

**Submission to the Office of the High Commissioner for Human Rights (OHCHR)
Human Rights Challenges in Addressing the World Drug Problem
Impact of Drug Policies on the Rights of Women and Girls**

**Submitted by: Drug Free America Foundation (DFAF)
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Dear Office of the High Commissioner for Human Rights,

Drug Free America Foundation (DFAF) respectfully submits this contribution in response to Human Rights Council resolution 60/26. With more than three decades of experience in drug demand reduction, prevention science, treatment systems, and recovery-oriented policy development, DFAF offers a perspective grounded in public health, human rights, and the protection of families and future generations.

From this vantage point, it is essential to affirm that human rights and drug policy are not competing priorities. When aligned with international legal obligations and evidence-based public health principles, drug policy serves as a critical instrument for advancing the right to health, protecting children, and ensuring equality for women and girls.

A comprehensive human rights-based approach must be anchored in the International Covenant on Economic, Social and Cultural Rights (ICESCR, Article 12), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC, including Article 33). Drug policies affect women and girls not only as individuals, but also in their roles as mothers, caregivers, and community leaders, often within contexts shaped by trauma, poverty, and structural inequality.

1. Laws, Policies, Programs, and Partnerships: Advancing Human Rights

Drug policy, when properly designed, functions as a preventative and protective human rights framework. It must extend beyond enforcement to include prevention, treatment, recovery, and family support systems.

Prevention as a human rights obligation

Article 33 of the CRC requires States to take “all appropriate measures” to protect children from illicit drug use. This obligation necessarily includes evidence-based prevention programming, regulation of commercial practices, and public health education. Prevention should therefore be recognized as a core State responsibility under international human rights law, not a discretionary policy choice.

Failure to prioritize prevention has disproportionate consequences for women and girls. Adolescent girls, in particular, face elevated risks of early substance use initiation, which is associated with increased vulnerability to violence, mental health disorders, and exploitation.

DFAF’s implementation experience demonstrates that prevention-centered, non-punitive approaches are both effective and rights-affirming. Our Marijuana and Pregnancy Educational

Project addresses increasing normalization of substance use among women of reproductive age by providing science-based education, training healthcare providers, and correcting misinformation. These efforts uphold the right to health, the right to accurate information, and the rights of the child, while avoiding policies that deter women from seeking care.

Similarly, the Florida Neonatal Marijuana Exposure Task Force illustrates the value of multi-sector partnerships, bringing together healthcare, prevention, research, and child welfare systems to address systemic gaps and improve outcomes for women and children.

Balancing non-discrimination with protection from harm

Drug policy must navigate a critical balance. Overly punitive approaches risk violating the principle of non-discrimination and deterring access to care, particularly among marginalized women. At the same time, policies that normalize substance use or expand availability without safeguards may undermine the rights of children to health, safety, and development under the CRC.

A rights-based approach therefore requires both protection from punitive excess and protection from preventable harm.

2. Integrating a Gender Perspective and Ensuring Participation

Good practices

A gender-responsive approach to drug policy must be embedded across all stages of policymaking. DFAF's work and broader evidence highlight several essential components:

- Trauma-informed, gender-responsive services, recognizing the high prevalence of violence, abuse, and coercion among women affected by substance use;
- Life-course strategies, addressing prevention and care from adolescence through pregnancy and into early childhood;
- Integrated systems of care, combining substance use treatment, mental health services, and family-centered supports;
- Meaningful participation, including the engagement of women with lived experience, youth leaders, and family advocates in policy design and evaluation.

These approaches are consistent with CEDAW obligations to eliminate discrimination in healthcare and ensure appropriate services for women across their life course.

Persistent challenges

Despite these advances, significant gaps remain:

- Women, particularly those with lived experience, remain underrepresented in policymaking processes;
- Systems are frequently fragmented across health, justice, and social sectors;
- Data limitations hinder effective gender analysis and policy evaluation;
- Policy discussions often prioritize single-issue approaches rather than integrated, evidence-based strategies.

Ensuring meaningful participation requires moving beyond symbolic inclusion toward structured, sustained engagement of diverse women's voices.

3. Addressing Intersecting Forms of Discrimination

Women and girls affected by drug policies often experience multiple and intersecting forms of disadvantage, requiring tailored and context-specific responses.

Justice-involved women

A significant proportion of women in the justice system for drug-related offenses have histories of trauma, coercion, and socio-economic marginalization. Alternatives to incarceration, such as diversion programs and treatment courts, can support rehabilitation and family unity when implemented in voluntary and evidence-based ways.

However, reforms must be accompanied by adequate prevention and treatment infrastructure. Without these supports, policy changes may inadvertently increase exposure to harm.

Women in poverty and underserved communities

Women in low-income or rural settings often lack access to prevention services, maternal healthcare, treatment, and recovery support. This inequity reflects broader structural disparities and underscores the need for equitable resource allocation, including sustained investment in prevention.

Adolescent girls and emerging risks

Adolescent girls face distinct vulnerabilities, including online drug promotion, exploitation, and co-occurring mental health conditions. Early intervention through gender- and age-sensitive prevention is essential to mitigating long-term harm.

Commercialization and normalization

The expansion of commercial drug markets introduces additional risks, including increased potency, aggressive marketing, and normalization of use. Evidence suggests that women and girls may be disproportionately affected by these dynamics, particularly through targeted advertising and social pressures.

A comprehensive human rights analysis must therefore examine not only enforcement-related harms, but also the public health and societal impacts of increased availability and commercialization.

Cross-Cutting Considerations: Children, Families, and Intergenerational Impact

Drug policy must also be understood through the lens of intergenerational rights and responsibilities. Substance use disorders are chronic health conditions that can affect caregiving environments and child development.

A rights-based approach must therefore:

- Protect children from preventable harm;
- Support family stability and reunification;
- Ensure that women can seek care without fear of stigma or punitive consequences.

Prevention-centered and family-strengthening approaches offer a pathway to advancing both women's rights and children's rights while reducing long-term societal harm.

Recommendations

DFAF respectfully recommends that OHCHR:

1. Affirm prevention as a human rights obligation under CRC Article 33;
2. Promote gender-responsive, trauma-informed systems of care consistent with CEDAW;
3. Ensure meaningful and sustained participation of women and girls in policymaking;
4. Address intersecting forms of discrimination affecting vulnerable populations;
5. Encourage balanced policy frameworks integrating prevention, treatment, recovery, and proportionate accountability;
6. Examine commercialization and marketing practices through a gender and human rights lens;
7. Strengthen requirements for sex- and age-disaggregated data collection and evaluation;
8. Recognize recovery as an essential component of the right to health and human dignity.

Protecting the rights of women and girls in drug policy requires clarity, balance, and commitment to evidence. It requires acknowledging that prevention is protection, that treatment is a pathway to dignity, and that recovery is a human rights outcome.

Human rights and public health must advance together. Policies that are prevention-centered, gender-responsive, and grounded in evidence offer the most effective pathway to strengthening families, safeguarding children, and promoting resilient communities.

DFAF remains committed to supporting OHCHR, Member States, and civil society in advancing policies that uphold human rights while preventing harm and protecting future generations.

Respectfully submitted,

Drug Free America Foundation, Inc. (DFAF)