



**Joint Submission to the OHCHR analytical study on protection gaps in access to medicines, vaccines and other health products.**

May 2026

**Submitting organisations**

[Harm Reduction International](#) (HRI) is a leading non-governmental organisation that envisions a world in which drug policies uphold dignity, health and rights. We use data and advocacy to promote harm reduction and drug policy reforms. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense. HRI is an NGO in Special Consultative Status with the Economic and Social Council of United Nation.

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[Penal Reform International](#) (PRI) is a non-governmental organisation working globally to promote criminal justice systems that uphold human rights for all and do no harm. We work to make criminal justice systems non-discriminatory and protect the rights of disadvantaged people. We run practical human rights programmes and support reforms that make criminal justice fair and effective. PRI holds ECOSOC Special Consultative Status since 1993. Registered in The Netherlands (registration no 40025979), PRI operates globally with offices in multiple locations.

[European Prison Litigation Network](#) (EPLN) is a French international NGO that brings together 30 national civil society organisations from 20 countries working to defend the fundamental rights of prisoners in Europe. EPLN defends and promotes the fundamental rights of prisoners across the continent and works to reduce the use of imprisonment. It researches and analyses changes in legislation and their impact on prisoners' rights and life in prison, and seeks to give a voice to prisoners and their advocates. EPLN has participatory status with the Council of Europe.

[Asociația Română Anti-SIDA](#) (ARAS) – Romanian Association against AIDS is the most important NGO in Romania working in the prevention of HIV, Hepatitis, and STIs, in support for people affected by these and in advocacy for human rights. Since 1992, ARAS has been providing services for the general public and vulnerable groups and has become the main actor in harm reduction for people who use drugs and in services for LGBTQI+ persons.



## Introduction

[Harm Reduction International](#) (HRI), [Penal Reform International](#) (PRI), [European Litigation Network](#) (EPLN) and [Asociația Română Anti-SIDA](#) (ARAS) welcome the opportunity to provide inputs ahead of the OHCHR analytical study on protection gaps in access to medicines, vaccines and other health products, pursuant Human Rights Council's resolution 59/7. This submission answers question a) of the call for inputs, focusing on the main challenges experienced by people deprived of liberty in accessing essential harm-reduction<sup>1</sup> medicines and other health services in places of detention.

This submission expands on 2025 [joint submission](#) to the OHCHR pursuant to resolution 56/20 and 2023 [joint submission](#) on access to medicines, vaccines and other health products, pursuant to resolution 53/13.

For information related to access to harm reduction in the community please refer to the joint submission by Harm Reduction International, International Drug Policy Consortium and Eurasian Harm Reduction Association, presented separately to your office in this call of inputs.

Unless stated otherwise, all information provided here comes from HRI's report [The Global State of Harm Reduction 2024](#) and the [2025 update to key data](#).

## Main obstacles and challenges experienced by people deprived of liberty in accessing harm reduction and health care.

Drug-related offences remain a major driver of incarceration, accounting for 22% of total global prison population.<sup>2</sup> Of those incarcerated for drug offences, 19% are sentenced for possession for personal use.<sup>3</sup> Overall, more people come into contact with the criminal justice system for drug use and possession than for trafficking, however, those accused of trafficking are more likely to be prosecuted and convicted<sup>4</sup>

The burden of incarceration falls disproportionately on marginalised groups, particularly women. Globally, one in three women are incarcerated for drug offences, rising to 60-80% in some Latin American and Asian countries. A large share of them are in pre-trial detention. In countries such as Bolivia, Panama, Paraguay and Uruguay, the number of women in pre-trial detention exceeds those serving sentences, with drug policies identified as a key contributing factor.<sup>5</sup>

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<sup>1</sup> Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. It encompasses a range of health and social services and practices that apply to drugs, including but not limited to: Information on safer drug use, drug consumption rooms, needle and syringe program, overdose prevention and reversal, opioid agonist therapy, among other. For more information visit: <https://hri.global/what-is-harm-reduction/>

<sup>2</sup> Penal Reform International. (2026) Global Prison Trend 2026. <https://www.penalreform.org/resource/global-prison-trends-2026/>

<sup>3</sup> Penal Reform International. (2026) Global Prison Trend 2026. <https://www.penalreform.org/resource/global-prison-trends-2026/>

<sup>4</sup> UNODC (2025) World Drug report. Key findings. <https://www.unodc.org/unodc/data-and-analysis/world-drug-report-2025.html>

<sup>5</sup> Jeffries. S and Owen. B. (2025). Locked Away While Innocent: Women, Human Rights, and Pre-Trial Detention. *Laws*, 14(5), 75. <https://www.mdpi.com/2075-471X/14/5/75>



Drug use prevalence is significantly higher in prisons than in the community.<sup>6</sup> This is compounded by poor detention conditions, high-risk behaviours and worse overall health status of people deprived of liberty, that result in heightened risk of acquiring HIV and other infectious diseases. Latest UNAIDS's data indicates that HIV infections are almost double that of the general population.<sup>7</sup> Over 15% of people in prisons globally are living with hepatitis C virus (HCV) and 5% with chronic hepatitis B.<sup>8</sup>

Despite States' obligations to protect the right to health of people deprived of liberty<sup>9</sup> and the severe health risks that close settings pose, these individuals remain severely underserved. As of 2025, 61 countries have implemented OAT services in at least one prison (compared to 95 in the community), whereas 11 have NSPs in at least one prison (compared to 93 in the community).<sup>10</sup> Naloxone on release is available in at least one prison in 11 countries mostly in Europe, North America, and one scheme in Oceania (Australia). Only one country (Canada) has implemented at least one drug consumption room in prison.<sup>11</sup> There is no global data on harm reduction services in other places of detention.

Even when services are available, people in prison face many barriers to access services. Harm reduction services in prison are unevenly distributed across countries and regions: Apart from Canada and Iran, all identified NSPs in prisons are in Eurasia and Western Europe. The availability of OAT also varies widely between regions, with most of the services concentrated in Western Europe and Eurasia. In Asia, only five countries provide OAT, while only Puerto Rico provides OAT in prison in Latin America and the Caribbean. No country in West and Central Africa provide OAT in prison, other than Nigeria.<sup>12</sup>

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<sup>6</sup> Favril Louis, Stran John, Fazel Seena (2025) Drug use among people in prison: A global review of epidemiology, harms and interventions. *National Library of Medicine*, 20:121(4):749–764. [10.1111/add.70245](https://doi.org/10.1111/add.70245)

<sup>7</sup> UNAIDS (2025) Fact Sheet 2025. Global HIV statistics. [https://www.unaids.org/sites/default/files/2025-07/2025\\_Global\\_HIV\\_Factsheet\\_en.pdf](https://www.unaids.org/sites/default/files/2025-07/2025_Global_HIV_Factsheet_en.pdf)

<sup>8</sup> Harm Reduction International (2024). *Global State of Harm Reduction: 2024 Update to Key Data*. London: Harm Reduction International. <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/>

<sup>9</sup> UN General Assembly, Grover, A., (2010), Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, A/HRC/14/20, UNGA, New York.

<https://documents.un.org/doc/undoc/gen/n10/477/91/pdf/n1047791.pdf?OpenElement>; UN General Assembly, Nowak, M., (2009), Report of the Special Rapporteur on Torture, and Other Cruel, Inhuman, and Degrading treatment and Punishment, A/HRC/10/44, p.71, UNGA, New York. <https://documents.un.org/doc/undoc/gen/g09/103/12/pdf/g0910312.pdf>; CESCR (2000), General Comment No.14 on the right to the highest attainable standard of health. E/C.12/2000/4. <https://docs.un.org/en/E/C.12/2000/4>; Paul Hunt, (2007) Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/4/28/Add.2.

<https://digitallibrary.un.org/record/594900?ln=en&v=pdf>; Anand Grover (2010) Report of the Special Rapporteur on everyone to the enjoyment of the highest attainable standard of physical and mental health. A/65/255, para. 55, <https://docs.un.org/en/A/65/255>; OHCHR (2023) Report on human rights challenges in addressing and countering all aspects of the world drug problem. A/HRC/54/53 para 11.

<https://daccessods.un.org/access.nsf/Get?OpenAgent&DS=A/HRC/54/53&Lang=E>; Tlaleng Mofokeng (2024); 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. A/HRC/56/52 para 21. <https://docs.un.org/en/A/HRC/56/52>

<sup>10</sup> Harm Reduction International (2025). *Global State of Harm Reduction: 2025 Update to Key Data*. London: Harm Reduction International. <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/>

<sup>11</sup> Harm Reduction International (2024). *Global State of Harm Reduction: 2024 Update to Key Data*. London: Harm Reduction International. <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/>

<sup>12</sup> Harm Reduction International (2024). *Global State of Harm Reduction: 2024 Update to Key Data*. London: Harm Reduction International. <https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/>

According to HRI's data, even where services exist, access is undermined by fear of punishment for drug use and possession and loss of rights. In Romania, people that initiate drug treatment in prison are reportedly declared unfit to work, losing their income and access to meaningful activities. In Indonesia, research found people participating in OAT programmes in prison are perceived by both prison staff and peers as engaged in illicit drug use and described in a stigmatising way as "lazy, poor, dirty, unproductive and are presumed to have HIV". In England and Scotland, people who disclose drug use upon admission are reported to receive health care, while those who disclose drug use later are met primarily with punitive responses and often suspected of selling drugs. Lack of confidentiality and anonymity are also significant factors that hinder people from accessing harm reduction services.

Women and gender-diverse people face compounding barriers due to the lack of tailored services to their needs. In Georgia, women requiring OAT<sup>13</sup> are temporally transferred to a male facility where they share a psychiatric ward with men population, resulting in low uptake among female population. In Moldova the country's only therapeutic community in prison is in a male facility. Similarly, in Ireland, the two prisons that have consultant-led in-reach drug dependence services only accommodate men. In Eastern and Southern Africa, civil society organisations have documented extensive barriers for women who use drugs seeking HIV testing and treatment in prison, including humiliating and punitive treatment by prison staff.

## Conclusion and recommendations

We encourage the OHCHR to recommend Member States to:

1. Decriminalise drug use and apply evidence-based and human rights-centred responses to drug use to reduce incarceration rates and promote the right to health;
2. Recognise harm reduction as an essential element of the right to health and incorporate it into prison and other closed settings health programmes and policies;
3. Guarantee equitable access to harm reduction and essential medicines for all people deprived of liberty;
4. Ensure that harm reduction services are tailored to the diverse needs and experience of people deprived of liberty, including women, LGBTQI+ people and migrants;
5. Eliminate all legal and policy barriers and stigmatising and discriminatory practices that limit the access to essential medicines and treatment for people deprived of liberty;
6. Maintain disaggregated data about distribution of harm reduction and essential medicines in prisons and all other places of detention.

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<sup>13</sup> Which is only provided for detoxication