

A GENDER PERSPECTIVE ON THE IMPACT OF DRUG USE, THE DRUG TRADE, AND DRUG CONTROL REGIMES

UN WOMEN POLICY BRIEF JULY 2014

PURPOSE

This summary note outlines **how the world drug problem and drug control regimes intersect with gender equality and women's empowerment**. It is not comprehensive or prescriptive, but it is meant to inform the work of the **UN System Task Force** on Transnational Organized Crime and Drug Trafficking as Threats to Security and Stability in its preparation for the 2016 Special Session of the UN General Assembly. UN Women does not address the drug problem directly, either in its first Strategic Plan (2011-2013) nor its current one (2014-2017), but is a member of the task force and shares its main message that transnational organized crime, including drug trafficking, fuels violence, corruption, and income inequality, inhibits legitimate social and economic activity, poses a serious threat to public health and international peace and security, and undermines gender equality and women's empowerment.

THE UNITED NATIONS AND THE WORLD DRUG PROBLEM

The **international drug control regime** refers to efforts to protect human health and the welfare of populations by limiting the use and cultivation of controlled drugs, primarily coca, opium, and cannabis, and curbing the diversion of psychoactive pharmaceutical drugs for nonmedical purposes. It is regulated by three international drug conventions, which are overseen by the **Commission on Narcotic Drugs**, the International Narcotics Control Board, and the UN Office on Drugs and Crime (UNODC). The **General Assembly will devote a special session in 2016** to review the drug control regime, and the Security Council has held six thematic debates since 2009 on this issue. A majority of peacekeeping and special political missions have references to organized crime and drug trafficking in their mandates.

The 57th session of the Commission on Narcotic Drugs, which took place in Vienna in March 2014, reviewed the implementation of the **2009 Political Declaration and Plan of Action**. Improvements in treatment delivery and reductions in the global cocaine market have been partly offset by increases in trafficking of other drugs, while the overall magnitude of drug demand has not substantially changed at the global level. Alarming, opium poppy cultivation reached record levels in Afghanistan last year, to name an example. West and East Africa, Central Asia, and the Americas are particularly affected by the drug trade and its negative repercussions.

UN Women shares the main messages of the task force and the UN system's approach to the world drug problem: that an emphasis on security, criminal justice, and law enforcement have only yielded mixed results at substantial human security and financial cost; that a **greater emphasis on the public health dimensions** and the socioeconomic consequences of the problem is preferable; that member states should **avoid militarizing counter-trafficking measures** and criminalizing the most vulnerable in the chain of drug production and drug trafficking, including the possibility of **decriminalizing** drug use and low-level, non-violent drug offenses; that eradication efforts will not succeed without **alternative economic incentives** for affected populations; that the world drug problem needs to be addressed, in sum, in a **more balanced and humane way**, prioritizing evidence-based, health-centered approaches focused on prevention, treatment, and **social rehabilitation** and integration, and addressing **both supply and demand**.

GENDER AND DRUGS

Women's rights or gender equality rarely feature in discussions about the world drug problem. Men are, after all, a large majority of those using or trafficking drugs. Women's roles, both as participants and victims, are

underestimated and understudied. However, it is clear that the world drug problem is undermining gender equality, and that a gender perspective is needed in all efforts to prevent and respond to this issue. For example, in the **Northern Triangle** in Central America (Honduras, El Salvador, and Guatemala), the drugs problem is mainly responsible for the skyrocketing levels of violence in those countries, with the highest homicide rates in the world. In Honduras, femicide has increased by 93 percent since 2009. This is directly linked to increasing levels of sexual violence and sex trafficking, and the humanitarian crisis provoked by tens of thousands of unaccompanied boys and girls trying to cross the US-Mexico border in 2013 and 2014. In **Colombia**, women in rural areas are mainly responsible for the food safety of their families, but the fumigation of coca crops affects other crops and water sources, while crop substitution programmes mainly benefit men, who are traditional title holders and often the sole beneficiaries of agricultural extension services, training, credit, and tools. In **Afghanistan**, only 4 percent of female drugs users have access to treatment facilities, despite the high rates of opium and heroin use among women. As just one example of how drugs and violence against women are interrelated, in December 2013 an addicted husband cut the nose and lips of his wife in front of their children when she refused to give away her jewelry to exchange it for drugs.

In 2009, the Commission on Narcotic Drugs requested greater **collection and use of sex-disaggregated data and gender analysis**, and UNODC's World Drug Report features a number of gender-specific trends. Other regional organizations in Europe and the Americas have addressed the gender dimensions of the world drug problem. These are **some of the findings**:

- Men are 2-3 times likelier than women to have used an illicit substance. Women are equally or more likely to have misused pharmaceutical drugs. **The more advanced the country, the higher the proportion of females among drug users.**
- For all drugs, the gender gap between males and females is lower among the young population than adults.
- Many of the public health effects of drugs are gender-specific. For example, **drug abuse is strongly correlated with unwanted pregnancies, poor birth outcomes, and child abuse or neglect.**
- Between 2005 and 2010 in Europe and the Americas, **women's lifetime use of tranquilizers and sedatives** far exceeded men's (and tranquilizers have one of the highest rates of retention among prescription drugs).
- Women tend to develop the medical and social consequences of drug use faster than men, including having more difficulty quitting, and being more prone to restarting after quitting.
- Higher stigma faced by female drug users, and lack of gender-sensitive treatment facilities may lead to a **deficit in women's access to treatment.** One study in Europe showed that the male to female ratio in treatment was 4:1 in 2010, which is higher than the ratio between users.
- Compulsory drug and detention centers are often characterized by forced labor, corporal punishment, solitary confinement, and sexual abuse.
- **Women's participation in the drug trade is on the rise worldwide**, especially among women who lack education, economic opportunity, or have been victims of abuse. In Latin America, the previous economic activities of the overwhelming majority of women involved in the drug trade include domestic labor and prostitution.
- When women do become part of criminal gangs and drug trafficking, they are often forced to have sexual relations with other members as part of their initiation. While there are exceptions, **women are delegated low-ranking, low-paying, high-risk positions.** Women, and especially those from ethnic minorities, disproportionately act as **drug mules.** Drug mules are often forced to swallow or insert drugs into their bodies and are misled about the quantities they will be carrying, the means of transporting them or where they will be going. Because many countries determine punitive measures on the weight and class of the drugs, and drug mules are forced to carry much larger quantities than the professional traffickers that work for themselves, women receive much harsher legal repercussions than the ringleaders.
- **The population of women imprisoned for drug-related offenses is on the rise.** In the United States, two-thirds of women in federal prisons are there for nonviolent drug offenses –most of which are single

mothers. In Latin America, between 2006 and 2011, the female prison population almost doubled, with the vast majority incarcerated for drug-related offences. Prison systems typically lack gender-sensitive policies, structures, or staff, and women are often subject to sexual violence in prisons, and lack access to sexual and reproductive health facilities.

- While the perceived targets of drug law enforcement are men, many of its victims are women. In the United States, for example, minority women are disproportionately punished if they are unable or unwilling to inform others, by regulations that bar people with drug-related convictions from obtaining public assistance, and by drug treatment systems designed for men.
- In several African countries, **HIV prevalence among women who injected drugs was significantly higher than among men** (e.g. 21.1 percent versus 7.5 percent in Senegal). In Tanzania, 45 percent of men and 72 percent of women who injected heroin were HIV positive, which is five times the rate of HIV infection in drug users who did not inject drugs.
- **Substance abuse is one of the main causes of gender-based violence.** Empirical evidence from Myanmar reveals that proximity to drugs makes women more vulnerable to physical and sexual violence, exploitation and psychological abuse. Approximately 6 out of 10 Mexican migrant women are victims of rape or other sexualized violence as they come in contact with drug smugglers. During the course of Felipe Calderon's presidency in Mexico, at the peak of the militarized response to the war on drugs, complaints of human rights violations against the military rose 900%. One of the most frequently reported abuses was sexual violence against women, especially amongst indigenous women.
- **A majority of young trafficked women come from poor backgrounds, often from families with high levels of domestic violence, alcoholism, and drug abuse,** or missing family members because of drug-related issues.

The above suggests that **women's involvement in drug use and the drug trade reflects the decreased economic opportunities and lower political status that women face in everyday life.** Even when women may not directly participate in drug use or the drug trade, they are often responsible for mitigating the associated risks for themselves and for their families, and they are forced to carry the double and triple burden of care when families break apart and community life deteriorates. When women do become involved in illicit businesses, they are relegated the same vulnerable and subpar positions that put them there in the first place. When women are persecuted for drug related offenses, they meet the same challenges as they do in other circumstances: a judiciary system that discredits their testaments, and punishment that neglects their particular circumstances as women. Furthermore, **the criminal networks involved in drug trafficking are also involved in sex trafficking.** Drug trade and drug production often take place in countries that are fragile due to political instability, conflict, or poverty and the already marginalized members of society are the most susceptible to its negative effects.

Therefore, apart from a more humane and balanced approach to **international drug control efforts**, centered on human rights and emphasizing the public health dimensions of this crisis, this approach **must also be gender-responsive.** And for that, we need many more countries to collect and use **sex-disaggregated data.** We need more country-specific information about how the drug trade affects women's security, why women become involved in drug use and drug trafficking –including through coercion-, and about women's experience of accessing justice for drug-related crimes or social and medical services for drug use. We need legal systems to take into account the differentiated needs and circumstances of women and men. For example, Costa Rica has recently reformed its laws on prison sentences to make them more gender-sensitive. As of 2013, sentences were reduced from a minimum of 8 years and maximum of 20, to a minimum of 3 years and maximum of 8 years for women who meet one of the following conditions: they live in poverty; are head of an economically vulnerable household; they care for minor children, senior citizens or persons with disabilities; or are senior citizens living in vulnerable situations. All assessments of transnational organized crime, and all actions planned to address it, should take into account **indicators of gender-based discrimination or violence.** Women's greater representation in the **frontline of justice, police systems, and drug treatment facilities** would go a long way towards better protecting women's rights. Women's empowerment in all facets of life would be the first line of defense at the family and community levels against the destructive effects of this crisis.

FURTHER READING:

Aguilar Umaña, Isabel and Jeane Ridders (2012), “Violent Women and Violence Against Women: Gender Relations in the Maras and Other Street Gangs of Central America’s Northern Triangle Region.” *Initiative for Peacebuilding*.

Amnesty International (2010), “Invisible Victims: Migrants on the Move in Mexico.”

Council on Hemispheric Americas. “The Rise of Femicide and Women in Drug Trafficking.” 28 October 2011.

Drug Policy Alliance. “Women and Gender in the Drug War.” 19 February 2014.

Fleetwood, Jennifer. “Five Kilos: Penalties and Practice in the International Cocaine Trade.” *British Journal of Criminology* 51 (2): 375-393. (2011).

Fregoso, Rosa-Linda. *Terrorizing Women: Femicide in the Americas*. Durham: Duke University Press, 2010.

Giacomello, Corina. “Women, Drug Offenses and Penitentiary Systems in Latin America.” *International Drug Policy Consortium*. October 2013

Harvard Health Publications, “Addiction in Women”, at http://www.health.harvard.edu/newsletters/Harvard_Mental_Health_Letter/2010/January/addiction-in-women

Human Rights Foundation of Monland. “Beyond the Mule: The Case for Gender Analysis of Illicit Drugs in Burma.” 19. July 2013.

National Institute on Drug Abuse, Research Report Series: Prescription Drug Abuse, at <http://www.drugabuse.gov/sites/default/files/rxreportfinalprint.pdf>

Nobel Women’s Initiative (2012). “From Survivors to Defenders, Confronting Violence in Mexico, Honduras and Guatemala.”

Olivera, Mercedes. “Violencia Femicida: Violence Against Women and Mexico's Structural Crisis.” *Latin American Perspectives* 33.2 (2006)

Shetty, Salil. “Most Dangerous Journey: What Central American Migrants Face When They Try to Cross the Border.” Human Rights Now Blog. *Amnesty International*. 20. Feb. 2014.

Youngers, Colletta. “Behind the Staggering Rise of Women’s Imprisonment in Latin America.” *Open Society Foundations* (2014).

UNITED NATIONS, Deputy Secretary General. “Statement at the High Level Review of the Implementation of the Political Declaration and Plan of Action on International Cooperation Towards a Strategy to Counter the World Drug Problem.” (2014).

UNITED NATIONS (2014), Department of Political Affairs, “The International Drug Control Regime’s Impact on the Department of Political Affairs.” Policy paper, March 2014.

UNITED NATIONS (2014), Department of Peacekeeping Operations, “. “The Impact of the world drug problem in the host-states of the UN DPKO Peacekeeping Operations.” Policy paper, March 2014

UNODC “Turning the Tide for Women and Girls Who Use Drugs in Afghanistan.” 2014.

UNODC, World Drug Report, 2010, at http://www.unodc.org/documents/wdr/WDR_2010/2.0_Drug_statistics_and_Trends.pdf

UNODC, World Drug Report, 2014.

UN Commission for Human Rights. “Report of the Special Rapporteur Ms. Radhika Coomaraswamy on Violence Against Women, its Causes and Consequences.” 2000.

Wasilow-Mueller, Sherry and Carlton K. Erickson, “Drug Abuse and Dependency: Understanding Gender Differences in Etiology and Management” at [Journal of the American Pharmacists Association](#)