HR25 WHRIN rapporteur report:

selected summaries and extracts relating to women and gender expansive people who use drugs

2025

Acknowledgements

The following compilation of HR25 presentations and workshop summaries was made possible by the WHRIN rapporteur team: Joelle Puccio; Celine Debaulieu, Ancella Voets, Wangari Kimemia, Baby Virgarose Nurmaya, Rosma Karlina, Stacey Doorly-Jones and Evelyn Paz. Noting that many WHRIN allies were unable to engage directly or online with the Bogota HR25 conference, these summaries are intended to highlight some of the presentations that may be of most interest to WHRIN allies. Rapporteurs contributed photos and notes which are variably augmented by extracts from abstracts attributed to respective authors as published in the conference programme. Apologies for assorted detail and consistency.

We hope you find this assemblage informative and inspiring.

Contents:

Mamma Mia! Empowering Women Who Use Drugs and Protecting Family Rights

PROPAGATE THIS: What the Public Still Needs to Understand about Pregnancy, Drugs, and Harm. Jeanne Flavin

The false, sensationalist narratives about the harms of a pregnant woman's drug use sown in the United States during the 1980s "crack baby" hysteria continue to bear dangerous fruit, and threaten to choke out policies grounded in science, rights, and compassion. 1,800 cases were documented in which people – overwhelmingly women – were arrested and their pregnancy treated as part of a crime, often on the basis of a single positive drug test result.

The Myth of the "Crack Baby."

"Many recall that 'crack babies,' or babies born to mothers who used crack cocaine while pregnant, were at one time written off by many as a lost generation . . . . ***It was later found that this was a gross exaggeration."***

-Nat'l Institute on Drug Abuse, Research Report, Cocaine: Abuse and Addiction 6 (May 2009)

"Muchos recuerdan que los bebés nacidos de madres que consumieron crack durante el embarazo fueron considerados una generación perdida... Más tarde se descubrió que esto era una gran exageración."

Pregnancy occurs inside one's body; everything a pregnant person does or doesn't do may affect a developing fetus . . . or not. In the small minority of cases claiming actual harm, prosecutors either aren't required or aren't able to produce evidence of a causal link between drug use and the claimed harm. More commonly, they justify policing people who become pregnant based on perceived or manufactured risks, using crimes like "child endangerment" that only require a possibility of harm. Prosecutors claim testing positive is the asserted harm, or that it is simply a matter of time until some harm manifests itself. Many health care and social workers accept this unbounded "risk of harm" framework and report women to punitive authorities. Feminists and liberal lawmakers are among those who have largely failed to challenge this framework and have sometimes even supported it.

> "***Imagine a world where it's possible to keep one another safe without relying on policing, surveillance and the threat of punishment."***

A need exists to eradicate this framework and instead, propagate facts about pregnancy and health that are overlooked when the focus is on drug use. These include: pregnancy poses a risk of harm to the person who is pregnant; it is biologically impossible for any person to guarantee that a pregnancy will result in a healthy newborn; the major drivers of health are social, not individual; and punishment is incompatible with health care.

"Even now, I'm wired for hope."
"We will not punish our way there, and we will not publish our way there."

Women who use drugs and the Law: The unfair treatment and discrimination towards WWUD and the Rights of children to be with their mothers. Nombulelo Mkhuma

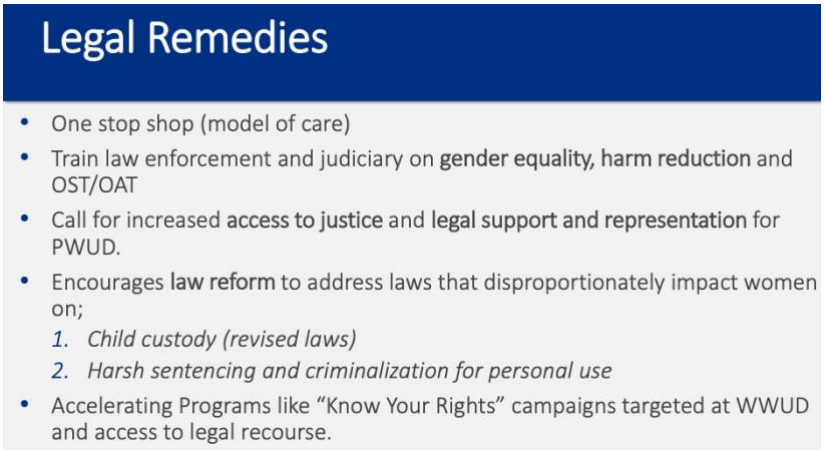
Boksburg is a city with 420,000 people on the East Rand of Johannesburg, is mostly dominated by white middle- and upper-class population, amongst them is a growing number of women who use drugs. These are not only women who use drugs, but they are also mothers, partners and grannies. No shelters accept women who use drugs. Based on Tintswalo NGO S.A current data collected of 215 people who use drugs in Boksburg; 65 of those are women.

Parental groups for people who use drugs and female contemplated groups were set up specifically women who use drugs. Of all the female contemplated groups and focus groups held, 30% of women had had their kids taken away from them by Department of social development.

"Some women are chased away from their homes, because of drug use…. Some are barred from seeing their children… unless she goes to rehabilitation."

These acts of violent discrimination and stigma have left women desperate, broken, and humiliated and declared unfit to be mothers by the court of law. AND children are taken to foster care and adoption departments and left to face cold reality of harsh decisions ruled by the court.

Tintswalo is working with a Nacosa Paralegal and a psychosocial team to provide legal literacy groups to women for advocacy and empowerment to fight for their children; assisting with court preparation and accompanying women to court for support.



Jane's story: "*she couldn't fight, because you know what if I get arrested? … not knowing if this child is going to be found alive, or dead*?" In response the judge said the client would only be listened to if women came to the court "clean". And we said "*What evidence do you have … that she's not sober? And what do you mean when you say you want this woman to be clean? Are you saying that because she uses drugs, she's not clean? Is there a certain law that says you can only assist a woman if she takes a bath?*" … and the magistrate said "*there is no law that says that but I will be the first magistrate to do it*." The defence declared "*We are not leaving this office without the file*" - and I'm happy to say she got her kids back.

Harm Reduction Mother2Mother - a voice, a choice, a chance. Anna Millington

Social Justice is never given – it is taken.

Women who use drugs who are mothers exploited by men, paying for harm reduction equipment with money, with drugs, with sex, staying in their home, because they can't be seen going into the chemist

(pharmacy) and asking for harm reduction equipment. They are open to a level of exploitation and blackmail like no other part of our community. Imagine living with a dread that each day could be the last you spend as a family and knowing that if it happened the world would hate you for it and you would hate yourself.

> ***"If you don't love your children, you don't fight, hide from services that are going to take them away from you - you have to hide from any help"***

This group of the using community is neglected and shunned by harm reduction services, which continue to refuse to consider their specific needs. Activist-led underground injecting equipment provision was often the only access route, leaving them relying on others by exchanging services, money or drugs. When did we start taking their voice and thinking for them? When did we stop asking or listening to them? When did we allow ourselves to become distant and the 'other'? When did we begin to patronisingly refer to ourselves as their peers despite not living the same life any longer? When did harm reduction start thinking it was acceptable to use the struggle of users to make money or look good? Harm reduction has lost its soul, its vibrancy. Why don't we talk to people who use? Why only those who have stopped using?

"*We have just stood fucking by for the last ten years and done nothing while thousands of children have been taken. And it is time to fucking make sure it stops, like if you really are a fucking harm reductionist. Sorry but I'm not here to make fucking friendship bracelets I'm here for war. I don't want to hear from somebody who was fucking injecting 15 y ago. It has powerful place in its lane, but living experience needs to have that inner voice all the time*." Anna was shocked that they had believed that harm reduction was for everyone. "I had just accepted it. I hadn't questioned it. I had thought that lived experience was everything. … But we forget that we become the other. And when we become the other, they see us as the other. We can call ourselves their peers, but it's about how they see us".

Anna says - it was a total fluke how it got started; found a lady outside chemist who had paid a man to buy syringes. Anna sees their role as bridge builder, who started with one mum, and now has ten. The space is never open for long. Trying to disrupt shame. The whole world is conditioned to hate them.

> ***"You have a right to be a mother. They hate themselves, we hate them, the using community hates them society hates them. I don't hate them I love them. I understand why the enemy wants to take our children. Because it weakens us for the next generation for social justice. It's one slow walk to death because we haven't got our children anymore. I understand why agencies take them, because it's all about the paper, it's all about the money. But I fucking cannot understand at all why harm reduction allows it."***

The Mother2Mother network worked in partnership with Exchange Supplies to change the gendered nature of NSP for the first time in 30 years, as well as developing an anti-stigma campaign that is now international. It has taken almost two years for Exchange Supplies, M2M, HIT and Release to dismantle radical recovery as the dominant voice in the UK – to place harm reduction centre stage again.

Moms didn't like the ugliness of injecting equipment made for men, so now have smaller and prettier ones that they actually use. Every stigmatizing photo of a syringe on the ground, dirty and grimy, uses the orange cap. They wanted to give women something that didn't make them feel bad. The response is that they're able to talk about it.

Anna takes no credit. All of the ideas come from them (the women she serves). They also wanted smaller needles. It makes no sense to teach women to inject like a man.

"I couldn't wield the pin properly. Once smaller needles were distributed, we stopped seeing swollen hands."

The women chose the botox needle (0.3mL) it removes the visible shame of the swollen hands.

uniCASE

Crack pipes, as an alternative to injecting, allows women to stop depending on men to inject them, and 60% of women Anna serves successfully switched from smoking to injecting.

"It's illegal to give out crack pipes. Do I give out crack pipes? Of course! Do I give a fuck? No! would I go to jail? Yes. But you've got to sometimes be willing to risk it fucking all. I don't expect everybody to do that but there has to be someone holding that front line."

Sex, Drugs, & Pregnancy: The Future of Harm Reduction. Lynn Paltrow

Harm reduction principles have not only been used in the United States to advance drug policy reform, they have also been adapted to help achieve reproductive justice. This effort demonstrates positive steps toward cross-issue collaboration and improved public health. Nevertheless, the 2022 US Supreme Court decision in Dobbs, erasing the right to abortion, threatens to expand the war on drugs and undermine successful harm reduction strategies for drug users as well as all those with the capacity for pregnancy. It is no surprise that the state tries to control our bodies in a country founded on the right to own other people and control their bodies. Rates of unsafe abortion went up predictably after Dobbs: medication abortion stopped and instead there were coat hangers, knitting needles, falling down stairs, and many have died.

In the U.S. two drugs mifepristone and misoprostol account for 63% of all abortions. In 2024 Louisiana became the first US state to classify these medications as controlled substances making their possession without a prescription a crime punishable by fines of up to $5,000 or imprisonment of up to "five years with or without hard labor." This means that Louisiana residents who are already subject to a ban abortions face arrest for obtaining the pills from out of state or because they ordered them online without a prescription. This criminalization will also have a significant chilling effect making it harder to obtain these drugs even when they are prescribed for purposes other than abortion including treating miscarriages and stomach ulcers.

Misoprostol and Mifepristone are very safe and very effective

A vast majority of studies report that more than 99 percent of patients who took the pills had no serious complications. These uncommon complications can include hospitalization, blood transfusions or major surgeries.

Abortion providers often say that the pills are safer than many common drugs, such as Tylenol and Viagra. Drug safety experts do not typically compare drugs in this way, and they instead assess the safety of a given medication against other choices.

For pregnant women considering medication abortion, the alternatives would be childbirth or procedural abortion.

Serious complication rates

Procedural abortion	0.16% of patients
Medication abortion	0.31%
Childbirth	1.4%

Sources: Ushma Upadhyay, University of California, San Francisco (2015 study); Centers for Disease Control and Prevention (2014 study)

In addition to being a safe and effective way to end a pregnancy, mifepristone and misoprostol are also used to treat a wide variety of conditions – both related and unrelated to pregnancy – including postpartum hemorrhage, miscarriage management, Cushing's Syndrome, uterine fibroids, ovarian cancer, and gastric ulcers. The World Health Organization and medical research Establish that this medication is used safely around the world for a wide variety of obstetric and gynecological health care needs, including treatment of postpartum hemorrhage **and** safe termination of pregnancy.

The dangers of controlling Misoprostol and Mifepristone are that other mortality goes up because they are also needed for Postpartum hemorrhage. Maternal and infant mortality indeed goes up in the states

criminalizing abortion. Anti-abortion advocates in the United States have discussed adding abortion drugs to "dangerous" drug lists also want to resuscitate the federal Comstock Law to criminalize interstate mailing and receiving of "obscene, lewd, or lascivious" writings, or "any article or thing designed or intended for procuring an abortion." A call to get into the streets: "repeat after me: Misoprostol and Mifepristone." At the same time, US anti-abortion claims of fetal rights are fuelling an increasing number of arrests of pregnant women and new mothers who use any amount of any criminalized drug including marijuana.

> ***"There is not a single crinminalized drug, … not heroin, not methamphetamine, not cocaine - none of those drugs are abortifacients, so if somebody loses a pregnancy and tests positive, its completely coincidental. Prohibition is a tool of oppression whether it's used in reproductive justice or drug policy."***

Advancing Gender-Responsive Harm Reduction: Strategies, Access, and Empowerment

Women on the scene: Challenges and practices in health care and in confronting gender violence in a harm reduction space in a favela in Rio de Janeiro. Elivanda Canuto de Sousa

'Women on the Scene' is a project centered on women who frequent a harm reduction center and drug use scenes in Maré, the largest favela in Rio de Janeiro, Brazil. The project experimented with creating a space where appropriate care practices could be developed specifically for homeless women who use drugs. Homeless women suffer multiple forms of violence: domestic violence, from police, and through discrimination in public services.

> ***"Harm reduction brings practices that respect all women, offering more than just services."***

The project also developed a series of practical strategies as the opening of an exclusively safe space for cis and trans women, featuring listening, recognition, autonomy building, healthcare access and the creation of a 'space of belonging '.

Improving access to SRHR for women who use drugs. Luca Stevenson

This presentation showcases the transformative work of the International Planned Parenthood Federation (IPPF) and its Member Associations in Africa and Asia in enhancing sexual and reproductive health and rights for women and people who use drugs, promoting gender equity, and with integrating harm reduction services.

> ***"We're not asking for special treatment — we're asking for equal rights to health and respect. Health workers need to understand our struggles, not just our symptoms — our needs are real, and our voices deserve to be heard."***

These projects collectively illustrate IPPF's commitment to advancing sexual and reproductive health and rights for women who use drugs through a feminist and harm reduction lens:

- The Regional Network of Women who Use Drugs (South Asia Region) advocates for safe sex practices, bodily autonomy, and access to harm reduction and reproductive rights for women who use drugs. Through awareness, capacity building, and strategic advocacy, the collective aims to dismantle outdated cultural norms and empower women to embrace their rights and well-being.
- Another highlighted project was the rapid needs assessment conducted by SPINN to improve sexual and reproductive health services for women and gender-diverse people who use drugs in Indonesia. Findings confirmed limited access to SRH services, particularly among uninsured individuals; high-risk sexual practices especially among trans women; and very low consistency in condom use among certain groups. Specific SRH needs identified include cervical cancer screening, hormonal therapy, anuscopy and counselling. Discrimination in healthcare settings remains a strong deterrent for service access.
- Additionally, Beats Beyond Recovery, Liberia (Community Healthcare Initiative) was described. A youth-centric project that merges harm reduction strategies with music therapy, providing a supportive framework that integrates sexual and reproductive health services for young people who use drugs.

Policy reform, public awareness, mobile clinics, and health worker training are required to ensure gender-responsive, stigma-free, integrated sexual and reproductive health services.

Deficit and Disparity: A Participatory Global Mapping of Gender Responsive Harm Reduction Services. Joelle Puccio

While tools exist to enable harm reduction services to institute a gender lens and gender responsive approach in harm reduction, data on the application of such measures is scarce. To address this, WHRIN undertook a participatory global 'mapping' of gender responsive harm reduction services. Objectives of the report were to document what exists and to see examples of programs that can be replicated in other countries – and look at the gaps too. To create a reference point for advocates to know what is happening in other parts of the world. 2024 findings indicated that there is a paucity of services by/for women and gender diverse people who use drugs. Pervasive intersections between prohibition and patriarchy act as a key barrier.

Findings included large diversity of services availability (between global north and global majority) – even before funding cuts, already under funded. Substantial barriers face women and gender expansive people in reaching harm reduction supports. Particularly absent are SRHR, chemsex, child care and GBV services.

There was already a serious gap in gender responsive services before the 2025 funding cuts. Despite decades of progress, – funded only 6% of the needs, remaining services are at risk with devastating consequences – already we see an increase in overdose deaths.

> ***"More than before, governments and policy makers must be held accountable and take firm action in addressing the issues highlighted in this mapping report."***

After funding cuts, it will be time to reassess what is still there – in order to preserve what we have. There is need for political will, meaningful community involvement, decriminalisation and decarceration, and to defend and expand gender responsive harm reduction.

Metzineres. Community based programs generating evidence, managing knowledge. Aura Roig

Metzineres was founded in 2017, as a space for women providing harm reduction services and collective resilience.

"The problem is not the drugs, but the colonialism and fascism."

Data collection on women who use drugs is often fragmented and inaccurate due to the way it is collected. Interviews are typically approached from a highly medicalized, patronizing, and condescending perspective, where women who use drugs are placed in a lower position and their knowledge is not valued. This dynamic leaves no room for genuine communication, hindering the collection of meaningful data. Existing data on women who use drugs do not take into account an intersectional feminist approach or the full spectrum of harm reduction, hindering the development of effective policies and practices.

"Break the stigma with the community – radical love in action."

Thus, Metzineres created their own database, routinely systematizing programmatic and with gender and harm reduction indicators drawn from daily programme activities. There are no questions or front desk when women come to Metzineres – nobody is obliged to share information about themselves. With more than 500 case files, it is one of the largest databases on women in who use drugs, generating essential evidence for policy design.

Monitoring and evaluation inform ongoing improvement processes, ensuring methods are non-intrusive, respect confidentiality, and make the realities of women who use drugs visible.

Women and gender diverse people who use drugs in advocacy: from conception to evaluation. Wangari Kimemia

While community should be at the lead in harm reduction advocacy, the reality is different with harm reduction programmers often being at the helm of advocacy, engaging community on the periphery if at all. This presentation outlines an effective but otherwise underutilized approach where community leads advocacy from conception to evaluation.

"Efforts that provide community platforms for self-determination and advocacy action must be expanded."

This model has been implemented in tandem with SRHR training across 12 countries where women and gender diverse people who use drugs are provided resources and opportunity to develop advocacy expertise by ensuring community leadership from planning stages onward. Main challenging: attending peri-natal care – community needs to choose which challenges to address.

Through these approaches, community driven advocacy actions have been variously carried out, resulting in concrete improvements – themes have included access to cervical cancer screening and informed

contraceptive options. For example, In Kenya, an advocacy meeting with judicial system officers sensitized them on the unique sexual and reproductive health needs of women who use drugs. As a result, there has been increased effort by harm reduction service providers to provide sexual and reproductive health services for women and gender diverse people who use drugs, with increased budget for cervical cancer screening now implemented at their drop-in centres.

Perinatal Harm Reduction into the Future. Joelle Puccio

Group discussion attended by about a dozen people, 3 masculine presenting people and the rest femmes/gender non-conforming. Lessons learned from the 2020-present toolkit and the new resource which is being developed. People want something hand held, not digital. There seem to be two types of experiences: in countries with social service systems, the primary concern of pregnant people is legal aid and avoiding criminalization/child removal. In countries without social services, people are left to fend for themselves and their primary concern is what are the effects of substance exposure and how to reduce harms.

Input on what people need in their country and how to make the new resource useful to all, were documented as follows:

- Canada: caring for these families is traumatizing; there are no resources, especially for Indigenous families; they arrive at the hospital for birth and the team is expected to do EVERYTHING at once; it is impossible to provide adequate care in the context of criminalization.
- USA: Nurturing caregivers is essential; we must take care of us; how do we gather together?
- Ukraine→Belgium: Left within the last few years due to Russian war and HIV+ status of both parents, their openness as activists; kid is stigmatized at school even in Belgium other parents made a stink about how they don't want their kid in same class; need legal aid and to change the law; in Ukraine, a diagnosis of HIV, substance use disorder, or prescription of OAT means that they take your kids; medical care routinely withheld for people who use drugs; he spoke of how you can hide many th9ngs, but it is hard to hide injection use from the obstetrician – femoral veins on display in lithotomy position; in Kiev, there is only 1 treatment center for pregnant WUD, so if your kid was born there, it's hard to hide because everyone knows.
- Kenya: Here, you are on your own. Medical information about exposure effects is most important to people who use drugs, and service providers also need to be educated.
- South Africa: "Jail" -- South Africa seems to be unique in that they experience the worst of both worlds: no services AND child removal. Only 2 OAT sites in whole country; they do harm reduction on paper, and are willing to go along with stuff that makes them look good as long as it doesn't cost them money.
- Coact UK: interested in promoting through art, Jude Byrne award.
- US doula: it's about making relationships with those in power and teaching them about how to document in a way that protects patients

Read more about substance use, including:

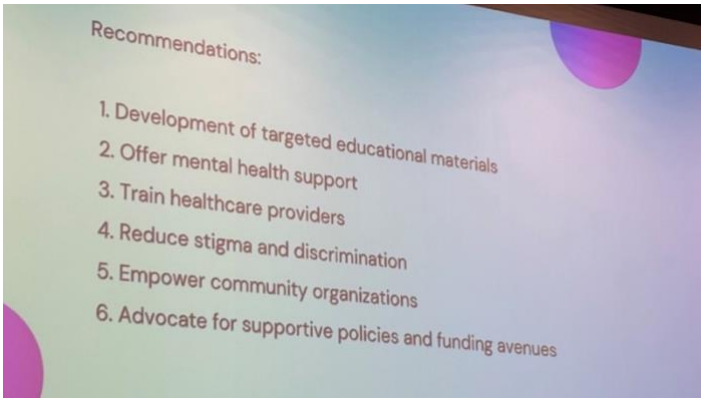
- pregnancy/lactation: https://nccc.ucsf.edu/clinician-consultation/substance-use-management/
- perinatal HIV: https://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids/

On Control, Consent and Community: Exploring Power Relationships around Drugs and Sex

Situation of sexualized drug use and associated violence among men who have sex with men and transgender population in Nepal. Manoj Panthi Kanak

Sexualized drug use has gained increasing attention globally due to its strong association with high-risk sexual behaviors, particularly among MSM and TG populations. Individuals who engage in SDU tend to exhibit lower negotiation power during sex causing a higher risk of activity without consent and violence.

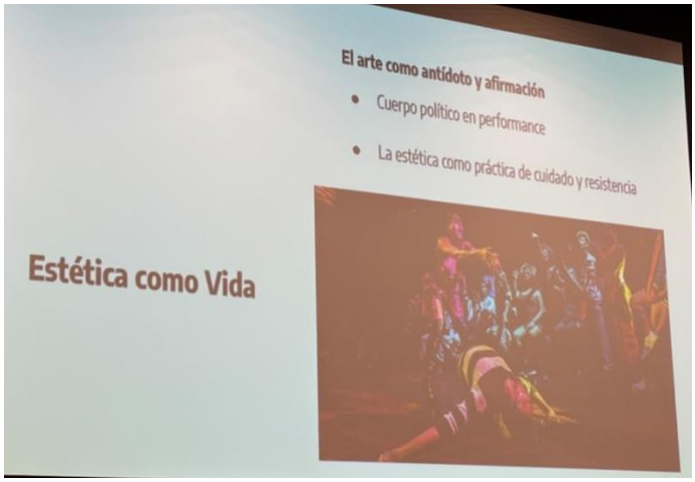
This scoping study aimed to assess the situation of SDU and associated violence among these key populations in Nepal.
A mixed method study assessed risks associated with sexualised drug use among 400 individuals across 14 districts in Nepal. 36% participants engaged in sexualised drug use. Poly-drug use is prevalent (up to 6 different drugs). Cannabinoids are most commonly used, then cocaine, heroin and amphetamine derivatives. 40% report un-consensual sexual activities involving no use of condom;36% were drugged by their partners without consent; 45% reported experience of violence -verbal 78%, physical 71% and sexual 17%.



Sexualised drug use is a public health concern among Nepali MSM and trans people. There is a need for information/education, commodities and services linking to safer sex practices including condom negotiation and protection from facing/perpetrating violence. Despite this need, the loss of Pepfar funding has led to the closure of multiple service sites.

Harm Reduction and Ballroom: Life Technology Beyond Health. Astro Rafael Feraci de Almeida

The Ballroom scene, which emerged in the 1970s in New York as a safe space for Black and Latino trans women, has long served as a place of resistance, self-expression, and community in the face of violence and discrimination. It became a crucial hub for care and support, particularly during the HIV/AIDS epidemic in the 1980s. The principles of the Ballroom scene, such as respect for individuality and lived experience, align with harm reduction practices, emphasizing connection, care, and belonging.



Since 1998, the É de Lei Drop-In Center, a NGO, has worked to promote HR and HIV prevention in Brazil. In 2011, they launched the ResPire project, initially focusing on electronic music festivals and the LGBTQIAPN+ community, offering safe spaces for dialogue, support, and drug testing. Emerging out of love and creating family in a context of isolation and transphobia and racism; self-care and survival- it goes beyond drugs. By 2023, the project expanded to reach the Ballroom community, which is predominantly made up of Black and Latino LGBTQIAPN+ individuals, especially trans people.

"Ballroom is the living practice of harm reduction theory."

As well as distribution of harm reduction supplies for safe sax and HIV self-tests, ResPire provide education on harm reduction strategies through collaborations with the Ballroom community. Ballroom serves as a "technology for life," while harm reduction operates as a survival strategy, empowering these communities to reclaim spaces and build a more inclusive future.

> ***"Aesthetics are antidote, politicizing the body and making aesthetics a practice of vital affirmation."***

The ballroom scene means expression is free and subjectivity reconstructed to celebrate that which society attempts to erase, as a direct response to multiple layers of oppression. Ballroom is a territory of affection and healing – building a network where sense of belonging is crucial. Ballroom acts as an informal therapeutic space – you can touch, dance, be with other people.

Harm reduction is not limited to drug use – but daily practice of self-care and practical surviving strategies and self-safety, safe substances use, emotional space - free from the normative world. Dance supports creation of care. Mental health, harm reduction and ballroom: speaking to the bodies themselves - it's a health strategy by itself. Reinventing what care is and what art is, as a response to structural racism.

Transgender Women Initiating New Goals for Safety (T-WINGS): Co-adapting an Evidence-Based Intervention to Reduce Gender-Based Violence, Improve Health and Well Being, and Increase Access to Justice for Transwomen in Indonesia. Claudia Stoicescu

Transwomen face pervasive gender-based violence and human rights abuses. Using community-based participatory methods, an academic-community collaboration adapted Transgender Women Initiating New Goals of Safety (T-WINGS) a brief digital intervention to address GBV and HIV risks and improve access to justice, social support, and healthcare including harm reduction and gender-affirming care, for transwomen in Indonesia.

A Community Advisory and Accountability Board comprised of key community stakeholders led adaptation and implementation process. A visual deconstruction/reconstruction tool adapted from Wu (2022) integrated with focus group discussions and community consultations, steered intervention design and adaptation. Formative qualitative research was conducted with 20 transwomen and 24 service providers to assess community needs and inform a pilot wait-list randomized controlled trial of T-WINGS among 200+ transwomen in Jakarta (trial ongoing, baseline results available February 2025).

Findings showed that transgender women are three times more likely to experience sexual violence also increasing HIV, physical and mental health risks. Indonesia has a long history of gender diversity, but there is still pervasive discrimination, stigma and healthcare barriers, exacerbated by 2022 policy setbacks and criminalization (deviant sex policies, denial of identity cards needed for basic health access, lack of gender affirming care; barriers to employment; deaths from unregulated care). Transwomen are portrayed and as an illness or deviation.

> ***"Need for peer -researchers that help the participants to navigate the application and link of T-WINGS and link them with the services post intervention completions."***

Guided by qualitative findings, a "know your rights" enables transwomen to recognize different forms of GBV, develop self-efficacy, create safety plans, and enhance social support and service linkages. The participatory approach resulted in a culturally appropriate, tablet-based intervention that allows transgender-led organizations to conduct GBV surveillance, identify at-risk individuals, and reduce GBV through safety planning, support, and service referrals. Lessons are relevant for tailoring promising interventions for new target populations facing intersecting risks in low-resource settings.

Power dynamics, “Hualok” and loss of control in hi-fun (chemsex) settings: a qualitative study among gay, bisexual and other men who have sex with men in Thailand. Worawalan Waratworawan

Power relations in gay, bisexual and other men who have sex with men’s (GBMSM) hi-fun (chemsex) spaces are often linked to imbalances in financial, social and sexual capital. A study aimed to understand the unique dynamics of, and how norms shift power in, Thai hi-fun settings. Research reached 30 Gay MSM engaged in sexualised drug use within the past 12 months. 23 reported using methamphetamines before or during sex. Other substances included ecstasy/MDMA, ketamine, cocaine and GHB/GBL – 7 were non-Thai born.
Exploring fluid and free sexual identities – many participants said that they were trying new experiences, with no need to perform according to gender or sexuality and no need to act in a certain way.
Power is shaped by capital (financial, social, sexual – tops have more power). Gay MSM with more capital have greater control over partner choice, sexual practices and access to drugs. Power is sometimes linked to race/ethnicity. Power can exist even without financial resources.

> ***“Even if you have money, if you are freak out (hualok), no one will care about you anymore” (quote from a research participant).”***

Hualok: losing self-control (behaviour beyond normative limits, eg: hallucinations, erratic behaviour), shifts power dynamics resulting in rapid power loss, social exclusion and being blacklisted. Maintaining control means maintaining power.

Interventions should address unequal power dynamics in hi-fun settings, and promote agency and informed decision-making and should empower men with less capital. Novel approaches can focus effective communication and keeping within, and recognizing when individuals exceed, their preferred drug consumption limits.

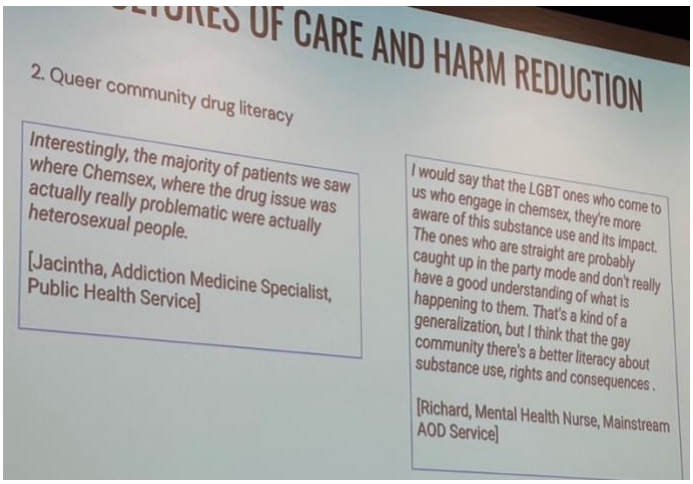
Impactful drug use and harm reduction in LGBTQ+ communities: perceptions, norms and community-held practices. Adam Bourne

Harm reduction efforts within LGBTQ+ communities have historically been applied through a prism of HIV prevention and care. However, study findings suggest that this narrow focus should be broadened in ways that acknowledge the unique LGBTQ+ drug practices, cultures and norms that inevitably shape perceptions and responses to harm.
Prevalence of AOD (alcohol and other drug) use indicates that risky alcohol consumption/tobacco and illicit drug use are 3-5 times higher among LGBTQ than in general population. Minority stress theory suggests that

experiences of stigma and abuse shape poor mental health outcomes, while social norms among LGBTQ+ community include more acceptance of the use of drugs, yet few access support when having difficulties in relation with AOD use.

The research considered what is the notion of problematic drug use within LGBTQ+ communities; how people come to think that there is a problem with drug use; and the role of the community. 40 people were interviewed, also 21 alcohol and drug use service providers.

Findings included that impactful/problematic use can coexist with non-impactful use and require professional support. Recognition of impactful use was gradual rather than a sudden epiphany. Understandings of impactful use include: misalignments between actions and values, loss of agency, cultural narratives of substance use, experience of unintentional harm, changes in drugs effects. Contexts of care: self-care, professional care, peer and community care: peer cultures of care and harm reduction – safe community practices. AOD use can be pleasurable, celebratory and affirming, and can also be impactful.



"That's a kind of a generalisation, but I think that in the gay community there's a better literacy about substance use, rights and consequences." (from a study participant)

Attitudes within community are more nuanced than in the rest of the society. AOD associated with both self-medication and promotion of pleasure; different community norms mean that by the time of seeking help, conditions are more acute; at times drugs did not provide desired effects or participants experienced finding oneself isolating inside own head rather than connecting with others; community better for community education as straights engaging in chemsex don't know what they're doing; queers more accepting, not permissive, but understanding nuance and grey areas.

Recommendations include enabling peer-based support programs and support for peers providing support.

A Global South approach to Harm Reduction

Reimagining Harm Reduction in Latin America: Centering Community, Social Justice, and Feminist Ethics in Drug Policy. Marcela Tovar Thomas

Advocating for social innovation and prototype creation with adaptive, community-driven models that prioritize community cohesion and violence reduction over purely health-centered metrics.

Harm reduction started as a medical approach, mostly in global north, focused on HIV and overdose. But importing this framework into Latin America caused issues because of the lack of contextual fit. This begged a Lantin America model, with more emphasis on community empowerment, social justice and feminist ethics; from health to equity and collective agency. Harm reduction can be framed as an ethic of justice; with more focus on moral political stance - addressing poverty, systemic violence and racism (structural inequities) and rooted in lived community experience

Community-led approaches ensure local ownership and cultural competence. So, a lot of attention should be paid to mobilisation, grassroots organising and building resilience through active participation. Feminist ethics must likewise be upheld, acknowledging the gendered impacts of drug policy where key concepts include safety, agency, intersectionality, and inclusive, non-punitive, care.

Epistemic injustice and extractivism: recognising community knowledge and pushing back against the silencing of lived experience. Social innovation: Latin America is the pioneer in ethical harm reduction, prioritising cohesion and violence reduction.
Through expanded evaluation tools and a focus on community well-being, Latin America can influence the global harm reduction discourse, advancing a model that is ethically grounded, culturally relevant and community-centered.

Unseen but Unstoppable: Innovating Harm Reduction for Sex Workers

Exploring Harm Reduction and Sexual Health Needs Among Women Engaged in Sex Work and Drug Use in Northern and Eastern Myanmar. Carl Fredrik Sjöland

The adoption of women-centric, integrated sexual health services by harm reduction providers, in combination with education on risks related to infectious diseases and substance use, may improve uptake of both sexual health and harm reduction services, leading to improved overall well-being.
Myanmar is a global producer of opioids and amphetamines and marked by 75 years of on-going conflict, reinstated in 2021 with a military coup. Armed groups resist in North and north eastern Myanmar (Kachin, Shan, Sagaing regions).
Best Shelter has been providing harm reduction and sexual health services to key populations since 2004 through drop-in centre and outreach services. Research was conducted to understand what are the drivers who keep women in sex work and drug use? Which barriers could be improved for access to care?
Interviews in Burmese were conducted over 2022-2024 with 16 key informants (outreach workers, methadone staff, peer educators and church elders) including 9 in-depth interviews with women who sold sex and use drugs (ATS inhalation, heroin smoking – none injecting) across several states in Myanmar.

> ***"Women's resilience is striking, they plan for their futures, protect one another and negotiate care."***

Findings featured a context of economically-driven migration, most often to support family, funded by "travel loans" which become wage deductions until repaid. Recruiters commonly mislabel jobs (with, for example, "massages/sales" ending in sex work with movement restricted by brothels/dorm owners).
Drug use in this context is structural – ATS is used as "medicine to stay awake"; heroin "to cope with pain"; drug dependence is used to keep women in sex work – with stimulants use by workers to match clients' pace during extended sessions
Identified risks included condom refusal or removal mid-act (with the client proposing higher fees or under threat); intoxicated clients exhibit aggression and override negotiation;
Women may avoid the drop-in centres because of visible signs that it is a "drug clinic", clinic hours, transport costs, and/or because during the day they are having to take care of children. Peer outreach is therefore an important service bridge.
Identified needs included debt-free mobility and vocational pathways; discreet, long-acting contraception; violence-free environments and legal support. Proposed solutions include bringing sexual and reproductive

health services to women where they are, advocate or design debt-migration pathways, and use peers as trusted navigators.

Here and We've Always Been Here: Sex Workers as Foundational to Harm Reduction. Julianna Brown

Through highlighting the central role of sex workers within harm reduction due to the shared experiences of stigma and criminalization, the core philosophy of supporting one another is highlighted while addressing the root causes of harm. Positioning sex work as neither inherently good nor evil and sex work as a practice rather than an identity allows for ongoing solidarity within the harm reduction movement.

> ***"A better future is one where sex workers are safer and better able to take care of themselves and their loved ones."***

Research questions posed were: How do sex workers fit into harm reduction? How to ensure a future for sex workers within the harm reduction movement work both locally and globally?

100 sex workers were surveyed in-person with a quantitative survey. 35 also participated in semi-structured interviews. Diversity of sex workers according to drug use, race, housing, gender, type of sex work; sex workers exist as the nexus of variant marginalized experiences and identities. Sex workers are often isolated from social and legal support structures but are very much not alone in experiences of criminalization and stigma.

'Moralism has shaped all of our introductions to sex work'. In fighting stigma and promoting sex workers' right to safety, sex work is sometimes also framed as inherently good: empowering, virtuous, necessary. Approaching sex work as neutral helps to bring focus on sex workers' experiences. Meaningful inclusion requires sex workers to be understood as complex people that exist in all harm reduction spaces.

The Jasmine Project: preventing violence against sex workers in France. Jules Perrenot

The Jasmine project demonstrates the effectiveness of community-led harm-reduction approaches in combating violence against sex workers and enhancing their access to support services.

A website/ online database was established to help sex workers with a peer-produced alert system, tools and information. The objectives are to prevent violence by aggressors, facilitate victims' access to support, collect evidence for law change and create a community led organisation.

Only sex workers and organisations working with sex workers can access the alert system and create an account, reports of danger (ability to signal a dangerous person by reporting aggressor's phone number, name, e-mail, car license plate), screening clients and follow up. The app displays alerts that can be read by all sex workers who have an account.

3110 acts of violence were reported between 2023-24. There were 2732 users in March 2025, an increase of 22% new users in one year. 589 positive matches –were made that may prevent acts of violence. There was an increase of violence by 6% from 2023 to 2024. The rise of violence is paralleled by precarity. Parts of the community are hard to reach, while funding monopolized by anti-rights organisations.

By empowering sex workers to actively participate in data collection, awareness raising and advocacy, Jasmine helps provide better responses to this marginalized population's needs. Participatory data collection revealed previously unreported forms of violence.

> ***"Peer involvement has been key to overcome distrust in support systems."***

Future evolutions will involve transfer of activity to a peer led organisation. Jasmine will need fundings, and could expand its actions: to offer more support with mental health, drug use or link the alert systems with other countries. This model could be adapted and replicated in other contexts to support populations at risk of violence.

Sex-work, Drugs, violence and HIV&AIDS: Urgent Need for Harm Reduction Initiatives for Female Sex-workers in Lahore-Pakistan. Bushra Rani

In Pakistan Targeted advocacy for female sex workers' health rights and empowerment is urgently needed.

With a focus on respect female sex workers as human beings, the team is mostly led by community – providing registration to services, STIs diagnosis (but few numbers, not sufficient funding to meet needs), condoms/lubricant distribution (outreach and in drop-in center). Other services include treatment and care for HIV positive clients, link to ART centers (however, health staff not friendly, or even don't respect basic human rights), providing primary health care and psychosocial support, PPTCT and sexual and reproductive health rights services. Most services are not supported by the Global Fund.

Female sex workers using drugs in Lahore: 5 940 (home based/brothel based) and 670 street based. Most are young (20-40 years old, minimum 15), with the majority illiterate (61%), and only a few (14%) have attended primary school. Extreme level of stigma (89,5%), social boycott (44%), domestic violence (40%), family disputes (68%), relationships problems (78%), malnutrition (55%) and child abuse (19%) are reported. 80% reported having been verbally abused by police when arrested and 36% sexually, 40% physically, 93% financially and 66% psychologically. The most commonly used drugs are marijuana and heroin.

> ***"Programs need to have strong health components to support female sex workers and need to give access to more information material, and programs need to be designed under a holistic approach."***

Out of 49 street based female sex workers, 21 have lost their lives. To save lives, resource mobilization for establishing harm reduction, HIV prevention and social justice programs for female sex workers are highly suggested.

Justice for Women Who Use Drugs: Global Perspectives on Advocacy and Policy

Mapping Justice for Women and Children Who Use Drugs in Indonesia: Unveiling the Unheard Voices. Asmin Fransiska

Findings from the Indonesian Center for Drugs Research on the human rights impacts of Indonesia's punitive drug laws on women and children. Drawing from a database of over 216,000 drug-related court cases from 2014 to 2023, the speakers revealed how the "war on drugs" has led to disproportionate incarceration of individuals — especially women and minors — for low-level drug offenses involving small quantities of methamphetamine and cannabis.

The research found that women make up 5.5% of drug cases, often sentenced for possession or use, while 1.1% of cases involved children, most of whom were imprisoned despite Indonesia's stated commitment to restorative juvenile justice.

> ***"When a child who uses drugs is jailed instead of supported, and when a woman is sentenced for surviving — that's not justice, that's a system in crisis."***

The system's failure to distinguish between users, traffickers, and drug mules — combined with strict drug thresholds, mandatory minimum sentences, and the use of death penalty — exacerbates injustices, especially for those living in poverty.

Gender-specific harms were also highlighted, including forced abortions, stigma against motherhood, and systemic discrimination. The session emphasized that Indonesian drug policy lacks a human rights

foundation and fails to deliver public health-centered responses. Speakers called for the elimination of mandatory minimums, revision of drug thresholds, abolition of the death penalty, and the incorporation of gender and youth perspectives in national drug reform.

Feminist Approaches to SRHR and Harm Reduction for Women and Youth Who Use Drugs. Luca Stevenson, Rosma Karlina, Baby Virgarose Nurmaya, Celine Debaulieu, Silvie Ojeda

The participatory workshop featured insights from grassroots leaders and harm reduction advocates exploring the critical intersection of sexual and reproductive health and rights and harm reduction for women and young people who use drugs. This session challenged stigma, highlight feminist-led advocacy, and showcased innovative harm reduction approaches from diverse regional contexts.

> ***"We are not the problem — we are the power. Feminist harm reduction means no one is left behind, and every voice shakes the system."***

Speakers from Indonesia, Spain, and the global harm reduction movement shared practical, rights-based responses rooted in feminist solidarity and community engagement.

Reconceptualising Chemsex through the Experiences of Gay, Bisexual and Men who have Sex with Men in the Global South

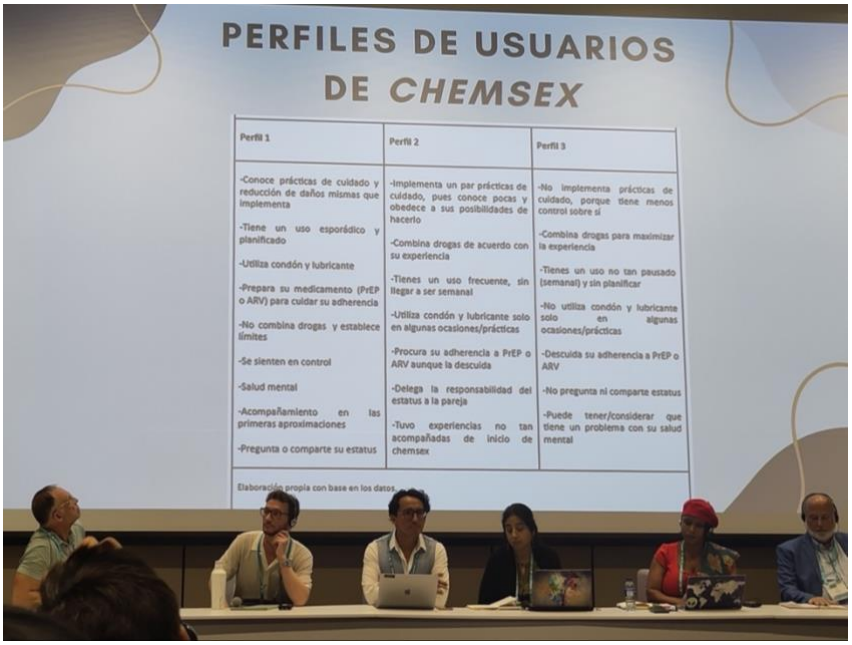
Chemsex en America Latina: Uso sexualizado de drogas y su relación con el VIH en hombres gay y otros HSH. Liria Morales

What is chemsex? Drug use during sexual practices to improve the experience and the pleasure. It is mostly documented among men who have sex with men and trans-women, however it's not exclusive to those groups. Most used drugs are methamphetamines, cocaine, ketamine and GHB/GBL, other stimulants such as poppers (amyl nitrites) and medication stimulating erections

Risks associated with chemsex include less treatment adherence; physical and mental health issues; stigma and discriminations from health staff and from peers in LGBTIQ+ community (because of drug use). This qualitative research provided a characterization of chemsex in Latin America, focusing on gay men and other men who have sex with men, involving 36 interviews and four focus groups in Mexico, Costa Rica, Colombia, and Brazil.

The findings provide a first insight into the characteristics of chemsex in the region, with methamphetamine being the primary drug in three of the four countries, often accompanied by other drugs such as nicotine Results showed methamphetamines as the most used drugs in 3 countries (not in Costa Rica). People know how to stay safe, share knowledge among peers, most know their serological status, and people are on PrEP. It is noteworthy that this knowledge is primarily shared among peers, highlighting the importance of peer-

to-peer work, especially in historically stigmatized populations. Based on the information obtained on self-care and frequency of use, three profiles were developed for sexual practices. This was not intended to stigmatize or pigeonhole individuals' use, but rather to create a typology for designing public health interventions that can be tailored to the needs of each profile.



Risks include low condom and lubricant use, limited access to mens health services, high stigma and discrimination. The peer recommendations provided by the participants outline risks highlighting the urgency of evidence-based harm reduction campaigns, improved health services, and the elimination of drug criminalization. Recommendations:

- Intersectional focus paying attention to erotization of harm
- Campaigns based in needs of the community; participative research
- Policies and approach need to be changed (structural change)
- Health services needed & access
- Communication without anglicisation - (*the rapporteur noted no use of 'chemsex' in this presentation*)

How to mobilize the Community Strengths Model in harm reduction interventions for people who practice chemsex? Jorge Flores-Aranda

Individuals who practice chemsex informally develop and share harm reduction strategies. Highlighting the sense of community among these individuals is crucial, as it fosters harm reduction and promotes overall well-being. Chemsex/party and play (PNP) practices associated with queer culture, which involves voluntary consumption of substance to enhance pleasure during sex. The minority strength model is used (with focus on personal and collective strengths and resilience as associated with positive health outcomes) as an alternative to minority stress model.

A study from Montréal with 64 people interviewed identified strengths including: sense of community

> ***"… we protect each other a little. We create a small community among ourselves and people feel reassured."***

Reflections on the community strengths model show it is relevant to study chemsex and implement chemsex interventions and should consider care practices developed by people who practice chemsex

Healthcare providers, policymakers, and community organizations should actively engage with these communities to develop tailored harm reduction strategies. Additionally, integrating the perspectives of individuals who practice chemsex into broader public health initiatives is essential for effective intervention.

Chemsex Usage in Lebanon. Elie Al Aaraj

MENAHRA's efforts reflect a commitment to improving the quality of life for marginalized communities by addressing urgent health risks through evidence-based, community-driven harm reduction approaches.

A study in Lebanon among LGBTQ+ community was conducted because chemsex is under-researched in Lebanon. Findings showed that chemsex cuts across social statuses. Chrystal meth is the most used substance, with GHB/GBL for relaxation and poly use is common. Drivers for chemsex include escaping from stigma, trauma and body image issues, increasing pleasure and connection, reduce shame, and to increase belonging. Low service access is experienced due to distrust, judgment, prosecution and previous bad experiences. Chemsex-specific programmes and mental health support are lacking

These are different from global trends in terms of criminalisation, cultural taboo and under-resourced services. Recommendations include the need to develop chemsex-specific harm reduction services, reduce stigma and decriminalise drug use.

Chemsex and Community – Championing intersectional harm reduction education for LGBTQIA+ persons in Kenya. Rita Gatonye

In 2024, Women in Response to HIV/AIDS and Drug Addiction -WRADA, developed local, interactive training materials on drug use and chemsex in response to the need for non-judgemental, equitable dialogues about chemsex as part of today's culture. Using peer expertise as a regional network of women who use drugs with histories of drug use and sex work, WRADA delivered this training in three national meetings with the Key Populations Consortium of Kenya to promote safer and better informed sexual, drug using, and harm reduction practices.

Kenya is at the very beginning of chemsex conversation, as is most of Sub Sahara Africa. Kenya is a transit country for many drugs and began to see a normalisation of group sex and drug use during COVID19. Crystal meth became popular 5 yrs ago, coke 3 yrs ago, poppers, MDMA, Ketamine 2 yrs ago. Class differences in drug of choice are evident with poppers and ketamine for wealthy sexualised drug use, MDMA and cannabis for middle classes; crack cocaine and khat for the poorer users.

Words like 'chemsex' and 'narcofeminism' are new and hard to translate into African languages. There is also a lack of data on chemsex in Sub Sahara Africa; only South Africa has done some work around chemsex. Barriers to harm reduction in relation to sexualised drug use include criminalisation, stigma, power dynamics in the LGBTQ+ community, harm reduction services seen as primarily for heroin users, and a lack of relevant services.

Approaches must focus on equity, lived experience and centering communities – honouring self-determination and intersectionality.

Eight national and ten local LGBTQIA+ organisations are working to reduce self-stigma and develop a roadmap for the continuous capacity building of LGBTQIA+ persons and the integration of chemsex education into community led programming. The work done has resulted in a greater understanding of chemsex among the LGBTQIA+ community in Kenya.

Our Land, Our Laws: Decolonizing Drug Policy from the Root. Diego Lugo-Vivas. With panelists: Evelyn Paz Estévez, Claudia Lopera, Luz Mery Panché Chocue, and Paula Kahn

> ***"The war on drugs is not a metaphor. It is a real war, with perpetrators. And in my country, many can no longer survive. Prison, exile, or death are the consequences of a failed policy that punishes poverty—not the big narco."***

This approach to the concept of Ecological Harm Reduction did not seek to focus only on the relationship between the environment and chemicals in its most classical sense, but rather on little addressed elements of harm reduction, particularly on the relationship between the environment, health (public, physical, spiritual and especially psycho-emotional health) and the condition of marginalized populations, with special interest in racialized and gendered populations and those in conditions of vulnerability and economic and spatial exclusion.

The impacts on local ecosystems and racialized bodies of the different toxicities, harms and forms of precariousness present in coca-growing landscapes were explored, highlighting the urgent need to decolonize drug policy from a feminist, anti-racist, and community-based perspective. Evelyn Paz Estévez shared the Ecuadorian experience, addressing the disproportionate impact of prohibition on women, Afro-descendant youth, Indigenous peoples, and impoverished communities.

> ***"We women cultivators organize, make medicine, protect ourselves from the state's repressive apparatus and care for our community. In Ecuador, we don't have a real drug policy or harm reduction. Our proposal is collective, popular, and political care. We are not here to ask for permission to exist. We are here to demand reparation, autonomy, and justice."***

Evelyn's intervention exposed state abandonment, racial profiling, and selective criminalization, while also showcasing grassroots alternatives grounded in ancestral knowledge and collective care. Emphasis was placed on the organizing efforts of women cultivators who produce medicine and protect their communities amid state repression.

Justice for women who use drugs: Global Perspectives on advocacy and policy

Women Sentenced to Death for Drug Trafficking: The Necessity to Add a Practical Gender Lens to Death Penalty Abolition Advocacy. Méline Szwarcberg.

Globally, women's incarceration rates have increased by 17% since 2010 at disproportionately higher rate than men.

"*At least 35% of incarcerated women worldwide have been convicted of drug offences, and drug-related offenses are the second most common reason women receive the death penalty*". In Asia and the Middle East where drug offenses are punishable by death, a large majority of women on death row have been convicted of drug-related offences. Women and gender diverse people are disproportionately represented among those on death row for drug offenses. Gender bias during judicial proceedings is evident, with courts failing to consider the full extent of case circumstances during sentencing leading to violations of the right to a fair trial.

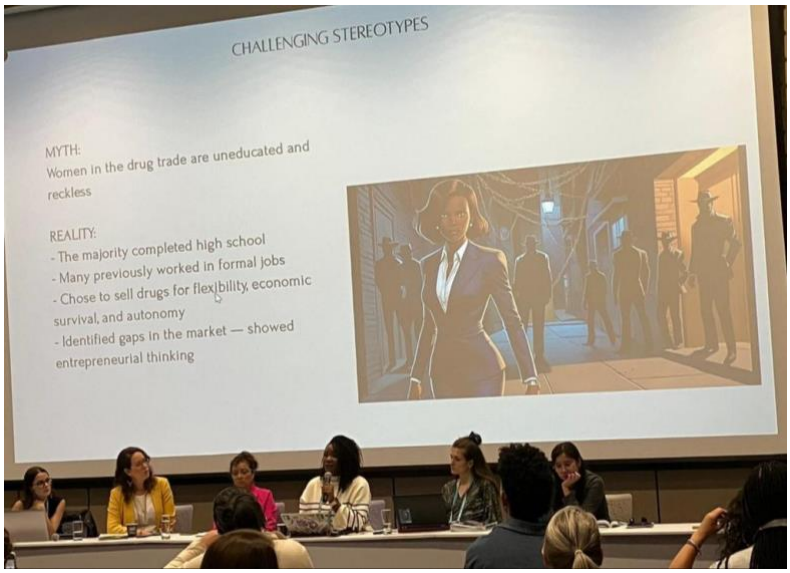
Until recently, the abolitionist and the drug policy reform movements alike have overlooked gender discrimination in capital punishment cases. Recognizing the need to include a gendered and intersectional approach, the World Coalition Against the Death Penalty, through it's Gender Working Group, have been working to highlight the gendered and intersectional bias involved in capital punishment, including through the development of a training guide for NGOs on how to conduct abolitionist advocacy sensitive to the reality of women and gender diverse people facing the death penalty.

> ***"Women sentenced to death for drug offenses are often overlooked by both the abolitionist movement and drug policy reformers. We must change this. Together, we can dismantle punitive policies and build a more just and humane world."***

The Coalition collaborated with WHRIN and other agencies to include sections on those sentenced to death for drug offences. The guide lists relevant human rights standards and mechanisms, details related intersectional discrimination, provides good practice advocacy examples and more.

Breaking the Mold: Unveiling the Agency of Female Drug Sellers in Cape Town's Illegal Drug Market. Charity Monerang

The involvement of women in the global drug trade is often overlooked or reduced to narratives of victimhood, particularly in research that focuses on the male-dominated nature of illicit economies. In South Africa, this is especially true, as the prevailing discourse tends to frame female drug sellers as coerced, passive participants rather than active agents with their own strategies, motivations, and agency.



This study challenges such limited perceptions by exploring the roles and experiences of women drug sellers in Cape Town, South Africa, through an intersectional feminist lens. Drawing on qualitative data from interviews with women directly involved in Cape Town's drug market, the research critically examines how gender, power, and social structures shape their participation. It seeks to highlight the complexity of their experiences—balancing survival, economic pressures, and the defiance of traditional gender roles. By positioning women as agents, not merely victims, this study engages with the broader criminological need to understand female criminality beyond stereotypes and oversimplified tropes.

This research also problematises the invisibility of women in studies of organised crime, where empirical and theoretical approaches are overwhelmingly male-focused. Through the lens of feminist criminology, this

study underscores the necessity of acknowledging women's agency in illicit markets, bringing to light how female drug sellers navigate and even resist the patriarchal structures that govern both legal and illegal spheres.

> ***"There is the generalized misconception that women involved in drug trade are victims which takes away their agency."***

The findings aim to challenge mainstream understandings of the South African drug trade, offering a more nuanced view that recognises the agency, resilience, and complexity of women involved in these economies. It calls for a rethinking of drug policy and intervention strategies, advocating for approaches that reflect the realities of both male and female participants in the illegal drug market.

Diverse Needs, Compassionate Care

A Twin-Track to Gender Mainstreaming: Addressing the Gaps of Sexual and Reproductive Health (SRH) Services Tailored to Specific Needs of Womxn Who Use Drugs". Baby Virgarose Nurmaya

This session presented SPINN's twin-track approach to advancing sexual and reproductive health and rights for women and gender-diverse people who use drugs. Faced with compounded stigma, criminalization, and gender-based violence, women are often excluded from mainstream sexual and reproductive health services. SPINN, in partnership with the Indonesia Planned Parenthood Association (IPPA), developed a model that combines direct service delivery (via mobile clinics, outreach, and paralegals) with systems advocacy (including policy guidelines, partnerships, and pilot shelters).

Between May and July 2024, SPINN conducted surveys and focus group discussions with 99 cis and trans women who use drugs across several cities. Only 8% of women and 3% of trans women regularly accessed sexual and reproductive health services. Mobile clinics at community sites emerged as the most effective and preferred service modality option. The session highlighted the importance of trust built through community-led work, and emphasized that access to sexual and reproductive health rights is not a privilege, but a right.

> ***"This isn't a pilot — this is a prototype of justice. A system where gender, harm reduction, and rights move together."***

The speaker called for sustained investment, not charity, to scale up and institutionalize gender-responsive harm reduction. The twin-track model is not a pilot, but a prototype for rights-based collaboration that centers dignity, equity, and autonomy.


JR HARM REDUCTION
POSTER CHILD
PROBLEMS?
HARM REDUCTION
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GENDER JUSTICE