

*This paper was delivered by Annie Madden, AIVL Executive Officer as the Women's Plenary Speech at the International Conference on the Reduction of Drug Related Harm in Slovenia, 3-7 March 2002.*

**"POSTCARDS FROM THE EDGE"  
INCLUSION, EXCLUSION AND WOMEN DRUG USERS**

When I first started researching this topic I had in my mind that I was just going to write a paper about the impact of "inclusion" and "exclusion" on women involved in the drugs area. Quite straightforward. The problem was that the more I began to look at the issue, the more complex it became and the more I began to struggle with it. I became increasingly agitated and concerned because try as I might, no matter how much I read, no matter how hard I researched, I couldn't find any real meaning in the issue I had been asked to talk about.

This was unusual for me. I write a lot of papers, do a lot of presentations. I couldn't understand why I was having so much trouble and then, suddenly it hit me... I was struggling to find a way into the theme "inclusion/exclusion" because I was trying to find a way to talk about something, that I have rarely, if ever, experienced, that is, real inclusion. As a woman and an injecting drug user I know more than I ever wanted to know about being excluded but virtually nothing about what it is really like to experience inclusion – to really be part of society.

I realised pretty quickly that I had a responsibility to approach the issue of inclusion/exclusion in a very different way to how I had first envisaged. Instead of looking at the experience of women broadly across the drugs area, I needed to explore the theme of 'inclusion and exclusion' from the perspective that I know and understand, that is of women who are current drug users. Because I thought, "well if I, as a white woman drug user have little or no experience of real inclusion, what must it be like for women of colour who are drug users? I need to stress to you, I am not an Epidemiologist or a Social Scientist, what I am going to present is not a piece of academic research and I will not pretend to be objective. My presentation is simply based on my experience and of what I understand of the experiences of other women drug users who live with exclusion and long for inclusion.

So, to explore the issues of inclusion, exclusion and women drug users, I am going to break the paper into three basic parts;

1. I am going to begin with a detailed exploration of the concepts of 'inclusion' and 'exclusion' in order to build a theoretical platform to then look at;
2. the impact of routine marginalisation and social exclusion on the lives of women drug users and then finally;

3. I want to look at the potential opportunities for women drug users to experience social inclusion, what those opportunities might be and how we can support women drug users to be able to take up those opportunities.

### **So what is “inclusion” and “exclusion” anyway?**

This may sound like an unnecessary question to ask – as far as experiences go, it is what is... isn't it? I mean you are either excluded and you know it, or you are included and you know it. While this statement is partially correct the fact is that concepts such as exclusion and inclusion are relative rather than absolute in nature. What I mean by this is that our experience of inclusion or exclusion is a subjective one based fundamentally on our relationships and roles with others. For example, who decides if a person or group of people are included or excluded? Is it enough for the individual to just 'feel' excluded or included or does that 'feeling' need to be validated by others? Are you only truly included or excluded because others agreed that you are or can you decide this for yourself? Are there 'arbiters' of such decisions in society? If so, who are they and how does this process work?

I find questions such as this fascinating and not just because they're interesting, but because they are important. Why are they important? Well, because if 'who's in and who's out' is based on some sort of decision making process, then it opens up the possibility that the outcome can be different. And I'm clearly not the only person thinking this way, because in researching this paper I came across mountains of government policies, theories and models looking at this very issue. The fallout from the increasing globalisation of labour, production and economics has meant that many countries, principally large Western democracies have begun to take the dual issues of social exclusion and social inclusion very seriously indeed.

The UK government is one of the governments that has prioritised this issue and they have also done some work in terms of 'describing' or developing a framework around the concept of social exclusion. The UK government has described social exclusion as ...

- **Complex** – stating that even concepts such as deprivation, poverty and disadvantage fail to fully encompass the intricacies of the issues surrounding social exclusion;
- **Pervasive** – in that it has the potential to affect all types of people in all spheres and stages of life;
- **Experienced Subjectively** – as I have already stated and is therefore a relative and specific experience for each individual and group;

- **Varies with Time** – in that individuals and groups may experience social exclusion in different forms, at different times and at different intensities;
- **Multi-faceted** – meaning that social exclusion can be experienced within and across groups and circumstances simultaneously.

They also suggest that social exclusion is constructed and exists within and across three broad domains:

1. **The psychology of exclusion** – referring to the way that people 'experience' exclusion such as experiencing or perceiving alienation, isolation, lack of identity, low self-confidence, low self-esteem, passivity, dependence, fear, anger, apathy, hopelessness, etc.
2. **The sociology of exclusion** – which is more about the 'sense of place' if you like, such as social exclusion resulting from being associated with or having a lack of association with groups and places in society.
3. **The infrastructure of exclusion** – meaning that exclusion can be the result of the actions of those institutions, systems and agencies that make up the 'infrastructure' of society.

While it is good that governments are attempting to 'unpack' some of the concepts around such a complex issue as social exclusion, the problem is that there is a distinct danger that this process will lead to an over-simplification of the issues in the interest of 'being seen to be doing something'. For example, many of the social exclusion policy interventions being developed and undertaken by governments are focussed on 'symptoms' such as unemployment and fail to address the fundamental and systemic causes of social exclusion. In this context, it is hard to see how the work of governments in relation to social exclusion is really going to have much impact.

In a globalised world the difference between "the haves" and "the have nots" is growing ever wider at an alarming rate. Control and management of "the have nots" is critical for "the haves" in terms of maintaining their power and dominance. The funny thing about being excluded, however, is that you can feel very included in your exclusion and thereby gain a degree of power. Within this context, I believe that governments who are engaging on the issue of social exclusion are doing so primarily because they recognise that they must manage and control the socially excluded as a large, growing and potentially very disgruntled group in society.

Now I have clearly over-simplified this issue at little in the interests of time, and of course there are those who are engaged in the development and implementation of social policy on these issues on

behalf governments (such as bureaucrats, researchers, social workers, etc) who are largely from the middle class and are genuinely trying to make a difference when it comes to the socially excluded. The problem is that I very much question the compatibility of their motives and the broader motives or agendas of their political masters. In any case, one generalisation that I believe holds true is that inclusion/exclusion is about one thing... power – who's got and who wants it and is thereby a process of moral, social and economic categorisation taking in issues such as race, ethnicity, socio-economic background and of course, gender.

### **From Exclusion to Invisibility and Back Again...**

Part of thing that makes social exclusion work is the passive co-operation of the excluded party. Victimise someone sufficiently, eliminate their life choices and ensure that they have a sufficiently poor self-image and social exclusion is all but guaranteed. Women injecting drug users never feel part of the broader community. Our lived experience is one of complete 'otherness' and while this experience of 'otherness' is true to one extent or another for all women in a male dominated society, extreme levels stigma, moralism and institutionalised discrimination about injecting drug use has pushed women IDU to the very brink of existence.

What I mean by this is that the identity of women IDU is so entrenched in stereotypes and moral judgments that we are so excluded, we virtually cease to exist. Women IDU have been forced to accept a life of social exclusion based on a false and ugly stereotype of who we are because to reject the only self-image on offer is to choose non-existence – the only thing is that after a while you start to question whether the identity of the socially excluded is just as damaging, dangerous and isolating as having no identity at all.

***"Social exclusion has been described as the inability of our society to keep all groups within reach of what we expect as a society – the tendency to push socially and economically marginalised people into the least popular place, furthest away from our common aspirations." Tom Noseworth, Canada.***

For stereotypes to be effective and do their job in terms of social exclusion, there needs to be a complex interplay between systems, institutions, policies, laws, rules, services and, of course, people – people who are desperately doing whatever they can not to be aligned with the 'excluded'. To highlight how all this works in everyday reality, I just want to look very briefly at the process of social exclusion in relation to the lives and experiences of a few specific groups of women drug users. This is not a complete picture by any means, it is a snapshot and there are many more examples that we could use to illustrate this process...

### **Race, Women, Drug Use and Services:**

When it comes to measurements of social exclusion in relation to women drug users, women of colour are over-represented on every indicator – prisons, unemployment, sex work, domestic violence, rape and sexual assault, poverty and the list could go on and on. Women of colour who are also drug users face discrimination, stigma and exclusion on multiply fronts – race, gender and drug use. Rather than trying to list or describe the types of routine exclusion experienced by drug using women of colour I'd like to tell you a story:

*A young indigenous Australian woman drug user presented to a major teaching hospital in Australia seeking treatment for a quite serious head-injury that she had sustained at the hands of two men over unwanted sexual attention and an attempt to steal drugs from her. When she first presented at the hospital she was immediately assumed to be an alcoholic and was treated with a mixture of fear and pity, however, when the staff found out that she was a drug user, while her basic wounds were dressed, she was left scared, alone, in pain from the injury and withdrawing from heroin because the staff did not give her adequate pain relief and refused to provide her with even a small dose of methadone to allow her to rest comfortably overnight while they held her for observation. Not surprisingly, feeling completely alone, culturally alienated, sick and in pain she ran away from the hospital so that she could score some heroin to stop feeling sick and reduce the pain and get back to some people she felt safer with. Forty-eight hours later she called the local drug users organisation in a very bad way and desperate for some help. The wound was becoming infected, she had a fever, bad headaches and dizziness had been on the streets since she left the hospital. Together we organised some appropriate treatment through a private GP but to this today she has ongoing complications associated with that injury. The Australian public health system let her down... health services across the world regularly let drug using women of colour down.*

### **(Slide 9)**

#### **Women Drug Users with Children:**

Women drug users live in constant fear that their children will be taken away from them by a range of services and government agencies including social welfare services, drug treatment programs, doctors and the criminal justice system. The most fearful thing for these women is that whether or not their children are taken from them often has very little or nothing to do with the quality of their parenting but rather is based on stereotypes about drug users, discriminatory attitudes and moral judgements about drug use and parenting. The rules constantly change as women desperately try to meet them. At the women's congress on Sunday we heard about women drug users having their

babies taken away immediately following childbirth, because they were breastfeeding while on methadone and due to testing positive to drug use. Many drug using women work very hard to ensure that their drug use does not impact on their children and their parenting. In many ways women drug users with children highlight the absolute hypocrisies within the system. On the one hand women are told that they are bad mothers if they use illicit drugs, that they should seek treatment and 'rehabilitation' but there are virtually no treatment services that cater to the specific needs of women, let alone women with children. Women drug users are literally forced to keep using in order to keep their children or seek treatment and risk losing their children. This is not a choice – it is a demonstration of social exclusion at work. Furthermore, women of colour who use drugs are far more likely to have their children removed than white women drug users and poor, white women drug users are more likely to lose their children than white middle-class women users.

### **Women, Drug Use and Prison:**

The proportion of women being imprisoned is increasing across the world. In some countries the increase has been over 300 percent in the last ten years. Of course, women of colour are over-represented in this the prison population and women convicted for drug related offences account for between 50 and 90 percent women in prison in various countries across the world. Barbara Fenton, a social researcher in the Australian women's prison system stated in her research that amongst some prison health and corrections workers there is a "prevailing assumption about women drug users that there is 'something wrong with them' – they are sick, difficult, troublesome and worse still, treacherous." Further, one prison health worker was quoted as saying "You have no idea what those women are like. They're dreadful – the most shocking, disgusting women you have ever met." And this, from a young male doctor working in a maximum security women's facility – "Those women, they're nothing but trouble. I spend more time with them, listening to their endless complaints. I've got not time for them."

### **Women Drug Users as Dealers:**

The last group I want to look at in terms of women drug users and exclusion is women who are drug users and drug dealers. I thought that this would be a fascinating group of women drug users to examine in relation to the concepts of inclusion and exclusion because I believe this area of activity for women drug users, far more than any other, highlights the complex, dynamic, multi-faceted and inter-connected nature of inclusion and exclusion. Why is this the case? Well first of all, we have a dichotomous relationship that has been set up around the drug user (read 'victim') versus the drug dealer (read 'villain'). One of the best ways to be excluded from society is to become a drug dealer. Even within the harm reduction movement there are many people

who have been willing to exploit this false dichotomy for their own ends. The fact is that both women non-using dealers and women user-dealers are more often than not also from racially or ethnically marginalised groups, poor and have had a lack of education and other opportunities. Of course, this reality does not fit with the dual stereotypes of “drug users as victims in need of help or rescuing” and “women as caring, earth-mothers to look after society and uphold its moral values”. In her work amongst women drug users in Glasgow, Avril Taylor states that;

*“using and dealing for women can provide them in the public sphere with a lifestyle which has meaning, structure, and purpose, giving them an outlet for entrepreneurial and innovative abilities, and provides a form of independence and even equality for women in otherwise subordinate relationships within the domestic sphere.”*

While drug dealing has provided many women with a way to reduce poverty and support their drug use, there are also women being exploited as we speak as ‘mules’ for drug trafficking purposes. The reality is that drug dealing has become an unnecessarily complex issue under the prohibitionist system. Drug law reform that allows current illicit substances to be treated with the same rules, regulations and opportunities as other commodities would eliminate need to victimise or demonise either party. If as harm reductionists we are really serious about increasing inclusion and diversity and eliminating exclusion and exploitation, then we must be prepared to question and change ALL of the stereotypes, myths and moral judgments that currently surround illicit drug use – including stereotypes about drug dealing. When it comes to the issue of drug dealing we need to ask ourselves “are we fighting exclusion, or the excluded?” In many ways, drug dealing is one of the best issues to begin the fight against exclusion because it is the most difficult and if we can succeed on this issue then we can do almost anything. This brings me to the final part of this paper today where I would like to briefly look at the issue of inclusion in relation to women drug users...

### **A Sense of Belonging:**

In writing this paper I found myself asking – does drug use lead to exclusion or does exclusion lead to drug use? Of course the answer is ‘yes’ to both but strangely in answering that question I realised that drug use could also lead to a strong sense of inclusion. One of the only ways that drug using women have found a sense of belonging and inclusion in society has been through their involvement in drug user organising, peer education and support. Across the world, women drug users have historically played a very prominent role in Drug User Self-Organisations. The irony is, however, that like other extremely

marginalised groups, the Drug Users Movement have built their organisations on a model that is simultaneously inclusive and exclusive. The principle of using exclusion of the majority to strengthen the inclusion of the marginalised is one that has been utilised to great effect by many political and social movements and groups. As Richard White states;

*“Alternative domains of participation exist, that is, by which people become both socially included and excluded and it is necessary to investigate and develop these other forms of participation if one is to move beyond a uni-dimensional conceptualisation of social inclusion and exclusion.”*

During a group debate on Sunday at the women’s congress, Deborah Small from the Drug Policy Alliance raised some very important issues about inclusion and exclusion and the lessons learnt by the Civil Rights Movement in the US. In particular, she talked about when and how very marginalised and excluded groups make decisions to build relationships and alliances with other groups but, perhaps more difficult still, when and if it is right to invite the broader community to participate directly in the group. She argued that missing or mis-timing such opportunities for cross-pollination and engagement can lead to a marginalised movement and internal disputes. While I agree that communication and respect both within and outside the group is critical, so too is retaining a strong and clear sense of who you are and what it is you want to achieve.

One of the strong roles that women drug users have played within the broader Drug Users Movement has been to ensure that we remain focussed on **our** goals and aims. Right now, there are many women drug users both within the Drug Users Movement and beyond, who are questioning our rate of progress on many of the really important issues for women drug users. UK government policy reports on the ‘essence of inclusion’ describe the journey towards an inclusive society in this way...

*“Combating social exclusion involves understanding and working towards the elimination of the sources of exclusion. Reducing disparity, discrimination and disadvantage while recognising the value of diversity will allow us to move towards a more inclusive society.”*

While inclusion and increased diversity must go hand-in-hand, we must be very careful that we do not lose the very things that make us unique in process of seeking inclusion. At a time when even the smallest amount of change is proving very difficult indeed, we must be very careful that we do not compromise too much just to be included. As I said earlier, concepts like inclusion/exclusion are not absolute but

relative and therefore can mean very different things to different people.

When it comes then to issues of inclusion for women drug users, women drug users must be allowed to define what that inclusion looks like and feels like for them. As a woman drug user representative I am often made to feel like I am difficult, I am often the lone voice of dissent. This is a very difficult experience for people who are marginalised and excluded because it is frightening to speak up against people who are more powerful than you and for many years I believed that I was the lone voice because what I was saying was wrong. I became grateful for the crumbs of inclusion that fell from the main table. I have realised though, it is not wrong to want the best for women drug users and that rather than being the voice of dissent, I am probably the voice of conscience.

### **Just Say No...**

So rather than leaving you with complete answers to this very complex issue, I would like to finish with the some comments and thoughts about inclusion and exclusion, women and drug use...

Women injecting drug users are the excluded of the excluded. Issues of race and poverty exacerbate this even further. Women drug users are both abhorrent and attractive to the community. This is because we represent the moral edge of society – no-one wants to be us but people wants us to be around so that they can use us as a moral compass or reference point. We are the 'other' to their clearly defined identities. We are the unacceptable other against which all others can judge their acceptability. In many ways women drug users embody the extremes of inclusion and exclusion simultaneously. Total inclusion for women drug users would mean that society had fundamentally changed its moral value system because, 'including' women drug users means normalising drug use to the point where it is an acceptable activity for mothers. Recently, someone said to me "why should the rest of the community care whether women drug users are excluded or not?" And I answered by saying because we are human beings and because it says something about everyone in the community if we don't care about people who are excluded. And what it says is that if it can be done to us, then it can be done to anyone and that, should concern everyone in the community. And this reminded me of a cartoon that says:

***"If they come for me in the morning, they will come for you in the afternoon."***