



Women Deliver Briefing – the harm reduction funding crisis

Women, trans and gender-diverse people who use drugs are disproportionately impacted by current drug laws and policies that are not only inherently punitive and racist but drive discriminatory societal structures and norms that further exacerbate the situation. They face double stigma based on their gender and their drug use. In 2022, women accounted for roughly one quarter of people who use drugs but only about one fifth of those accessing services.¹ According to the World Drug Report 2025, women who use drugs are half as likely to access opioid agonist therapy and other drug related services.²

Harm reduction services are predominantly tailored towards men who use drugs and there is an extreme lack of services designed to meet the sexual and reproductive health (SRH) needs of women, trans and gender-diverse people who use drugs. Access to services is particularly low in Africa, with only 3% of women dependent on drugs being able to enrol in a treatment service – highlighting how gender, race, class, and legacy of colonialism intersect to impact the experiences of women who use drugs today.

The HIV burden reflects this service gap. According to UNAIDS data on gender-dissaggregated reporting, women who inject drugs face disproportionate HIV risk with a median prevalence of 15% compared to 9% among men who inject drugs in countries providing gender-specific data.³ This disparity is compounded by harm reduction services that lack or remain poorly tailored to women's needs, including sexual and reproductive health, childcare and mental health support.

Women who use drugs are subject to coerced sterilisation and contraception and to rates of gender-based violence 24x that of women in the general population. Women who use drugs who are pregnant and/or have children, experience even greater levels of stigma and discrimination: in many jurisdictions for example, drug use alone is grounds for the removal of children and/or prosecution for child abuse.

This inhumane and intolerable situation is driven and maintained by a complex range of social, environmental, economic and political factors including through entrenched patriarchal social norms. When women who use drugs are adolescents, sex workers, LGBTQI+, people living with HIV, or form part of other criminalised and marginalised groups, they experience intersecting forms of discrimination and heightened persecution and exclusion.

The war on drugs disproportionately impacts women. A higher proportion of women than men are imprisoned for drug-related offences, with 1 in 3 women in prison worldwide being charged with drug-related offences. In the Asia Pacific Region female imprisonment rates increased by 36.3%, between 2000 and 2019 in comparison to 13.2% for the male population, 82% of women in prison in Thailand are there on drug offences, along with 73% in Cambodia and 53% in the Philippines. a reminder of the gendered impact of punitive drug policies. The use of the death penalty for drug

¹ UNODC (2024). World Drug Report 2024: Key Findings and Conclusions. https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf

² UNODC (2025). World Drug Report 2025: Key Findings. https://www.unodc.org/documents/data-and-analysis/WDR_2025/WDR25_B1_Key_findings.pdf

³ UNAIDS (2025). 'GLOBAL AIDS TARGETS 2025 FOR PEOPLE WHO USE DRUGS: Where are we now?'. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-targets-2025-for-people-who-use-drugs-where-are-we-now_en.pdf

offences has escalated enormously, The number of women executed for drug offences has increased as well – with 2025 a record 23 women known to have been executed.⁴

There are very few funding opportunities for women, trans and gender-diverse people who use drugs to organise and build community-led movements in the areas of drug policy reform and resistance to the war on drugs. Over the past 18 months this long-standing funding gap has been further exacerbated by funding cuts most harshly felt in low- and middle-income countries that were heavily reliant on international donor funding.

Meanwhile governments and donors spend vast amounts on punitive drug law enforcement around the world. Spending on drug law enforcement and imprisonment continues to dwarf investment in harm reduction.⁵ So entrenched is this approach, that even aid budgets intended to support progress towards health and development goals are used to fund punitive drug control – funnelling resources away from its intended use and towards harmful policies.⁶

Despite global commitments and international HIV prevention guidelines supporting the scaling up of harm reduction services, funding is woefully insufficient. What little funding was available has been slashed since the beginning of 2025, with service closures and reduced capacity impacting vital peer outreach and peer-led services, as well as services for women who use drugs.⁷

Women who use drugs are harshly impacted by this as they are 1.2x more likely to be living with HIV than their male peers. For women and gender diverse people experiencing intersecting forms of discrimination this is even higher – transgender women are 49 times more likely to be living with HIV than men in the general population.

There is clear evidence that country economic status⁸ is not a predictor of harm reduction investment. A growing anti-rights movement poses major barriers in an increasing number of countries, with evidence pointing towards increased discrimination experienced by women and gender diverse people who use drugs, and a worrying stalling and even reversal in overall trends towards abolition of the death penalty and improved legal environments for key populations.

However, the number of international harm reduction donors is small and the overall pot of funding is shrinking, leaving programmes in many low- and middle-income countries vulnerable to shifting donor priorities. HRI's research conducted in September 2025 found that 92% of harm reduction practitioners respondents reported their services under threat, with 62% describing this threat as high or critical.⁹

Harm reduction is now more reliant on the Global Fund than ever before, providing 73% of all donor funds in 2022, compared with just 31% in 2007. The Global Fund have also faced significant funding reductions – it was forced to cut \$1.4 billion from its previous grant cycle in 2025, and it had a total reduction of more than 20% (\$3 billion) from its latest grant cycle starting in 2026.

There is no available data on the extent to which these funds support programmes for women, trans and gender diverse people who use drugs, or how much funding is provided to community-led organisations.

⁴ Harm Reduction International (2026). 'The Death Penalty for Drug Offences: Global Overview 2025'.

<https://hri.global/wp-content/uploads/2026/03/HRI-GO-Death-penalty-drugs-2025-FINAL.pdf>

⁵ Harm Reduction International (2020), 'Assessing law enforcement expenditure in Indonesia: a case study', Summing it up: Building evidence to inform advocacy for harm reduction funding in Asia.

<https://hri.global/publications/summing-it-up-building-evidence-to-inform-advocacy-for-harm-reduction-funding-in-asia/>

⁶ Harm Reduction International (2023) Aid for the war on drugs. <https://hri.global/publications/aid-for-the-war-on-drugs/>

⁷ INPUD (2025). The Human Cost of Policy Shifts. https://inpud.net/wp-content/uploads/2025/07/The-Human-Cost-of-Policy-Shifts_EN.pdf

⁸ From 1987 to 2023 the proportion of low-income countries reduced from 30% to 12%; whereas the proportion of upper-middle income countries rose to 40%. <https://blogs.worldbank.org/en/opendata/world-bank-country-classifications-by-income-level-for-2024-2025>

⁹ Harm Reduction International (2025). 'Global Overview 2025'. The Global State of Harm Reduction: 2025 Update to Key Data. https://hri.global/wp-content/uploads/2025/11/HRI_GS_UPDATE_2025_v3-1.pdf

While the civic space required to hold governments to account is shrinking, so too is the donor funding for often neglected areas of harm reduction, including advocacy, legal and policy reform and human rights. Global Fund reprioritisation last year cut funding for so-called “non-life saving activities”, including peer outreach workers and advocacy efforts vital to building sustained engagement and lasting change.¹⁰ Harm reduction, while much broader than HIV prevention in its scope and benefits, remains almost wholly dependent on HIV-related funding. Government changes in key HIV donor countries have decimated the harm reduction response. In this context, more funding for harm reduction and in particular, community-led responses, is urgently needed.

The lack of available funding and the continued dominance of punitive drug policies over those that prioritise health and justice have severe implications for women, trans and gender diverse people who use drugs. Women who use drugs are criminalised and marginalised within society, within health responses and within the funding landscape.

Funding women, trans and gender-diverse people who use drugs to lead feminist, rights-based social and racial justice initiatives has a transformative impact. Funding for political organising of feminists who use drugs, already working at the intersection of racial and social justice and human rights, is needed to ensure that women who use drugs are heard, that their rights are upheld and to support them to lead a strong movement to reform drug policy from a feminist perspective.

¹⁰ Harm Reduction International (2025). ‘Global Overview 2025’. The Global State of Harm Reduction: 2025 Update to Key Data. https://hri.global/wp-content/uploads/2025/11/HRI_GS_UPDATE_2025_v3-1.pdf