

Building Black Feminist Visions to End the Drug War

A REPORT FROM THE
TRANSNATIONAL CONVENING
HELD JUNE 7-8, 2023

BY

IC INTERRUPTING
CRIMINALIZATION

DRUG
POLICY
ALLIANCE.



**The Black Feminist Visions to End
the Drug War transnational convening
was held June 7-8, 2023**

**Hosted by Interrupting Criminalization,
Drug Policy Alliance, and In Our Names
Network**

**For a summary of the framework,
visit bit.ly/approachframework**

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Introduction

Since it was declared 50 years ago, the “war on drugs” has played a significant role in fueling skyrocketing rates of incarceration for women in the United States, particularly for Black, Indigenous, and other women of color.

It has also been a primary driver of fatal, physical, and sexual violence by police, prison, probation, and parole officers against Black, Indigenous, and other women and trans people of color, including the 2020 killing of Breonna Taylor by the Louisville Metropolitan Police Department and dozens more Black women and girls across the U.S. over the past five decades, including Frankie Perkins, Tarika Wilson, Alberta Spruill, Kathryn Johnston, and Danette Daniels—the roll call of female casualties of the war on drugs is both hidden and long. The global ramifications of the U.S.-driven drug war around the world are equally, if not more devastatingly, fueling enforcement violence targeting Black, Indigenous, and other women and trans people of color in the Caribbean, in Central and South America, and at the U.S.-Mexico border.

Drug policy and enforcement have also fueled family policing and separation, immigration detention and deportation, and denial of benefits, education, housing, employment, and protection from violence for Black, Indigenous, and migrant women and trans people of color, who already experience the highest rates of poverty and structural economic, social, and political exclusion in the U.S. and around the world. And it has contributed to the criminalization of pregnant, parenting, trans, and gender nonconforming people, which is now intensifying in the U.S. and

beyond in the context of mounting attacks on sexual, gender, and reproductive self-determination and prohibitions focused on the medications and healthcare that enable women, girls, and trans people to exercise bodily autonomy.

Mainstream conversations, advocacy, and organizing aimed at addressing the harms of both drug use and the drug war through law, policy, and service provision have largely failed to take into account or respond to the experiences of women, girls, and trans people.

They have also failed to address drug war logic—which prioritizes and justifies enforcement of abstinence, drug prohibition, criminalization, and punishment to address the real and perceived health and societal harms of drug use. Despite drug policy reform efforts, drug war logic continues to permeate systems and institutions proffered as “solutions” such as treatment, healthcare, and public benefits.¹

In the U.S., drug war logic creates barriers to accessing support and criminalizes women and trans people seeking care. Public benefits systems (including cash and food assistance for low-income people) are shaped by controlling narratives² about Black women, girls, and trans people rooted in racism, ableism, misogyny, classism, and xenophobia. They often perpetuate existing relations of power by distinguishing between people who are deemed “deserving” compared to those who are considered “undeserving” of support—often along lines of race, gender, poverty, and disability—and squarely frame drug users in the latter category. This is most clearly illustrated by constructed panics about “crack

mothers” and “welfare queens,” which have led to surveillance and criminalization for suspected “fraud,” subjecting recipients to discriminatory nonconsensual drug testing as a condition of receiving public benefits, work requirements, and a federal ban on benefits for people convicted of a drug-related felony.³ Drug war logic also fundamentally shapes the family policing system⁴ and mandated reporting laws which require health and social service workers to report pregnant people and parents to authorities for alleged neglect or abuse. Black women are subjected to discriminatory prenatal and parental drug testing and policed according to ideals of normative parenthood by non-drug using, straight, white, abled, middle-class nuclear families. Meanwhile, the healthcare system criminalizes the same groups when seeking medical treatment, through discriminatory drug testing, denial of care or undertreatment of pain, and prosecutions of pregnant and parenting people rather than providing support.

Drug war logic also pervades the U.S. education system through surveillance and policing to create so-called “drug-free school zones,” contributing to the criminalization of students, especially Black, Indigenous, and migrant girls and trans and gender nonconforming youth, while underfunding programs to help young people who may need support around safe drug use.

Drug war logic prioritizes punishment while ignoring the reasons people use drugs—including in an effort to manage individual and collective trauma and structural deprivation created by interlocking systems of oppression operating in the lives of Black, Indigenous, and other women and trans people of color. It also denies the bodily autonomy of people who may use drugs for pleasure, productivity, spiritual, or cultural purposes.

The impacts of criminalization of controlled substances extend beyond mood-altering drugs to include pain medication and medications for self-managed abortion and gender-affirming care. This brings the fight against the drug war squarely into the realm of feminist struggles for gender, sexual, and reproductive autonomy; health justice; and cultures of collective care. As international feminist, drug user advocate, and organizer Judy Chang has pointed out, patriarchy and drug prohibition “are predicated on the same objectives and principles, the suppression and subjugation of difference, the control of bodies, limitations on personal choice and freedom, and the silencing of dissenting voices.”⁵

Building a Black feminist approach to ending the drug war offers an opportunity for organizers and advocates to come together across movements and borders to build a shared analysis and a common agenda shaped by the experiences and visions of Black women, girls, and trans people around the world. It creates the potential for a cross-sectoral, internationalist framework for resistance that exposes and challenges the racially gendered controlling narratives and carceral logics driving drug policy and advances liberatory approaches to individual and collective healing and self-determination.

In order to gain a greater understanding of existing Black feminist organizing against the drug war and bring Black feminist frameworks into the mainstream of drug policy work, Interrupting Criminalization, the Drug Policy Alliance, and the In Our Names Network hosted a two-day convening June 6-7, 2023, during the week Breonna Taylor should have been able to celebrate her 30th birthday. The gathering brought together dozens of Black feminist leaders and allies from drug policy reform, narco-feminist, reproductive justice, and queer and trans liberation movements from six countries to explore the possibilities for a shared vision and plan of action toward a world that centers bodily autonomy and self-determination in all forms.

The goals of the convening were to:

- **Build and deepen relationships between movements for drug policy reform, reproductive justice, narco-feminism, and queer and trans liberation**
- **Deepen a collective Black feminist analysis of the drug war and how to end it**
- **Explore possibilities for articulating a collective vision for a world beyond the war on drugs—a world in which Breonna Taylor, and countless other Black women and trans and gender nonconforming people whose lives were ended or profoundly impacted by the war on drugs, could survive and thrive**

What follows is a summary of:

- **The impacts of the global drug war on Black women, girls, and trans and gender nonconforming people**
- **The Black feminist visions, analysis, and needs articulated during the convening**

This is certainly not the first effort to articulate Black feminist visions to end the drug war. Internationally, there is a growing narco-feminism movement—aspects of which are explicitly Black feminist and abolitionist—that is exploring the intersections of feminism, drug reform, liberation, and a world beyond the drug war. In 2019, a group of women gathered by the Association for Women in Development (AWID) issued the [“Barcelona Declaration,”](#) reproduced in the report “Feminist Movements and Women Resisting the War on Drugs.” In 2022, the Latin American Network of People who Use Drugs (LANPUD) issued a [“Feminist Anti-Racist Anti-Prohibitionist Manifesto”](#) ([original in Spanish and Portuguese](#)). In 2023, U.S.-based national Black feminist reproductive justice organization SisterSong issued the [“Visioning New Futures for Reproductive Justice Declaration”](#) calling for an end to the drug war.

This document is intended as a contribution to these and ongoing efforts to articulate and advance a transnational Black feminist agenda to end the drug war rooted in the experiences, resistance, and dreams of Black women, girls, and trans and gender nonconforming people.

Our hope is that it will offer helpful guidance to:

- **Drug policy advocates**
- **Black feminist organizers**
- **Funders seeking to advance progressive drug policies and racial, gender, health, reproductive, and economic justice**

Impacts of the Drug War on Women, Girls, and Trans and Gender Nonconforming People



What Do We Mean by the Drug War?

In “Toward an Abolitionist Drug Policy Reform,” Imani Mason Jordan (FKA Robinson) writes:

*“The war on drugs is a global commitment made by states, institutions, civil society and individuals to eradicate the production, supply and use of controlled substances. The prohibition of drugs is presented as a justified means of protecting people from the **evils** of drugs themselves, and of the people, families, communities and societies that consume them. [...] the war on drugs is presented as a moral obligation by governments and the people that run them to enforce a drug-free society.*

[...] the definition of a drug is a relatively new construction and so is at the whim of changing legislation, varying depending on the policy and sociocultural context. There is actually no such thing as a drug per se. There are just substances we are allowed to consume and substances that are controlled. [...]

Prohibition has had little to no sustained impact on rates of drug use, nor on supply. [...] In practice, the war on drugs (re)produces its own set of harms through various forms of criminalisation, stigma

and discrimination; drug policy is used as a key mechanism for racial and social control within society, causing immeasurable, widespread harm in a myriad of ways. Much less to do with controlled substances themselves, drug policy is animated by moralistic politics, stigma, discrimination and state violence. [...] If we look at how the system is built, how all the machinery works together and what that system is built to produce, the war on drugs seems an all but entirely victorious commitment to maintaining state power, capitalist accumulation and social inequity.”⁶

In the Latin American Network of People who Use Drugs (LANPUD)’s [**“Feminist Anti-Racist Anti-Prohibitionist Manifesto,”**](#) the authors write:

“Colonialism is also expressed through a moralistic control of bodies based on gender roles, denying non-normative corporealities and women the right to pleasure, healing, and freedom. Colonialism manifests itself by preventing women from accessing our ancestry and healing with natural substances, such as cannabis and coca, plants that heal physical, emotional, and spiritual discomfort, thus guaranteeing the possibility of self-determination over our bodies. Colonialism robs us of our link to our history, to our peers, and to our essence, as it continually promotes attempts to erase traditional cultures.

Current drug policy in Latin America has its origins rooted in these racist and colonialist practices. Drug policies have evolved from the persecution of Afro-descendant cultures and Native peoples to a structurally racist policy of control, so it is not only a question of health but also of culture and community.

“We have to understand that this is a global issue, and we have to address this globally.”

— **ANDREA JAMES**,
NATIONAL COUNCIL OF INCARCERATED
AND FORMERLY INCARCERATED WOMEN
AND GIRLS (UNITED STATES)⁸

The war on drugs is defended by a moralistic discourse; however, it is Afro-descendants, Indigenous people, women, and dissidents, trans people, people with HIV, and vulnerable communities who continue to be murdered, persecuted, disappeared, imprisoned, and criminalized for issues related to drug policy. Drug policies, besides being violent, prevent the promotion of honest education about drug use, its effects, risks, and harms, so that most of the material related to drugs is focused on fear, morality, punishment, and sensationalism. Prohibitionism and the war on drugs generate disinformation, death, violence, preconceptions, and other consequences more harmful than the use of substances by itself.”⁷

The global expansion and intensification of the war on drugs for the past half a century has fueled the killing, criminalization, policing, punishment, violation, family separation, and exile of hundreds of millions worldwide. This coordinated effort has been primarily driven by international pressure from the U.S. government to codify punitive drug laws targeting people who use controlled substances and work in the underground drug economy to create a so-called drug-free world.

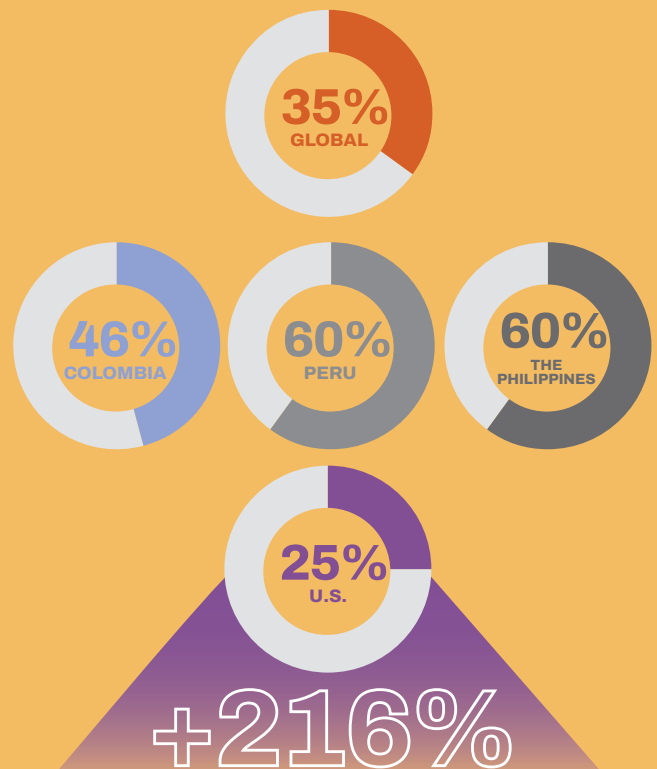
Drug-related charges are a leading driver of criminalization and family separation for women in the United States and around the world.⁹

Globally, 35% of incarcerated women were convicted of a drug-related offense although there are a number of countries where this figure is significantly higher. For instance, 46% of incarcerated women in Colombia and nearly 60% of incarcerated women in Peru and the Philippines were convicted of drug offenses.¹⁰ Meanwhile,

25% of incarcerated women in the U.S. were convicted of a drug-related offense,¹¹ and, since 1985, drug-related arrests among women increased by 216% percent.¹²

Black, Indigenous, and other girls, women, and trans people of color have been targeted for

PERCENTAGE OF WOMEN INCARCERATED FOR DRUG-RELATED OFFENSES



IN THE U.S. SINCE 1985, DRUG-RELATED ARRESTS AMONG WOMEN INCREASED BY 216% PERCENT

“When we consider people in prison, it’s the same thing. We, the Black women, we are the largest number of women in jail. When we think about transgender women, the same thing; they face so much stigma and violence in society, and it’s so painful.”

— **RENATA TRAJANO**, COLETIVO PAPO RETO (BRAZIL)

some of the highest rates of criminalization and experience the brunt of harms associated with contact with the criminal legal system in the context of drug law enforcement.¹³ According to the Drug Policy Alliance, “Drug use and drug selling occur at similar rates across racial and ethnic groups, yet black and Latina women are far more likely to be criminalized for drug law violations than white women.”¹⁴ Research reveals similar racialized and gendered disparities in drug-related arrests around the world, from predominantly Black communities in the United States to favelas in Brazil to rural communities in South Africa.¹⁵ This is why feminist criminologists assert, “The war on drugs has become a largely unannounced war on women, particularly women of color.”¹⁶

Unfortunately, mainstream analyses of the drug war and related harms do not recognize the differential impacts of enforcement and stigma based on race, gender and gender identity, sexual orientation, age, class, citizenship, disability, and other factors. In addition, many analyses fail to examine how broader systemic, structural, and institutional factors can exacerbate harm among communities and lead to differential impacts. This leads experts, policymakers, researchers, and advocates to adopt “colorblind” and “gender-neutral” approaches that often end up perpetuating broader systemic and structural inequities while failing to address the needs of the people most harmed by drug war policies.

At the same time, mainstream efforts to address gender-based violence often do not fully integrate

an analysis of the drug war as a primary source and site of racialized gender-based violence and thus do not prioritize ending the drug war as essential to efforts to eliminate domestic, sexual, community, and state violence against Black and Indigenous women, girls, and trans and nonbinary people as well as other women, girls, and trans and gender nonconforming people of color.

Drug Use

For millennia, human civilizations have used drugs for a multitude of purposes including pleasure, socialization, comfort, productivity, celebration, healing, and spiritual practices. Despite a half-century of criminalization of certain drugs, people around the world continue to use them for these reasons and many more. Drug use and participation in drug economies can also be a means of coping with economic and financial stress, including housing or food insecurity.¹⁷

While the majority of people who use drugs do not ever develop an addiction, there is a small subset of people who may experience chaotic drug use, addiction, and drug-related problems labeled as “substance use disorders.” Research suggests an association between problematic illicit drug use and a history of trauma and interpersonal violence, including emotional, physical, or sexual abuse or neglect among women, girls, and trans and gender

nonconforming people.^{18,19} There is also a high rate of co-occurring mental health conditions, such as depression, anxiety, and post-traumatic stress disorder (PTSD), that, in the absence of universally available, accessible, effective, and non-stigmatizing mental healthcare, contribute to women, girls, and trans and gender nonconforming people self-medicating with controlled substances, contributing to the evolution of more complex health needs.

Among the conditions shaping drug use are the drug war itself, including underground drug trade related violence, policing, surveillance, corruption, exploitation, exclusion, stigma, punishment, and shame. Often the harms caused by drug war enforcement are far more damaging to individuals than the effects of the drugs themselves, and policies that push the drug trade underground and unregulated in fact make drugs more potent and harmful. Additionally, institutional racism, sexism, transphobia, homophobia, xenophobia, and ableism in healthcare, schools, employment, treatment, public benefits, and other systems create barriers to addressing individual and collective needs and accessing medical or substance-related treatment and opportunities to participate in the above-ground economy for work.²⁰ Prioritization of funding for drug enforcement and punishment rather than health or support services creates and exacerbates structural inequality that contributes to drug use and participation in the underground drug trade.

Regardless of the reasons for use, or the absence or presence of addiction, under these conditions drug use among women, girls, and trans and gender nonconforming people can increase vulnerability to distinct health, physical, social, and legal harms due to the drug war and associated stigma. The differential health and physical effects associated with drug use include increased vulnerability to sexual coercion and violence when under the influence, increased risk of unprotected sex resulting in pregnancy and/or sexually transmitted infections (including HIV), and difficulty accessing healthcare and treatment for medical needs due to stigma and cost. Women, girls, and trans and gender nonconforming people who use drugs are also more likely to have romantic or sexual partners who also use drugs, which can also result in coercive drug using situations, as well as increased risk of sharing drug using equipment or engaging in risky drug using practices.²¹ These drug war related risks are more likely to be experienced by Black, Indigenous, and other women and trans people of color, as well as people who are pregnant or parenting, disabled, migrants, low-income, and unhoused.

Involvement in the Drug Trade and Underground Economies

Women, girls, and trans people's participation in underground drug economies is often driven by

“Black women and Indigenous women are being disappeared. We have been reporting that women have been joining the drug market because of poverty, because of violence as well. Once in the drug market, they are the main victims. They are the target of this war.”

— **LUANA MALHEIRO**, RENFA/FREE SCHOOL OF HARM REDUCTION AND NATIONAL NETWORK OF ANTI-PROHIBITIONIST FEMINISTS (BRAZIL)

financial necessity, poverty, and structural exclusion from safe and economically sustainable work in above-ground economies. Some become involved to support their drug use or because structural discrimination, disability, demands of caretaking, and restrictions on migration render participation in above-ground economies to meet their basic needs and to care for their families difficult or impossible.²² While a significant number of women and trans people participate in the underground drug trade voluntarily, many experience pressure or coercion from partners, family, or acquaintances.

Regardless of the conditions under which they enter, for the most part, “Women hold the lowest positions in drug markets: trafficking and cultivation.”²³ As in any other industry, “Occupational hierarchies within the drug economy serve to reproduce the gender, race and class relations that structure social relations on a more general level.”²⁴

Additionally, “Because police focus enforcement on street-based drug markets in low-income communities of color, women of color are therefore at greater risk of arrest than users and sellers operating in private spaces such as penthouses, fraternity houses, suburban basements, and boardrooms. While at one time the perception

was that women were less likely to be stopped or searched by police on the streets, officers’ tactics shifted over time to proactively engaging in public strip searches. According to one Black woman, ‘Now these cops around here starting to unzip girls’ pants and go in their panties.’ Once caught in the maw of the system, women are subject to criminal sanctions far greater than their actual role in the drug trade.”²⁵

Despite often reaping the least financial benefit and holding the least power in the drug trade, Black women, girls, and trans and gender nonconforming people experience some of the highest penalties because they are highly vulnerable to discovery by law enforcement through involvement in the street-based drug trade or transport of controlled substances within and across borders, but often have the least resources and information to trade in exchange for leniency.

Drug Law Enforcement within and across Borders

A key driver of racialized gendered drug-related harms is the targeted surveillance, policing, and criminalization of low-income, migrant, and

“When the federal government wants to go after people and go after bodies to put in prison, they come after the girlfriends of drug dealers. When the girlfriends don’t know the information that they are looking for or aren’t able to give enough information, then they still target the girlfriends [...] no one cared about me being a college student or the fact that the prosecutor said I didn’t handle, use, or sell any of the drugs that were involved, or the fact that I was in this abusive relationship. All they saw was a Black body.”

— **KEMBA SMITH,**

NATIONAL COUNCIL OF INCARCERATED AND FORMERLY INCARCERATED WOMEN AND GIRLS
AND DRUG POLICY ALLIANCE (UNITED STATES)

SNAPSHOT

POLICING THE DRUG WAR IN THE U.S.

The following stories were gathered by the National Black Women’s Justice Initiative as part of a national study of Black women’s experiences of policing. Full research results forthcoming in 2024. Please visit [NBWJI](#) for more information.

Several participants in the study explicitly reported their most notable police encounters involved being suspected, falsely accused, and/or arrested for buying or selling drugs during traffic stops and street stops.

For example, one study participant **Luna*** was a passenger during a traffic stop for allegedly running a [broken] red light. This minor traffic violation was used as a pretext for police to search Luna’s closed purse and wallet, where they found an empty vial with cocaine residue, and to search the car, where they recovered marijuana. These searches served as the basis of her arrest for possession at 17 years old, spiraling into a sequence of events that “ruined [her] life.” She was arrested two more times in the subsequent six months.

The consequences of these drug-related arrests include missed classes and poor academic performance. Luna was placed on a three-year probation and told that if she completed it, the charges would be dismissed. Conditions of probation required her to stay sober, report once a month for three years, pay fines of between \$5,000 – \$10,000, complete 180 hours of community service, participate in substance abuse counseling, and pay fees associated with probation (\$30 – \$40). Her counselor, a Black woman Luna described as “understanding and patient,” dismissed the counseling requirement because she did not believe Luna had a drug *problem* beyond being criminalized.

Although she successfully completed probation, Luna felt that she “could not get away from [the] narrative of being a criminal, no matter what [she] did” as a result of these drug-related arrests. Now, at the age of 24, although her charges were supposedly expunged, they still show up on background checks, requiring her to explain them to potential employers. She’s never sure which, if any, charges will come up in a background check, so she experiences fear each time she’s asked permission to do one. Recently, one job (that she’d already accepted) called and asked her to explain each charge and what she learned from them. She cried and ended up not accepting that job because she “was already starting at a disadvantage” due to things that happened years prior—and despite having **no** convictions.

Another interview participant **CeeCee*** recalled being tackled to the ground by police during a street stop to obtain \$5 worth of crack cocaine. CeeCee was arrested 3-4 times for crimes related to her addiction (petty robbery, simple possession, and possession with intent to sell), and while she described wanting to “get clean,” it was “very difficult for [her] to find help.” None of her drug-related encounters with police presented her with a treatment *option*.

**Names have been changed to provide privacy to participants.*

predominantly Black or Indigenous communities as a method of social control.

As described in *Invisible No More: Police Violence Against Black Women and Women of Color*, drug war enforcement, particularly in the U.S., includes:

*“Police practices that involve stopping and searching people who fit the ‘profile’ of drug users or couriers on the nation’s highways, buses, trains, and planes; saturation of particular neighborhoods (almost entirely low-income communities of color) with law enforcement officers charged with finding drugs in any quantity through widespread ‘stop and frisk’ activities; no-knock warrants, surveillance, undercover operations, and highly militarized drug raids conducted by SWAT teams. It also includes harsh mandatory minimum sentences for drug convictions, which contribute to mass incarceration, and a range of punitive measures aimed at individuals with drug convictions.”*²⁶

*“Racial disparities in rates of arrests and convictions, and the incarceration of women of color, are connected to the considerable discretion exercised by law enforcement agents waging the war on drugs when they decide who to stop and who to search. Law enforcement interactions with women of color are informed by perceptions of their bodies as vessels for drugs ingested, swallowed, or concealed and of women of color as ‘out of control’ unfit mothers, community members dependent on drugs and men, or coldhearted ‘gangsta bitches’ prone to inhuman violence. They are also informed by profound notions of the disposability of Black women, Indigenous women, and women of color. This was evident in the case of Treasure, a Black trans woman brutally killed and dismembered after Detroit police, who had arrested her for prostitution, set her up as an informant in a drug transaction without any protection whatsoever.”*²⁷

When subjected to surveillance in their communities, girls, women, and trans and gender

nonconforming people who use drugs are more susceptible to criminalization and coercion, including fatal and physical violence and extortion from police, strip searches, cavity searches, and invasive coerced medical procedures intended to discover ingested controlled substances. They are also prime targets during police raids.

“Police will do raids [...] they will go to a street where people use drugs, and here there are men, there are peddlers, and there’s a woman carrying a child, and now they’re running after everybody [...] Of course, women can’t run as fast as men, so they’ll be arrested more [...] The women will quite often end up in the cells. After a raid, police are not even actually interested in arresting anybody most of the time; it’s just they want a few coins. Most of the time, because women do not know this language or do not even have these few shillings, they will end up in police cells [...] Police, because they’re frustrated now, they will be verbally abusing these women. They’ll be sexually harassing these women.”

— **WANGARI KIMEMIA**, THE WOMEN’S NEST (KENYA)

The war on drugs also drives gendered forms of police violence, such as extortion of sexual favors under the threat of a drug arrest that could lead to the loss of a job, a home, or children to child-welfare authorities or to a long mandatory-minimum sentence, as well as policing of pregnancy and parenthood.

The drug war is aggressively enforced at national borders, where women and trans and gender nonconforming people are singled out for stops and searches by customs agents based on racialized and gendered stereotypes. This can lead to traumatic, humiliating, and violent interactions for Black women.

“Black women were more likely to be subject to searches of their bodies and personal effects by US Customs and Border Protection agents than any other group. In fact, Black women were nine times as likely as white women to be X-rayed after

being frisked or patted down, and two to three times as likely to be strip-searched, even though they were less than half as likely as white women to be found to be carrying contraband. Black women were also searched at a rate one and half times that of Black men and Latinx people, and were less likely to be found with contraband than any other group. [...]

The drug war continues to shape policing practices and devastate the lives and families of women of color—and is likely to intensify once again.

“Profiling at the border is just the tip of the iceberg: pervasive profiling of women of color as drug users, couriers, and purveyors extends into highways, streets, and communities across the country, motivating ongoing strip searches and visual and physical body-cavity searches. [...] a twenty-seven-year-old Black woman social worker was pulled over on an Arizona highway

The women described their experiences as ‘humiliating,’ ‘sexually degrading,’ and ‘like slavery.’ Indeed, the sociologist Yvonne Newsome links their experiences of the war on drugs to the enforcement of slave codes, Black codes, Jim Crow laws, and other historic forms of policing of Black women’s movements and social mobility. She submits that ‘like the slave patrols of the past, Customs officers serve as gatekeepers who contain African American women’s freedom of movement...’ [...]

Newsome links the ‘highly subjective’ criteria used by Customs agents in surmounting the relatively low legal bar to conducting searches at the border to specific aspects of controlling narratives shaping how Black women’s movements and actions—however innocent—are perceived. Newsome goes on to connect Customs agents’ perceptions of Black women to controlling images that ‘depict them as masculine, crafty, promiscuous, sexually inviolable, pathological and criminally inclined.’ [...] Newsome concludes that ‘the drug courier profile seems to have been constructed primarily around stereotypical notions of African American women and other people of color. This profile seems to assume that the only reason African American women travel internationally is to engage in criminal misconduct.’”²⁸

for making an improper right turn and was strip-searched in full view of male officers on suspicions that she was concealing drugs. She told the American Civil Liberties Union (ACLU) of Arizona, ‘I was visually raped, unconstitutionally violated, and racially profiled.’ Yet Black women’s continuing experiences of violation in the context of drug law enforcement rarely make national headlines, nor are they highlighted in analyses of the drug war’s impacts.”²⁹

Drug war enforcement contributes to high levels of state and intra-communal violence in the places where Black women, girls, and trans people live, often targeting family members and taking a toll on Black women’s health and wellbeing.

“Black bodies are the ones that suffer the most: the violence of the war, the violence of drugs, and all other types of violence. We cannot think about the war on drugs in Brazil without thinking about violence. Those two things go together [...] Black women are still carrying their children who were killed by the police, and sometimes, they have a hard time even burying their children. We are still fighting as mothers and as Black women, as mothers and sisters of Black men, so we just keep on going. We are highly impacted by the war on drugs in Brazil [...] we’re dying. Too many people die every year because of the war on drugs [...]

When we deal with the war on drugs, we deal with bodies, and we have to carry those bodies [...] It's heartbreaking [...] sometimes, all of us are too broken to do the work we must do."

— **RENATA TRAJANO**, COLETIVO PAPO RETO (BRAZIL)

The drug war is also waged on rural communities where cultivators are targeted for harmful pesticides and chemical warfare as well as raids, police violence, and destruction of crops and economies—even after some aspects of the trade are “legalized.”

“My name is Philasande Mahlakata, and I come from the Mpondoland Region which is basically the capital of cannabis cultivation in Southern Africa amongst two other areas that grow cannabis which are all labeled as the cannabis belt. I am a co-founder of an organization that helped end the spraying of fields with glyphosate, which is a carcinogenic chemical that was systematically sprayed over fields of cannabis throughout all of these three belts around Southern Africa at a certain time of the year when the seed is just about to flourish.

The whole system was for the purpose of eradicating the cultivation of cannabis as well as the seed production [...] the aerial spraying of these fields is a means of attacking people because these chemicals are banned all over the world and only used on certain places in the world where they are used to target these underserved communities that cannot fend for themselves. It's an act of cruelty to the extreme. [...]

For us in South Africa, it's a little different now, in the sense that since 2018, when we've had the High Court declare that they decriminalized the use and the cultivation of cannabis [...] Before 2018, people were getting raided randomly in their homes, people just getting beaten up, and all of the money that they've worked for, through selling the cannabis taken by the police in the name of enforcing the law. It's more difficult now dealing with the situation because [...] people are not sure

what they should expect [...] people are still being arrested, they are still being harassed [...] When the police come into my home now, I don't know how to protect myself because I don't understand where I stand with the law. The people who are making the law are not making an effort to bring the information to the relevant sources or to the people who are most affected by the laws that are being made [...] People live their lives in that constant fear of having police barging in on them at any given time."

— **PHILASANDE MAHLAKATA**, UMZIMVUBU FARMERS SUPPORT NETWORK (SOUTH AFRICA)

All too often women's relationships are used against them by police, contributing to criminalization by association through romantic, familial, or social relationships. For instance, Breonna Taylor, a young Black woman whose brutal killing in her home contributed to sparking massive uprisings against police violence in the U.S., was targeted for a middle of the night police home invasion based on her past romantic relationship with a man police claimed was involved in the drug trade.

While rates of arrest and incarceration of women of color in the context of the war on drugs have abated somewhat over the past decade from their crisis levels in the 1980s and 1990s, the drug-related arrests are decreasing for women at a slower rate than for men.³⁰ The drug war continues to shape policing practices and devastate the lives and families of women of color—and is likely to intensify once again.

Incarceration and Punishment

A significant proportion of women, girls, and trans and gender nonconforming people incarcerated around the world were convicted of drug-related offenses, including drug possession or involvement in the drug trade. Additionally, research suggests that up to 30% of incarcerated women met criteria for being labeled with an alcohol use disorder and 51% met criteria for being labeled with a substance use disorder.³¹

Many incarcerated women, girls, and trans people report histories of abuse, trauma, depression, and other medical and mental health needs. Lack of access to adequate mental health, substance use, and medical treatment while incarcerated often intensifies the impacts of incarceration, particularly for women, girls, and trans and gender nonconforming people who use drugs and are often denied access to medication and treatment.

Incarcerated trans and gender nonconforming people experience significant harm when locked

up in jails and prison systems according to sex assigned at birth, including physical, emotional, and sexual violence by staff, guards, and other incarcerated people—often with no recourse or protections.³² Denial of access to gender-affirming medications, clothing, and other items contributes to humiliation, trauma, and adverse mental health effects. In the U.S., some jails and prisons place trans and gender nonconforming people into solitary confinement or other segregated areas, depriving them of even the limited social contact available inside prisons.

Policy choices informed by drug war logic focus primarily on punishment instead of support and services, often increasing and exacerbating conditions that contribute to drug use and criminalization, rendering incarcerated women, girls, and trans people even more vulnerable to the harms of the drug war at the end of their incarceration.

PERCENTAGE OF INCARCERATED WOMEN WITH ALCOHOL OR SUBSTANCE USE DISORDER

INCARCERATED WOMEN WHO MET CRITERIA FOR BEING LABELED WITH AN ALCOHOL USE DISORDER



INCARCERATED WOMEN WHO MET CRITERIA FOR BEING LABELED WITH A SUBSTANCE USE DISORDER



Violence and Burden of Care on Black Women, Girls, and Trans People

The drug war dramatically escalates levels of violence in communities across the board, increasing stress and vulnerability for Black women, girls, and trans and gender nonconforming people who live in them.

“In Brazil, and in any other place around the globe, it doesn’t matter if you are a drug user, you will always be crossed by the way the war on drugs is in the territories. The drug dealing economy and the police officers, they fight against each other, but it changes the lives of those who live in these communities. It doesn’t matter if you are a drug user in Brazil, you are going to suffer the impact of the war on drugs because it changed the way the city exists and how the states see those who live in poor areas.”

— **INGRID FARIAS**, LANPUD (BRAZIL)

“The levels of violence, the level of disruption from family disruption, economic disruption, all of these things that cause us to also become ill and challenged in all of these ways as we continue to try and liberate our sisters and our family and our loved ones in our communities [...] those effects that we have as people who are out trying to address the issues, the fallout, the continued devastation exerted on our people by the so-called war on drugs.”

— **ANDREA JAMES**, NATIONAL COUNCIL OF INCARCERATED AND FORMERLY INCARCERATED WOMEN AND GIRLS (UNITED STATES)

Women and trans and gender nonconforming people are often primary caregivers for children, elders, partners, and extended family members. This can involve providing emotional, financial, and

logistical support to loved ones who are violated, criminalized, and incarcerated due to the drug war—even as they themselves are also being targeted.

Recent research in the U.S. suggests that one in two Black women and trans or gender nonconforming people has an incarcerated loved one. Most carry the emotional, social, and financial responsibility of remaining connected with and supporting their incarcerated loved ones and are often subject to heightened surveillance and abuse from police and prison authorities.³³

“The military police are an important tool in the war on drugs that has long engaged in violence, killing and violating Black women, shoving their bodies, hitting them, violating them when they go to visit relatives in prison. We know that when women visit their spouses, their bodies are also violated with intimate searches of their bodies. The state justifies drug searches in their intimate areas—in their vaginas, touching their breasts—that criminalize women all the time.”

— **ANDREIA BEATRIZ DOS SANTOS**, REAJA OU SERÁ MORTA (BRAZIL)

NUMBER OF BLACK WOMEN AND TRANS OR GENDER NONCONFORMING PEOPLE WHO HAVE AN INCARCERATED LOVED ONE



1 in 2

While women and trans and nonconforming people may be incarcerated due to a family member's involvement in the drug trade—and may even take the blame for a loved one's drug-related activities—they do not receive the same degree of emotional and financial support from loved ones. People impacted by the war on drugs describe “a common situation in which women agree to take the blame for drug charges, being convinced by a husband or partner that she would receive a lighter sentence. Women often end up in prison, where men are diligently visited by their partners, but women are often abandoned.”³⁴

Criminalization in the Context of Care

In addition to direct and indirect targeting by law enforcement agents charged with enforcing the drug war, women, girls, and trans people who are—or are perceived to be—using, transporting, or distributing controlled substances are subjected to policing, criminalization, and exclusion by healthcare and social service providers; schools, universities, and educational institutions; employers, landlords; and benefit programs.

Criminalization continues in the context of “treatment” offered as a substitute for incarceration, which often simply replicates drug war logic in different forms, as described in the LANPUD “Feminist Anti-Racist Anti-Prohibitionist Manifesto”:

“We denounce the abuses and violations of physical and psychological integrity exercised against women and gender nonconforming people within institutions of internment, often involuntary, for people with problematic drug use, a process that resembles in its repressive and pathologizing response to efforts to correct sexual orientation and gender identity, where women and gender diverse people under the guardianship of public

medical and mental health agencies are victims of rape, torture, physical abuse, psychological abuse and the denial of properly supervised medical care by health professionals to ensure an appropriate detoxification process. We demand the depathologization of our identities, bodies, desires and decisions!”³⁵

Sexual, gender-based, and psychological violence, including transphobic violence, is also reported to be pervasive in both mandated and “voluntary” U.S. drug treatment facilities, so routine that some survivors call it “the 13th step,” referring to widespread abstinence-based “12-step” programs.³⁶

Women, girls, trans people, and gender nonconforming people who use drugs also face unique barriers to accessing voluntary, low-barrier, harm-reduction based programs, drug treatment, and healthcare services, particularly when pregnant and parenting, and continue to face stigma when they do, in spite of efforts to frame drug use as a health issue rather than a criminal issue.³⁷

“Ever since they declared that drug use was a health issue [...] I still don't see the benefits of that [...] what I see is people going to the emergency room and still being treated like shit. When you go to the emergency room as a drug user, you're not treated with dignity and respect, you're frowned upon, the roll of the eyes [...] Then you couple that with the fact that you're a parent or that you're pregnant and you admit that you use drugs, and you go down several notches when you enter an emergency room, or any facility seeking medical attention.”

— **DINAH ORTIZ**, NATIONAL SURVIVORS UNION (UNITED STATES)

In many cases, healthcare providers foster, participate in, or condone criminalization—including by participating in coerced cavity searches or medical interventions designed to discover drugs, conducting nonconsensual drug testing, reporting

people who use or bring drugs into healthcare facilities, and participating in drug-related prosecutions and prosecutions of people who engage in self-managed abortion and gender affirming care.³⁸

Criminalization in the context of healthcare is on the rise in the U.S., particularly in light of mounting criminalization of abortion and gender-affirming care.

“Janneral Denson found herself handcuffed to a bed at Miami Jackson Memorial Hospital by U.S. Customs inspectors; she was forced to drink laxatives, her bowel movements were monitored, and she was held without contact with the outside world for two days, all because she allegedly fit the profile of a drug courier. She was seven months pregnant and experienced severe diarrhea and vaginal bleeding upon release. One week later, she delivered by C-section a three-and-a-half-pound baby who required prenatal intensive care for a month.”³⁹

“What this does, then, is turn people in professions of care like doctors, and teachers, and social service workers, and social workers into agents of the state to accuse parents and take their children from them. Again, one of the main grounds of that is drug use. Care is turned into a form of punishment, and completely entangled with punishment and this carceral ideology.

Let me give an example that I recently learned about. In Tennessee, the Tennessee legislature passed a Fetal Assault Law, which applied to use of certain drugs while pregnant. If they tested a newborn who had been exposed to drugs, that was fetal assault. The women who were arrested for fetal assault also had their children taken from them. Then what prosecutors would do, without a trial [...] is coerce these women who were now in jail because they couldn't be bailed out, [...] coerce them into pleading guilty, not only so they could get out of jail, but more importantly so they could get

their children back. Taking their children was a way of enforcing the war on drugs.”

— **DOROTHY E. ROBERTS**
(UNITED STATES)

Controlling narratives framing Black women, girls, and trans and gender nonconforming people as “drug seeking,” combined with persistent widespread, deeply held perceptions of Black people

as less likely to experience pain originally promoted to justify the torture and violence inherent to chattel slavery, lead healthcare providers to routinely deny medication for pain management.

“Black women make up a significant contingent of people with chronic pain—we heard in the first panel about how the drug war shows up in our body. Here in the U.S. one of the things that we see around the access to drugs for Black patients around pain, and how that shows up, is the way that the U.S. shapes how pain medication can or cannot go to other countries, how Black people and Black women around the world have less access to medication in the name of the drug war as a byproduct of U.S. policies.”

— **KASSANDRA FREDERIQUE**, DRUG POLICY ALLIANCE
(UNITED STATES)

Criminalization in the context of healthcare is on the rise in the U.S., particularly in light of mounting criminalization of abortion and gender-affirming care.

“Now that abortion is being criminalized across the U.S., the substances that we use to manage our reproduction and our abortions are being criminalized using the same laws. Now that criminalization of gender-affirming care for trans people—now that healthcare for trans people is being criminalized, the drug war is how people's access to those substances and the ways in which they're trying to self-manage when the

opportunity to obtain that care is being taken away is being criminalized through the war on drugs. It's a gender/justice issue; it's a reproductive justice issue and an environmental justice issue."

— **ANDREA J. RITCHIE**, INTERRUPTING CRIMINALIZATION (UNITED STATES)

"This is now connected to bans on abortion because just to sum it up, being pregnant is being criminalized. If you do not produce a baby under the standards of the state, whether because you had an abortion, or because you had a stillbirth, or because you used drugs while you were pregnant, or if you have a child who is trans, they're sending CPS [Child "Protective" Services] and the police together after these families."

— **DOROTHY E. ROBERTS** (UNITED STATES)

Family Separation, Sterilization, and Policing of Pregnancy and Parenting

"People who use drugs are often denied their right to bodily autonomy. Some are forced to undergo abortions and even sterilisations, because of harmful misconceptions around drug use during pregnancy."⁴⁰

"Drug use is treated as if it's a test for parenting for impoverished people and for Black and Indigenous people, not wealthy and white people. Wealthy white people can use all the drugs they want, they can boast about it on blogs and on TV, and they don't have any fear that the family police are going to come after them, but impoverished people, especially if they're Black and Indigenous, are routinely tested for drugs. A drug test can mean getting your children taken from you.

Family separation is a tool, an instrument of the state for repression, and for punishing people who don't meet a state norm, whether it's race, gender, disability, trans children, trans parents. [This] can be the basis and it's currently the basis for taking children away."

— **DOROTHY E. ROBERTS** (UNITED STATES)

Around the world, drug use by pregnant and parenting Black women, girls, trans people, and gender nonconforming people is highly stigmatized and criminalized, resulting in frequent family separation without any basis or evidence of harm—to the point that in some instances drug users are coerced into sterilization or are subject to sterilization without consent. In some places in the U.S., Black women are nine times more likely to experience nonconsensual drug testing during prenatal visits or delivery than white women and experience high rates of family policing and separation due to actual or perceived drug use.⁴¹

"Unfortunately, here in the United States, and I'm sure everywhere in the world, what happens is that [...] pregnant and parenting folks who use drugs [...] are the ones that get treated horribly. We criminalize, we penalize, we use whatever punitive measures we can to make them look like monsters in the eyes of the public. We automatically feel entitled to invade their lives, to surveil them and remove whatever small amount of dignity is left. [...] We take away their children, their freedoms, their homes, their employment, their families. We take everything away from pregnant and parenting folks because those are the ones that just do not deserve to live without some form of oversight. Those are the ones that do not deserve to parent their children. They're the ones that do not deserve any type of rights. Those are the ones that I advocate for and I fight for because that's who I am. I'm very proud to be that person. We are the strongest because we have endured the most."

— **DINAH ORTIZ**, NATIONAL SURVIVORS UNION (UNITED STATES)

“The trauma of us mothers not being able to raise our sons. I was grateful to have my parents that raised my son, but there’s some moms that don’t have that. Even in having that support, there’s still emotional consequences that our kids go through even once we do come home.”

— **KEMBA SMITH**, NATIONAL COUNCIL OF INCARCERATED AND FORMERLY INCARCERATED WOMEN AND GIRLS AND DRUG POLICY ALLIANCE (UNITED STATES)

“We at RENFA, we are trying to build a care network for these women that are drug users because they have their motherhood. They have their children being taken because of state policies. They have been suffering sterilization without their consent so that they cannot have kids because people say that we drug users, we do not deserve motherhood. We do not deserve being mothers because we won’t be good mothers. This is very sad and painful because there are many women living in this situation.”

— **INGRID FARIAZ**, RENFA (BRAZIL)

Denial of Access to Services and Supports for Survivors

“In most countries, women make up a smaller proportion of people who use drugs than men, and services are often designed with male clientele in mind. Research shows that often women’s experience of violence is not addressed in substance use treatment services, which are generally mixed gender. In such settings, women may be confronted with the same structures

of power, violence and dependency, leading to treatment drop-out. At the same time, shelters for women experiencing domestic violence are not able to address substance use problems and, in most of them, women may not be accepted if they are suspected to be using drugs. [...] just as women who use drugs are frequently refused access to domestic violence services, women who are victims of domestic violence are often refused access to drug treatment facilities as they are not geared up to address the issue of domestic violence.”⁴²

Stigma

“Another clear example was how women who use drugs face harsher stigma than men within their families and communities. They are often perceived as being unfit mothers and housekeepers and are stigmatised for failing to conform to stereotypical gendered expectations.”⁴³

The findings of a community scan by women who use drugs in Eastern Europe and Central Asia “revealed high instances of physical and psychological abuse by family members and partners, abuse of power by child protection services, discrimination in health settings and police violence, among others.”⁴⁴

Women who use drugs or who are involved in the drug trade also face unique stigma because they are perceived to be deviating from stereotypically gendered role expectations for caretaking, mothering, and respectability.

Women who use drugs or who are involved in the drug trade also face unique stigma because they are perceived to be deviating from stereotypically gendered role expectations for caretaking, mothering, and respectability.

“When it comes to women who use drugs in Kenya and how they have been impacted by criminalization and the war on drugs [...] my main concern is the stigma, the discrimination, the guilt. The women who use drugs in Kenya literally hide. They would want to look for someplace and hide themselves and not be seen [...] You are a criminal, you are a bad mother [...] The boyfriends, the peddlers, and everybody literally take advantage [...] in Kenya, a woman who uses drugs is on her own basically. You are on your own.”

— **WANGARI KIMEMIA**, THE WOMEN’S NEST (KENYA)

“Everything Wangari Kimenia said happens in Kenya happens here in the U.S. in terms of the hierarchy in drug use. That one drug is different from the other. Because people who smoke cannabis don’t do cocaine, they’re better than, or people who do cocaine and don’t do heroin, they’re better than, and it’s ridiculous to me. A drug is a drug like you said, and it doesn’t make you good, bad, or indifferent. You are just a person who is using a substance. That is just a small part of who you are. It’s not the whole of you. It’s not the whole sum of you.”

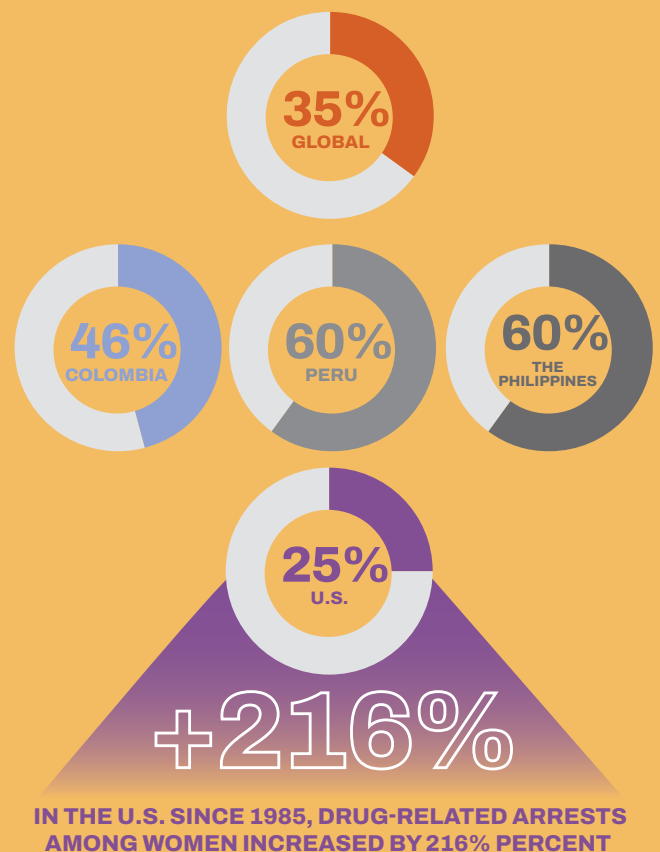
— **DINAH ORTIZ**, NATIONAL SURVIVORS UNION (UNITED STATES)

“All these commercials, and all these news, social media, and news outlets show what a person that uses drugs ‘looks like.’ They always show a Black person, a Black or Brown person, ashy lips, ashy legs, ashy arms, just never anyone that looks halfway decent that uses drugs [...] Whenever they show affluent people who use drugs, for example, there was a model Gisele Bündchen [...] drinking alcohol, drinking a glass of wine. She looked really nice. She was at a football game or something with her husband, and her daughter was on her lap. I was thinking, ‘I wonder if ACS [administration for children’s services] is going to knock on her door after this because her daughter’s a minor, and she’s got alcohol in her hand, and alcohol is a drug.’ There

KEY FACTS & STATS

Drug-related charges are a leading driver of criminalization and family separation for women in the United States and around the world.^{45,46,47,48}

- Globally, incarceration of women has **increased by 33%** over the past 20 years.⁴⁹
- **35% of incarcerated women around the world**—nearly 60% of incarcerated women in Peru and the Philippines and 46% of incarcerated women in Colombia—**were convicted of a drug-related offense.**⁵⁰
- **25% of incarcerated women in the U.S. were convicted of a drug-related offense,**⁵¹ and, since 1985, drug-related arrests among women **increased by 216% percent.**⁵²



IMPACTS

Impacts of the drug war on Black women, girls, trans people, and gender nonconforming people include:

- **Police profiling, harassment, searches, and raids**
- **Fatal, physical, and sexual violence by police** (Sexual violence is a feature of the drug war, taking the form of strip searches and cavity searches by police, in prisons, and in drug “treatment” facilities; extortion of sex in exchange for leniency; and targeting drug users based on the assumption that they will not be believed if they come forward.)
- **Criminalization, incarceration, and barriers to migration**
- **Forced sterilization**
- **Family separation**
- **Stigma, criminalization, abuse, and denial of treatment when seeking healthcare**
- **Increased vulnerability** to intimate partner, community, and state sanctioned violence and exclusion from services for survivors⁵³
- **Lack of access to treatment programs**, especially for pregnant and parenting people who use drugs
- **Coerced medical interventions**
- **Sexual, gender-based, and transphobic violence in treatment programs**
- **Targeting growers** for chemical warfare and criminalization
- **Denial of access** to necessary pain, abortion, and gender affirming care medications

was no mention of ACS banging down her door to take away her daughter; there was no mention of that. It's only when it's us. It's only when it's people that look like us, women that look like us, folks that look like us, that we are then criminalized. We have to worry about if anybody saw us using, or if anybody knew that we use, should we be afraid that we're going to lose the ones that we love most in the world, which are our children?"

— **DINAH ORTIZ**, NATIONAL SURVIVORS UNION (UNITED STATES)

According to the Barcelona Declaration, “Global and systemic oppressions violate our rights, as womxn, trans and gender nonconforming people who use drugs, and situate us in multiple, interconnected, vulnerable positions, which lead to numerous harms:

- As womxn who inject drugs, we have a higher prevalence of HIV and Hepatitis than men. Despite this, we don't appear in data and endure discrimination and exclusion from social and health services. The few resources we have tend to be masculinised and inaccessible as well as often not meeting our needs, interests or expectations.
- We are disproportionately impacted by structural violence and social control from the State (policing, limited access to legal aid, extortion, long prison sentences, rape, extrajudicial murder and capital punishment).
- The majority of womxn in prison are sentenced for non-violent drug related offences. Womxn of colour, ethnic minorities, non-binary or trans, and the homeless are particularly targeted.
- In several countries, we face detention in compulsory, unregulated “treatment” centres, often for indefinite periods with little or no access to judicial processes. Incarceration in

“The drug war is a weapon for all of the interlocking systems of oppression that we are concerned about as Black feminists. If we start from the premise that we are to end all forms of violence against Black women, girls, and trans people, it is very clear from everything we know that that means we must end the drug war, and everything that it supports, and everything that drives it.”

— **ANDREA J. RITCHIE**, INTERRUPTING CRIMINALIZATION (UNITED STATES)

closed settings creates a context for increased human rights violations, such as rape and extortion.

- We often experience endemic violence and exclusion within our own communities and families. Not only are we more likely to be assaulted by our partners, but we are less likely to have recourse to justice and protection.
- We suffer intrusion into our bodily and physical integrity, maternal and family life and domestic space. We face routine violations of our sexual and reproductive health rights, by both community and state such as coerced sterilization and pregnancy termination.
- Stigma that assumes womxn who use drugs cannot take care of their children and misinformation on the effects of drug use feeds into strong pressures to end pregnancy. When we don't terminate our pregnancies, there's a strong possibility we will lose custody of our children.
- Those of us who are sex workers, womxn living with disabilities, and especially trans womxn, cope with an unacceptable and compounded web of stigma, discrimination and social exclusion.⁵⁴

“The drug war is a weapon for all of the interlocking systems of oppression that we are concerned about as Black feminists. If we start from the premise that we are to end all forms of violence against Black women, girls, and trans people, it is very clear from everything we know that that means we must end the drug war, and everything that it supports, and everything that drives it. For me, particularly when we think about Black feminism, about ending gender-based violence, the war on drugs is gender-based violence [...]

Obviously, Black feminism is about resisting the ways in which the drug war exposes our bodies to violence in communities through stigma and stops people who experience violence from being able to access whatever society is offering to survivors of gender-based violence. Then when people self-manage harm and trauma by using criminalized substances, then more violence comes. It's just a washing machine, a cycle of violence for people who are already experiencing and targeted for violence as Black women, queer, and trans people.”

— **ANDREA J. RITCHIE**, INTERRUPTING CRIMINALIZATION (UNITED STATES)

Black Feminist Visions to End the Drug War



Dreaming a World beyond the Drug War

What follows are quotes from participants in response to the question, **“What will Black women, girls, trans and gender nonconforming people celebrate in a world beyond the drug war?”**

“A world where she can make decisions about her life from a place of joy and safety instead of fear”

“Living her own life, not from a place of survival, but from a place of possibilities”

“A world where there is no longer any stigma or restriction on use of any substances”

“Abolishing prisons”

“Drug use is no longer an identity used to leave her out”

“Being able to use her heroin or any other drug like people currently use alcohol and other legal drugs; enjoying what she loves!”

“Celebrating life and the opportunity to rejoice in the victory of her journey”

“Divesting from punitive law enforcement approaches and investing in health, harm reduction, mental health, and housing to name a few”

“No one is forced into treatment or abstinence to have their needs met!”

“Bodily autonomy and spiritual sovereignty; the right to present, emote, and experience connection (with self and others) without shame, judgment, or violence”

“She feels free to live her life the way she chooses without dealing with the racist, anti-feminist oppression of a Black woman.”

“People no longer need to escape their daily existence.”

“Being able to walk into a public health facility for all her health needs, and healthcare providers do not shame her for drug use. No more of those stares. No more being gossiped about. No more families rejecting her/them for drug use!”

“Pregnant people and parents are not stigmatized or penalized in any way for using certain substances; they are supported in parenting no matter what.”

“Bodily and mental freedom and liberty”

“Gender-affirming care is available to everyone freely and without cost!”

“Abortion is available on demand by any means freely and without cost or stigma!”

“She feels free, not a worry in the world, having all the things you need in life to live joyfully, happy, no judgment.”

“Building a new relationship with the natural world; drugs may not only be a means for escaping or regulating in an unbearable world.”

“She feels free, not a worry in the world, having all the things you need in life to live joyfully, happy, no judgment.”

“The opportunity to thrive, to contribute to their family and communities”

“A culture and society where we can take better care of ourselves”

“Communities are thriving, and demonizing drugs is no longer used as a way for policymakers to distract from addressing community needs for housing, employment, social support, education.”

“A major tool of oppression is removed that really is deployed to maintain and promote structural inequity, is a way for racism and classism to be enacted in the world”

“She feels free.”

KEY ELEMENTS OF A BLACK FEMINIST FRAMEWORK TO END THE DRUG WAR

- Black women, trans people, and nonbinary people’s lived experiences at the intersections of multiple systems and structures of oppression
- A culture and practice of collective care
- A commitment to dismantling all structures and systems of oppression shaping conditions of possibility for Black women and trans and nonbinary people
- Bodily autonomy, sovereignty, and self-determination
- An end to violence in all its forms, including the violence of surveillance, policing, and punishment
- An anti-colonial, anti-capitalist, transnational politic and practice
- Uprooting the controlling narratives that shape perceptions and treatment of Black women, trans people, and nonbinary people, flowing from and bolstering intersecting systems of oppression, breaking binaries of “good” and “bad” Black women, girls, and trans and gender nonconforming people

Centering the Experiences and Leadership of Black Women, Girls, Trans People, and Gender Nonconforming People Who Use Drugs or Participate in Drug Economies

“One principle [of Black feminism] is just lived experience as an expertise—viewing one’s position at the nexus of various identities and oppressive systems as one of possibility and power instead of a disadvantage. People who are most exposed to different forms of oppression and most impacted by the harms understand best how to dismantle them and are closest to the solutions.”

— **JANAÉ BONSU-LOVE** NATIONAL BLACK WOMEN’S JUSTICE INITIATIVE (UNITED STATES)

Starting from the experiences of Black women, trans people, and nonbinary people helps us understand:

- The extent and depth of the web of criminalization of people who use drugs in all institutions of society, from the family to the state
- The drug war perpetrates sexual and reproductive violence and fuels intimate partner and gender-based community violence
- We don’t make choices independent of the conditions under which we live

“Black youth and women need to be the protagonists in the construction of the new model of drug policy, along with our communities that have been debating and building collective alternatives to the infamous war on drugs.”⁵⁵

“We have three elements that we consider important for our organization. We understand Black feminism as a structure. We are an organization led by Black women, but we have trans people, children, elderly, and men. Women are the head because we understand that we go to the prison, we go to acknowledge the bodies, we go to marches [...] We know that in Brazil, 75% of Black families have women as the head, and we know how important it is to guarantee for [those] women to be prepared to take care of their families and to acknowledge their rights. Which rights do I have when the police go to my house in the name of drug searching? What to do when their bodies are violated? What to do when our neighborhood, like the one that I live in, is constantly invaded in the name of the war on drugs? It’s not easy to organize. We understand the pain around it. We have women that lost children, spouses, inside this process. We have been organizing relentlessly. We work every day, weekends to guarantee psychological support, financial support, even help when they are going to mourn their losses. We start from an understanding of the crucial role of Black women in history and in this project to develop the analysis based on our experiences and our interests that we articulate in a way that it becomes a practice to transform this reality that is hard and complex.”

— **ANDREIA BEATRIZ DOS SANTOS**,
REAJA OU SERÁ MORTA (BRAZIL)

A Commitment to Radical Inclusivity

A Black feminist vision to end the drug war includes all women, girls, trans people, and gender nonconforming people, regardless of their positionality with respect to drug use or distribution. It resists the notion that access to meeting basic needs must be mediated through narratives of relative “innocence” fueled by dichotomies between “nonviolent” users and others, or through

arrest and collaboration with police, prosecutors, courts, and carceral, abstinence-based treatment and community services.⁵⁶

“When I joined the feminist movement, I didn’t feel embraced as a drug user. The feminism many times reject me being there. It was the Black feminism that I could find my space to start a conversation about it, to listen to my Black sisters around Brazil. That this drug agenda was important—because in Brazil, it has always been a taboo to talk about drugs. It was a stereotype and people did not want to talk about legalization, the impact of incarceration, how we became the third country in the world that torture people in prison, that incarcerates people; this is our country, and nobody wanted to talk about it. It was the Black women that allowed us to talk about drugs and the effects on the war on drugs.”

— **INGRID FARIAS**, RENFA (BRAZIL)

“We realized how little the effects of repressive drug policies on womxn who use drugs are discussed in international feminist spaces that we are part of, and how exclusionary feminist movements and women’s rights organizations can be to womxn who use drugs.”⁵⁷

“One principle of a Black feminist approach to ending the drug war is radical inclusivity. When I’m talking about inclusivity, I mean to go beyond conventional understandings of inclusion and diversity, which we hear a lot of, but a rejection of respectability politics or the belief that those of us who are closest to mainstream conventions of

behavior [...] are the examples that are going to save us or transform conditions, and they’re not.

Radical Black feminist inclusivity includes a steadfast commitment to creating space for the most marginalized members of our community to shape our work and agitate our visions of what a just world for Black folks looks like and for everyone. Black people have historically experienced inclusion in the absence of meaningful representation. It’s our collective duty to take a radical stance on inclusivity, which emphasizes the importance of addressing the varied identities and needs and experiences of all Black people. Spaces that value this principle are necessary for groups and people to bring their full selves into the process of dismantling all systems of oppression. This Black queer feminist lens is a way of seeing and changing the world. It’s a practice in how we can bring the voices and experiences of historically silenced and vulnerable groups within our communities—including and especially those that are queer, trans, femme, poor, disabled, and undocumented—from the margins to the center.”

— **JANAÉ BONSU-LOVE** NATIONAL BLACK WOMEN’S JUSTICE INITIATIVE (UNITED STATES)

“I come to drug policy reform as a black, queer, neurodivergent, drug-using, gender non-conforming abolitionist. I want to imagine a drug policy that can hold all of those complexities – that does not require an abandonment or shrinking of these experiences – and then to work towards a world that celebrates them.”⁵⁸

Radical Black feminist inclusivity includes a steadfast commitment to creating space for the most marginalized members of our community to shape our work and agitate our visions of what a just world for Black folks looks like and for everyone.

Like feminism, harm reduction encourages us to do away with the false distinction between ‘good’ and ‘bad’ women: those that deserve support and those that don’t. It rejects solutions that see people as disposable and exploitable, and helps us understand how prison-based responses do not work.

“It just is what it is. Whenever you use any type of substance [...] using drugs is a small aspect of who I am. Like I said earlier, it is not the sum of WHO I AM. I’m a mother; I’m a grandmother; I’m a professional; I’m an expert; and I am good at what I do; AND I use drugs. Keep that in mind whenever we are in these spaces where we’re talking about people who use drugs because even those of us that are in these spaces get hypocritical too. We talk about how we advocate for folks who use drugs and how we want to end the drug war, but then we see somebody who actually uses drugs or who talks about using drugs, and we get really judgmental. I do it too. I often have to check myself because I am not immune. That’s the first thought that comes into my mind; it’s a bias that has been embedded in us since drugs stopped being prescribed to white women because Black and brown folx began using them.”

— **DINAH ORTIZ**, URBAN SURVIVORS UNION
(UNITED STATES)

“It really starts with the bravery of women to come forward to say, ‘You shall not identify me with this; here I am, all of me. I deserve to be included and my needs to be met.’ It starts with removing that stigma that keeps so many of us afraid to speak out, to get connected, and to use our experiences.”

— **ANDREA JAMES**, NATIONAL COUNCIL OF INCARCERATED AND FORMERLY INCARCERATED BLACK WOMEN AND GIRLS
(UNITED STATES)

Rooted in Liberatory Harm Reduction

“Harm reduction, rather than repression and punishment, is one response that allows us to put feminist values into practice. It destigmatises drug use while curbing harmful impacts. It’s a philosophy that embraces a whole range of practices, including needle exchanges to reduce disease transmission and providing safe environments to use drugs and avoid violence or other stresses.

Like feminism, harm reduction encourages us to do away with the false distinction between ‘good’ and ‘bad’ women: those that deserve support and those that don’t. It rejects solutions that see people as disposable and exploitable, and helps us understand how prison-based responses do not work. These responses don’t end drug use, but they do penalise those most marginalised in society and make them more vulnerable. They disproportionately impact black and brown, indigenous people, trans people, sex workers, poor communities and other historically oppressed groups already at higher risk of violence and criminalisation. [...] the US-led so-called “War on Drugs” put those already experiencing oppression because of their gender, immigration status, class, race and other factors, in the crosshairs of even more violence. Feminist responses must recognise this.”⁵⁹

“Sometimes some harm reduction practitioners have an abstinence mentality at the back of our minds. They hope and believe that people should eventually stop using drugs. Consequently, they treat women who use drugs as if they’re doing them a favor. ‘You should have stopped using drugs.’ Sometimes even the services don’t come with a lot of equality way of thinking. Although very good harm reduction resources exist, remember, it’s human beings, it’s individuals who give these services. I would wish to see more advocacy in terms of ‘a drug is a drug.’ For us in Women’s Nest, we would want to see reduced stigma and discrimination against women who use drugs, more shelters, and more of sexual and reproductive health being taken to women who use drugs because they will not come out. We give them methadone; it’s very good, but I am supposed to go for methadone and where will I leave my child? If I go for methadone, what do my children eat today? DOT [Daily Observed Therapy] works against women who use drugs, especially poor, single women who use drugs who have to fend for themselves and their children. I would wish to see more of understanding that a drug is a drug and a woman who uses drugs is a good person, is a good mother.”

— **WANGARI KIMEMIA**, THE WOMEN’S NEST (KENYA)

“Even in harm reduction, saying that, yes, as long as you stop using slowly and you use some type of medication-assisted treatment [MAT], things will get better. What if you don’t want to stop using? What if you don’t want MAT? What if using helps you get through whatever it is that you’re going through in

life? What if you just want to use to because you like it? If you’re not hurting anyone, you’re not harming anyone intentionally, then why are we telling you that you must stop doing what it is that you’re doing so that we can feel better about ourselves, and we can write down in our little statistic section of our proposals that 50 women out of 100 have stopped doing whatever drugs in question. It’s for us to make ourselves feel better that we have tried to do something, implemented some type of policies or some new laws to better help the people when, in reality, all we are doing is imposing our moral values on those we deem without any.”

— **DINAH ORTIZ**, NATIONAL SURVIVORS UNION (UNITED STATES)

Because of the ways that harm reduction has become co-opted by public health, which largely reduces drug users’ bodies to sites of disease, it has become necessary to distinguish and reclaim liberatory harm reduction from public health-based approaches. Liberatory harm reduction is not new; it was born from decades of revolutionary practice. It is a liberatory strategy that was developed by Black, Indigenous, and People of Color (BIPOC) who were sex workers, queer, transgender, using drugs, young people, people with disabilities and chronic illness, street-based, and sometimes houseless.

“**Liberatory Harm Reduction** is a philosophy and set of empowerment-based practices that teach us how to accompany each other as we transform the root causes of harm in our lives. We put our values into action using real-life strategies to reduce the

Liberatory harm reduction is not new; it was born from decades of revolutionary practice. It is a liberatory strategy that was developed by Black, Indigenous, and People of Color (BIPOC) who were sex workers, queer, transgender, using drugs, young people, people with disabilities and chronic illness, street-based, and sometimes houseless.

negative health, legal, and social consequences that result from criminalized and stigmatized life experiences such as drug use, sex, the sex trade, sex work, surviving intimate partner violence, self-injury, eating disorders, and any other survival strategies deemed morally or socially

Liberatory Harm Reduction is true self-determination and total body autonomy.

unacceptable. Liberatory Harm Reductionists support each other and our communities **without judgment, stigma, or coercion**, and we do not **force** others to change. We envision a world without racism, capitalism, patriarchy, misogyny, ableism, transphobia, policing, surveillance, and other systems of violence. **Liberatory Harm Reduction is true self-determination and total body autonomy.**⁶⁰

Liberatory Harm Reduction builds collective power through the unabashed and unconditional support of self-determination and body autonomy. It is not focused on individual behavior change (unless a person wants that); instead, this practice embraces each person's choices, whether we remain lifelong drug users, sober, or somewhere in between. It is the investment in individual and collective body sovereignty that builds our resilience, becomes the basis for empowerment, and moves beyond the individual to encompass all of us surviving and becoming a groundswell—together.

Focused on Underlying Conditions

A Black feminist vision to end the drug war requires that we focus on the “broader contexts of violence within which drug policies are situated

– organised social abandonment, interpersonal harm and state-sanctioned organised violence of policing, prisons and surveillance” and resist punitive approaches.⁶¹

“Black feminism points us to the revolutionary change that needs to come, and ending the drug war is one step, but to end the drug war, we have to also end racism, colonialism, patriarchy, capitalism, all of the things that are fueling the drug war and are propped up by the drug war.”

— **ANDREA J. RITCHIE**, INTERRUPTING CRIMINALIZATION (UNITED STATES)

“This has been our fight. So that people in Brazil who are impacted, who are targeted by this war on drugs, specifically women, that we have right to have peace, right to democracy. Democracy only happens when we have access to health, culture, education, leisure, the right to our body. Because the drugs policy in Brazil is basically a repetition of slavery, which was used to control Black people, and drug policies nowadays is this tool used by the state to control the Black people. It's from these policies that Black people have no right to go to school, no access to health or education, because the war on drugs prevent us from accessing these places because it keeps us from having the rights to humanity. We are taking back our right to humanity.”

— **INGRID FARIAS**, RENFA (BRAZIL)

“We have to imagine and work to build a world in which we have greater autonomy over our lives. A fundamentally transformed world, in which our relationships to each other, to our own bodies, to controlled substances and to the state and its many arms, are radically altered. In general, this

requires greater living standards overall – the root causes of drug dependency and problematic use are galvanised and sustained by criminalisation, poverty, deprivation, fear, stigma and isolation.”⁶²

An Abolitionist Approach

A Black feminist abolitionist approach to the drug war “means reinforcing our efforts to decriminalise drug use, possession, cultivation, trafficking and supply as a wider strategy of excarceration, or ending the practice of putting people into prison. In this way,

bringing an end to the prohibition of drugs becomes an essential part of creating safe communities for all, instead of a self-interested and siloed set of demands that seek to protect the notion of innocence and serve to strengthen the very same system that is harming us all. [...] [We] must not only resist the expansion of the PIC at all costs, but also intentionally create opportunities to develop caring communities.”⁶³

“A Black feminist framework to end the drug war can’t be reformist. It is an abolitionist framework. [...] in order for it to be a Black feminist agenda, it needs to live up to abolitionist ideals. A Black feminist framework is that of transformation. We might use incremental tactics, but our framework is not built on a theory of change on incrementalism. It is the belief that our liberation is outside of the framework that we are currently operating in. This also includes something that is important and one that American advocates don’t always have the most experience, especially if they’re not in community with Indigenous advocates here in the U.S. around conversations around land [...] This isn’t a checklist, this is a practice, it’s a way of being. It’s not just a Black feminist framework for ending the drug war, it’s not just how we end the drug war, it’s how we are in relationship with each

other. It’s how we are engaging on other issues that are not drug war-related, and recognizing that we should always be in the practice of a Black feminist framework as we operate in the world so that what we do in pushing forward, and pushing past the drug war is steeped in integrity that we’re building together in this framework.”

— **KASSANDRA FREDERIQUE**, DRUG POLICY ALLIANCE (UNITED STATES)

“We have to have an abolitionist approach to how to end this carceral web, which includes the war on drugs, but also family policing, hospitals, cops and prisons, and other, even so-called caring institutions and policies. That means to incrementally, yes, tear down as much as we can, chip away as much power as we can, and mandated reporting, and involuntary drug testing of newborns and pregnant people, for example. Also, even more important I think, or just as important, is reimagining what care means, and how we’re going to care for each other [...] Black women, queer, trans, gender nonconforming people have had to care for children without state institutions, these coercive state institutions, from the time of settler colonialism and slavery. We have examples of how we can do it. We’re doing it now in our communities.”

— **DOROTHY E. ROBERTS** (UNITED STATES)

Grounded in Reproductive Justice

“The principles of reproductive justice are in line with a Black feminist framework. One set of principles is the connection between the human right not to have a child, the human right to have a child and under the conditions in which you want to have a child, and also the human right to parent your child in a healthy, safe, secure, sustainable community. That means in a community where having a child is valued by the rest of society, and where you aren’t subjected to violence because of

your parenting, and where you have the resources necessary to raise your child, and you're not punished for raising a child.

Another key aspect of reproductive justice is that we don't make choices about our lives independent of the conditions in which we live. Those conditions include the political structures that shape our society. People have talked about them already: the structures of racism and classism, ableism, heterosexism, gender injustice, all of that affects our ability to exercise those rights I just talked about.

Seeing the intersection of systems of oppression and understanding how they affect our lives, those are all critical aspects of reproductive justice and a Black feminist framework. I want to highlight one aspect of intersectionality, which is the way in which carceral institutions and policies intersect. This is something that's been brought up by the war on drugs, that policy to punish drug use through extremely violent means targeted at marginalized communities. That policy is connected to the criminal legal system; it's connected to the healthcare system; it's connected to the family policing system. In general, it's connected to a carceral punitive approach to care, which for a Black feminist is a contradiction. In the United States, and as we're hearing in Brazil and other places around the globe as well, punishing care, connecting care to carcerality, to punishment is one of the chief instruments of oppression.

A principle of a Black feminist framework is that care cannot be carceral, care cannot be punitive, care cannot be coerced, care cannot be violent. We have to radically reimagine what care means. I think abolition has to be a fundamental principle of a Black feminist framework. We have to abolish all of these institutions and policies that are founded on the abominable, lethal idea that care has to occur through punishment.

It's such a powerful form of justifying, excusing oppression by the state saying, we are caring for you by punishing you, or the only way you will get care is through punishment. I think others have pointed out that then many systems of care in the U.S., and Brazil, and other places become sites of punishment and violence. This is what's so devious about it. It becomes a smokescreen, a way of hiding that violence."

— **DOROTHY E. ROBERTS** (UNITED STATES)

A BLACK FEMINIST VISION TO END THE DRUG WAR REQUIRES THAT WE:

- **Create a world where Black women, trans people, and nonbinary people are free to do what they want**
- **Tell stories about drugs that are not criminalizing or stigmatizing**
- **Make feminist spaces accessible and welcoming to women and trans and gender nonconforming people who use drugs**
- **Not substitute one form of criminalization for another**
- **Understand that care cannot be carceral, punitive, or violent**
- **Build radically different care networks while fighting to abolish harmful ones**
- **Resource and pay organizers**
- **Engage in radical solidarity and collective action**
- **Understand that we all have a stake in ending the drug war**

Key Questions

Below are some key questions that merit further exploration as we further develop a Black feminist vision to end the drug war.



What does reparations for the drug war look like/require?

Global reparations for the drug war through a Black feminist lens must include:

- Reparations for family separation, sexual violence, stigmatization, coerced treatment, and all forms of harm to Black women, girls, and trans people from the drug war
- A cannabis industry serving sustainable development, capable of repairing the damage done to Black communities by the war on drugs
- Reparations for families that were separated due to the war on drugs, including mothers that have been impacted by child protective services

“We need to produce our own reparation experiences for Black people who have been impacted, but not only the ones who were in prison, but the ones who had their families broken, their kids removed because of the state, the police. We cannot accept it.”

— **INGRID FARIAS**, RENFA (BRAZIL)



What kinds of institutions, healing spaces, and communities of care do we need to build?



How do we ensure accountable representation?



How do we practice a world free of the drug war now?



What spaces, relationships, resources do we need to collaborate on and ensure accountability from the Global North?



What laws, policies, practices need to end, and how do we end them?

Collective Goals, Priorities, and Action Steps

Goals

Convening participants identified the following collective goals to advance Black feminist visions to end the drug war.

- **End the war on drugs** and build resources and our communities with real support, not punitive, and keep families together through holistic solutions, not systems.
- **Decriminalize drugs; create safe spaces for Black and Brown women, girls, and trans people** where people are free to choose how they live their lives.
- **Support Black women and trans people who are growers** and participating in the drug economy.
- **Create space for intercultural or diasporic healing and dialogue** among Black women to establish collective principles and core values.
- **Commit to and take tangible actions to uplift and center the voices and experiences of Black trans, nonbinary, gender nonconforming, and queer people** in leadership and representation through funding for positions, networks of support, and distribution of risk.
- **Reimagine our communities** with different programs and healing spaces that will keep our people out of prisons.
- **Build institutions and communities of care beyond the state** while extracting resources from the state and protecting them from the violence of the state.
- **Create full access to safe drugs for managing abortion care with or without clinicians present.**
- **Abolish family policing, dismantle the prison industrial complex, and ensure greater access to more resources** through programs such as a Basic Income Guarantee.
- **Practice “a world free of the drug war” in small ways** through our organization’s policies and our interactions with each other, so that we can better know what it can feel and look like. This will improve our ability to advocate for it at a bigger scale.

Priorities

Participants identified the following priorities to achieve collective goals.

- * **Expand monitoring of police violations** to counter the so-called “official” data of the state.
- * **Advocate for decriminalization and legal regulation.**
- * **Empower women and gender diverse people to take their space in advocacy for their rights** including advocating against the war on drugs.
- * **Support leadership and empowerment of intersectional communities of womxn affected by drug policies in advocacy.**
- * **Catalyze the formation of an international network to combat violence** with exchanges of local experiences and global impacts and to support the development of organizations working on this issue.
- * **Expand funding for organizations and actions** led by feminist leaders and/or Black organizations led by women.
- * **Ensure access to learning other languages.**
- * **Fund participation in international events and advocacy training in international fora.**
- * **Create more spaces** to connect, share, learn, and strategize together.
- * **Create spaces to learn more about self-care** together and be an example for others.
- * **Create space for mentorship and guidance between generations in the movement.**
- * **Create a global community investment fund** that is controlled by us and is distributed amongst our organizations and communities equitably.
- * **Engage legal service providers** in providing legal assistance and joining advocacy efforts.

Concrete Actions

Participants identified the following concrete actions that could be taken in the short-term in service of the priorities and goals identified.

- **Create a space for monthly dialogue** to exchange experiences and increase the possibility of networking and collaboration between geographically proximate organizations.
- **Develop regional chapters of Black feminist movements.**
- **Create media strategies, studies, and local documentation** to fuel the debate on the abolition of police and prisons.
- **Review national drug laws** towards legal regulation of drugs.
- **Dismantle the ways in which Christian Nationalism (globally and domestically) informs our thought processes in the drug war.** We must have Black liberation and womanist centered clergy, seminarians, laity, and advocates to help support exposing the points of entry of Christian Nationalism in our work and making recommendations for dismantling its presence in our work (i.e., What do religious texts say about drug usage? Why is drug usage a moral issue? And why is drug usage used as a measuring stick to inform righteous behavior?).
- **Reduce police forces.**
- **Broaden policy agenda of harm reduction organizations** in alignment with/through the leadership of Black organizers.
- **Ending drug testing of pregnant and parenting people.**
- **Develop a broad decriminalization strategy** that includes drugs but is part of a broader agenda of bodily autonomy and decriminalization including sex work, abortion, decarceration, and abolition.
- **Create an interactive catalog and map of organizations or groups who work from Black feminist values, including contact information.** This will help to start a global care network.
- **Create an operational handbook for harm reduction centers and programs rooted in Black feminist values** (e.g., What would an overdose prevention site look and feel like if it was grounded in Black feminism?).

What Resources Do We Need?

Participants identified the following resource needs.

- ▶ **Expansion of funding for organizations led by Black women**
- ▶ **Sensitization of international organizations on the urgency of confronting police violence and the war on drugs**
- ▶ **Trainings on how to talk to the media and policymakers**
- ▶ **Political and professional training in international litigation**
- ▶ **A better understanding of the UN and other international policymakers and how we can band together transnationally to end the war on drugs using a Black feminist lens**
- ▶ **Academic support with scholarships**
- ▶ **Translators and interpreters**
- ▶ **Childcare**
- ▶ **Global internet and electric infrastructure**
- ▶ **Skills and tools for budgeting and financial management for organizations and groups**
- ▶ **A list of all participants, including the countries and languages in which they work and their priority populations**

What Relationships Do We Need to Build?

How do we build, nourish, sustain, and deepen relationships among Black feminists around the world fighting the drug war?

“I belong to a Brazilian network, and we have partners in 17 different states in Brazil. We are organizing women who are drug users so that women can do self-care and that they can politically understand how powerful they are. We are more than 180 people women, cis, trans, nonbinary people. We are a mixed network with Black women, white women, Indigenous [women], and we want to go deeper in the concepts that were shared by Audre Lorde that we need to find ourselves

in intersectionality. bell hooks talks about how love connects the way we think, the way we build ourselves.”

— **INGRID FARIAZ**, RENFA (BRAZIL)

“First, feminist movements must build awareness of how repressive drug policies always have gender, race, and class to them. We know we are those most targeted by criminalization and stigmatization. Second, intersectionality in practice means we

“First, feminist movements must build awareness of how repressive drug policies always have gender, race, and class to them. We know we are those most targeted by criminalization and stigmatization. Second, intersectionality in practice means we must always expand our horizons. Harm reduction movements intersect with movements of sex workers, people living with HIV, racial justice, and LGBTQI movements among others. Our analysis and our practice must continuously expand and reflect the complexity of lived experience. Third, we must make feminist spaces more accessible, safe, and welcoming for women who use drugs.”

— **FAYE MACHEKE**, AWID (SOUTH AFRICA)

“We all have a stake, regardless of our relationship to the drug war, whether we actually use or sell drugs, or not. We have to understand that none of us are safe, none of us are free from this war until we all are.”

— **JANAÉ BONSU-LOVE**, NATIONAL BLACK WOMEN'S JUSTICE INITIATIVE (UNITED STATES)

“To build the structures for Black women, they should be sustainable. The general work, it should be paid work so that we can work easily and with dignity, make these structures to grow, and to promote dignity to other Black women. When speaking of structure, we need to check how these structures are being maintained so that they can multiply.”

— **LUANA MALHEIRO**, RENFA/FREE SCHOOL OF HARM REDUCTION AND NATIONAL NETWORK OF ANTI-PROHIBITIONIST FEMINISTS (BRAZIL)

“Support actions that are going to more and more reduce the power of carceral systems, especially carceral systems of so-called care like the family

policing system by ending mandated reporting, ending involuntary drug testing, for example, more family defenders to defend family caregivers. At the very same time, we need to be building radically different care networks and resources in our communities. Of course, that doesn't mean that everybody is going to be doing everything at the same time, but in terms of our organizing, and our strategizing, and our creative thinking, thinking more about how we do that collectively.”

— **DOROTHY E. ROBERTS** (UNITED STATES)

“Some of us in the U.S. have an underlying organizing vision of building a world where Breonna Taylor would be alive. Breonna Taylor, the young American woman that was murdered back in 2020. I think one of the things that has been here when we talk about the regional work, when we talked about the local work, when we talk about how do we build a shared framework is Black feminists have to know who are the other Black women and girls, trans and gender nonconforming, nonbinary folks in other places. What are the names in other countries? What are the other names in other regions? That our name is not singularly for Breonna. It's the world that not just Breonna can exist, but the Black women that are targeted and harassed in Brazil can exist, but the women that are in Mexico that can exist, the women that are in Brazil, or Colombia, or Peru. How do we make sure that all these women are able to be alive and thriving? What is that shared framework that will make the Black women in my family's country of Haiti alive, living, and thriving outside of a framework of the drug war?”

— **KASSANDRA FREDERIQUE**, DRUG POLICY ALLIANCE (UNITED STATES)

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— **JANAÉ BONSU-LOVE**, NATIONAL BLACK WOMEN'S JUSTICE INITIATIVE (UNITED STATES)

“We work to reclaim our bodily sovereignty, including rights to the full range of sexual and reproductive health, gender-sensitive health services, and rights to use drugs. We do not ask for charity but for solidarity. We demand to live in safety and freedom.”

“We fight back against prohibition with solidarity, mutual support and leadership, building our networks from the grassroots to the global, from immediate action to long-term strategies to end this war on womxn who use drugs. We embrace intersectional and anti-prohibitionist feminism that integrates queer/trans-inclusive and non-ableist approaches, racial justice and the right to use drugs and experience pleasure. We work to reclaim our bodily sovereignty, including rights to the full range of sexual and reproductive health, gender-sensitive health services, and rights to use drugs. We do not ask for charity but for solidarity. We demand to live in safety and freedom.”⁶⁴

“Anti-racist and anti-prohibitionist feminism emerges as an emancipatory political proposal to meet the demands of women and dissident drug users organized in collectives mostly made up of cis men and many spaces wrongly called feminist fragmented and exclusive of trans women, women sex workers and drug users; arises from the need to enable spaces in feminist groups that enable debates, discussions and questioning about sex work, social inequality, racism and machismo, spaces that do

not reproduce machismo, lesbophobia, transphobia and racism, but rather are welcoming and proactive, for which it is essential that these voices, bodies and identities are those who speak of our realities, in the first person and without falling into the moralistic stigmatization of otherness.”⁶⁵

“Liberation is ending the war on drugs and providing physical and mental health care, help and support for everyone who needs it.”⁶⁶

“Being with other Black women in a constant process of strengthening, recreating our history as free women that must be built on autonomous world.”

— **ANDREIA BEATRIZ DOS SANTOS**, REAJA OU SERÁ MORTA (BRAZIL)

“This is what we want to share. These technologies of care and survival that we, Black women, have been built in to face the war on drugs [...] The care among us is a revolution. As Angela Davis said, when Black women move, the world moves with us. It is good to be moving the world here with you.”

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APPENDIX

Reformist Reforms vs. Abolitionist Steps

These charts break down the difference between reformist reforms which continue or expand the reach of the drug war, and abolitionist steps that work to chip away and reduce its overall impact. As we struggle to decrease the power of the drug war there are also positive and pro-active investments we can make in community health and well-being.

REFORMIST REFORMS

DOES THIS REFORM...	Reduce the role, funding, and violence of drug law enforcement?	Reduce surveillance, criminalization, and social control of drug users?	Reduce coerced drug treatment and mandated medical interventions?	Reduce stigma surrounding drug use, sales, growing, and/or other drug involvement?	Affirm drug users' right to autonomy, self-determination, dignity, to be free from violence and increase access to voluntary, harm-reduction based interventions and care?
Court-mandated treatment <i>(e.g., drug courts, family courts, treatment courts, probation, parole, etc.)</i>	No — drug courts increase funding for punitive approaches to drug use through mandatory testing, mandated reporting, non-consensual treatment, and incarceration for failure to achieve and maintain abstinence within court-imposed deadlines.	No — drug court participants are subject to intensive surveillance by treatment and court staff through mandated drug testing, treatment, and non-confidential court supervised “counseling.” In addition, they may be punished with incarceration for drug use.	No — drug courts often require total abstinence and mandate participation in programs, many of which do not provide evidence-based treatments. Courts threaten participants with punishment, child removal, and incarceration for treatment noncompletion.	No — drug use, sales, and drug-involvement remain stigmatized and criminalized. Drug courts further stigmatize drug users, and reinforce the presumption that drug use must be surveilled, controlled, and ultimately eliminated. Additionally, most drug users are excluded from drug courts due to restrictive eligibility requirements (i.e. must be a first offense, a “non-violent offense,” must not be diagnosed with a mental health condition, must be over 18, etc.).	No — drug courts engage in coercion under threat of punishment, and do not allow for agency and self-determination. Participants cannot choose which services they receive and their treatment goals or desires are not considered.
Mandated drug “treatment” through diversion programs	No — mandated treatment programs (some of which have been branded as “community-based” programs) preserve police power and funding for arrest and prosecution, court costs, mandatory testing, reporting, or other forms of coercion for people who are not “compliant,” and increase the role of law enforcement in the lives of drug users. Court staff with no training can make medical and treatment decisions for participants in programs who often face harsh criminal penalties if they fail to meet the often excessive demands of the program.	No — traditional drug “treatment” often involves intensive surveillance including mandatory drug testing and court-ordered participation in counseling and therapy that is not confidential. It also replicates carceral methods of control, and is often a site of sexual harassment, coercion, and violence so pervasive it is sometimes referred to as “the thirteenth step.”	No — mandated treatment is usually abstinence-based and presumes all drug use is harmful and must be eliminated	No — mandated treatment stigmatizes drug users and it is premised on the presumption that people who use drugs cannot make decisions in their own best interests and would not voluntarily seek support if it was available, accessible, and harm-reduction based.	No — mandated treatment is inconsistent with harm reduction, undermines individual self-determination, and separates people from communities of care. It is often inaccessible and does not meet the specific needs of pregnant and parenting people, migrants, and disabled people.

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<p>Mandated or non-consensual drug testing <i>including non-consensual drug testing of pregnant and parenting people</i></p>	<p>No — mandated drug testing is costly and increases funding to cops and courts to police and prosecute people who are “noncompliant” or test positive for drug use.</p>	<p>No — mandated drug testing is a widespread form of surveillance and social control with disproportionate impacts on low-income and BIPOC pregnant people and people who use drugs. It funds an entire for-profit industry to conduct drug testing. And, in many states, mandated drug testing means people are not allowed to remain on or initiate methadone or buprenorphine treatments.</p>	<p>No — the consequences of a positive drug test usually include mandated abstinence-based treatment that often is not evidence-based, criminalization, incarceration, family separation or deportation, regardless of the reason for the positive test.</p>	<p>No — mandated drug testing increases stigma for all drug users, while non-consensual drug testing of pregnant people and parents presumes some people are incapable of being loving parents based on the results of a drug test</p>	<p>No — mandated drug testing undermines self-determination and access to employment, services, and benefits for all drug users, and contributes to family separation and stigmatization of drug using pregnant and parenting people.</p>
<p>Eliminating felony offenses or criminal offenses for certain drug offenses <i>giving police discretion to issue civil “tickets” or penalties for drug use and possession; transfer of drug-related cases to civil courts or family courts.</i></p>	<p>No — People will still face arrest and potential incarceration. By reducing penalties for certain drug-related offenses, some people may be able to avoid harsh penalties and discrimination based on their criminal records, but criminalization remains. Cops and courts continue to receive funding to issue and adjudicate civil tickets and criminalize people who cannot pay fines and fees or comply with conditions imposed by civil or family courts."</p>	<p>No — civil courts impose conditions, fines and fees many people cannot complete or afford, family courts foster family policing and separation</p>	<p>No — civil courts may mandate drug testing or treatment to avoid civil consequences or family separation</p>	<p>No —civil infractions are often only available for certain kinds of drugs, usually marijuana, in small amounts, fueling stigma for other drug users</p>	<p>No — civil offenses and courts still represent an effort to regulate and control drug use, criminalizing people in a different from instead of supporting them. Funds used for civil enforcement should go to voluntary, low threshold, accessible harm-reduction based services.</p>
<p>Bans on Public Services, Benefits, and Participation in Civic Life for People Who Use Drugs and People with Prior Convictions</p>	<p>No — funding for policing, prosecution, and other expenses of drug law enforcement persists. People can continue to be targeted for arrest and incarceration for drug-related charges.</p>	<p>No — It allows the drug war and surveillance to take root in public services and benefits, and those systems decide who is worthy of services. Exclusions increase surveillance in educational, housing and health care settings of people who use drugs, people profiled or suspected of using drugs, and people related to people who use drugs.</p>	<p>No — It can increase the use of court-mandated treatment as a means to retain or receive services and creates disincentives for people to seek help lest information about their drug use impact access to other benefits.</p>	<p>No — exclusions affirm lifelong stigma and disenfranchisement for drug users and people with past drug-related convictions, isolating them from their communities, makes it difficult for them to meet basic needs, and excluding them from political and social life.</p>	<p>No — exclusions undermine self-determination and autonomy by contributing to food and housing insecurity, poverty, and poor health outcomes, and by making past drug-related convictions vulnerable to exploitation, violence, and other harms because they are denied access to programs and services to meet their basic needs.</p>
<p>Enhanced penalties for drugs that are already illegal (or new drugs), including criminalizing use in public spaces</p>	<p>No — it expands funding for drug law enforcement and police power to criminalize people who use drugs.</p>	<p>No</p>			

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Create drug free zones <i>(i.e. drug free schools and workplaces)</i>	No — they increase funding for drug law enforcement and police enforcement power	No — they increase surveillance of people in and around these settings, including the use of drug testing to enforce “drug-free workplace” policies.	No	No — they affirm stigma by excluding drug users (real or suspected) from social and public spaces (including schools), businesses, and services and denies them the right to an education, employment, and other supports.	No — they limit the freedom of movement, isolates drug users from community spaces and prevent young people who use drugs from getting an education
Creating “drug-induced homicide” offenses and Enhanced Penalties for People who Sell Drugs	No — This increases police funding and power, and places people at risk of more criminalization when calling for medical assistance during overdose.	No — These policies give law enforcement more power to surveil people who use and/or sell drugs.	No	No — they increase stigma	No — People will be more afraid to offer or seek care and treatment for fear of facing criminal charges.

ABOLITIONIST STEPS

DOES THIS REFORM...	Reduce funding and violence of drug law enforcement?	Reduce surveillance and social control of drug users?	Reduce coerced drug treatment and mandated medical interventions?	Reduce stigma surrounding drug use and cultivation?	Affirm drug users' right to autonomy, self-determination, dignity, to be free from violence, and to access to harm-reduction-based treatments and communities of consensual care?
Decriminalize drug use, drug possession, drug using supplies or equipment, and places where people use drugs	Yes — will reduce arrest, incarceration, and punishment for people who use drugs, although people involved in drug sales will still face criminalization. It is essential to ensure that police, prosecution, and prison budgets associated with drug law enforcement are reduced and eliminated as part of the process of decriminalization.	Yes — people who use drugs will be subjected to less surveillance and criminalization for drug possession, and will avoid new criminal drug charges. It is essential to ensure that surveillance by criminal punishment systems is not replaced by surveillance by other systems including health care, education, and family policing systems.	Yes — without court mandates, people could more easily voluntarily access services based on their preferences and needs. Funds from law enforcement could be reinvested into communities to repair the harms of criminalization by expanding access to services and programs that community members want and need. However, it is important to not condition decriminalization on mandated treatment and coerced medical interventions.	Yes — decriminalization can destigmatize drug use, provided it is accompanied by a robust public education campaign, and that legal regimes do not stigmatize or impose penalties on people excluded from or operating outside of them. It may preserve stigma for people involved in drug sales or growing if those activities remain criminalized.	Yes — provided decriminalization is accompanied by de-stigmatization and promotion of self-determination and autonomy for drug users and increased access to voluntary, harm-reduction based care. Decriminalization could help people who use drugs to make their own decisions about drug use, health, and safety by keeping them out of the criminal legal system.
Ensure universal access <i>to no-cost, voluntary, harm-reduction-based, accessible care for drug users regardless of pregnancy or parental status, migrant status, other diagnoses, age, or continuing use or involvement in the drug trade</i>	Yes — if funding is diverted from enforcement to these programs	Yes — if programs can protect the privacy of participants from government surveillance and are not required to collect data that could be used to police, prosecute, or punish or contribute to family separation, deportation, or other punitive consequences	Yes — if participation is entirely voluntary and participants are able to give and withdraw fully informed consent for every aspect of the program	Yes — provided people are treated with dignity and respect when seeking services and programs are not policed, criminalized, or otherwise stigmatized	Yes — provided programs are not policed, criminalized, or stigmatized and are well funded and can meet unique community needs.

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Ensure access to age-appropriate and factually correct drug education and overdose prevention information	Yes — if funding is diverted from enforcement to these programs	Neutral	Neutral	Yes	Yes
Ensure access to greater drug checking technology and/or a safe supply of drugs	Yes — if funding is diverted from enforcement to these programs	Yes — if use of technology or programs is not surveilled	Neutral	Yes	Yes
Eliminate state-sanctioned sexual assault <i>through "stop and frisk" practices, strip searches, visual and physical cavity searches, as well as coerced x-rays and consumption of emetics and laxatives under supervision designed to discover drugs on or in a person's body</i>	Yes — drug law enforcement and technology cost communities millions and facilitate fatal, physical and sexual violence by law enforcement.	Yes	Yes — Without these kinds of surveillance, fewer people are likely to be caught up in state-initiated and -sanctioned coercion.	Neutral — However, it is possible if drugs are also decriminalized when these practices are ended.	Yes
End forced sterilization of drug users	Yes — decreases funding to non-consensual coerced medical interventions	Yes	Yes	Yes	Yes
Stop Exporting the Drug War Abroad <i>through Funding Interdiction, Crop Eradication, and Increased Enforcement in Other Nations</i>	Yes — Many nations can only fund drug law enforcement because of US aid that fuels these efforts. Fewer people who use drugs in these nations will be targeted by law enforcement.	Yes — Without US aid incentivizing harsher enforcement and tougher policies, people who use drugs in many nations are less likely to be subject to drug enforcement.	Yes — Without US aid, more nations may choose to provide better care and services for people who use drugs, but it is unclear whether all have enough resources to fund this work.	Yes — Without US interference and aid to enforce and toughen drug laws, stigma may be reduced for people who use drugs and those who are involved in the drug trade.	Neutral — It is possible that people may experience less drug war violence from reduced enforcement and without the reinforcement of U.S. prohibitionist ideologies.

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2. Black feminism identifies, critiques, and seeks to deconstruct controlling narratives. In the “[Invisible No More Book Study and Discussion Guide](#),” the authors write: “Controlling narratives are images and stories about Black women and women of color that shape how we see and react to their actions and experiences. For example, we have been conditioned through popular culture and media to see Black women as highly sexual (“hos” and “thots”), materialistic and deceitful (“welfare queens”), and as drug users (“crack mothers”). [...] Trans women are perceived as “freaks,” deceptive, and as sexually deviant. These stories have developed, evolved, transformed and have been repeatedly reinforced over time to justify and maintain colonialism, white supremacy, and the borders of the U.S. [...] Controlling narratives are created, internalized and perpetuated by all of us — police, the press, politicians, and everyday people.”
3. See, e.g., Andrea J. Ritchie, *Invisible No More: Police Violence Against Black Women and Women of Color* (Boston: Beacon Press, 2017); “Caught in the Net: The Impact of Drug Policies on Women and Families,” ACLU and the Brennan Center, March 15, 2005, <https://www.aclu.org/documents/caught-net-impact-drug-policies-women-and-families>.
4. Pregnant people, parents, and families who are subject to surveillance and family separation through what is known in the U.S. as the “child welfare system” describe it as the “family regulation” system or the “family policing system” to highlight the ways it intersects with and reinforces the criminal punishment system. In addition to differential punishment of drug use, the family policing system blames individual parents and families for the consequences of structural conditions of poverty and imposes white middle class ableist standards of parenting as a condition of social acceptance. For more information, please read Dorothy Roberts, *Torn Apart: How the Child Welfare System Destroys Black Families—And How Abolition Can Build a Safer World* (New York: Basic Books, 2022); Lisa Sangoi, “‘Whatever They Do, I’m Her Comfort, I’m Her Protector.’ How the Foster System Has Become Ground Zero for the U.S. Drug War,” Movement for Family Power, June 2020, static1.squarespace.com/static/5be5ed0fd274cb7c8a5d0cba/t/5eead939ca509d4e36a89277/1592449422870/MFP+Drug+War+Foster+System+Report.pdf.
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