

# Vera Institute of Justice

## Criminal Justice Issues and Prisoners' Rights

**<https://www.vera.org/blog/gender-and-justice-in-america/women-suffer-when-drug-treatment-focuses-on-mens-needs>**

### Public Facing Advocacy Writing

In the last 10 years, [heroin use among women has doubled](#), yet few drug treatment programs consider womens unique needs and current punitive drug policies disproportionately entangle women of color and economically disadvantaged women in cycles of arrest, incarceration, and poverty.

Heroin use has increased dramatically in the past decade among all income levels and most age groups. From [2002 to 2013](#), the rate of heroin-related overdose deaths nearly quadrupled. Some of the largest increases in heroin use [have occurred](#) in groups with historically low rates, including people with relatively high incomes and women.

Despite the [narrowing rates](#) of substance use between men and women, substance use research [has historically focused on men](#), and only recently have we learned that women [progress more quickly](#) from using addictive substances [to dependence](#), often find it [more difficult to quit](#), and are more susceptible to relapse.

Most treatment options, however, fail to take womens unique physical, medical, and social needs into account. Therefore, women are more likely to undergo inappropriate treatment or receive none at all. When treatment is actually sought and obtained, effectiveness is limited because programs [often do not offer](#) childcare, have punitive attitudes and policies toward parenting and pregnancy, and [rarely address](#) the intersection of trauma, intimate partner violence, and drug and sex-related risks women face. Treatment is further complicated because women often have [more concurrent](#) behavioral, psychological, medical, and social problems such as [HIV](#) and mood, anxiety, eating, and trauma disorders.

Despite increasing rates of heroin use among most groups of women and common challenges to effective drug treatment, the criminal justice consequences of drug use overly burden women of color and poor women. According to a recent [Open Society Foundations report](#) on the impact of drug policy on women, women are incarcerated for drug offenses more than any other crime and women of color, who do not have higher rates of drug use than white women, have been disproportionately burdened with incarceration.

Increasing rates of substance use, involvement in the drug trade, and incarceration of women [reflects](#) decreased economic opportunity and the [feminization of poverty](#), as women increasingly represent greater proportions of the countrys poor. Incarceration, drug use, and addiction further [limit womens opportunities](#) for social engagement and mobility. For instance, a number of states require drug testing as a condition of receiving housing or welfare benefits, disproportionately limiting families access to social and economic support.

President Obamas [recently announced initiative](#) which pairs public health officials with law enforcement officers on the street is a step in the right direction to treating addiction instead of punishing it. But our nations punitive one-size-fits-all approach to substance use research and drug treatment really is sized only for men and has failed women for too long.

Gender-responsive drug treatment is necessary to combat the heroin use and overdose epidemic, and drug policy reform is equally vital for reducing the disproportionate and inequitable criminal justice impacts of drug addiction on economically disadvantaged women and women of color. Drug law reform and efforts to reduce mass incarceration must incorporate public health solutions, particularly non-criminal and non-punitive solutions that acknowledge, respect, and respond to womens needs and health.

Through the [Gender & Justice in America](#) blog series, Vera will explore issues facing justice-involved women and girls in the fields of adult corrections, youth justice, immigration, victimization, substance use, and mental health.

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