

Input to OHCHR report on human rights challenges in addressing and countering all aspects of the world drug problem, in particular on the impact of drug policies on the rights of women and girls

31 March 2026

Submitting organisations:



Harm Reduction International (HRI) envisions a world in which drug policies uphold dignity, health and rights. We use data and advocacy to promote harm reduction and drug policy reform. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense. is a leading NGO dedicated to reducing the negative health, social, and legal impacts of drug use and drug policy.

HRI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

Contact: ajeng.larasati@hri.global



Women and Harm Reduction International Network (WHRIN) is a global platform led by women and gender diverse people with a history of drug use. It focuses on accelerating the implementation of gender-responsive harm reduction services worldwide. The network mission is to improve the availability, quality, and accessibility of tailored services for women and gender expansive people who use drugs.



The International Drug Policy Consortium (IDPC) is a global network of over 200 civil society and community organisations coming together to promote drug policies grounded in social justice and human rights. Our mission is to amplify and strengthen a diverse global movement to repair the harms caused by punitive drug policies, and promote just responses.

Introduction

Harm Reduction International (HRI), Women and Harm Reduction International Network (WHRIN) and the International Drug Policy Consortium (IDPC) welcome the opportunity to provide input ahead of the OHCHR report on human rights challenges in addressing and countering all aspects of the world drug problem, in particular on the rights of women and girls. This document provides information with a specific focus on access to health and harm reduction services, the gendered impact of drug law enforcement, and good practices.

Access to Health Services

Women and gender-expansive people who use drugs represent a significant but often overlooked population, particularly in health and harm reduction services. Despite their needs, most harm reduction and treatment programmes are designed primarily for men, making them inaccessible, unsafe, or poorly suitable to women's specific circumstances. Many services lack gender-responsive approaches while fear of stigma, discrimination, criminalisation, and potential loss of child custody further deter women from accessing vital services.¹ Women who use drugs and also engage in sex work face similar and often overlapping challenges, including heightened stigma, exposure to health risks and violence, and the denial of health services.²

Globally, women remain underrepresented in treatment services. In 2022, women accounted for roughly one quarter of people who use drugs but only about one fifth of those receiving treatment for drug dependence.³ According to the World Drug Report 2025, only 1 in 18 women with drug dependency are in treatment compared to 1 in 7 men. Access to treatment is particularly low in Africa, with only 3% of women dependent on drugs being able to enrol in a treatment service.⁴ This treatment gap persists across most substances and regions, reflecting long-standing gender disparities in access to both harm reduction and basic health services. Women who inject drugs face particularly elevated health risks. They are estimated to be 1.2 times more likely than men to be living with HIV and are more vulnerable to blood-borne infections due to social and structural barriers to safe injecting practices.⁵ Integrated, gender-responsive harm reduction services—including needle and syringe programmes (NSP), opioid agonist therapy (OAT), support for sexual and reproductive health, and measures aimed at addressing gender-based violence—are critical to closing these gaps.⁶

¹ UNODC (2024) World Drug Report 2024: Key Findings and Conclusions. Available from:

https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf, p 50.

² Special Rapporteur on the right of everyone to the highest standard of physical and mental health Independent Expert on Protection against violence and discrimination based on sexual orientation and gender identity, and UN Working Group on discrimination against women and girls (2024), A guide on the human rights of sex workers. Available from: <https://www.ohchr.org/sites/default/files/2024-03/2024-march-sex-work-guide-un-report-short.pdf>.

³ UNODC (2024) World Drug Report 2024: Key Findings and Conclusions. Available from:

https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf, p 50.

⁴ UNODC (2025), World Drug Report 2025: Key Findings. Available from: https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B1_Key_findings.pdf, p. 60.

⁶ UNAIDS (2024), HIV and People Who Inject Drugs. Available from:

https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-people-who-inject-drugs_en.pdf, p 4.

Drug law enforcement

Across most jurisdictions, drug control continues to rely heavily on criminalisation and punitive enforcement approaches, with profound human rights implications for women and girls. Arbitrary detention, police violence, lack of due process, denial of legal aid, torture, and ill-treatment are common in women's pathways throughout the criminal legal system for drug offenses. The differentiated pathways and circumstances of women's involvement in drug activities are rarely considered in criminal processes. Instead, women face disproportionate prison sentences, overuse of pretrial detention, denial of alternatives to incarceration, and an overall lack of gender-sensitive responses.⁷ Where punitive drug policies prevail, women and gender-expansive people who use drugs are easy targets for violence, as reports are often dismissed and police themselves may exploit them.

Drug laws are a key driver of women's incarceration, with one in three women in prison globally being incarcerated for drugs. In many countries, especially in Asia and Latin America, drug offences are the leading cause of women's imprisonment. Such punitive frameworks often ignore the structural conditions that lead women to drug markets, including poverty, gender-based violence, migration inequities, and caregiving responsibilities.⁸ As a result, women frequently receive severe sentences despite occupying low-level positions within illicit drug economies. In Asia, most drug laws do not differentiate between possession for personal use and possession with intent to supply; as a result, all women caught in possession of drugs are considered as traffickers and condemned to lengthy prison terms, with prisons being filled with women who use drugs.⁹

In many jurisdictions, women who use drugs face heightened surveillance, criminalisation and punishment. Drug use during pregnancy or as a parent may be treated as grounds for prosecution, involuntary detention or forced treatment. They may also face punitive child protection interventions, including loss of custody, even in the absence of evidence of neglect or abuse.¹⁰ Fear of these consequences can deter pregnant women from seeking healthcare, harm reduction services or treatment for drug dependence, further risking undermining both maternal and child health outcomes while reinforcing stigma associated with drug use and parenting. Drug use does not automatically equate to poor parenting, and women should be able to seek support without fear of judgement or discrimination.¹¹

⁷ Penal Reform International and IDPC (2021), 10 Point Plan: Gender-Sensitive Drug Policies for Women. Available from: https://cdn.penalreform.org/wp-content/uploads/2021/07/PRI_10-point-plan_Women-drugs-WEB.pdf.

⁸ UNODC (2018), World Drug Report 2018 – Women and Drugs: Drug use, drug supply and their consequences. Available from: https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf, pg 23-34.

⁹ IDPC et al. (2024), Breaking Barriers and Building Bridges: Navigating justice for womxn who use drugs in Southeast Asia. Available from: <https://idpc.net/publications/2024/04/breaking-barriers-and-building-bridges-navigating-justice-for-womxn-who-use-drugs-in-southeast>.

¹⁰ IDPC, HRI and Youth Rise (2025), 'Welfare and control: The paternalism of support' - IDPC contribution to the upcoming report of the UN Special Rapporteur on extreme poverty and human rights. Available from: <https://idpc.net/publications/2025/02/welfare-and-control-the-paternalism-of-support-contribution-to-the-upcoming-report-of-the-un-sr>.

¹¹ Pregnancy Justice (2022), Parenting and Drug Use. Available from: <https://www.pregnancyjusticeus.org/resources/parenting-and-drug-use/>.

Violence against women who use drugs

Punitive drug enforcement environments expose women and gender-diverse people who use drugs to violence by law enforcement, including sexual extortion, coercion, and physical abuse.¹² As a result, women who use drugs are subject to rates of violence that are up to 24 times higher than those experienced by women who do not use drugs.¹³ Such abuses are often underreported due to fear of retaliation, criminal prosecution and loss of child custody.¹⁴

Violence is closely linked to systemic disadvantages, including poverty, racial discrimination, homelessness and criminalised livelihoods such as sex work. At the same time, prevention and responses to gender-based violence often exclude women and gender expansive people who use drugs.¹⁵ In many settings, access to welfare, shelter and housing and support services is contingent on abstinence, increasing exposure to violence, trauma and housing instability.¹⁶

These harms are compounded by intersecting forms of discrimination, including racism, migration status and gender identity. Indigenous women, women of colour, migrant women and trans women who use drugs often face heightened policing, child removal and exposure to violence.¹⁷

Best practices

Integrating a gender perspective into drug policy is essential to address the different ways drug policies affect women and gender-expansive people. Gender mainstreaming requires governments to incorporate gender analysis across all stages of policy, from design, implementation, monitoring, to evaluation. This includes collecting sex-disaggregated data on drug use, health outcomes, and the criminal justice impacts. Such data is essential to identify gender-specific harms and design

¹² Among others, see UNODC (2023), Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs. Available from: https://www.unodc.org/documents/hiv-aids/2023/2314425E_eBook.pdf, p 6; UNAIDS (2019), Women and HIV. Available from: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf p 10; HRI (2020), Barriers to Harm Reduction for Women Who Use Drugs. Available from: <https://hri.global/publications/barriers-to-harm-reduction-for-women-who-use-drugs/>.

¹³ Human Rights Council, Drug use, harm reduction and the right to health - Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, UN Doc. A/HRC/56/52 (30 April 2024). Available from: <https://docs.un.org/en/A/HRC/56/52>.

¹⁴ University of Miami School of Law Human Rights Clinic, The Canadian HIV/AIDS Legal Network and Eurasian Harm Reduction Association (2020), Women Who Use Drugs Around the World: Key Issues, Violations, and Recommendations. Available from: <https://harmreductioneurasia.org/wp-content/uploads/2020/06/REPORT-WOMEN-WHO-USE-DRUGS-AROUND-THE-WORLD.pdf>.

¹⁵ As an example, see Ginting, G.L.A and Rahmawati (2024), Advocacy for Equity in Service Responses for Women who Use Drugs as Survivors of Gender Based Violence Based on TPKS Law (Jakarta, IDPC and WHRIN). Available from: <https://whrin.site/wp-content/uploads/2024/12/Advocacy-for-Equity-in-Service-Responses-for-Women-who-Use-Drugs-as-Survivors-of-Gender-Based-Violence.pdf>.

¹⁶ HRI (2013), Briefing paper on Violence against Women who use Drugs and Access to Domestic Violence Shelters. Available from: https://hri.global/wp-content/uploads/2022/10/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13_-1.pdf; IDPC, HRI and Youthrise (2025), 'Welfare and control: The paternalism of support' - IDPC contribution to the upcoming report of the UN Special Rapporteur on extreme poverty and human rights. Available from: <https://idpc.net/publications/2025/02/welfare-and-control-the-paternalism-of-support-contribution-to-the-upcoming-report-of-the-un-sr>.

¹⁷ UNODC (2023), Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs. Available from: https://www.unodc.org/documents/hiv-aids/2023/2314425E_eBook.pdf; Human Rights Council, Drug use, harm reduction and the right to health - Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, UN Doc. A/HRC/56/52 (30 April 2024). Available from: <https://docs.un.org/en/A/HRC/56/52>.

effective responses. The meaningful involvement of directly impacted women is also paramount to designing and implementing policies and programmes that are truly able to respond effectively to their specific needs.

Governments and international bodies increasingly recognise the need to shift towards health-centred drug policies and harm reduction,¹⁸ which promotes the right to health including by reducing HIV and hepatitis C transmission among people who use drugs, as well as overdose. However, too often these services are not gender responsive, leaving women and gender-expansive people excluded from lifesaving support.

While too few and not matching the scale of need,¹⁹ a number of service models demonstrate how gender perspectives can be meaningfully integrated. For example, in Mexico, *La Zona* offers women-led safe spaces with healthcare, counselling, rapid testing, overdose kits, and workshops on self-care, rights, and overdose prevention. The *People for Change Foundation* in Thailand provides integrated health, psychosocial, economic, and family support, serving as a bridge to public and private services. These holistic approaches address structural barriers, such as stigma, gender-based violence, and limited healthcare access, and have been shown to improve engagement, wellbeing, and rights for women and gender-expansive people who use drugs.

Despite established gender-responsive guidance,²⁰ restrictive laws and misaligned resource allocations continue to marginalise women and gender-expansive people who use drugs. Community monitoring tools, such as the “On the A-Gender” developed by International Network of People Who Use Drugs (INPUD),²¹ supports community advocates in documenting barriers to gender-responsive harm reduction services, identifies areas where policy reforms are needed, and enables women with lived experience to contribute to influencing policies and strengthening evidence-based policymaking. Other examples of initiatives and good practices include guidance and tools on sexual and reproductive health and rights (SRHR) for women and gender-expansive

¹⁸ WHO, UNAIDS and UNODC (2026), Needle and syringe programmes for people who inject drugs: operational guide. Available from: <https://www.who.int/publications/i/item/9789240116214>.

¹⁹ WHRIN (2024), Global Mapping of Harm Reduction Services for Women and Gender Diverse People Who Use Drugs. Available from: <https://whrin.site/publication/global-mapping-2024/>.

²⁰ UNODC (2016), Addressing the specific needs of women who inject drugs - Practical guide for service providers on gender-responsive HIV services. Available from: https://www.unodc.org/documents/hiv-aids/2016/Addressing_the_specific_needs_of_women_who_inject_drugs_Practical_guide_for_service_providers_on_gender-responsive_HIV_services.pdf.

²¹ International Network of People who Use Drugs (2020), On the A-Gender: Community Monitoring Tool for Gender-Responsive Harm Reduction Services for Women who Use Drugs. Available from: <https://inpud.net/on-the-a-gender-community-monitoring-tool-for-gender-responsive-harm-reduction-services-for-women-who-use-drugs/>.

people who use drugs,²² gender-based violence prevention and capacity-building,²³ and inclusion of women who use drugs in crisis shelters.²⁴

The support (including political and financial) for, and involvement of, organisations and global networks led by women who use drugs is central in designing and delivering services and advocating for rights-based approaches. Partnerships between governments, public health systems and civil society organisations can strengthen service delivery, expand healthcare access, and reduce stigma.²⁵

Recommendations

Drug policies must address the specific needs of women and girls. The recommendations to states below aim to reduce disproportionate impacts and strengthen gender-sensitive responses across health, drug policy, and justice systems:

- Decriminalise drug use and related activities, removing all sanctions and promoting voluntary access to evidence-based, rights-affirming and gender-sensitive health and social services;
- Reform drug laws that disproportionately criminalise women and expand the use of community-based alternatives to incarceration, including diversion programmes, voluntary treatment and social support services;
- Consider responsible legal regulation of all drugs – as called for by OHCHR,²⁶ UNDP²⁷ and the UN Special Rapporteur on the right to health²⁸ – to address organised crime, reduce

²² For example, Frontline AIDS (2020), Advancing the Sexual and Reproductive Health and Rights of Women who Use Drugs: A Guide for Programmes. Available from: <https://frontlineaids.org/wp-content/uploads/2020/02/Guide-for-harm-reduction-programmes-FINAL-24Feb-WEB.pdf>; WHRIN, Academy of Perinatal Harm Reduction and Frontline AIDS (2026), A Facilitator's Guide Integrating Harm Reduction And Sexual And Reproductive Health And Rights (2026 edition). Available from:

<https://whrin.site/publication/a-facilitators-guide-integrating-harm-reduction-and-sexual-and-reproductive-health-and-rights/>.

²³ For example, UNODC (2023), Addressing gender-based violence against women and people of diverse gender identity and expression who use drugs. Available from: https://www.unodc.org/documents/hiv-aids/2023/2314425E_eBook.pdf; UNODC and WHRIN (2025), Addressing the specific needs of women and people of diverse gender identity and expression who use drugs – Facilitator guidelines. Available from: <https://whrin.site/publication/addressing-the-specific-needs-of-women-and-people-of-diverse-gender-identity-and-expression-who-use-drugs/>.

²⁴ WHRIN (2022), Addressing Inclusion of Women who Use Drugs in Shelters – Facilitator Guide. Available from: <https://whrin.site/publication/addressing-inclusion-of-women-who-use-drugs-in-shelters>.

²⁵ UNAIDS (2021), Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS. Available from: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

²⁶ Human Rights Council, Human rights challenges in addressing and countering all aspects of the world drug problem - Report of the Office of the United Nations High Commissioner for Human Rights, UN Doc. A/HRC/54/53 (15 August 2023). Available from: <https://docs.un.org/en/A/HRC/54/53>.

²⁷ UNDP (2025), Development Dimensions of Drug Policy: Assessing New Challenges, Uncovering Opportunities, and Addressing Emerging Issues. Available from: <https://www.undp.org/publications/development-dimensions-drug-policy-assessing-new-challenges-uncovering-opportunities-and-addressing-emerging-issues>.

²⁸ Human Rights Council, Drug use, harm reduction and the right to health - Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng, UN Doc. A/HRC/56/52 (30 April 2024). Available from: <https://docs.un.org/en/A/HRC/56/52>.

violence, and regain control over drug markets with clear regulations that promote an approach grounded in social and gender justice;

- Revoke policies and practices that envisage or cause loss of child custody on the basis of drug use alone;
- States that retain the death penalty for drug offences should establish an immediate moratorium and take steps toward abolishing the death penalty for drug-related crimes, in line with international human rights law and standards;
- Implement measures to prevent and address gender-based violence against women who use drugs, including by law enforcement, through independent complaint mechanisms and access to psychologically informed support services.
- Ensure that access to services such as shelter, housing, psychological and health support, and other related services, is not contingent on abstinence;
- Ensure equitable and non-discriminatory access to evidence-based, gender-responsive health services for women who use drugs, including harm reduction programmes, voluntary and evidence-based drug dependence treatment, services aimed to address gender-based violence, shelters, overdose prevention, HIV and hepatitis services, as well as sexual and reproductive healthcare, maternal health support, and childcare support;
- Integrate gender analysis across all stages of drug policy development and implementation, including through the systematic collection of sex-disaggregated data;
- Increase support – including financial support - for community-led organisations of women who use drugs and ensure their meaningful participation in policy design, implementation and monitoring, including by reforming laws that limit freedom to assembly, freedom to speech, or other laws that criminalise activism and advocacy;
- Strengthen accountability mechanisms so that women who experience violence from state actors — including forced testing, coerced treatment, or unjustified child removal — have access to effective remedies, independent complaint mechanisms, and guarantees of non-repetition.