

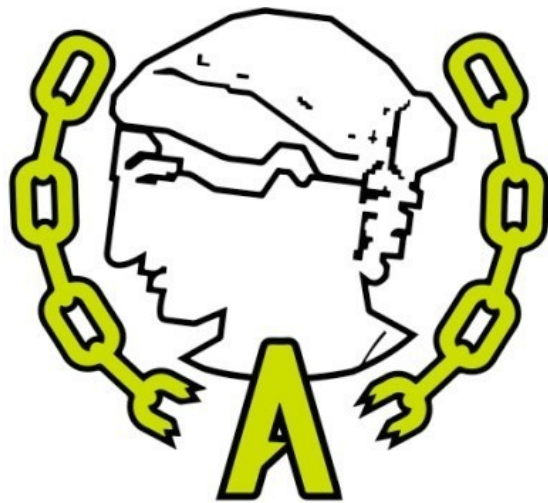
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**Have prisons learnt from Covid-19?
How the world has reacted to the pandemic
behind bars**



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N. 1/2020 HAVE PRISONS LEARNT FROM COVID-19? HOW THE WORLD HAS REACTED TO THE PANDEMIC BEHIND BARS

edited by Susanna Marietti and Alessio Scandurra

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How the pandemic had aggravated the gendered impacts of drug policies on women who use drugs and incarcerated women for drug offences in Mexico

Corina Giacomello¹

1. Introduction²

“We cleaned it (marijuana), we packaged it, we bundled it up and it was like a process. In the town, people were happy when that kind of work began, because even children, and old people, people of all ages were involved”.

Gaby, Female prison centre Tanivet, Oaxaca, Mexico

2020 marks the tenth anniversary of the United Nations *Rules for the treatment of women prisoners and non-custodial measures for women offenders*, known as the Bangkok rules, which outline the features that prison systems should possess in order to guarantee minimum living standards for incarcerated women and stress on the importance of preferring non-custodial measures in the case of women who are pregnant, primary or sole caregivers and responsible for non-violent offences.

It will also be remembered as the year of Covid-19. Since the outbreak of the

pandemic, numerous calls have been made to prompt governments to release people from prison, especially the most vulnerable groups, such as pregnant women, women with children, the elderly and people with chronic medical conditions (Ohchr, Who, 2020). Such calls are not only urgent in the context of rapid infection and the risks for the prison population and prison staff, but are also a reminder of the need to widen and accelerate the implementation of alternatives to incarceration (Pri, 2020) given the detrimental effects of incarceration on inmates and their families. These are particularly evident in the case of women prisoners. Women accused of or sentenced for a criminal offence are usually the primary or sole caregivers of other people - mainly their children -, they allegedly participate mainly in minor, non-violent offences and they share a history of gender-based violence that often shapes their life since childhood and that usually also impacts on the crimes they commit and the way they are treated by the criminal justice system. The female prison population has been increasing steadily and at a faster rate than the general

world population and prison population as a whole (R. Walmsley, 2017). One of the underlining and strongly documented causes of such increase worldwide is the implementation of punitive drug policies that heavily rely on the use of pre-trial detention, minimum prison sentences and that obstruct or formally forbid the access to alternatives to incarceration for people on remand or sentenced for drug-related offences.

But prison is not the only facet of women's deprivation of liberty. Another effect of drug policies is the presence, particularly in some regions and countries - among them Latin America and the Caribbean - of compulsory drug treatment centres, which operate as private facilities, mainly run by religious groups or former drug users, in a context of semi-illegality and severe human rights violations. In 2012 several Un agencies published the Joint statement *Compulsory drug detention and rehabilitation centres* (United nations, 2012) in which they call for the closure of compulsory drug detention and rehabilitation centres and the immediate release of people arbitrarily detained. Nevertheless, compulsory treatment is still a reality in several regions and countries and it has drawn little attention during the pandemic.

This article looks at female deprivation of liberty in prison and in compulsory drug treatment centres in Mexico and argues that current drug policies foster violence against women and children and further undermine gender equality and development.

Women's narratives are the main methodological resource used to unpack some of the gendered impacts of drug

policy on women in detention. The case studies of women in prison for drug offences presented in the second section of this essay are part of an awareness-raising and lobbying effort developed with the civil society organisations Equis Justice for women (Mexico) and the Washington office on Latin America (Wola, United States). The cases are discussed within the larger framework of women in prison for drug offences. They benefit from the author's over ten years of empirical research, mostly in Mexican female and mixed prisons, as well as comparative law and policy research on women in prison for drug offences with a focus on Latin America (C. Giacomello, 2013a; C. Giacomello, 2013b; C. Giacomello, 2017a; C. Giacomello, 2017b; C. Giacomello, I. Erreguerena, I. Blas, 2017).

The information presented here on women who use drugs and are deprived of their liberty in drug treatment centres or in prison is the result of one year of research carried out by the author, including nine months of field work between February and November 2019 in i) two prisons, ii) two public and one semi-private treatment centre, iii) a semi-private opioid-substitution-treatment clinic, and iv) five private treatment centres (for people with low incomes) - three of these being for women and girls only and the others being for both men and women and adolescents of both sexes - in four states of Mexico.

2. Women in prison for drug offences

The incarceration of women for drug offences is a global phenomenon that has witnessed a staggering increase (M.C. Álvarez, 2018; M.C. Álvarez, 2019a; M.C. Álvarez, 2019b; Iachr, 2017; Incb, 2016;

Pri, 2020; Unodc, 2018; Un Women, 2014; Wola *et al.*, 2016). It is also the main cause underlying the growth of the female prison population. Although women still constitute a significant minority in all prison systems, making up 6.9 per cent of the global prison population, the Institute for criminal policy research's prison lists testify that the female incarceration rate has increased by 53 per cent since 2000. In comparison, general prison population growth advances at the same pace as the world population, increasing by roughly 20 per cent in the same time frame (R. Walmsley, 2017, p. 2).

In Latin America, drug offences constitute, depending on the country, either the principal or the second reason for the incarceration of women (C. Giacomello, 2019).

The following cases represent some of the women incarcerated for drug offences in Mexico. They strengthen existing knowledge with regard to incarcerated women's profiles, and to their involvement and participation in drug offences. These are often poor, uneducated women with a history of violence used against them as children and/or sexual gender-based violence used against them as women and girls, who grew up in a context of general underdevelopment and a lack of state services, in which drug trafficking organisations can proliferate. Women mainly become involved in trafficking through their male partners. Their role as agents in a context of victimisation makes the difference between consent and coercion to commit a crime more complex. Whereas most of the women I interviewed acknowledge their active

participation in selling, transporting, or introducing drugs into prisons or trafficking them across borders, the context of their involvement conveys a *forced choice* rather than free, willing and full consent. In addition, these complexities show the inextricable relationship between gender, violence and punishment in which agency and victimisation coexist (C. Giacomello, 2017a).

2.1 Gaby

Gabriela Cruz (Gaby) grew up in a rural area in one of the most stunning states of Mexico: Oaxaca. Situated in the south-east, Oaxaca is a place of many beauties and treasures: a varied gastronomy, lush jungles, amazingly preserved pyramids, virgin white-sanded beaches, a multitude of indigenous languages, and mind-enhancing plants - Maria Sabina's *little children* full of psilocybin, *salvia divinorum*, and Gaby's village's main source of employment, marijuana.

Gaby had her first daughter when she was 15 years old. Her pregnancy was the product of rape by a man from her village. Gaby, a victim of violence against children (G. Lenzer, 2015) and of gender-based violence against women and girls (Council of Europe, 2011), was also, by then, a victim of one of the worst forms of child labour (ILO, 1999). Since the age of twelve, she had been carrying small packages of marijuana to Mexico City. Her recruiter was also a man from her village.

When she grew up, she fell in love with a drug trafficker and became pregnant again. The trafficker abandoned her. She had no money to pay for private

healthcare, and public healthcare in Mexico is insufficient, especially in rural areas. Gaby's child was born with physical and brain paralysis, and Gaby continued to carry marijuana in order to pay for medical examinations.

So far, the state had been almost absent from Gaby's life. Neither the sexual violence nor the child-labour exploitation merited its attention or intervention. Poverty and underdevelopment were balanced by the employment provided by illicit crop cultivation, and lack of healthcare was *compensated* with local knowledge of herbs and infusions.

One day, the state became interested in Gaby. She was arrested when transporting marijuana and given a ten-year prison sentence. She was locked away together with her child and finally became a number. The only official trace of Gaby lies in the registers of another global phenomenon with specific impacts in Mexico and Latin America: international drug policy. Mexico is not only host to opium and marijuana cultivation, cocaine and heroin flows, and other facets of international drug trafficking (Unodc, 2019). It is also home to some of what the United Nations Office on Drugs and Crime (Unodc) has labelled "collateral consequences" (Unodc, 2008) - namely, the increasing incarceration of low-level offenders and drug users as well as lack of treatment for dependent drug users.

In light of the drug policy paradigm, where rates of incarceration are an indicator of success (D. Bewley-Taylor, 2016), Gaby's prison sentence represents a step forwards, towards a *drug free world*. But as we dissect Gaby's story and peel

back the layers of gender-based violence, social exclusion and racial discrimination, as well as the impacts of imprisonment on her child, the balance shifts towards other possible interpretations. Gaby's story becomes part of a global trend: the gendered impacts of drug policy on women and development.

During her detention, she was transferred from a mixed prison - a prison where men's facilities have a few spaces for women; either dorms, sections, or some sort of separate buildings - to Tanivet, an all-female facility closer to the state capital. Gaby's son was no longer in Tanivet with her since she had had to face the choice of whether to keep him with her or send him to a public institution to receive rehabilitation for his conditions. At first, she asked the judge to grant her the right to accompany her son to rehabilitation and come back with him so they did not have to part. The judge, however, argued that "children are one matter and the crime is a different one", adding that "she should have thought about it before trafficking marijuana". Such arguments constitute a violation of article 9 of the *Convention on the rights of the child*, which protects the children's right to be close to their families as long as it is in their best interest. They also do not take into account the *Un Rules for the treatment of women prisoners and non-custodial measures for women offenders* (Bangkok rules) on applying non-custodial measures to women who are sole or primary caregivers of children (C. Giacomello, 2018). Gaby had to choose between her son's right to health and his right to being close to her, while both rights are interdependent and indivisible human rights (E. Verhellen, 2015).

2.2 Sonia

Sonia's story shares common traits with Gaby's. She was accused of possession of cocaine, which translated into a five-year prison sentence. She transported the drug from Guatemala to Mexico, hidden under her skirt, travelling on a bus, with her two-year-old son on her lap and her recruiter-husband sitting beside her. The way she tells her story echoes those of most drug mules: an economic emergency - a debt incurred by her husband - which led to her husband participating as a mule in the largest world land corridor for cocaine. He then told her to travel with him: in that way, they would pay off the debt more rapidly. She refused at first, not wanting to put her family's well-being at risk, but she finally accepted. The gender axiom mandated that she obey her husband and endure the violence. She did both and simultaneously fulfilled the prescription of the good mother: she would take her youngest son with her, since it was her responsibility to look after him.

Gender prescriptions can be used to camouflage trafficking: young, beautiful women crossing borders and seducing guards, normal-looking women queuing as prison visitors, *families* travelling together, the woman dutifully sitting by her husband (C. Giacomello, 2013a). In this case, Sonia's husband suggested she should hide the drug taped to her legs, under her skirt.

When arrested, they were taken to the federal police prosecution office. Officials threatened to take Sonia's son from her "and give him to a family who truly loves him". The child was later sent to a public institution and both Sonia and her

husband underwent pre-trial detention. He was released and she was sentenced. The lawyer convinced Sonia to plead guilty to the accusation, so her husband could be freed and go back to Guatemala with their child. Sonia has not seen her children since her imprisonment, her husband having never fulfilled his promise to visit.

Both Gaby and Sonia, together with dozens of incarcerated women I have spoken with over the years, share three axes that condition their agency in drug offences, since most of them acknowledge having committed an offence. The first is underdevelopment: multifactorial poverty, lack of access to basic services, little or no economic opportunities, the feminisation of poverty, and a low level of schooling. This axis is reinforced by gender discrimination and violence, which run through these women's lives and have an impact on how they become involved in drug offences, the roles they play and their exposure to being caught transporting drugs. The axis of drug policy manifests itself in two ways. First, through the creation, via prohibition, of illicit drug markets and drug trafficking organisations, which mirror hegemonic gender systems and treat women and children as disposable objects, maintaining sexist structures that lead to the exploitation of women's labour by their male partners, patriarchal relations with regard to illicit waged labour, and patriarchal violence and culture.

The other direct result of drug policy is the implementation of a punitive discourse that rests on incarceration as a means of deterrence. This has not only clearly failed, given the growth of illicit drug markets (Unodc, 2019), it has two

consequences that are obliterated by the rhetoric and purposes of drug policies themselves. The incarceration of poor, uneducated women who are mostly victims of violence is one such consequence. The impacts of incarceration on millions of children with incarcerated parents and the creation of institutionalised, transnational children is the other (C. Giacomello, 2019).

Drug policy, therefore, creates the conditions for women's exploitation in a context of structural inequality, and their further exclusion through incarceration. Women incarcerated for drug offences are, rather than traffickers, trafficked women. The interplay of gender systems and drug policy sets the stage for the human trafficking of women by both the patriarchal state and criminal organisations. Through the current implementation of drug policy, particularly the hyper-use of the criminal justice system to the detriment of health-centred approaches, states not only fail to accomplish their mandates in terms of development and gender equality, they also generate and reinforce new and existing forms of discrimination and violence against women.

That is also the case for women who use drugs, as shown in the following section.

3. Women's drug use and access to treatment

In 2008, the Un Office on drugs and crime identified five unintended consequences related to the implementation of the current international drug policy framework, which is made up of the three Un conventions on drugs and drug-related policies.³ These consequences are: i) the creation of a criminal market; ii) *policy*

displacement, meaning that more resources have been put into supply-control efforts, thus neglecting public health-oriented measures, despite the fact that public health is "the driving concern behind drug control" (Unodc, 2008, p. 216); iii) geographical displacement, or the *balloon effect*, which changes production trends and trafficking routes in order to avoid law enforcement; iv) substance displacements; and, finally v) "the way the authorities perceive and deal with the users of illicit drugs". The Unodc continues, "A system appears to have been created in which those who fall into the web of addiction find themselves excluded and marginalised from the social mainstream, tainted with a moral stigma, and often unable to find treatment even when motivated to seek it" (Unodc, 2008, p. 216).

This section is concerned with the following unintended consequences: policy displacement (ii) and how authorities deal with drug users (v).

Available information shows that, at the global level, women use illicit drugs much less than men do, while women's non-medical use of opioids and tranquillisers is at a comparable level to that of men, or higher (Unodc 2018, p. 6). Data from Latin America (Cicad, 2019) and Mexico (Inegi, 2017) confirm these trends. Gender differences with regard to drug use tend, however, to be reduced or disappear among adolescents. Women usually become involved in drug use mainly through intimate male partners, and tend to develop dependency more rapidly than men, a phenomenon known as the *telescoping effect* (Unodc, 2018).

According to the Council of Europe's

Pompidou group's study *Improving the management of violence experienced by women who use psychoactive substances*, women drug users experience more and more severe violence than i) men, ii) women in the general population, and iii) male drug users. Also, people who use drugs have experienced more violence than people who do not use drugs (T. Benoit, M. Jauffret-Roustide, 2016). Women drug users are victims of i) domestic and intimate partner violence; ii) violence during childhood; iii) drug-use scenes, mainly sexual violence; iv) sex work-related violence; v) human trafficking-related violence and vi) institutional violence. The latter manifests in different settings, including police stations and patrols, as well as in drug treatment centres, particularly in those shared by male and female patients.

According to the International narcotics control board, "fewer women than men who need to access treatment are able to do so" (Incb, 2016, p. 8). Furthermore, women who use drugs and are victims of violence are usually denied access to shelters for women victims of violence based on their drug use, either by law or by institutionalised practice, thus leaving them and their children in a situation of further vulnerability due to the actions of state and private institutions (T. Benoit, M. Jauffret-Roustide, 2016).

3.1 Women in drug treatment centres in Mexico

In Mexico, public drug treatment facilities are scarce: only 44 residential centres, plus 11 facilities operated by Centres of juvenile integration (Centros de integración juvenil, Cijjs, a government-funded civil organisation)

versus an estimated 2,108 private centres (Conadic, 2019a). Only half of the private centres are registered with the National commission against addictions (Comisión nacional contra las adicciones, Conadic), which is, among other functions, the authority responsible for the monitoring of drug treatment centres. Of the 1,045 registered centres, only 348 are recognised by Conadic, which means that they have been evaluated and supervised. Of these, 99 are for men and women, 34 for women only and the rest for men only (Conadic, 2019b). Cijjs are also mixed. As in the case of prisons, therefore, women are mostly treated in mixed centres. The sizeable dominance of unregistered and unsupervised residential treatment centres translates into a myriad of methods, living conditions, and often abuses. Most centres, colloquially known as *barns* (*granjas*) or *annexes* (*anexos*), are places where physical punishment is common, together with psychological ill treatment, forced labour, sexual abuse and killing. For drug users forced to live in these centres indefinitely, not waking up the next day is a concrete threat. Unfortunately, academic research on this topic is scarce, as venturing into these centres is risky.

As explained in the introduction to this article, the following pages are based on field work carried out between February and November 2019 as part of a research project that the author developed for the University of Chiapas and Equis Justice for women. The interviews with women and girls were carried out individually or in groups, depending on the women's choice. Both in prison and treatment centres, privacy was guaranteed and the conversations took place in confidential settings. The interviews centred on two

main topics: the development of dependent drug use in relation to interviewees' life stories, and interviewees' experiences in residential treatment.

In terms of drug use, the data reflect national trends, with alcohol and tobacco being the first drugs used and marijuana the first illegal one (Instituto nacional de psiquiatría Ramón de la Fuente Muñiz, 2017). Drugs of impact - that is, those that cause more individual and social harm - are mainly crystal meth, heroin and cocaine-type drugs. All drug use, with one exception, begins in childhood (the lowest ages being six and nine) and adolescence. Family members (mainly fathers and brothers) are the main vector of introduction to drug use. For example, Marta was given cocaine by her father, a federal police officer, when she was 12, so that "no one could fool her when she grew up". Most women have families with precedents of alcohol abuse.

Of the 43 women and girls, 21 reported sexual abuse. The main perpetrators were uncles, stepfathers, fathers, grandparents and cousins. A total of 23 had children. That was the experience of Sarah, who was abused by her older cousins when she was eight and until she was 11, every Sunday afternoon, right after mass. Or Tamara, who was abused by her grandfather and then sent to a juvenile detention centre after she stabbed him to death at the age of 16. *Cat (Gato)* was raped by her grandfather beginning when she was three years old and then by her father at the age of 16. Sexual violence is not usually reported, and when it is female children are usually not believed. None of the multiple forms of violence these women suffered as children led to consequences for the perpetrators. They

did, though, for their victims. These women's relationships with drugs are intrinsically related to their life stories and gender (M. Romero Mendoza *et al.*, 2018).

The following cases provide an example of the narratives that shape the findings of the research presented here. The first is the case of Alejandra, an incarcerated woman at the time of the interview. The second is that of Sol, a young adolescent who worked as a killer for a drug cartel and was detained against her will in a private treatment centre.

3.2 Alejandra and Sol

"You have had a very difficult life...", I state, after more than 40 minutes of listening to her, feeling that a piece was missing. "After a situation that happened to me... I changed. I was happy..." she says looking down, "I was happy, happy..." she reaffirms, her mind recollecting memories from a time in her childhood. "Did someone hurt you?" I ask. Her story finally begins.

Alejandra (Ale) was thirteen and she lived in a village in Chiapas, a poor state in the south of Mexico. She lived with her grandparents and her siblings. Both her parents lived in other Mexican states. One morning she was walking to school. She usually walked with a school mate, her platonic love. But that day he did not show up. Two neighbours appeared. They hit her ankles with a stick and forced her to walk with them to a nearby field. She called for help, but nobody came. "They did everything they wanted with me", she said, raping and beating her for hours. When they let her go, they urged her not to tell anybody and threatened to rape her sisters if she did. They started standing in front of her house every day, checking on

her, forcing her into fearful silence. After a few days, she shared what happened with her grandmother. Yet even after her family told the police, nothing happened. She went back to school a few days after that, changing the way she went back home, trying to avoid them. But one day the same two men intercepted her. They took her to a house and kept her captive, raping and beating her. “There were kids in the room”, she said, perhaps the men’s sons or nephews, and they would say to them: “Look and learn how to treat women”. After three days, they released her.

That was the story that changed Ale’s life. Her adolescence and youth were marked by drug abuse and detention in a juvenile penal centre. She was accused of being an accomplice in a homicide, and turned to prostitution to obtain money to pay for drugs. Yet she needed more drugs to find the strength to sell herself again. When I met her, she was in pre-trial detention in the female section of the medium-security prison El Amate, being held for robbery with violence.

Sol was 15 years old when I interviewed her. She was kept in an *anexo*. Her family brought her there by force and she was dragged inside, with violence, by the *anexo’s guards* (inmates who acquire some degree of authority within the centres’ vertical regime of control). She feared for her life: on the one hand, Fito, a *military man* or *former police man* in charge of the centre’s security - as the women and girls I spoke to described him - could punish her and her fellow inmates for giving an interview. On the other, she knew that the drug cartel she used to work for might attempt to murder her: “I left the cartel; there is no way out of the cartel, only

death”.

Her drug use began when she was six, with inhalants. She grew up in the red zone of a city in northern central Mexico, with her mother, a sex worker. Then her mother moved to Tijuana, on the northern border, where she started working as a *company lady* for a drug cartel. Sol’s father worked for a rival drug cartel on the other side of the border, in Ciudad Juárez. Sol was raped by her stepfather when she was four and then again, at the age of eight, by her mother’s boss. He forcibly enrolled Sol to sell drugs, hire other women for the cartel and, later, to become a hitwoman, a *sicaria*.

3.3 Compulsory treatment and gender-based violence

Both Alejandra and Sol, and most of the women and girls I spoke to, shared a common life experience that can be summarised as follows: first, as children, violence is perpetrated against them within their family, mainly in the form of sexual and physical violence, neglect, and verbal violence. When they attempt to share details of these episodes of sexual violence they are not believed; on the contrary, they are accused of being liars or blamed for provoking their stepfathers or other male perpetrators. Other reactions - usually from their mothers - include battery. Two main scenarios develop before them: becoming involved in a cycle of gender-based violence in the context of relationships with older men, drug-use settings, and institutional settings (police stations, prisons and drug treatment centres); this usually leads to multiple pregnancies - as teenagers first and adult women later - and, sometimes, sex work, partner-induced sex exploitation and

crime. They might also end up living on the street. In either case, fleeing from violence opens up new means of abuse.

During the first part of the interviewees' narratives, drugs are clearly a coping mechanism against the pain caused by neglect and abuse in the household and in intimate partner relationships. When dependence develops and life starts revolving around drugs, their reference points - mainly family - fall apart and riskier situations occur, such as living on the street, sex work and exposure to criminalisation and incarceration. At this point, compulsory treatment comes into play, and women, once again, as in the case of women incarcerated for drug offences, are isolated in male-dominated spaces where plural forms of gender-based violence against women take place. Patriarchal structures, namely violence against women, and patriarchal culture, reproduce themselves in drug-using circuits as well as in treatment centres.

People are held in the treatment centres compulsorily for an indeterminate length of time. Selma, for instance, was held in a drug treatment centre for a full year without ever setting foot outside. It is a very gloomy, smoky place, too small for all the people living in it, with no ventilation or natural light. Because of her good conduct and achievements with regard to her treatment, she was allowed to go home to visit her young daughter. She went to the United States, near the border with Mexico, where her family lived. There she met her cousin, with whom she used to smoke methamphetamine before going into treatment. She smoked again. Despite the fact that she was reunited with her daughter, and that she had used the drug again, she dutifully returned to the

drug treatment centre. Selma's return to the centre should have been seen as a major accomplishment in her recovery. The centre, however, found out that she had relapsed, and relapsing is considered a condition of drug dependence. So she was sanctioned: she had to sit for weeks on the *bench of the relapsing users*, on display for the entire centre. This happened four months before I interviewed her in August 2019. She explained to me that her relapse implied that her previous record of treatment had all but never existed. "I have to accept that I have been here for four months, not one year and four months".

The length of the treatment is decided by the owners themselves based on an arbitrary evaluation of the process of recovery, while aiming for abstinence. Patients - usually referred to as *inmates* - are generally brought there by their families against their will and left in the hands of the owners, who isolate and make a living out of a secluded population of drug users on an obligatory path to abstinence. In other cases, drug users are picked up - practically kidnapped - by a centre's staff and forced into vehicles to be transported to the centre. Such *collectors* are known as *the Celestial patrol*. Personally, after interviewing Selma I felt an urgent need to escape. Never had I felt such a sense of imprisonment, not even in the top security section of a female federal prison.

Besides sexual violence, which does not seem to occur in the centres I visited, other forms of gender-based violence and discrimination affect women, especially in mixed centres. These can be divided into three forms: *discursive*, *structural*, and *normative*.

Discursive gender-based violence is reflected in how a centre's personnel refers to women who use drugs: more problematic than men, trying to attract men's attention for sexual purposes, individually responsible for drug dependence and its consequences. Girls and women are guilty of their drug consumption, structural conditions being completely dismissed and unaccounted for in the dependence diagnosis. Drug use is seen as an individual problem that people must resolve themselves through treatment and seclusion, aiming for abstinence. This discourse is applied to men as well; in the case of women, however, *personal failure* is reinforced by the transgression of gender axioms. Women users are doubly labelled and stigmatised, facing even further discrimination when they are mothers.

Patriarchal structures are reproduced in treatment centres' gender systems. For example, in a mixed treatment centre in the state of Baja California, the director, a former drug user himself, had married one of the female inmates, who is now sub-director. Women in mixed centres often need to find themselves what I define as *a dominant male* to make them their property, so that other users or staff do not try to openly sexually objectify them. In horizontal relationships among competing masculinities and their interaction with vertical patriarchal sexual domination over women, women are forced to *choose* a sexual partner that will take them out of the realm of *disposable sexual object* to the legitimate place of *woman of someone*.

In that same centre in Baja California, while men were allowed to go out to carry out *services* for the centre - basically

collecting money in the street or working for free in bakeries and other similar establishments or warehouses - women could never leave the centre. The reason given was that women had to be *protected*, mainly from themselves, since they were believed to sexualise themselves to seduce men.

Gender discrimination beliefs detrimental to women are reproduced in other practices. In two public mixed treatment centres I visited, men and women can have no contact with one another and have to follow clothing regulations that do not provoke sexual behaviours. For example, women cannot wear shorts, skirts or dresses. When verbal, written or oral interchanges happen between men and women, women are usually accused of inciting the men. One female patient told me that on one occasion she left her dorm in the middle of the night to go to the toilet and that she was wearing tight leggings. The day after, she received a warning and was told, "You are trying to get yourself raped". This woman had been a victim of sexual abuse since she was three years old.

4. Conclusions

This text has focused on two groups of women in detention: incarcerated women and women in residential drug treatment centres. It has analysed, within the theoretical framework of gender, how gender, development and drug policy intersect. It has argued that the current system of drug control is part and parcel of patriarchal structures and that the interplay of drug policy and gender systems that are detrimental to women establishes the conditions for gender-based violence against women and

girls. It does so by promoting the prosecution and incarceration of people accused of non-violent, minor drug offences, and by a discursive and practical framework of the stigmatisation and criminalisation of people who use drugs. Drug policy creates a platform for the trafficking and sexual and labour exploitation of women and children, in their families and communities, as well as by organised crime and state institutions. By fostering a system of law enforcement to the detriment of a public health approach, current drug policies have unleashed a human rights crisis that mainly affects disadvantaged populations in developing countries and drug users. Interwoven with gender systems based on the *differential valence of sexes* as discussed above, disparities manifest themselves in the feminisation of poverty and violence against women. Both elements are underlying causes of women's involvement in drug offences and dependent drug use, and hinder development and women's empowerment, as well as the achievement of gender equality.

The international drug policy arena has taken notice of these issues in recent years.

As stated in the introduction, in 2012, twelve Un agencies published the Joint statement *Compulsory drug detention and rehabilitation centres* in which they call for the closure of compulsory drug detention and rehabilitation centres and the immediate release of people arbitrarily detained (United nations, 2012). In 2020, another joint statement was published, *Compulsory drug detention and rehabilitation centres in Asia and the Pacific in the context of Covid-19*, in which "United nations entities urgently appeal to Member states to

permanently close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community as an important measure to curb the spread of Covid-19 and to facilitate the recovery and reintegration of those in the centres back into their families and communities" (United nations, 2020). Even though the statement refers to drug detention and rehabilitation centres in Asia and the Pacific, the situation it describes and the demands it outlines apply to compulsory drug treatment in general.

In March 2016, the Commission on narcotic drugs approved the resolution *Mainstreaming a gender perspective in drug-related policies and programmes* (Un Cnd, 2016). Despite the existence of the two previous resolutions on women, this one distinguishes itself by being integral in its approach. The text recognises women as users and points out barriers to access to treatment. It also stresses women's involvement in trafficking - mainly in the lowest positions of criminal organisations and often occurring through deceit and coercion - and highlights the importance of women as agents in drug policy, calling for women's active involvement in "the development and implementation of national drug-related policies and programmes" (Un Cnd, 2016, p. 3). Among other actions proposed by the resolution are i) to collect and share quantitative and qualitative data, disaggregated by age and sex, related to the world drug problem; ii) to prefer non-custodial measures when sentencing or deciding on pre-trial measures for a pregnant woman or a woman who is a child's sole or primary carer; and iii) "to

increase the coverage of existing programmes and to ensure access to those programmes while providing training and supervision for all relevant health and social care professionals working with women, including in prison settings” (Un Cnd, 2016, p. 4).

Also, in the final document of the Un General assembly, 2016, there is a specific reference to mainstreaming gender perspectives.

Collecting sex-disaggregated data, promoting the use of alternatives to incarceration for women who are pregnant or primary caregivers, improving and broadening women’s access to treatment and including affected women in drug policy’s design, implementation and evaluation are all fundamental steps that should be encouraged.

Most importantly, releasing people, and particularly vulnerable groups should be a priority of public policies aimed at reducing the negative impacts of incarceration.

The tenth anniversary of the Bangkok rules and the impact of social distancing and lockdown as a consequence of Covid-19 should act as reminders and prompters of the need to reduce women and girls’ incarceration and arbitrary deprivation of liberty *per se* and in relation to drug policy.

However, preventing arbitrary detention and implementing alternatives to incarceration will only have a cosmetic impact if they are not part of a wider spectrum of urgently needed transformations in the international system of drug control and its

implementation, rhetoric, indicators and practices. A *deep evaluation*⁴ (C. Bacchi, J. Eveline, 2010) should replace the current practice of gender analysis in drug policy, to ensure the transformative power of gender mainstreaming and to eradicate the reproduction of patriarchal structures. Such an approach should start at the core of the international system of drug control and its institutions, which should lead the way for nations to undertake the same paths.

Furthermore, it is paramount that women who use drugs, drug use communities, professionals, and civil society organisations working on related issues, foster and become part of alternative, stigma-free, empowerment-oriented narratives and practices around gender, the use of drugs, women’s needs and strengths, gender-based violence, and caring responsibilities. The active participation of women who use drugs is not only ethically desirable, it is indispensable to the development of tools that i) effectively respond to the diverse situations of women and drug use, ii) address women’s needs, and iii) acknowledge and build on their strengths, providing orientation, strategies and practices for women who use drugs in general, with an intersectional approach.

Given the current status of violence against women and structural inequalities in most developing countries, it is obvious that current drug policy is not the only or even the main cause of violence against women and girls and that even deep changes in the way the drug conventions are implemented would not tackle background gender systems. If, however, gender inequality is not addressed properly by the international system of

drug control as part of a *scrutiny from within*, drug policy will remain a strong component of patriarchal structures, and a handy rhetoric and practical tool to reproduce women's symbolic and concrete detention. It will also remain an obstacle for the release of people during health-related emergencies.

Notes

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² This article is a reviewed version of Giacomello Corina (2020), *The gendered impacts of drug policy on women: case studies from Mexico*, in *Drug policy and development*, <https://doi.org/10.4000/pol.dev.3966> (accessed 1 November 2020).

³ The *Single Convention on narcotic drugs* (1961) as amended by the *1972 Protocol*; the *Convention of psychotropic substances* (1971); and the *United Nations Convention against Illicit traffic in narcotic drugs and psychotropic substances*, of 1988.

⁴ Bacchi develops the methodology of deep evaluation as an *ex ante* policy analysis that consists of developing “a form of policy evaluation that encourages critical scrutiny of conceptual premises, models of implementation and conventional forms of evaluation within a proposed or existing policy” (C. Bacchi, J. Eveline, 2010, p. 16).

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