

# WOMEN AND DRUGS

Drug use, drug supply and their consequences

WORLD  $\infty$   
DRUG  
REPORT 2014

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## PREFACE

Both the range of drugs and drug markets are expanding and diversifying as never before. The findings of this year's *World Drug Report* make clear that the international community needs to step up its responses to cope with these challenges.

We are facing a potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. Markets for cocaine and methamphetamine are extending beyond their usual regions and, while drug trafficking online using the darknet continues to represent only a fraction of drug trafficking as a whole, it continues to grow rapidly, despite successes in shutting down popular trading platforms.

Non-medical use of prescription drugs has reached epidemic proportions in parts of the world. The opioid crisis in North America is rightly getting attention, and the international community has taken action. In March 2018, the Commission on Narcotic Drugs scheduled six analogues of fentanyl, including carfentanil, which are contributing to the deadly toll. This builds on the decision by the Commission at its sixtieth session, in 2017, to place two precursor chemicals used in the manufacture of fentanyl and an analogue under international control.

However, as this *World Drug Report* shows, the problems go far beyond the headlines. We need to raise the alarm about addiction to tramadol, rates of which are soaring in parts of Africa. Non-medical use of this opioid painkiller, which is not under international control, is also expanding in Asia. The impact on vulnerable populations is cause for serious concern, putting pressure on already strained health-care systems.

At the same time, more new psychoactive substances are being synthesized and more are available than ever, with increasing reports of associated harm and fatalities.

Drug treatment and health services continue to fall short: the number of people suffering from drug use disorders who are receiving treatment has remained low, just one in six. Some 450,000 people died in 2015 as a result of drug use. Of those deaths, 167,750 were a direct result of drug use disorders, in most cases involving opioids.

These threats to health and well-being, as well as to security, safety and sustainable development, demand an urgent response.

The outcome document of the special session of the General Assembly on the world drug problem held in 2016 contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand.

We need to do more to advance this consensus, increasing support to countries that need it most and improving international cooperation and law enforcement capacities to dismantle organized criminal groups and stop drug trafficking.

The United Nations Office on Drugs and Crime (UNODC) continues to work closely with its United Nations partners to assist countries in implementing the recommendations contained in the outcome document of the special session, in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development.

In close cooperation with the World Health Organization, we are supporting the implementation of the *International Standards on Drug Use Prevention* and the international standards for the treatment of drug use disorders, as well as the guidelines on treatment and care for people with drug use disorders in contact with the criminal justice system.

*The World Drug Report 2018* highlights the importance of gender- and age-sensitive drug policies, exploring the particular needs and challenges of women and young people. Moreover, it looks into

increased drug use among older people, a development requiring specific treatment and care.

UNODC is also working on the ground to promote balanced, comprehensive approaches. The Office has further enhanced its integrated support to Afghanistan and neighbouring regions to tackle record levels of opiate production and related security risks. We are supporting the Government of Colombia and the peace process with the Revolutionary Armed Forces of Colombia (FARC) through alternative development to provide licit livelihoods free from coca cultivation.

Furthermore, our Office continues to support efforts to improve the availability of controlled substances for medical and scientific purposes, while preventing misuse and diversion – a critical challenge if we want to help countries in Africa and other regions come to grips with the tramadol crisis.

Next year, the Commission on Narcotic Drugs will host a high-level ministerial segment on the 2019 target date of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Preparations are under way. I urge the international community to take this opportunity to reinforce cooperation and agree upon effective solutions.



Yury Fedotov  
Executive Director  
United Nations Office on Drugs and Crime



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## EXPLANATORY NOTES

The boundaries and names shown and the designations used on maps do not imply official endorsement or acceptance by the United Nations. A dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Disputed boundaries (China/India) are represented by cross-hatch owing to the difficulty of showing sufficient detail.

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Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

All references to Kosovo in the *World Drug Report*, if any, should be understood to be in compliance with Security Council resolution 1244 (1999).

Since there is some scientific and legal ambiguity about the distinctions between “drug use”, “drug misuse” and “drug abuse”, the neutral terms “drug use” and “drug consumption” are used in the *World Drug Report*. The term “misuse” is used only to denote the non-medical use of prescription drugs.

All uses of the word “drug” in the *World Drug Report* refer to substances controlled under the international drug control conventions.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the United Nations Office on Drugs and Crime through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2017 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars (\$) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

- PWID** people who inject drugs
- UNODC** United Nations Office on Drugs and Crime
- WHO** World Health Organization



## KEY FINDINGS

### **Women's drug use differs greatly from that of men**

#### *Non-medical use of tranquillizers and opioids is common*

The prevalence of the non-medical use of opioids and tranquillizers among women remains at a comparable level to that of men, if not actually higher. On the other hand, men are far more likely than women to use cannabis, cocaine and opiates.

While women who use drugs typically begin using substances later than men, once they have initiated substance use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine and opioids more rapidly than men. This has been consistently reported among women who use those substances and is known as “telescoping”. Another difference is that women are more likely to associate their drug use with an intimate partner, while men are more likely to use drugs with male friends.

#### *Women who have experienced childhood adversity internalize behaviours and may use drugs to self-medicate*

Internalizing problems such as depression and anxiety are much more common among women than among men. Men are more likely than women to suffer from externalizing behaviour problems such as conduct disorder, attention-deficit hyperactivity disorder and anti-social personality disorder. Women with substance use disorders are reported to have high rates of post-traumatic stress disorder and may also have experienced childhood adversity such as physical neglect, abuse or sexual abuse. Women who use drugs may also have responsibilities as caregivers, and their drug use adversely affects their families, in particular children. Such adverse childhood experiences can be transgenerational and impart the risks of substance use to the children of women with drug use disorders.

Post-traumatic stress disorder among women is most commonly considered to have derived from a history of repetitive childhood physical and sexual abuse. Childhood adversity seems to have a different impact on males and females. Research has shown that boys who have experienced childhood adversity use drugs as a means of social defiance. On the other hand, girls who have experienced adversity are more likely to internalize it as anxiety, depression and social withdrawal and are more likely to use substances for self-medication.

#### *Gender-based violence is reportedly higher among women who use drugs*

Gender-based violence comprises multiple forms of violence against women, including childhood sexual abuse, intimate-partner violence, non-partner assault as well as trafficking in women and their sexual exploitation. Some studies show that women who use drugs have a two to five times higher prevalence of gender-based violence than women (who do not use drugs) in the general population.

#### *Women are at a higher risk for infectious diseases than men*

Women make up one third of drug users globally and account for one fifth of the global estimated number of PWID. Women have a greater vulnerability than men to HIV, hepatitis C and other blood-borne infections. Many studies have reported female gender as an independent predictor of HIV and/or hepatitis C among PWID, particularly among young women and those who have recently initiated drug injection.

### **Relationship between women and the drug trade not well understood**

#### *Women may not only be victims, but also active participants in the drug trade*

Women play important roles throughout the drug supply chain. Criminal convictions of women who presided over international drug trafficking



organizations — particularly in Latin America, but also in Africa — attest to this. Women's involvement in opium poppy cultivation in Afghanistan and coca cultivation in Colombia is well documented, as is the role that women play in trafficking drugs, as drug "mules".

However, there is a lack of consistent data from Governments to enable a deeper understanding of those roles: 98 countries provided sex-disaggregated drug-related crime data to UNODC for the period 2012–2016. Of the people arrested for drug-related offences in those countries during that period, some 10 per cent were women.

As suggested in several studies, women may become involved in drug trafficking to sustain their own drug consumption; however, as shown in other studies, some women involved in trafficking in drugs are victims of trafficking in persons, including trafficking for the purposes of sexual exploitation.

Women's participation in the drug supply chain can often be attributed to vulnerability and oppression, where they are forced to act out of fear. Moreover, women may accept lower pay than men: some researchers have noted that women may feel compelled to accept lower rates of payment than men to carry out drug trafficking activities, which means that some drug trafficking organizations may be more likely to use women as "mules".

Another narrative has emerged critiquing this approach and arguing that women might be empowered key actors in the drug world economy. Cases have also been documented in which women are key actors in drug trafficking, by choice. Neither explanation provides a complete picture of women's involvement in the drug supply chain — some are victims, others make their own decisions. Involvement in the illicit drug trade can offer women the chance to earn money and achieve social mobility, but it can also exacerbate gender inequalities because they may still be expected to perform the traditional gender roles of mothers, housekeepers and wives.

Overall, although a multiplicity of factors are behind the participation of women in the drug trade, it has been shown to be shaped by socioeconomic vulnerability, violence, intimate relationships and economic considerations.

### *Women suffer serious long-term social and health consequences of incarceration related to drug use and drug-related offences*

The proportion of women sentenced for drug-related offences is higher than that of men. In some countries, drug-related offences account for the first or second cause of incarceration among women and between the second and fourth cause among men, who are more often incarcerated for other crimes. It has been argued that, as a result of the targeting of low-level drug offences, women may be disproportionately incarcerated for drug offences.

Women often suffer more than men with serious long-term consequences from incarceration that affect several aspects of their lives. In most instances, on the basis of gender-neutral principles, women are subject to the same correctional procedures as men, which do not take the particular aspects of gender into consideration.

Women who are incarcerated have even less access than their male counterparts to health-care services to address their drug use, other health conditions and sexual and reproductive health needs. In addition, fewer women than men generally receive enough preparation and support for their return to the family or to the community in general.

Upon release from prison, women face the combined stigma of their gender and their status as ex-offenders and face challenges, including discrimination, in accessing health care and social services. They may also face social isolation, leaving them to continue living in circumstances of social and economic disadvantage and inequality.





## INTRODUCTION

This booklet constitutes the fifth part of the *World Drug Report 2018* and is the second of two thematic booklets focusing on specific population groups. The focus in this booklet is on women. The section on women and drug use focuses on the specific issues related to drug use among women, including gender differences in drug use, the personal, social and environmental factors that can make women vulnerable to drug use and to the development of drug use disorders. The section also discusses the social and health consequences of harmful drug use, as well as access to treatment by women with drug use disorders. The section on women and drug supply contains a discussion of the role played by women in the drug supply chain, in illicit crop cultivation, drug production and drug trafficking; this section also looks at women's contact with the criminal justice system.

### Sustainable Development Goals relating to women and the drug problem

Within the 2030 Agenda for Sustainable Development, the Sustainable Development Goals address issues related to both women and the world drug problem. For example, Goal 3 is aimed at ensuring healthy lives and promoting well-being at all ages; Goal 5 is aimed at achieving gender equality and empowering all women and girls; Goal 8 is aimed at promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; Goal 10 is aimed at reducing inequality within and among countries; and Goal 16 is aimed at promoting peaceful and inclusive societies for sustainable development.

### A higher proportion of women than men are in prison for drug-related offences



Source: Based on Roy Walmsley, "World prison population list", 11th ed. (Institute for Criminal Policy Research, 2016) and Roy Walmsley, "World female imprisonment list", 4th ed. (Institute for Criminal Policy Research, 2017). Share of prisoners for drug offences based on 50 Member States (UNODC, Special data collections on persons held in prisons (2010-2014), United Nations Surveys on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS).



## A. WOMEN AND DRUG USE

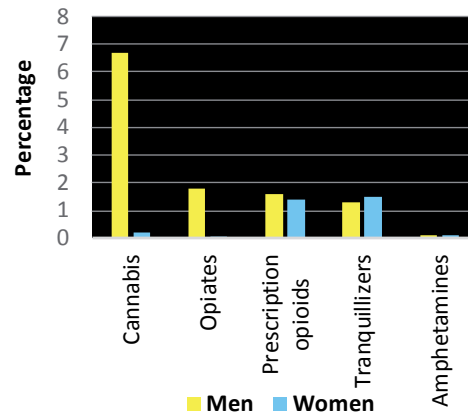
Many aspects of drug use, including the factors that influence it, have universal elements that span age, culture and gender, yet there are also considerations that are specific to, or more salient among, certain subpopulations, including women. With the aims of developing an understanding of issues relating to drug use among women and of informing the development of policies that account for differences between men and women and the specific needs of women in the prevention of drug use and treatment of drug use disorders, this section covers some specific aspects of drug use among women.

### Gender differences in drug use

Overall, men are more likely than women to use cannabis, cocaine and opiates, whereas the prevalence of the non-medical use of opioids and tranquillizers is comparable between men and women, if not actually higher among women.<sup>1, 2</sup> Although there is significant variation across cultures, most research on the gender aspects of drug use is focused on developed countries; there is limited research on the topic in other parts of the world. The existing research points to unequal opportunities (also relating to social and cultural norms) in access to illicit drugs as one of the reasons for differences in the prevalence of drug use between men and women;<sup>3, 4, 5, 6</sup> according to this literature, if

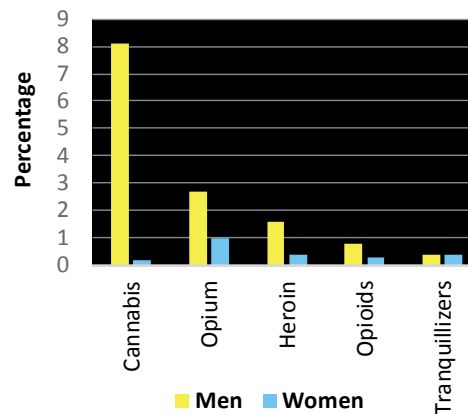
- 1 Shelly F. Greenfield and others, "Substance abuse in women", *Psychiatric Clinics of North America*, vol. 33, No. 2 (June 2010), pp. 339–355.
- 2 Ellen Tuchman, "Women and addiction: the importance of gender issues in substance abuse research", *Journal of Addictive Diseases*, vol. 29, No. 2 (April 2010).
- 3 Rakesh Lal, Koushik Sinha Deb and Swati Kedia, "Substance use in women: current status and future directions", *Indian Journal of Psychiatry*, vol. 57, Suppl. No. 2 (July 2015).
- 4 Dorte Hecksher and Morten Hesse, "Women and substance use disorders", *Mens Sana Monographs*, vol. 7, No. 1 (January and December 2009).
- 5 Farzaneh Zolala and others, "Pathways to addiction: a gender-based study on drug use in a triangular clinic and drop-in center, Kerman, Iran", *International Journal of High Risk Behaviors and Addiction*, vol. 5, No. 2 (2016).
- 6 Michelle L. Van Etten and James C. Anthony, "Male-female differences in transitions from first drug opportunity to first use: searching for subgroup variation by age, race, region, and Urban Status", *Journal of Women's Health and Gender-Based Medicine*, vol. 10, No. 8 (2001).

FIG. 1 Annual prevalence of drug use among men and women aged 15–64, Pakistan, 2013



Source: UNODC and Pakistan, Ministry of Interior and Narcotics Control, "Drug use in Pakistan 2013" (2014).

FIG. 2 Annual prevalence of drug use among men and women aged 15–64, Afghanistan, 2009

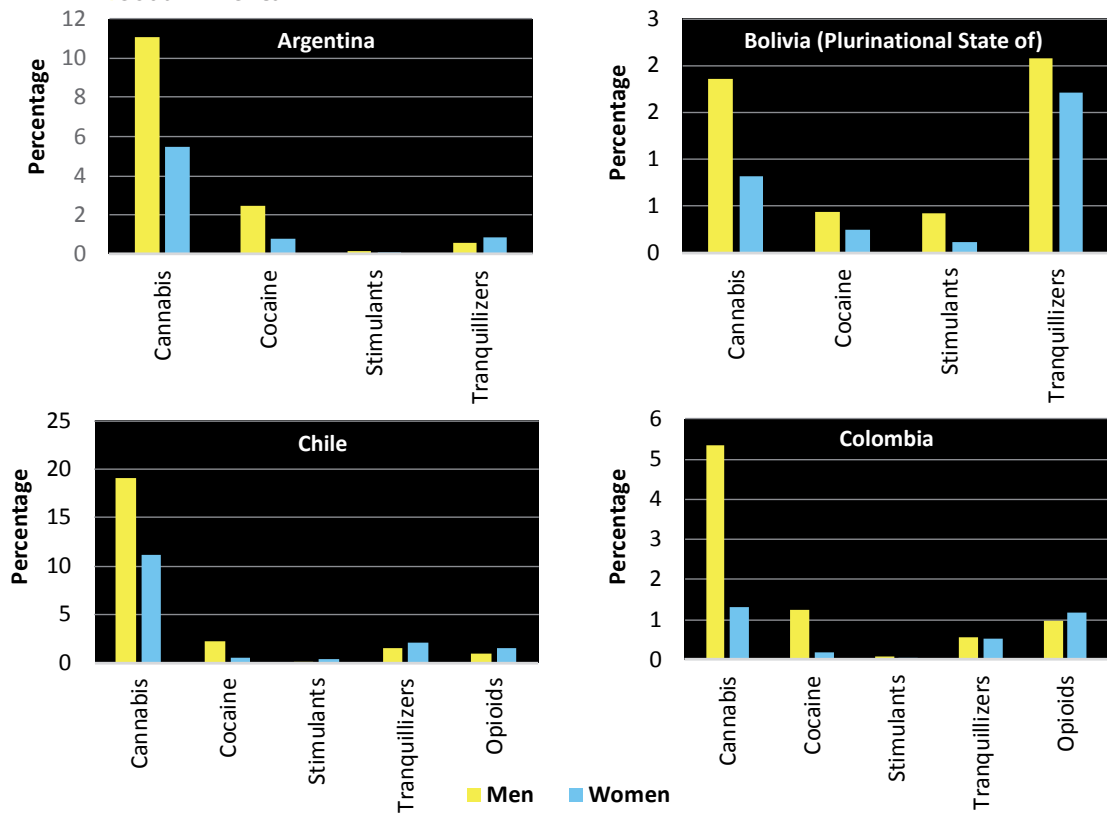


Source: UNODC, "Drug use in Afghanistan: 2009 survey" (2009).

access to drugs by men and women were equal, the likelihood of substance use would not differ between men and women.<sup>7</sup> Where opportunities for drug use arise, as seen in many Western countries, there is a narrowing gender gap in drug use, especially in the prevalence of recent and current drug use among younger men and women. Furthermore, a growing body of research suggests that substance use disorders can be considered as part of the externalizing

- 7 R. Kathryn McHugh and others, "Sex and gender differences in substance use disorders", *Clinical Psychology Review*, 10 November 2017.

**FIG. 3** Annual prevalence of drug use among men and women aged 15–64, selected countries in South America



Source: UNODC, responses to the annual report questionnaire. The reference years for the data are: 2017 for Argentina; 2013 for Bolivia (Plurinational State of); 2014 for Chile 2014 and 2013 for Colombia.

behaviour spectrum, as opposed to the internalizing behaviour spectrum.<sup>8</sup> Men generally have more externalizing behaviour problems (such as conduct disorder, attention-deficit hyperactivity disorder and anti-social personality disorder) than women, whereas women have more internalizing symptoms, such as depression or anxiety (see also the section entitled “Drugs and young people” in the fourth part of the *World Drug Report 2018*).

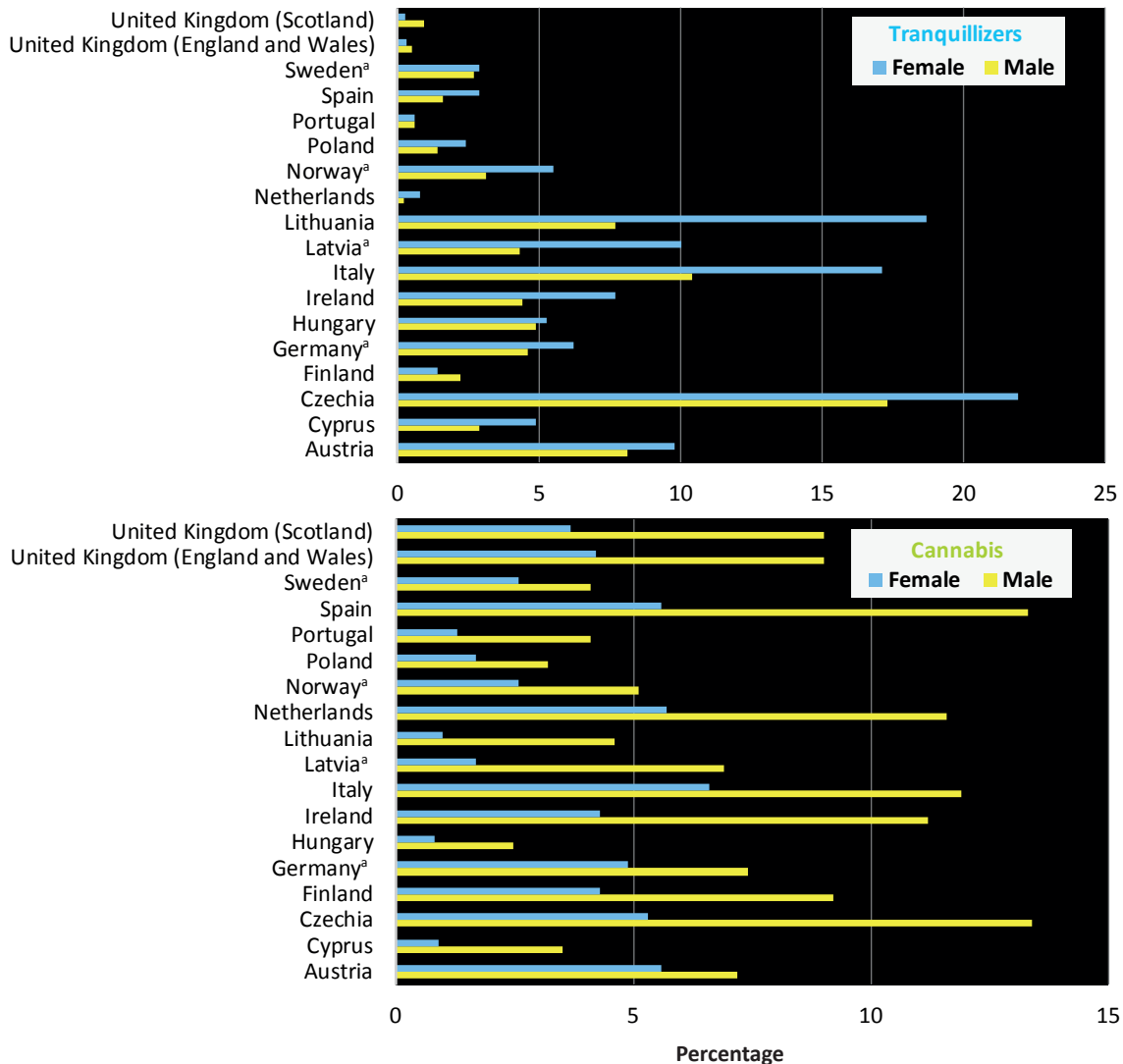
While it is difficult to construct global or regional estimates of drug use among men and women, some country-specific examples are presented here to highlight differences in and patterns of drug use among men and women. The information presented in this section on the extent of drug use among women is based on available data and does not represent the situation in a particular region.

<sup>8</sup> Hecksher and Hesse, “Women and substance use disorders”.

In keeping with gendered roles and norms as well as the social and cultural influences affecting men and women — influences that impose sanctions on drug use among women more than among men — the prevalence of use of most substances in countries in South-West Asia remains low among women.<sup>9</sup> This difference in drug use between men and women is more evident in the case of drugs such as cannabis and opium that have a long history and established use in the subregion. In Pakistan, the use of drugs such as cannabis and opiates is much higher among men than among women; negligible use of those substances is reported among women. The non-medical use of opioids and tranquillizers, however, is at a comparable level between men and women.

<sup>9</sup> See, for example, Amir Ghaderi and others, “Gender differences in substance use patterns and disorders among an Iranian patient sample receiving methadone maintenance treatment”, *Electronic Physician*, vol. 9, No. 9 (September 2017).

**FIG. 4** Annual prevalence of cannabis use and non-medical use of tranquillizers among those aged 15–64, selected countries in Europe, 2016 or latest year from 2011



Source: UNODC, responses to the annual report questionnaire.

<sup>a</sup> The data on cannabis use and non-medical use of tranquillizers refer to different years of surveys for which data are available.

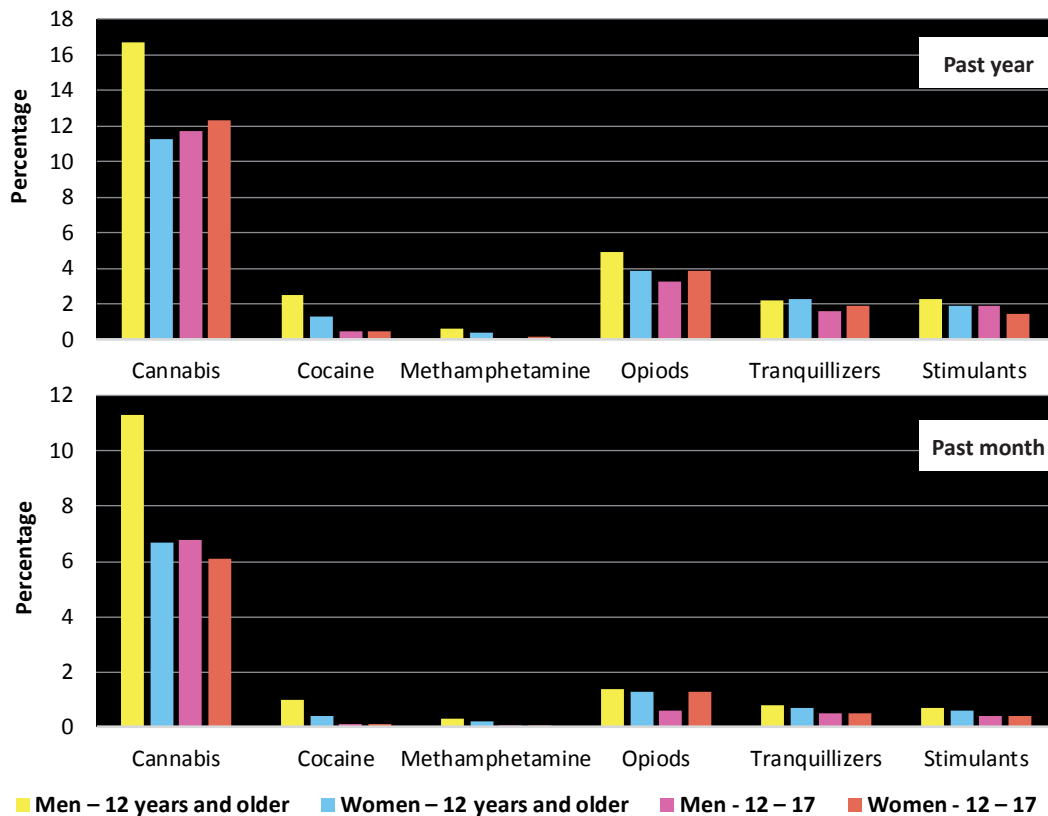
Similarly, the non-medical use of tranquillizers is at similar levels and the difference between men and women in the use of opium is less than that in the use of other drugs. One reason for this may be the lack of access to adequate health services in Afghanistan, which may lead women to self-medicate with opium for relief from numerous ailments.

The extent of cannabis and cocaine use in many South American countries follows the pattern described above, being higher (ranging from two to

four times higher) among men than women, whereas the non-medical use of tranquillizers and opioids is reported at comparable levels among men and women.

In Western and Central Europe, men are two to three times more likely than women to use drugs. However, in some countries in the subregion (for which data were available), the non-medical use of tranquillizers is not only, on average, higher among women than among men, but in some countries it

**FIG. 5** Annual and past-month prevalence of drug use among men and women aged 12 years and older and those aged 12–17, United States of America, 2016



Source: United States of America, Substance Abuse and Mental Health Services Administration, Center for Behavioural Health Statistics and Quality, *Results from the 2016 National Survey on Drug Use and Health: Detailed Tables* (Rockville, Maryland, 2017).

Note: The data on opioids include the non-medical use of prescription opioids and the use of heroin; the data on tranquillizers and stimulants refer to the non-medical use (misuse) of these substances.

also affects a higher percentage of the adult population than other types of drug use (across gender).

The extent of drug use among men and women in the general population (12 years and older) in the United States shows a similar pattern to that seen in other countries, but the gender gap in the use of most illicit drugs is less pronounced than that observed elsewhere. Moreover, the use of all substances by young women (aged 12–17 years) is on a par with, or even in some instances exceeds, that of their male counterparts.

### Personal, social and environmental factors

There are many reasons why men are more likely than women to initiate drug use and progress to drug use disorders, but these issues are not covered

here. The scientific literature shows that processes of drug use initiation, social factors and characteristics related to drug use, biological effects and progression to the development of drug use disorders vary considerably between men and women.<sup>10, 11, 12</sup> Research also shows that women typically begin using substances later than men and that substance use by women is strongly influenced by intimate partners who also use drugs.<sup>13</sup> Women are more

10 Christine E. Grella, “From generic to gender-responsive treatment: changes in social policies, treatment services, and outcomes of women in substance abuse treatment”, *Journal of Psychoactive Drugs*, vol. 40, SARC Suppl. No. 5 (November 2008), pp. 327–343.

11 Tuchman, “Women and addiction”.

12 McHugh and others, “Sex and gender differences in substance use disorders”.

13 Kathleen T. Brady and Carrie L. Randall, “Gender



likely to associate their drug use with intimate partner relationships, while men are more likely to use drugs with male friends.<sup>14</sup> Some of the personal, social and environmental factors specific to the initiation of substance use and to the development of substance use disorders among women are discussed in the present section.

*Women with drug use disorders are likely to have post-traumatic stress disorder or to suffer from chronic pain*

Women are more likely than men to identify trauma and/or stressors such as relationship problems, environmental stress and family problems as causes for their initiation or continuation of substance use.<sup>15</sup> One example of such emotional stressors is childhood adversity: women who experience childhood adversity are reportedly more susceptible to initiating drug use and to developing drug use disorders more rapidly than men (see the subsection on women who have experienced childhood adversity and abuse, below).<sup>16</sup> It is also considered that sex differences in neuroendocrine adaptations to stress and reward systems may mediate women's susceptibility to drug use and its development into harmful use.<sup>17</sup> For instance, compared with men, women who are dependent on substances can have an impaired coping mechanism to respond to stress and a diminished regulation of emotions as a result of a weakened neuroendocrine stress response (blunted adrenocorticotrophic hormone and cortisol).<sup>18, 19</sup>

As a result of differences in pain perception between the sexes, females report more severe pain and more frequent bouts of pain that is more anatomically diffuse and longer lasting than that of males with

similar disease processes.<sup>20, 21, 22</sup> This is one of the reasons for which, compared with men, women, in particular those aged 45 or older, are more likely to be prescribed opioid painkillers, are more likely to use them for long periods and, therefore, are more susceptible to developing opioid use disorders.<sup>23</sup>

Increased vulnerability to a combination of mood and anxiety disorders, particularly post-traumatic stress disorder, is associated with substance use disorders among women.<sup>24</sup> As reported by WHO and shown in other research, lifetime rates of mood and anxiety disorders are significantly higher among women than men — with and without substance use disorders.<sup>25, 26, 27</sup> Women with substance use disorders are reported to have high rates of post-traumatic stress disorder; for example, in a study in the United States of America, reported rates of post-traumatic stress disorder ranging between 30 per cent and 59 per cent among women with substance use disorders were reported.<sup>28</sup> Post-traumatic stress disorder among women is most commonly considered to have derived from a history of repetitive childhood physical and sexual abuse. Rates of dual diagnosis of post-traumatic stress disorder and substance use disorders for men are two to three times lower, and typically result from combat or crime

differences in substance use disorders", *Psychiatric Clinics of North America*, vol. 22, No. 2 (June 1999), pp. 241–252.

14 Tuchman, "Women and addiction".

15 Ibid.

16 Lindsay Oberleitner and others, "Childhood stressors differentially affect age of first use and telescoping across women and men", *Drug and Alcohol Dependence*, vol. 140 (July 2014), pp. e164–e165.

17 Greenfield and others, "Substance abuse in women".

18 Ibid.

19 Helen C. Fox and Rajita Sinha, "Sex differences in drug-related stress-system changes: implications for treatment in substance-abusing women", *Harvard Review of Psychiatry*, vol. 17, No. 2 (April 2009), pp. 108–119.

20 Cynthia I Campbell and others, "Age and gender trends in long-term opioid analgesic use for noncancer pain", *American Journal of Public Health*, vol. 100, No. 12 (December 2010), pp. 2541–2547.

21 Robert W. Hurley and Meredith C. Adams, "Sex, gender, and pain: an overview of a complex field", *Anaesthesia and Analgesia*, vol. 107, No. 1 (July 2008), pp. 309–317.

22 Roger B. Fillingim and others, "Sex, gender, and pain: a review of recent clinical and experimental findings", *Journal of Pain*, vol. 10, No. 5 (May 2009), pp. 447–85.

23 Ibid.

24 Lisa M. Najavits, Roger D. Weiss and Sarah R. Shaw, "The link between substance abuse and posttraumatic stress disorder in women", *American Journal on Addictions*, vol. 6, No. 4 (Fall 1997), pp. 273–283.

25 WHO, *Gender Disparities in Mental Health* (Geneva).

26 Kevin P. Conway and others, "Lifetime comorbidity of DSM-IV mood and anxiety disorders and specific drug use disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions", *Journal of Clinical Psychiatry*, vol. 67, No. 2 (February 2006), pp. 247–257.

27 Vandad Sharifi and others, "Twelve-month prevalence and correlates of psychiatric disorders in Iran: the Iranian Mental Health Survey, 2011", *Archives of Iranian Medicine*, vol. 18, No. 2 (February 2015).

28 Najavits, Weiss and Shaw, "The link between substance abuse and posttraumatic stress disorder in women".

trauma.<sup>29, 30</sup> Among women, mood and anxiety disorders, including post-traumatic stress disorder, are often reported prior to substance use initiation, while among men, they are more often secondary to the diagnosis of substance use disorders.<sup>31</sup>

One possible explanation for higher rates of women who suffer from drug use disorders along with other psychiatric disorders could be that substance use is less normative for women than for men, and that those women who develop substance use disorders may represent a more severely affected population at higher risk of psychiatric co-morbidity. An alternative explanation is that women with psychiatric disorders are more likely than men to use substances to self-medicate and are therefore at higher risk of developing secondary substance use disorders.<sup>32</sup>

### *Women tend to progress rapidly from initiation of substance use to the development of substance use disorders*

While women may typically begin using substances later than men and to a lesser extent than men, once they have initiated substance use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine and opioids more rapidly than men.<sup>33</sup> This has been consistently reported among women who use those substances and is known as “telescoping”; this term is used in scientific literature to describe an accelerated progression from the initiation of substance use to the development of substance use disorders and entry into treatment. Compared with men, despite having used drugs for a shorter period of time, women with substance use disorders who enter treatment usually have a more severe profile of medical, behavioural and social problems.<sup>34</sup>

29 Ibid.

30 Masoumeh Amin-Esmaili and others, “Epidemiology of illicit drug use disorders in Iran: prevalence, correlates, comorbidity and service utilization results from the Iranian Mental Health Survey”, *Addiction*, vol. 111, No. 10 (October 2016), pp. 1836–1847.

31 Monica L. Zilberman and others, “Substance use disorders: sex differences and psychiatric comorbidities”, *Canadian Journal of Psychiatry*, vol. 48, No. 1 (February 2003).

32 Ibid.

33 Brady and Randall, “Gender differences in substance use disorders”.

34 Greenfield and others, “Substance Abuse in Women”.

### *Women who use drugs are more likely to have suffered gender-based violence*

Gender-based violence is a serious human rights violation that disproportionately affects women. It includes childhood sexual abuse, intimate partner violence, non-partner assault, and trafficking for sexual exploitation. Global estimates produced by WHO indicate that approximately one in three women worldwide experience physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.<sup>35</sup> While estimates of the extent of gender-based violence against women who use drugs are scarce, studies, for instance among clinical and community-based samples of women who use drugs in the United States, show a prevalence of gender-based violence among women who use drugs that is two to five times higher than among women who do not use drugs.<sup>36</sup> Some elements of gender-based violence are described in the subsections on childhood adversity, the role of intimate partners and sex workers, below.

### *Women who have experienced childhood adversity and abuse internalize behaviours and use substances more often to self-medicate*

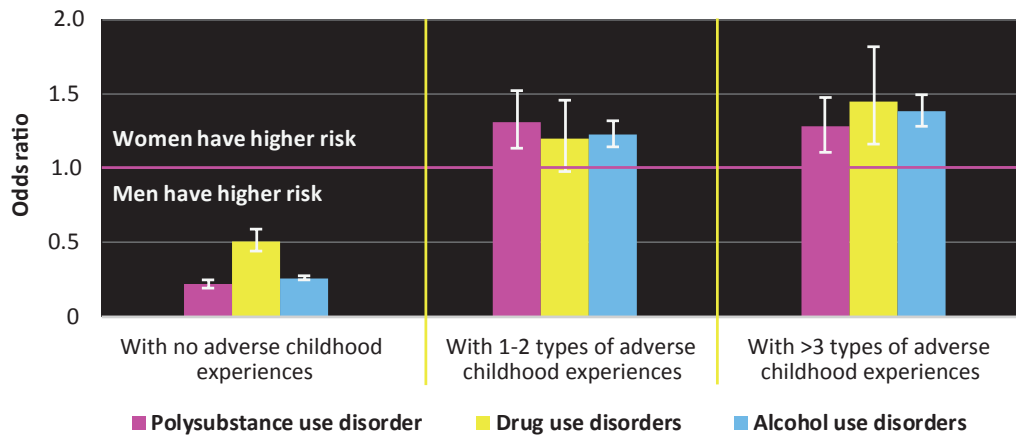
In the scientific literature, “childhood adversity” has been defined as experiences, before 18 years of age, of emotional, physical and sexual abuse, physical neglect and household dysfunction, including parental use of substances. Research shows that different forms of childhood maltreatment and adversity are associated with an increased likelihood of initiation of substance use at an early age, as well as with the likelihood of developing substance use disorders.<sup>37</sup>

Adverse childhood experiences can generate negative emotions such as guilt, shame or self-devaluation.

35 WHO, *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva, 2013).

36 Louisa Gilbert and others, “Targeting the SAVA (substance abuse, violence and AIDS) syndemic among women and girls: a global review of epidemiology and integrated interventions”, *Journal of Acquired Immune Deficiency Syndrome*, vol. 69, Suppl. 2 (June 2015), pp. s118–s127.

37 Tracie O. Afifi and others, “Childhood maltreatment and substance use disorders among men and women in a nationally representative sample”, *Canadian Journal of Psychiatry*, vol. 57, No. 11 (November 2012).

**FIG. 6** | Gender moderation of childhood adversity and risk for lifetime substance use disorder

Source: Elizabeth A. Evans, Christine E. Grella and Dawn M. Upchurch, "Gender differences in the effects of childhood adversity on alcohol, drug, and polysubstance-related disorders", *Social Psychiatry and Psychiatric Epidemiology*, vol. 52, No. 7 (July 2017), pp. 901–912.

Note: Compared with men, women with no adverse childhood experiences (ACE) have lower risk of substance use disorders; the risk increases among women alongside the increase in the number of adverse childhood experiences.

However, they seem to have a different impact on men and women. Research has shown that boys who have experienced childhood adversity tend to externalize their behaviour as aggression and impulsivity and to use drugs as a means of social defiance. On the other hand, girls who have experienced childhood adversity are more likely to internalize it as anxiety, depression and social withdrawal and are also more likely to use substances for self-medication.<sup>38</sup>

A study among 19,209 women and 13,898 men in the United States showed that, overall, men were more likely than women to use alcohol and drugs and to suffer from alcohol and drug use disorders. However, the study showed that exposure to more types of childhood adversity increased women's risk for drug use disorders to levels that approximated or exceeded those seen among men. Exposure to more types of childhood adversity narrowed the gender difference in the risk of developing an alcohol use disorder, but it widened the gender difference in the risk of developing a polysubstance use-related disorder.<sup>39</sup>

38 Elizabeth A. Evans, Christine E. Grella and Dawn M. Upchurch, "Gender differences in the effects of childhood adversity on alcohol, drug, and polysubstance-related disorders", *Social Psychiatry and Psychiatric Epidemiology*, vol. 52, No. 7 (July 2017), pp. 901–912.

39 Ibid.

For women who have not experienced childhood adversity, and do not have enhanced emotional stressors, the risk of onset of substance use disorders is lower than for men.<sup>40</sup> As explained in the fourth part of the *World Drug Report 2018*, in the section entitled "Drugs and young people", childhood abuse, neglect and instability are transgenerational and impart a high risk of initiating drug use and developing substance use disorders to the children of individuals who have experienced childhood adversity and families that have experienced abuse and neglect.<sup>41, 42</sup>

#### *Intimate male partners frequently shape the pattern of a woman's drug use and the related harm*

Being in a relationship with a person who uses drugs has been shown to be significantly associated with a woman's initiation into and continuation of drug use. Women who use drugs are likely to have had a male intimate partner who initiated them into drug

40 Ibid.

41 Iris Torchalla and others, "Like a lot happened with my whole childhood: violence, trauma, and addiction in pregnant and postpartum women from Vancouver's Downtown Eastside", *Harm Reduction Journal*, vol. 12, No. 1 (2015).

42 Fifi Rahman and others, "Pain, instability, and familial discord: a qualitative study into women who use drugs in Malaysia", *Harm Reduction Journal*, vol. 12, No. 52 (2015).

use; they are also likely to ask the male partner to inject them, including in a social setting where others are present.<sup>43, 44</sup> Women also have less control than men over how and from whom they acquire their drugs, injecting equipment and paraphernalia and are more likely to have those supplied by a male partner. As men are more likely than women to either inject themselves or be injected by another acquaintance (mostly male), in most situations, the woman is injected after the male partner has injected himself, i.e., the woman is injected “second on the needle”.<sup>45</sup> All of these factors have unique implications for women, especially with regard to their increased risk of acquiring HIV and hepatitis C as compared with men.

Gender power dynamics also play a key role in women’s drug use patterns and related harms. Many qualitative studies have described circumstances in which the male partner, especially one who is also using drugs, is dominant and is the main provider of food and other basic needs and may compel the woman to continue using drugs or discourage her from seeking treatment. It may also be difficult for a woman to negotiate safe behaviours such as use of clean needles and syringes<sup>46</sup> or the use of condoms. In situations where women’s intimate partners provide them with drugs, there is often the expectation that they will have sex in return, which points to a gender power imbalance that is intensified by substance use.<sup>47</sup> In these circumstances, a woman’s refusal to have sex or her attempts to negotiate condom use may trigger further aggression from her

partner, especially if he is under the influence of drugs.<sup>48</sup>

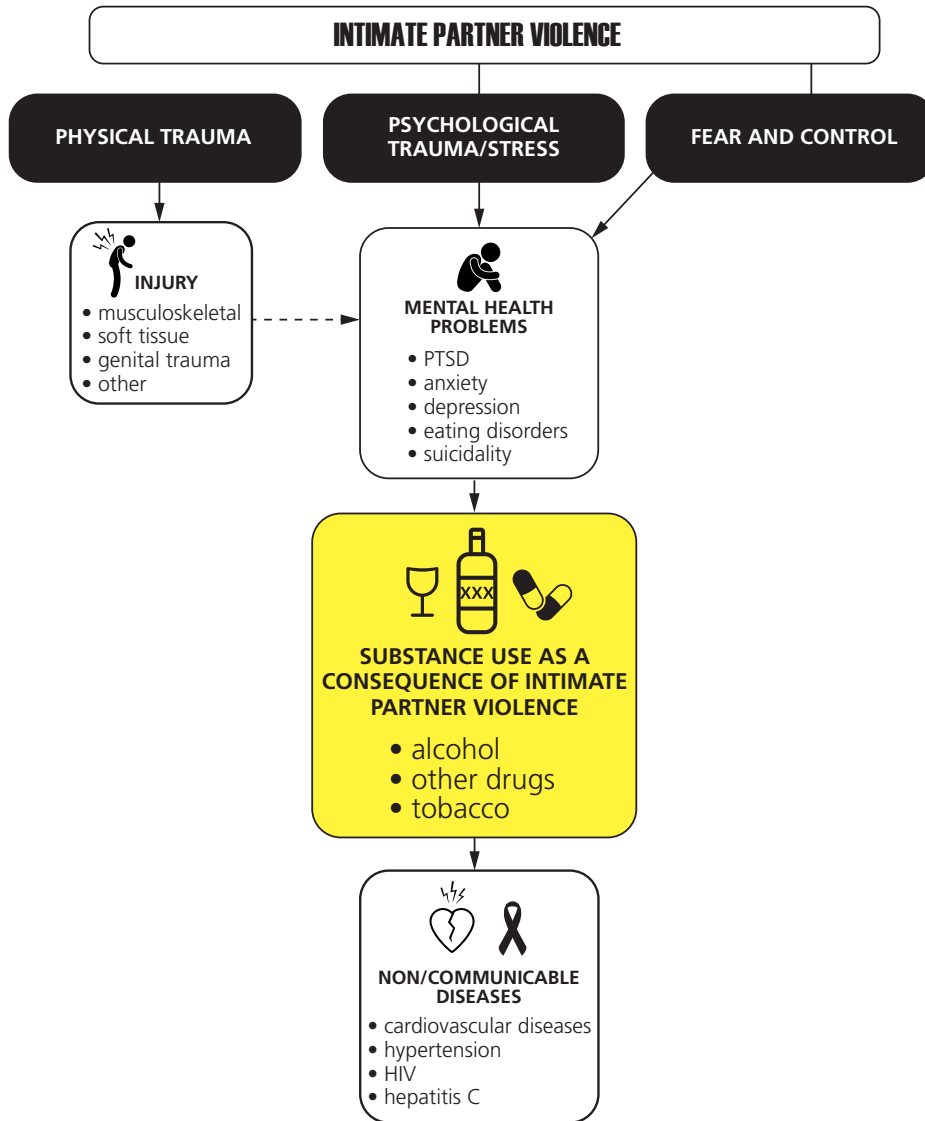
Male dominant behaviours as expressed in gender-based violence can also indirectly affect women’s drug use. Women may use drugs in the aftermath of abuse to self-medicate and to cope with the emotional and physical pain of experiencing intimate partner violence.<sup>49</sup> A global review of epidemiology and of interventions to address gender-based violence found that intimate partner violence significantly increases risk of acquiring HIV by between 28 and 58 per cent among different populations of women, including women who use drugs.<sup>50</sup>

### *Sex workers face greater risk of coercion and violence when they use drugs*

In cases where a woman who uses drugs is also a sex worker, gender power dynamics become even more unequal.<sup>51</sup> For many women who use drugs, transactional sex may take place in exchange for money or drugs.<sup>52</sup> This often occurs in perilous, inequitable circumstances, which increases women’s likelihood of experiencing coercive sex and limit their negotiating power.<sup>53</sup> Furthermore, women who use drugs and engage in sex work may also be routinely exposed to structural forms of gender-based violence from clients, pimps, drug dealers and police officers.<sup>54</sup> Sex workers who use or inject drugs may be

- 43 Anna Roberts, Bradley Mathers and Louisa Degenhardt, *Women Who Inject Drugs: a Review of Their Risks, Experiences and Needs*, (Sydney, National Drug and Alcohol Research Centre, University of New South Wales, 2010), p. 8.
- 44 Charles M. Cleland and others, “HIV risk behaviors among female IDUs in developing and transitional countries”, *BMC Public Health*, vol 7, No. 271 (2007).
- 45 Nabila El-Bassel, Assel Terlikbaeva and Sophie Pinkham, “HIV and women who use drugs: double neglect, double risk”, *The Lancet*, vol. 376, No. 9738 (31 July 2010), pp. 312–314.
- 46 Janie Simmons, Sonali Rajan and James M. McMahon, “Retrospective accounts of injection initiation in intimate partnerships”, *International Journal of Drug Policy*, vol. 23, No. 4 (July 2012), pp. 303–311.
- 47 Louisa Gilbert, and others, “Partner violence and sexual HIV risk behaviors among women in methadone treatment”, *AIDS and Behaviour*, vol. 4, No. 3 (September 2000), pp. 261–269.

- 48 Paula Braitstein and others, “Sexual violence among a cohort of injection drug users” *Social Science and Medicine*, vol. 57, No. 3 (August 2003), pp. 561–569.
- 49 Alessandra Simonelli, Caterina E. Pasquali and Francesca De Palo, “Intimate partner violence and drug-addicted women: from explicative models to gender-oriented treatments”, *European Journal of Psychotraumatology*, vol. 5, No. 1 (2014).
- 50 Gilbert and others, “Targeting the SAVA (substance abuse, violence and AIDS) syndemic among women and girls”.
- 51 Kate Shannon and others, “Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work”, *Social Science and Medicine*, vol. 66, No. 4 (February 2008), pp. 911–992.
- 52 Rafael A. Guimarães and others, “Transactional sex among noninjecting illicit drug users: implications for HIV transmission”, *The Scientific World Journal* (2016).
- 53 Jing Gu and others, “Social environmental factors and condom use among female injection drug users who are sex workers in China”, *AIDS and Behavior*, vol. 18, Suppl. 2 (February 2014), pp. 181–191.
- 54 Shannon and others, “Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work”.

**FIG. 7** | Pathway for women who initiate drug use as a result of intimate partner violence

Source: UNODC elaboration from WHO, *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva, 2013).

shunned from entertainment venues and displaced to street settings or less centrally located areas where they are less safe and more likely to be pressured into unprotected sex, and where services to prevent HIV and other health consequences may be scarce.<sup>55</sup>

55 Steffanie A. Strathdee and others, "Substance use and HIV among female sex workers and female prisoners: risk environments and implications for prevention, treatment, and policies", *Journal of Acquired Immune Deficiency*

Such inequities that result from gendered social relations further contribute to women's compounded adverse health effects.<sup>56</sup>

*Syndrome*, vol. 69, Suppl. 2 (1 June 2015), pp. s110–s117.  
56 Gina M. Wingood and Ralph J. DiClemente, "Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women" *Health Education and Behavior*, vol. 27, No. 5 (October 2000).



### *Social inequalities and lack of social and economic resources make women more vulnerable to drug use and drug use disorders*

While poverty alone does not cause anyone to initiate drug use, neighbourhoods with extreme poverty are often characterized by a lack of opportunities for personal attainment and economic growth, poor general health and drug use — conditions that may disproportionately affect women.<sup>57</sup> For example, in a study in the United Kingdom of Great Britain and Northern Ireland, the use of heroin, crack and cocaine among homeless women was higher than that among homeless men.<sup>58</sup> Women entering treatment for drug use disorders have generally lower levels of education than their male counterparts — a characteristic observed in studies from different regions.<sup>59, 60</sup> While financial deprivation alone does not cause drug use, multiple factors associated with financial deprivation, such as familial and interpersonal instability, high incidence of mental health disorders and low school completion rates, result in a situation where a lack of social and economic resources make women increasingly vulnerable to using drugs.

### *Gender stereotyping and stigma can trap women who use drugs in their drug-using networks*

The stigma faced by women who use drugs is a significant factor in the way that drug use evolves among women, which interplays with a number of other factors, such as gender based violence, adverse childhood experiences, psychiatric comorbidities, discussed in the present section. Women who use

drugs face greater stigma than their male counterparts because of gender-based stereotypes that hold women to different standards;<sup>61</sup> drug use by women is seen as contravening their traditional role in society as mothers and caretakers.<sup>62</sup> Increased stigma is also associated with homeless women who use drugs, which causes them to stay more entrenched within drug-using networks and spend less time with non-drug using networks that could be potential sources of help for treatment and care.<sup>63</sup>

### **Health and social consequences of drug use among women**

#### *Women who use drugs are more vulnerable to HIV and other blood-borne infections*

Although fewer women use and inject drugs than men – women account for 20 per cent of the global estimate of people who inject drugs<sup>64</sup> – in terms of risks, women who use drugs have a greater vulnerability than men to HIV and other blood-borne infections. This is not only for biological reasons, but also because of gender power imbalances; for example, being unable to negotiate condom use, being injected after an intimate male partner has injected himself with the same needle and being involved in sex work. Although there are no global, gender-disaggregated prevalence estimates for HIV and hepatitis C, many studies in multiple settings have reported gender as an independent predictor of HIV and/or hepatitis C risk among women who inject drugs, particularly among young women and those who have recently initiated drug injection.<sup>65</sup>

- 57 Robert Kaestner, “Does Drug Use Cause Poverty?”, Working Paper No. 6406 (Cambridge, United Kingdom, National Bureau of Economic Research, February 1998).
- 58 Homeless Link, “Women and homelessness”, Research Briefing (London, September 2015). Available from [www.homeless.org.uk](http://www.homeless.org.uk).
- 59 Wendee M. Wechsberg, S. Gail Craddock and Robert L. Hubbard, “How are women who enter substance abuse treatment different than men?: a gender comparison from the Drug Abuse Treatment Outcome Study (DATOS)”, *Drugs and Society*, vol. 13, Nos. 1 and 2 (2008), pp. 97–115.
- 60 Kate Dolan and others, “Six-month follow-up of Iranian women in methadone treatment: drug use, social functioning, crime, and HIV and HCV seroconversion”, *Substance Abuse and Rehabilitation*, vol. 3, Suppl. 1 (January 2012), pp. 37–43.

- 61 Patricia O’Brien, *Making It in the Free World: Women in Transition from Prison* (Albany, New York, State University of New York Press 2001).
- 62 Julia Kensy and others, “Drug policy and women: addressing the negative consequences of harmful drug control”, Briefing Paper (London, International Drug Policy Consortium, 2012).
- 63 Joan S. Tucker and others, “Homeless women’s personal networks: implications for understanding risk behavior”, *Human Organization*, vol. 68, No. 2 (Summer 2009), pp. 129–140.
- 64 Louisa Degenhardt and others, “Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review”, *The Lancet Global Health*, vol. 5, No. 12 (December 2017), pp. e1192–e1207.
- 65 Steffanie A. Strathdee and others, “Sex differences in risk factors for HIV seroconversion among injection drug users: a 10-year perspective”, *Archives of Internal Medicine*, vol.

A meta-analysis of data from 14 high prevalence countries with an HIV prevalence of over 20 per cent among people who inject drugs found higher HIV rates among women who inject drugs than among their male counterparts, although the overall effect size was modest.<sup>66</sup>

### *Women who use drugs during pregnancy adversely affect their newborn child*

Drug use among women may also result in several pregnancy complications, such as neonatal abstinence syndrome, low birth weight and premature birth. Neonatal abstinence syndrome mainly refers to opioid withdrawal, experienced by infants born to women who continue to use opioids during pregnancy. The clinical manifestations of the syndrome vary and may range from mild tremors and irritability to fever, excessive weight loss and seizures. Clinical signs typically develop within the first few days after birth, but the timing of their onset, as well as the severity of the symptoms, can vary. Other effects on newborns resulting from a mother's use of opioids may include low birth weight, premature delivery and small head and circumference.<sup>67</sup> However, for women with opioid use disorders, opioid agonist therapies during pregnancy have been proved to significantly reduce health risks to both mother and foetus.<sup>68</sup> Cocaine use during pregnancy may also cause serious problems relating to blood pressure, spontaneous miscarriage and premature delivery, among others. Research shows that infants born to mothers who use cocaine during pregnancy are born with a low birth weight, have a smaller head circumference and are shorter than those born to mothers who do not use cocaine.<sup>69</sup> While there

is mixed evidence on whether cannabis use by women during pregnancy is associated with low birth weight or premature birth, long-term cannabis use may elevate those risks. Research has shown that women who used cannabis during pregnancy had a two to three times greater risk of stillbirth<sup>70</sup> and that risk of preterm birth and low birth weight increased among women who used cannabis in the second and third trimester of pregnancy.<sup>71</sup> Research has also shown that some babies born to women who used cannabis during pregnancy display altered responses to visual stimuli, increased trembling and a high-pitched cry,<sup>72</sup> which could indicate problems with neurological development.

As described above, a higher proportion of women than of men who enter treatment with drug use disorders are diagnosed with psychiatric co-morbidities including anxiety, depression and post-traumatic stress disorder, which remain important determinants in treatment outcome for women with drug use disorders.

### *Mothers who suffer from drug use disorders risk the health and development of their children*

The impact of harmful drug use is visible not only on the person who uses drugs but also in the family context. This is particularly true for women, as they are often expected to play a traditional role in terms of supporting their family. Families, spouses or partners and children can suffer long-lasting emotional, financial and physical effects as a result of women's problematic drug use. Spouses or partners of women who use drugs are affected differently, depending on whether they use drugs or not. Such drug use may cause conflict for non-drug-using spouses, while spouses who use drugs may have their drug use reinforced; the latter may act as a barrier to

161, No. 10 (2001), pp. 1281–1288.

66 Don C Des Jarlais and others, "Are females who inject drugs at higher risk for HIV infection than males who inject drugs: an international systematic review of high seroprevalence areas", *Drug and Alcohol Dependence*, vol. 124, Nos. 1 and 2 (1 July 2012), pp. 95–107. According to that study, if men had a risk of 1, the likelihood (odds ratio) of women having HIV was 1.18.

67 Karen McQueen and Jodie Murphy-Oikonen, "Neonatal abstinence syndrome", *New England Journal of Medicine*, vol. 375, No. 25 (22 December 2016), pp. 2468–2479.

68 WHO, *Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy* (Geneva, 2014).

69 National Institute on Drug Abuse, "What is cocaine?", Research Reports (Bethesda, Maryland, United States, May 2016).

70 National Institute on Drug Abuse, "Marijuana", National Institutes of Health, United States Department of Health and Human Services, May 2018).

71 Marleen M. H. J. van Gelder and others, "Characteristics of pregnant illicit drug users and associations between cannabis use and perinatal outcome in a population-based study", *Drug and Alcohol Dependence*, vol. 109, Nos. 1–3 (June 2010), pp. 243–247.

72 P. A. Fried and J. E. Makin, "Neonatal behavioural correlates of prenatal exposure to marijuana, cigarettes and alcohol in a low risk population", *Neurotoxicology and Teratology*, vol. 9, No. 1 (January/February 1987), pp. 1–7.

accessing drug treatment, HIV prevention or social support services. Drug use disorders among women who are the head of their family can result in economic and housing instability for their immediate family.<sup>73</sup> Women who use drugs are also more likely to report that they suffered familial instability in childhood, pointing to an intergenerational cycle of instability and drug use.<sup>74</sup> It has been reported in several studies that the impact of fathers' drug use is less significant than mothers' drug use on subsequent drug use by children.<sup>75</sup>

As children are emotionally and financially dependent on their parents, harmful parental drug use, especially that by the mother in societies where they have the role of caregiver, can affect them in the long term. Periods of intensive or escalating drug use undermine household stability as the needs of children can become secondary to those imposed by the drug problem, resulting in neglect of children. Furthermore, the health of young children may be at risk when a parental focus on or preoccupation with drugs leads to lapses in the child's well-being, and parental inattention may lead to inconsistent regard for child safety and supervision.<sup>76</sup> Several studies have also shown that children with a parent or parents with drug use disorders also take on more adult responsibilities, for example, taking care of the drug-using parent, taking on decision-making roles in the family, taking care of younger siblings and worrying about parental drug use ("parentification").<sup>77, 78</sup>

73 Ellen L. Bassuk and others, "Homelessness in female-headed families: childhood and adult risk and protective factors", *American Journal of Public Health*, vol. 87, No.2 (February 1997), pp. 241–248.

74 Megan J. Rutherford, David S. Metzger and Arthur I. Alterman, "Parental relationships and substance use among methadone patients: the impact on levels of psychological symptomatology", *Journal of Substance Abuse Treatment*, vol. 11, No. 5 (September/October 1994), pp. 415–423.

75 Joseph Gfroerer, "Correlation between drug use by teenagers and drug use by older family members" *The American Journal of Drug and Alcohol Abuse*, vol. 13, Nos. 1 and 2 (1987), pp. 95–108.

76 Marina Barnard and Neil McKeganey, "The impact of parental problem drug use on children: what is the problem and what can be done to help?", *Addiction*, vol. 99, No. 5 (2002), pp. 552–559.

77 Robert E Godsall and others, "Why some kids do well in bad situations: relation of parental alcohol misuse and parentification to children's self-concept", *Substance Use and Misuse*, vol. 39, No. 5 (April 2004), pp. 789–809.

78 Oriella Cattapan and Jolyn Grimwade, "Parental illicit drug use and family life: reports from those who sought

## Access to treatment and care for drug use disorders

Considering the different contexts in and complex pathways by which women initiate drug use and develop drug use disorders, as well as the presence of medical and psychiatric co-morbidities, there remains a general lack of understanding of the specific needs of women and a lack of appropriate drug treatment services that take into account the diverse needs of women with drug use disorders. This situation is more worrisome in resource-constrained countries, where there is a limited availability of scientific evidence-based treatment services in general and of those tailored to meet the specific needs of women in particular.

### Women face more barriers to accessing services and a lack of integrated drug treatment and childcare services

Women encounter significant systemic, structural, social, cultural and personal barriers in accessing treatment for drug use disorders.<sup>79</sup> At the structural level, the most significant obstacles include lack of childcare and punitive attitudes towards mothers and pregnant women with substance use disorders. As mentioned earlier, pregnant women who use drugs have special needs with regard to their health in general, as well as to their pregnancy. Pregnant women with drug use disorders present a challenge to health-service providers because drug use may impact both the mother and the unborn child. Where there is a lack of services or where punitive attitudes prevail, women fear seeking treatment as this may result in losing custody of their children or having to relinquish their children as a condition of treatment.

Drug treatment services may also be located far from where women live and may have inflexible admission requirements and schedules that may not suit the needs of women, especially those with childcare

help", *Australia and New Zealand Journal of Family Therapy*, vol. 29, No. 2 (June 2008), pp. 77–87.

79 See, for example, Erick G. Guerrero and others, "Barriers to accessing substance abuse treatment in Mexico: national comparative analysis by migration status", *Substance Abuse Treatment, Prevention, and Policy*, vol. 9, No. 30 (July 2014).



responsibilities.<sup>80, 81</sup> Moreover, women with children may still need to secure childcare to participate in outpatient treatment programmes as they may not have enough money to pay for childcare costs, transport or the treatment itself. The lack of childcare services integrated within drug treatment, and even in services aimed at reducing the adverse social and health consequences caused by drug use, is a significant hindrance to women accessing those services, as the decision to access treatment may conflict with their childcare responsibilities.

Women with drug use disorders often enter treatment with a history of emotional and physical abuse and have limited social capital and support. Furthermore, because of the trauma they suffer from psychiatric disorders, in particular, anxiety, depression or post-traumatic stress disorder, medical and psychiatric co-morbidities among women may be more severe than among their male counterparts.

In many societies, drug use both in general and among women is heavily stigmatized, resulting in women who use drugs being a more hidden population than men who use drugs. Cultural norms may therefore make it difficult for women to acknowledge their drug problem and to leave their homes and families to undergo treatment. Since many women with drug use disorders also live with a partner or other family member using drugs, relationship issues and the role of drug use within the relationship remain central issues in women seeking support for drug treatment. A growing body of evidence suggests that drug treatment services that provide social services and attend to other gender-specific needs can contribute to better engagement, retention in treatment and improved treatment outcomes.<sup>82, 83</sup>

80 Erick G. Guerrero and others, “Gender disparities in utilization and outcome of comprehensive substance abuse treatment among racial/ethnic groups”, *Journal of Substance Abuse Treatment*, vol. 46, No. 5 (May–June 2014), pp. 584–591.

81 Christine E. Grella, “From generic to gender-responsive treatment: changes in social policies, treatment services, and outcomes of women in substance abuse treatment”, *Journal of Psychoactive Drugs*, vol. 40, Suppl. 5 (November 2008), pp. 327–343.

82 UNODC, *Guidelines on Drug Prevention and Treatment for Girls and Women* (Vienna, April 2016).

83 “International standards for the treatment of drug use disorders: draft for field testing” (E/CN.7/2016/CRP.4).

## B. WOMEN AND DRUG SUPPLY

While research on issues related to women who use drugs has improved in recent years, little consideration has yet been given to understanding the participation of women in the supply side (related to illicit drug crop cultivation, drug production and drug trafficking) of the drug problem. Moreover, few studies have addressed women’s contact with the criminal justice system, its consequences and the impact of the participation of women in drug supply on the lives of the women involved. It is generally considered that drug trafficking organizations are predominantly operated by men and that the role played by women in drug trafficking is relatively insignificant compared with that of their male counterparts.<sup>84, 85</sup> Globally, the majority of drug traffickers are men, but the issue of gender has not been taken into consideration in much of the research on drug trafficking. The present section contains information from the limited studies and reports that have covered the role of women in drug cultivation, production and trafficking in order to provide an insight into the specific aspects of women’s involvement in drug supply and into the effects that this involvement has on women.

The information in the present section covers three main issues: (a) the role of women in illicit crop cultivation and drug production; (b) the role of women in drug trafficking; and (c) women’s contact with the criminal justice system for drug-related offences.

### Role of women in illicit drug crop cultivation and drug production

The illicit cultivation of drugs often takes place in areas where rule of law is weak and where there is conflict or violence perpetrated by armed groups. The implication is that people in such areas have limited or no access to basic services including education, sanitation and health care. In Afghanistan, for example, there is evidence that opium poppy is

84 Council on Hemispheric Affairs, “The rise of femicide and women in drug trafficking”, 28 October 2011.

85 Elena Azaola and others, “What roles are women playing in Mexico’s drug war?”, *Inter-American Dialogue*, 25 August 2011.

## Difficulties in evaluating the extent of women's involvement in drug cultivation and production

Generally, the “supply-side approach” to monitoring drug production and cultivation is focused on locations, the size of plantations and the value or quantity of drugs, rather than on the people involved. The two most common ways used to evaluate the extent of drug production are through “direct indicators”, related to the cultivation or eradication of plants, as well as satellite data used to estimate the extent of plant-based drugs plantations; and through “indirect indicators”, such as drug seizures and the origin or destination of the drugs involved, provided by law enforcement authorities, or the amount of seized precursor chemicals used in the illicit manufacture of different drugs.

Although these are useful approaches, there is still a gap in information for evaluating, in a systematic way, who produces a drug, to what extent they are involved, and the gender specific aspects of the people involved in the drug supply chain.

Sources: *The Drug Problem in the Americas* (Washington, D.C., OAS, 2013); *World Drug Report 2017* (United Nations publication, Sales No. E.17.XI.6 United Nations system task force on transnational organized crime and drug trafficking as threats to security and stability, “A gender perspective on the impact of drug use, the drug trade, and drug control regimes”, Policy Brief (2014).

cultivated in areas with a very strong culture of gender inequality: opium poppy cultivation is more likely to occur in villages where girls have no access to schools.<sup>86</sup>

Women living in such areas suffer the worst consequences of poverty, are paid low wages or not paid at all, and lack other opportunities for economic self-reliance and access to education and health-care services.<sup>87</sup> For instance, in Afghanistan women living in areas where opium poppy is cultivated and where there is a structural absence of economic opportunities have reported that the income generated from opium poppy cultivation enables them

to pay for household necessities such as food, furniture and clothes.<sup>88</sup>

Illicit drug cultivation generally increases the average income of households but it does not necessarily provide financial or social benefits to women or result in a redistribution of power between women and men. Women who participate in the cultivation of illicit crops are also expected to perform the traditional gender roles of mothers, housekeepers and wives, resulting in increasingly demanding workloads. Such an intense workload may have an impact on intergenerational development and the transfer of traditional skills to children.<sup>89</sup> In Afghanistan in 2016, a survey found that about half of the women in households not involved in the cultivation of opium poppy were able to perform remunerated jobs (47 per cent); in contrast, just over a third of women in households involved in the cultivation of opium poppy were able to do the same (37 per cent). Most working women in households not involved in the cultivation of opium poppy earned income through handicrafts such as weaving, while most working women in households involved in the cultivation of opium poppy were agricultural workers paid by the day.<sup>90</sup>

Research in Afghanistan shows that women play a largely passive role in terms of decision-making in opium cultivation, with few influencing the decision by the man of the household to cultivate opium poppy or not.<sup>91</sup> Women and children provide unpaid labour in the cultivation of opium poppy, as cultivating and harvesting opium poppy is a very labour-intensive operation. Women participate in labour-intensive processes such as weeding and clearing fields, lancing and breaking opium poppy capsules to remove and clean seeds, and preparing opium gum ready for sale. Women also produce by-products of opium, such as oil and soap.

In Latin America, by contrast, women play a more active decision-making role during the different phases of coca bush cultivation and cocaine production. They are mainly involved in the initial stages,

86 *World Drug Report 2015* (United Nations publication, Sales No. E.15.XI.6).

87 Afghanistan, Ministry of Counter Narcotics and UNODC, *Sustainable Development in an Opium Production Environment: Afghanistan Opium Survey Report 2016* (Vienna, 2017).

88 *World Drug Report 2016* (United Nations publication, Sales No. E.16.XI.7).

89 Kensy and others, “Drug policy and women”.

90 *Sustainable Development in an Opium Production Environment*.

91 *World Drug Report 2016*, p. 24.

namely the cultivation and harvesting of coca leaf, but not much information is available on the participation of women in the later phases of cocaine production, which are more specialized, require qualified people, including chemists, and typically involve only men.<sup>92</sup>

In certain parts of Colombia, households involved in coca cultivation have suffered consequences linked to the presence of illegal armed groups, which have resulted in increased levels of violence and barriers to social and economic mobility, especially for women.<sup>93</sup> These conditions have affected both men and women but, when accessing public services, women have had to carry the burden of double stigma: being a woman and being part of a household that cultivates coca. On the other hand, women have played a unique supporting role in defining solutions to illicit crop cultivation in Latin America. For example, the involvement of women has ensured the successful implementation of many alternative and sustainable development interventions in areas with illicit crop cultivation.<sup>94</sup>

Cannabis cultivation takes place in most countries, including in urban areas and in indoor cultivation sites with the help of new technology,<sup>95, 96</sup> but little is known about the roles played by the men and women involved. Through studies in Africa, particularly in countries in southern Africa, it has been observed that many older women and housewives in rural areas engage in the cultivation of cannabis as a means of sustaining their households. It has been argued that the presence of these women in cannabis cultivation is a result of the fact that their partners and other male members of their families are often absent because they go to urban areas in

search of work, or because they have died, often from an AIDS-related illness.<sup>97</sup>

Cannabis plant cultivation is particularly attractive in southern Africa because it is easier to grow in arid and mountainous regions than conventional cash crops such as wheat or maize, and is not affected by drought, fluctuating seed prices or the cost of machinery and fertilizer, unlike other crops. While cannabis plant cultivation may predominantly involve women, its end products (cannabis) are usually given to male or female “agents” who ensure its transportation to strategic locations or to final consumer markets in urban centres.<sup>98</sup>

In the case of the manufacture of amphetamines, research has shown that women can play the role of both “cooks” and “shoppers” (the latter purchase or obtain supplies for manufacture). Cooks, who can be of either sex, are highly valued in the amphetamine production chain.<sup>99</sup> Although the “cooking” of methamphetamine is often considered to be a predominantly male activity, a number of cases suggest the involvement of women in the process.<sup>100, 101</sup> For example, in the State of Missouri in the United States, a survey showed that in 40 per cent of cases of methamphetamine laboratory seizures, women actively involved in the manufacture, sale or use of methamphetamine were arrested.<sup>102</sup>

### Role of women in drug trafficking

In the 98 countries that provided data disaggregated by sex during the period 2012–2016 to UNODC, 90 per cent of the people who were brought into contact with the criminal justice system for drug-related offences were men. The proportion of women brought into contact with the criminal justice system for drug trafficking offences globally was

92 Roberto Laserna, “Coca cultivation, drug trafficking and regional development in Cochabamba, Bolivia”, PhD dissertation, University of California at Berkeley, 1995, p. 170–175.

93 María Clara Torres Bustamante, *Coca, Política y Estado: El caso de Putumayo* (Bogotá, Universidad Nacional de Colombia, 2012).

94 *World Drug Report 2015*.

95 Martin Bouchard, “Towards a realistic method to estimate cannabis production in industrialized countries”, *Contemporary Drug Problems*, vol. 35, Nos. 2 and 3 (2008), pp. 291–320.

96 Evan Mills, “The carbon footprint of indoor Cannabis production”, *Energy Policy*, vol. 46 (July 2012), pp. 58–67.

97 Annette Hübschle, “Of bogus hunters, queenpins and mules: the varied roles of women in transnational organized crime in Southern Africa”, *Trends in Organized Crime*, vol. 17 (2014) pp. 31–51.

98 *Ibid.*

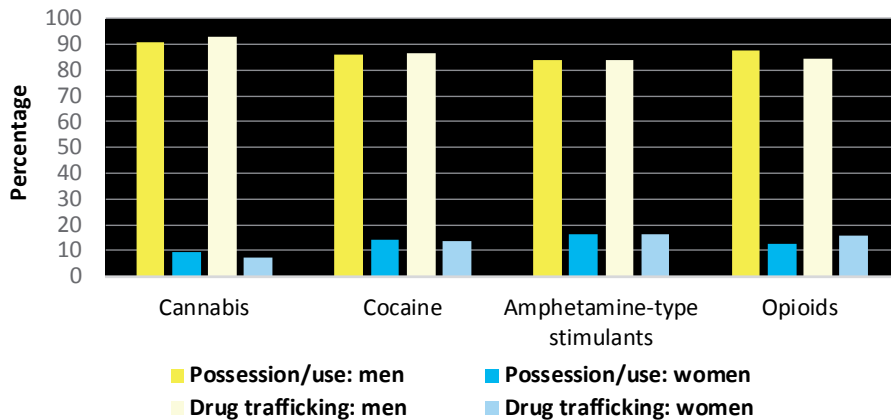
99 Robert Jenkot, “‘Cooks are like gods’: hierarchies in methamphetamine-producing groups”, *Deviant Behavior*, vol. 29, No. 8 (2008), pp. 667–689.

100 *Ibid.*

101 Hübschle, “Of bogus hunters, queenpins and mules”.

102 Robert Jenkot, “‘Cooks are like gods’: hierarchies in methamphetamine-producing groups”, *Deviant Behavior*, vol. 29, No. 8 (2008), pp. 667–689.

**FIG. 8** | Proportion of men and women brought into contact with the criminal justice system for drug possession, use and for trafficking, by drug type (2012–2016)



Source: UNODC, responses to the annual report questionnaire.

Note: The data come from 63 countries for cannabis, 56 countries for cocaine, 49 countries for amphetamine-type stimulants and 50 countries for opioids. The countries are from different regions and have provided sex-aggregated data in response to questions on persons brought into contact with the criminal justice system for drug offences during the period 2012–2016.

### Important considerations when interpreting data on women and drug trafficking

The interest in identifying women's roles in drug trafficking is relatively recent and most of the data and studies available are rarely disaggregated by sex. Furthermore, information and studies considering gender specificities tend to be more focused on women's consumption of drugs, and on the impact on their lives and children as a result of drug use disorders.

The current information reported to UNODC provides a breakdown by sex of the number of people brought into contact with the criminal justice system for drug offences. Data on drug law offenders reflect the priorities and targeting strategies, as well as the activities and effectiveness, of drug law enforcement agencies in different countries, which identify people involved in drug offences and seize the drugs they may have in their possession, rather than showing the true extent to which women and men are involved in drug trafficking.

10 per cent, although it varied widely, from 1 per cent or less in some countries to 40 per cent in others, with many countries reporting a proportion of between 7 and 16 per cent.

While there are no comprehensive global data on trends relating to women arrested for drug-related offences, there is a widespread perception that the

number of women arrested for participating in the illicit drug trade is on the rise worldwide, in particular among women who lack education or economic opportunity or who have been victims of abuse.<sup>103, 104, 105</sup> On the other hand, some available data suggest that, in some regions, the proportion of women among the total number of people brought into contact with the criminal justice system for drug trafficking offences actually declined over the period 2012–2016. It is difficult to ascertain, however, whether this reflects decreasing trends or inconsistent reporting by countries over time. Similarly, it is not clear whether an increase in the number of women arrested for drug trafficking has occurred because there are more women involved in drug trafficking, because reporting and awareness of such offences have improved, because targeting of offences in which women are typically more represented has increased, or because there has been an increase in law enforcement activities relating to drug-related offences.<sup>106</sup>

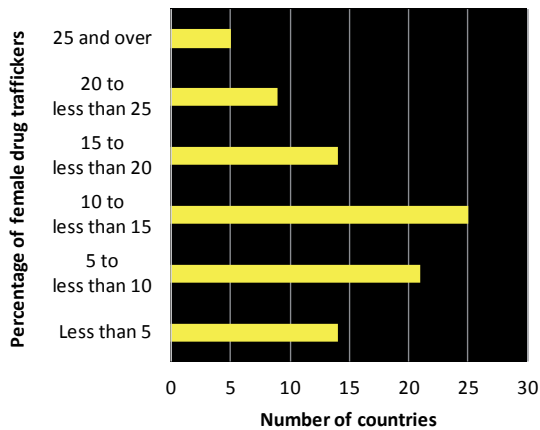
103 Inter-American Commission of Women and Organization of American States, "Women and drugs in the Americas: a policy working paper" (Washington, D.C., 2014).

104 United Nations system task force on transnational organized crime and drug trafficking as threats to security and stability, "A gender perspective on the impact of drug use, the drug trade, and drug control regimes", Policy Brief (2014).

105 Giacomello, "Women, drug offenses and penitentiary systems in Latin America".

106 Ibid.

**FIG. 9** Number of countries by proportion (percentage) of women among people brought into contact with the criminal justice system (2012–2016) for drug trafficking offences



Source: UNODC, responses to the annual report questionnaire.  
Note: Data from 88 countries.

### Activities of and roles played by women in drug dealing and trafficking

A number of studies have focused on the role that women play in drug trafficking, whether as drug “mules” or in low-level drug dealing. However, these are not necessarily the only roles they play; women may have diverse roles in a drug trafficking network, from a leading role in a drug network or trafficking group to a significant or intermediary role, or a lesser or low level-role along the drug supply chain. Although most of the literature on this topic originates in Latin America, the participation of women in drug trafficking networks has also been noted in research in other regions.

Men may still dominate the top positions in drug trafficking organizations, but some women lead drug trafficking groups and are perceived by their male co-workers or law enforcement agents as “professional” drug traffickers or high-level members of the illicit organization. They make key decisions related to both global and regional trafficking in drugs.<sup>107</sup>

107 “Women and drugs in the Americas” <http://www.oas.org/en/cim/docs/womenanddrugsamericas-en.pdf> (the roles described in the text were classified in a study developed in Trinidad and Tobago, as described on page 40).

It has been argued that women tend to obtain a high level of recognition in drug trafficking organizations through family associations or the death, incarceration or incapacitation of an intimate partner, as a result of which they have gone on to become leaders.<sup>108</sup>

### Women playing lead roles in drug trafficking networks

In Latin America, there are many cases of powerful female leaders who have been key symbols of the narco-culture in the region over several decades. Some significant examples are the “drug queens”, who run drug trafficking organizations, such as Enedina Arellano Felix,<sup>109</sup> who is believed to have led the Tijuana cartel since 2008. According to different accounts, she started working behind the scenes as a money-launderer for the cartel but, after the arrest of her brother, she became the highest-profile female cartel leader in Mexico.<sup>110</sup> Sandra Avila Beltran, dubbed the “Queen of the Pacific”, was a high-profile cartel leader in Mexico who was first indicted in the United States for cocaine trafficking in 2004<sup>111</sup> and arrested in 2007 for money-laundering and drug trafficking.<sup>112</sup> Griselda Blanco, known as “La Madrina”, is another example of a woman running a drug trafficking network. Blanco is believed to have been the first to traffic cocaine from Colombia to the United States and is believed to have been involved in trafficking thousands of kilograms of cocaine into the United States between 1975 and the 2000s.<sup>113</sup> Other examples,

108 Giacomello, “Women, drug offenses and penitentiary systems in Latin America”.

109 United States, Department of the Treasury, Office of Foreign Assets Control, “What you need to know about U.S. sanctions against drug traffickers: an overview of the Foreign Narcotics Kingpin Designation Act (21 U.S.C. ‘1901-1908, 8 U.S.C. ‘1182) and Executive Order 12978 of October 21, 1995” (Washington, D. C.).

110 Ed Vulliamy, *Amexica: War along the borderline* (Picador, Farrar, Straus and Giroux, New York, 2010).

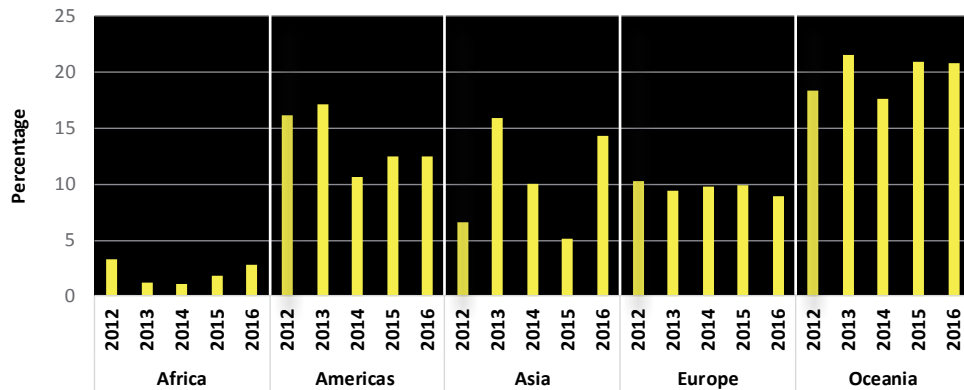
111 United States Attorney’s Office, Southern District of Florida, “Alleged international narcotics trafficker extradited from Mexico on cocaine conspiracy charges”, 10 August 2012.

112 Elaine Carey, *Women Drug Traffickers: Mules, Bosses, and Organized Crime* (Albuquerque, United States, University of New Mexico Press, 2014).

113 *United States of America v. Griselda Blanco*, 861 F.2d 773 (United States Court of Appeals for the Second Circuit, 1988). Information on this and related cases can be found



**FIG. 10** Proportion of women among those brought in contact with the criminal justice system who are suspected of drug trafficking offences (2012–2016), by region, for any illicit drug



Source: UNODC, responses to the the annual report questionnaire.

Note: Data from 88 countries.

although not in recent times, are numerous women who, in the 1930s and 1940s, ran cannabis, opium, morphine and heroin operations in Mexico.<sup>114</sup>

There are also examples of women in powerful positions in drug trafficking networks in Africa. For instance, in 1993, the ambassador of Burkina Faso to Ghana was a key member of a drug trafficking gang. She facilitated the transport of drugs by allegedly issuing diplomatic passports and providing vehicles.<sup>115</sup> Another example is that of Sheryl Cwele, a high-ranking director of health services in South Africa who, together with an accomplice from Nigeria, Frank Nabolisa, is believed to have been a central player in a transnational cocaine trafficking network.<sup>116</sup> The couple used text messages and emails

to recruit female drug couriers<sup>117</sup> before being sentenced in 2011.

#### Intermediary roles in drug trafficking

At the secondary level in the drug supply chain, the development of an intermediary role by women is relatively common but still not the norm. At this level, women may not play a leading role in a cartel or organized crime group, but their contribution is still significant within the group. One study<sup>118</sup> documented the way in which women reportedly assisted leaders by being financial controllers, supervising drug selling or being personally involved in small-scale drug dealing and selling. Women in these positions may also recruit other women, either through coercion, intimidation or financial compensation, to act as drug couriers. In other cases, such as the Tijuana cartel, women were found to have been operating and managing key functions related to money-laundering.<sup>119</sup>

During the “crack’ crisis” in the United States, women were noted as being successful “crack”

in the case law database of the Sharing Electronic Resources and Laws on Crime (SHERLOC) knowledge management portal of UNODC.

114 In Mexico, the drug culture and the women involved is of such significance that there are many songs related to famous women, such as *Camelia la Tejana* and *Pollitas de cuenta*. This has been related to what some authors have called “*narcocorrido*” culture, in which many stories present women as the main actors, not only as traffickers but also as wives, sisters, mothers and others. See Howard Campbell, “Drug trafficking stories: everyday forms of narco-folklore on the U.S.–Mexico border”, *International Journal of Drug Policy*, vol. 16, No. 5 (October 2005), pp. 326–333.

115 Emmanuel Akyeampong, “Diaspora and drug trafficking in West Africa: a case study of Ghana”, *African Affairs*, vol. 104, No. 416 (July 2005), pp. 429–447.

116 Judgment of the Supreme Court of Appeal of South Africa,

*Sheryl Cwele and Frank Nabolisa v. The State*, case No. 671/11 (1 October 2012).

117 Hübschle, “Of bogus hunters, queenpins and mules”.

118 “Women and drugs in the Americas”.

119 Louise Shelley, “The relationship of drug and human trafficking”.

cocaine dealers.<sup>120, 121, 122</sup> At the intermediate level, many women maintained “house connections” and sold “crack” cocaine to selected clientele among the non-stereotypical, “hidden” population of employed “crack” cocaine users. Many of those “crack” cocaine dealers came from stable family backgrounds and maintained that status. In one example, a dealer offered her apartment to her clients, helped them manage the effects of the drug and helped oversee their finances so that they did not spend all their money on it. She controlled unruly customers, avoided unwanted sexual attention and ensured that she did not attract the attention of the police.<sup>123</sup>

A Norwegian study of women drug dealers and traffickers identified four major strategies that “successful” women drug dealers have adopted in order to establish themselves in an area dominated by men. These strategies were: desexualizing themselves (removing aspects of their femininity); establishing a violent posture and reputation, especially among those who deal with street culture; developing an emotional detachment and being hard-hearted in their social relations; and having a service-minded approach.<sup>124</sup>

Another study of female drug traffickers in Australia looked at how female drug dealers operated when selling amphetamines, heroin or cannabis. All the women interviewed had demonstrated varying degrees of success, based on the amount of money and drugs that had passed through their hands. Some of the aspects described in the study explored how maintaining kin or kin-like relations was an important part of drug dealing. Other aspects included, as shown in the Norwegian study,

maintaining a good reputation, trust and reliability. Although threats of, or actual, violence was not commonly reported by the study participants, they had to rely on the reputations of their families or networks to thwart threats of or violence from rival groups.<sup>125</sup>

### Women as drug “mules”

A Mexican scholar has pointed out that women may become involved in drug trafficking as a result of the involvement of their male partner in the activity: they may commit crimes in association with their male partner or may be imprisoned because they take responsibility for a crime that he committed.<sup>126</sup> Several studies have shown women operating at the lowest rank in the drug supply chain hierarchy as small-scale dealers, “mules” or couriers,<sup>127</sup> or playing the role of sexual escorts around male dealers.<sup>128, 129</sup> Studies document situations where women are forced to act as drug “mules” through coercion and intimidation,<sup>130, 131</sup> by being deceived into trafficking drugs unwittingly, or in an attempt to help their loved ones.<sup>132, 133</sup>

The role of drug “mules” can involve buying, storing and transporting drugs from one place to

120 Bruce D. Johnson, Eloise Dunlap and Sylvie C. Tourigny, “Crack distribution and abuse in New York”, *Crime Prevention Studies*, vol. 11, pp. 19–57.

121 Eloise Dunlap, Bruce D. Johnson and Lisa Maher, “Female crack sellers in New York City: who they are and what they do”, *Women and Criminal Justice*, vol. 8, No. 4 (1997), pp. 25–55.

122 Lisa Maher and Kathleen Daly, “Women in the street-level drug economy: continuity or change?”, *Criminology*, vol. 34, No. 4 (November 1996), pp. 465–491.

123 Johnson, Dunlap and Tourigny, “Crack distribution and abuse in New York”.

124 Heidi Grundetjern and Sveinung Sandberg, “Dealing with a gendered economy: female drug dealers and street capital”, *European Journal of Criminology*, vol. 9, No. 6 (2012), pp. 621–635.

125 Barbara Denton and Pat O’Malley, “Gender, trust and business. women drug dealers in the illicit economy”, *British Journal of Criminology*, vol. 39, No. 4 (autumn 1999), pp. 513–530.

126 Marcela Lagarde, *Los cautiverios de las Mujeres: Madres, Esposas, Monjas, Putas, Presas y Locas* (Mexico City, Universidad Nacional Autónoma de México, 2003), p. 654.

127 *Women, Drug Policies, and Incarceration*, p. 8.

128 Patricia A. Adler, *Wheeling and Dealing: An Ethnography of an Upper-Level Drug Dealing and Smuggling Community*, 2nd ed. (New York, Columbia University Press, 1993).

129 See also, UNODC, *Personas privadas de libertad por Delitos de Drogas en Panamá: Enfoque socio-jurídico del diferencial por género en la Administración de la Justicia Penal*, 2017.

130 Jennifer Fleetwood, “Drug mules in the international cocaine trade: diversity and relative deprivation”, *Prison Services Journal*, No. 192 (November 2010).

131 “Women and drugs in the Americas”. See also American Civil Liberties Union, *Break the Chains: Communities of Color and the War on Drugs and the Brennan Center at NYU School of Law, Caught in the Net: The Impact of Drug Policies on Women and Families* (n.p., n.d.).

132 Gabriel I. Anitua and Valeria A. Picco, “Género, drogas y sistema penal. Estrategias de defensa en casos de mujeres ‘mulas’ in *Violencia de Género. Estrategias de Litigio para la Defensa de los Derechos de las Mujeres* (Buenos Aires, Defensoría General de la Nación, 2012), p. 220.

133 *Women, Drug Policies, and Incarceration*.

another, internationally or locally, on behalf of others.<sup>134</sup> This role usually represents the lowest level in the drug supply chain, and women and girls doing these secondary, less-qualified and low-paid jobs can easily be replaced.<sup>135, 136</sup> One example observed in Latin America is the use of female drug “mules” who rather than completing a successful drug transaction, serve mainly as decoys to detract attention from a larger-scale drug smuggling carried out by smuggling professionals at international borders. A member of the drugs network tips off the law enforcement personnel of an expected drug delivery by a mule. While this person is arrested another person carrying larger quantities of drugs passes through undetected.<sup>137, 138</sup>

Organized crime groups, as in the case of West African syndicates, are known to use innovative types of modus operandi, including Internet and social networking sites, to recruit drug “mules”. Drug “mules” may travel by air, sea or land (car, bus or on foot) and hide drugs in vehicles, luggage, clothes, around their bodies (“body packers”) or in their bodies (“drug swallows”). They have been reported to insert “drug eggs” into their genitalia or swallow latex capsules, balloons or pellets filled with drugs. Latex drug capsules are dangerous and can put the carrier’s lives at risk because they can burst or leak, leading to the possibility of intestinal obstruction, overdose and even death.<sup>139</sup> There have been reports of cases of women becoming involved in micro-trafficking without knowing the risks they were taking.<sup>140</sup> An example of a trafficking organization that openly recruits drug “mules” is the Yakuza, who have been known to place online advertisements for

international couriers to bring drugs into Japan. In one case, a 71-year-old Japanese woman unwittingly carried amphetamines from Egypt to Japan.<sup>141</sup>

Women can become involved in drug trafficking for a number of reasons. As in the case of men, it may be their own personal decision, although driven by economic factors in circumstances where other employment and income options may be limited. However, some factors place women at a higher risk of becoming drug “mules”. In Latin America, new family models and roles, together with economic need, may lead to women taking a more prominent role in economic life than in the past, regardless of whether their activities are legal.<sup>142</sup> Drug dealers may also see advantages in recruiting women for their own business benefit; for example, they may take advantage of institutionalized sexism, whereby women avoid being suspected of drug trafficking and other criminal activities by playing on traditional images of femininity.<sup>143, 144</sup> Moreover, women may request or accept lower pay than men; some researchers have noted that women feel compelled to accept lower rates of payment than men to carry out drug trafficking activities.<sup>145</sup>

In recent years, West Africa has become one of the main connecting points of the cocaine trade between Latin America and Europe, as well as of methamphetamine trafficking to East and South-East Asia and South Africa.<sup>146</sup> Some organized crime groups and syndicates from the subregion, principally West African drug syndicate networks,

134 Camille Stengel and Jennifer Fleetwood, “Developing drug policy: gender matters”, GDPO Situation Analysis (Swansea, United Kingdom, Global Drug Policy Observatory, August 2014).

135 Ibid.

136 Lisa Maher and Susan L. Hudson, “Women in the drug economy: a metanalysis of the qualitative literature”, *Journal of Drug Issues*, vol. 37, No. 4 (2007), pp. 805–826.

137 Hübschle, “Of bogus hunters, queenpins and mules”.

138 UNODC, *Personas privadas de libertad por Delitos de Drogas en Panamá: Enfoque socio-jurídico del diferencial por género en la Administración de la Justicia Penal*, 2017.

139 Giacomello, “Women, drug offenses and penitentiary systems in Latin America”.

140 Jennifer Fleetwood, J., “Five kilos: penalties and practice in the international cocaine trade”, *British Journal of Criminology*, vol. 51, No. 2 (March 2011), pp. 375–393.

141 Andrew Rankin, “21st-century Yakuza: recent trends in organized crime in Japan”, *The Asia-Pacific Journal*, vol. 10, issue 7, No. 2 (2012).

142 Anitua and Picco, “Género, drogas y sistema penal. Estrategias de defensa en casos de mujeres ‘mulas’”.

143 Maher and Hudson, “Women in the drug economy”.

144 Howard Campbell, “Female drug smugglers on the U.S.-Mexico border: gender, crime, and empowerment”, *Anthropological Quarterly*, vol. 81 No. 1 (winter 2008), pp. 233–267.

145 Kensity and others, “Drug policy and women”. The following example is cited on page 3 of the Briefing Paper: in Kyrgyzstan there was an increase from 5 per cent to 12 per cent of women involved in drug trafficking; that increase was partly explained by women generally accepting lower rates of payment than men.

146 Hai Thanh Luong, “Transnational drugs trafficking from West Africa to Southeast Asia: a case study of Vietnam”, *Journal of Law and Criminal Justice*, vol. 3, No. 2 (December 2015), pp. 37–54.



have developed strategies to recruit women living with HIV or other diseases as drug “mules”. This is because law enforcement authorities are reluctant to bring them into the criminal justice system and prefer to deport them rather than provide them with health care or because they fear becoming infected themselves.<sup>147</sup> Other African cartels have been known to recruit women, in particular women in vulnerable situations, including Caucasians, women with children, older people and the disabled, as low-profile couriers, as they may face a lower risk of being caught by the authorities.<sup>148</sup>

In South Asia, a large number of women and children are employed by drug traffickers in Bangladesh to carry heroin and bottles of Phensedyl, a codeine-based cough syrup, across the border from India.<sup>149</sup>

It can be argued that women primarily become involved in drug trafficking because they are driven by poverty and financial need.<sup>150, 151</sup> Research from Latin America shows that many women involved in the drug trade come from a background of physical and sexual abuse, violence and a low level of education. The situation of some women is precarious because of their vulnerability, substance use and background of mental illness.<sup>152</sup> In addition, many are responsible for caring for their dependants (children, grandchildren, elderly or disabled family members). Some are single mothers and they become involved in the drug business as a way of contributing to the family income or as an alternative means of sustaining the household.<sup>153</sup>

Studies have shown a crossover between drug trafficking, drug use, prostitution and trafficking in persons. In those studies, situations have been documented of women becoming involved in drug trafficking to sustain their own drug consumption, of sex workers smuggling drugs<sup>154</sup> and of women who were victims of trafficking in persons or trafficking in persons for the purpose of sexual exploitation being forced to smuggle drugs.<sup>155, 156</sup>

The Yakuza and the triads, from Japan and China, respectively, have been linked to trafficking in both persons and drugs for decades. The internationalization of the Yakuza has enabled them to exploit their drug trafficking links in order to traffic women from other regions, in particular South America and Eastern Europe.<sup>157, 158</sup> The triads are involved in both the trafficking for the purposes of sexual exploitation of women from Eastern Europe and drug dealing on a large scale.<sup>159</sup>

In Europe, groups from Turkey or the Balkan countries are known to be involved in trafficking in drugs, trafficking in persons and trafficking in women for the purposes of sexual exploitation. Similarly, in Belgium, groups from Albania use local “madams” to control women who have been trafficked for sexual exploitation and to ensure that they carry drugs. The organized crime group Solntsevskaya, from the Russian Federation, has also played a major role in trafficking in drugs and persons from the former States of the Soviet Union into Eastern Europe.<sup>160</sup>

Overall, there tends to be a multiplicity of factors acting together, in which gender, socioeconomic vulnerability, violence, intimate relations and economic reasons shape the complex relationship between women and the drug economy, in which a stratified and masculine system prevails.<sup>161</sup>

147 Ibid.

148 Liana Sun Wyler and Nicolas Cook, *Illegal Drug Trade in Africa: Trends and U.S. Policy* (Washington, D.C., Congressional Research Service, 2009).

149 Pushpita Das, “Drug trafficking in India: a case for border security”, *Institute for Defence Studies and Analyses*, IDSA Occasional Paper No. 24 (May 2012).

150 Rebecca Schleifer and Luciana Pol, “International guidelines on human rights and drug control: a tool for securing women’s rights in drug control policy”. *Health and Human Rights Journal*, vol. 19, No. 1 (June 2017), pp. 253–261.

151 *Women, Drug Policies, and Incarceration*.

152 Corina Giacomello, “Women in prison for drug crimes in Latin America: an invisible population”, 19 December 2013. Available from [www.talkingdrugs.org](http://www.talkingdrugs.org).

153 *Women, Drug Policies, and Incarceration*, p. 8.

154 Hübschle, “Of bogus hunters, queenpins and mules”.

155 Liz Hales and Loraine Gelsthorpe, *The Criminalisation of Migrant Women* (Cambridge, United Kingdom, Institute of Criminology, University of Cambridge, 2012).

156 Shelley, “The relationship of drug and human trafficking”.

157 Rankin “21st-century Yakuza”.

158 Shelley, “The relationship of drug and human trafficking”.

159 Glenn E. Curtis and others, “Transnational activities of Chinese crime organizations”, *Trends in Organized Crime*, vol. 7, No. 3 (March 2002), pp. 19–57.

160 Shelley, “The relationship of drug and human trafficking”.

161 Fleetwood, “Drug mules in the international cocaine trade”.

## Women in the criminal justice system for drug-related offences

Although the concept and practice of proportional sentencing in relation to drug offences have been recognized by the international community,<sup>162, 163</sup> in some countries, mandatory minimum sentences still apply, irrespective of the specific role played in or the profit gained from a drug-related offence.<sup>164</sup> The array of roles in international drug trafficking is not always reflected in drug laws, or in sentencing.<sup>165, 166, 167</sup> It has also been argued that, since low-level drug trafficking may be easier to control, local law enforcement agencies may focus on that part of the drug supply chain in order to achieve more immediate and visible results.<sup>168</sup> In some countries, for instance in Latin America, drug-related offences account for the first or second cause of incarceration among women, yet only between the second and the fourth cause among men. With mandatory pretrial detention established in some Latin American countries for drug offences,<sup>169</sup> the situation may be more precarious, especially for women.<sup>170, 171</sup>

According to the latest information, women comprise nearly 7 per cent of the global prison population,<sup>172</sup> with more than 714,000 women and girls held in penal institutions throughout the world in 2017, either as pretrial detainees or following conviction and sentencing. The estimated number of women in prisons globally doubled from 2000 to 2017, a disproportionately higher increase than among the male prison population.<sup>173</sup> Globally, between 2010 and 2014, an estimated 35 per cent of women in prison had been convicted for drug-related offences, while the figure for men was 19 per cent.<sup>174</sup> In many countries, there has been a disproportionate increase in the rates of women being imprisoned, including for low-level drug dealing offences.<sup>175</sup> It seems that men are more often incarcerated for other crimes (either concurrent to drug offences or not), thus reducing the relative share of men in prison for drug-related offences. It has also been noted that women are generally less likely than men to be able to afford fines or to pay the surety required for bail. They may also be less aware of their legal rights, and may be ineligible for consideration for non-custodial sanctions and measures if their economic, social and mental vulnerability are assessed as risk factors.<sup>176</sup> While there is little evidence to determine whether there is discrimination against women (in comparison with men) at the sentencing level, some studies suggest that judges and other criminal justice officials do not consider gender inequalities. This is based, in part, on the misconception that the principle of equality before the law does not allow accounting for the distinctive needs of women in order to accomplish substantial gender equality.<sup>177</sup>

- 162 Commission on Narcotics Drugs Resolution 59/7 Promotion of proportionate sentencing for drug-related offences of an appropriate nature in implementing drug control policies.
- 163 Outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem” (General Assembly resolution S-30/1, annex), para. 4 (j and k).
- 164 Covington and Bloom, “Gendered justice”.
- 165 Jennifer Fleetwood, Polly Radcliffe and Alex Stevens, “Shorter sentences for drug mules: the early impact of the sentencing guidelines in England and Wales”, *Drugs: Education, Prevention and Policy*, vol. 22, No. 5 (2015), pp. 428–436.
- 166 Maher and Hudson, “Women in the drug economy”.
- 167 Stengel and Fleetwood, “Developing drug policy: gender matters”.
- 168 Sital Kalantry, “Women in prison in Argentina: causes, conditions, and consequences”, Public Law Working Paper, No. 439 (Chicago, University of Chicago Press, 2014).
- 169 Organization of American States, Secretariat for Multidimensional Security and Inter-American Drug Abuse Control Commission, *Technical Report on Alternatives to Incarceration for Drug-Related Offenses* (Washington, D.C., Inter-American Drug Abuse Control Commission, 2015).
- 170 Cindy S. Woods, “Addressing prison overcrowding in Latin America: a comparative analysis of the necessary precursors to reform”, *ILSA Journal of International and Comparative Law*, vol. 22 (2016), pp. 533–561.
- 171 Giacomello, “Women, drug offenses and penitentiary systems in Latin America”.

- 172 Roy Walmsley, “World prison population list”, 11th ed. (Institute for Criminal Policy Research, 2016).
- 173 Roy Walmsley, “World female imprisonment list”, 4th ed. (Institute for Criminal Policy Research, 2017).
- 174 According to reports from 50 Member States (UNODC, Special data collections on persons held in prisons (2010–2014)).
- 175 Report of the Special Rapporteur on violence against women, its causes and consequences, entitled “Pathways to, conditions and consequences of incarceration for women” (A/68/340).
- 176 See UNODC *Handbook on women and imprisonment*, p 190 and 113 (2014).
- 177 See, UNODC, *Personas privadas de libertad por Delitos de Drogas en Panamá: Enfoque socio-jurídico del diferencial por género en la Administración de la Justicia Penal*, 2017.

Some research has suggested that the increase in women's imprisonment rates mainly affects ethnic minorities and vulnerable populations.<sup>178</sup> In the case of the United States, for example, over half of the women in federal prisons were incarcerated for drug-related offences, and a disproportionate number of them are Latina and African-American.<sup>179, 180</sup> The same situation occurs in the United Kingdom, where most women imprisoned for drug-related charges are from a minority ethnic background and, along with foreign-born women, are overrepresented in the prison system for these offences.<sup>181, 182</sup>

The vulnerability that drives people into low-level drug trafficking often limits their capacity to face prosecution effectively. This can be particularly problematic for women. As documented in Latin America, when women are arrested for drug-related offences, they risk being abandoned by their relatives, reducing their opportunities to secure a sufficient legal defence, especially in countries with no legal-aid system.<sup>183, 184</sup>

According to data reported to UNODC during the period 2012–2016, the largest numbers of women brought into contact with the criminal justice system for drug trafficking offences were reported in East and South-East Asia and Western and Central and Eastern Europe. The highest proportions of women among those brought into contact with the criminal justice system for drug trafficking offences during that same period were 22 per cent in Central

America and 20 per cent in Oceania (data from Australia and New Zealand only).

### *Women in the criminal justice system for drug-related offences: a regional overview*

Worldwide, there are more men than women in prison, both in general and for drug-related offences, but the proportion of women in prison sentenced for drug-related offences is higher than that of men. It seems that men are more often incarcerated for other crimes<sup>185</sup> (either concurrent to drug offences or not), thus reducing the relative share of men in prison for drug-related offences. Some have argued that women are disproportionately incarcerated for drug offences<sup>186</sup> and are more affected than men as they are targeted for low-level drug offences.

According to the latest World Female Imprisonment List, since 2000, the number of women in prison has doubled in Latin America; Brazil, El Salvador and Guatemala have seen a particular increase.<sup>187</sup> Many women are incarcerated for non-violent micro-trafficking offences.<sup>188</sup>

Available data for Europe indicate that the proportion of female prisoners serving sentences for drug-related offences varies considerably, from 5 per cent in Bulgaria, approximately 25 per cent in Denmark, Finland and Sweden and 33 per cent in Italy to 40 per cent in Spain. In Europe, there is less disparity between the proportion of men and women imprisoned for drug-related offences than in other regions.<sup>189</sup>

The number of women in prison in the United States increased more than sixfold between 1978 and 2016, from a rate of 10 per 100,000 female population to 64 per 100,000 female population. This is attributed to a higher proportion of women than men being sentenced for non-violent drug-related offences in the United States in that

178 Rosalyn Harper, Gemma C. Harper and Janet E. Stockdale, "The role and sentencing of women in drug trafficking crime", *Legal and Criminological Psychology*, vol. 7, No. 1 (February 2002), pp. 101–114.

179 Stengel and Fleetwood, "Developing drug policy: gender matters".

180 Kensy and others, "Drug policy and women: addressing the negative consequences of harmful drug control".

181 Prison Reform Trust, *Counted Out: Black, Asian and Minority Ethnic Women in the Criminal Justice System* (London, 2017).

182 Janice Joseph, "Drug offenses, gender, ethnicity, and nationality: women in prison in England and Wales", *The Prison Journal*, vol. 86, No. 1 (2006), pp. 140–157.

183 Inter-American Commission on Human Rights, "Annual report of the IACHR 2007", document OEA/Ser.L/V/II.130, Doc. 22, rev. 1.

184 Alberto Binder, Ed Cape and Zaza Namoradze, *Effective Criminal Defence in Latin America* (Bogotá, Dejusticia, 2015).

185 *Technical Report on Alternatives to Incarceration for Drug-Related Offenses*.

186 Fleetwood, "Five kilos"; and United Nations task force on transnational organized crime and drug trafficking as threats to security and stability, "A gender perspective on the impact of drug use, the drug trade, and drug control regimes".

187 Walmsley, "World female imprisonment list".

188 "Women and drugs in the Americas".

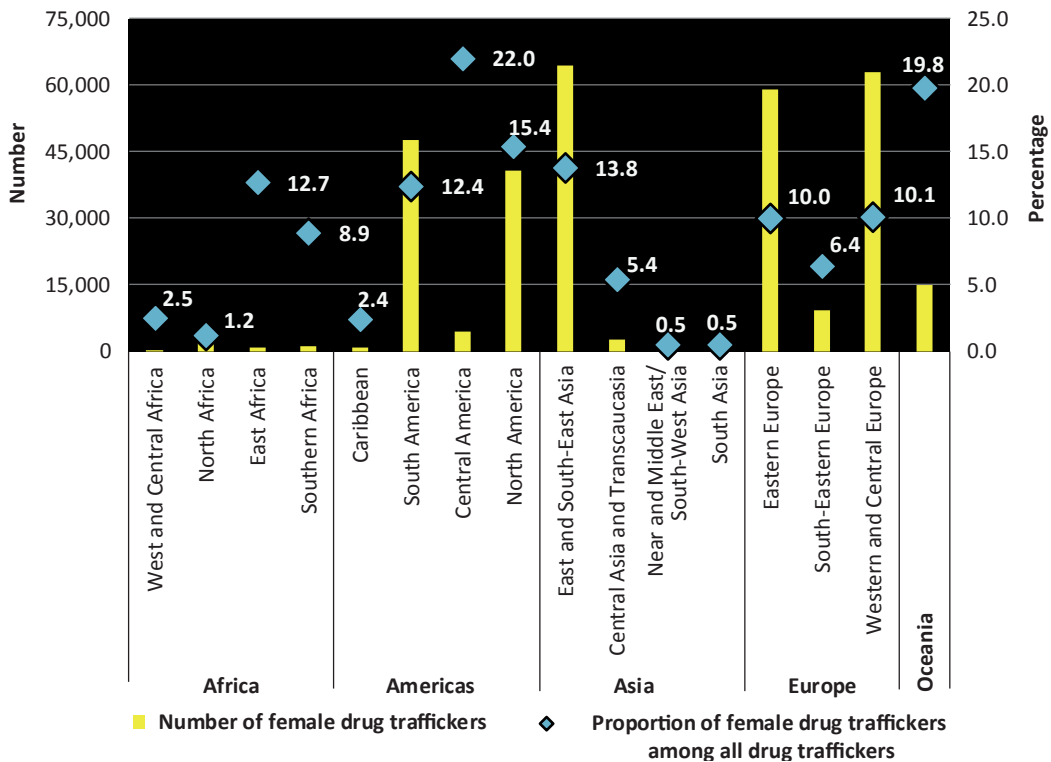
189 UNODC, Special data collections on persons held in prisons (2010–2014).

**TABLE 1** | People in prison sentenced for drug-related offences in selected countries in Latin America, 2014

	Women			Men		
	Number of women in prison sentenced for drug offences	Proportion of women in prison sentenced for drug related offences, as compared with other offences (%)	Proportion of women sentenced for drug trafficking offences among all women sentenced for drug-related offences (%)	Number of men in prison sentenced for drug offences	Proportion of men in prison sentenced for drug related offences, as compared with other offences (%)	Proportion of men sentenced for drug trafficking offences among all men sentenced for drug-related offences (%)
El Salvador	12	2	42	47	1	21
Argentina	319	27	NA	1 773	5	NA
Brazil	6,863	56	100	57 296	22	100
Chile	1,356	36	NA	6 422	10	NA
Colombia	2,664	38	100	13 962	13	98
Ecuador	380	53	9	1 783	15	15
Peru	1,359	63	100	6 771	21	100

Source: UNODC, Special data collections on persons held in prisons (2010-2014).

**FIG. 11** | Number of women brought into contact with the criminal justice system for drug trafficking and their proportion among all those brought into contact with the criminal justice system for drug-trafficking (2012–2016), by subregion, for any illicit drug



Source: UNODC, responses to the annual report questionnaire.

Note: Data from 88 countries.

period.<sup>190</sup> Although more men than women serve prison sentences for drug-related offences in the United States, drug-related crimes account for about 25 per cent of all crimes committed by women, while they comprise only 14 per cent of all such crimes committed by men. In addition, in 2016, 47 per cent of men and 56 per cent of women were imprisoned in the United States federal prison system for drug-related offences.<sup>191</sup> In Canada in the period 2015–2016, while only 5 per cent of offenders in federal custody were women, about 25 per cent of them were serving a sentence for a serious drug offence.<sup>192</sup>

In Asia, data show that, in 2014, the highest percentage of women in prison for drug-related offences was in Thailand (77 per cent of women in prison, compared with 61 per cent of men) followed by Japan (39 per cent), Georgia (38 per cent), Azerbaijan (33 per cent) and the United Arab Emirates (15 per cent). However, in Asia, the overall proportion of men and women in prison sentenced for drug-related offences is comparable.<sup>193</sup>

### Women in the drug supply chain: from passive to empowered individuals

Overall, more men than women are involved in activities related to the drug supply chain. Some of the vulnerabilities, such as poverty, lack of education and economic opportunities, that may render a person vulnerable to being exploited by organized crime groups for low-level drug trafficking are experienced by both men and women. In many circumstances, however, women may be more vulnerable than men, given that they may have stronger feelings of responsibility for their family, can be exploited easily by organized crime groups as a result of institutionalized sexism, are less visible to law enforcement agencies and may accept lower wages

than men for their services. The evidence available also shows some crossover between trafficking in persons, trafficking in women for sexual exploitation, drug use and drug trafficking. These vulnerabilities may be a product of social structures in which women are seen as passive and non-empowered individuals.

Another perspective presents women as empowered individuals who are not necessarily dependent on or exploited by their male partners, and who play key roles in the drug supply chain based on their own decisions. Although some women do not play merely passive roles, their position in the drug supply chain strongly depends on their social class, networks and place within the drug organizations. Overall, women represent a small percentage of people in prison, but this percentage is increasing. It is not clear, however, if the criminal justice response to sentencing for drug-related offences treats men and women in the same way. While men end up in prison for a broad range of crimes, drug-related crimes are the principal cause of the incarceration of women. What is clear is that women's contact with the criminal justice system has more negative consequences on them than it does on men, exacerbating both their economic vulnerability and their social exclusion.

190 E Ann Carson, "Imprisonment rate of sentenced female prisoners under the jurisdiction of state or federal correctional authorities per 100,000 female U.S. residents" (Washington D.C Bureau of Justice Statistics, 1978-2016).

191 E. Ann Carson, "Prisoners in 2016", (Washington, D.C., Bureau of Justice Statistics, 2018).

192 Tina Hotton Mahony, Joanna Jacob and Heather Hobson, *Women in Canada: A Gender-Based Statistical Report — Women and the Criminal Justice System* (Ottawa, Statistics Canada, 2017).

193 UNODC, Special data collections on persons held in prisons (2010–2014).



## Women who are incarcerated for drug-related offences suffer worse consequences than men

Women often suffer more than men with serious long-term consequences from incarceration that affect several aspects of their lives. In most instances, on the basis of gender-neutral principle, women are subject to the same correctional procedures as men.<sup>a</sup> Both drug use and incarceration carry stigma for men and women, but the degree of stigma is much greater for women because of gender-based stereotypes that hold women to different standards.<sup>b</sup> Many women charged with drug-related offences suffer from substance use disorders, psychiatric disorders and a history of physical and sexual abuse.<sup>c</sup> <sup>d</sup> Studies indicate that many women arrested for drug-related offences, in particular drug trafficking, had been victims of human or sex trafficking and forced to carry drugs.<sup>e</sup> The standard practices in most custodial settings of search, restraint and isolation can have profound effects on women with a history of abuse, trauma or mental illness and often act as triggers that re-traumatize women who have post-traumatic stress disorder.<sup>f</sup> Forced sex work, sexual abuse and rape of female prisoners is also a common practice in some prisons globally.<sup>g</sup> <sup>h</sup> This adds to the abuse and trauma that many women who use drugs might have already suffered, with the overall prison experience exacerbating those conditions and inflicting further physical and psychological trauma to the person. While in prison, few women are provided with the health-care services necessary to address their drug use disorders, other co-morbidities or reproductive health issues. Therefore, the lack of adequate and tailored health-care services in many prisons affects women more than men.

The incarceration of women impacts the lives of their children and families, who are often more dependent on the women than on the men in the family. The separation of children from their mothers is one of the most detrimental aspects of women's incarceration.<sup>i</sup> In an analysis of international prison censuses it was found that when a father was incarcerated, custody of the children was usually assumed by the wife or partner, whereas when a mother was incarcerated, the children remained in the care of their fathers in only 10 per cent of cases.<sup>j</sup> Separation from children therefore causes serious problems for women's mental health and leads to the disintegration of families and, in many cases, the institutionalization of children.<sup>k</sup>

Incarcerated women do not generally receive enough support to prepare for their return to their families, intimate partners and the community. Not only do women have fewer opportunities to access education and training programmes in prison than men, but the skills they learn in prison are mainly recreational and based on gender stereotypes, and fail to provide them with

financial remuneration.<sup>l</sup> <sup>m</sup> While in prison, women also see their networks, which could help them after release, weakened and their social skills diminished. Upon their release, women face stigma in the community because of their drug use and incarceration. Women therefore face challenges in accessing the necessary health-care and social services, such as housing and employment, and also face social isolation, leaving them to continue living in circumstances of social and economic disadvantage and inequality.<sup>n</sup>

<sup>a</sup> Stephanie S. Covington and Barbara E. Bloom, "Gendered justice: women in the criminal justice system", in *Gendered Justice: Addressing Female Offenders*, Barbara E. Bloom, ed. (Durham, North Carolina, Carolina Academic Press, 2003).

<sup>b</sup> Juliana van Olphen and others, "Nowhere to go: how stigma limits the options of female drug users after release from jail", *Substance Abuse Treatment, Prevention, and Policy*, vol. 4, No. 10 (2009).

<sup>c</sup> Ernest Drucker, "Drug law, mass incarceration, and public health", *Oregon Law Review*, vol. 91, No. 4 (2013), p. 1097–1128.

<sup>d</sup> Kasia Malinowska-Sempruch and Olga Rychkova, "The impact of drug policy on women" (New York, Open Society Foundations, 2015).

<sup>e</sup> Louise Shelley, "The relationship of drug and human trafficking: a global perspective", *European Journal on Criminal Policy and Research*, vol. 18, No. 3 (September 2012). The author argues that drug trafficking is linked to several forms of trafficking, such as labour trafficking in the agricultural sector and sex trafficking. Some smuggled individuals often pay for their movement to their destination by being drug couriers. In addition, drugs may be used to recruit new victims.

<sup>f</sup> Covington and Bloom, "Gendered justice".

<sup>g</sup> Etienne G. Krug and others, eds., *World Report on Violence and Health* (Geneva, WHO, 2002).

<sup>h</sup> Center for Justice and International Law, *Women in Prison, Regional Report: Argentina, Bolivia, Chile, Paraguay, Uruguay* (2007).

<sup>i</sup> Ibid.

<sup>j</sup> Washington Office on Latin America and others, *Women, Drug Policies, and Incarceration: A Guide for Policy Reform in Latin America and the Caribbean* (2016).

<sup>k</sup> Corina Giacomello, "Women, drug offenses and penitentiary systems in Latin America", Briefing Paper (London, International Drug Policy Consortium, 2018).

<sup>l</sup> Marta Cruells and Noelia Igareda, eds., *Women, Integration and Prison* (Barcelona, Spain, Aurea Editores, 2005).

<sup>m</sup> Ana Cárdenas T., *Mujeres y Cárcel: Diagnóstico de las Necesidades de Grupos Vulnerables en Prisión* (Santiago, Universidad Diego Portales-ICSO, 2010).

<sup>n</sup> Van Olphen and others, "Nowhere to go".



## GLOSSARY

*amphetamine-type stimulants* — a group of substances composed of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971 and from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the “ecstasy”-group substances (3,4-methylenedioxymethamphetamine (MDMA) and its analogues).

*amphetamines* — a group of amphetamine-type stimulants that includes amphetamine and methamphetamine.

*annual prevalence* — the total number of people of a given age range who have used a given drug at least once in the past year, divided by the number of people of the given age range, and expressed as a percentage.

*coca paste (or coca base)* — an extract of the leaves of the coca bush. Purification of coca paste yields cocaine (base and hydrochloride).

*“crack” cocaine* — cocaine base obtained from cocaine hydrochloride through conversion processes to make it suitable for smoking.

*cocaine salt* — cocaine hydrochloride.

*drug use* — use of controlled psychoactive substances for non-medical and non-scientific purposes, unless otherwise specified.

*new psychoactive substances* — substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term “new” does not necessarily refer to new inventions but to substances that have recently become available.

*opiates* — a subset of opioids comprising the various products derived from the opium poppy plant, including opium, morphine and heroin.

*opioids* — a generic term applied to alkaloids from opium poppy (opiates), their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

*problem drug users* — people who engage in the high-risk consumption of drugs; for example, people who inject drugs, people who use drugs on a daily basis

and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association, or the International Classification of Diseases and Related Health Problems (tenth revision) of the World Health Organization.

*people who suffer from drug use disorders/people with drug use disorders* — a subset of people who use drugs. People with drug use disorders need treatment, health and social care and rehabilitation. Harmful use of substances and dependence are features of drug use disorders.

*harmful use of substances* — defined in the International Statistical Classification of Diseases and Related Health Problems (tenth revision) as a pattern of use that causes damage to physical or mental health.

*dependence* — defined in the International Statistical Classification of Diseases and Related Health Problems (tenth revision) as a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of dependence syndrome is the desire (often strong, sometimes overpowering) to take psychoactive drugs.

*substance or drug use disorders* — the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association also refers to “drug or substance use disorder” as patterns of symptoms resulting from the use of a substance despite experiencing problems as a result of using substances. Depending on the number of symptoms identified, substance use disorder may vary from moderate to severe.

*prevention of drug use and treatment of drug use disorders* — the aim of “prevention of drug use” is to prevent or delay the initiation of drug use, as well as the transition to drug use disorders. Once a person develops a drug use disorder, treatment, care and rehabilitation are needed.







## REGIONAL GROUPINGS

The *World Drug Report* uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Uganda and United Republic of Tanzania
- North Africa: Algeria, Egypt, Libya, Morocco, South Sudan, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo
- Caribbean: Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico and United States of America
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of)
- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste and Viet Nam
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, United Arab Emirates and Yemen
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia and Turkey
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom of Great Britain and Northern Ireland
- Oceania: Australia, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and small island territories

Following last year's 20<sup>th</sup> anniversary edition, the *World Drug Report 2018* is again presented in a special five-booklet format designed to enhance reader friendliness while maintaining the wealth of information contained within.

Booklet 1 summarizes the content of the four subsequent substantive booklets and presents policy implications drawn from their findings. Booklet 2 provides a global overview of the latest estimates of and trends in the supply, use and health consequences of drugs. Booklet 3 examines current estimates of and trends in the cultivation, production and consumption of the three plant-based drugs (cocaine, opiates and cannabis), reviews the latest developments in cannabis policies and provides an analysis of the global synthetic drugs market, including new psychoactive substances. Booklet 4 looks at the extent of drug use across age groups, particularly among young and older people, by reviewing the risks and vulnerabilities to drug use in young people, the health and social consequences they experience and their role in drug supply, as well as highlighting issues related to the health care needs of older people who use drugs. Finally, Booklet 5 focuses on the specific issues related to drug use among women, including the social and health consequences of drug use and access to treatment by women with drug use disorders; it also discusses the role played by women in the drug supply chain.

Like all previous editions, the *World Drug Report 2018* is aimed at improving the understanding of the world drug problem and contributing towards fostering greater international cooperation for countering its impact on health and security.

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