

## Chapter 24

# Queer Feminine Identities and the War on Drugs

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As a young transgender woman who uses drugs, I have encountered many situations in life which are unknown to the cisgender, male, or non-drug using members of society. Many of the shared experiences we all have will have been very different for me and my transgender, drug-using sisters in other parts of the world. Many people who can relate to the experiences outlined here will experience gender differently to me. Some will fit less neatly into a binary box than I do, while some will identify as transgender men but will still experience discrimination far greater than I will ever know. The term womxn is used as a way to represent the diversity of identities that can experience stigma, discrimination, and misogyny within society, especially when referring to people who do not fit within the gender binary society has set out for us.

Queer womxn and other non-binary or gender non-conforming people are at the intersection of stigma experienced in society. Drug use amplifies the marginalisation that people with queer identities face on a daily basis. Some people will use drugs as a direct result of their queer identity and the hardships they face. Their stories and experiences are often hidden and ridiculed. Even in the countries with the most modern and well-funded drug-related services people can struggle to access the services they need. Accessing harm reduction services can be difficult for a number of reasons: many harm reduction initiatives are still deemed too radical to receive funding and those that do receive funding are often overcrowded. As a queer womxn, access can be an even bigger problem for reasons that cannot necessarily be easily fixed by money. Creating truly low threshold services can remain an issue.

Our bodies and actions are consistently politicised. Our existence is fetishised and scrutinised in the public eye, with little consideration for the impact it

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has on our community. This politicisation is also experienced by people who use drugs. Both groups have their right to exist called into question by frustrated and bigoted lawmakers. Both are deemed to be a threat to society as we know it. The rhetoric surrounding the provision of life-saving and evidence driven services such as supervised injection sites is, predictably, revolved around preventing crime and protecting children. Within the debate around transgender and non-binary people, generally focussing on transgender women's access to bathrooms, this same rhetoric emerges. In the case of both groups, there is an underlying implication that their existence produces violence, crime, and harm to children. In both of these cases, I, as a transgender woman who uses drugs, am the problem; I am a threat to children as well as civility, law, and order.

This politicisation of queer existence pushes our community to the margins of society. It drives us to search for the freedom and autonomy that society has stripped away. Autonomy and freedom are issues of great importance for queer womxn who use drugs. The ability to make our own decisions about our consumption, our identity, and our access to services related to both is crucial but is often denied based on either drug use or queer identity.

Queer womxn often use drugs as a means of escaping this politicisation and dehumanisation. Our use of drugs is often driven by the current situation we find ourselves in. As wider society attempts to control the narrative around our existence we are pushed further into the margins and, among other things, out of safe and long-term housing. As families disown us and society refuses to accept our identity we turn to substance use to numb the pain. With all of this tends to come a lack of access to formal employment or social services, along with other things we view as necessary to survive and thrive. The commodification of anything and everything that can make a profit means that simply existing costs money. Access to your human rights has a price and survival is geared towards being accessible for people who fit into rigid definitions of gender identities and sexuality.

As queer womxn are rejected from society and viewed as outcasts or criminals there is a tendency to engage in more activities that are associated with these identities. While many of these activities are not in themselves inherently harmful or risky, their criminalisation and the context surrounding them often leads to increased harm or risk. As queer womxn, and in particular transgender women, are labelled as social deviants we may begin to engage in these behaviours and activities. As our community struggles to survive, many of us will turn to sex work as a means of obtaining money for food, shelter, or drugs and alcohol, among other things. Many transgender women view this work as empowering. Despite our ostracisation from society, the politicisation of our bodies and the stripping away of our autonomy, many women can still use their bodies for money. Having people pay to spend time with them, because they are attractive and sexualised, can be a rewarding and effective means of survival.

However, despite this often positive relationship and empowerment, this work, in its current form, forces these women into increasingly dangerous situations. Many are forced or coerced into this line of work in order to survive and see their trans sisters being murdered or dying of overdoses. This loss and stress requires more substances to help cope with the perils of daily life. Transgender women,

especially those of colour, have dramatically lower life expectancies, and while queer womxn and non-binary people are killed in levels disproportionate to the rest of the population, this, when accompanied with recent and persistent high-profile cases of hate crimes against cisgender queer women, paints an unwelcoming picture of male-dominated spaces and the patriarchal society we live in. These poorer outcomes for queer people do not account for the lowered life-expectancy of people who are impacted by the war on drugs or the many risks associated with homelessness or sex work, which are the realities for many queer womxn who use drugs.

As queer womxn engage in criminalised activity they face danger from two sides. Risk is increased through their interactions with people involved in crime and with law enforcement; both predominantly men. Queer womxn are taken advantage of by those who hold positions of power over them. Often, men can profit off of queer womxn's bodies by acting as a third-party and getting them clients for sex work, and this power is often maintained by implicit and explicit violence or by the women becoming indebted to the men in some capacity. As queer womxn delve deeper into harmful consumption patterns, they engage more with drug dealers who they often become indebted to and who can exert misogyny towards women and queer people.

On the other side, queer womxn face increased exposure to law enforcement, who do more harm than good to their overall wellbeing. Harassment and abuse at the hands of law enforcement is a regular occurrence. For queer womxn of colour, this dynamic is even more concerning and dangerous. Queer sex workers who use drugs are doubly criminalised and viewed as a threat to society that must be reprimanded and punished, rather than a vulnerable group who need to be protected from harm.

At the most severe end of punitive drug policies are the court and prison system; a system so binary and dehumanising by its very definition that it becomes completely incompatible with more inclusive and fluid conceptions of gender. Transgender and non-binary people in the prison system are often identified by the incorrect gender and by their deadname, a process which immediately strips away autonomy and identity. When paired with constant surveillance from guards of a different gender, who have the power to control and assault you by legal or illegal means, it is understandable that queer womxn would have a distrust and fear of this authority. Rape and sexual violence in prisons are often ignored. If you are a queer womxn who commands little respect from those who are supposed to protect you, the likelihood of sexual violence being ignored or even encouraged or perpetrated by guards is high.

Another instance of the failure of the criminal justice system to protect queer and transgender womxn is the prevalence of the 'panic defence' in murder trials. The argument is the ultimate example of victim blaming, something which women of any identity experience when they find themselves in certain situations or are the victim of particular, often horrific, crimes. The argument states that the victim's transgender identity is to blame as the defendant was acting 'naturally' when faced with the victim's transgender identity. It is, then, understandable that transgender women in male prisons consider their safety to be greatly at risk.

Prison is not the only space where queer womxn are forced into male-dominated situations as a result of punitive drug policy. The majority of harm reduction services are centred around men and are run predominantly by men. Men tend to be the most visible people using drugs and report higher rates of drug use. Drug using spaces are male-dominated and this can come at the expense of the autonomy of queer womxn. We may be misgendered, sexually harassed, or simply forced to lie about our identity or our drug use in order to feel safe. Queer womxn often feel as though we are being forced into potentially dangerous situations by accessing these services, which should be aimed at reducing harm.

The need for more women and queer-safe spaces in harm reduction is apparent. In Hamburg, RAGAZZA facilitates a consumption room designed specifically with the needs of women – especially those who engage in sex work – in mind. Services in Switzerland also offer a weekly service lasting two hours where the service is reserved exclusively for women. In Barcelona, Metzineres offer ‘environments of shelter for womxn who use drugs surviving violences’. Their efforts to include queer womxn in this facility breaks down immense barriers in accessing services that are also seen by non-queer womxn as they express their wish to feel more comfortable and safe.

There are numerous other factors leading to women being prevented from accessing these services. The issues facing womxn who use drugs are at their most severe when compounded with marginalised queer identities. The intersection of issues and stigmas that we face limit our access to services.

For transgender and non-binary people, the binary nature of some ‘women only’ spaces creates further challenges. This binary separation of men and women is in contention with the complexity of gender identity and advances in minimising the threshold between service providers and service users. Transgender women and non-binary people can face issues when entering ‘women only’ spaces, as people can feel threatened by our presence and appearance.

The goal for all of these services should be to make them as inclusive as possible for all people. The problem is that the most marginalised groups invariably get left behind and can be found scraping the bottom of the barrel, struggling for survival as the funding fails to trickle down to those who need it most. As services often struggle to even keep their doors open to provide what little help they can, queer womxn will invariably find themselves being left behind.