

56th SESSION OF THE HUMAN RIGHTS COUNCIL: DRUG POLICY HIGHLIGHTS

July 2024

Between 18 June and 12 July 2024, the Human Rights Council held its [56th session](#). This briefing highlights key debates, decisions and documents in which drug control and its impact on human rights were analysed and addressed.

ID WITH THE SPECIAL RAPPORTEUR ON THE RIGHT TO HEALTH

The Special Rapporteur, Dr Tlaleng Mofokeng, presented her report on drug use, harm reduction and the right to health ([A/HRC/56/52](#)); which recognises harm reduction as central to the enjoyment of the right to health by people who use drugs. During the interactive dialogue, the Special Rapporteur highlighted some good practices, including needle and syringe programmes (NSPs), opioid agonist therapy (OAT), drug consumption, drug checking, and overdose prevention and reversal. She also highlighted that harm reduction approaches encompass the decriminalisation of drug use, inclusive housing, employment and education policies, and sustainable funding. She recognised that harm reduction interventions work best when tailored to the needs of different individuals and communities, and called on States to end the war on drugs and adopt policies centred on dignity, public health and human rights.

The Council also considered the Special Rapporteur's reports on her visits to **Luxemburg** ([A/HRC/56/52/Add.1](#)) and **Costa Rica** ([A/HRC/56/52/Add.2](#)). Dr Mofokeng commended good harm reduction practices implemented in Luxemburg, including supervised drug consumption rooms and NSPs. On Costa Rica, she expressed concern about the widespread stigmatisation and criminalisation of people who use drugs, calling on the State to adopt harm reduction approaches and decriminalise drug use, while adopting policies and evidence-based protocols in the provision of accessible, acceptable, affordable and quality health care.

During the debate, States including [Belgium](#), [Colombia](#), Indonesia, [Malaysia](#), and [USA](#) expressed their support to the Rapporteur's work, and recognised the need to move away from punitive responses and to adopt human rights and evidence-based approaches to drug policies. Civil society, including [HRI](#), [Conectas Dereitos Humanos](#), [IDPC](#) and [AKAHATÁ](#), reiterated the call to divest from punitive drug policies and invest in evidence- and human rights-based approaches to drug use; and called on States to decriminalise drug use, scale up harm reduction services, and remove barriers to access to services, including for women, people in detention, and racialised groups.

RESOLUTION ON HUMAN RIGHTS IN THE CONTEXT OF HIV/AIDS

On 12 July the Council adopted a new resolution on human rights in the context of HIV/AIDS ([A/HRC/RES/56/20](#)). Extensive negotiations allowed to achieve consensus, after a vote in 2021.

Among others, the text recognises harm reduction as key for HIV prevention; urges states to review or repeal punitive and discriminatory laws and policies which hinder access to HIV-related services; and, encourages countries to scale up domestic and international funding for the HIV response. More details can be found in the [UNAIDS press release](#).

Ahead of the adoption the core group – led by Brazil - reiterated the essential role of human rights in the fight against HIV/AIDS, noting how stigma and discrimination continue hindering access to services. Chile paused on the negative impacts of punitive measures, including the criminalisation of drug use, on the protection of human rights, and on controlling the spread of HIV. On its part, the Russian Federation denounced the “propaganda of opioid substitution therapy as a panacea to combating HIV/AIDS”, and harm reduction as a “non universal concept prohibited in a number of countries.”

One among many amendments tabled by the Russian Federation aimed at removing mention of ‘harm reduction’, but it was voted down. In explaining its vote against the amendment, Luxemburg noted how such an amendment would dilute prevention efforts and “deny interventions based on scientific proof recommended by WHO, UNODC, and UNAIDS as essential and effective”. Luxemburg underlined how harm reduction approaches reduce health, social and economic damage from drug use by individuals, communities and societies, and how ‘harm reduction’ is part of agreed UN vocabulary accepted in the General Assembly and Human Rights Council.

PRESENTATION OF THE SG REPORT ON THE SITUATION OF HUMAN RIGHTS IN IRAN

In presenting the Secretary-General report on the situation of human rights in the Islamic Republic of Iran ([A/HRC/56/22](#)), the Deputy High Commissioner for Human Rights noted the increased application of the death penalty. She marked as “especially troubling” the “84% increase in executions for drug related offences in 2023, the highest figure in nearly a decade”; and paused on the high number of executions of people from the Baluchi minority. Iran was recommended to establish a moratorium on all executions as a first step towards abolition.

Iran defended its use of capital punishment alleging it is used only for “very serious crimes” such as “major drug trafficking”, and that measures have been adopted to reduce executions.

ID WITH THE SPECIAL RAPPORTEUR ON EXTREME POVERTY AND HUMAN RIGHTS

The Special Rapporteur, Olivier De Schutter, presented a joint report with the Special Rapporteur on the right to adequate housing titled “Breaking the cycle: ending the criminalization of homelessness and poverty” ([A/HRC/56/61/Add.3](#)); which analyses how laws that criminalise homelessness and poverty disproportionately impact some groups, including people who use drugs and sex workers, and further stigma and discrimination. The report recognises the harm reduction framework as a “promising alternative model” to engage with people who use drugs and other groups overrepresented in street situations; and highlights the need of new strategies that are rights-based and trauma-informed.

Although the Special Rapporteur did not address drug policy specifically during the dialogue, he highlighted the need to move away from punitive approaches that stigmatise and criminalise poverty and homelessness, and invest in social justice.

ID WITH THE SPECIAL RAPPORTEUR ON CONTEMPORARY FORMS OF RACISM, RACIAL DISCRIMINATION, XENOPHOBIA AND RELATED INTOLERANCE

In her report to the Council ([A/HRC/56/68](#)), the Special Rapporteur addressed ways in which **artificial intelligence can contribute to manifestations of racial discrimination**, including in the context of policing and in the criminal justice system. She expressed concern for increases in arrests of racialised groups due to automated identification and predictive policing algorithms, which estimate the likelihood of committing a crime based on personal data, including in some cases history of drug use and criminal records.

During the dialogue, the International Service for Human Rights denounced the ongoing violence and militarisation of favelas in Rio de Janeiro (Brazil), connected to the “disastrous and persistent” war on drugs pursued in the country, as a root cause for killings and abuses experienced by Black inhabitants, particularly the youth.

The Rapporteur also presented her report on her **visit to the USA** ([A/HRC/56/68/Add.1](#)), which identified “drug use driven by societal exclusion and the lack of treatment options as determined by race, and the absence of socioeconomic opportunities resulting” as driving patterns of gun violence; and expressed concern for the ongoing surveillance and over-policing of racialised communities. Although she did not specifically address drug policy, the Rapporteur recommended the country to:

- “Address the root causes of the high number of unhoused people of African descent and from other racially marginalized communities, including poverty, mental health issues, substance misuse and lack of affordable housing.”
- “Consider ways that significant public funds invested in the criminal justice system can be redirected into community services and infrastructure”; and
- End the surveillance and over-policing of racially marginalized groups.

OTHER RELEVANT DEVELOPMENTS

- During the dedicated Interactive Dialogue, the **Special Rapporteur on extrajudicial, summary or arbitrary executions** indicated priorities for the rest of his mandate, among which he identified: deaths in the context of drug control; deaths caused by police violence; and, the death penalty, particularly its incompatibility with the prohibition of torture.
- In its **study on key challenges in ensuring access to medicines, vaccines and other health products** ([A/HRC/56/28](#)), OHCHR identified people who use drugs among the groups whose access to health services may be impeded because of criminalisation; and reiterated that “overly restrictive guidelines for health services and products included in national lists of essential medicines, vaccines and other health products also pose a challenge to access to medicines, vaccines and health products.” An example identified is that of “punitive policies that limit the availability of medicines for treatment of pain and drug dependence to persons in need of palliative care or receiving substance abuse treatment”.
- In her report to the Council ([A/HRC/56/65](#)), the **Special Rapporteur on the situation of human rights in Belarus** reported allegations of “forced labour in correctional colonies and in ‘therapeutic labour preventoriums’ (i.e. rehabilitation centres for persons suffering from alcoholism or drug addiction)”; with people detained reportedly “forced to do hard physical labour for derisory pay and sometimes spend long working hours in extreme cold temperatures (as low as -30°C) or in heat without proper hygiene.”