

Ethnic minority women and drug use

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Introduction

In Berlin on 30-31 January 2007, the European Commission launched the Year of Equal Opportunities for All, which “seeks to make people in the European Union more aware of their rights to equal treatment and a life free of discrimination.”

In this context, and in conjunction with Women’s Day on 8 March, the EMCDDA is paying specific attention to the issue of drug use among ethnic minority women in European countries, who are subject to three-fold discrimination: as drug users, as women, and as ethnic minorities.

Given the great variety of ethnic groups in Europe, low prevalence of women users, and the extremely hidden nature of drug use among ethnic minority women, this issue is relatively unacknowledged and undocumented.

Gender differences in prevalence of drug use

Regarding prevalence of drug use among women, available data indicate that women generally use drugs less than men do, with some variations by type of drug and age of users. In the 2005 technical data sheet and in the 2006 Annual Report Selected Issue on Gender (EMCDDA 2005; EMCDDA 2006), statistics about the prevalence of illicit drug use in the general population and among youth confirm this situation, though the gap between higher use among men and lower use among women may be narrowing in some countries, particularly for younger groups. For example, for the most widely used illicit drug, cannabis, male to female ratios of lifetime use of adults aged 15-64 vary by country from 1.3 to 4.0, whereas for youth aged 15-16, the ratios range from 1.0 to 1.8. For drugs more commonly associated with problem drug use, the ratios tend to be higher; for cocaine, use by men is at least double use by women in most countries. This higher prevalence for men exists for all drugs except for illegal use of tranquilizers and sedatives without a prescription, which are more commonly abused by women. Men also tend to make up a majority of those in treatment programs, and gender specific treatment is limited for women (EMCDDA 2006).

Ethnic minorities and drug use: social exclusion and hidden populations

Looking at ethnic minorities, most studies of ethnic minorities and drug use indicate that these groups do not have as high a level of drug use as other European citizens (EMCDDA 2003). The gap in levels of drug use between women and men is even higher between ethnic minority women and men, particularly those from non-Western countries. However, due to the greater economic hardships and

social exclusion they are likely to face, ethnic minorities are at a greater risk of developing drug use problems (McCambridge and Strang 2005). In turn, any visible drug problems can reinforce social exclusion. Certain patterns of drug use are also found among specific ethnic groups, where particular substances or modes of administration are preferred. Examples include the use of *khat* among Somalians in England and northern Europe and the aversion to injection as a mode of heroin consumption among Suriname users, who reside primarily in the Netherlands (EMCDDA 2002; EMCDDA 2001).

Psychological comorbidity, sex work, prisons, trafficking

Problems specific to drug use among ethnic minority women are sometimes related to concurrent psychological issues, sex work, imprisonment, and trafficking (which can also result from economic hardships and social exclusion).

One prominent factor that may contribute to drug problems among ethnic minorities is that some recent immigrants may be fleeing war, violence, and other traumatic situations in their places of origin, while others may become disappointed if the migration experience does not live up to initial expectations, and both groups may come to cope with resulting psychological problems with drug abuse. (EMCDDA 2002) This is especially significant for women drug users, for whom drug abuse is more likely to stem from psychological issues related to depression or previous emotional or sexual trauma. (Weiss et. al. 2003)

For sex workers, drug use can become a motivation for sex work, undertaken in exchange for drugs, or as a means to earn money to buy drugs; on the other hand, sex workers can start using drugs in order to endure the difficulties of this work (EMCDDA 2003). This profession also introduces women into a high risk black market environment where drug use is common. These women are also more vulnerable to HIV transmission, through injecting drug use, limited power to request adequate protection during sex, and a higher susceptibility for women in general to HIV transmission by sexual contact.

Another problem area is in prisons, which are known for their drug problems and usually devoid of adequate treatment. One recent study showed that ethnic minority women are overrepresented in prisons in England and Wales (Joseph 2006). In general, ethnic minorities tend to be overrepresented in the criminal justice system, yet underrepresented in treatment services (EMCDDA 2002).

Women from less affluent drug producing countries in Africa and Latin America are also commonly recruited as drug mules, ingesting pellets of drugs like heroin or cocaine and crossing borders, usually by airplane, in exchange for money or assisted entry into Europe. This puts them at serious risk for fatal overdose, imprisonment, and further exploitation. (<http://news.bbc.co.uk>--need another source)

Barriers to treatment and appropriate responses

Due to lower prevalence and more hidden use, less is understood about how problem drug use develops among women and so they may have more difficulty in gaining access to effective treatment programs, most of which were originally designed for men. These difficulties are magnified with women from ethnic minority groups, for whom there is even less understanding about drug use, cultural differences, and gender specific issues, as well as limited access to effective treatment. This is in part because of lack of information about problem drug use prevalence but also due to a lack of cultural sensitivity and targeting on the part of treatment providers; social stigma, distrust, and unawareness on the part of the users; and linguistic barriers for both (EMCDDA 2002). The obstacles to effective prevention and treatment can be particularly insurmountable when such women become involved with sex work or crime, or, to a lesser degree, when they come from a cultural background where women have a more reserved social role than that of Western women, and so may be more reluctant to seek help.

Developing responses in terms of prevention and treatment for ethnic minority women is not an easy task. A variety of gender and culturally specific needs should be taken into consideration when planning services: differing societal roles, economic and financial burdens, language and religion, childcare responsibilities, social support networks, biological and metabolic factors, peer users, past experiences, and perceived secondary status (EMCDDA 2006; Reed 1985). Likewise, prevention programs rarely address gender differences, particularly among adolescents who are at high risk for initiating drug use at the same time that they are coming to terms with gender and cultural differences. Some intervention programs already exist in Belgium, Luxembourg, and the Netherlands, run by Turkish or Moroccan community groups of peer educators, addressing drug use in a more familiar and culturally sensitive setting (EMCDDA 2006). But in general, these kinds of programs are undeveloped.

To help develop these programs, more information is needed about the degree of this problem, particularly related to understanding why ethnic minority women are underrepresented in treatment, their use patterns, and potential social, religious, and cultural protective factors. Though any type of ethnic monitoring requires a great deal of sensitivity, problem drug use among ethnic minority women cannot be addressed unless it is more acknowledged and understood.

(Include EMCDDA activities: Selected issues on gender and social exclusion, future research?)

Equal opportunity framework: rights, representation, recognition, respect

The 2007 Year of Equal Opportunities for All offers a framework of indications to organise and improve responses for drug using ethnic minority women. The framework defines four core objectives (<http://equality2007.europa.eu>):

1) Rights – “Raising awareness of the right to equality and non-discrimination and on the problem of multiple discrimination.”

Since ethnic minority women drug users face multiple discrimination, policy makers and professionals from the drug sector should become more aware of this problem in its social context. This includes implementation of the equality principle—that being equal is not the same as being identical—and consideration of the diversity of individual differences so as to ensure that each individual receives equal yet appropriately specialized treatment.

2) Representation – “Stimulating debate on ways to increase the participation of groups in society which are victims of discrimination and a balanced participation of men and women.”

Efforts should be made to ensure that those in prevention and treatment services are representative of those with drug use problems. Also, the presence of professionals and policy makers from both genders and from a variety of ethnic groups will aid in the planning of appropriate responses.

3) Recognition – “facilitating and celebrating diversity and equality”

Recognizing and revealing hidden social groups like ethnic minority women drug users is an important step in bringing attention to hidden problems and facilitating equal treatment. Treatment programs must also recognize the diversity of those with drug problems in order to provide the best treatment.

4) Respect – “Promoting a more cohesive society”

Respect for gender and cultural differences is essential to end cycles of social exclusion and drug abuse and promote better relations among all members of society.

Sources

BBC stories on drug mules

European Commission website on Year of Equality, <http://equality2007.europa.eu>

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