



FEDERAL CENTRE
FOR HEALTH EDUCATION



WHO-COLLABORATING CENTRE
FOR HEALTH EDUCATION

**International Meeting
"Gender-specific Aspects
of the Prevention
of Harmful Substance Use"
Überlingen/Lake Constance, 9 - 12 June 1992**

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INTRODUCTION

The International Meeting on Gender-specific Aspects of the Prevention of Harmful Substance Use, held in Überlingen on Lake Constance in June 1992, was organised by the Federal Centre for Health Education (FCHE), Cologne, in cooperation with the Regional Office for Europe of the World Health Organisation (WHO-EURO), Copenhagen. It is the first in a series of meetings concerning gender-specific aspects of health education and promotion which were arranged in the collaboration contract between WHO-EURO and the FCHE.

The starting point for the meeting was the discrepancy between the great extent to which the consumption and abuse of drugs is determined by gender-specific patterns, on the one hand, and the inadequate attention paid to gender-specific aspects in prevention, on the other. For the WHO, the meeting is a sub-aspect of its occupation with the health problems of women, which was given high priority in the WHO report on the technical discussion on Women, Health and Development (May 1992). The FCHE, which deals with central tasks in the area of health education and promotion in Germany, wants to put more emphasis on the importance of sex affiliation in its extensive national campaigns. In this context, the special problems of boys/men with health or substance abuse are increasingly becoming a focus of attention.

The common task to be tackled at the meeting was to analyse the gender-specific aspects of drug consumption and, on this basis, to develop ideas for preventive strategies.

The structure of the meeting took into consideration the fact that the subject of "Gender-specific Aspects of Prevention" demands, in a special way, the integration of various aspects: differences in behavioural dimensions, spheres of life and substances.

- The *keynote papers* were dedicated to the various dimensions of gender-specific substance abuse, which are covered by different scientific disciplines. The consumption of addictive substances by women and men is viewed from a biological, historical-social, epidemiological and economic standpoint, or from theories of socialisation, and gender-specific advertising strategies are analysed.

- The *Working Groups* were divided up according to different fields of prevention practice. The family/school (primary socialisation), the leisure time sector and the working world are important locations for the development of (gender-specific) consumption patterns.
- The discussion was geared towards making encompassing statements concerning the *various forms of consumption* of different substances and placing them in a larger pattern, without diminishing the unique profiles of the individual substances.

A comparison of the situation of men and women in individual European countries is designed to show how different the effects of the "gender" factor are on the consumption of substances and which problems are most urgent according to country/culture. Special attention was to be dedicated to the precarious situation in reference to health standards and the spread of drugs in Eastern European countries.

In the introduction, Gisela Marsen-Storz, Cees Goos and Margareta Nilson-Giebel, representing the organisers, outlined the importance of the subject and the interest therein. The paper by Betsy Thom examined the diversity of cultural rules and assessments to which drug consumption by men and women is subject. Dr. Ulrike Maschewsky-Schneider presented epidemiological findings concerning differences in consumption according to sex. Lauk Woltring analysed the consumption of drugs by boys as a specific boy reaction to boy-specific development problems and presented a project involving work with boys. The series of review papers was continued by Dr. Beatrice Majnino, who went into the economic aspects of substance use, followed by an analysis of advertising strategies directed at women as the target group by Dr. Amanda Amos. Dr. Gerlinde Egerer reported on the different effect of alcohol in the male and female body.

The Working Groups on the sectors "family/school", "leisure time" and "working world" elaborated sector-specific analyses of the development, mechanisms and importance of gender-specific consumption patterns and drew conclusions for converting the findings into practical prevention work.

The reports of the Working Groups were compiled in the plenary session and discussed. The meeting ended with a closing summary by the rapporteur.

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SUBJECT AND OBJECTIVE

Substance use is closely linked to gender-specific roles: nature and quality of use, social acceptance, connotation of the drug etc. Until now, these aspects have received insufficient consideration in the field of prevention of harmful substance use.

In many cases, substance use presumably serves to accentuate the individual's gender-specific image. Especially in a situation of uncertainty, i.e. in connection with partnership, leisure activities, acceptance of the occupational role, etc., substance use acquires a symbolic value. These aspects are very important for prevention strategies, because those tendencies are often reflected in later use of harmful substances: Women - pharmaceuticals - passivity, men - alcohol - aggression.

Until about ten years ago, both prevention and therapy were clearly oriented towards men. Since then, there have been studies dealing with the specific aspects of substance use among women. Corresponding studies concerning the role of substance use among men, with regard to their gender-specific role, are hardly available.

Most prevention approaches still assume that they are equally fitting for girls/boys or women/men.

The purpose of this meeting is to review approaches for preventing harmful substance use as a part of gender-specific socialisation and to develop prevention strategies and policies. The advantages and disadvantages of both gender-specific and integrating approaches have to be dealt with. Finally, the necessary infrastructures for the outlined concept have to be discussed.

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PROGRAMME

Tuesday, 9 June 1992

- 8.00 p.m. -

Arrival of participants
Inofficial meeting at dinner

Wednesday, 10 June 1992

- 9.00 a.m. -

Plenary session
Welcoming of participants
For the FCHE: *Gisela Marsen-Storz*
For the WHO: *Cees Goos*

- 10.00 a.m. -

Coffee break

- 10.30 a.m. -

Plenary session
Gender-specific aspects of harmful substance use
- Historical and cultural aspects of harmful substance use
Dr. Betsy Thom, London
- Epidemiological aspects of harmful substance use, taking smoking as an example
Dr. Ulrike Maschewsky-Schneider, Bremen
- Boys between heroism and fear
Lauk Woltring, Amsterdam

- 12.30 p.m. -

Lunch

- 2.00 p.m. - Working Groups
Analysis of gender-specific aspects of harmful substance use in various sectors
- Family and school
Pia Rosenquist, Helsinki
- Leisure time behaviour of young people
Peter Franzkowiak, Wiesbaden
- Working world
Jürgen Töppich, Cologne

- 4.00 p.m. - Coffee break

- 4.30 p.m. - Continuation of Working Groups

- 7.30 p.m. - Dinner

Thursday, 11 June 1992

- 9.00 a.m. - Plenary session
Gender-specific aspects of harmful substance use
- Economic aspects of harmful substance use
Dr. Beatrice Majnino d'Intignano, Paris
- Advertising and harmful substance use
Dr. Amanda Amos, Edinburgh
- Biological aspects of harmful substance use
Dr. Gerlinde Egerer, Heidelberg

- 10.30 a.m. - Coffee break

- 11.00 a.m. - Working Groups:
Possibilities for conversion into practical prevention strategies
- Family and school
Pia Rosenquist, Helsinki
- Leisure time behaviour of young people
Peter Franzkowiak, Wiesbaden
- Working world
Jürgen Töppich, Cologne

- 12.30 p.m. - Lunch
- 2.00 p.m. - Continuation of the Working Groups
- 3.30 p.m. - Coffee break
- 4.00 p.m. - Plenary session
 Working Group reports
 - Family and school
Markus Freitag, Bielefeld
 - Leisure time behaviour of young people
Margareta Haglund, Stockholm
 - Working world
Martin Küng, Zürich
 Rapporteur's report
Dr. Cornelia Helfferich, Freiburg
- 5.45 p.m. - Concluding discussion
- Starting at 7.30 p.m. - Informal gathering
- Friday, 12 June 1992 Departure

Conference location:

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OPENING STATEMENTS

Margareta Nilson-Giebel, Head of the International Relations Division, opened the meeting on behalf of the Federal Centre for Health Education and welcomed the 29 participants from 13 European countries.

Gisela Marsen-Storz, Head of Department at the FCHE, passed on greetings from Dr. Elisabeth Pott, Director of the FCHE, who could not participate in the meeting herself. She especially greeted Barbara Marks from the Federal Ministry of Health, Bonn, and Cees Goos, Coordinator for psychoactive drug use at WHO-EURO, Copenhagen. She emphasised the long-standing cooperation of the FCHE with the WHO and explained the special tasks of the FCHE as a national specialist agency for prevention within the Federal Ministry of Health.

The FCHE expects the meeting to produce results which can be used to tailor the planned, extensive, national prevention campaign in the area of harmful substance use to specific target groups and to design it in a manner appropriate to the problems of men and women. It is known that substance abuse is strongly determined by gender - however, health promotion has not yet taken gender-specific aspects into consideration.

Cees Goos welcomed the participants on behalf of the WHO. The WHO gives high priority to dealing with the health problems of women. Cees Goos quoted a series of observations from the report on the technical discussion "Women, health and development" at the 45th World Health Assembly, which illustrated the major differences between men and women as regards their state of health and the extent of women's problems. The differences can be traced to the discrimination of women in the socio-economic, political and cultural sector and to a system of values that rates the male sex higher. The discrimination of women continues in that their health problems are attributed less importance and few efforts are made to improve the health situation of women.

The meeting on gender-specific approaches in prevention fulfils the demands - specified in a catalogue of action at the 45th World Health Assembly - for increased research efforts in this area and for cooperation with media and institutions for health education, in order to promote gender-specific programmes which deepen knowledge about health and encourage health-conscious behaviour. At the practical level, the discussions and resolutions of the World Health Assembly have already resulted in the initiation of a series of concrete measures by the WHO Regional Office, e.g. the compilation of a report concerning women and alcohol. This report, which illustrates the differences between men and women in the way they deal with alcohol, concludes with the demand for therapy and prevention programmes which are tailored to the different needs of men and women.

The subject of the meeting was not female-specific, but gender-specific (i.e. female and male-specific) aspects of prevention in general. The reason for the particular emphasis

placed by the WHO on the health problems of *women* is that health promotion which does not take gender into consideration is directed primarily at men - above all, in countries where discrimination against women is already strong and their health situation correspondingly poor. In these areas, health promotion that takes gender into consideration primarily means health promotion for women.

Cees Goos stated two facts that were essential elements for the development of health-promotion programmes of the WHO:

- The WHO finds that the division into separate, substance-specific prevention programmes for alcohol, illegal drugs and tobacco, has not proved to be productive and is now pursuing an integrated, all-encompassing approach.
- The unacceptable state of health of the people in Central and Eastern Europe - as documented by many indicators - gives rise to particular concern. The abuse of alcohol and illegal drugs (and, as a result of drug injections, the prevalence of AIDS) in these areas is increasing - as opposed to the trend in the West. Smoking is more widespread in this area than in the West. At the same time, the differences between the state of health of men and women are greater than in Western Europe.

Margareta Nilson-Giebel explained the importance of the meeting for the FCHE. The meeting is the first in a series of meetings concerning gender-specific health education and health promotion, which are set forth in the cooperation agreement between the WHO and the FCHE. The background on the FCHE side is the tradition of the subject "women and addiction", which dates back to the 80s and has been expanded in the meantime to include questions in the problem sector "men and health". A number of conceptual questions require a sound theoretical basis. And the practice of prevention shows great deficits in that it is directed at "sexless" people - the addressees are, however, always men and women with their special problems.

The FCHE expects the meeting to produce an analysis of the various spheres of life under gender-specific aspects, and the conversion of this analysis into recommendations which help institutions active in the area of addiction prevention to formulate adequate health education and health promotion for boys and girls, men and women.

RESULTS OF THE KEYNOTE PAPERS FOR THE DISCUSSION

Historical and cultural determinants

The consumption of addictive substances is subject to formal and informal social rules and is embedded in the convictions and practices of each culture. It can, for example, be a part of religious rituals and healing activities. The assessment of what is forbidden, legal or accepted differs from culture to culture, changes over time and is often linked to the age, social status or gender of the consumer. In particular, the consumption of substances by women has often been assessed differently than that of men - usually it was more tightly restricted and controlled among women than among men.

A look back on epochs - even those in the distant past - and cultures (foreign ones included) provides an abundance of examples of special rules and restrictions on drug consumption for women, from the exclusion of women from drinking rituals in the Bantu tribes and the distinction between the male and female forms of consumption of coca leaves (chewing or infusion) in some regions of the Andes, to the change in the attitude towards women who smoke since the turn of the century. These examples and many others show how diverse the social regulations on substance use by the sexes prove to be. However, beyond the differences, there are also common characteristics:

- Provided that the consumption of drugs is in keeping with the role of a woman, helps her to fulfil her role - and it can possibly be considered to be medically indicated - or if the substances help or heal others, then the consumption or the administration of substances to others by women is accepted (e.g. the prescribing of opium in the 19th century and of psychotropic drugs today).
- The consumption of substances for individual pleasure is not accepted in women; we always find strict limitations in cases where the role of the woman as mother, or the welfare of the children, appears to be threatened by the consumption of substances by the mother or where sexual disinhibition of the woman as the result of consumption is feared.
- The *abuse* of substances by women is subject to stronger condemnation and more severe penalties than is the case for men. In this context, drunkenness in women is, for example, stigmatised and viewed as repulsive, while it is possible (e.g. in literature) to impart a heroic touch to male excesses.
- Due to this marked stigma, women are more likely to turn to legal, socially acceptable substances than to illegal drugs. This relationship can be traced in the opiate consumption of the 19th century. Initially accepted as a common drug, it was used widely among women; as problems and penalisations of consumption developed, the majority of women abandoned this form of consumption. Today, women smoke, drink (moderately) and take (prescribed) psychotropic drugs.

- In this way, the major determinants of female drug consumption are the role of women, on one hand, and the assessment of the substances in the categories legal/illegal, forbidden/accepted, on the other.

Prevention must include and influence cultural regulations of consumption. The social assessment of substances in a society is reflected by the consumption motives of the consumers. These consumption motives change along with the global, historical change in traditions (however, they also change in the course of life and in the course of the consumption phases: an experiment, a habit, a problem). Under certain circumstances, women expect that the consumption of psychotropic drugs will make their situation bearable and help them adhere to their role; under other circumstances, consumption is motivated by the desire to break out of the domestic role and to participate in male privileges. As a result, there are forms of consumption which relate to the confinement and discrimination of women and those that develop as a side-effect of emancipation.

The positive fact that women restrict themselves more to legal and acceptable substances entails the negative aspect that their problems are often overlooked. The positive fact that women adhere to medical advice entails the negative aspect that the prescribed psychotropic drugs are also accepted.

Epidemiology

Smoking

In most European countries, the development in gender-specific smoker statistics is similar: initially, men are the largest group of smokers, then, smoking spreads among women after a delay. Once a peak has been reached and the percentage of men and women who start smoking is roughly the same, the curve plateaus for both sexes, but more slowly for women than men. The social change in the acceptance of smoking can be seen more clearly in the different smoking rates among older and younger women than in those of men. *In reference to smoking, women have become a distinct risk group.* The individual countries differ as follows (subject to the limited comparability of individual studies):

- The development begins at a different point in time and at a different rate: for instance, the forecasts are that the increase in smoking among women in Eastern Europe is yet to come. While the percentage of female smokers is still rising dramatically in the Southern European countries, their numbers are already declining again in the Northern European countries.

- In some countries or regions, the increase in female smokers is leading to a situation where just as many or more women currently smoke than men (e.g. Norway, Scotland, Austria, Wales); in others, the increase plateaus sooner and the numbers of both sexes decline in parallel so that the differences between the ratios remain constant (e.g. France).

- The current prevalence of smoking among women varies. It is high in countries where the role of women is a modern one, as in Denmark and Iceland, but also in countries such as Ireland and Poland, where women are more strongly obliged to fulfil the traditional aspects of their role.

- Depending on country and culture, various factors can influence the prevalence of smoking among women. For example, religions or traditions may counteract smoking among women in a certain country, while in other countries, smoking among women is more likely to be traditionally accepted. In some Eastern European countries, out-of-house freedoms of young people are associated with a lower percentage of smokers, while in Northwestern European countries, they are linked to a higher percentage.

- The development of the percentage of ex-smokers also varies: in England, proportionally fewer women than men give up smoking. The reverse is true in Germany (especially in higher social groups; with the exception of women in the oldest age group). The factors that influence this are unclear: does the ex-smoker quota have more to do with the "strength" of women, are women more effectively reached by non-smoking programmes, or do they give up smoking in conjunction with pregnancy?

Data from Germany are an example of the complexity of the causal factors according to sex. Social affiliation has more of an effect on men than women: the higher the social status, the fewer smokers. The influence of age, less important among men, has an effect on women: young women smoke considerably more than older women. Under the influence of age, the influence of social status is reversed: among older women, those of high status smoke more and, among younger women, those of lower status smoke more. The relationships are dependent on generation and reflect the change in the position of women: for older women, both smoking and a qualified education were connected with each other as male privileges. Today, neither is a male privilege. Today, smoking is more closely linked to social stresses and a distance from "healthy living" than to a distance from traditional female roles. In addition, the social class and age influences differ from country to country: while smoking is increasing among women of lower social status in Germany, smoking in France is increasing among women in self-employed, white-collar professions.

Alcohol consumption

The "Women and Alcohol" report from the Regional Office of WHO-EURO and the "Women, Alcohol and Drugs in the Nordic Countries" report provide extensive material for describing alcohol consumption among women. As with smoking, it must be assumed that the respective, country-specific living situations are responsible for the

national differences in the extent of alcohol consumption and which types of alcohol are consumed in which situations. However, the common feature is that the differences in the consumption patterns between men and women do not resemble each other over time. The WHO report concludes with the demand for therapy and prevention programmes which are tailored to the different respective needs of women and men.

In Germany, the differences between the consumption patterns of men and women run along the borderline between "hard" (spirits, excessive consumption of alcohol) and "soft" (moderate consumption of sparkling and still wine) drinking patterns: as in the past, the hard forms of consumption are still the domain of men, while the prevalence of soft alcohol is similar in men and women. A few special patterns - with specific products which are directed at (older) women and suggest an interpretation of alcohol consumption as self-medication - are reserved for women.

Even though men drink more and "harder" than women, the problems of women should not be overlooked: a substantial number of women (8% according to data from the National Health Survey) drink more than 40 g alcohol per day.

Illegal drugs

In all, the number of young people who currently take illegal drugs is low. In Germany, the lifetime prevalence of taking illegal drugs among boys (according to estimates, one third are current consumers) is higher than among girls. The differences between girls and boys are larger as regards "hard" illegal drugs and smaller for "soft" illegal drugs.

Any interpretation should consider the changed conditions of young females and the fact that the assessment of illegal drugs by young people is subject to "fashion trends" over time.

Data concerning medicines/psychotropic drugs

The data from the National Health Survey in Germany clearly show that medicines which have a psychovegetative effect, such as sedatives and substances that induce sleep and alleviate pain, as well as medicines which affect mood, are taken more frequently by women - often on prescription. Any explanation must include the prescribing practice of doctors, who promote "legal addiction" by making out prescriptions.

The intake quotas are age-dependent: as children, boys are the problem group in reference to the administration of pills. After the onset of menstruation, women take the medicines mentioned more often than boys. Older people in general receive more medication; since women live longer than men, the average higher frequency of use among women can be attributed to the age factor. However, even when age is examined, more women turn to psychotropic drugs than men.

The following trends can be observed across all cultural differences in all substance groups:

- A more or less distinct increase in health-damaging and health-endangering consumption by women,
- The increase among women and the difference between the consumption quotas of men and those of women differ within substance groups, such as alcohol or illegal drugs. Women prefer the socially more acceptable substances within a spectrum. They keep a greater distance from those substances which are regarded as "manly" or "hard".

Social-psychological approach

Drug abuse among boys/men as an expression of boy-specific coping with boy-specific problems

The demand for health promotion which is specifically directed at boys is new and raised, above all, in Northwestern Europe. Health promotion in general extensively addresses "sexless" beings, for which however, the male, with his problems and viewpoints, was and is the model. Women were the first to complain that their special needs were not being considered in this approach. Only after this discussion developed did it become clear that the unique problems of boys, e.g. in conjunction with masculinity demands or male sexuality, are also not considered in a genderless approach. They also cannot be integrated into approaches geared to women. The following outline is based on the situation in the Netherlands, a country where the demands of the women's movement have found wider acceptance than in other countries and where the interest in health promotion and (preventive) social work programmes, which are directed specifically at boys and tailored to their problems, has grown.

Men and women develop strategies which enable them to come to terms with the reality of their life, to solve problems or, at least, to live with them. Boys are confronted with different problems than girls and they develop other abilities and strategies in order to deal with them. Specific forms of drug abuse - but also escape in excessive work or sexual violence, for example - can represent specifically male "coping" strategies.

The problems to which boys react by consuming (harmful) substances (or by sexual attacks on girls) have their structural roots in the development of the male identity and in the assumption of the male role: brought up among women only, without male figures to identify with, forced into (apparent) independence too soon, equipped more with images of a "real man" than with a knowledge of "actual men", their behaviour is based on distorted images of masculinity. The social change that turned women into equal providers for the family makes men insecure because the provider role, as a source of privileges and the focal point of a feeling of self-worth, is lost. At the same time, the identification with work as a "coping" opportunity disappears.

In addition to the general function of drug abuse, especially of illegal drugs, e.g. as an escape from reality, some aspects are relevant to men and, in particular, to boys:

- Boys find it hard to express their feelings - drugs intensify feelings.
- Boys often have inhibitions and are insecure - drugs help to break down inhibitions and impart (apparent) strength.
- Drugs can increase performance in the short term - this counts as masculine.
- Coping with experienced sexual violence is more of a problem for boys than girls - as narcotics, drugs help to suppress traumas.
- The consumption of alcohol and drugs is often practised in cliques, where it may be ritualised as a test for proving oneself or as proof of masculinity. The position of boys in the clique or subculture is identified by consumption. Collective ties secure male detachment processes.
- Masculinity is associated with revolt and overstepping forbidden boundaries. Often enough, this leads to crime.

Drug abuse initiates its own vicious circle when problems increase as a result of consumption, and access to other "coping" opportunities than drug abuse decreases.

The cultural context of drug abuse and masculinity helps us to understand why boys turn to other - often more harmful, "harder" - substances than girls, why this consumption more often has an (auto)aggressive character than in girls and is associated with delinquency/crime.

If they want to do more than just dabble around with the symptoms, health promotion and prevention programmes must address the reasons and backgrounds for the behaviour and decipher it as dealing with the problems and contradictions connected with "masculinity" in a society. They must elaborate meaningful alternatives. This allows appropriate intervention, support for boys in changing their behaviour, development of alternative "coping" opportunities and the dismantling and prevention of habits that endanger health. Because the basic problems are the social change in the relationship between the sexes, the participation of women in the working world and the necessarily resulting change in the definition of the male role and the male identity, sociopolitical measures on the level of structural conditions must also be discussed.

A comparison of the Eastern and Western European countries in relation to the different functions of psychotropic substances in the (differing) development context of young people is urgently needed.

Economic aspects of gender-specific drug abuse prevention

The general question of economy - how the ratio of cost to benefit can be optimised - is, for society, a question of the ratio between the investments in health and the gain in longevity, for example.

Since the middle of the last century, much has been invested in the improvement of living conditions and in medical care in Western Europe, with the result that diseases such as tuberculosis, polio and infections, which were previously the main causes of death among young people, have become rare. Over the last one hundred years, the statistics show a continuous increase in age-specific survival rates; people become older and life expectancy has increased. Infant mortality, in particular, has declined dramatically (in Western Europe).

However, women have clearly profited from the investments more than men: they have a higher survival rate in every age group and their life expectancy is much higher than that of men (eight years in France). The fact that many men lost their lives in the world wars cannot alone explain this difference. It is much more a result of the fact that, in the course of time, the risk of dying of a fateful disease, which affected both sexes, has been replaced by another, man-made risk which affects men, in particular: the risk of dying as a result of traffic accidents, acts of violence or the consequences of alcohol and tobacco consumption. We find the most distinct differences between the death rates of men and women in the age group from 15 to 25 years and, in this age group, it is primarily young men who die in traffic accidents, two-thirds of which are caused by the influence of alcohol, and of suicide and drug abuse. Diseases are of no great importance as a cause of death in this age group. Data from France show that the excess mortality of young men has hardly become any less dramatic, despite all the efforts in the area of prevention and education: while the death rate of women has stayed almost the same since 1960, we can see an increase until the 80's for young men aged from 15 to 20 and from 20 to 25 years; the rates fall thereafter.

Hard forms of substance abuse are above all a "male" phenomenon. Alcohol and tobacco consumption influence not only the mortality of young people - primarily of young men - but they are also responsible for many chronic diseases, such as cardiovascular diseases or cancer, from which 55 to 70-year-olds die. Here too, men are also more affected by the fatal results of substance abuse than women.

As regards economic aspects, this means that

- (young) men are a particularly important target group for investments
- and prevention of substance abuse is of special importance.

The potential number of years of life which could be won by preventive programmes in the harmful substance use sector is greatest among young men. More men than women die at an age at which society's investment in their training and education has not yet become profitable. From an economic point of view, the years they lose are particularly valuable: elderly people are more of a cost factor for society - young people bring in these costs.

A comparison of the death rates of 15 to 25-year-old men and women in various European countries shows that the country-specific rates for men differ more distinctly than the country-specific rates for women. The rate for women is well below that for men in every country. The excess mortality of men is highest in Portugal and Italy and lowest in Sweden and the Netherlands. The conclusion can thus be drawn that the development of the relationship between the sexes and the realisation of welfare-state care

have an influence on the degree of excess mortality of men.

In various respects, society is behaving "irresponsibly" in terms of economic and health policy:

- Society encourages the production of health hazards. It is profitable to manufacture or sell risks - e.g. cars or tobacco. The profit can be pocketed - however, the costs are burdened on society. Because the state profits indirectly via tax on turnover, it also has an interest in the multiplication of risks.
- Information concerning the pleasant side of risky products is more widely spread than information concerning the harmful consequences of their use.
- Performance incentives promote effectiveness. Effectiveness in the spreading of risks (production/sale) is rewarded with an increase in earnings. Effectiveness in health promotion is not rewarded.

Girls seem to be less susceptible to societal irresponsibility and the attractions of risk production. They could play an important role in prevention by exerting an influence on boys to deal differently with risks and not to pocket personal, short-term profit, but also to consider the long-term costs - for everyone.

Given the economic aspects illustrated, projects such as advertising bans and price increases for those substances which are paid for from the normal consumer budget, are sensible and effective prevention measures. This applies in general and is not based on the sex of the consumer. (For illegal drugs, which are not financed from the normal budget, price increases can indirectly promote the spread of the abuse: in order to finance drug-taking from the drug trade, new consumers must be found for the drugs).

Gender-specific advertising

There are numerous results which disprove the claims of the alcohol and cigarette industries that advertising does not lead to consumption or stabilise it. Tobacco advertising has an influence on the degree of consumption by young people, in particular. It was found that the knowledge which young people have of cigarette advertising and brands, as well as belief in the good sides of smoking, are predictive indicators for starting to smoke at an early age. Young people smoke the most heavily advertised brands more than adults. There is a link between a ban on cigarette advertising and a decline in the number of those who smoke as adults or who begin to smoke as youths.

The goal of cigarette advertising is to make smoking in general - and of a specific brand in particular - attractive through product design, price policy, wider availability of the products or through the creation of a certain image. Over the past 25 years or so, the tobacco industry has increasingly focused on women as its target group and has developed strategies which are specially directed at women. This development corresponds to the increase of the prevalence of smoking among women!

The advertising strategies which are directed specifically at women as the target group work with three mutually supportive strategies:

1. Spreading an image with particular appeal for women

The image or portrait of a brand allows desires and needs to be symbolically attached to the product. They are intended to make smoking appear desirable, to encourage people to smoke and to increase the social acceptance of smoking. If products are marketed as lifestyle accessories, they offer identification. This can be of special importance for young people, in particular.

An analysis of cigarette advertising in various European countries shows that an entire spectrum of images and topics specially geared towards women's desires are used in advertising: Smoking promises fun, romance, the glitter of success, relaxation, emancipation; the smoker is "sophisticated", sexy, healthy, athletic, popular and, above all, slim. In the USA of the 40's, cigarettes were recommended as a substitute for sweets; today, the message that smoking makes you thin is conveyed through the association of slim models with slim cigarettes and through the use of such terms as "long", "slim" and "slender". Because a wide spectrum of images is used, it cannot be excluded that certain groups of girls are also addressed by advertising with freedom, adventure, rebellion and masculinity (that could explain the low market share of "women's cigarettes" in some countries).

These messages appear directly in the words and pictures used in advertisements, or in hidden form (when, for example, only symbols of success are shown). The product itself often does not show up at all. Indirect advertising strategies connect cigarette brands with silk stockings, clothing and cosmetics, for instance; another strategy is sponsoring women's sports.

2. Production of "women's cigarettes"

With the creation of special "women's cigarettes" (women-only brands), target group-specific advertising entered a new era. A special product design (elegant pack, mouth-piece decorated with flowers, slender form, etc.) was developed which emphasises feminine characteristics and hinges on a positive image of women. In England, the advertising caused rocketing in sales of extra-long cigarettes, which are especially popular with women because they are associated with the idea of slimness (slim - superslim - ultraslim).

3. Advertisements in women's magazines

Women's magazines take on particular importance for cigarette advertising when it is banned from other media. This is reflected in the increase in volume of the corresponding advertisements in these magazines. The advantage for the tobacco industry is that a large circle of readers can be addressed, that advertising can be tailored exactly to the target group and the image of the brand can be coupled with the image of the magazine (e.g. Vogue).

Two-thirds of the most popular women's magazines in 13 European countries accept cigarette advertising. Side effects of the advertisements - in addition to the actual advertisement - are the watering down of the critical content of articles concerning the harmfulness of smoking, or the hesitancy of the editors to print such articles.

A positive image of smoking is not only spread in advertisements by the tobacco industry, but also in the editorial section of the magazines - particularly on the fashion pages. In some countries, the cigarette industry actively promotes smoking among the readers of popular women's magazines (Spain, Italy and France). No editorial control of such indirect advertising is carried out in half of the magazines. Restrictions and agreements which relate to advertisements only also have no effect on this type of advertising. The images associated with smoking which are used in the editorial section for indirect advertising are considerably stronger than those which are permitted in advertisements on the basis of agreements with the cigarette industry: stars and models can freely demonstrate a lifestyle that combines toughness, coolness, attractiveness, rebellion against parents, fun and sex with fashion brands, music and smoking.

Even though smoking may not be advertised directly with images of masculinity and femininity in Great Britain, a comparison of magazines for young women and magazines which have a young circle of mixed or male readers shows differences in the images used according to the sex of the target group:

- Advertising for smoking in women's magazines uses more neutral images and hidden symbols for the positive associations to be conveyed.
- Cigarette advertising that is directed at both sexes or at men uses symbols of freedom, wildness, rebellion and strenuous men's work.
- In general, advertising for alcohol has lower exposure in women's magazines; it accounts for most of the advertisements in the magazines read by men. While advertisements for spirits appeared most often in both types of magazine, wine and fortified wine came second in women's magazines, as opposed to beer and lager in the other magazines.
- In the women's magazines, alcohol consumption was connected with a couple in a romantic situation in almost half of the advertisements. This image was less common in the general advertisements or those directed at men. In addition, the range of images used is diverse: the tradition of an alcoholic product and the label "expensive and good", as well as masculine strength, acceptance among friends and the exotic, are offered as product associations.

In all, it is very disturbing that the restrictions on direct advertising are circumvented by forms of indirect advertising, e.g. in the editorial sections of the magazines. Connecting smoking with rebellion can also sabotage a number of preventive measures: if this image is accepted, a ban or a warning can, contrary to its intention, become a stimulus to consume.

Biological influences on gender-specific drug abuse

The different physical make-up of men and women can have an effect on substance abuse in many respects. In this context, behavioural patterns, such as aggression, fear, etc., that are discussed in connection with substance abuse, have a different physiological basis in men and women. The tolerability and breakdown of substances, and the processes involved in the development of physical dependence, differ in men and women. For this reason, the complex interplay of physiological reactions to (social) situations and physiological reactions to substances differ in the sexes.

More accurate research results are available concerning the alcohol metabolism in women and men. They help to explain why women are more sensitive to alcohol than men.

The risk of cirrhosis of the liver correlates to alcohol consumption. The cirrhogenic dose is given as 60 g/day for men (corresponding to 1.5 l beer) and 20 g/day for women (corresponding to 1/4 l wine). 15 to 20% of the men and women who regularly drink this amount contract cirrhosis of the liver. In other words, it takes longer for cirrhosis to become probable in men (8 - 10 years) than in women (6 - 8 years). Defining a danger threshold always also involves an assessment of the danger concerned: previously, the cirrhogenic value was given as 80 g/day for men and 40 g/day for women; today, lower threshold values are given.

Several special points apply to alcohol metabolism: alcohol is only broken down in the lungs and kidneys to a small degree, it is not stored. The most important organ for alcohol metabolism is the liver and then the stomach (first-pass metabolism). Genetic factors (e.g. genetically determined reduced activity of enzymes) can also influence the metabolism, just as certain medicines. The alcohol itself can have a damaging effect on the alcohol-reducing enzymes - a vicious circle.

No differences have so far been determined between men and women in terms of the rate of alcohol excretion. However, there are distinct differences as regards first-pass metabolism, i.e. the percentage of alcohol which is metabolised in the stomach:

- Young women showed reduced gastric first-pass metabolism in the stomach in comparison to younger men. In old age, the situation in men and women is more similar because the first-pass metabolism also declines in men.
- After drinking, female alcoholics had a blood-alcohol level as though they had injected the alcohol directly into the vein - the first-pass metabolism in the stomach no longer had any effect.
- The results that indicate that women metabolise alcohol faster than men are unconfirmed.

RESULTS OF THE WORKSHOPS I

- ANALYSIS AND APPROACHES FOR GENDER-SPECIFIC PREVENTION

Family and school - (Childhood/foundations for substance abuse)

Family and school, as instances of primary socialisation, not only shape the sex identity, but also lay the foundations for later substance consumption and abuse by conveying cultural techniques for dealing with substances and by forming aspects of the personality. At the same time, the family and school are important as fields for intervention programmes.

a) Analysis

The family and school are important for drug consumption in various respects:

1. Problematic sex roles

For countries in which the traditional roles of the sexes are no longer anchored in intact social structures, it is assumed that commitment to the strict fulfilment of rigid masculinity and femininity norms does not lead to an increase in good health. Restriction to aspects of one role only, while excluding the complementary aspects, is problematic. For example, boys should learn to be more expressive, girls should learn to develop a more independent profile of their own and to express aggression. This expands the spectrum of coping opportunities.

Drug abuse is functional for the fulfilment of the expectations associated with the gender role. It helps boys to present themselves as autonomous and performance-oriented. Taking medicines helps girls to show the required conformity. They are allowed to be weak, and this permits them to avoid pain with the help of medicines; at the same time, they are expected to behave "respectably". They are less compelled than boys to prove their strength in "masculine" tolerance of excessive consumption in the area of alcohol and tobacco.

Girls and boys not only have different problems, they also cope with them differently. Above all, girls learn to swallow anger, suppress aggression and ignore their own needs, including their own health. Under these circumstances, taking medicines and smoking could be viewed as coping with stress. Boys learn rather to suppress problems or to react aggressively - a direct link with smoking, drinking and taking illegal drugs against exists here. Problematic coping strategies occur most often under difficult social conditions, such as poverty, housing problems and unemployment.

Which coping strategies are "recommended" for which sex depends on the social situation of the sexes, on the specific problems to be overcome and on the cultural assessment of the respective behaviour. While in England, for example, smoking correlates

with a low social status, drinking and smoking in Latvia correlates with a high social status, especially among men. First, they do not have economic problems, but problems that have been described as the "moral despair of the intellectuals". Second, this behaviour has special meaning as a symbol of Western culture. Third, there is the background of a traditional family structure: the more men drink, the more the burden of providing for the family is shifted onto the women's shoulders.

Conformity is expected of girls - also in lifestyle and consumption patterns that are damaging to health. Girls learn too little about resisting attacks, including those of a sexual nature, and dissociating themselves from other people. Their basic instinct of physical inviolability is often offended and, for this reason, they have fewer inhibitions towards autodestructive forms of consumption (above all, psychotropic drugs).

2. Parents as absent or poor role models

The family and, therefore, the ways of growing up in the family, are subject to deep-reaching change. For example, children are increasingly growing up without fathers, and extrafamilial care institutions are becoming more important. Connections with (later) drug consumption have still not been adequately studied, but there are indications that boys and girls experience this situation differently.

Parents exemplify not only the roles of women and men in society, but also how to deal with psychotropic drugs. For girls, the mothers play a special role: at the onset of menstruation, they are not only told that are now "a woman", but they are also simultaneously instructed in the consumption of pain-killers. If the father feels that he is responsible for "making his son a man", this can also be done in the form of an initiation into excessive alcohol consumption.

3. Breaking away from the family

On one hand, the consumption of psychotropic substances - which has a taste of "rebellion" and "opposition" for boys *and* girls - can accompany a lack of family ties. On the other hand, breaking away is necessary in youth and its absence can lead to - socially more inconspicuous - forms of drug consumption (e.g. psychotropic drugs).

Coping with the break-away phase is an interactive process in which parents and children alike take part. Correspondingly, the behaviour of the parents plays an important role; how they deal with the necessarily "risky" separation and their ability to let their children go into what they see as the unknown. The separation processes - and the relationship between parents and sons/daughters beyond childhood - are subject to social conditions, such as the rebellious forms of separation of the 70's protest generation showed. In general, they differ for girls and boys.

4. School as a problem area and teachers as multipliers

The recent criticism of coeducational schools shows that certain forms of discrimination against girls are continued in mixed classes, thus potentially intensifying those deficits which are viewed as a pathogenic for drug abuse. At the same time, schools can and must make an important contribution to the teaching of coping abilities.

b) Approaches for gender-specific prevention

Apart from considering general aspects of structural and age-dependent prevention (e.g. solving social problems, equal rights for women and changing the prescription practice of doctors in reference to psychotropic drugs), concrete deliberations were made in the family/school sphere.

The addressees of prevention could be the children, either directly or indirectly (parents and teachers as multipliers). As far as the behaviour of parents and teachers is a cause of harmful substance use in children, they should be included directly.

For children, the most important aspect is a qualifying approach which develops the ability to say "no", strengthens self-assurance and promotes a critical confrontation with the demands of the roles of the sexes and lays the foundations for positive coping resources during childhood. The different functions of the substances for coping with the different development tasks of young girls and boys should be addressed, and alternative behavioural models and positive models for a healthy lifestyle should be offered. The aspects elaborated in the analysis are taken into consideration in this way. For boys as well as girls, prevention that centres on bans can be counterproductive.

Particularly in school, instruments should be developed for teachers, with which they can not only reflect their own individual role as a man or woman, but with which the relationship between the pupils' situation as boys and girls and their consumption of psychotropic substance can also be made clear to them. The gender-specific problems of coping should be addressed in a general approach to improve competence and convey abilities.

Individual, gender-specific prevention projects were mentioned, such as a streetworker programme for boys in Sweden or work with schoolchildren in Switzerland (in single-sex groups) on the subject of "solving problems". Beyond this, however, knowledge is incomplete and non-systematic, meaning that no generalised recommendations can be made on this basis.

Leisure time - (Youth/initiation of consumption)

The leisure sector is of particular importance for gender-specific drug consumption, especially for youth: on one hand, young people attain an "adult" pleasure culture and, in this way, grow into the pattern of consumption. On the other hand, the adult sexual identity forms during leisure time in the interaction between boys and girls. The initiation into consumption and into adult masculinity/femininity coincide.

a) Analysis

Several perspectives must be taken into consideration:

- The perspective of commercial interests: These influence leisure-time behaviour by directly recommending risky behaviour to young men or women and "selling" risks. The media play an important role in this context. Young people appear as the addressees here. In different ways, girls and boys are the addressees of commercial interests.

- The perspective of the young people themselves: For them, drug consumption has a certain function in connection with female and male lifestyles and with coping with the development task of maturing into an adult man or woman. Here, young people actively shape their own world. Girls and boys must - particularly in relation to the role as woman and man - cope with different development tasks, and various types of behaviour are suggested to them or various coping possibilities are available to them.

- The perspective of youth culture(s): These are the product of collective efforts to cope with the development tasks of specific age groups - "using" the products which the risk industry offers. Youth cultures often cultivate styles of substance use and abuse which are asserted within the group by peer pressure. Girls and boys are parts of different leisure-time groups and the groups have different effects on them.

On the epidemiological level, it was observed that, in the leisure sector, girls of the same age consume moderately, while "hard" forms of consumption continue to be reserved for boys.

The analysis had to remain in this abstract framework because there is a lack of knowledge as to the detailed and culture-specific characteristics of female and male youth (in the leisure sector). Some individual aspects were discussed:

- In groups of the same age, girls often take on care functions. They relieve the boys of having to worry about their own health, thus allowing the boys to adopt risky behaviour.
- Pregnancy is a form of protection against drug abuse in young women; some young men also change their behaviour when they start a family.
- Girls are considered to be more health and body-conscious than boys. They ask more questions, are more interested and obtain the necessary information, e.g. from magazines for young women. This is an advantage over boys.

b) Approaches for gender-specific prevention

Due to the generality of the analysis framework, characteristics of prevention in the youth leisure-time sector that were viewed as important were first specified, such as prevention on the legislative level (e.g. price policy, advertising bans), a substance-independent approach, building on abilities instead of deficits among young people, emphasising the positive effects of freedom from substances, such as self-control and self-worth, freedom, independence, identity, clear thinking, instead of concentrating on consumption and abuse with its negative aspects, promoting personal activities and self-organisation. The link to the relevant development tasks should be created and young people should be given positive support in coping with these tasks. As regards the function of consumption, alternative leisure-time resources should be offered (e.g. sport as a challenge). Prevention should be tailored to the phases of initiation in a target group-specific, but also phase-specific manner.

In accordance with the conditions in the individual countries, the importance of these proposals for preventive work with girls and boys must be specified separately. A direct link to the question of gender was established for the following recommendations:

- Images of women or men should be offered as positive role models for girls or boys in the leisure sector. Possibilities for identification with a healthy lifestyle, in connection with male or female values, should be offered. For boys, access via sports, social networks and military training can be used.
- Reference must be made to each concept of health, to ideas of how to deal with the body appropriately and to the respective perception of risk, which differ between girls and boys.
- Magazines that are geared towards girls (or boys) can be used as target group-oriented media.
- Working in single-sex groups has proven successful in the area of sex education and non-smoking campaigns. In other areas, "mixed" groups seem to be more effective.

The general approach of tailoring prevention to the practical situation of the target group results directly in the necessity of addressing the special situation of girls and boys. All general characteristics of effective prevention named can be reformulated with respect to gender-specific prevention. However, a theoretical basis and experience with practical realisation are lacking here.

Working world - (Adult age/promotion and stabilisation of consumption)

The working world is of particular importance for the development, promotion and stabilisation of the consumption of psychotropic substances. It is known that, in young people, entering a career is often accompanied by increased smoking and drinking. For adults, the working world involves not only specific opportunity structures for consumption, but also the stresses to which people react by consuming drugs. A relationship between workplace stress and smoking, drinking and pharmaceuticals has been proven on various occasions (with differing consumption priorities for women and men).

a) Analysis

In order to analyse aspects of the workplace that promote addiction in men and women, two groups, one for men and one for women, were formed in this workshop. They each had the task of creating the most addiction-promoting job for their own sex, using their own experience. This paradoxical task has proved effective in advanced on-the-job training for prevention at the workplace.

The addiction-promoting job from the point of view of women and men:

- Both sexes ultimately considered the reconciliation of working and non-working/private life to be the central problem. However, based on their differing experiences, they place emphasis on other things: while the women described the *lack of a division* between the sectors as addiction-promoting, the men complained that the *existing division* "excludes the social side".

For women, the problem of the lack of a division stood at the forefront. For example, responsibility for children - in single women in particular - cannot be put aside upon entering the office. Undefined working hours (working on call, at weekends) are addiction-promoting and, on the personal level, the inability to say "no" to the demands of work. The structural mixing of these areas is also stressful when extrafunctional, so-called "specifically female" qualifications are demanded at work, such as the creation of a friendly working atmosphere. Given that these areas are inseparable, the career always takes priority, while social relationships outside the workplace must take a back seat to work requirements or to career-related mobility.

In contrast, the men tended to see the exclusive focus on the work sector as a burden and thus as addiction-promoting in the sense that all social relationships, family, private life, etc. are expelled from the work sphere. Men also want to care for their family/private relationships - a point that is the background of this statement. If they are deprived of this, deficits arise which lead to the consumption of harmful substances. The problem is all the more serious, the stronger and more exclusively the demands of work are set as "the number-one priority", the longer the working hours are and the more an exclusive identification with work is demanded - with the resultant exhaustion and neglect of other needs. The attitude that part-time work is a "handicap" in men is typical in this context, as is the expectation that the employee always be punctual and never sick.

Both sexes miss arrangements which make it possible to reconcile the two sectors - the working/professional sector and the non-working/private sector, i.e. to manage the demands from each sector instead of simply "carrying them around" (women) or excluding them (men). This requires that the career sector take the demands of the "private" sector into consideration.

- In all, women in particular described the following as problems: unclearly defined tasks and work instructions, simultaneous responsibility for various areas/employees, the flexibility to take care of everything at once, constantly being on call for new tasks under high pressure of work, little positive encouragement, and personal isolation.

- Only women mentioned the "internalisation of male authority"/"readiness to conform" as an aspect that promotes addiction: the woman remains in a subordinate position even if she is ahead of her superiors in terms of professional competence. Despite having less room to act, she is made responsible when something goes wrong and must pay for the troubles of others. Her professional competence is put to use "in secret" when she thinks for her inadequate boss, but she is discriminated in public. In contrast, a male assistant does not simply resign himself to his subordinate position. He wants to move up and becomes competition for and a threat to his boss. By internalising male authority, women also accept assessment standards which attach little value to "women's work" and systematically rate it lower than "male" achievements.

- The aspect of "identity through work" was discussed by the men in another context: a job without prestige and with low income was rated to be just as addiction-promoting as the experience of learning that only the product counts and not the person who created it. Both destroy the male feeling of self-worth. Women could be so accustomed to this type of work that it never occurs to them to place value on prestige and income.

- The aspects of atmosphere and spatial workplace design were mentioned by the women: noise and bare walls. Men rated monotony as an addiction risk.

- Both men and women described the structural promotion of competition and mutual "spying" among co-workers (open-plan offices) and unclear assessment of performance according to the whims of the boss to be addiction-promoting. In addition, the constant threat of losing a job, hourly and temporary work, disproportion between effort demanded and positive assessment (praise) and not being taken seriously as a person, as a human being, were mentioned as stressful.

This list provides a stimulus for further consideration. It expresses the diversity of addiction-promoting aspects for women and men in concrete terms and provides arguments for gender-specific prevention programmes in companies. The function of alcohol for men and pharmaceuticals for women, for example, can be derived directly from the individual aspects mentioned.

The basic problem proved to be - and the higher the position in the hierarchy, the more distinctly - that work demands are "masculine": no consideration for the reproduction sector, gearing to success/prestige/achievement as male values. Various problems arise

from these prerequisites: for women, who end up in the mill of contradictory demands due to their dual responsibility for family/social sphere and career, and for men, who experience the pathogenicity of the demands themselves. The diversity is already reflected in the working methods of the groups: in the group of women, the *relationship* between work and family stood at the forefront, while the group of men concentrated on the work sector as such.

Most companies where the working conditions could be considered addiction-promoting also promote or tolerate opportunity structures which encourage the consumption of psychotropic substances as a reaction to stress ("departmental chemist", "5 o'clock bubbly", consumption of alcohol at birthdays and company parties, etc.). Consumption tends to be socially honoured rather than viewed as a problem.

b) Approaches for gender-specific prevention

In general, it cannot be assumed that all companies positively view a change in working conditions which are seen to be addiction-promoting. Therefore, it is necessary to address the interests of the companies and to develop common goals. General, gender-independent guidelines based on addiction dangers at work - without gender association - can compel action with respect to protective regulations for the employees, if they are asserted politically and obligatory for the individual companies (example: no smoking at the workplace).

The method selected for approaching the companies on the matter of concrete inspection and changing of addiction-promoting workplaces - whether the subject of "health promotion" is given priority or whether work is carried out in the form of an offensive based on the subject "addiction" - is dependent on the various national and company-related peculiarities. The following can be addressed:

- The objective workload and stresses (reduction),
- The coping abilities of the employees (improved competence),
- The opportunity structure for substance consumption in the companies.

Stresses and coping abilities must be addressed with respect to their gender-specific importance. However, this also means that men and women should be involved in developing intervention programmes, because they are familiar with the special situations of their respective genders.

In terms of content, gender-specific prevention means considering the different situation of men and women in the work sector as regards stresses and coping with them. In terms of method, the question must be examined as to whether separate programmes for women and men are to be offered or whether the subject of "gender-specific aspects" can be discussed in common groups. Under certain circumstances, single-sex groups have proven to be more effective; on the other hand, such groups can meet with rejection, because they do not have the same social importance as joint seminars/groups. There is not enough experience to discuss the effectiveness of single-sex and mixed groups in a context-specific (subject and addressee-dependent) manner.

RESULTS OF THE WORKSHOPS II

- DEMAND -

All workshop groups found that there is a great demand, both in the area of research and in reference to practical gender-specific prevention:

1. Research demand

The quality of the available epidemiological data concerning the consumption of psychotropic substances according to gender varies on the individual countries. While it is already usual in some countries to differentiate surveys according to gender, at least on the level of rudimentary distribution statements, hardly any data are available in other countries. Apart from a few exceptions, repeat surveys which permit statements concerning long-term developments are lacking in all countries. In addition, there is a lack of research which separately investigates the conditional variables of drug consumption and abuse, protective and risk factors for girls and boys, women and men.

The non-uniform data situation is a symptom of a non-uniform level of discussion (see also the summary). It makes an intercultural comparison very difficult. The importance of the various general conditions of the consumption of psychotropic substances by girls and boys (e.g. family structure and parents-sons/daughters relationships, type of relationship between the sexes, status of health care, socio-economic development, work structures, consumption customs) would only become clear in a comparison of this kind. The general conditions form the background for the interpretation of epidemiological data because they characterise the context of the respective behaviour.

In some areas, general studies of the conditions of harmful substance use are available, based on stress at the workplace and in connection with "youth and health", for example. Here, a secondary analysis could provide the desired differentiation by sex. However, and above all, qualitative investigations are lacking which consider the point of view and the subjective motivation of the girls and boys, women and men involved.

There is also a demand for research beyond the "main stream": the subject "boys and health" is less well researched than the subject "girls and health". There is little material about alcohol consumption among women and pharmaceutical consumption among men in connection with stress at the workplace.

Gender-specific prevention programmes can be judged for effectiveness only on the basis of available evaluation studies. Such studies do not exist until now, a situation that is partly attributable to the fact that only few such projects have been realised. Experience with "mixed" and single-sex groups, in particular, must be evaluated in order to give context-specific recommendations for one form or the other.

2. Realisation demand

Conceptual deliberations are not being converted into gender-specific prevention programmes. Until now, very few approaches have been realised. These projects work independently and exchange concerning running projects on gender-specific prevention in individual countries is rare, and there is no networking of people who work in these areas. Knowledge of projects is not systematic and incomplete, so that no generalised recommendations can be made.

The disproportion between the importance of gender-specific prevention and its realisation is blatant. Gender-specific projects desperately need to be promoted. They promise greater effectiveness to the extent that it is possible to tailor the programmes to the situation and the needs of the respective male or female addressees.

The promotion of gender-specific prevention must be accompanied by an exchange of information on this work, in order to test its methods and their effectiveness.

SUMMARY

At the end of the meeting, it was agreed that gender-specific approaches are necessary. On the one hand, the necessity is based on the fact that special health problems and dangers due to the consumption of psychotropic substances exist, which are connected with membership of the female or male sex and which produce a need for action. On the other hand, gender-specific prevention is also indispensable when it is supposed to be tailored to the specific situation of the target groups, and should address their motives, take their problems seriously and positively support them in overcoming them. All approaches with this goal cannot avoid the fact that the addressees are not children, young people or adults, but rather girls and boys, sons and daughters, men and women.

The research results show that the conditions under which consumption and abuse of psychotropic substances develop vary among men and women, both with respect to living conditions, problem situations and resources, and as regards the subjective consumption motives and the influence of advertising, for example.

Nevertheless, research is still in the early stages and, in some countries, the practice of breaking down and interpreting general data concerning the consumption of psychotropic substances according to gender is not very widespread and separate studies concerning the importance of gender affiliation for consumption are unheard of. A common discussion platform is desirable in order to be able to compare the various effects of the conditional factor "gender" in various countries and cultures, to determine which problems are most urgent in each case and which of the various methods of approach are suitable.

The disproportion between the need for gender-specific prevention and its realisation is blatant: there are only a few, isolated projects in this area. These approaches desperately need to be promoted, both in reference to special health problems of men or women, and in reference to general prevention programmes which have a target group orientation and, therefore, should differentiate according to gender.

The promotion of such approaches should be accompanied by the institutionalisation of an exchange among projects and between the projects and the scientific community and the political agencies in the area of the prevention of the consumption of psychotropic substances. In this context, there is a great demand for the evaluation of gender-specific prevention programmes. Only evaluation makes it possible to judge effectiveness and to decide which method of approach (e.g. in mixed or homogeneous groups) is suitable under which conditions.

The necessity of gender-specific prevention cannot be made a focal point everywhere in the same way. Willingness to consider the special situation of women in health promotion is particularly low in those very situations where women experience discrimination, as reflected in greater health problems and poorer health care. However, it is not contradictory that health promotion is tailored to male needs while, at the same time,

the role of the man with respect to health is not recognised as a problem. Men represent the entire world - this is the common core of the discrimination of women and of the impossibility of addressing the importance of gender affiliation for health and social participation.

In other areas, it is possible to find agreement on the necessity of programmes which address women. Women are recognised as a separate problem group, just as children, the handicapped or the elderly. Women themselves have contributed considerably to the realisation of these programmes by resisting discrimination based on sex and drawing attention to the special problems associated with their sex. Health promotion for this "special group", which requires special treatment to compensate for the discrimination endured, often runs parallel to general health promotion which does not consider the gender of the addressees and is directed implicitly at male beings and values.

In still other contexts, the role of the man can be seen as a problem. The health-damaging privileges of men - and the (excessive) consumption of psychotropic substances must be considered part of that, at least over long periods - are seen in another light, because masculinity as a social construction with its problems and dangers can then be criticised. Clearly, this is only possible after the special problems which are connected to affiliation to the female sex have received recognition.

The aspects of the gender question which can become a subject for discussion vary not only between, but also within the individual countries and are linked to social conditions. If the various subjects are an indicator of the status of gender relationships, then special problem constellations in health promotion are primary and other methods of approach for health promotion are appropriate.

Despite all the differences in recognition of the subject, the lack of conversion of ideas into practice almost everywhere shows that the theoretical realisation that gender-specific prevention is necessary often remains a purely verbal concession and that resistance against differentiation of the roles of the sexes has not been overcome.

In this way, a comparison indicates the chances and hindrances of gender-specific prevention: the less possible it appears to be, the more necessary it is.

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