cocaine] in the toilet. I didn't know how to cope with the child's death except to use cocaine. Anything that happened, I use, and I used and used."

W11 " I was broken-hearted over my boyfriend. I wanted to get married to him and set up home... I got disappointed.... That is the first time in my life I went and bought rum."

W7 "One day everything goes bad and one is just turned off, distraught, so you passed in the supermarket and buy a bottle of wine....it's like you cope with everything through drinking."

W4 "I had a lot of problems. I didn't know what to do, I didn't know how to cope or deal with most things. And the people for whom I was selling the drugs – the wife – she said

to me, don't worry, and she introduced me to cocaine in a different form, the crack form. And she said, this will help you... and this is going to calm you down. I took to smoking it and it felt good and that was when I started going downhill. I developed a craving for crack cocaine".

Family Factors

Sixteen of the twenty women interviewed were able to identify at least one family member with a history of alcohol or substance use and abuse. However, not only was there a history of substance use, but there was also an implicit acceptance of substance use. This was important enough to conclude that the family was a major influence in the initiation of substance use and abuse.

W10 "My father has a problem with alcohol. My mother was an alcoholic...my grandmother was an alcoholic, my grandfather was a heavy drinker. There was a lot of alcohol problems in my family."

W18 "When my mother was pregnant with my last sister...you know women have strange cravings....she had a craving to smoke, and she used to smoke cigarette after cigarette....My father died from cancer of the throat...He was a chronic smoker and drinker as well."

One of the women, on speaking openly about family, found comedy in situations brought about by chronic substance abuse by a family member:

W13 "All my brothers and sisters were conceived when my father [was] drunk...." [laughs]

It was clear, however, that others were deeply affected, and even felt that the experience contributed to a poor relationship with the family member:

W9 "My mother was a very bad alcoholic. And when she started drinking, for weeks she would stay in her room... She wouldn't come out, she wouldn't shower, she wouldn't do anything; she would just drink to the stage where she could not walk... my father would have to go and pick her up from the bathroom, get her sober.... I remember that there were many times when I came home, and my father would tell me to stay outside; he wouldn't let me enter the house. He had to try and fix her up, sober her up, before we could enter...I don't like talking about this... It's very difficult.

Alcohol and Family Celebrations

Seventeen out of the twenty women noted that experiences with addict family members strongly influenced their own addictions:

W10 "The first time I had... I don't know what I drank. But during Christmas time at home, my father use to give us cherry brandy. Christmas day when we were having lunch, he use to pour a little bit in those fancy glasses. My father had a problem with alcohol. My mother was an alcoholic. My grandmother was an alcoholic, my grandfather was a heavy drinker. My father was, I'm sure, an alcoholic also. He used to drink out everyday. I saw him drunk on many occasions. My uncles ... some died drinking. My mother

drank a little bit because my father encouraged her but she stopped for herself."

W12 "I saw my mother drinking everyday and I wanted to have a taste too, so I tried it, and from then I continued. Some women reported alcohol as a mainstay at family gatherings, especially at Christmas, New Year's and weddings:

W19 "My aunt used to make all these fantastic mixtures.... At Christmas time, we were allowed to have ponche de crème, which I loved dearly... and then later in my teens, we were allowed to have the liqueurs, and I love those things."

W14 "My drinking started at New Year's and Christmas....it started as that, and it gradually progressed."

One participant told how family tradition and local home remedies contributed to her initiating cigarette smoking:

W18 "My mother caused it...believe it or not; I had a toothache one day...and she said that smoking cigarette would end the toothache"

Alcohol had also been considered by some families as effective medication and home remedies:

W4 "My father would put a bit of alcohol in the tea; my grandmother would sometimes use alcohol as medicine for us."

W5 "Sometimes they would give you the little drink and tell you it's for the worms".

Social and Environmental Factors

Some women initially used substances in a social setting and this then progressed to addiction. In addition, availability of alcohol was seen to be a contributing factor to their habits.

W2 "It was more like a social drink. After that I used to look forward to going out and having a beer".

W2 "You started to work, you socialize at functions, luncheons and you get used to it...different kinds of wine and vodka."

W14 "My drinking started.... If anyone had a party; it started as that and gradually it caught on."

W1: I was a waitress at a bar. I started drinking more and I didn't realize that I really had a problem.

J: Did you have alcohol readily available?

W1: Yeah, in the bar.

J: You had to buy it?

W1: No.

Relationship Issues

Relationship issues encompassed another major theme. These relationship issues revolved around the lack of a mother and the absence of motherly love, parental absence, single parent issues, divorce and interpersonal problems with the parent or caregiver.

W8 "Well, my parents split up when I was a little girl, about six years old. I was away in Boarding school, so I didn't talk to them on a regular basis. And when I came down for summer I wasn't really around them. I really didn't have a relationship with my parents. When they found out about my addiction, the relationship went bad! There was pressure from them to stop.

W4 "My mother died when I was 5 years old. I was abused by almost every member of my family. I was afraid to tell others because I always felt that I was responsible. Because that's how my grandmother brought me up anyway.... So I went on and then things would happen - my brother would have sex with me for a little car or a chewing gum or a sweetie and likewise other people... So I went on like that, always being a people-pleaser and afraid to say no."

W9 "...because mummy was a very quarrelsome person....and before I was born, my mother said that she never wanted me, first she wanted to give me to my father's mother and then she wanted to give me to her mother..... So as mom never wanted me, I wasn't very close to her. She started drinking; my father, he was suffering, he wasn't coping. And then she had my younger sister and so, that's when I started getting really depressed."

W10 "I started using alcohol about 25 years ago when I found out my husband was having a relationship with a very good friend. And one Saturday I found all those letters. If I gave him a silver watch, she would give him gold. If I gave him a silver ring or pen, she would give him the gold."

Abuse

Several women admitted to being emotionally, sexually and physically abused. Approximately half of the women stated that early drug and alcohol use seemed to fill a void resulting from a lack of parental nurturing:

W11 "My father used to deprive me of that love...he gave it to my little sister. I think all of that lead me to drinking to find satisfaction."

W4 "The father was very ignorant; he used to beat his wife....at any point in time. If he's not satisfied with something he would just come in and we would get beaten. I got involved in crack and became more of a slave to the drug. He ended up using me as a ...in a sex trade. I had to be involved with him, his wife and anybody else whom he saw fit, because I was craving for the drug."

W9 "...my mother had a young baby which was for my father's best friend. And as soon as my father would go out, the best friend would come... and he would be with her... and I was raped when I was 15 years and up until now that plays a big part in my depression... I never told mummy, but one day we were in Mayaro, and he came and he touched my breast and when I told my mother she slapped me and told me that I was lying... I kept that in me for 25 years. I never told a soul."

W4 “My grandmother used to really beat me for all kinds of things. She was one of those old-fashioned grandmothers. For example, she told me that I could get involved in netball and I did but when I came home at 6:00 pm, she would beat me because I came home too late. And she was a person who would beat with anything she could get in her hand – a mop stick, a broom stick, a belt, a bottle, a pan, anything. And I ran away at the age of sixteen years from home because I couldn’t take licks anymore.”

Life Stresses

Life stresses women were exposed to, included loss of a loved one, early responsibility and poverty.

W7 “It really started getting serious about 10 years ago. My first daughter died from a heart problem. She was nine years old and I went through a really rough patch. I was living in Toronto at that time, and her death was very sudden. At the same time, my ex-husband was planning to move back to Grenada and I had planned not to. I had made a career change, everything to stay in Toronto with my daughters. So I lost my daughter, lost the job I wanted, moved back to where I didn’t want to live....I just shut everything out. I would go and I would have friends over and, of course, I would always pop a bottle of wine or would drink. I would drink more than I should.... I drank socially at first. Anyway, I just wanted to numb everything and the drinking was not social anymore. It was definitely a problem....”

W13 “I became an adult before I was a teenager, I took care of the small ones.”

W9 “... when I was going to school I had to take care of everybody, take care of my father, take care of the house, get up and cook, because you could not give them bread in the morning....”

W2 “We did not have electricity and my sister used to study under the lamp.”

W11 “Money was in short supply.”

Peer Pressure

Many women describe their friends as being very influential in their first episode of substance use and even the progression to addiction.

W4 “We were close friends She called me one day and she said ‘come and go with me’, and I went and so I started smoking marijuana”.

W3 “A whole set of them was drinking and everyone was looking at me. And so I just fall in.”

W8 “I was influenced by this person, I used to ‘hang out’ with her, I used to smoke weed and she would be using cocaine. So after a while she suggested that I try cocaine and eventually I tried it, and it was like instant addiction for me. No turning back.”

DISCUSSION

This study reiterates work done internationally and provides local policy makers with a framework for additional research

and possibilities for interventions. The results suggest that the initiation of substance abuse in women in Trinidad and Tobago is multi-factorial and complex. The figure is an original one and represents the interplay of the major themes emerging from this qualitative analysis. The circular areas represent the individual woman, her family and the social and environmental factors. The arrows represent the dynamic forces acting on her. We see that there are factors intrinsic to the individual woman, such as her psychological make-up, psychological and medical factors and poor or inadequate coping skills. Further, the results show that there is a strong influence of the family, either through a possible hereditary basis and a strong family history of abuse or through the family acceptance of substances such as alcohol and finally through the family initiating the first exposure to substances. Environmental factors also contributed through the social use of substances and the availability of the substances in the environment. More dynamic forces act upon the themes listed above namely, relationship issues, such as parental absence, parental divorce, interpersonal difficulties and life stresses such as early responsibility or loss of a loved one. Other dynamic forces include abuse – emotional, sexual or physical – and peer pressure.

Although this work does not quantify the importance of the various components or themes identified, it does give support to the effect of upbringing, relationships, family composition, peer and community risk factors in contributing to women’s use and abuse of substances (5, 6). Additionally, it supports previous Caribbean research on the role of sexual abuse in initiating substance abuse and the breakdown in family structures both initiating and being initiated by substance abuse (13, 18, 21).

Any attempt to tackle this issue must be multi-factorial in its approach, with national, legislative, organizational, community and family components. Primarily, there should be a strong and continuous media campaign focussing on the dangers of substance abuse. There should be an element of appropriate legislation, enforceable and enforced, with organization and environmental manoeuvres to prevent addiction.

Attempts at prevention have to be focussed on family-life. A disturbing finding was the role of the family in the initiation of exposure of women to alcohol, particularly at times of celebration. An addicted person in the home or family becomes a risk factor for developing substance abuse among women, not only because they allow the substance to be accessible but because they knowingly or unwittingly provide the substance to the prospective abuser. The role of ‘celebratory’ alcohol use in the initiation of abusers is worth investigating. There seems to be little or no caution in introducing alcohol to children in the guise of medication. Strong public health messages should be directed to families to educate them about this risk. There should be sustained educational programmes dealing with substance use within schools and organizations. In a society which depends on

substantial income from alcohol production and export what is the role of the producers of alcohol in the rehabilitation of the abuser? Should we assume that there would be a certain percentage of women who will become addicts and so automatically factor that into the price of the alcohol? We see that the women often had low self-esteem and were often denied well-balanced relationships with parents. Should we be providing resources so mothers could care for their children? Should we be providing resources for single parents? Importantly, the early age of onset of use in many of the women in the study implies that any intervention for drug education should begin within the school setting and should involve interventions for women to develop positive support systems and coping skills for different stages of the life-cycle.

The study had several weaknesses; only 46, of the 110 local rehabilitation centres, were used in the study since many were inactive or had no female patients. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups held open and closed meetings. Clients attending closed meetings were not included in this study. Very few women seek help from rehabilitation centres for their addiction. Family responsibility, social stigma and other factors may well play a role in this. This was a major limitation of the study, since no attempt was made to recruit female drug abusers who were not attending rehabilitation centres. As with most qualitative research with small sample sizes there are issues of generalizability of the findings; however the results may be used to educate physicians and social workers about the complexity of the issues and the need for strengthening of social supports. Future studies may include a qualitative approach to male addicts to determine the similarities and differences between the genders in this setting. Questionnaires can be developed from this material to further elucidate the relative importance of the themes emerging from the study in large-scale surveys. This information can then be used to fine-tune any intervention.

In the future more women should be encouraged to seek help, perhaps via the media or education in schools, places of employment and public gatherings. Additionally, to meet the needs of women, more single-sex rehabilitation centres should be created. This would cater specifically to the differing needs and views of men and women and would encourage a safer environment for women. There is also a role for wider drug and alcohol education within the society to sensitize both adults and children to the dangers, and to encourage a more sober approach to alcohol and drug use in the society.

REFERENCES

1. Ford-Martin P. Substance abuse and dependence. Gale Encyclopedia of Alternative Medicine [serial online] 2001 [cited 2001 Feb 6]: [7 screens] http://www.findarticles.com/cf_0/g2603/2603000688/print.jhtml
2. Westermeyer J, Boedicker AE. Course, Severity, and Treatment of substance abuse among women versus men. *Am J Drug Alcohol Abuse* [serial online] 2000 Nov [cited 2001 Jun 15]:[8 screens] http://www.findarticles.com/cf_0/m0978/4_26/67708274/p1/article.jhtml
3. Reinherz HZ, Giaconia RM, Hauf AM, Wasserman MS, Paradis AD. General and specific Childhood risk factors for depression and drug disorders by early adulthood. *J Am Acad Child Adolesc Psychiatry* 2000; **39**: 223-31.
4. Stein MD, Cyr MG. Women and substance abuse. *Med Clin North Am* 1997; **81**: 979-98.
5. Wasilow-Mueller S, Erickson CK. Drug abuse and dependency: understanding gender differences in etiology and management. *J Am Pharm Assoc* 2001; **41**: 78-90.
6. Bukstein O. Summary of the practice parameters for the assessment and treatment of children and adolescents with substance use disorder. *J Am Acad Child Adolesc Psychiatry* 1997; **36** (Suppl 10): 56S-140S.
7. Biederman J, Faraone SV, Monuteaux MC, Feighner JA. Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics* 2000 Oct [cited 2001 Jun 15]: [10 screens] http://www.findarticles.com/cf_0/m0950/4_106/66665113/p1/article.jhtml
8. Kettinger LA, Parasanna N, Schuler ME. Exposure to Environmental Risk Factors and Parenting Attitudes among Substance-Abusing Women. *Am J Drug Alcohol Abuse* [serial online] 2000 Feb [cited 2001 Jun 01]:[8 screens] [/cf_0/m0978/1_26/607942_92/print.jhtml](http://www.findarticles.com/cf_0/m0978/1_26/607942_92/print.jhtml)
9. Rao U, Daley SE, Hammen C. Relationship between depression and substance use disorders in adolescent women during the transition to adulthood. *J Am Acad Child Adolesc Psychiatry* 2000; **39**: 215-22.
10. Apgar B. Antisocial personality and substance abuse. *Am Fam Physician* [serial online] 1998 Oct [cited 2001 Jun 15]:[2 screens] http://www.findarticles.com/cf_0/m322_5/n6_y58/2125_1956/p1/article.jhtml
11. Li L, Ford JA. Illicit drug use by female with disabilities. *Am J Drug Alcohol Abuse*. 1998; **24**: 405-18.
12. Medrano MA, Zule WA, Hatch J, Desmond DP. Prevalence of childhood trauma in the community sample of substance-abusing women. *Am J Drug Alcohol Abuse* 1999; **25**: 449-62.
13. Hutchinson G, Landeau P, Maharaj H, Taylor R. Substance abuse in women and a past history of child abuse. *West Indian Med J* 1993; **42** (Suppl 1): 47.
14. Martin SL, Clark KA, Lynch SR, Kupper LL, Glenti D. Violence in the lives of pregnant teenage women: Associations with multiple substance use. *Am J Drug Alcohol Abuse*. 1999; **25**: 425-40.
15. McCaul ME, Svikis DS. Intervention issues for women. In: Ammerman RT, Tarter RE, Ott PJ. (Eds) Sourcebook on substance abuse: Etiology, Epidemiology, Assessment and Treatment. Needham Heights (MA), Allyn and Bacon Publishers; 1999: 430-439.
16. Grella C. Gender differences in drug treatment careers among clients in the National drug abuse treatment outcome study. *Am J Drug Alcohol Abuse* 1999; **25**: 385-406.
17. McDonald A, Duncan ND, Mitchell DIG. Alcohol, cannabis and cocaine usage in patients with trauma injuries. *West Indian Med J* 1999; **48**: 200-2.
18. Weaver S, Wray SR. Current findings indicate that substance abuse constitutes a major threat to health, family and social systems in Jamaica. In: Anon. Prevalence and patterns of substance abusers: neurobehavioural and social dimensions: programme and abstracts. Kingston, University of the West Indies (Mona). Neuroscience, Adolescent and Drug Research Programme, 1994. p. 11-2. Present in: Prevalence and Patterns of Substance Abusers: Neurobehavioural and Social dimensions, Kingston Nov 9, 1994.
19. Chung PK. Drug abuse in Jamaican urban secondary educational institutions: a survey in four schools. Kingston: 1986. Submitted to University of the West Indies (Mona) presented for the degree Master of Public Health.
20. Jarrett CP. The pattern of drug use in a community in Western Jamaica, Kingston; 1990. Submitted to University of the West Indies (Mona) presented for the degree Master of Public Health.

21. Boyce RK. The challenge for women with a drug-abusing family member: the Jamaican perspective. *Bull Narc* 1995; **47**: 23-30.
22. Maharajh HD, Dutta A, Gopeesingh SR. Cocaine Addiction in Trinidad and Tobago – abstract. *West Indian Med J* 1987; **36** (Suppl): 13.
23. Harvey SC. Patterns of drug abuse in persons referred to the drug rehabilitation unit in Barbados – abstract. *West Indian Med J* 1997; **46** (Suppl 2): 39.
24. Singh HN, Maharajh HD, Shipp M. Pattern of substance abuse among secondary school students in Trinidad and Tobago. *Pub Health* 1991; **105**: 435-41.
25. Lourents NT, Eimers JM, Gerstenbluth I, O'Neil JO, Halabi Y, Alberts JG. Knowledge, attitudes and behaviour on smoking and alcohol use in Curacao. Present in: Commonwealth Caribbean Medical Research Council 42nd Annual Scientific Meeting. Proceedings of the 41st Scientific Meeting, Port of Spain, April 17 – 20 1996.
26. Hamilton PI. Children and women: special health and social problems related to substance abuse. In: Anon. Prevalence and patterns of substance abusers: neurobehavioral and social dimensions: programme and abstract. Kingston, University of the West Indies (Mona). Neuroscience, Adolescent and Drug Research Programme, 1994: 14 – 6. Present in: Prevalence and Patterns of Substance Abusers: Neurobehavioral and Social Dimensions, Kingston, Nov 9, 1994.
27. McKeganey N. Quantitative and Qualitative research in the addictions: an unhelpful divide. *Addiction* 1995; **90**: 749-51.
28. Fountain J, Griffith P. Synthesis of qualitative research on drug use in the European Union. *Eur Addict Res* 1999; **5**: 4-20
29. Patton MQ. *Qualitative evaluation and research methods*, 2nd ed. Newbury Park, California: Sage, 1990.
30. Dunn WR, Hamilton DD. The critical incident technique-a brief guide. *Med Teach* 1986; **8**: 207-15.
31. Guthrie BJ, Low LK. A substance use prevention framework: considering the context for African American girls. *Pub Health Nurs* 2000; **17**: 363-73.
32. Charmaz K. Grounded Theory: Objectivist and constructivist methods. In: Denzin NK and Lincoln YS, editors. *The Handbook of Qualitative Research*, 2nd ed. Thousand Oaks, California: Sage, 2000.
33. Crabtree BF, MillerWL. The analysis of narratives from long interviews: In Stewart M, Tudiver F, Bass MJ, Dunn EV and Norton PG, editors. *Tools for Primary Care Research*. Newbury Park, California: Sage, 1992.