

Drug users can be found in every part of the world. In 2018, approximately 269 million people used drugs worldwide (United Nations Office on Drugs and Crime [UNODC], 2020). There are many studies to show drug use is increasing globally both in developed and under-developed countries. Industrialized countries tend to focus on harm reduction methods once drug epidemic levels reach their peak. Conversely, preventive measures in non-industrialized nations have a tendency to not be prioritized for many of the under-developed countries thus leading to a faster epidemic rate. Drug use is prevalent in underrepresented groups with struggling economies because they lack proper healthcare and awareness resources. Exploring the reasons on why the less privileged groups are the fastest growing among drug users should give insight on why the drug trade thrives on various vulnerable groups and populations.

There are many examples of underrepresented groups that show an increase in drug use over the years. The first group are sex workers. Sex workers exist in practically all societies but current laws do not protect them from harm. Most sex workers generally work on the streets or in underpoliced and underregulated locations and businesses. When sex workers are incarcerated, it is only a temporary solution to getting off drugs. Jail time only disrupts the flow of income for most sex workers who find themselves back on drugs in order to accommodate certain clientele or simply have the psychological mindset to perform their jobs. This vicious pattern is typical of industrialized countries like the United States and Canada. Prostitution is considered a low grade crime associated with vagrancy and most often considered a misdemeanor in many states. For the most part sex workers will remain in the industry for as long as possible.

Sex workers in other regions also showed a growing trend of drug use. Kuteesa et al. (2019) demonstrated a study conducted in sub-Saharan Africa (SSA) showing a link that certain occupational groups including sex workers had increased alcohol use and illicit drug use. The study demonstrated prevalence and risk factors for alcohol misuse or illicit drugs as well as association with HIV. The sub-Saharan Africa region also has the highest estimates of heavy episodic drinking per drinker globally, estimated at 25% (Kuteesa et al, 2019). Other key occupational groups in this study included miners, motorcycle taxi riders, fishing communities, and truckers who have been identified as having a high risk of HIV and other sexually transmitted infections (STI) and may be at increased risk for alcohol misuse and illicit drug use (Kuteesa, et al, 2019).

Another example of a country or region having a strong correlation of sex workers and drug use is China. A study showed female sex workers who used amphetamine type stimulants as early as middle school were most likely to use amphetamine type stimulants while performing sex work as an adult (Zhao, et al, 2017). Zhao et al (2017) also indirectly showed evidence that female sex workers in China have a certain hierarchy to determine which sex workers use illicit drugs. Sex workers who are considered streetwalkers are likely to not use amphetamine type stimulants because it is not affordable as well as a survival belief that refraining from drug use will help deter violence and harmful situations. However, female sex workers who work in higher class establishments like karaoke bars and hotels are known to use amphetamine type stimulants because the client will normally purchase the drugs thus encouraging a sense of security while using drugs (Zhao, et al, 2017). Another peculiar finding showed that due to the female sex worker having very few close social connections with family and friends and usually only having a strong single connection with the boyfriend, this enables the female sex worker to

stay in the sex industry longer which perpetuates the drug use (Zhao, et al, 2017). Whether it is called prostitution in First World Countries like the United States or Canada or sex work in regions of Africa and China, nevertheless, there is an obvious pattern of resorting back into the risky industry in all three cultures. All groups are at risk for both disease as well as violence and harm that can be attributed to alcohol or illicit drug use.

Another underrepresented group of people showing an increase in drug use is the gay community. In Australia a study showed gay and bisexual men typically report higher rates of illicit drug use compared to heterosexual men. One common theory suggests that the cause of increased drug use is attributed to minority stress. Gay and bisexual men experience elevated social stress due to how they are perceived the general public. With other added stressors, gay and bisexual men are susceptible to poor mental health and issues with substance abuse. (McCabe, et al, 2009). This example is indicative of how the underprivileged and underrepresented communities are at social odds. If a First World Country like Australia has evidence of gay and bisexual men being at a social disadvantage, it would be safe to assume that similar environments in other countries like Canada and the United States are experiencing the same social dilemmas with their own gay and bisexual populations.

It is also important to point out that illicit drug use among gay and sexual in Australia and other Western countries also had few spaces to be open about their sexuality because of social stigma and the illegal status of homosexuality (McCabe, et al, 2009). As bars and nightclubs are common settings for substance use, alcohol, and other drugs have played an important role in the formation of gay social networks and communities. Drugs have also featured in the sexual lives of many gay and bisexual men, where they are used to facilitate sex and enhance sexual pleasure. More recently, crystal methamphetamine, gamma-hydroxybutyrate (GHB), and mephedrone

(primarily in Europe) have become popular among GBM who use drugs for sex, now commonly known as “chemsex” (McCabe, et al, 2009).

In conclusion, all studies mentioned were conducted in various locations such as sub-Saharan Africa, China, and Australia. Each study shows a strong correlation of a sexual component coupled with alcohol and illicit drug use with all underrepresented groups. Poverty, limited education and social marginalization remain major factors increasing the risk of drug use and vulnerable and marginalized groups face barriers to getting treatment due to discrimination and stigma (UNODC, 2020). Although they are all minority groups, the rapid rate of drug use among these groups should be a main concern for all cultures to take notice. These studies have shown drug use can easily infiltrate into the lives of vulnerable groups resulting in negative public perceptions and social dilemmas if the proper resources are not allocated to educate these minority groups properly and in a timely fashion. Awareness and education in its basic form is the best way to influence these groups to live a healthier lifestyle. It is rather important that prevention methods work faster than the spread and influence of the international drug trade.

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