



**Life Beyond the Norm:  
Voices of Women Injecting Drug Users**

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## Voices of Women Injecting Drug Users

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# Acknowledgment

This book aims to tell the true stories of women drug users who are viewed as less valuable in Thai society. The truth of women's lives, in all their complexity, is often hidden from us. Learning more about the situation of women may help us transform our way of thinking and change the way that we view and treat one another.

Beyond the written word, this research is dedicated to the women drug users who shared their experiences with us, and whose voices have been silenced by society. Their stories reflect the world they live in and tell us that we, women drug users, are not as bad as society thought.

Our gratitude goes to Karyn Kaplan for her enthusiastic support and inspired insight. We also thank our friends at Ozone Bangkok who helped us coordinate the informants to share their stories. We also thank the Open Society Institute and those working in the International Harm Reduction Development Program who made this research possible. Sophie Pinkham gave us helpful comments and also made this research possible. Roxanne Saucier and Wannaporn spend time editing this work.

We sincerely hope that after finishing this book, the reader will better understand women who use drugs.



## What is the Problem?

AIDS and drugs are considered to be the problems that threaten our society. In Thailand, great social concern regarding the HIV epidemic has revolved around the potential transmission via female sex workers. Many campaigns and programs have been launched in order to reduce the number of new infections among this group. Notably, there is a hidden population group that is also affected by the epidemic – injecting drug users.

Injecting drug users are considered one of the groups most at-risk of contracting HIV. The sharing of needles and syringes has given rise to the most rapid rates of HIV infection in Thailand. Moreover, the sexual behavior of drug injectors and the risk posed to themselves and their sexual partners is also a factor in the transmission of HIV. UNDP reported that HIV prevalence among injecting drug users in Thailand is approximately 50% (2004).

Notably, women who inject drugs are at particular risk of becoming infected with HIV by sharing contaminated injecting equipment and through unprotected sexual intercourse with an infected male injecting drug user. Besides the health risk, social forces push

them underground where they become marginalized and hard to reach. Thus information on woman injecting drug users, especially on lived experiences, is limited.

The consequences of being a drug user include loss of job, arrest, and being stigmatized by the community and labeled by society. The time spent procuring and using drugs, as well as the accompanying stigma, sometimes leads users to exclude themselves from activities in the larger community to the extent that they may jeopardize conventional social relationships. The major problems faced by people dependent on drugs, beyond the problems associated with the physical effects of the drugs themselves, spring from the societal stigmatization of drug dependence. Social stigma successfully erects a formidable barrier that must be overcome in order to address problematic drug use and by extension transform the lives of people who use drugs. People often question why they cannot simply quit the drug use that has resulted in the social condemnation of drug users.

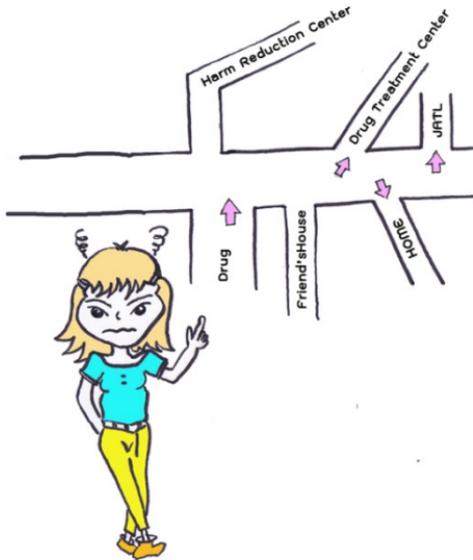
In Thai society, the stigma of drug use is traditionally greater for women than for men. Women who use drugs are dehumanized because it is viewed that they do not behave according to the social norm, and that they fail to fulfill the traditional roles expected of women. Soon they

are forced to exclude themselves from society. Engaging in certain activities in order to get drugs, for example sex work, theft, or robbery may be seen as more acceptable for men than for women. No wonder that later, women are entrenched in the social network of other heroin users and removed from conventional society.

The social construction of women who use drugs becomes the wall between social networks based on drug use, and conventional society. These constructs prevent the outsider from discovering the true stories of women drug users. The truth is that, in reality, women are victimized: They have to endure the violence and stigma of being women who use drugs. They are vulnerable to HIV/AIDS infection via sexual intercourse and sharing needles.

Much of the activity surrounding the drug world operates in an overtly masculine culture. Drug users typically finance themselves through criminal activities such as selling drugs, theft, stealing mobile phones, and robbery. Lying, deceit, and violence are part of everyday life. In order to survive, woman drug users have to adapt themselves to such an environment. At the same time, they have to fulfill duties such as mother, daughter, and wife.

Moreover, the situation became worse when the Thai government announced its “War on Drugs” campaign in February 2003. The “War on Drugs” gave rise to a climate of violence, human rights offenses, and failure of government policy. As a result, many drug users stopped attending treatment programs for fear of being arrested. Policies such as the “War on Drugs” have resulted in enormous barriers to health care access for the highest-risk drug users, making them fearful of disclosing themselves to the public.



## Our Objectives

Women who use drugs in Thailand have lived in a world where their truths and lived experiences have been hidden. The study of the intersections between drugs, sexuality, and gender remains largely under-developed. Information on women drug users' perception of risk is critical for effective treatment and HIV/AIDS prevention campaigns. Most research and work has focused on the overall IDU population rather than the female population more specifically.



Our objective is to use this book as the “starting point” to gain the participation of women who use drugs, which will lead to further work in the future. This book aims to establish a sense of “belonging.” The key informants helped the researcher to review the interview question; to recruit other informants; and to cross-check the data. We

hope that this work will represent the voice and picture of women drug users in Bangkok and that the results will lead to new models of programming for women who use drugs.

## Methodology and Data Collection

This study worked closely with community-based drug user organizations. The study included five female injecting drug users working as key informants who are also responsible for recruiting informants and cross-checking the accuracy of data. In-depth interviews were conducted from March-August 2008. Data derive from ethnographic observations and in-depth interviews with 30 women who inject drugs. The ethnographic data provide a rich description insofar as they provide a context for understanding the lived experiences of women who inject drugs. The interviews lasted between 30 and 60 minutes, were tape-recorded, and were later transcribed verbatim. The data was analyzed by thematic or content analysis. The stories in this book represent the lives and experiences of 35 women drug users who live in Bangkok and its suburbs. All persons and informants used in the book are given pseudonyms.

Women who inject drugs were major actors in project planning and implementation. Key women who use drugs from various NGOs working with drug users collaborated closely with the researcher. Their insight was valuable to the accuracy of the data. At the beginning, the first meeting in April discussed the project objective, the themes

covered in the interview, etc. The participants eagerly shared information on sexual harassment, drug user behavior, and social discrimination. The themes were clarified during the focus group discussion.

The second meeting was held in May. Participants discussed the interview questions, sample sites, and how to recruit the informants. During the second meeting, we discussed expanding the work with women drug users into a working group. The planned working group includes not only drug using women but also those affected by drugs, such as sexual partners of male drug users at risk of HIV. Realizing that women are at heightened risk because of social inequities and biological vulnerability, the Women and Drugs Group was set up as a working group.

The women interviewed range from 20-47 years old. Twenty-six of the women are Buddhist whereas the remaining are Muslim. Fourteen of the women graduated from primary school; 18 graduated from junior high school; the rest were in vocational school. Five of the women are now working as outreach workers in various Thai NGOs; five of them are merchants; the remaining are unemployed. Twenty-five of the women have a partner who uses drugs, whereas the rest have non-drug-using

partners. Twenty-six of the women live with either their parents or in-laws, while the rest live individually. Twenty of them are mothers. The average income is between 3,000-6,000 Baht (100-150 \$US) per month. Most of the women use governmental health insurance whereas five of them who are outreach workers use social security insurance. Twenty of the women are HIV+ and the rest are HIV-



## AIDS and Drugs

Thailand's second wave of HIV transmission in 1987-1988 is attributable to injecting drug use, most commonly heroin use. There is limited documentation of the number of injecting drug users in Thailand. However, the most frequently cited estimate puts the number at between 100,000 and 250,000 injecting drug users countrywide.



Social and economic factors play an important role in the spread of HIV, particularly in needle sharing practices among injecting drug users. One woman injecting drug user stated the reason for needle sharing as follows: “We all knew how HIV is transmitted to our bodies, but at that moment we needed drugs. When you need drugs flowing into your body, who cares about HIV?”

Importantly, injecting drug users tend to share needles and injecting equipment among friends in their social networks – among a group of friends and their partner. Som, age 35, was diagnosed as HIV+ within the last few months. She described her experience during a small-group discussion:

*I was in the Tenofovir trial. A few months ago, the nurse called me and told me that they found a problem with my blood. Thus, she asked me to redo the HIV test. The result turned out to be positive. When I heard the result I knew right there when and how I was infected. There was one time that I shared a needle with my boyfriend who is positive. My boyfriend could not inject the drugs into his body because he could not find his vein. He was about to throw the syringe away, but I asked him to give me the syringe. I wanted drugs. I felt desperate for drugs so I grabbed the syringe and injected myself even though his blood was mixed with the drugs. My friends all told me not to do so, but I didn't listen to them. I used like this (shared the needle) with him once, but (when I had a test) the result was negative. So I thought that I would be lucky again this time, but I wasn't. I forgot that the second time, the size of syringe is bigger than the first time. I was unlucky this time.*

Injecting drug users represent one of the most vulnerable groups currently requiring access to antiretroviral (ARV) treatment. In many countries, IDUs are routinely excluded from ARV treatment due to the belief that they are unlikely to adhere to treatment. They are viewed as noncompliant, untreatable, and undisciplined, which means that they are usually refused access to treatment. Some health workers still refuse to treat IDUs with ARVs unless they stop using drugs, saying: “I won’t give treatment to an IDU unless he stops using drugs. How can I trust him? He cannot even stop using drugs, so how can he adhere to AIDS treatment?” (Kiatying-Angsulee et al., 2005). This type of attitude can easily be exploited to exclude injecting drug users from both antiretroviral treatment and methadone programs. Some health workers remain opposed to treating HIV-positive drug users because of prevailing judgmental attitudes about drug users.

Recognizing the problems facing injecting drug users who lack access to health facilities and other social services, a drug user network was initiated. To address health and human rights issues, the Thai Drug User Network (TDN) was formed in Bangkok on December 10, 2002. TDN tried to partner with the government on policy issues, and to push them to recognize the need for involving drug users in policy making.

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The mission of the organization is to promote the dignity and human rights of people who use drugs (Kerr et al., 2007).

Local NGOs aren't the only ones working on drug issues: PSI opened a drop-in center called Ozone in Chiang Mai in 2003. Later, in 2005, PSI also opened drop-in centers in Bangkok and Chiang Rai. Ozone's peer educators reach out to high-risk groups with HIV/AIDS prevention messages such as the promotion of consistent condom use with all partners and activities to prevent use of non-sterile injecting equipment. Ozone also partners with other NGOs trying to scale up methadone treatment programs.

## Women in Thai Society

Girls and women in Thai society are still expected to conform to traditional Thai feminine roles. Daughters are generally expected to look after aged parents. Thai society expects children to be grateful and obedient to their parents and behave as the parents wish, while wives must obey and respect their husbands. A “good wife” provides care and emotional support for her husband and especially her children. A “good mother” is responsible for taking care of children and providing them with a good education. Family ties in Thai society are intensely strong.

In rural areas, husbands live with the wife’s family after marriage. In major cities like Bangkok, where the influences of Chinese culture are more prominent, in contrast, the wife may move into her husband’s house or live with his extended family. Because of urbanization, however, newly married couples are increasingly living on their own, but still keep in contact with their in-laws.

Thai women are viewed as having far fewer sexual urges than men, and as being in control of them, whereas men are widely

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perceived as having a natural and driving “need” for sex that requires a frequent outlet. In Thai society, Thai men have traditionally enjoyed a high degree of sexual freedom in which they are encouraged as well as expected to express their sexuality. In contrast, women’s sexuality has been far more restricted, with chastity prior to marriage and subdued sexual expression being valued. Talking about sex is still viewed as unsuitable for women.

## Beginning: Common Perceptions of Women Who Use Drugs

A woman engaged in drug use is portrayed as “bad” or deviant. Women who use heroin do not fit the traditional image of good girls, both because of their drug use itself and because of the lying, stealing, dealing, and sex work that are often associated with drug dependence. This leads to double stigmatization as drug users and as women.

“I have never thought of quitting using drugs. Even though I use drugs, I have never caused anyone trouble. I don’t understand why the outsiders (those not using drug) assume that we, drug users, are troublemakers. They think we are the center of any social problems. I did steal once, but that is because I was high and unconscious. That time, I felt ashamed and then I promised myself I wouldn’t do it again. Being charged as a thief is more shameful than being charged as a drug user.” (Jib, 30)

“My mother told me she would rather have a child who is a prostitute than one who’s a junkie. She could not accept the fact that I

use drugs. If I went back home, she would hit me. So why should I go back home? ” (Tip, 29)

Many of the women we interviewed placed a strong emphasis on the unequal expectations and assumptions about men and women drug users in family relationships. Thai society judges women heroin users more harshly than men. In the family, a daughter who uses drugs is viewed as worse than a son user because of social expectations. Many informants said that a woman drug user’s family is often questioned by people in the neighborhood, “how can you raise your daughter to be drug addict?”

“When my mom came to the police station, the policeman said ‘how could you raise a daughter to be a drug addict?’” (Porn, 40)

“My mom said to me that I am the only daughter in the family so how can I become a heroin user, why did I have to use syringes to inject myself? Why did I become a junkie?” (Pra, 32)

“My brother is also an injecting drug user. My mom visited him when he was imprisoned and told him that I also injected heroin just like he did. He then suddenly cried and said to her that I am the youngest

daughter. He asked her to pay attention to me because I am a woman. Women drug users are not [treated] like men.” (Kae, 39)

“My brother told me that his friend gave him heroin for free but he turned him down. Even he, a man, doesn't dare to use heroin. How can I use it?” (A, 45)

The reaction of family members toward women drug users often has an emotional effect on them. Women said that they felt unwelcome and not accepted by family members since they have started using drugs. Their “good daughter” image is replaced by the junkie image, which they have seen in the media. One of the mothers of a woman who uses drugs talked about her daughter's behavior with a researcher saying, “Why do you have to know about women drug users? There is nothing to know and nothing to learn.” Then the mother talked more about her daughter's behavior, “She used to be a good girl. She went to school every day. I didn't have to worry about her until I found out that she used heroin. It was such a shock to all the family members.” A, who was facing harsh discrimination from her family, told us:

“I used to have a good job working in a hotel. My mother used to be proud of me. That is why she could not accept the fact that I used drugs, heroin. Everything suddenly collapsed when everyone found out that I use drugs. They keep an eye on me like I am going to steal something in the house. I could not stand such an environment so finally I left home. I started my new life.” (A, 45)

After finding out that their daughter is using drugs, parents often take them to drug treatment centers. They hope that their daughters will return to live in the society as before. All of the women interviewed had visited drug treatment centers several times, but none of them were able to stop using drugs.

“My mother has taken me to every treatment center she’s heard of, but I can’t stop using drugs. She sent me to the temple, camp, etc. She has tried hard and spent a lot of money, but none of them work. Well, it works when you are imprisoned because you have no choice, you have to stop using drugs. After being released, I went back home, met the same people, then I start using drugs again.” (Nok, 31)

“I did stop using drug for three months once, but staying home is too boring. I don’t have an education. I don’t have friends who aren’t

using drugs. Since using drugs, I lost the connection to them. So I went back to friends who use drugs. There is a circle of us.” (Jay, 28)

“My parents do not know how to deal with my drug-using behavior so my dad finally put me in handcuffs. My mother asked him to do the same because she told me she would share the suffering. So he put me and mother in the same handcuffs, but finally I broke the handcuffs and ran away.” (Pui, 27)



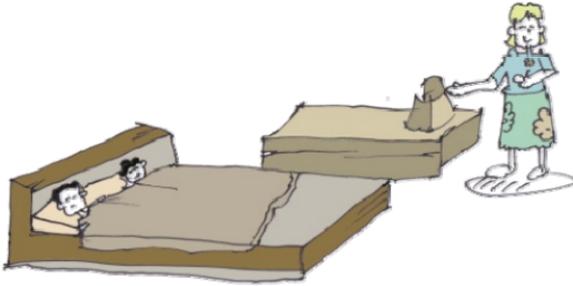
Informants reported that it is not uncommon for drug users to steal from their parents as the first choice instead of stealing from shops or other businesses. This stealing from one’s own family then breeds mistrust and a timid atmosphere in the family. The word “*ra-aa*,” which

literally means “to be bored with” is a word that informants often used to describe their family’s reaction to a drug-using daughter when they become resigned to the idea that nothing can be done about their drug-using behavior.

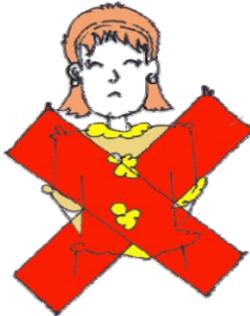
“I did steal some money from my mom and anything that could be traded for drugs or money. My parents knew what I did. They were mad at me, but it would be better to steal from someone inside the house rather than from those outside, they thought.” (Ying, 30)

“My parents have sent me to drug treatment programs eight times. On the ninth, they gave up. My mom said that I can do whatever I want. She gave up her hope that I could quit using drugs.” (Pra, 32)

“At first, my family tried to bring me back to society by putting me in the drug treatment program. The treatment only helps us through withdrawal. It has never helped us forget how it, heroin, tastes. That is why we relapse and my family was mad again and asked why I can’t stop using drugs.” (A, 45)



Even when families try to endure drug-using behavior, the community makes this difficult. Gossiping by neighbors about women who use drugs may make family members feel embarrassed and ashamed. Using drugs brings shame and lost face in the community and among relatives.



“My mom sold food in front of the flat. One day, the flatmate told her that I was about to inject heroin in the doorway. Then, my mom asked my dad to take me home. She was mad that I made her lose face.” (Pui, 27)

“I know they all gossip about my drug behavior. I do not care if they talk about me only, but they all start talking about my parents.”  
(Nok, 31)

Law enforcement is another factor that drives drug users out of their community. The “War on Drugs” labels injecting drug users as criminals characterized by deviance, lack of control, violence, and moral depravity. This ultimately creates a climate of violence and discrimination against anyone who uses drugs.

“During the ‘War on Drugs,’ the community leader sent a letter to the owner saying that he would take the room back if he found out that one of the family members was a drug addict. My mom needed to remove my name from the household registration.” (Pui, 27)

The women expressed that they belong to the drug-using community because they have no options for expression or belonging to other places. Using drugs excluded them from their family, friends, etc. Hence, they usually hang out at their friends' flats, at the drop-in center, or in other places where other drug users congregate.

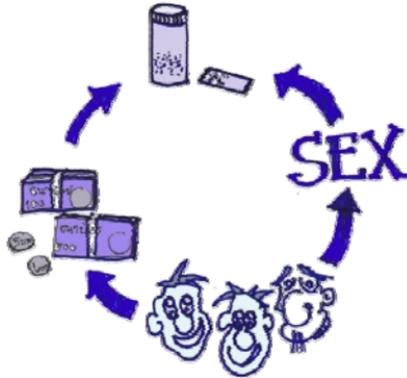
“When my friends found out that I am using heroin, they stopped talking to me. They refused to go out with me or even have lunch together as before. So I turned to a group of friends who is also using drugs. They have never turned me down.” (Yui, 31)



“I didn’t know when my father died. I did not have a chance to see him for the last time before he died. My family couldn’t reach me. They did not know where I was. I went to the funeral on the third day. At the funeral, I sat there alone in last row. No one talked to me, not even my family and friends who used to be close. I did not exist.” (June, 47)

In public, women who use drugs are unavoidably associated with the exchange of sex for drugs. Sex is assumed as the easy way for women to get money and drugs. Women with adequate drug supplies

were less vulnerable to victimization and degradation by male street dealers and had less need to trade sex for drugs.



“Even though I work as sex worker, I have never traded sex for drugs. In the drug community, I am proud that I am the buyer not the beggar.” (Porn, 40)

“In juvenile court, the judge said to me that men who use drugs usually steal or rob in order to get money to buy drugs. How about women? Selling sex?” (Pui, 27)

Social forces have pushed these women to the margin, where they have to change the way they live in order to survive. “Drug user” has not only given them a new identity, but also redefined their social role. Moreover, it is important to understand that the way they conceive of themselves in relation to others has changed.

## Survive: Living with Drugs

Using drugs pushes drug users to the margins of society where they have to adapt to a new subculture in order to survive. Using drugs is conceived of by others as bad, but injecting drug use is seen as the worst.



“When I went camping with my class-mate, one guy put a hot knife on my arm. You see there is a singe on my arm now. He told everyone that I am not afraid of injecting heroin, so how can I be afraid of a hot knife. At first, I didn’t think he would do it, but he did. He did it to the guys, not the women. I am the only woman whom he put a knife on.”

(Tip, 29)

In the public's perception, women who hurt themselves are seen as deviant or bad. Society does not accept this behavior, especially in women. The injecting drug user is stigmatized and dehumanized. Moreover, craving heroin causes added stigma for those using it.

"Most people think that hurting themselves is men's business. It is unacceptable for women, but don't they know that men are the ones who teach us how to inject? If there are two girls who are injecting heroin and another is smoking amphetamines on the footpath, most people will stare at those who inject heroin. They would think it is disgusting playing with blood and syringes. Those women would be the focal point to be blamed, but the one who is smoking wouldn't because smoking is legal." (Tip, 29)

"Injection symbolizes death. When other people who do not use drugs see women injecting drugs, they think that these women are bad because they harm their bodies. Men can do it, but women can't." (Ying, 32)

The women here were introduced to heroin by their partners and friends. Their partner is the one who taught these women how to inject and also helped them live in the community. Relationships with partners,

for the women, are not based on love and sex, but provide valuable mutual support relating to, for example, the availability of drugs, police activity, consumption sites, health caregivers, and options for shelter. Intimate relationships may also be another source of abuse and domestic violence.

“I have been with Ake, my boyfriend, for ten years. I can say I do not love him, but I stay with him because I have nowhere to go. I can’t go back home. That is why I have to stay in an abusive relationship.” (June, 47)

“We are both drug users and HIV+. It is easier to take care of ourselves.” (Pui, 27)



Thus, drug users mostly found their partner among their group of drug-using friends. They believe that having a partner who uses drugs suits them better than a partner who does not use drugs. Using drugs together forges a bond that can become the core of the relationship.

“I used to have a boyfriend who did not use drugs. He was mad every time he saw me use heroin. One day, he brought a full cup of heroin in front of me. He asked me to make a decision to choose either him or heroin. As you know, I finally chose heroin. Soon after, he left me.” (Ning, 29)

“I have many boyfriends who didn’t use drugs, but the relationship could not last long. They cannot truly understand me at all. They could not stand a woman who used drugs. Some of them said I bring them and their families shame.” (Rak, 33)

The degradation of women injecting drug users is also found within the drug-using community. It is sometimes found among drug users’ partners who use different types of drugs. There are the complex relationships with those using amphetamines and heroin. Women who use heroin and others using amphetamines are pictured differently.

Women injecting drug users viewed those using “yabaa” as young and beautiful women who sell and trade their body for drugs.

“We both use drugs. I inject heroin, but he smokes amphetamines. I don’t really understand how he can complain about my drug use? He often says that I should not use drugs, but he himself uses them. He can’t give me a good explanation. He just says I am his wife and he doesn’t want me using drugs. He doesn’t want others to look down on me.” (Tee, 20)



“My boyfriend is an amphetamine dealer. He used to take heroin, but he stopped using it while he was imprisoned. He would hit me when he found out that I use heroin. He would say it is bad for

women to use heroin and that women will do anything to get heroin, like have sex with a drug dealer. He gave me 10 tablets of amphetamines to stop heroin withdrawal, but it doesn't work. The taste is different." (Goy, 27)

While being a woman is often a disadvantage, women who use drugs can use their gender to their advantage in some situations. Men drug dealers pay less attention to women.

"Being a woman is an advantage when you go to the drug community. The policeman would not suspect you as a drug buyer." (Goy, 27)

"There were many times that I stole drugs from the dealers because they did not pay attention to me." (Lek, 35)

Living as a drug user is a difficult task for women. Drugs are a powerful influence in their everyday life, and give the women a new identity. Even among people who use drugs, heroin users are seen as worse than other drug users. Women's relationships with others are reshaped and redefined as they are viewed through a new lens.

## Endurance: Violence

The nature and proximity of the drug-using community affected the lives of women who inject drugs. Violence, financial insecurity, a chaotic lifestyle, the risk of imprisonment and police abuse, predatory oppression and degradation by male drug sellers are women's everyday environment. Women injecting drug users described episodes of everyday violence in the drug-using community. Some of them were coerced into the sex business.

"I work as sex worker, but it was not like in the past. Now the sex business is competitive. The client usually chooses the girl who uses yabaa, who is young and more beautiful." (Ying, 30)

"Sure, rape is a typical situation in the drug community. Imagine that you were craving, walking in Klong Toey, searching for drugs without knowing anyone. What would you do? If someone came to you saying 'girl, I will get you drugs, but you have to sleep with me first,' you wouldn't object. If they slept with you without giving you either drugs or money, you cannot do anything. It is just taking a risk." (Pui, 27)

“I was there when the guys took turns raping a woman. I couldn’t say anything; I just watched. That is scary.” (Ning, 35)



Women who inject drugs here face everyday violence such as sexual harassment. The relationship with friends in the drug-using community is filled with distrust; friends are seen as unreliable and unfaithful. To steal for drugs is common, even among friends. Jub describes the situation: “I bought drugs and then my son cried so I tried to comfort him. It was just a few minutes then my heroin was gone with my friend.” Drug users may also report fellow users to policemen. Sometimes this happens when people dislike one another – they turn the other one in. The women drug users interviewed experienced sexual harassment by policemen. Porn, age 40 years old, experienced the situation.



“When I left the drug dealer’s house, the policeman caught me immediately. I knew that the drug dealer was a police spy and he ratted on me. There were five or six policemen. They searched me for drugs, but they couldn’t find them because I hid the drugs on my waist and my shirt covered them. Then they said that they would search carefully so they ordered me to go into the bathroom. Then they asked me to take off my blouse. They turned on the flashlight and looked in my sex organ. They took turns doing this. I was so ashamed, but could not say a word because I was thinking about heroin. Finally, even though they could not find heroin, they took me to the police station. My mother was mad about what happened to me so she sued the policemen for sexual harassment.

Living in the drug-using community, the women not only face everyday violence, but also regular domestic violence. They are

slapped, punched, beaten, and even killed. The women have suffered violence from intimate partners. Two women injecting drug users died last year because of domestic violence. One was beaten to death by her partner who also uses drug. Another girl's body was found with a bruise around her neck. Some friends suspected that her boyfriend is the one who killed her because he was using antiretroviral drugs that sometimes caused hallucinations.

“My boyfriend hits me badly. He kicks me and slaps my face whenever I get a little bit of heroin. If I got more, he would suspect that I slept with a drug dealer.” (Kae, 39)

“When he is high, he is unconscious and can't remember what he has done. One day, he put a rope around my neck. Luckily, I wasn't using drugs at that time so I was conscious. Later, I told him what he had done. He said he couldn't remember anything.” (Tip, 29)

“My boyfriend, when he is high, he always jabs a syringe into me. I have to try not to be targeted. If our friends are there, he holds a knife the whole time.” (Jib, 30)

To a large extent, men in the drug world outnumber women, and men dominate the subculture of heroin users. Violence seems to be part of users' lives and the violence in the drug world usually extends into the lives of women drug users. Women here found that violence is part of their lives and that it was often not addressed because their lifestyle itself was seen as criminal.



## Dilemma: Motherhood

Parents dependent on drugs are easily stereotyped by society. The drug-using mother is subject to conflicts and dilemmas in her attempts to combine the use of drugs with parental responsibilities. Judgments based on simple associations are likely to be misleading.

Women interviewed generally did not take the absence of menstruation as an indication of pregnancy, and other signs of pregnancy had to be present before a woman would begin to suspect that she had conceived. Most women's pregnancies were unplanned because of their irregular periods while taking drugs.

“Since I used drugs, my period stopped. At first I thought I was getting fat, but my husband told me to go and see the doctor. I was so shocked when the doctor told me I was seven months pregnant.” (Tip, 29)



“I didn’t know that I was pregnant when I was first tested for HIV/AIDS. The HIV test result was positive. Everyone told me to get an abortion because I was handicapped (can’t walk), HIV+, and a drug user. They thought, with all that, how can I raise the child? My husband was also in prison. Finally, I decided to keep the child.” (Jeab, 23)

Some of the women gave birth while they were incarcerated. They were transferred to the hospital when they were about to deliver the baby. They were allowed to stay there for one day and then were sent back to prison. Their family would pick up the baby to take care of it while the mother remained in prison.

“I knew that I was pregnant when I was in prison. They took me to the hospital in the morning and brought me back to the prison in the evening with my daughter. The next day, my mom came to pick up my daughter. Luckily, I had mom taking care of my daughter. If the mother has no one or is homeless, the children would be transferred to an orphanage until the mother is released.” (Tui, 30)

“My son stayed with me in the prison until he was one year old before being transferred to the Christian child care house. I felt sorry for him because he had a rash all over his body. You should know what it is like to be in prison. It is not a nice place to raise a baby.” (Mook, 26)

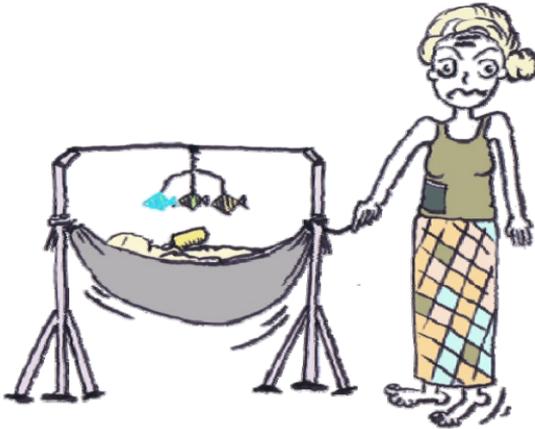


Thai family structure is based on the extended family system, especially in rural area. In Bangkok, because of economic constraints, all the women stay with either their parents or in-laws. Women therefore turn to their parents or in-laws for help with child care. Some of the relatives adopted the child with the voluntary acceptance of the mothers. As a form of care, women believed that having their child live with someone who is not a drug user would lead their child to better life.

“When my daughter was two years old, I asked my boyfriend’s relative to adopt her. Because of my HIV+ status and economic constraints, I figured it would be better for her if I sent her away. Since then, I have never seen her again.” (Jeab, 23)

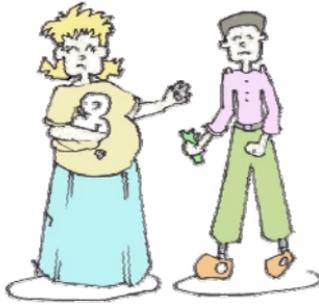
“My in-laws took care of my son. I rarely visited them because my in-laws did not want me to be there. They were afraid that my addiction would pass to my son.” (Lek, 35)

“I slept in a small house with my boyfriend. My aunt adopted my son. He was lucky living with them so I had nothing to worry about, but she did say to my son that if he was not well-behaved, she would ask me to take him back. I think it is because she was afraid that he would be ‘bad’ like me when he grew up.” (Jing, 31)



Mothers who use drugs are viewed as selfish and uncaring, pursuing their own pleasure while neglecting their children. Some families used the motherhood as the form of punishment for the women.

“My sister adopted my daughter when she was young. They, my family, thought that I was not able to raise her and I did not deserve to be a mother because of my drug use. My daughter called me aunt, but called my sister ‘mom.’ My sister asked her to do so. Sometimes she would call me ‘mom’ when I behaved well, especially when I stopped using drugs. You know I was so happy when I heard her call me ‘mom’ even though I haven’t raised or supported her.” (Ying, 30)



Even though most of the women here described using the presence of their children to deflect the attention of authorities, they intended to keep their children physically apart from drug use, especially when their children were grown up, and to keep their drug user identity distant from their role as a mother. Women did not underestimate children's ability to recognize illicit behavior.

"When my son saw me injecting heroin in the bathroom, he asked what I was doing and why did I hurt myself. I lied to him that I was sick and the doctor prescribed me with injections." (Yui, 31)



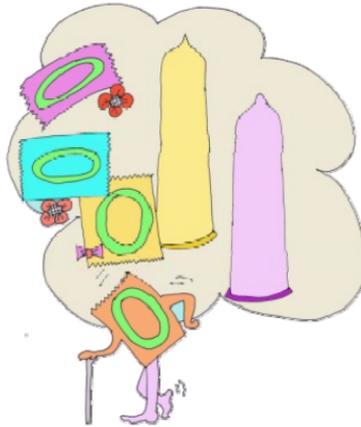
“I brought my son with me when I want to buy drugs so the police would not notice me as a drug user.” (A, 45).

“Whenever my daughter saw me holding the brown paper bag, she rushed to grab the glass, spoon, etc. for me. She prepared the equipment for injection even though she was only three years old.” (Mok, 26)

“I did not want them living with me because they would grow up and get used to being with a junkie. That is why I sent them to my ex-husband who quit using drugs.” (Nui, 28)

Many drug-using parents are aware of the possible dangers to their children but are subject to conflicts and dilemmas in their attempts to combine the use of drugs with parental responsibilities. Mothers expressed concern about how their children will grow up in an environment where drugs are present. Women attempt to remove or lessen the impact of their drug use on their children by refusing to take a mothering role. The desire to prevent their children from becoming enmeshed in lifestyles similar to their own is another reason women sent their children away to live with either their parents or in-laws.

## Vulnerability: Condom Use



Condoms are taken for granted as the most effective HIV/AIDS prevention. Thus, many in the public and private sector have tried to promote using condoms in general and with vulnerable populations in particular. In contrast, in the drug subculture, condom use is not seen as applicable. In Thailand, penile modification such as Fang Muk (inserting pearls into the penile shaft) is typically practiced, especially among men who use drugs, believing that it increases the sexual pleasure of the partner. The women here said that having sex with men who modify their penis in this way is more painful.

“My husband could not wear a condom because he modifies his penis, thus, there is no size for him.” (Kae, 39)

“When I saw his penis, I was shocked. How would he put his penis into my body? It was too big. He modified it while he was imprisoned. If I turn him down, he would hit me. Since I have stayed with him, I have never felt sex is pleasurable anymore. It was too painful. For me, using drugs gives me more pleasure than having sex.” (A, 45)

The women reported inconsistent condom use with their heterosexual partners. Condom use may be understood by partners as a sign of infidelity or suspicion. Non-condom use is also seen to connote trust. A woman may agree to have condomless sex to prove her fidelity. Condom use also signals a distance that is seen as inappropriate in the context of an intimate relationship.

“My boyfriend refuses to use condoms. We both work as outreach workers and we have known that there is the possibility that I will receive his ARV resistance or other OI [opportunistic infection], but he refuses to use a condom. He said we had agreed at first that we would not use condoms.” (Kob, 29)

“Most men do not like condoms. I do wanna use condoms when we have sex, but he refuses. I work every day while he is unemployed. I

don't know where he goes during the day to buy drugs or perhaps sleep with some girl, but I can't force him to use condoms." (Rak, 34)

The women emphasized the strong need to use condoms, but explained that drug use also played a role in condom use. Moreover, the women stated that since using heroin they don't feel that sex is pleasurable, but it has become something they have to put up with.

"After using drugs, I'm high and then I forget about using a condom." (Phet, 28)

"After injecting 'Kum' (Midazolam), I don't know anything. I knew that I had sex when I saw the used condom in the bin. I hadn't even realized that I had sex last night." (Nar, 26)

"It was that time that I got infected with HIV from him. Actually, we used condoms regularly, but we had sex after he used drugs. Heroin has an effect on the sex. He felt like he could not reach orgasm so he suddenly took the condom off. " (Jib, 30)

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The social and cultural context here has placed women in a subordinate position where they are powerless to negotiate sex and condom use. Based on the findings, not only are the women drug users at risk of HIV/AIDS infection (through infected syringes) but also those who have a drug-using male partner are at risk through sexual contact, particularly because their partners may hide their HIV status.

## STIGMA: HIV and Drugs

“*Song Deng* literally means someone who is both addicted to drugs and HIV positive. *Sarm Deng* is added by HepC. Being a drug user is so grievous. Knowing that your blood is also positive is wholeheartedly painful.” (Tee, a female drug user with HIV)

Drug users are seen as blemished, polluted, and criminal. Again, HIV positive and drug dependent people are often viewed as “diseased” by members of the medical profession, who tend to stamp powerful cultural connotations on the sick person. The AIDS pandemic has profoundly transformed people’s lives and the stigma surrounding drug use and AIDS has created a silence that threatens Thai society. The profound effects of stigmatization have created an environment in which drug users become a hidden population. As a result they fear open discourse and self-identification. Society equates AIDS with “death.”



“I and my boyfriend are HIV+. We both used to live with his family, but this caused my boyfriend stress. Only his mother and oldest sister knew his HIV+ status. He was afraid that the rest of the family would find out his HIV+ status. Then, I became sick, which caused him more stress that everyone would suspect that I am HIV+. Finally I moved out and am now living in charity house. I’ll stay there until my health is better. Then we will stay together again.” (Tee, 20)

Though the public and private sectors have implemented interventions to address HIV/AIDS transmission, the women here stated that they did not realize the harm of HIV infection. They all knew that HIV is transmitted via syringes and sex, but paid less attention to the infection itself.

“I knew about HIV. Everyone talks about getting infected via blood, but I was less concerned about sex. I don’t know whether I was infected with HIV via syringes or sex because my husband is also HIV+.” (Pom, 44)

“My ex-boyfriend asked me to get tested for HIV. He cried when he told me that he gave me HIV. We have separate needles so it might be via sex. Well, I didn’t blame him because it was also my fault.” (Nar, 26)

Most of the women drug users interviewed found out their HIV status when they became pregnant. They received HIV testing at the hospital and the result turned out to be positive. Children are one reason that they decided to continue living.



“My boyfriend knew that he had HIV, but he never told me. I was too young to think about HIV, only 14 years old. I lived with him for two years then became pregnant. I asked him to go to the hospital with me, but he refused. One day, I fell down the stairs and there was blood so I was hospitalized. The doctor then told me that I am HIV+. It was like the world was collapsing. I was so shocked. He was the first person I’d

slept with. Later, he told me that he worked in a gay bar and was HIV+. He did not dare to tell me before because he was afraid that I would leave him.” (Tee, 20)

“I didn’t know whether I was infected with HIV until I was pregnant. My boyfriend knew all the time that he was HIV+, but he rarely used condoms when he had sex with me. He was such a selfish person.” (Jing, 31)

“I thought of committing suicide, but when I thought of my child, I couldn’t. It is all my fault not her fault.” (Yui, 31)

The tendency to stereotype women drug users remains strong. Drug users with HIV are doubly stigmatized and also vulnerable to victim-blaming. In most communities, drug users are seen to be “polluted,” morally corrupted, dangerous, irresponsible, etc. Hence, drug users have been targets of stigma and stereotypes.

“I do not dare to tell anyone in the family that I am HIV+. There are some drug-using friends who know about my status.” (Pra, 32)



“Being a woman drug user is bad enough in the eyes of my family. How can they also accept the other fact that I am HIV+?” (Jing, 31)

The fear of others finding out about the diagnosis also discourages people from making contact with health services, community, and family. Those who know their diagnosis often devise ways of hiding it out of fear and shame. Many people are known to withdraw and isolate themselves. The negative depiction of people with HIV/AIDS, bolstered through the media, has reinforced fear, avoidance, and the isolation of people with HIV.

“I do not dare to tell anyone that I’ve got HIV. I was sick and I told them that I’ve got a cold. My friends told me that they all knew that I was HIV+ so there is no need to lie to them. ” (Pra, 32)

The public fear surrounding HIV/AIDS, as well as the moral judgment of drug users living with HIV, made it difficult for them to come out in the larger society. Antiretroviral drugs have brought hope for those living with HIV. For drug users, this hope remains distant because taking antiretroviral drugs doesn't seem applicable to their daily life.

"I have known that my CD4 count is lower than 200. Everyone asked me why I haven't taken the drug [ARVs]. How can I take ARVs while I am still using drugs? Every day when I wake up the first thing I think of is drugs not ARVs." (Rak, 33)

Drug users are often explicitly excluded from ARV treatment programs. Upon entering treatment, drug users are viewed as less likely to adhere compared to other at-risk groups. Health professionals remain opposed to treating HIV-positive drug users because they believe that treatment will prove ineffective for injecting drug users. Thus, HIV-positive IDUs subsequently face double stigma that results in the general unwillingness of health professionals to meet their needs and demands.

## FUTURE: Moving forward

When talking about working with marginalized group, most people thought of women living with HIV/AIDS, women facing domestic violence, and sex workers, but none of them thought of women who use drugs. Nonetheless, these women are facing all the problems described here. It seems like women drug users were forgotten and have become invisible, even to workers and researchers in the public health field.

Living under myriad social influences and expectations, women drug users struggle to perform their roles as daughter, wife, and mother. Using drugs has totally changed the way they live. Thai society stereotypes women drug users like the book has already been written – a book that states that women who use drugs are bad, leave their family, abandon their children, trade sex for drugs, etc. This conceals the truth of what it is like to be a woman who uses drugs.

This book, our book, will hopefully reveal the truth of women who use drugs, from their own perspectives. The examples of women in this book represent their struggles and their vulnerability, and their attempts to fulfill their own duties as best they can. While the experiences of

women who use drugs are not always the same, reading and understanding more about the situation and feelings of individual women may help us transform our way of thinking and change the way that we view and treat each other in society. Changing the social attitude toward women who use drugs gives them more space in society.

## Note

This information, hopefully, will help develop a holistic intervention program for women drug users. The program should not only focus on the mode of drug use (e.g. injecting), but should also include attention to gender sensitivity. Such a program would not only focus on treatment programs, but would also help change the community attitude toward women drug users. Harm reduction programs need to be developed that are applicable to women. Prevention and intervention strategies should empower women to address the ways that drugs have influenced and changed their lives. We propose women-focused harm reduction programs to address the following issues:



- HIV/AIDS vulnerability
- Domestic violence
- Social attitudes toward women who use drugs
- Outreach programs for women
- VCT services and holistic care that links methadone treatment, prevention of mother-to-child-transmission and ARV provision
- Prevention options such as female condom etc.

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