

Breaking the Mold: Unveiling the Agency of Female Drug Sellers in Cape Town's Illicit Markets

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SETTING THE SCENE: WHO GETS TO BE SEEN?

DOMINANT NARRATIVES:

The drug trade is often seen as a male-dominated world where men are the key players—leaders, traffickers, and enforcers—while women are sidelined as secondary actors or mere victims.

MISCONCEPTION OF WOMEN AS VICTIMS AND MULES:

Women in the drug trade are frequently stereotyped as passive participants, primarily portrayed as drug mules coerced into smuggling or as victims of male exploitation. This narrative reduces their roles to those of exploitation and victimhood, ignoring their agency and active participation.

THE "QUEENPIN" MYTH AND ITS OVERSHADOWING:

While the idea of "queenpins"—women who hold powerful positions within drug networks—exists, it is often sensationalized or dismissed as an anomaly. The complex realities of women who exercise significant influence, manage operations, and navigate power dynamics within the drug trade are largely ignored.

SOUTH AFRICA'S CONTEXT: GENDER, DRUG POLICY AND CRIMINALISATION




- Punitive laws disproportionately affect women — especially Black, poor, and marginalised women.
- Criminalisation intersects with poverty, gender-based violence, and systemic exclusion.
- Many women are pushed into informal drug economies as a survival strategy.
- Harm reduction services are limited, underfunded, and not gender-responsive.
- Stigma and fear of arrest drive women away from health and support systems.
- South Africa's drug policy urgently needs feminist, rights-based, harm reduction reform.

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- Globally, however, women convicted of drug-related offences tend to be over-represented in prison populations.¹¹⁸ In 2018, the UNODC reported that 35% women in prison worldwide were convicted of a drug-related offence, compared to 19.6% of male prisoners
- The availability of gender-disaggregated data on the number of women imprisoned for drugrelated offences is low
- In South Africa, the latest Department of Correctional Services (DCS) data shows that in the 2021/22 financial year, the general prison population was 143 223, with a bed space of 108 804. Of these, 3,724 are incarcerated women, most of whom are sentenced for economic-related crimes.

Center	Bed space	Occupation	Overcrowding (%)
Bizzah Makhate Correctional Centre	191	192	100.52
Johannesburg Correctional Centre	711	1084	152
Pollsmoor Correctional Centre	245	508	207

The background of the entire image shows a pair of hands holding several newspapers. The newspapers are slightly out of focus, but some headlines and images are visible. One newspaper on the left has a portrait of a man and the word 'Reaction' below it. Another newspaper on the right has the word 'LIVES' visible. The hands are positioned as if they are flipping through or holding the papers together.

“Cape Town woman, 58, bust with drugs enroute to prison inmates” (IOL 11 January 2023)

“Mpumalanga woman nabbed for drug dealing three years after conviction on similar charges” (News24 31 January 2022)

“Sheryl Cwele, the wife of South Africa's intelligence minister, has been sentenced to 12 years in jail for drug trafficking.” (BBC 06 May) 2011),

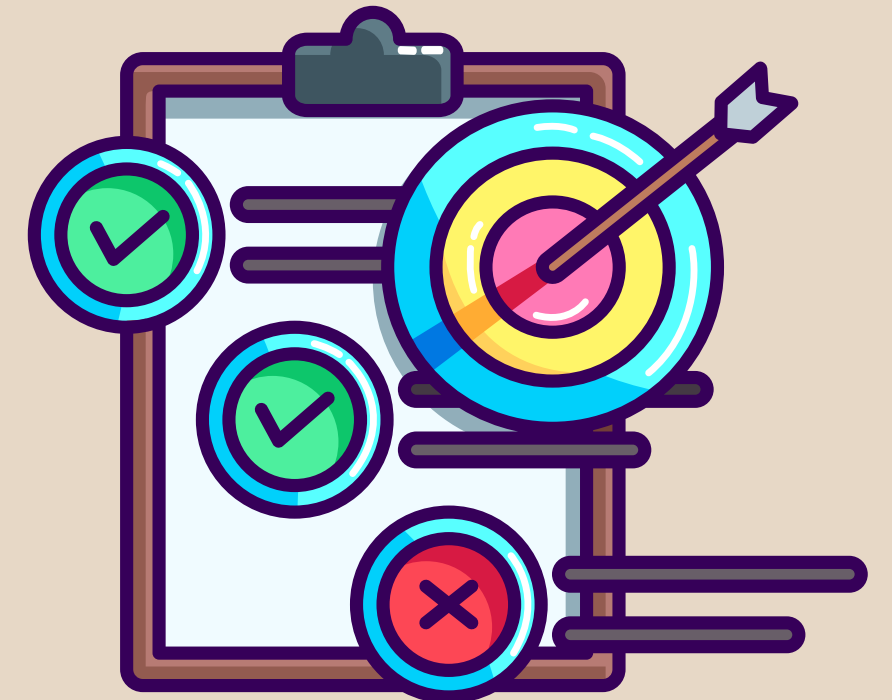
**“The rise and fall of Durban’s drugs gang ‘godmother’”
(IOL 30 October 2020)**

MY RESEARCH: CHALLENGING THE NARRATIVE



- What are the lived experiences, motivations and realities of women working as illegal drug sellers in South Africa?
- Is intersectional criminology an appropriate theoretical approach to address the gender blindness underpinned in drug selling research in South Africa?

- To explore the motivations and complex roles of female drug sellers in South Africa, examining how their experiences support or challenge mainstream theories of female criminality.
- To challenge the victim narrative and develop an alternative interpretation of women's participation in the illegal drug trade in South Africa
- To evaluate the appropriateness of intersectional criminology in addressing gender blindness in drug dealing research in South Africa / To theorize South African female drug sellers' experiences and how they construct their identities from their discourses.
- To enhance feminist criminology by providing a non-Western perspective on female involvement in the drug trade, contributing to the broader literature on organised crime and drug selling.



CHALLENGING STEREOTYPES

MYTH:

Women in the drug trade are uneducated and reckless

REALITY:

- The majority completed high school
- Many previously worked in formal jobs
- Chose to sell drugs for flexibility, economic survival, and autonomy
- Identified gaps in the market — showed entrepreneurial thinking



CARE WORK, RESPONSIBILITY & FAMILY TIES

- “I just want to spoil my parents and kids sometimes — on birthdays or holidays”
- Entered the trade to support recovering parents
- Care responsibilities and drug selling are intertwined, not contradictory
- One participant (almost 70) hides her involvement from family
- Others experience ‘don’t ask, don’t tell’ family dynamics



FAITH, SECRECY, AND STIGMA

- SOME PARTICIPANTS, ESPECIALLY OLDER OR MUSLIM WOMEN, EXPRESSED DISCOMFORT DISCUSSING THEIR INVOLVEMENT
- Interviews during Ramadan raised religious, emotional, and cultural tensions
- Fear of shame and social judgement shapes how women navigate visibility and silence
- Silence can be a form of protection, respectability, or resistance



INITIAL ANALYSIS: GENDERED NARRATIVES, AGENCY, AND SILENCE

My data challenges common stereotypes of women in the drug trade as uneducated, desperate, or deviant. Instead, many of your participants demonstrate agency, rational decision-making, and care work in their choices. Their transition into drug selling was often shaped by a need for **flexibility, survival, and emotional or familial responsibility

There's also a recurring theme of silence and secrecy, reflecting the stigma, gendered shame, and community surveillance women face — particularly older women and those from religious or close-knit families. Resistance to interviews during Ramadan further highlights how faith and cultural identity intersect with both drug use and research ethics.

WHY WE NEED TO START THINKING ABOUT FEMALE DRUG SELLERS.

1. Unseen Dynamics and the Hidden Power of Women in Drug Markets

- Breaking the Silence on Women's Roles:

Women's involvement in drug markets has long been ignored or minimized, often overshadowed by male-centric narratives. By acknowledging their presence, we can better understand the full scope of how these markets operate, revealing the nuanced and complex roles that women play, from low-level selling to leadership positions.

- Influence on Drug Distribution and Market Dynamics:

Female drug sellers are not just passive participants; they actively shape drug markets. Their roles in distribution networks, decision-making, and managing operations contribute significantly to the functioning of these markets. Understanding these dynamics is crucial for crafting accurate and effective responses.

2. ADDRESSING MISCONCEPTIONS AND CHALLENGING STEREOTYPES

- MOVING BEYOND THE VICTIM NARRATIVE:

Women in the drug trade are often portrayed as coerced mules or victims of male exploitation. This narrow view fails to recognize their agency, economic motivations, and strategic involvement. Rethinking these roles challenges harmful stereotypes and provides a more realistic picture of women's participation in the drug economy.

- RECOGNIZING WOMEN'S AGENCY AND RESILIENCE:

Many women enter the drug trade due to economic necessity, personal choice, or as a means of navigating restrictive social conditions. By understanding their motivations and strategies, we can appreciate the resilience and agency these women demonstrate, reframing them as active participants rather than mere victims.

3. IMPLICATIONS FOR PUBLIC HEALTH AND POLICY DEVELOPMENT

- DESIGNING GENDER-INFORMED INTERVENTIONS:

Current harm reduction and drug policy efforts often fail to address the specific needs of female drug sellers, focusing predominantly on male users and sellers. By recognizing women's roles, we can develop gender-sensitive interventions that better address their unique health risks, safety concerns, and socioeconomic challenges.

- ENHANCING DATA COLLECTION AND UNDERSTANDING:

There is a significant lack of data on female involvement in drug markets, leading to policies that overlook their needs. Improved data collection that includes gender-specific information can help create more targeted, effective programs, from harm reduction services to economic empowerment initiatives.

4. Empowering Women and Providing Alternatives

- CREATING PATHWAYS OUT OF THE DRUG TRADE:

By understanding the factors that drive women into drug selling, we can better develop programs that provide viable economic alternatives. Education, job training, and financial support tailored to women can offer realistic pathways away from the trade.

- SUPPORTING WOMEN-CENTRIC HARM REDUCTION PROGRAMS:

Women in drug markets face unique risks, including gender-based violence and limited access to healthcare. Gender-specific harm reduction programs can address these challenges, offering safer environments and support tailored to their needs.

5. BROADER IMPACTS ON COMMUNITIES AND FAMILIES

- WOMEN AS CAREGIVERS AND COMMUNITY PILLARS:

Many female drug sellers are also mothers, caregivers, and central figures in their communities. Their involvement in drug markets can have ripple effects on families and social structures. Addressing their needs has the potential to improve broader community well-being and reduce the intergenerational impact of drug-related harm.

- BUILDING MORE INCLUSIVE AND EFFECTIVE DRUG POLICIES:

Recognizing and including women in drug policy discussions can lead to more inclusive, comprehensive approaches that address the realities of all participants in the drug market, ultimately creating safer and healthier communities.

REFERENCES

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**THANK
YOU**

