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Consuming Illicit Drugs: Disproportionate Disadvantage and Poor Women of Color

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ABSTRACT

The consumption of illegal drugs in the United States has had deleterious effects on women through the dialectically interacting factors of federal drug policy, women’s roles, violence against women, poverty and race/ethnicity. Both criminalization of drugs and patriarchal patterns have generated the current disadvantageous situation for poor women of color who consume illicit drugs. However, our interview data suggest women are largely unaware of the unequal effects of drug policy and instead attribute their drug consumption and its deleterious consequences to their own weaknesses and personal backgrounds.
INTRODUCTION: THE UNITED STATES’ DRUG POLICY

Prior to the Nixon administration’s “Law and Order” campaign beginning in 1968, substance abuse and associated governmental policy were framed as public health problems primarily related to American social structure. The social issues deemed to be inherent to drug abuse included racism, rapid immigration, domestic violence, child and sexual abuse, unequal economic circumstances and opportunities, and variation in the application of law and justice. As such, they were both the concern and responsibility of the general American public.

Beginning with the Nixon administration, however, governmental policy shifted the responsibility for drug use and associated criminal violence to the individual via the (still current) “War on Drugs.” Nixon’s drug policy emphasized and financed crime detection and police action rather than social programs, and combined extant drug-related agencies under the new Drug Enforcement Agency, a branch of the Justice Department. Federal expenditures on the War on Drugs were $18.1 Billion in 2001, $18.8 Billion in 2002, and increased to $19.2 Billion in the 2003 federal budget (Office of National Drug Control Policy 2003).

In the 35 years since implementing Nixon’s “Law and Order” policy, accentuation of individual responsibility, immorality and corruption and vice has intensified:

Since Nixon’s ‘law and order’ campaign of 1968, the War on Drugs has walked point for a national retreat from handling crime and drug abuse as symptoms of larger problems -- racism, exclusion, injustice, and poverty -- for which all Americans bear some responsibility (Baum 1996, p. ix).
Moreover, emphases within federal drug policy and implementation have expanded beyond police action to include other aspects of the justice system, particularly court regulations, mandatory minimum sentencing guidelines, and substantially longer periods of incarceration. This policy-based redirection of foci, funds, and legal activities has increased social inequalities associated with racism, ethnicity, poverty levels, and gender.

SOCIAL CONTROL AND DISPROPORTIONATE HARM

It is reasonably clear, both from current actions and the historical record, that substances tend to be criminalized when they are associated with so called dangerous classes, that the criminalization of certain substances is a technique of social control. The economic policies of the last 20 years are a rich man’s version of structural adjustment (DRC Net, 2/8/02).

Gender as related to class and income, racism and ethnicity, cannot be separated in our analysis of the harmful effects of illicit drug consumption. Specific discriminatory and unequal effects of federal drug policy on poor women of color are found, for example, in the violence that has accompanied criminalization (Luff 1992), the sentencing model and guidelines (Amnesty International 1999; Sentencing Project 1993), “disproportionate incarceration” (Codd 2001), and the problematic role of the criminal justice system overall (Reiman 2001).

We argue that, in general, the federal drug policy and its enforcement are forms of social control that validate the current system of power and distribution of wealth in a white patriarchal society (see DRC Net 2/8/2002). Donziger indicates the social discourse of correlating illegal drugs with minority groups in the United States is not borne out by
factual evidence (1996, p.121), and Bourgeois associates periods of socioeconomic
downturn with similar discourses placing “blame” for drug use and abuse on lower
economic classes and non-white ethnic groups:

…during periods of economic and social strain…whatever illicit substance
happens to be in fashion is invariably portrayed as the “worst ever,” harboring
imminent social breakdown. Often, journalists and even medical doctors assign a
peculiar pharmacological vulnerability to whatever social class or ethnic group is

Discourse about African-Americans and cocaine in the early 1900s, Chinese and opium
in the late 1880s, and Mexicans and marijuana in the 1930 are examples.

Beyond ethnicity and class, however, “women, the family, and motherhood”
associated with the “crack baby” scare and the growing number of female addicts in the
1980s point to feminization of drug use and abuse, as well as the discourse of blame and
criminalization (Bourgeois 1995, p.278; see also Codd 2001; Reiman 2001).

Violence

Violence is often a hallmark of male domination and masculine constructions of
gender. With respect to illicit drug consumption, violence toward women is both apparent
and real. Luff (1992) has specifically analyzed the War on Drugs as a manifestation of,
and instrument for, patriarchy through the use of control, violence, force, and fear. Codd
concludes that “the disempowerment of women bred by physical, sexual, and
psychological abuse, including impoverishment, is highly correlated with women’s
criminal activity, including drug use, and subsequent imprisonment” (2001, p.1). Mauer
and Huling point to a link between substance abuse and physical and sexual abuse among women, such that the US War on Drugs has succeeded in “criminalizing women already suffering under extreme socio-economic and psychological stress” (1995, p.22). “More than a third of women in state prisons and jails reported that they were physically or sexually abused as children, twice the rate reported by all women;” almost half of the women in prison had been physically abused, over half reported being abused by boyfriends or husbands, and one third had been raped (Fruchter 2001, p.3). Greenfield and Snell report that 69% of women in correctional facilities who reported physical or sexual assault indicated it first occurred before the age of 18 (1999, p.8).

The situation once women are incarcerated compounds this abuse. Amnesty International detailed physical, sexual, and psychological abuse endured by female inmates (1999). “[F]emales are secondary” when it comes to prisons, evident in the lack of facilities and privileges (Fruchter 2001, p.1). Codd also argues that women’s prisons make women further suffer under the abuses of patriarchal domination described above (2001, p.2).

Another aspect of patriarchal domination has been its control over women’s bodies and their sexuality (e.g. Mauer and Huling, 1995). The War on Drugs has perpetuated this control, especially for pregnant women of color. Codd maintains “the disproportionate incarceration of pregnant drug users represents the continuation of patriarchal, racist criminalization of women’s bodies, and is indicative, too, of the overemphasis placed on the fetus by anti-reproductive forces” (2001, p.1). For example, during the “crack baby crisis,” in which pregnant drug users, who were often poor,
uneducated, women of color with little access to treatment or medical care, were turned into “Public Enemy Number One” (Baum 1996, p.167).

Clearly, the criminalization of certain drugs, and resultant incarceration in prison or in “treatment facilities,” can be analyzed with respect to the difficulties of women’s producing and raising children and being placed in a situation conducive to violence. Again, the prejudicial effects are more intense for poor women of color. Black women are imprisoned at eight times the rate of white women, while Latina women are more than four times as likely to be incarcerated as are white women (Fruchter 2001). Moreover, “regardless of similar or equal levels of illicit drug use during pregnancy, black women are 10 times more likely than white women to be reported to child welfare agencies for prenatal drug use” (Neuspiel 1996, p.47).

Sentencing

Supposedly gender-neutral federal sentencing guidelines are a further source of discrimination against women in the War on Drugs. Raedar indicates “the sentencing model placed women at a distinct disadvantage with respect to gender-specific characteristics, experiences, and roles” (reported in Amnesty International 1999, p.2). While these laws are premised to be neutral, Raeder’s analysis indicates that the standards for neutrality are biased toward the experiences of men. Various aspects of sentencing guidelines disadvantage poor women of color, particularly disparities between powder and crack cocaine, mandatory minimums for drug offenses, and sentence reductions for supplying valuable information.
Disparities between sentencing for crack and powder cocaine disadvantage both men and women of color. Crack users tend to be low-income because it is cheap, more readily available, and sold in small quantities. Crack cocaine is the only drug that evokes mandatory minimum sentencing for a first offense and is prosecuted at a ratio to powder cocaine of 100:1. The result is that both black men and women are incarcerated for longer period for crack cocaine compared to the prison sentences white men and women receive for power cocaine consumption; similar patterns are found when comparing low-income and high-income cocaine users (see Donziger 1996; DRC Net 3/29/2002, 4/12/2002).

In 1984 the U.S. Sentencing Commission was formed to minimize social disparities in sentencing, specifically evaluating the differences between sentences for crack and powder cocaine, but its recommendations for equalization have been ignored or ineffective in correcting inconsistencies (Borden 2002a, 2002b). The Drug Sentencing Reform Act of 2001 was seen as equally ineffective in addressing social disparities; one critic queried “[D]on’t they realize that 85% of federal powder cocaine defendants are black or brown?” (DRC Net 4/12/2002).

Mandatory minimum sentences in general are a source of discrimination against women, because they do not allow consider mitigating circumstances, including “such factors as the role of single mothers in particular caring for their children; the minor role that many women play in many crimes; the abusive/coercive environments in which many women play these roles; and the lower recidivism rates for women” (Raeder 1993). A large percentage of women who are incarcerated or on probation have children under the age of 18; “[A]pproximately 526,200 women on probation (72% of the total), 44,700
women in local jails (70% of the total), 49,200 women in State prisons (65% of the total), and 5,400 women in Federal prisons (59% of the total) have minor children” (Greenfield and Snell 1999, p.7). Mandatory minimum sentences are especially detrimental to poor women of color given their higher incidence of single motherhood.

Sentencing guidelines also adversely affect women who are involved marginally in the illegal drug market; women experience “glass ceilings” that prevent them from reaching high positions in the drug trade. Ironically, their marginalization in the trade harms rather than helps women in the criminal justice system. While lenient sentences are often provided to people who assist the police or prosecution, “women rarely can offer material assistance of any value” (Huling 1995, p.9) and seldom receive reduced sentences as a result (Amnesty International 1999). Overall, “[W]omen were over-represented among low-level drug offenders who were non-violent, had minimal or no prior criminal history, and were not principal figures in criminal organizations or activities, but nevertheless received sentences similar to ‘high level’ drug offenders under the mandatory sentencing policies” (Amnesty International 1999, p.3).

Incarceration

Another detrimental effect of the drug policy, related to mandatory minimum sentencing, is the rapidly increasing rate of female incarceration. Because women are much less likely to commit violent offenses, the War on Drugs is a primary instrument for placing women under correctional supervision. “From 1986 (the year mandatory sentencing was enacted) to 1996, the number of women sentenced to state prisons for drug crimes increased ten fold (from around 2,370 to 23,700) and has been the main
element in the overall increase in the imprisonment of women” (Amnesty International 1999, p.26; see also Fruchter 2001; Greenfield and Snell 1999). Over this same time period, female arrests for drug offenses increased 95%, while drug arrest for men drug increased by 55.1% (Federal Bureau of Investigation 1998).

Both in comparison to prisons for men and on its own terms, female incarceration is discriminatory and violent. Women’s prisons lack the funding, programs, and medical treatment available in and for male prisons. In addition, physical and sexual abuse, abusive medical treatment, and isolation from their children compound the difficulties experienced by female prisoners (Fruchter 2001). Diversity Folio indicated “The sexual abuse of women inmates is torture, plain and simple. Shackling and medical neglect of women in prison constitute cruel, inhuman and degrading treatment” (1999, p.23). The exploding women’s prison population, primarily due to convictions for non-violent drug offenses, necessitated employing male guards in female prisons, in itself a violation of international standards (Codd 2001; Fruchter 2001). Amnesty International reported “male guards touching prisoners’ breasts and genitals during daily pat-down and strip searches, watching women as they shower and dress and…selling women to male inmates for sex” (reported in Fruchter 2001, p.1), as well as the use of shackles during pregnancy, rape, and unusually harsh treatment towards lesbian, transgender, HIV+ women, and women of color (Codd 2001; Fruchter 2001). Incarcerated women are more likely to suffer from HIV and/or mental illness than are imprisoned men (Amnesty International 1999).
Social Policy Restrictions

Drug offenses cause restrictions on welfare benefits, federal financial aid, public housing assistance, and voting, and taken alone or collectively, place disproportionate impact on women.

In many states, welfare benefits are denied to those who have been convicted of a drug offense (which is not the case for any other type of offense, including murder, rape, or aggravated assault). Welfare provides many women with a means of autonomy and of supporting their children; without these benefits, the well-being of both women and children are put at risk. The choice for a single mother who cannot afford childcare is either to work to support her children and risk charges of neglect and the removal of her children from her home, or attempt to care for the children with no clear means of subsistence. The Sentencing Project determined that, in the 23 states for which data are available, 92,000 women and 135,000 children are currently affected by Section 115 of the welfare reform act (Allard 2002), which states that “persons convicted of federal offense for using or selling drugs are subject to a lifetime ban on receiving cash assistance and food stamps” (Allard 2002, p.1). Forty-two states enforce this provision, either partially or fully, affecting approximately 44,000 white women, 35,000 African American women, and 10,000 Latinas (Allard 2002). For those women who are not eligible for welfare because of prior drug offenses, then, “The ban endangers the basic needs of low-income women and their children, including housing, food, job training, education, and drug treatment, which are all key ingredients to help poor families lift themselves out of poverty” (Allard 2002, p.1).
Many social policies affect women more so than men, and affect people of color more than whites. According to Allard and the Sentencing Project:

First, due to racially biased drug policies and enforcement of drug laws, drug offenses account, in large part, for the rapid growth in the number of African American women and Latinas under criminal justice supervision. Second, as a result of race and gender-based socioeconomic inequalities, African American and Latina mothers are highly susceptible to poverty and as such, are disproportionately represented in the welfare system (Allard 2002, p.2).

Welfare benefits are denied only to drug offenders, and women of color are disproportionately represented in this population; minority women experience double discrimination through the implementation and enforcement of social policies.

Budgets of social services, such as shelters, welfare, prenatal care, and treatment are cut to fund the expansion of prisons; “This means that monies that once went to support low-income women and their children in the community, as well as the dollars to provide them with educational opportunities, are being cut back dramatically to fund jails and prisons” (Miller 1998, p.x). Expanding budgets for the military and increasing tax rebates and cuts for corporations and the wealthy lead to further cuts in social services, the recipients of which are primarily poor, minority, and female (Miller 1998). Codd argues that this racist, gender- and class-biased budgetary strategy further complicates the existence of an already oppressed portion of the population (2001, p.2).

Employment
Families are broken, children suffer, and job prospects are hindered as people are imprisoned for drugs. After inmates are released they must find a way to support their family without access to welfare benefits. “Inmates are even less likely to find a job after than before serving a sentence, and if nothing changes most of them are doomed to unemployment for life. . . and are likely to go back to prison” (Geopolitical Drug Watch 2000, p.133). Employers hesitate to hire former prisoners, and many ex-offenders are forced to work for low wages in non-competitive jobs (Allard 2002).

Several aspects of employment restrictions are especially detrimental for women, again particularly for women of color. Women are not only more likely to have limited employment and skills prior to their arrest, especially if they are single mothers, but women of color experience much higher rates of unemployment than do white women (Allard 2002). In several states, a women is banned from public employment is she has a felony conviction; “Most states further prohibit ex-offenders with felony convictions from obtaining certain types of occupational or professional licenses in fields commonly pursued by women, including childcare, social work, nursing, dentistry (dental assistant), health, and accounting” (Allard 2002, pp.17-18). Those women who are sentenced to probation rather than incarceration fare much better in the labor market, a factor that has racial and ethnic implications, as African American and Latina women make up a substantially larger portion of those that receive prison than probation.

Of course, employment restrictions due to incarceration for drug offenses not only further punishes individuals for their drug use, but further isolates such individuals from the legal economy. Employment in low-paying, unskilled positions seldom provides
adequately for individuals or families, leading to a greater likelihood of involvement in the lucrative illegal drug trade, both before and after incarceration. The evolution of the post-manufacturing, information economy in the US exacerbates this employment situation:

Drug sales in poor neighborhoods are part of a growing informal economy which has expanded and innovatively organized in response to the loss of good jobs.

Drug dealing is fundamentally a lower class response to the information economy by men and women with little formal education and few formal skills. If the jobs won’t be created by either the public or private sector, then poor people will have to create the jobs themselves (Hagedorn 1998, p.3).

Overall, due to welfare bans for drug offenses, women struggle further to keep their children after they are released from prison. According to the US Department of Human Services policy, children are taken away from parents who cannot provide adequate financial support; at the end of 12 months, parental rights are generally terminated. Child Welfare Services removes approximately 200,000 children per year from their parental homes; “neglect is the most prevalent reason children are in foster care [and] in most cases the neglect is related to poverty” (Allard 2002, p.14).

Race, Class and Gender Discrimination

To US society, the face of the drug addict has become a face of color; racial profiling and stereotypes perpetuate social and economic marginalization. Rates of arrest and imprisonment for African Americans and Hispanics are skewed in comparison to figures for actual drug use; “Most current illicit drug users are white…an estimated 9.9
million whites (72 percent of all users), 2.0 million blacks (15 percent), and 1.4 million Hispanics (10 percent)…were current illicit drug users in 1998” (Substance Abuse and Mental Health Services 1999, p.13). Even so, “blacks constitute 36.8% of those arrested for drug violations, over 42% of those in federal prison for drug violations. African Americans comprise almost 58% of those in state prisons for drug felonies; Hispanics account for 20.7%” (Bureau of Justice Statistics 1999, p.343; see Beck and Harrison 2002; Beck and Mumola 1999; www.drugwarfacts.com).

For minority women, the deleterious effects of the drug policy have been harsher than for white women. “As of 1999, the rate of imprisonment of black women was more than eight times the rate of the imprisonment of white women. The rate of imprisonment of Hispanic women at this time also exceeded that of white women, by almost four times” (Fruchter 2001, p.1). In addition, studies suggest “Black women are treated more harshly than their White female counterparts by police officers and judges,” and “racism seems to negatively affect the Black women more than the Black men” (Bush-Baskette 1998, p.121). Black women “experienced the greatest increase in their rate of criminal justice control of all demographic groups in recent years, increasing by 78% from 1989 to 1994” (Mauer and Hauling 1995, Report Summary). While white women use illegal drugs more frequently during pregnancy than do pregnant black women, the latter “are more likely to be criminalized by medical practitioners, and subsequently imprisoned for the duration of the pregnancy” (Codd 2001, p.1; see also Neuspiel 1996). Discrimination against black female drug users and criminals “actually mirrors the social and historical experiences of Black women in the United States” (Bush-Baskette 1998, p.125).
The War on Drugs has succeeded in making drugs and crime appear to be the work of the poor and of racial minorities, leading to even greater economic disadvantages for racial minorities due to a loss of job prospects, access to welfare, and federal financial aid. In sentencing, incarceration, and throughout the criminal justice system, the poor and minorities are targeted and punished.

The Feminization of Drug Abuse

The feminization of drug abuse became prominent with the “crack baby crisis” when “instead of an ethnic group or social class being demonized for their proclivity for substance abuse, women, the family, and motherhood itself were assaulted” (Bourgeois 1995, p.278). The increased availability of crack cocaine in the late 1970s and early 1980s exacerbated the perception that poor pregnant women were the most dangerous of drug abusers. Crack-addicted mothers were imprisoned, their children were removed from their care, and society demonized them through the spread of the “crack baby” myth. For instance, the New York Times claimed that children born to crack addicts were unable to “make friends, know right from wrong, control their impulses, gain insight, concentrate on tasks, and feel and return love” (Baum 1996, p.268).

Later research would show that crack was only a small part of the problem in babies born to poor mothers who are crack addicts. In general, inadequate prenatal health care has been the culprit for rising infant mortality rates and increasing medical problems for babies born to crack addicts. For example, health officials in Florida concluded that it would be “safer for a baby to be born to a drug abusing, anemic, or diabetic mother who visits the doctor throughout her pregnancy than to be born to a normal woman who does
not” (Baum 1996, p.268); Codd found that “In terms of cocaine use, it is actually lack of adequate prenatal care, as opposed to the drug, that poses more of a danger to the fetus” (2001, p.1). Concurrent with the spread of the crack baby myth, federal drug policy denied Medicaid benefits to over one million mothers and their children, exacerbating the lack of prenatal care for drug-abusing mothers and compounding the overall problem:

The federal government refused to pay for residential drug treatment for the poor because it classified drug abuse as a mental illness, and under Medicaid rules that was a state responsibility. States were either unwilling or unable to provide care. Of the various drug treatment centers in New York City in 1989, 54 percent refused pregnant women, 67 percent refused pregnant women on Medicaid, and 87 percent specifically denied treatment to Medicaid women dependent on crack (Baum 1996, p.269).

Some pregnant drug addicts who sought treatment were either denied or prosecuted. This was the case with Jennifer Johnson, a 23 year-old black woman with three children. She later testified to admitting she was an addict in hopes of being sent to a treatment center, instead she was jailed and her infant was taken from her (Baum 1996, p.269). Johnson set the precedent for the criminalization of drug use during pregnancy, she was the first woman convicted. In general, drug abuse has been feminized, racialized, and inappropriately associated with poverty (Allard 2002, Baum 1996, Bourgeois 1995).

THE DISCOURSE OF INDIVIDUAL RESPONSIBILITY
In the decades since the implementation of Nixon’s 1968 “War on Drugs,” the societal discourse of drug consumption as an individual responsibility and choice, as opposed to being a manifestation of social ills, has prevailed. Consistent with Foucault’s (1979) discussion of criminalization and perceived responsibility and control of the body, social discourse has shifted “the blame” and persuaded the individual of personal accountability in drug use. As such, it would not be surprising to find individuals convicted of illegal drug consumption to feel a sense of personal liability. Our research using extant data suggests that the federal drug policy was formulated and has been implemented and enforced in ways that discriminate against women. Nevertheless, our preliminary primary data through in-depth interviews suggests that women convicted of illicit drug consumption do not see themselves as discriminated against. Rather, they see the criminalization of their behavior and the resultant jailing or imprisonment, drug treatment, and adverse effects on their personal and familial lives to be appropriate to their own individual choices to consume illegal drugs.

Thus, governmental policy marketing and the media have been successful in portraying drug consumption in such a way that negative stereotypes and individual responsibility for drug abuse have become part of American societal discourse. The women interviewed for our study typically refer to their own immoralities and corruption as factors in their drug consumption. Despite the overwhelming data that show disproportionate and discriminatory effects for women, particularly poor women of color, our interviewees failed to acknowledge that gender may have had an effect on their personal history of drug use and its consequences. In gathering the life histories of
women in drug treatment programs, the emic perspective therefore suggests strong socialization in the societal discourse of individual responsibility for drug use/abuse.

We interviewed women incarcerated in a detoxification center in a major urban center in the western part of the United States. Our interviewees provided an emic perspective on the factors that lead to substance abuse, the effect of illegal drug consumption on their lives, and the need for community focused solutions. In the following discussion, we present information from the women we interviewed and focus upon their experiences and impressions.

Placing the “Blame”

Abusive relationships and drug abuse are often a part of the familial and childhood experiences of the women we interviewed. For example, one young, pregnant, married Hispanic woman, with a 9 year-old daughter, indicated she began using drugs in response to drug use in her family and situations of violence:

I grew up in a drug environment. It was a normal thing in our family, but now that I am older, it is not normal, and I’ve grown up to be a drug addict. Between the beatings, the drugs, and if that’s what you teach your kids than they think it’s normal to go out and do what they were taught (FH30#1)

Additionally, in her adult life, she has experienced a cycle of abusive relationships and drug addiction that often leads to jail or prison; in her interactions with men, it “was normal for them to beat on women, it was normal to be fightin’, and screamin’, and usin’ drugs, and someone goin’ to jail, and someone in jail” (FH30#1). From her perspective, substance abuse is intertwined with other problems in her life including domestic
violence, lack of familial support and relationships, and poor self-esteem. Another woman indicated that, although she was not raised in poverty, her parents are alcoholics, and her half-sisters and brothers are alcoholics and have drug problems.

In some cases, women cited adult interactions as the origin of their involvement in drug use. One 40 year-old single white woman of Italian ethnicity, with a 16 year old daughter, claimed her boyfriend’s accusations when she was 25 led to her on-going drug consumption. She explained that, since her boyfriend believed she was already using drugs, she decided try them. Once she started using drugs, she became addicted; she claims she would do anything to get drugs, even engage in prostitution and theft: “When I start I don’t stop, and it has gotten me into a lot of trouble” (FI40#3). She was imprisoned for sale of marijuana, received a mandatory minimum sentence and was incarcerated for four years. A cycle of jail/prison followed by drug binges upon her release ensued: “Well, see, my life since ’94 is I would go to jail, I would get out, and I would do drugs, that’s all I know from ’94 until now” (FI40#3). Similar cycles of drug abuse, criminal behavior, incarceration and treatment attempts are reported by other women; personal histories involving hospitals, juvenile courts, juvenile lock-ups, foster homes, detention, jail, psychiatric facilities, and prison, all drug related, are not unusual.

Another woman emphasized on-going domestic violence, poverty, and single motherhood as factors contributing to substance abuse. Women often blame some aspects of their interactions with, or the behavior of, men as contributing factors in drug abuse:
Mothers who have all these kids and the fathers are assholes who get up and leave the women with all these kids, and what is she going to do to get rid of all this pain? Alcohol, drugs… (FH20#1).

The Justice System

Many women we interviewed felt that courts were fair and that incarceration was appropriate. While they experienced few problems with guards, the availability of drugs and the lack of treatment facilities in prisons were problematic. Drug treatment programs are not readily available in prison, primarily because of overcrowding, underfunding and long waiting lists. “In the jail now they have groups, therapy they call it, but there is only a certain number of people can go, so if you go in there and they tell you need to attend groups, you have to sit down and wait for someone else to finish a group before you can get in” (FI40#3). The situation is exacerbated by court stipulations that require treatment as a requisite for release.

Expressed opinions concerning drug laws indicate an awareness of policy ineffectiveness in terms of controlling access to and availability of drugs. Education and therapy were seen as more conducive to rehabilitation than imprisonment; the women in our study indicated drug treatment programs offer an opportunity for changing one’s consumption of illicit drugs. Nevertheless, they continue to place emphasis on individual choice and action: “There is help everywhere, it just depends on if the person is willing to take it” (FH30#1).

Despite emphasizing the role of men in their own illicit drug consumption, the women we interviewed do not believe gender has been a factor overall. One woman
commented about the large number of homeless women who are drug addicts and are often economically dependent on men, but she would not generalize this observation to illicit drug consumption and incarceration. Similarly, the women did not believe race or ethnicity were significant in arrest and incarceration for drug use, notwithstanding admitting to racial profiling in their communities. In terms of poverty as a contributing factor, they were more likely to see a role in terms of their own experiences, both in the past and with respect to future employment prospects. One woman suggested “everybody that does drugs just needs to have a break in life, they can’t go nowhere, they lose their self-esteem, or something bad’s happened, so they start using” (FI40#3). Another said, “they can’t get a job because no one will hire them because they have to have a clean record, they can’t have no felonies, and they have to have a stable place, and why bother to go through all that bullshit to make 5, 6 bucks an hour (FH30#1).

ANALYSIS AND CONCLUSIONS

Social discourse de-emphasizing gender, race/ethnicity and class/income in illicit drug consumption has prevailed at political, social, and individual levels in the United States. While evidence abounds concerning social and economic marginalization as both cause and effect of drug abuse, federal policy criminalizing drug use endures. Our interviewees’ personal histories and comments seem to confirm the significance of various factors such as male domination, social policy restrictions and controls, poverty, and economic prospects related to their illicit drug use. Yet they fail to move beyond a description of their experiences to evaluating them in a larger context as prejudicial on the basis of these social dimensions. We continue to believe the strength of societal
discourse that individualism, personal control of the body and of one’s choices, and the US as a land of opportunity for all prevails to the extent that, despite their own life histories to the contrary, the women we interviewed believe they themselves are primarily to blame for their current condition.

It is also our conclusion that the feminization of poverty and drug addiction should be a central issue in feminist analysis and activism for a variety of social, economic, race, class, and gender issues, but primarily for its negative effects on people. In general, we believe drug policy that fails to take into account these factors has exacerbated the socioeconomic conditions on which drug use itself is based. We agree with Bourgeois, who concludes:

Structural problems of persistent poverty and segregation, as well as the more complex issues of changing gender power relations are rarely addressed in public discussion. The most immediately self-evident policy interventions, such as affordable, developmentally appropriate day care for children of overwhelmed or addicted mothers, are not even part of most policy debates, Similarly drug treatment facilities, or meaningful job training and employment referral services, remain off-limits to women who live in poverty (1995, p.260).
REFERENCES


[www.drugwarfacts.com](http://www.drugwarfacts.com)