

Breaking Barriers and Building Bridges: Navigating justice for womxn who use drugs in Southeast Asia

Introduction: Punitive drug policies have gender-specific impacts on womxn

In a region with extreme levels of punishment for drug use, and other drug-related activities, the discrimination, stigma and inequalities faced by womxn (women including transgender women) who use drugs in Southeast Asia pose formidable barriers to their ability to achieve improved outcomes for their health and welfare—the primary objective of the international drug control conventions. Yet civil society organisations, such as Yayasan Suar Perempuan Lingkar Napza Nusantara (SPINN) in Indonesia, the Health Opportunity Network (HON) in Thailand, and IDUCare in the Philippines, have been working to meet the wide-ranging needs of intersectional communities of womxn who use drugs. Amongst them are housewives, sex workers, womxn living with HIV, and womxn who are homeless—some of whom have lived experience of criminalisation and incarceration. While they seek to care for their children, protection from violence, and access to health, legal assistance and social services, employment or a bank loan to start a small business, they are hampered by discrimination, stigma, and exclusions based on gender and for having a record of criminal conviction, sentence of imprisonment, or order into a drug rehabilitation centre.

This paper traces the roots of these barriers faced by womxn who use drugs to the international drug control system and drug policies subsequently implemented at national level, and outlines international standards on public health and human rights that provide guidance on the reforms that governments must urgently pursue. To elaborate on the reforms needed, the paper also sets out country-specific recommendations from civil society organisations to governments in Southeast Asia.



Source: International Drug Policy Consortium (2022), *Decriminalisation of People who use Drugs: A Guide for Advocacy*, IDPC Report, <https://idpc.net/publications/2022/02/decriminalisation-of-people-who-use-drugs-a-guide-for-advocacy>

Understanding the roots of punitive drug policies: the international drug control system

The international drug control system is based upon three United Nations (UN) conventions: the 1961 Single Convention on Narcotic Drugs, the 1971 UN Convention on Psychotropic Drugs, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.¹ The stated aim of all three conventions is to improve “the health and welfare of mankind”, and they contain provisions for alternatives to punishment for people who use drugs as well as prevention, treatment and “social reintegration”. Yet the predominant language of the conventions is one of repression, by imposing mandatory levels of prohibition of selected substances for anything other than medical or scientific use. It is in this spirit that the conventions have been widely applied and interpreted since – in a so-called ‘war on drugs’ that has been waged for more than 60 years.

The three drug control conventions have been almost universally agreed and signed to by countries, including all countries in Southeast Asia. The 1961 Convention was primarily focused on the prevalent plant-based drugs at the time (heroin, cocaine and cannabis), so the 1971 Convention was then added to expand the range of drugs being controlled (to include amphetamines, psychedelics and others), and then the 1988 Convention added precursor chemicals into the scope as well. But they have remained unchanged since then, and in particular, have not been updated to incorporate new research findings and understanding of drug markets, drug use and dependence, drug-related harms such as HIV and overdose, effective responses (including harm reduction), and even the nature of the drugs themselves.

Off the back of these conventions, a triad of UN drug control entities now exist, all based at the UN offices in Vienna, Austria: the UN Commission on Narcotic Drugs (CND),

the International Narcotics Control Board (INCB), and the UN Office on Drugs and Crime (UNODC). All three remain heavily invested in the existing drug control system, despite it not being fit for purpose in the 21st century. The CND is the main drug policy-making body within the UN, and is where the world’s governments meet every year to discuss these issues. The CND seeks to maintain the so-called “Vienna Consensus” on drugs, and negotiates all its declarations, resolutions and decisions by consensus—only taking a vote in specific, and rare, circumstances. While this approach is a source of pride for those in Vienna, it also slows and frustrates efforts to move forward—for example, language such as harm reduction is routinely proposed by some countries but then vetoed by others, and has therefore yet to be accepted in this forum.

The global ‘war on drugs’ that this system has emboldened has been one of the greatest public policy failings of all time, inflicting long-term damage on individuals, communities and the environment. It is responsible for widespread human rights abuses, public health crises including a global overdose epidemic, major prison overcrowding, a rise in violence and organised crime, and the inaccessibility of pain relief for billions of people in the Global South. Yet the system has been championed for decades by geopolitically powerful governments such as the USA and Russia, and is proving difficult to reset despite the growing, and damning, evidence of the harms it has created, and continues to create.²

There has, however, been some progress. Since the 1990s, implementation of UN drug policy commitments have been structured through a series of high-level meetings and 10-year plans, and these have gradually adapted their language and targets to reflect some of the persistent challenges and harms being

caused. For example, early targets for a “drug-free world” by 2008 have now been consigned to history, and more recent meetings – such as the 2016 UN General Assembly Special Session (UNGASS) on drugs – have focused more on human rights, sustainable development and health goals.³ The latest milestone was the agreement in 2019 of a new Ministerial Declaration, which acknowledged “persistent and emerging challenges” and pledged to focus on resolving these over the next ten years.⁴

There are other developments in the UN system that re-orient global drug policy approaches towards health and human rights objectives. The UN System Chief Executives Board for Coordination (CEB)—the longest-standing and highest-level coordination forum of the UN system, representing all 31 agencies and chaired by the UN Secretary-General—adopted a first “UN System Common Position” on drugs in November 2018.⁵ In doing so, they gave explicit support for harm reduction services and the decriminalisation of drug use, among other key responses. A common position on incarceration followed in 2021, further reinforcing the calls for decriminalisation.⁶

Even more recently, there have been other key advances in the international drug policy debates. In March 2023, the UN Human Rights Council adopted a new resolution on human rights and drug policy – the first UN resolution focused on drug-related issues to include the term ‘harm reduction’.⁷ Among many other things, the resolution urges governments to “mainstream a gender perspective... and to develop and disseminate gender-sensitive and age-appropriate measures”, and to reform “discriminatory practices in the arrest and detention of members of vulnerable and marginalized groups”. The resolution also mandated the Office of the UN High Commissioner on Human Rights (OHCHR) to produce a groundbreaking new report in September 2023, which puts harm reduction, decriminalisation, gender-sensitive drug policies and even responsible regulation at the centre of its recommendations and findings.⁸

In conclusion, there is some momentum at the global level in favour of more progressive, effective and gender-sensitive drug policies – albeit against the backdrop of an international drug control system that is outdated, repressive and resistant to change. The next milestone is the high-level “Mid-Term Review” of the 2019 Ministerial Declaration, taking place at the 67th CND in March 2024, which aims to take stock of the progress achieved and remaining challenges after 5 years, and result in recommendations for the way forward until the next major milestone in 2029.⁹

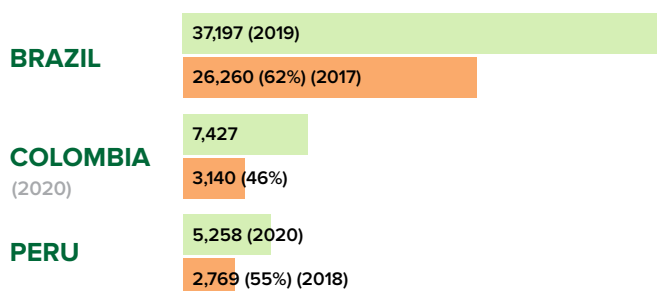
The global and regional impacts of punitive drug policies on womxn

Women are increasingly imprisoned for drug offences

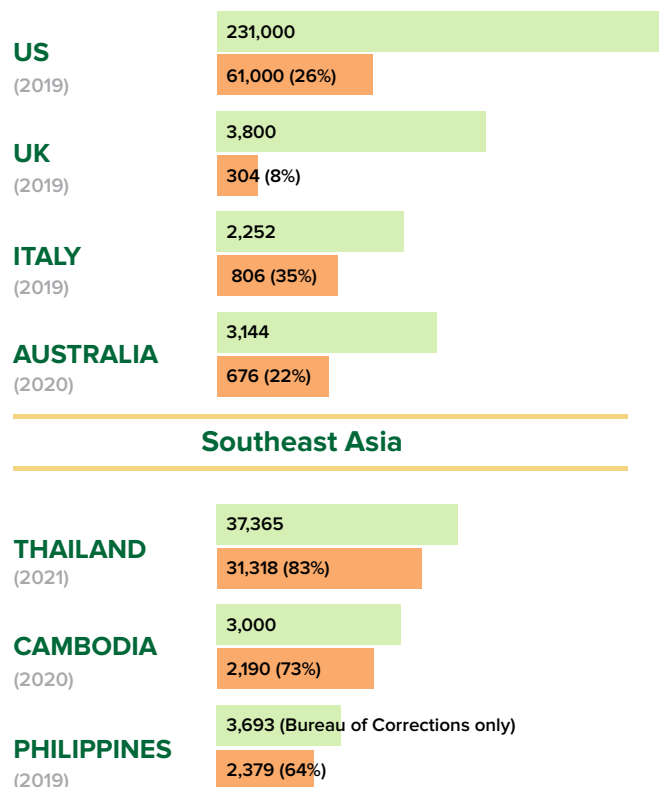
Proportion (%) of women held for a drug offence



Latin America



Southeast Asia



■ Total number of women held in prisons
 ■ Number and percentage of women held for a drug offence

Source: International Drug Policy Consortium (2022), *Decriminalisation of People who use Drugs: A Guide for Advocacy*, IDPC Report, <https://idpc.net/publications/2022/02/decriminalisation-of-people-who-use-drugs-a-guide-for-advocacy>

Available data clearly shows the disproportionate impacts of punitive drug policies on womxn in all corners of the world. The ongoing criminalisation of drug-related activities has resulted in 3.1 million individuals arrested for drug offences globally, 61% of which are for drug possession for personal use. Globally, one in five people in prison are incarcerated for a drug offence, and approximately 21% of them are held for possession for personal use.¹⁰ Women

continue to represent a minority of people in prison worldwide, at around 7% of the total global prison population.¹¹ However, they have been disproportionately affected by drug law enforcement, with over one in three women in prison currently incarcerated for a drug offence—a percentage much higher than that of men. It is highly concerning that this percentage rises to 60-80% in various countries in Latin America and Asia.¹²



Source: International Drug Policy Consortium (5 March 2021), *Cambodia: Over-incarceration, drug policy and its specific harms to women and children*, IDPC Briefing Paper, <https://idpc.net/publications/2021/03/cambodia-over-incarceration-drug-policy-and-its-specific-harms-to-women-and-children>

Harsh penalties, the overuse of pretrial detention for drug offences,¹³ bias amongst judges against women accused of drug offences, and lack of access to legal aid are all contributing factors to the high rates of incarceration of women for drug-related activities. In Indonesia, a study among women and transwomen who use drugs found that only 17% of the respondents had received legal assistance during legal proceedings against them.¹⁴ Similarly, a 2014 study conducted by the Thailand Institute of Justice among 533 women incarcerated in Thailand underscored that 45% did not have access to a lawyer during trial.¹⁵ Even when a woman might be able to afford legal aid, in some contexts lawyers refuse to represent them due to the stigma associated with drug offences.¹⁶



Source: Stoicescu, C. and Pantelic, M. (June 2022), *Women who use drugs in Indonesia: The harmful impacts of drug control*, <https://idpc.net/publications/2022/06/women-who-use-drugs-in-indonesia-the-harmful-impacts-of-drug-control>

Socio-economic situation



The socio-economic vulnerabilities faced by women deprived of their liberty for drug offences have been largely documented by the UN¹⁷ and civil society alike.¹⁸ Most women in prison for drug offences across Asia and Latin America are single mothers and heads of households, arrested for drug use, simple possession for personal use, or for engaging in non-violent activities at the lowest levels of the supply chain, with limited levels of formal education and scarcely any prospects in the legal economy. Their incarceration only serves to exacerbate their and their families' social and economic marginalisation and perpetuate cycles of poverty and marginalisation.¹⁹ The 2014 study Thai prisons mentioned above, for instance, found that half of the respondents had engaged in drug activities either for financial reasons or to support their families.²⁰ Additional research from 2018

among women incarcerated for drug offences in Pathum Thani province, Thailand, showed that over 70% of the 315 respondents were mothers, while the rest had responsibilities as daughters, sisters or nieces to support their relatives or parents.²¹ The incarceration of mothers and pregnant women is particularly problematic, as prisons are generally ill-equipped to respond to the specific needs of pregnant women, while many mothers are left with little choice but to be incarcerated with their children. Research in Cambodian prisons showed that whilst in prison, pregnant women were not provided with adequate prenatal care or essential food and personal hygiene supplies. After birth, they had no access to postnatal care or breastfeeding support, and were forced to sleep on the floor of their overcrowded prison cells with their newborn babies.²²

Abuse by government/ law enforcement officials



Reports of physical, psychological, sexual, and economic abuse by law enforcement or criminal justice officials against women accused of drug offences are also all too common. In a study among 54 women and transgender women in Indonesia, 24% had experienced some form of violence during legal proceedings against them.²³ Similarly in the Philippines, a study found that most women who use drugs had suffered from gender-based violence, ranging from

harassment to rape, committed by police officers while in custody, during arrest, or in detention. Some also reported being released from custody in exchange for sexual favours.²⁴ More generally, extrajudicial killings, arbitrary arrests, planting of evidence, acts of torture, extortion, and other abuses committed by the police were reported as common occurrences in the lives of Filipino people who use drugs.²⁵ These abuses usually go unreported due to fear of retaliation.

Health risks



Regarding women who use drugs, they tend to face more health risks associated with drug use than their male counterparts. According to UNAIDS, while the median HIV prevalence among men who inject drugs is 9%, it reaches 15% among women who inject drugs.²⁶ Sex workers, in particular young sex workers, who use drugs are also more vulnerable to violence, including state-perpetrated violence, and have higher chances of contracting sexually transmitted infections and HIV or suffering overdoses.²⁷ This is because women who use drugs tend to experience heightened obstacles in seeking support, including criminalising laws, harassment and violence from the police, harmful gender norms that

perpetuate gender-based discrimination and violence, severe social stigma and discrimination by healthcare staff, as well as fear of having their children removed from their care.²⁸ Women also have less access to harm reduction and drug dependence treatment services compared to men, due to factors such as stigma (including among their community and families), self-stigma²⁹ (an issue widely reported among women who use drugs in the Philippines³⁰ and in Thailand³¹), increased exposure to violence from police (as research findings showed in Indonesia³²), discrimination, and the lack of practical accommodations for women with caretaking responsibilities.³³

Lack of gender-specific services



In addition, the reality is that most harm reduction and treatment services are devised by men and for men who use drugs, with little effort made to adapt such services to respond to the specific needs and vulnerabilities of women, in particular transgender women. As a result, while one in three people who use drugs are women, only one in five in treatment globally are women, with wide disparities from region to region. While women represent 37% of those accessing drug dependence treatment in Oceania and 34% in America, they only represent 17% of those in treatment in Europe, 9% in Africa, and only 3% in Asia.³⁴ When treatment programmes are available, they may not align with available evidence and best practice promoted by the UN, they may rely on coercive measures,

and often perpetuate human rights abuses and exacerbate the stigma faced by women who use drugs. A consultation among people who use drugs in the Philippines highlighted how Filipino people who use drugs were often subjected to coerced rehabilitation programmes requiring total abstinence, and which contributed to the internalised stigma they already faced.³⁵ To address the urgent concerns relating to the violence, discrimination and inequalities faced by womxn resulting from punitive drug policies, Womxn's Voice in Indonesia, HON in Thailand and IDUCare in the Philippines present the recommendations below for the consideration of government agencies with responsibility for drug policies.

Recommendations from civil society in Southeast Asia

Indonesia



16 Days of Activism, Elimination of violence against womxn who use drugs (EVAWUD) campaign

Yayasan Suar Perempuan Lingkar Napza Nusantara (SPINN) is a community-led organisation that supports the operation of Womxn's Voice, a network of intersectional womxn who use drugs, by organising leadership, capacity-building (e.g. on provision of paralegal assistance, research and advocacy), livelihood and campaign activities. Amongst their priorities is the goal to prevent and address the risks of

violence faced by womxn, and they subsequently established a shelter for womxn alongside provision of legal, social and health services.³⁶

Based on consultations carried out with Womxn's Voice, they submit the following recommendations to government authorities in Indonesia with responsibility for determining drug policies in the country:



National consultation joined by 54 womxn who use drugs from 30 cities of Indonesia to formulate gender-sensitive drug policy recommendations

- Take serious action to address and prevent gender-based violence against womxn who use drugs, and adopt a gender-sensitive approach to drug policies and regulations. Ensure that drug policies and regulations are grounded in evidence and uphold human rights standards, as outlined in the UN Human Rights Council Resolution 52/24 on drug policy adopted in 2023.³⁷ This entails incorporating gender perspectives across all dimensions of drug policy, conducting comprehensive collection and analysis of evidence-based data to inform policy formulation, and safeguarding womxn who use drugs against any infringement of human rights, including discrimination on the basis of having a criminal conviction, where women can automatically lose custody of their children.
- Remove criminal and other penalties for drug use and possession for personal use from national policies, and develop guidelines for the technical implementation of the legal reforms at the regional level in Indonesia.
- Alongside decriminalisation of drug use and possession for personal use, redirect the emphasis of Indonesia’s drug policies from punishing people who use drugs towards a public health approach, and focus government resources on the provision of evidence-based, gender-sensitive and voluntary treatment, rehabilitation, and social reintegration services.

Recommendations from civil society in Southeast Asia

Philippines



IDUCare is a community-led organisation based in Cebu City that provides health, social care, and legal assistance services for men and women who use drugs.³⁸ They collaborate closely with government authorities and other stakeholders to meet the wide-ranging needs of people deprived of liberty (in jails and prisons) and in the community, and where the opportunity arises, provides advice on drug-related policies and their implementation.

In 2023, IDUCare carried out nationwide consultations amongst people who use drugs in three key cities in the Philippines: Metro Manila, Davao and Cebu City. Filipinos who use drugs were able to tell stories about their personal circumstances and experiences of police violence and surveillance, inadequate access to health and social services due to discrimination and gender inequalities, and living in constant fear. They put forward the following three key recommendations for the consideration of the Philippines government:

**NO MORE
VIOLENCE
AGAINST
PEOPLE
WHO USE
DRUGS**

**STOP THE
VIOLENCE!
against WOMEN**



Advocacy artwork by a participant from the communications workshop

- Revise the Philippines' drug law, Republic Act No. 9165, to prevent its misuse by police and other government officers as a tool for the harassment of people who use drugs, such as excessive and arbitrary surveillance, extortion, sexual violence and extrajudicial killing. Specifically, the penalties for drug offences need to be re-evaluated to align with international principles of proportionality, along with measures to ensure fair access to bail and legal assistance.
- Take actions to ensure gender equality, non-discrimination, and respect for the human rights people who use drugs in the provision of drug treatment and other health and social services for womxn who use drugs. Specifically, establish mechanisms for the expungement of records related to drug offences, including once individuals complete mandated drug rehabilitation programs or demonstrate rehabilitation. Ensure that individuals who have undergone rehabilitation are treated fairly and without prejudice in applications for employment and other essential processes such as travel visas, education and bank loans.
- Adopt measures to uphold and protect spaces for civil society and community organisations to organise and care for the diverse needs of intersectional communities of people who use drugs, including women, LGBTQ+, and other minorities, and to provide inputs into governmental processes that determine drug policies in the Philippines.



Meeting with Barangay leaders where they signed the Covenant for the protection of marginalised communities



Paralegal training for persons deprived of liberty

Recommendations from civil society in Southeast Asia

Thailand



Capacity building training on drugs and harm reduction for transwomen who use drugs

The Health Opportunity Network (HON) is a civil society organisation based in Pattaya that works with intersectional communities of women who use drugs, including transgender women, sex workers and women who are homeless, to provide health and social services.³⁹ In 2023, following years of consultation and collaboration with wide-ranging stakeholders, they helped to establish the network of womxn who use drugs, known as 'We-Trust.' HON is especially concerned with the dire situation faced by women who use drugs and become homeless. In the case of two women named Ho and Wow, who do

sex work and have come in and out of prison as a result of their drug use, they are homeless because of the discrimination they faced after receiving criminal convictions and a record as a person who use drugs. However, given serious problems with mental and physical health, they are in desperate need and HON was eventually able to assist by helping to resolve their access to state services.

HON regularly conducts consultations with intersectional communities of womxn who use drugs around the country and following a national consultation in January 2024 to



Empowerment workshop: re-write your story

specifically discuss key concerns and suggested actions to raise with representatives of the Kingdom of Thailand, they submit the following priority recommendations for the consideration of the government:⁴⁰

Take actions to realise and uphold the sexual and reproductive health rights of womxn who use drugs, both in prisons and in the community, including antenatal care for those who are pregnant, and provide gender-sensitive health and social services throughout the country. Specifically, the government should support and fund community-driven initiatives, such as the provision by womxn who use drugs of vital services to their peers including sexual and reproductive health, harm reduction, and other gender-specific services. To complement these efforts, provide capacity building programmes among government officers to deliver gender-sensitive health, social and legal services.

- Make and deliver plans to end discrimination and violence against women, including trans people by adopting a national anti-discrimination law that ensures equal access to education, employment, health services, and legal assistance, and prevents discrimination

against people with criminal convictions for drug offences. Womxn who use drugs must have a say in shaping the policies that affect them, and the government should include them in processes that determine drug laws and other relevant policies.

- Remove criminal and other penalties, and compulsory orders into drug rehabilitation programmes, for people who use drugs and possess drugs for personal use. Decriminalisation of the use of drugs has been widely recommended by UN agencies and already implemented in over 25 jurisdictions around the world. It is the root of the devastating discrimination, stigma and human rights abuses faced by womxn who use drugs. Revising Thailand’s drug policy to end criminalisation and to champion harm reduction and human rights will be an important step towards achieving the original goals of the international drug control conventions to further the ‘health and welfare’ of all.

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 - 35 IDUCare (2023), *The Story of Filipinos who use drugs*, https://www.dropbox.com/scl/fo/gqvdn8kobtvaf7s3v7nw4/h?dl=0&e=2&preview=THE+STORY+OF+FILIPINOS+WHO+USE+DRUGS_IDUCARE.docx
 - 36 Find out more about the work of SPINN and Womxn's Voice on their website: <https://womxnsvoice.org/tentang-kami/>
 - 37 UN Human Rights Council Resolution 52/24 (2023), https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/52/L.22/Rev.1
 - 38 For more information about the work of IDUCare, please see their Facebook page: <https://www.facebook.com/IDUCAREHomeOfHope/>
 - 39 For more information about the work of HON, check out their website: <https://www.inspirethailand.org/>
 - 40 For information on one of the earlier consultations in 2020, please see IDPC Blog (October 2020), *Drugs were as normal as eating rice: Understanding the experiences and needs of transgender sex workers in Pattaya*, <https://idpc.net/blog/2020/10/drugs-were-as-normal-as-eating-rice-understanding-the-experiences-and-needs-of-transgender-sex-workers-in-pattaya-thailand>

About this Briefing Paper

This paper outlines the barriers faced by women, including transgender women, who use drugs in Southeast Asia due to punitive drug policies. It connects these concerns with the international drug control system and presents international standards on public health and human rights that provide guidance on the reforms that governments must urgently pursue. To elaborate on the reforms needed, the paper also sets out country-specific recommendations from civil society organisations to governments in the region.

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About IDPC

The International Drug Policy Consortium is a global network of NGOs that come together to promote drug policies that advance social justice and human rights. IDPC's mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and to promote just responses.

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