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# "My Life is Already Politics." The (im)Possibility of Civic and Political Participation among Street-Involved Women who use Drugs in Oporto

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## Abstract

Street-involved (SI) women who use drugs are disproportionately impacted by intersectional inequalities, gender-based violence, and stigma. Despite the growing number of collectives and social movements advocating for the rights of women who use drugs, evidence regarding their civic and political participation remains overlooked. This study employs the narcofeminism framework to explore opportunities for developing civic and political literacy, accessing civic rights, and examining the experiences of civic and political participation of ten SI women who use drugs living in Oporto. Qualitative interviews were conducted to gather life stories about their opportunities and experiences related to civic and political participation at different stages of their life cycles (childhood, adolescence, and adulthood). The reflexive narrative analysis of the critical events influencing the participants' civic and political participation revealed three main themes: "Adverse childhood experiences as barriers to literacy development", "Early adulthood in adolescence", and "Civic rights illiteracy and the (im)possibility of political participation in adulthood". The results indicate that intersectional inequalities, gender-based violence, and stigma adversely impact women's opportunities for civic and political participation. Conversely, they also demonstrate that meaningful civic and political engagement yields social and psychological benefits. Overall, we conclude that outreach teams and services working with SI women who use drugs are pivotal in promoting civic rights literacy and political engagement.

## Keywords

Street-involvement, women who use drugs, civic and political participation, stigma, intersectional inequalities, narcofeminism

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Women who use drugs are exposed to higher levels of adversity, violence, and social exclusion when compared to their non-drug-using peers and men who use drugs (Mutatayi et al., 2022). Those who circulate in marginalised contexts report life trajectories marked by generational cycles of poverty and violence, adverse childhood experiences, gender-based violence (GBV), and stigma (Benoit & Jauffret-Roustide, 2015; Bungay et al., 2024; Collins et al., 2019; Morton et al., 2022; Plaza-Hernández et al., 2023). Many women who use drugs report intimate partner violence (including controlling and exploitative partners), sexualised violence (from other SI peers, predatory and abusive sex work clients), psychological violence (everyday hostility, social rejection, and humiliation) and institutional violence (e.g., discrimination, harmful gender stereotypes, victim blaming) (Benoit & Jauffret-Roustide, 2015; Boyd et al., 2018; Bungay et al., 2024; Collins et al., 2019; Morton et al., 2022; Plaza-Hernández et al., 2023; Ramírez-López et al., 2025). Despite these severe and ongoing experiences of GBV and social adversity, women who use drugs are underserved in terms of specific and adapted responses to protect and support them as survivors of GBV (Morton et al., 2015). The androcentric character of health and social responses, and experiences of discrimination and institutional violence, aggravate the systemic and systematic social exclusion and vulnerabilization of women who use drugs (Bardwell et al., 2021; Boyd et al., 2018; Collins et al., 2019, 2020; Plaza-Hernández et al., 2023). These intersectional inequalities severely constrain their living conditions, access to education, work opportunities, financial resources, and stable housing, and, consequently, their health, well-being, and civic and political participation (Grace et al., 2022; Romo-Avilés, 2018).

In this paper, we intend to explore the opportunities for civic and political participation among street-involved women who use drugs in Oporto. Bungay et al. (2024) defined "street-involvement" (SI) as a broad term to describe people who have high degrees of "public visibility, problematic drug use, minimal connections to social support, and criminalisation associated with survival strategies such as stealing, sex work, and drug dealing" (p.1761), due to structural disadvantages (e.g., poverty, precarious housing, migration, racism, and difficulties in accessing health and social services). We use this concept to describe the experiences of the women participating in this study and to highlight how the overlapping of drug stigma with harmful gender stereotypes intensifies the oppression mechanisms and the punitive control acting over them (e.g., everyday hostility, incarceration, institutionalisation of their children) (Bungay et al., 2010; Grace et al., 2022; Hamer, 2023; Mutatayi et al., 2022). Moreover, this concept enables us to analyse the constraints and enablers of civic and political participation within the scope of their lived experiences and social contexts.

## Civic and Political Participation among Street-Involved Women who use Drugs

Political participation refers to the opportunity to communicate preferences and demand changes through voting, engaging in political parties, and/or individual and collective proactive mobilisation (e.g., signing petitions, protests, and political demonstrations in the public space) (Pattie et al., 2004; Reichert & Print, 2018; Zani & Barrett, 2012). Civic participation is closely connected with political participation and defines proactive and volunteer activities to support people in need and find solutions to solve or minimise community-based problems (Pattie et al., 2004; Rochira et al., 2019; Zukin et al., 2006). According to the Council of Europe, citizenship

> involves issues related to rights and duties, but also ideas of equality, diversity and social justice. It is no longer enough to limit the idea of 'citizenship' to voting. It must also include the ***range of actions*** exercised by an individual that impact on the life of the community (local, national, regional and international) and as such ***requires a public space*** within which individuals can act together.[1] (O'Shea, 2003, p. 8),

Evidence demonstrates that civic engagement and political participation levels are historically closely connected with citizens' socioeconomic conditions. People living in poverty, racial and ethnic communities, and women tend to participate less in civic and political life than people with more economic and social resources and symbolic power (Boulding & Holzner, 2021; Flanagan & Levine, 2010; Lawless & Fox, 2001; Nelson, 1984; Schröder & Neumayr, 2023). In a context of unequal access to education and political socialisation, unprivileged social groups tend to be more socially disintegrated from society, having fewer opportunities to develop civic literacy and active attitudes toward civic and political issues (Dalton, 2015; Flanagan & Levine, 2010). Moreover, even though they have more contact and connection with government responses (e.g., health and social services, housing, and food) than more privileged citizens, impoverished people are less likely to vote or engage in traditional political activities. Their living conditions (lack of financial resources and free time), the lack of civic skills, and previous negative interactions with government agents may deter their political behaviour (Lawless & Fox, 2001).

The lack of political participation of people living in poverty may compromise democracy since their voices tend to remain silent, and their experiences and preferences tend to be underrepresented in terms of policies and priorities (Boulding & Holzner, 2021; Elkjær & Klitgaard, 2024; Lawless & Fox, 2001). Nevertheless, evidence demonstrates that democratic contexts with an active civil society mediating positive relations with the government reinforce and facilitate civic and political mobilisation of women and citizens living in poverty, promoting equality in political participation (Boulding & Holzner, 2021; Monteiro et al., 2024).

In the last decade, there has been a growing number of collectives advocating for the rights of women who use drugs, both internationally (e.g., Women and Harm Reduction International Network – WHRIN; International Network of Women Who Use Drugs – INWUD) and nationally (collective GAT-MANAS in Lisbon and CASO-MUSAS at Oporto). However, research on women who use drugs is mainly centred on health indicators and, more recently, on trauma and GBV, while evidence regarding their civic and political participation is scarce. This study shifts away from health issues related to drug use and focuses the analysis on the opportunities for civic and political development and engagement among SI women who use drugs.

## *Narcofeminism: an Analytical Framework to Prioritise the Lived Experiences of Women who use Drugs*

Can the women who use drugs speak? This was the first title we chose for this paper. We felt inspired by the book "Can the Subaltern Speak?" by critical theorist Spivak (2021) and how she criticises the colonialist and patriarchal character of Western-centred knowledge. In our analysis, the "subaltern" is the SI woman who uses drugs. She was socially constructed as an archetype of a "deviant woman" who failed the hegemonic gender norms and the traditional moral scripts by engaging in transgressive behaviours and ways of living (Vale Pires, 2023a, 2023b). This othering process justified her systemic and systematic confinement to pathologisation, medicalisation, and marginalisation by the rationalistic and androcentric character of the hegemonic drug science and the social and health responses (Romo-Avilés, 2018; Vale Pires, 2023a, 2023b). Similar to the young Indian woman who originated Spivak's reflection, in a context where silence and an imposed voiceless state were her only possibilities, the SI women who use drugs can also be described as the "woman who wrote with her own body" (Spivak, 2021, p. 17). For this reason, it is relevant not only to let SI women who use drugs speak but to hear what they tell us with their words, bodies, stories, everyday experiences, and life trajectories. In this paper, we use the lens of narcofeminism, prioritising and centring the voices and lived experiences of SI women who use drugs to critically examine their opportunities for developing civic literacy and participating politically in the public sphere.

Narcofeminism[2] emerged as a feminist critical movement and an alternative to the static and rigid patriarchal stereotypes that represent women who use drugs as powerless victims or immoral deviants who require everyday paternalistic protection or policing (Bessonova et al., 2023; Campbell, 2023; Chang, 2023). Narcofeminism is aligned with the feminist imagery of the cyborg, defined by Haraway (2022), and the King Kong theory discussed by Despentes (2021), when affirming the agency of women who survive the patriarchal capitalist exploitation and violence. These perspectives give visibility to the victimisation of unprivileged women but also to the ways they generate counter-hegemonic politics, economies, ways of living, and body autonomy at the margins of sexism, classism, racism, and drug prohibitionism.

From a constructivist perspective, narcofeminism produces compassionate and destigmatising discourses that conceptualise drugs as life-affirming tools to survive oppressive systems and experience pleasure. It is grounded on the life stories and everyday lived experiences of women who use drugs and creates spaces for their collaboration, mutual support, (re)generation of affirmative identities, ethics of care, and forms of political participation (Bessonova et al., 2023; Campbell, 2023; Chang, 2023; Dennis et al., 2023).

Using a narcofeminist framework, this study aims

> to confront the tensions between posthumanist efforts to disrupt the taken-for-granted status of the human, and the needs of those who are still fighting for full inclusion into the category of the human and recognition of their rights on this basis (Dennis et al., 2023, p. 953).

To achieve this, we will analyse the opportunities to develop civic and political literacy, access to civic rights, and experiences of civic and political participation of ten SI women who use drugs living in Oporto.

## Methods

The present study is grounded on the principles of critical theory to examine how dominant societal norms, systems and structures constrain the choices of marginalized individuals and communities (Campbell & Herzberg, 2017; Fine et al., 2021). The research was based on the life stories - narratives regarding their life trajectories - of ten SI women who use drugs in Oporto, focusing on their opportunities and experiences for civic and political participation in different stages of their life cycles. According to Geiger (1986), "the personal contextualisation of women's lives found in life histories makes them invaluable for deepening cross-cultural comparisons, preventing facile generalisations, and evaluating theories about women's experience or oppression" (p. 338). Regarding our positionality as researchers, we followed feminist epistemologies drawing on the "situated and embodied knowledge" and "subjugated" standpoints (Haraway, 1988, pp. 583–584) of the women participating in this study.

Qualitative interviewing was chosen due to its advantages in accessing the subjective discourse, meanings, and participants' representations regarding the topic under analysis (Braun & Clarke, 2006, 2013). We conducted interviews with ten SI women who use drugs. Although the sample size was small, recruitment was challenging due to the hidden and hard-to-reach nature of this population and resource constraints. Nevertheless, data collection continued until thematic saturation was achieved, meaning that additional interviews no longer produced new themes or insights regarding the topic under analysis. This approach ensured a rich, in-depth understanding of participants' experiences while adhering to rigorous qualitative research standards.

The inclusion criteria to recruit participants were: being at least 18 years old, using drugs, and being involved in street dynamics. Our sample includes women who were not citizens, which is common among SI women who lack the means or opportunity to claim their citizenship and, consequently, their formal political rights (e.g., to vote). We were interested in exploring the reasons

**Table 1.** Characterisation of participants.

| Name | Idade | Gender | Citizen Status | Education | Street-Involvement |
|---|---|---|---|---|---|
| Charlotte | | Ciswoman | Migrant | 8° ano | Homelessness, begging and survival sex work |
| Maria | 39 | Ciswoman | Portuguese | 6° ano | Shelter, begging |
| Laura | 46 | Ciswoman | Migrant | 4° ano | Temporary housing, precarious informal work |
| Teresa | 40 | Ciswoman | Portuguese | 7° ano | Temporary housing and survival sex work |
| Elvira | 51 | Ciswoman | Portuguese | 9° ano | Temporary housing and survival sex work |
| Luana | 42 | Transwoman | Portuguese | 9° ano | Homelessness and survival sex work |
| Melissa | 28 | Ciswoman | Portuguese | 8° ano | Homelessness and survival sex work |
| Carla | 41 | Ciswoman | Portuguese | 9° ano | Homelessness and begging |
| Ana | 63 | Ciswoman | Portuguese | 12° ano | Homelessness, begging and survival sex |
| Matilde | 58 | Ciswoman | Portuguese | High school level | Homelessness and begging |

behind these limitations and examining the potential existence of alternative political behaviours that might emerge among this marginalised social group.

The interview script included open questions formulated in simple language regarding women's life trajectories and opportunities for developing civic rights literacy and political participation in three main stages of life: childhood, adolescence, and adulthood. Data collection was made in naturalistic contexts of SI women who use drugs - on psychotropic territories. According to Fernandes (2021), "psychotropic territories are the set of spaces that materialise the abstract entity of the 'world of drugs', providing it with the elements that compound its stereotype. They are, in short, zones of ecological enhancement of the street junkie subculture" (p. 226). To facilitate our entrance into these territories and the recruitment of participants, we asked for the support of two outreach teams working with people who use drugs in Oporto. After acceptance, the first and second authors joined four interventions implemented by the outreach teams in psychotropic territories, specifically in the Pasteleira neighbourhood, the industrial area of Ramalde, and the surroundings of the Joaquim Urbano Municipal Shelter. During these days, we supported the outreach teams and talked with several women, explaining the study and collecting signed informed consent from those who accepted to participate. The interviews were recorded between April and May 2022, and the women who consented shared their life stories with a focus on their opportunities for civic and political development and participation. During our visits to the psychotropic territories where they move, we interviewed them in "private" places in the street or inside the mobile units of the outreach teams supporting the data collection. The audio recordings were transcribed *verbatim*, and the transcriptions were anonymised using an alternative name to humanise them without revealing their identity. The study protocol was revised and received ethical approval from the Ethics Committee for Health (CES) of the Catholic University of Portugal (n° 266).

The sample of this narrative research included nine ciswomen, and one transwoman, two of them migrants (one from a European country, the other from an African country), aged between 28 and 63 years old. Regarding their living conditions, at the time of the interview, all the participants reported street-involvement in psychotropic territories, drug use (n = 10), homelessness (n = 7), and unstable housing (n = 3). Most of them were engaged in sex work (n = 6) and begging activities (n = 5) as economic survival strategies. Eight women are parents. Four of the women interviewed revealed that at the time of the interview, they were experiencing intimate partner violence, and three of them expressed thoughts of suicidal ideation (Table 1).

Reflexive thematic analysis, as articulated by Braun and Clarke (2019), was selected as an appropriate analytic framework for this study due to its emphasis on meaning-making, reflexivity, and contextualised interpretation. This framework is particularly relevant for identifying patterns of meaning across narratives and perspectives of marginalised groups of people, whose voices have historically been excluded or misrepresented within dominant knowledge systems. In this study, the use of this framework enabled an in-depth exploration and interpretation of participants' lived experiences while attending to the social, cultural, and structural conditions that shape those experiences.

After a fluctuating reading of all the interviews to familiarise ourselves with the data, we used the NVivo software to aid the analysis. We used a deductive approach to create the *a priori* codes based on the three life stages (childhood, adolescence, and adulthood). Then, we reorganised the textual data in inductive subcodes using the obstacles to civic and political engagement reported by the participants as central organising concepts (Braun & Clarke, 2019) to inform the development of themes. We wrote a narrative of the data describing the themes and illustrating them with data extracts. We used the narcofeminism framework to centralise the women's lived experiences when interpreting the data.

## Results

Through the reflexive analysis of the life stories shared by the women who participated in this study, we were able to identify three main themes regarding the topic under analysis: "Adverse childhood experiences as barriers to literacy development", "Early adulthood during adolescence", and "Civic rights illiteracy and the (im)possibility of political participation during adulthood". The thematic map (Image 1) illustrates the network of influences between the codes (life stages) and subcodes (critical events) that informed the further identification of the major themes in the participants' narratives.

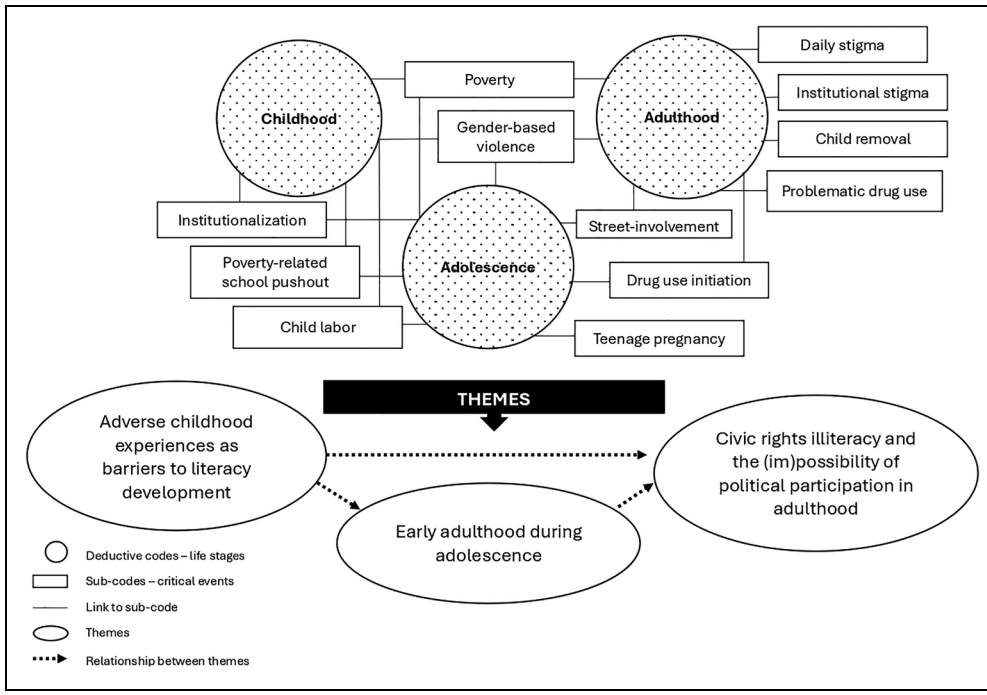


**Image 1.** Thematic map Demonstrating the Themes and the Coding Process.

Considering our focus and the heterogeneity of the participants' experiences, we will introduce them sequentially in a timeline that follows the narrated critical events that constrained or enabled their opportunities for civic and political participation.

## *Adverse Childhood Experiences as Barriers to Literacy Development*

When sharing their life stories, seven women revealed adverse childhood experiences related to poverty, poor housing, GBV, child institutionalisation, and lack of affection.

> When I was 7 years old, I was raped by my cousin, who was 21… and since that day, I never had my life back again (…) I do not have good memories of my mother because my father beat her a lot… I have a broken nose for defending my mother when I was five years old… (Maria).

Maria revealed how the extreme GBV she experienced during her childhood was a critical event that led to her early institutionalisation, lifelong trauma, and mental health problems, conditioned her life pathway. Laura, Maria, Teresa, Melissa, and Carla revealed how the family's poverty, domestic violence, neglect, lack of affection, parent drug use, and the fact that they have been imposed with the responsibility for the domestic and care activities at their household burdened them since they were a child, preventing them from playing and dedicating themselves to school.

> My childhood was dramatic because we were around 15 children, and my mother was an alcoholic, and from a very early age, I had to become a woman, right? For example, I left school when I was 10, and when I was 11 or 12, I started working immediately… (Carla)

Several women shared that due to their adverse childhood experiences or parent abandonment, they had to spend some years in state institutional care (n = 3) or under the care of other family members, such as grandmothers or aunts (n = 4). Most (n = 7). They also reported being pushed out of school before completing the third education cycle and shared experiences of child labour in informal and domestic work as strategies of economic survival. Childhood adverse experiences and being unable to continue in their studies impacted their life pathways, compromising their social mobility opportunities and, consequently, the development of social and literacy resources to break the poverty cycle and oppressive gender roles and to develop civic and political literacy.

## *Early Adulthood During Adolescence*

Most of the SI women who use drugs participating in this study (n = 7) revealed that the adversity experienced during childhood continued and, in some cases, was amplified throughout adolescence. Some women described their engagement in child labour to survive poverty (n = 7), drug use (n = 7), and pregnancy (n = 3) when they were adolescents. Their stories revealed that they had life projects and acted as active agents in their search for better life conditions. The constraints they found were not related to individual choices, but rather the heavy burden of poverty and social adversity that was imposed on them.

> I was attending the last month, before the internship, of a pastry and bakery professional course to complete the ninth year [of scholarship], and… It was partly because of her [her mother] that I did not finish it, because I needed conditions to continue studying. She lost her house and everything, and we ended up sleeping in the garage of an apartment (…). I ended up losing everything, I did not have the ninth grade and ended up on the street using drugs… (Melissa)

Due to her family's poor living conditions, Laura was pushed out of school (when she was 10) and engaged in child labour activities to actively support her and her family's economic survival.

> I worked in private ladies' homes, for example, cleaning the house, ironing, and washing dishes; that is how I started. Then, at 15 or 16 years old, even being a minor, I got my first job in a shoe factory … (Laura)

Charlotte shared that despite poverty, her living conditions were relatively stable until the death of her caring and loving grandmother when she was 12 years old. After this, she left the house of her parents to resist to their neglect and lack of affection and reorganize her life in her own terms. Her first imprisonment, due to her later involvement with informal drug markets, marked her early adulthood.

> (…) I left home at 15 years old; I began working as a cook in a restaurant and started living in a room I rented. I lived alone at the age of 15 (…) Between the ages of 15 and 18 years old, I was a cook (…), but then at 18 years old, I could not work anymore because of my drug use, so I began trafficking white powder [cocaine] and brown powder [heroin]. I got caught and spent 5 years in prison. (Charlotte)

Teresa revealed that she was introduced to cannabis, crack cocaine, and heroin when she was an adolescent by her boyfriend, who was a drug dealer. While still a minor, she engaged in sex work activities in strip clubs to support herself financially and sustain her drug use after her boyfriend was arrested and incarcerated. Following his release from prison, she became pregnant at the age of 17.

Maria and Carla described their early involvement with informal markets (drug dealing and sex work) as means to support their economic autonomy. Both got pregnant before they were 16 years old. Maria revealed that she left the institution where she had been for 7 years at 14. She got pregnant by an abusive boyfriend who denounced her to social services when she tried to escape with their baby.

> He hit me a lot. It was domestic violence… so I took my four-month-old son and went to my father's house. So, they [child protection services] came to get me and my son, but I did not want to go; I wanted to stay with my father. (Maria)

She began using crack cocaine at 16 years old to cope with trauma stemming from these experiences and to remain active in reorganising her life through informal economic activities.

These narratives reveal that growing up in marginalized contexts constrained the developmental opportunities of these women and made them responsible for their own lives before adulthood. In this context marked by adversity, scarcity and lack of social support, involvement in informal work markets and drug use emerged as survival strategies to resist poverty, neglect and GBV.

When asked about their political participation, only Charlotte, Matilde, and Ana reported experiences of activism and engagement in social movements during their youth. They later disengaged as their drug use and involvement in informal economic activities increased. Only Charlotte continued engaging in activism as a person who uses drugs, as discussed in the next section.

## *Civic Rights Illiteracy and the (im)Possibility of Political Participation During Adulthood*

We begin this section by introducing Luana, Elvira, Matilde, and Ana. They described stable and loving but conservative households, and they began their drug use, and street-involvement when they were adults.

Luana was assigned male at birth. However, she shared that at 8 years old, she already knew she was a woman. She lived her youth in the closet, performing and expressing like a young man while suffering and feeling afraid of affirming herself. She had a long-term relationship with a ciswoman, and they had a baby when she was 23 years old. She began using drugs – crack cocaine and later heroin – at 25 years old, after being rejected by her family and partner when she decided to affirm

her gender identity. She expressed that street-involvement was the consequence but also the only possibility she had to express her gender identity and live on her terms.

> I started living on the street when I was 25, and now, I am 42, so I have been homeless for 20 years, and I am fed up… I have been on the street, in abandoned buildings, I have slept on cardboard in the cold, and all of it was very hard… I suffered a lot; in this life, you must move away from those you love most and follow your path… Since I am in the street, I feel myself… I feel free, I feel capable of solving my problems and facing everything and everyone. (Luana)

Ana was the oldest woman in the group and one of the participants who began using drugs and becoming street-involved later in life, at age 37. She was raised in a middle-class family and had the opportunity to attend university, though she did not complete her degree. She married and maintained stable employment for several years. She was introduced to drug use by her husband, but her substance use intensified following their divorce, and she eventually lost her job due to the discrimination and stigma she experienced in the workplace.

> I felt discriminated against at work because I was practically forced to get a medical certificate, and I only realised later that my boss… when I started to lose weight… they thought I had AIDS… They found out that I used drugs, and they spread that I was injecting drugs and was infected with AIDS (…) Since I worked with the public, they thought I was infecting the public with AIDS… I mean… It was pretty late when I realised this; I was pressured to present a health certificate, and later I left the work… (Ana).

Elvira revealed that her emotional and economic stability was severely compromised after the death of her husband. She had stopped working to care for him as an informal caregiver. Following his death, she experienced severe depression and difficulty finding employment, which ultimately led her to seek support from social services and to arrange for the institutionalization of her 14-year-old daughter. She engaged in sex work, at age of 41, as an economic survival strategy to cope with trauma and housing difficulties.

> Look, what I do is such a faff… I've got a room, a rented room… I'm not homeless, I'm classed as homeless, but I'm not living on the streets – that's just not me. I like having my things, having a proper shower, keeping my stuff tidy, having my privacy… And living on the streets is out of the question. I pay €10 a day; it doesn't feel anywhere near as bad as €300 a month…

Matilde also revealed that she began using drugs when she was 42 years old to deal with a loss and the economic consequences of assisting a relative as an informal caretaker. She comes from a middle-class family, which she describes as traditional and rigid, while she considers herself a rebel. She is the only woman in the group with higher education. She has never had a long-term intimate partner and is one of the study participants without children (the other one was Charlotte). She always lived with her parents and had to take care of her mother, who had a long-term health problem. Matilde identified her mother's death as a critical event that led her to intensify her drug use and street-involvement to cope with her loss.

> So, my turning point to drugs… my slide down and everything that happened next was the death of my mother… It was very complicated for me; something in me also died with her, so I turned my back on everything. (Matilde)

Even though she comes from a more privileged background and became involved in drug use and economic survival strategies life later in life, like the other participants, Matilde described experiencing stigma and daily discrimination both on the streets and when accessing health and social services.

> As a drug user, I feel discriminated against every day (…) On several occasions, people are coarse and mistreat us, not only here in the neighbourhood [psychotropic territory], also outside… they [she was referring to the society in general] see us as marginals and criminals. When we dare to express our opinion, they see it as offensive, because you see, in our situation, we should not talk, it seems that we do not have rights (…) this inhumanity makes me sad, we are human beings, and we deserve tenderness and compassion…

Ana and Charlotte also shared experiences of public stigma, describing how everyday rejection, exclusion, and over-policing constrain their daily routines and participation in the public sphere.

> I look like this, a junkie, so no one gives me anything [when she is begging] I go to the supermarket and always have the security guard behind me. (Charlotte)

All the participants described diverse experiences of institutional stigma and violence and how these are painful and inhibit their access to public services. The words of Laura are unambiguous in this regard.

> I went to the hospital because I felt sick, they saw my [clinical] record, and they made comments like "oh, this lady is from these [harm reduction] associations, she is a drug addict", and I felt discriminated against (…) They immediately put me in the corner, decided to help other people first, and left me there waiting. (Laura)

She also perceived that institutional stigma towards mothers who use drugs constrained the social support available to her to keep her family together. She resisted the institutionalisation of her children by seeking support from multiple organisations and using all available means to make her voice heard. Nevertheless, she recognises that her limited literacy regarding her rights and lack of financial resources to access legal aid ultimately culminated in the removal of her children.

> I had to go and ask for help from Social Security. They saw a single mother with four children, and they decided to take my kids away (…) When I lost my children, I fought so… so hard for them. I wanted to be heard by the judge and know my rights (…) I was not really supported by the services where I asked for help… I was discriminated against (…) I lost them, and then I turned to hard drugs. (Laura)

Maria, Carla, and Melissa shared similar experiences. All of them described the lack of social and family support and the institutionalisation of their children as critical events that destabilised their well-being and led them to aggravate their drug use as a coping mechanism and a strategy to reorganize their lives.

It was revealing to note that all participants were clearly aware of the institutional stigma towards people who use drugs and the unfair punitive mechanisms it activates. In this context, continuing to access to health and social services may be perceived as resistance to institutional violence and a claim of their right to receive support. Moreover, rather than an expression of internalized stigma, their avoidance of services may function as a strategy to prevent the discrimination, hostility, and mistreatment they anticipate. Some participants were conscious that their sense of powerlessness when contacting services is exacerbated by their limited literacy regarding their civic rights and duties, as well as by their precarious formal and informal social support networks.

> I speak for myself; there are numerous situations where a drug user needs someone to be there, to fight for their rights, to give us a chance to be heard… Because we know nothing, or almost nothing, about our rights… (Carla)

When we asked women about their political participation as adults, none were involved in political parties and revealed that they never (n = 4) or rarely (n = 6) voted in municipal or state elections. Teresa gave a name to this paper when she shared that she never prioritised participating politically since her life was "already politics".

> Every day we must make decisions, every day we are in danger… We already must worry so much about our lives that we do not have the energy to worry about other people's lives… Which is also linked to ours, but I do not care much about those things.

In this statement, Teresa appears to suggest that, for her, survival is a political act.

Six participants reported that they did not possess a National Identity Card (ID card) at the time of the interview. One woman was an irregular migrant from Germany, while the remaining five reported lacking the financial resources to renew their ID after it was lost or stolen. The absence of official identification compromised their citizenship status and, consequently, their access to services and civic rights. In addition, eight women reported not having a mobile phone or a permanent phone number, as well as having no or limited access to the internet and social media, which further restricted their access to and participation in online civic spaces and democratic processes.

Charlotte was the only participant who reported having been continuously politically active since her youth, denouncing situations she perceived as unfair and engaging in social justice movements.

> I often fight for causes I believe in and for the rights that I feel are denied to us… When I was admitted to a psychiatric institution, I was angry because people were always restrained, and then in prison… the way they treated us was appalling… At those times, I contacted lawyers and reported these situations to NGOs…

Charlotte, Laura, and Teresa reported being engaged in a peer-led advocacy and mutual support group of women who use drugs. The three of them were participating in the peer-led group MUSA (an acronym of United Women Survive Associated), promoted by CASO which is the first NGO led by people who use drugs in Portugal. This group was established with a small grant from the global campaign "Support Don't Punish!", which covered the basic expenses necessary for their participation in meetings and public advocacy events and activist events between 2021 and 2022. However, the three of them highlighted that more than the political mobilisation, the group was essential for creating a meaningful and supportive coexistence that contrasts with the distrust, conflicts, and solitude they experience in the street. They also described the psychological and social benefits of the group's mutual support, exchange, and collective care.

> In the MUSA group, when we are all together, there is a little space where we talk, and everyone understands each other. It is beautiful. One says this, the other one says that, and we conclude that we are trying to find a way to understand each other. I like that (…) Moreover, I feel good about being like this with other people who use drugs, and we are supporting each other, learning new things… that I, after years of drug use, still did not know… how to discuss our rights and our duties and this and that… (Laura)

## Discussion

This study draws on the voices of SI women who use drugs to understand their civic and political participation throughout their life trajectories. The focus on life stories enabled us to identify critical events that hindered their possibilities of developing civic literacy and political engagement. Our data reveal how intersectional inequalities, expressed by intergenerational cycles of poverty, adverse childhood experiences, GBV, and stigma, amplify and are amplified by the lack of opportunities for developing civic rights literacy and political participation. The experiences of the SI women

who use drugs participating in this study reflect how poverty and neglectful family relations constrained their civic and political development (Turan & Tiras, 2017). Moreover, poverty-related early school pushout inhibited their possibility of engaging in civic and political learning, along with citizenship education facilitated by school environments (Reichert & Print, 2018). In this context, the experiences of SI women who use drugs align with evidence showing that socioeconomic and educational inequalities negatively impact civic engagement and political participation (Boulding & Holzner, 2021; Schröder & Neumayr, 2023). The social disintegration and exclusion of SI women who use drugs are exacerbated by public and institutional stigma associated with drug use and street-involvement, creating harmful barriers to their access to services and participation public life (Bardwell et al., 2021; Collins et al., 2019; Grace et al., 2022). The lack of opportunities to develop literacy regarding their civic rights and duties, as well as the functioning of public services, laws, and bureaucracy, denies them access to universal health and social rights, increases their social penalties, and heightens their sense of powerlessness and abandonment. Regardless of their life trajectories or level of literacy, the stigma towards SI women who used is pervasive among all participants in this study. In this sense, it is crucial to implement capacity-building and awareness-raising activities to promote health and social equity, dismantle stigma and harmful stereotypes and foster compassionate approaches toward SI women who use drugs (Mutatayi et al., 2022).

The women who were engaged in the peer-led advocacy and mutual support collective MUSA reported the psychological and social benefits of their participation. They described an increased sense of community, opportunities for learning, and improved literacy regarding civic rights, destigmatisation of their living conditions, and the reconstruction of their social identities. These findings align with previous studies demonstrating the therapeutic benefits of civic and political participation among stigmatised and marginalised communities (Grace et al., 2022; Plaza-Hernández et al., 2022; Mino et al., 2011). The SI women who use drugs participating in this study revealed how their living conditions create internal resistance and impose barriers to their engagement and participation in conventional civic and political activities. For this reason, the activism from the groups of people who use drugs and the narcofeminism movement can offer alternative opportunities for meaningful civic and political participation. According to Chang (2023), "narcofeminism explores pleasures, not only of drug use but also pleasures centred on the knowledge of our survival and the pleasures of activism from the margins" (p. 774). The growing number of civic and political movements led by SI women who use drugs demonstrates the development of platforms for participating and representing these historically silent groups. This movement contributes to the enhancement and sustainment of democratic values. However, it contrasts with the increased conservative voices and agendas of far-right movements in the public and political space. According to Boulding and Holzner (2021), the erosion of democratic values creates barriers to civic and political participation that disproportionately impact impoverished people. The contemporary political transitions, marked by the re-emergence of authoritarian and neoconservative ideologies anchored in anti-gender agendas (Monteiro et al., 2024), may contribute to the increasing stigmatisation and political silencing of SI women who use drugs.

## *Implications for Social Work and Research*

Community-based and outreach teams working with street-involved women who use drugs and other marginalised communities play a key role in mitigating the impacts of health and social inequities, while also promoting literacy regarding civic rights and political engagement (Bungay et al., 2024; Majic, 2014). In this context, a timely question arises: how can social workers leverage the strengths and experiences of these communities to support greater political participation and advocacy? Our findings reveal that creating safe and life-affirming space-times to promote meaningful participation, mutual support and learning opportunities is pivotal to the development of civic literacy and the emergence of bottom-up forms of political participation. Moreover, such spaces may have positive

impacts on the well-being of SI women who use drugs, reinforcing their engagement with services and, potentially, the intervention outcomes. In this regard, the narcofeminism framework may be a meaningful source of guidance.

Finally, conducting qualitative interviews in psychotropic territories allowed us to contact and recruit these severely marginalised women. Most of them cried during the interview, especially while recounting the moment they lost their children. After the interviews, some expressed gratitude for being heard and even asked if we could talk with them again. As researchers, it was unsettling to witness a moment of data collection (extractive by nature, even if using "do no harm" ethics) being perceived by our participants as a therapeutic counselling session. It reveals the social abandonment of these women and the lack of culturally competent and gender-responsive psychological support to provide them with a safe and destigmatised space to express and process their traumatic experiences, affirm their social identities, and be heard. Following Haraway's feminist epistemology (1988) and the narcofeminism framework, it also underscores the importance of studies focused on the life stories of SI women who use drugs, particularly in a context where much research is concentrated on drug use patterns and deviant or risky behaviours.

## Conclusion

Intersectional inequalities, GBV, and stigma hinder the opportunities for civic and political participation of SI women who use drugs and exacerbate their exclusion from health and social services and the public space. Nevertheless, our findings highlighted the strengths of these women and the ways they resist oppression by enacting strategies and mobilising the resources they have available as means to buffer the negative impact of trauma and adversity and to survive at the margins. The development of intervention approaches informed by the narcofeminist perspective can be pivotal in promoting civic literacy and meaningful forms of political participation that, ultimately, contribute to the well-being and destigmatisation of SI women who use drugs.

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### Ethics Approval and Consent to Participate

The study protocol was revised and received ethical approval from Ethics Committee for Health (CES) of the Catholic University of Portugal (n° 266). Informed consent was obtained from all participants before they participated in the study.

### Consent for Publication

Not applicable.

### Availability of Data and Materials

Data is not publicly available to respect the confidentiality of participants in this study.

Data and materials are sensitive, and participants did not consent to the transcripts of their interviews and focus groups being publicly available.

Data extracts about which editors have questions or concerns may be provided upon request after de-identification of details that may compromise the confidentiality of the participants.

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## Notes

1. This conceptualisation was adopted by the Commission for Citizenship and Gender Equality (CIG) in [COUNTRY].
2. In this context, "narco" comes from the word *narkotik*, which in Russian means drugs.

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