

20 April 2021 A report by Linda Witong, Special Advisor to Advocacy

In April 2021, during the [64th Session of the Commission on Narcotic Drugs](#) Vienna, scholars shared their considerable research with the audience during a presentation entitled **“Shifting the Needle: The Impact of Global Policy on Women.”** Their research, which is now part of a [book](#), took us on a harrowing and at times sad and tragic journey endured by many women and girls as they try to survive the dangerous world of illicit drugs.

The increase and diversification in the types of mind- and mood-altering drugs available as well as the reduction in the price of controlled substances and an increase in purity, has led to more women and girls using dangerous and illegal drugs than at any other point in time. There does not appear to be any problem with women or girls accessing drugs either as according to the International Narcotics Control Board (INCB 2012): ‘To varying degrees, all countries’ were now “drug-producers and drug-consumers and had drugs transiting through them.”

The spread of illegal drugs and its negative effects typically focus on the poorest individuals and communities and problematic drug use has also proven to originate from a range of traumas and abuses. Women and girls constitute a majority of impoverished people as those who have suffered a range of traumas and abuses. So, it did not come as any surprise that the number of women using and being negatively impacted by illicit drugs had also increased.

But the journey our speakers took us on also now involved an illicit drug trade which was now subjecting women to experience new forms of misogyny, exclusion, violence and sexual violence perpetrated by both non-state and state actors, informal and formal institutions. Drug ‘wars’ had even created new forms of violence against women or girls such as femicide* during its many conflicts.

Enforcement of the criminalisation of drugs had also led to violations of women and girls’ human rights, corrupted state actors, corroded state institutions and generated new forms of social and political violence. Throughout the presentations, the audience was given examples regarding how both women and girls who used drugs saw their human rights being violated on a regular basis in relation to their access to justice, appropriate health care and treatment, sexual and reproductive health rights and freedom from torture, arbitrary detention and cruel and degrading treatment.

In addition, Elizabeth Broderick, the Chair of the United Nations (UN) Working Group on Discrimination Against Women and Girls observed that while structural discrimination against female drug users existed in all spheres of life even though they constituted half of the world’s population it was only in the past five years that experts acknowledged the lack of research regarding how women interacted and were impacted by the illicit drug trade. Until recently, women remained relatively ignored or underrepresented in clinical drug research or as participants in formulating drug treatment and recovery. While the amount of research on women and drugs had recently increased exponentially, Broderick observed that we still had a long journey ahead of us before we would be able to empower female drug users to participate in and benefit from drug policies, services and treatment.

The speakers also observed that acquiring sufficient data was crucial to truly understanding how drugs and drug policies affected women and girls. Women's specific needs in terms of dosage or drug application were seldom studied in medical research. In Eastern Europe and Central Asia (EECA), most of the estimates regarding how the illicit drug trade affects women were outdated which resulted in an inability to evaluate if services were gender sensitive or were even reaching an adequate number of women who use drugs.

Based on available research, the speakers showed us how the use of drugs by women or girls, and/or their wider involvement in the illicit trade was still considered to be contrary to cultural, social or religious norms regarding femininity and motherhood across cultures and societies. As a result, women who were involved with the illicit drug trade or drug use continued to be disproportionately punished, stigmatised and vilified while men continued to be the primary players in both the illicit drug trade and in its prevention and policing, as well as treatment services.

In regions such as Putumayo, Columbia, the economic independence women had achieved for their families as well as their communities thanks to their work in cocoa cultivation was being threatened. In the past, cultivating cocoa had allowed many peasant families to survive in contexts of extreme economic and social hardship. Women had become key players in Colombia's cocoa cultivation which had allowed them to not only become economically independent but to also become leaders in community organisations and agents of change in their communities. One way women accomplished this was by investing the profit they had saved to create basic services needed for their communities or pay for their health care in order to live in dignity.

However, recent developments have taken away their influence. In addition to suffering from the stigmatisation of their work in the cocoa trade, the policies of the war on drugs, which had been implemented in this region, and the presence of armed actors linked to the drug trade and to internal armed conflict resulted in women and their families being caught in the crossfire. Women's testimonies also illustrated how sexual violence was used as a strategy to terrorise, subdue, and humiliate women, as well as stigmatise them as criminals, *Cocaleros*, and guerrilla fighters. To make matters worse, the militarisation of their land and the aerial spraying had poisoned their legal and illicit crops as well as their food sources, water, animals and people, leaving them with no reasonable way to survive. Moreover, the state had not fulfilled its agreement to provide subsidies for these families in order to allow them to survive less than 40% of enrolled families had technical assistance, and many had completed the full cycle of eradication of their crops without receiving the subsidies that had been promised. All of this as well as counterinsurgency, had caused serious human rights violations which disproportionately affected these women. Decisions concerning drug policy fell increasingly outside the hands of the national government and instead depended on transnational-level decision making, where the voices of the weakest links in the drug chain, such as *Cocaleros*, were invisible, and where these women were now rarely able to resume being agents of change in their own communities.

According to the speakers, *Cocaleros* had to endure a lack of recognition as rural citizens and as women due to a patriarchal society that reinforced gender-based stereotypes and violence. This problem is not unique to *Cocaleros*, it affects other rural women as well.

Nonetheless, in the *Cocaleros* case, their stigmatisation as guerrilla supporters and drug traffickers was an additional element that further reinforced deficits and their vulnerability. This stigmatisation, although shared by men in their communities, placed *Cocaleros* in an even more precarious situation compared to other women in the rural world.

Another example our speakers gave was how discrimination affected female drug users involved in the growing HIV epidemic in the world. In Eastern Europe and Central Asia (EECA), most of the estimates regarding how the illicit drug trade affected women were outdated which resulted in an inability to evaluate if services were gender-sensitive or were even reaching an adequate number of women who use drugs. They knew that people who injected drugs (PWID) accounted for 41% of new HIV cases in this region and that the HIV prevalence among women who injected drugs was at least double that among men for the latest reported year. For example, in Estonia, 61.5% of women and 47.9% of men who injected drugs had HIV; in Ukraine, respective figures were 31.4% and 20.7%. Yet disaggregated data on sexual and reproductive health, viral hepatitis prevalence and treatment access were not available for the majority of EECA countries, making adequate planning, funding allocation and evaluation of gender-sensitive services almost impossible.

Other healthcare barriers that women faced involved drug registries, criminalisation and drug-related stigma. A barrier which still existed for women seeking treatment in the EECA were drug registries. Although they are now deemed to be voluntary on paper, they are still unavoidable if a woman has been arrested with drugs and drug-related offences are one of the main causes of women's incarceration in EECA. The result is that the EECA women who are listed in drug registries still risk being marginalised, endure violations of privacy and confidentiality of health information, and have increased vulnerability to police abuse and extortion, fear seeking help, and therefore face obstacles to obtaining healthcare and harm reduction services drug treatment. Data leaks also continued to limit their parental rights and also decrease their employment prospects.

One of the speakers talked of studies in Estonia, which documented how women who had been arrested for a drug crime in the past and drug-related stigma affected them. If the police recognised women as using drugs, they stopped them and requested a saliva drug test. If the woman objected to the saliva test, she was taken to the police station for a urinedrug test, which sometimes was conducted through a urinary catheter. In the case of a positive drug test result, women were required to pay the fine and also reimburse the cost of drug testing.

Our speakers also gave personal examples of the devastating consequences of over-incarceration of a woman for minor drug offence. Statistics showed that between 2000 and 2017, the female incarceration rate worldwide for drugs increased by 53.3%, whereas the male incarceration rate increased by only 19.6%. Sentencing for women was described in some regions as being characterised by disproportionate sentencing policies, the use of mandatory minimums, the steady increase in the number of what were considered to be drug offences, and the exclusion of alternatives to incarceration. For example, the maximum sentences for drug offences could range from 12 to 40 years in Latin America with sentences for what were considered more heinous crimes including murder, rape and aggravated robbery being less than drug offences. In many Latin American countries, the majority of

women in pretrial detention who were accused of drug-related offences often languished in prison for months or even years before going to trial. While awaiting their trial or after sentencing, women could be subject to ill-treatment, violence and unsanitary conditions.

In prison, we learned that there was a strong link between violence against women and their incarceration - whether prior to, during or after imprisonment. Officers often beat up, demanded bribes, arrested and arbitrarily detained drug users as well as denied them treatment for withdrawal symptoms. In Zimbabwe, we learned that women were vulnerable to rape or threatened with death if they refused to cooperate when caught with their illicit contraband. Women also experienced more sexual violence in the criminal justice system, from cavity and strip searches to sexual assaults. The illicit nature of the drug trade also fuelled violence and abuse outside of prisons or jails and was linked to higher rates of sexual violence and sex trafficking, where women's bodies were considered as collateral damage in the profitable drug trade. Moreover, we learned that women in the illicit drug trade or those who were released from prison often faced destroyed social, political and economic lives as well as a lack of access to education, housing or employment. They also endured chronic or terminal health conditions, unwanted pregnancies, sexually transmitted infections and child abuse or neglect. After release from prison, most women also returned to their families and communities with even more complex mental health needs as a result of incarceration. The speakers led us to this conclusion: The failure to receive support, treatment, development programmes and basic services when requested or needed were leaving them behind.

Another example involved specific women's needs being neglected in the design of drug programmes. National drug treatment protocols often required daily attendance at clinics. But daily morning visits to clinics were a barrier to education, vocational training and employment. Moreover, in the region where women were still the main family caregivers, this became an almost impossible condition for women, especially when they had young children. So, there was again a choice between either receiving drug treatment or being able to work, study and take care of children or other family members. If this barrier was removed, treatment would help women better integrate into society.

Poverty was also seen as a barrier to health services as income was an important determinant of health. Poverty rates among people who used drugs was high globally to begin with and barriers to future stable incomes were again linked to drug-related stigma and criminalisation. People who used drugs, and women in particular, often also had a lower educational attainment and this also decreased their employment chances. Repressive drug policies, drug registries with consecutive deprivation of social rights and criminalisation also explained why women with even a relatively good educational background had such low incomes and in this economic context, why food and out-of-pocket payments for health services were unaffordable to them.

In a context where governments worldwide continue to show ongoing reluctance to collect data on the needs and vulnerabilities of women in drug policy, it will be up to civil society and affected women to keep up the pressure through the various data collection mechanisms at their disposal, be it through the revised Annual Report Questionnaire (ARQ), UN Human Rights entities, or through much-needed qualitative research and analysis. We

need to combine these efforts in order to illustrate the scope of the problems that face women or girls who use illicit drugs and thereafter deal with them in an urgent, concrete, effective and compassionate manner.

Additionally, during the 64th Session of the Commission on Narcotic Drugs, research referenced in “Five Ways That Drugs Damage the Environment” by Tim Schauenberg, opened our eyes to a number of ways drugs are destroying our environment. Tim observed that “whether it is by cannabis, cocaine, opium or ecstasy, drugs are having catastrophic environmental impact that range from deforestation to land sinking.” E.g. the cultivation of cannabis accounts for around [1% of the country's total energy consumption](#) in the US and is intensifying California’s water shortage. In addition, whether it is by highly toxic chemicals such as ammonia, acetone and hydrochloric acid which are used in making cocaine in Columbia, sodium hydroxide, hydrochloric acids and acetone from synthetic drugs which are made in the Netherlands, drug waste in Thailand, Laos or Myanmar or chemical fertilizers and strong pesticides used in poppy fields in Afghanistan, all of these substances are polluting the groundwater and habitats of those countries. Moreover, as a result of extracting groundwater for poppy fields, [A report by socioeconomist David Mansfield](#) reveals that Afghanistan’s groundwater is sinking by 3 meters (9.8 feet) per year. These results have been described as being nothing short of an ecological and public disaster by UN experts.