Chapter 30

Women Who Use Drugs: Resistance and Rebellion

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Introduction

> Let us help all of those who have been and are being refused stable race, gender, or class membership move away from the margins as they read 'webs of power'. Let us all cause some trouble, and begin to change the world with and for women drug users, with our powerful conceptual armaments in hand. (Elizabeth Ettoree, 2017a, p. 802)

Women who use drugs are one of the most maligned, misunderstood and maltreated groups in contemporary culture and society. Despite the litany of abuses perpetrated on our bodies, including violent and discriminatory acts, these evoke little public outcry or empathy. As a woman who uses drugs, I am both personally and politically invested in examining what lies behind this neglect. My starting point is to examine the categories of meaning assigned to bodies under the twin ruling structures of prohibition and patriarchy that produce lived effects. This is done with the intent to better understand the process of knowledge-making and practices surrounding women who use drugs, which currently does a grave disservice to this group.

Sociological accounts define concepts and subject identities, including 'addiction', 'gender', 'drug user' and 'women', as social constructions (Butler, 1990; Fraser, Moore, & Keane, 2014; Reinarman, 2005). Current scientific and policy framings tend to enact drug dependence as a bodily pathology and deficit, whereby people who use drugs become the sick, deviant and disordered 'Other', understood to be deserving of social exclusion and marginalisation (Keane, 2002; Moore & Fraser, 2011; Valverde, 2008). Studies that focus on women who

The Impact of Global Drug Policy on Women: Shifting the Needle, 271–286

doi:10.1108/978-1-83982-882-920200036

use drugs have been more limited, prompting Campbell and Herzberg (2017, p. 260) to call for more 'gendered investigations' in critical drug studies. What we do know, however, is that women who use drugs face more moral judgements and more social and political repercussions than men for maintaining 'deviant' lifestyles (Rosembaum, 1998). Due to expectations around gender norms and identities, we end up facing 'double stigma', marginal not only to mainstream society but also marginal within drug user culture. In this chapter, I draw on post-structural theory to scrutinise the 'making of' women who use drugs (Hacking, 2007). Problematic categories of meaning currently afforded to us are not self-evident, objective facts given-in-nature, but social constructions open to contestation. In other words, once something or someone is understood to be made, it can then be remade.

Finally, as a feminist who uses drugs, I will interweave my personal reflections and experiences into the narrative. By doing so, I aim to take on the feminist challenge of bringing into question (masculinist) technical and expert knowledge that seeks and exerts authority over lived experience. Expert knowledges tend to classify the 'female drug user' in singular, homogenous and limited ways. Women who use drugs, like all people, are heterogeneous. We cannot be defined solely through deficits, but need also to be defined through our strengths. It is time to let go of outdated, unjust and prejudicial images by challenging established norms and practices, test and apply new theories with an express aim of negotiating different identities outside of those currently available to women who use drugs (Ettorre, 2017a). Subjectivities, rather than continuing to be our sites of constraint, can, through intentional work, become sites of resistance through the ascription of alternate and different meanings. In undertaking this piece, I hope that the critical reflections contained within this chapter can 'cause some trouble' by being politically useful for the growing movement surrounding women who use drugs.

All That Is Said About Us

Academic literature on women who use drugs, though relatively scarce, has included some core literature (Anderson, 2008; Campbell, 2000; Du Rose, 2015; Ettorre, 1992; Maher, 1997). In place of more nuanced, empathetic and rights-centred understandings, popular culture is shaped by a particular imagery; think Hollywood films such as *Traffic* (2000), *Requiem for a Dream* (2000) and *Candy* (2004). The 'Fallen Woman' trope looms large in all three films; the tragic figure for whom the initiation of drug use marks an inevitable descent into madness, chaos and decline. The function of such a figure serves as a cautionary tale for other women who may be tempted to traverse the boundaries of proper womanhood (e.g. the gentle, passive wife, mother and caregiver). Expert knowledge has done better in terms of conveying more complex understandings of women who use drugs, but remains limited in other ways. Academic and policy literature depicts women as victims of gender-blind or gender-targeted (specifically mothers and pregnant women) drug policies, rather than as victims to the drug themselves (Malinowska-Sempruch & Rychkova, 2015). The majority of peer-reviewed

literature is produced through a public health, namely HIV and hepatitis C lens, highlighting both the 'double-risk' of women to blood-borne diseases and 'double-neglect' of women in policies and programmes (Azim, Bontell, & Strathdee, 2015; Pinkham & Malinowska-Sempruch, 2008; Rahmalia et al., 2015). Such literature is narrow in scope and limited in its ambition to account for the complex, heterogeneous and multi-faceted lives of women who use drugs.

Of more relevance to this chapter are criminological and sociological studies that apply feminist and post-structuralist theory to unpack the pejorative and discriminating ways in which women who use drugs have been constructed. Some of these studies undertake qualitative in-depth interviews with women who use drugs to produce more expansive and wide-ranging understandings of drug use amongst women (Anderson, 2008; Boyd, 2005; Campbell, 2000; Du Rose 2015; Ettorre, 1992; Maher, 1997). The primary negative stereotypes ascribed to women who use drugs – of moral corruption, deviance, emotionality, dishonesty, wilful waywardness – are connected to gendered domains such as morals, sexuality and guardianship. Here, I take on the insights of these authors and reflect upon them through the lens of my experience as a woman who uses drugs and as an advocate from this community. In doing so, I hope to foreground the politics of knowledge, putting into question the reified boundaries between 'expert' knowledge and lived experience, as well as harness the political power of 'knowledge for' a political purpose (Stanley, 1990, p. 15) – that is to improve the political situation and social status of women who use drugs.

Theory and Method

> *Theorisation is another site of struggling against oppression*
> (Moosa-Mitha, 2004, p. 63)

To begin, I draw on Foucault's concepts of discourse and governmentality, where a social problem is not self-evident, but understood as a realm brought into existence by governmental discourses and technologies itself. Discourses 'systematically form the objects of which they speak' (Foucault, 1972, p. 49), and thus the meaning of female drug use is not an objective entity, but constructed in different discourses, including prohibition, medical and social welfare discourses. It is important then to examine the discourses that define, categorise and differentiate women who use drugs from the general population. As Natasha Du Rose (2015) says, 'It is these discourses that help to identify women's illicit drug use as a "social problem" and make women who use illicit drugs amenable to governmental intervention and regulation' (Du Rose, 2015, p. 15).

Discourses create identities and subjectivities, as the language and signs that make up discourses are imbued with ideological assumptions and commitments, thereby producing what they appear to merely be describing. When writing about marginalised identities, especially one's own, it is vital to stay attentive to how majority and minority subjectivities are constructed, as they mirror power imbalances (i.e. gender, race and ethnicity, class and sexuality) in mainstream culture. Furthermore, representation of these groups is controlled by those with greater

political power (Said, 1978). It should not come as much of a surprise then that subjectivities are ordered along the binary oppositions at work in Western liberal politics and culture. Zygmut Bauman (1991) writes that the notion of Otherness (vs. Self) is central to the ways societies establish subject categories, where the binaries established in our world necessitate that one side is 'the opposite' (degraded, suppressed, exiled) side of the first and yet part of its creation. Woman is the other of man, animal is the other of human, stranger is the other of native, abnormality the other of norm, deviation the other of law-abiding, illness the other of health, insanity the other of reason, lay citizen the other of the expert, foreigner the other of state subject, enemy the other of friend (Bauman, 1991, p. 8). The Self of Western liberal humanist theory is the neo-liberal subject who is rational, enterprising and possesses innate free-will. The Other is irrational and disordered, passive and of corrupted will and character – all traits typically associated with subjugated identities such as women and people who use drugs.

Taking one further theoretical step, I use Hacking's (2007) critical essay Italicise the book name rather than speech mark to reflect on how subjects, such as women who use drugs, are made; both in terms of process and their effects. Simply put, Hacking argues that scientific classifications (in human sciences, psychology, psychiatry and medicine) create, and bring into being, certain kinds of people and conditions that did not exist before, such as the 'homosexual', the 'high-functioning autist' or 'multiple personality disorder'. He is not arguing, for example, that same-sex relations never occurred prior to these classifications, but that the identity, with its attendant traits and characteristics, created by the scientific establishments in order to define, classify and control was not a singular entity that always existed. Taking on Hacking's theory is significant for three reasons. One, making the process and elements of subject-making visible washes away the sense that subject identities have fixed, essential aspects to their nature. Secondly, how we 'make-up' people has consequences for how people think about themselves. Hacking refers to this as the 'looping effect'; categories interact with those being categorised, affecting their relations as they go about the world and in turn refine and reshape what that identity means (p. 285). Third, each categorisation opens up certain spaces of possibilities and forecloses others, affecting what we can and cannot do. As Hacking (2007, p. 233) puts it, 'we are not only what we are but what we might have been, and the possibilities for what we might have been are transformed' by the invention of new 'kinds' of people. In short, creating new categorisations or imbuing categorisations with new characteristics and descriptions can create new possibilities for action.

In summary, Foucault's (1972) discourse and governmentality theory, Bauman's (1991) notion of Otherness and Hacking's (2007) theory on subjectivities can be productively deployed to destabilise and counter damaging constructions of women who use drugs. Methodologically, I will weave in elements of feminist auto-ethnography, which is a method by which the author situates themself within the cultural and political contexts being examined. In taking on this approach, I describe my own lived experience on the meanings and cultural contexts of drug use and gender, and in doing so embrace thought as both rational and emotional, accept multiple views and truths and present the everyday world

as both public and private (Ettorre, 2017b). I also expand ideas on what counts as expert knowledge, for what should political and social realities be made of if not a collective of personal stories and experiences? What are transcendental truths without everyday realities?

Feminist Readings of Women Who Use Drugs

Prohibition and the war on drugs have constructed drug use and dependency as a social problem and accordingly enact people who use drugs as weak, passive, disordered, selfish and untrustworthy (Bourgois & Schonberg, 2009; Moore & Fraser, 2011). Due to gendered norms of femininity, women who use drugs are perceived to be even more of a problem. We are judged more harshly for having reneged on an unspoken, yet no less powerful, social contract committing us as the moral guardians and reproductive agents of society. Gendered norms place expectations on women to comply with norms of femininity, such as selfless, modest and nurturing behaviour. Because we fail to comply, women who use drugs are categorised as monsters, or fallen women who lack moral decency and rational judgement (Boyd, 2015; Campbell, 2000; Friedman & Alicea, 2000; Maher, 1997). Furthermore, gendered societal double standards mean that whilst male drug users may still be seen as complying with hegemonic masculinity, given the premium placed on rebellion, resistance and risk-taking, the same impulses in women are contrarily interpreted as selfish and hedonistic (Henderson, 1999). This double discrimination plays out in real ways in that women who use drugs face more stigma, are more isolated and hidden, and less connected to material and social resources, as well as networks of support.

Both women and drug-using identities, along with racially subjugated identities are 'Othered', and once you go seeking for commonalities, it is not difficult to identify common linkages between drug-using subjects, including women, and racialised subjectivities of the Chinese Other. The first step is acquiring the motivation to do so. As a woman of colour growing up in the diaspora community in Sydney, Australia during the 1980s and 1990s, during the rise of the xenophobic One Nation party, my life was inevitably marked by pejorative tropes and stereotypes of the 'Other', as well as strict familial and cultural expectations. Simply put, gendered stereotypes, prejudices and expectations were compounded by racialised ones. I was expected to be passive, modest, compliant, taught to put the needs of other above my own and place my trust in those with authority and power. Deviation from these norms, such as openly becoming a woman who uses drugs, would necessarily invite moral judgement and social exclusion. The prominent feminist theorist, Judith Butler challenges us to question the subjectivities granted to us, both for what they allow for and for the opportunities they foreclose. As she powerfully states,

> We have already, as women, been severely doubted: do our words carry meaning? Are we capable of consent? Is our reasoning functioning like that of men? Are we part of the universal community of human kind? (2004, p. 227)

Moore and Fraser (2006) point to the commonalities between female and drug-using subjectivities; people who use drugs, like women, have been 'routinely doubted' as to the meaningfulness of our speech, ability to give consent and reason, and have had our status as members of the human community thrown into contestation. Though I am not the first to point out the similarities, I have taken this on as an embodied experience as I go about the world. I carry this embodied experience into doctor's surgeries, treatment and social welfare settings, and in policy and advocacy meetings, where, analogous to Butler's (2004) words above, my status as a woman who uses drugs means that I am doubted in my claims to veracity, whether in my stated intentions of seeking new treatment regimens, in knowing what is best for my own body and mind, in being denied social assistance because people who use drugs are not part of the 'deserving classes', or in being dismissed as exaggerating or sensationalising claims as to the brutal effects of drug policies and planned policy decisions on people's lives. Further to this, I highlight how these claims and their effects are cumulative for women who use drugs. Women's bodies and female drug-using bodies have been controlled and regulated in similar ways through technologies of power, that is policies and interventions designed to elicit good behaviour and punish non-conformity. We share similarly dark histories and encounters with the medical establishment; from forced sterilisation and abortions, forcible treatment (including mental health), experience high rates of physical and sexual violence and assault and are frequently patronised and infantilised.

The ways in which society regulates women who use drugs reflect the societal expectations that are placed on women in general. Overall, drug policies have been developed with the intent of ensuring that women who use drugs will continue their subordinate position. Du Rose's (2015) gendered analysis of drug policies in the United States, Canada and the United Kingdom reveal stricter enforcement of violations for women, particularly when it comes to pregnant women who use drugs or those who are mothers. This bears testimony to the greater responsibility women have for avoiding drug use and for fulfilling our social responsibilities as reproductive vessels and caretakers. At the crux of such social control measures is the belief that women should be adhering to gendered traits and characteristics, and that ultimately there are only singular and essentialised ways of being and living in this world.

The feminist movement has introduced many useful theoretical tools and ideas that challenge powerfully embedded structures, ideas and orders. Primarily, it has helped us to reject singular, positivist and essentialist ideas of what it means to be a woman. Such critical thinking must be deployed to deconstruct and destabilise societal views on what it means to be a woman who uses drugs. This will include the interrogation of binary systems of thought that inherently involve the subjugation of the secondary (Other), to the primary (Self). Doing so also implies mounting a challenge to structures of social control, such as patriarchy and prohibition, currently held up by gendered binaries including licit vs illicit, rational vs emotional, healthy vs disordered, male vs female. Instead, we must begin to conceive of complex, multiple and relational meanings and subjectivities that are open to possibilities for negotiation.

Narratives of Deficit: Prohibition, Pathology, Risk and Trauma

Dominant discourses and narratives that frame the lives of people who use drugs are criminalisation, pathology, risk and trauma (Foucault, 1981). These are the frameworks that have been used to both explain the onset of drug use, our continuation of drug use despite the consequences, as well as justify societal responses to drug use. That there are multiple models and meanings points to the fact that none are self-evident truths, but are instead vulnerable to challenge and contestation. If I am to productively argue for alternative framings and meanings, I must first examine each in turn for their relevance and authenticity, as well as their implications and effects on our lives.

The prohibitionist/punishment and medical/disease discourses are the most embedded in mainstream society and culture. The prohibitionist strand presents illicit drugs as inherently dangerous, with its use and possession justifying strict punitive measures. Under such a framing, the drug user is a criminal whom society must be protected from. A growing chorus of influential actors denounce this approach as outdated, pointing towards the human rights abuses engendered by the war on drugs (Hunt, 2012; International Network of People Who Use Drugs, 2014; Jurgens, Csete, Amon, Baral, & Beyrer, 2010). Offered as a more neutral and 'compassionate' discourse, the disease model has gained in popularity, with proponents arguing for people who use drugs to be seen as patients, not criminals (Phull, 2019; Soni, 2018; Volkow, 2018). Advocates and critical social theorists alike have criticised the disease model of 'addiction', arguing that it pathologises people who use drugs, constructing them as sick, passive subjects in need of medical intervention (Albers, 2010; Keane, 2002, 2009; Valverde, 2008). This is because, despite claims of neutrality, drug use and people who use drugs are still posed in medical and public health models as a threat to a healthy, body politic (Keane, 2002). Medicalisation, after all, remains a key technology of power. Brooke and Stringer (2005) describe the polarisation of prohibition and health models within the drug field as a 'political red herring' (p. 316). They reveal the ways in which prohibitionist and disease discourses are uncomfortably proximate, despite their purported divergences; to the extent that prohibitionists are comfortable drawing on disease concepts to justify punitive interventions, including compulsory treatment, especially for those subjects with less social capital who are perceived as lacking self-control and incapable of self-governance. Other significant problems with the disease model include the tendency to individualise and thus ignore problems and solutions that can be attributed to structural issues, such as poverty, violence and social inequalities.

A third popular discourse that shapes our lives is that of 'risk'. Drug use, here, is constituted as a risky behaviour to be avoided through personal 'choice', rather than a disease of the weak and pathological (Seddon, 2007). However, like preceding discourses, risk discourse is dependent on the creation of 'Others', who are unable or unwilling to effectively self-govern (O'Malley, 1999). People who use drugs are constructed as deficient in character, having failed to make better moral and cognitive behavioural choices and sufficiently regulate our 'freedom to

consume' (Reith, 2004). Under neoliberalism, where the Self is functional, self-governing, hardworking and disciplined, the choice to become lazy, undisciplined and the embodiment of ill-health is even more of an outrage. With rising rates of HIV and hepatitis C amongst people who inject drugs, risk discourse increasingly came to be understood as being interrelated with the management of blood-borne disease risk (Du Rose, 2015; McGrath, 1993). Having been described as at 'double-risk' of HIV, '[f]emale users were constituted as "polluted" and "polluting", as carriers or medical and moral disease, posing a threat to the moral fabric and public health of the majority' (Du Rose, 2015, p. 28). A natural outcome of such developments was the increasing responsibilisation of our bodies in containing this risk, either through avoiding drug use altogether or seeking harm reduction services and drug dependent treatment. Social constructions of gender place higher burdens of risk avoidance and responsibility on women, as women are expected to avoid certain risk behaviours more than men.

The trauma narrative is most commonly mobilised against women who use drugs, where drug use is interpreted as self-medication for childhood and adolescent experiences of physical, sexual and psychological trauma. Abundant in popular and academic literature, this narrative aligns most closely with my own personal experiences. My parents struggled to become well-adjusted parents, amidst the alienation and dislocation common to the diaspora. This resulted in state intervention and an adolescence spent in state care. Despite these experiences, I do not determine a singular, causal relation between trauma and drug dependency. Within this discourse, the drug-using subject is represented as a victim of circumstance, who is somehow compelled to repeat the same cycle of trauma, harm and abuse. Empirical observations of my own life and of those of the community of women who use drugs, disprove such simplistic, linear and disempowering meanings. Additionally, the trauma narrative allows for one-way readings only – harm is generated through risky patterns of drug use, that itself is driven by childhood abuse and trauma – ignoring the ways that drug policies compound risk and trauma (Du Rose, 2015, p. 125).

Above, I have outlined four discourses – prohibition, pathology, risk and trauma – that constitute and shape the lives of women who use drugs. Though different, multiple common threads of meaning connect them. Firstly, all four individualise the problem, attributing drug use to individual psychopathology. In doing so, they divert attention away from deep-seated social problems, such as poverty and inequalities (class, race, gender, etc.). Through the process of individualisation, people who use drugs are held responsible both for their predicament, as well as for avoiding punishment and risk and removing themselves from harm and further trauma. This downplays material constraints arising from unequal social and political structures and detracts from the role policies, specifically drug policies themselves, have to play in compounding trauma, risk and harm both to individuals and society (Du Rose, 2015). Thirdly, they all construct women who use drugs as objects of governmental regulation, surveillance and social control; though regulatory techniques may move beyond the frontiers of criminal law, involving doctors, social workers and educators, the rationale and underlying objective remain the same (Foucault, 1975). At the same time, women are also held responsible for seeking the pastoral care of medical and social welfare

institutions. Nowhere are contradictions more apparent than within critiques of drug discourse and practice. In my own experience, harm reduction is not always an empowered space for women who use drugs, as many remain places of control, surveillance and regulation. If, for instance, one fails to strictly adhere to clinical norms and rules, including abstaining from illicit drug use, removal of 'around client privileges' such as take-home doses or expulsion from the programme is commonplace. In this way, people who use drugs are constructed as both enslaved and psycho-pathological, as well as contradictorily responsible for their own recovery and transformation (Du Rose, 2015). Finally, perhaps the most significant problem I have with these accounts is that they drown out other, alternate accounts and discourses besides those of pathology, self-destruction, or pathological self-destruction. Women take drugs for all kinds of simple and complicated reasons, including the pursuit of 'risky' pleasures, to satiate curiosity, regain control and self-confidence, lose innocence, to regulate emotional and psychological pain, for enhanced productivity and to resist and rebel against social norms and expectations (Du Rose, 2015; Ettorre, 1992).

In Friedman and Alicea's (1995) qualitative study, the use of drugs was a way for women to resist passivity and complacency and because they 'were curious and went searching for a wild life' (p. 14). Personally, my reasons for drug use include all of the above and more. One oft-overlooked benefit is that drug use gives me a sense of purpose, as it bestows life with a simplicity that is too often lacking. At times, it helped me to regain a sense of control, as I was able to control and regulate my mental and emotional states. Further to this, living life as a woman who uses drugs under prohibition requires the development of important skills; including intuition and emotional intelligence to identify danger, wit and smarts to extricate oneself from danger and resourcefulness and charm to survive. Drug use, as it turns out, much like all facets of human experience is complicated, multifactorial and contradictory. Its meanings are constantly subject to change, dependent on the person, social and cultural contexts, as well as time and space. In this way, the shift in focus must be from targeting the sick, maladjusted individual for intervention to the set of relationships between the person, drugs and social contexts (Ettorre, 2017a).

The world needs to take on a more expansive view of women who use drugs. The voices and experiences of women who use drugs must be privileged, so that we can partake in negotiating more positive and dissenting identities that speak to our lived experiences and allow us to shape the world we live in. Of course, getting the world to acknowledge the agency of women who use drugs is an uphill battle; just as it has never been socially acceptable to acknowledge women's strengths, power and control our own lives, so it becomes even more difficult when we are talking about criminalised and stigmatised activities. Women who use drugs however, whether acknowledged or not by mainstream society, possess strengths and power that are both innate and forged through our experiences.

Privileging Emotionality and Difference as a Feminist Act

Having lived my life as a subjugated identity – as a Chinese woman who uses drugs – means that I am particularly attentive to the ways in which categories of meaning

and ordering systems have been used to disempower marginalised groups. Both patriarchy and prohibition operate through labelling a group of people as different; this is done through ascribing group members with characteristics that serve to highlight their oppositional status and incompatibility with the norm. In doing so, they provide justification for control and regulation of difference in pursuit of the idealised norm. By way of example, women who use drugs are characterised as emotional, irrational, sick and disordered and thereby in need of governmental and/or medical intervention. Again, we witness binary systems of thought and practice at play, which deserve challenging. One of the greatest contributions of feminist theory and methodology is the epistemological shift away from methods that enforce traditional binaries, such as the rational vs emotional, authoritative vs oppressed, public vs private. For those of us who wish not to replicate oppression, it is important that we subvert the normative Self – the pursuit of which has caused much damage – through privileging difference and multiplicity and committing to working towards creating a society that is difference-centred.

Patriarchy and prohibition are founded on the denial and suppression of difference. The US War on Drugs was triggered by racial fear and prejudice over Chinese migration and migrants (Block, 2013). It should come as no surprise that people who use drugs share similar identity status, that of the 'weak, passive Other', with the Chinese migrant in North America of the early twentieth century. Both subjects have been constructed as morally deficit whom pose threats to the populace, especially through their corrupting influence on womanly sanctity and purity. Simply put, prohibition was brought about by a xenophobic fear of the different and hitherto unknown subject and deployed with an intent to socially control this population. In parallel, patriarchy is a structure of power that has operated powerfully to dominate, dismiss and deride women on the account of biological, physiological and psychological differences, as well as social and cultural differences. Women who use drugs have been profoundly shaped by these systems of power and thought in overtly dangerous ways. Mounting an effective challenge means bringing the historical suppression of difference into stark relief, interrogating what we've been taught to value and becoming a champion of a difference-centred philosophy and society. It's simply not acceptable to have to prove our humanity on the basis that we satisfactorily establish 'sameness' with dominant groups or risk facing social exclusion if we do not want nor cannot suppress our difference.

The only option for those interested in real social change is to turn to interrogating the very fabric of the subject Self. Right now, we are ruled through Western Enlightenment ideals that promote the idea of a universal human subject, which in current times has been produced through neo-liberal formulations of the individual subject (Moore & Fraser, 2006). This subject bears all the attributes of white, bourgeois, heterosexual masculinity, being the origin of action, locus of thought and emotion, primary actor of agency and responsibility, and bearer of moral and legal responsibility (Rose, 1998). Everything and everybody 'Othered' to this has been constructed in opposition, and is therefore rendered inferior. Now that it is understood that concepts and subjectivities are socially constructed, we must move to thinking through the how-to of re-constructing our concepts and identities to produce sites of resistance that will improve the lives of women who use drugs.

Strategically, female drug user advocates have to weigh the political advantages/disadvantages of the subjectivities afforded to us. The primary question is whether we should rely on strategies that demonstrate how our lives can align with neo-liberal values (this means suppressing the aspects of our personalities and lives that don't equate), or challenge and seek to reconfigure those same values and their ideal subjectivities (Moore & Fraser, 2006). These same arguments have circulated in feminist thought and practice, with struggles taking place between strands of liberal feminism and radical feminism. Liberal feminists highlight similarities with the Western liberal humanist subject in order to gain political advantage, whereas radical feminism rests on mobilising alternative language, epistemologies ontologies and politics, in the belief that valorising the liberal subject is equal to valorising the masculine subject. Under prohibition and patriarchy, the subject that is idealised is the liberal subject that exhibits rationality, control of emotion and upholds the boundary between public and private life. The drug-using subject, either through discursive or material production is made differently to the liberal subject.

Rather than denying this difference, and though this denial compromises our integrity by complying with the politically advantaged mainstream and missing an opportunity for fundamental social and political change, I argue for following Moore and Fraser (2006) and a radical deconstructionist approach that can be found in harm reduction literature (Fraser, 2004; Keane, 2003). In this incarnation, the neo-liberal subject should be de-centred in 'favour of a formulation of subjectivity that acknowledges irrationality, emotionality, desire, fragmentation and multiplicity and promotes a view of agency as dispersed or inter-subjective' (Moore & Fraser, 2006, p. 3041). Such subjectivities fit more closely to the differences, diversities and fragmented identities of women who use drugs. After all, is it only through emphasising the validity and specificity of difference of a marginal group on our own terms, such as women who use drugs, that we can hope to shift the mainstream itself?

Feminist researcher Elizabeth Ettorre (2017a) argues for complicating and theorising the concept of difference for its capacity to be used as a tool for anti-oppression and for its conceptual capacity to lead to new approaches. For when, she says, 'we treat difference as the basis for membership in society rather than the site for social and cultural exclusion', we 'cause trouble' (Moosa-Mitha, 2004, p. 63 cited in Ettorre, 2017a). As she elaborates,

> When we cause trouble in the addiction disease regime, we interrogate the normative assumptions and practices surrounding women's bodies that exist in both marginalized and privileged spaces. We look for ways in which we privilege not knowing. We challenge the assumption that women's bodies are being contaminated and not worthy of reproducing. We reject the gender insensitive or racist practices which exist in many treatment agencies and which result in the unjust disciplining of racialized, gendered bodies. As we privilege 'difference', we privilege all those drug users both women and men, who have the right to be equally unlike, different

> or dissimilar from the embodied norms of White, male, Western bodies. (Ettorre, 2017a, p. 802)

Privileging differences from a feminist perspective, requires privileging the role of emotions within political and therefore public spaces. In addition, she states that

> [f]or drug users, emotions are very significant because it is through the feeling of bodily change, whether experienced as pleasurable or painful, that the pursuit of drugs becomes one's embodied 'habit'. (Ettorre, 2017a, p. 800)

In dualistic ontology, emotions have historically been subjugated to the rational, despite the central role they play in human experience and cultural scripts of health, sickness, disability and death (Williams & Bendelow, 1996). Emotions then, as Ettorre (2017a) concludes, can be an important resource in challenging disease regimes, governing rationalities and disciplinary frameworks, including of drug policies. For people, including myself, that have been excluded on the basis of difference from white, Western, masculinist society, emotions have been used both as tools against us, but can be also used to mobilise against social injustice in an unjust world. It stands to reason that we must reclaim emotions, especially because emotionality is often attributed to dominated groups in society, including women, people who use drugs and people of colour and used as a tool to dominate, discredit and disempower.

Narcofeminism: Un-Making the 'Deviant'

> When feminist theory and politics that claim to reflect women's experiences and women's aspirations do not include or speak to black women, black women must ask, 'Ain't we women?' (Sojourner Truth, 1851, Women's Convention, Akron, Ohio)

Women who use drugs have been sidelined and ignored, including within drug user movements, which have largely been male dominated. Over recent years, women who use drugs have been mobilising and organising around this gap and drawing from feminist theory, movements and strategies to do so. However, strong connections between the women's movement and women who use drugs movement have not been drawn, given the propensity for mainstream feminist movements to exclude criminalised and controversial subjectivities such as sex workers, transgender women and women who use drugs, whom 'cause trouble' to the more dominant and established liberal and radical strands of feminist ideology borne out of first and second wave feminism,[1] whom deny us membership

[1]Feminism is commonly structured under four 'waves'. Though feminist thinkers have existed throughout history, the first wave, which has come to be defined as the starting point of mainstream feminism, was ushered in with the suffragettes of the

and the right to bodily autonomy on the criteria of 'difference'. From their perspective we are 'victims', enslaved to our bodily impulses or male sexual desire, suffering from a false consciousness and a compromised or faulty will, and trapped in roles of gendered performativity. This is despite commonalities in our theoretical and practical struggles, such as the struggle for freedom from oppression, for bodily autonomy and self-determination remain the same. Below I will outline the commonalities between feminist and women who use drugs struggles, and in doing so, give sharper relief to the contradictions of our continued exile.

The feminist and anti-oppression movement has introduced many useful theoretical tools, some of which have been discussed above. Another productive theory is that of 'epistemologies of ignorance' (Collins, 1990; Hartsock, 1983; Mills, 1997; Sedgwick, 1990; Tuana, 2004). This refers to how the complex practices of knowledge production in producing knowledge also necessitate the production of ignorance and sustains not-knowing. Though this theory has been used to interrogate patriarchal knowledge-making, it has also been productively used by black and queer feminists to signify exclusion. Here, I use it to point to the ways that feminism has excluded knowledge production and circulation on the lives and experiences of women who use drugs. Many feminists define and categorise us as 'victims' and 'dependents' to chemical substances, as well as our male partners, who are likely posed as abusive and violent perpetrators who bear the fault of our condition. Epistemologies of ignorance are an integral part of theorising resistance movements, and here I use it to both challenge stereotypes and misperceptions and reveal what is not known: that drug use can be a feminist act.

In their in-depth qualitative study among female heroin users, Friedman and Alicea (1995) expose political interpretations of one's own drug use as a form of resistance to gender and class expectations. This political interpretation resonates with my own, as having come from a family that placed extreme pressure on me to succeed, heroin use became an act of resistance against social obligation and familial expectations of achieving academic excellence. By re-framing gendered drug use as social and political resistance, we 'redefine the causes and meaning of oppositional behaviour by arguing that it has little to do with deviance [...] but moral and political indignation' over gender and class inequality (Giroux, 1982, p. 289 cited in Friedman & Alicea, 1995). As such, the empathetic connections between feminism and the burgeoning women who use drugs movement should be straightforward. Feminism has, since its second wave of the 1960s and 1970s mounted prominent challenges to traditional norms and coercive ideals of femininity, which drug-using women are socially rejected for traversing. This should spark empathy and

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late nineteenth and early twentieth centuries who were focussed on achieving political equality for women, specifically the right to vote. Second wave feminism, beginning in the 1960s, was highly influential and extended feminist thinking to many spheres of life, including the private sphere. The feminist slogan, 'the personal is political' was borne from second wave feminism. It challenged normalised ideas of femininity and 'proper womanhood', and focussed on a range of issues including equal pay, reproductive freedom and overall sexism.

solidarity. Feminism has always been about rewriting history and driven by a refusal to be constrained by biology and materiality, meaning that the opportunities and constraints available to women's bodies are not given in biology, and thereby self-evident and fixed, but shaped by normative ideas about gender. Such feminist belief systems are concordant with women who use drugs, given that we are seen to be betrayed by our bodily impulses, desires and compulsions.

Despite these commonalities, feminists rely upon tired old tropes that construct women who use drugs as victims of their drug use and its bodily effects and thus objects of pity, whom do not possess sufficient qualities and characteristics consistent with empowered feminism. Needless to say this is highly problematic, for what could be less feminist than judging a woman based on what she does with her own body? There is a historical basis for charging feminism with being exclusionary, given its history of making marginalised women feel like outsiders; such as black feminists, queer and postcolonial feminists (Lorde, 1984; Mohanty, 1984; Sedgwick, 1990).

This struggle to be seen as complex subjects versus inferior bodies has been a common feature of, and within feminism, with battlegrounds and fault-lines within feminism being drawn over issues of sex and sexuality, race and ethnicity, as well as bodily and cognitive liberty. The third wave and fourth wave feminism of the 1990s and 2010s have brought fresh perspectives from younger generations, whom have embraced individualism and diversity, and centre bodily autonomy, as well as inter-sectionality and anti-oppression. However, proponents of earlier feminist thought continue to hold sway and act as gatekeepers to the movement. Feminism opened up doors, but prioritised letting the 'right woman' (i.e. white, middle-class, cisgender and heteronormative) cross the threshold.

Women who use drugs must continue to cause trouble and shift entrenched ideas on what it means to be a woman and upend political agendas. Like the feminists before us whom have been and continue to be excluded – black feminists, indigenous feminists, postcolonial feminists, disability rights feminists, sex worker feminist and transgender feminists – we must stand up and ask, are we not women? Do we not have the same claims to bodily autonomy and self-determination to make decisions about our own bodies and define our own realities? In working towards liberation as feminists, we must work with intersectional feminists, whom, like us, possess bodies that continue to be excluded in mainstream feminism. For our collective freedom requires and necessitates the destruction of multi-layered systems of oppression.

In this project of dismantlement, I believe we can pick up feminist tools to dismantle the house. Subjectivities must be assessed for their political utility in improving the social, political and material conditions for marginalised identities. We must resist the current 'making of' and 'looping effects' of dominant discourses and subjectivities of women who use drugs that cannot be readily deployed for self-determination and radical advocacy agendas. Instead, we must embody this project of self-determined change and subvert their cultural outrage by 'privileging performativities of disgust' (Ahmed, 2004 in Ettorre, 2017a), in this case drug use, by creating a life and identity for ourselves that resists and rebels against normalisation and regulation. This is the very impulse and intent

of the drug user advocate. Our very existence troubles, challenges and often disgusts the upholders of liberal humanist values and morality, and yet, we have drawn from the feminist and anti-oppression activists' privileging of lived experience over expert knowledge. This has been utilised by people who use drugs to demand a place at the proverbial 'table'. The power of lived experience and personal story-telling is undeniable, and the feminist movement of women who use drugs is drawing inspiration from third and fourth wave feminist theory, discourse, strategy and practices to bring our voices, issues and concerns to the fore.

A social movement of women who use drugs and their allies has begun under the organising principle of 'NarcoFeminism', as women who use drugs are coming together, caring for each other, mobilising and organising, and speaking out for their own self-determination and empowerment. NarcoFeminism pushes back against the moral blame and pathologisation of our kind, and aims to construct more positive realities and subjectivities of women who use drugs. The movement itself speaks to the creation of life, identities and a social world, where women who use drugs belong to a community of like-minded bodies and have the opportunity to become leaders in shaping and creating a world aiming to free people from the self-blame and prejudice surrounding drug use, and a world where all women have the right to control her own body. National networks of women who use drugs have also been forming in Nepal, Indonesia, Tanzania and Brazil, as well as collective organising that advocates for greater gender representation within male-dominated networks of people who use drugs.

Conclusion

Women who use drugs are some of the strongest, most resilient and fascinating people I have ever had the privilege to know. Despite this, we are rendered voiceless at almost every turn through the notion of Otherness and the displeasure that society takes in our drug use (Ettorre, 2013; Maher, 2000; Murphy & Rosenbaum, 1999). I am not the first to enquire as to how and by what means can we can hear the voice of the Other, when it is dominated or voiceless, but few have focused this question on women who use drugs. What work needs to be done to allow for the voices of women who use drugs to be heard? Nothing less than a radical interrogation and eventual overhaul of Western liberal epistemologies, ontologies and subjectivities will do. Only then can fixed binaries and singular meanings be opened up to multiple and relational meanings and subjectivities that are open to possibilities for negotiation. There must be a shift from the subjectivity of the sick, pathologised and maladjusted woman who uses drugs who is a prime target of intervention to alternate, more positive and empowering formulations of drug use and gender that are equally valid and hold more potential in liberating the female drug-using subject from a subjugated status. We must focus on the strengths, not only deficits of women who use drugs. To do so requires a focus on privileging emotionality and difference within our society, so that our ways of being are not forever marginal to the norm, nor only afforded humanity and citizenship upon proving ourselves capable of complying with the attributes and

characteristics of the neoliberal subject. A seat at the decision-making table is a win, but we must also remain cognizant of having our differences and emotionality neutralised or co-opted into other's agendas, without having gained political nor material advantage for our communities. Our very lives as women who use drugs is a tribute to resistance and rebellion, as women who use drugs advocates, we can access those same internal resources of emotions, disobedience, nonconformity and resiliences and collectively come together to re-envision, reimagine and create different worlds.

Our key goal should always be about improving the social position, and in turn, the lives of women who use drugs. Feminist tools and allies are important to this struggle, but feminist epistemologies of ignorance concerning women who use drugs must be acknowledged and addressed. As Bauman (1993) states, 'I am responsible for the Other's condition; but being responsible in a responsible way, being responsible for my responsibility demands that I know what that condition is' (p. 90). We ask that mainstream feminists do better with intersectional feminists, such as women who use drugs, by showing knowledge of, and familiarity with their own history, theory and practice. In forging understanding between feminists and women who use drugs, feminists must stick to anti-oppressive principles by respecting the bodily integrity, dignity and self-determination of women who use drugs. Only then may we begin to all cause some collective trouble.

Acknowledgements

I would like to thank Dr Andy Guise, King's College, London and Dr Jay Levy, International Network of People who use Drugs for reviewing drafts of this chapter.