

GDPO Situation Analysis

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Developing drug policy: gender matters

Camille Stengel, PhD(can) and Jennifer Fleetwood, PhD

Subject

Patterns of drug use, sales and trafficking are profoundly gendered. Most users, dealers and traffickers are men, so women suffer from their “Cinderella status” whereby interventions are aimed at the majority, and neglect to seriously consider their impact on women. Responses to women involved with illicit drugs must take gender into account to produce fair outcomes that ensure international human rights obligations and meet the reality of women’s lives.

Significance

Women and men are impacted by drug policy differently. This is the case not only for drug use, but also with regards to treatment and punishment.

Despite being a statistical minority in all aspects of the drug trade, women tend to be most involved in the lower levels of the trade, where the greatest concentration of arrests occur.¹

Women additionally experience greater prejudice and judgment due to gendered social expectations. Since women often are, or are expected to be caregivers, their involvement with drugs has gender specific repercussions.

Analysis

Drug use and drug cultures

Drug use and drug cultures are male dominated. Internationally the level of illicit drug use is about twice the rate for men compared to women. Women tend to try drugs at an earlier age than boys. As a result young women and men may have similar degrees of experience with drugs in early adolescence.² Teenage boys ‘catch up’ quickly and by their late teens are more likely to have tried ‘harder’ drugs (e.g. cocaine, heroin, and synthetics such as methamphetamine) than women, and be more regular drug users. There are important exceptions, relating to ethnicity, disability, marital status, and so not all women (or men) will fit these general patterns. In the UK, researchers have also noted important demographic changes with young people who are now less likely to try drugs than previous generations.³

Women's drug use may be increasing. Younger generations of women are more likely to try drugs than in previous decades. Women may use drugs for different reasons than men. Whilst women's experiences in drug cultures vary, their experiences are distinct from men's. Women's participation in drug cultures reflects their social and cultural status. Research on women drug dealers in a clubbing subculture in London found that they were active participants who had positive experiences.⁴ Likewise, another study in the UK found that women who took drugs in a party setting overall had enjoyable encounters that positively enhanced their evening.⁵

However women who are already vulnerable by dint of homelessness or sex worker status are often victimised by their drug using peers. This can lead to unsafe drug using practices such as sharing needles, having unprotected sex with clients or partners, and being caught in a cycle of violence with romantic partners.⁶⁷ Internationally, research consistently finds a correlation between illicit injecting drug use and a history trauma (emotional, physical, and/or sexual) in women drug users lives.^{8,9} This does not mean that all women who use drugs are also victims of abuse, but does call attention to the fact that a correlation does exist, and that policies and programmes should be developed with this in mind.

Drug markets and the drug trade

Women typically perform auxiliary activities in the street level drug trade such as buying drugs for others, stashing drugs, or drug making supplies or renting out their apartment for drugs to be processed (in the case of crack cocaine). This makes them vulnerable to arrest or robbery from other drug dealers.¹⁰

Women's participation in international drug trafficking is noteworthy. Women represent up to 30% of those arrested for drug trafficking offences worldwide,¹¹ mainly in minor roles - especially as drug mules. This role is characterised by lack of control over one's labour, and mules are often subject to threats and coercion.¹²

Women are also involved in cultivation activities. There are 4 million men, women and children cultivating drug crops worldwide and the evidence suggests that women have an unrecognised and disproportionate share of these agricultural activities.^{13,14}

Criminalisation

Criminalisation of drug offences drives women's imprisonment worldwide. In Europe and central Asia, more than one in four women in prison is charged with a drug offence.^{15,16} In the U.S., the population of women prisoners in federal and state prisons have grown by about 900% in 40 years. Over half of women in federal prison are incarcerated for drug-related offences, and a disproportionate number are black or Latina.¹⁷ These stark figures have prompted academics to describe the war on drugs as a war on women, especially those of colour.¹⁸

The impact of a drugs conviction carries a double penalty for women: many lose their job, accommodation and care for children.¹⁹ Drug offences carry stigma and social isolation; their children often share this burden.²⁰

Violence against women is a global problem, and women who are detained for drug related offenses are at risk of abuse while incarcerated. Reports from Vietnam and Cambodia cite examples of women being beaten and raped in compulsory drug 'treatment' centres, which in reality are detention facilities.^{21,22} This type of abuse has been reported to come from prison guards and others working in the prison. There is an institutional lack of adequate measures to monitor and deter these human rights abuses in prison and detention facilities, and often any measures that are in place are gender blind.²³

Harm reduction and drug treatment

Harm reduction is a pragmatic approach that aims to reduce harms related to drug use. Harm reduction approaches encompass a variety of services and practices in response to drug users needs, including clean syringe exchanges to prevent the spread of blood borne viruses, condom distribution to decrease the prevalence of sexually transmitted diseases, testing for blood borne diseases such as HIV/AIDS and Hepatitis C, and drug treatment options including but not limited to opioid substitution therapy or complete abstinence.

Whilst such approaches have been effective in reducing many harms relating to drug use, they do not always take into account women's specific needs. 'Gender blind' programmes create barriers for women trying to access harm reduction services. For example, some services may not allow children into the centre, effectively excluding women who have children but no childcare.

Pregnant women and mothers who use drugs experience additional stigma, due to societal fears²⁴ about the harm drugs can have on a foetus, and assumptions that women cannot adequately care for their children. Health and social services that work with mothers who use drugs may report women's drug use to social services, and as a result children may be taken from their mothers and placed in foster care.²⁵

While the health impacts of drug use on a woman and her baby should not be ignored, such assumptions about pregnant women who use drugs discourage women from seeking out harm reduction and drug treatment services.²⁶ This may lead to unsafe practices of drug consumption with negative consequences for both women and their children.²⁷

Even when harm reduction and drug treatment options are available for pregnant women, the fear and reality of negative judgement can still be enough to divert women from receiving prenatal care.²⁸

Examples of good practice include practicalities such as flexible opening hours, childcare facilities, women-only clinics, and confidential HIV and hepatitis C testing.²⁹

Making gender matter: policy based recommendations

- **Gender responsive harm reduction programmes and drug treatment centres**

Drug treatment and harm reduction services must have specific programmes and resources that respond to the needs of women who access harm reduction programmes and drug treatment centres, alongside standard services.

- **Stop criminalising mothers**

Responses to pregnant women who use drugs should be concerned with promoting health rather than criminalisation. Policies should aim to provide a range of supports for women who use drugs and have children in order to decrease harm for everyone involved. This includes education for professionals that interact with pregnant and parenting women who use drugs in order to reduce stigma.

- **Alternatives to custody for women incarcerated for drug related offences**

In the case of drug possession, public health responses should be adopted. Courts should, where possible, consider the applicability of non-custodial sentences. Where there is a strong case for imprisonment, policies should support visits for children and family. Such considerations need additional coordination of resources for foreign national women who are imprisoned.

- **Involve women's issues in the United Nations General Assembly Special Session 2016 (UNGASS)**

This meeting is crucial for reviewing, debating and hopefully changing archaic and punitive international drug policies that have proven to be ineffective worldwide. A reform to the U.N. conventions and the creation of policies that take the above issues into consideration will result in a more equitable international framework.

- **Incorporate gender sensitivity into all aspects drug policy and drug related programmes and services**

Developing a gender sensitive approach, sometimes referred to as gender mainstreaming, involves implementing indicators and monitoring in the design, delivery and evaluation of a given project, strategy or policy. A gender sensitive approach should be used to adequately address to the lived realities of those affected by the drug trade through appropriate responses in local, national and international services and policies.

Endnotes

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Global Drug Policy Observatory

Research Institute for Arts and Humanities

Room 201 James Callaghan Building

Swansea University

Singleton Park, Swansea SA2 8PP

Tel: +44 (0)1792 604293

www.swansea.ac.uk/gdpo



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