

59th SESSION OF THE HUMAN RIGHTS COUNCIL: DRUG POLICY HIGHLIGHTS

July 2025

Between 16 June and 8 July 2025, the Human Rights Council held its [59th session](#). This briefing highlights key debates, decisions, and documents in which drug policy and its impact on human rights were analysed and addressed.

Recorded sessions of the Council can be accessed [here](#) and oral statements [here](#).

ID WITH THE SPECIAL RAPPORTEUR ON EXTRAJUDICIAL, SUMMARY OR ARBITRARY EXECUTIONS.

The Special Rapporteur, Dr. [Morris Tidball-Binz](#), presented his report on the rights of families of unlawful killings ([A/HRC/59/54](#)) to the Council, emphasising that these families are also victims with their own rights. The report underscores how situations such as deaths in custody and the death penalty can deepen families' suffering, particularly due to restrictions to visitation rights or failure to notify families before executions. The report concludes that such suffering may amount to cruel, inhuman, or degrading treatment under international law, and urges States to better recognise and protect the rights of affected families. The Special Rapporteur also applauded joint efforts between Member States, UN agencies and mechanisms in implementing the Minnesota Protocol, which good examples lead to, among others, the establishment of the Philippines' first National Forensic Institute, and the Malaysian government's invitation to support the creation of a regional centre for training and cooperation in applying the Minnesota Protocol.

During the interactive dialogue, several Member States highlighted the importance of upholding the rights of the families of victims of unlawful killings,¹ both in legislation and in practice – which could also be beneficial for families of victims in the context of drug policy. [Brazil](#) presented progress made to protect the rights of families and victims of unlawful killings, including the implementation of the “Mirante project”, which aims to generate data and evidence on human rights violations committed during police operations that result in deaths, including as part of drug control enforcement. Speaking on behalf of the core group on the question of the death penalty,² [Costa Rica](#) emphasised the importance of protecting the rights of family members of those sentenced to death, including rights to a final visit and to arrange for the burial of executed relatives. It called on States that conduct executions in secret or without adequate prior notice to end such practices. Reiterating their commitment to human rights, it called for the universal abolition of the death penalty and announced plans to introduce a new resolution on this issue at the 60th session of the Council in September.

¹ Which in many cases happen in the context of drug control operations or death penalty for drug offences.

² Belgium, Benin, Costa Rica, France, Mexico, Mongolia, Moldova, and Switzerland

Civil society highlighted the impact of the death penalty for drug offences on families of those executed. The [Gulf Centre for Human Rights and ALQST for Human Rights](#) raised concerns about the alarming surge in executions in Saudi Arabia – the majority of which for drug offences— where families are often denied a farewell visit and prior notice, and only learn about executions through the media. They also condemned the withholding of victims’ bodies, depriving families of the right to mourn in accordance with their beliefs. In a joint statement, [Harm Reduction International](#)³ emphasised that the death penalty for drug offences is arbitrary by definition, and that abolition efforts must centre the rights of families, including their right to access to timely and complete information, final visit prior to execution, and basic dignity. Both statements called for an immediate moratorium and total abolition of the death penalty. In turn, [Advocates for Human rights and members of the World Coalition Against the Death Penalty](#)⁴ highlighted the rise in executions of women, particularly in Iran.

The [World Council of Churches](#) and the [World Organisation Against Torture](#)⁵ highlighted the impact of the so-called ‘war on drugs’ conducted by the former president Duterte in the Philippines, where thousands were killed in the name of drug control, including activists, journalists, and children. Both organisations expressed concern for the families of victims seeking justice for unlawful killings, who are facing reprisals, intimidation and harassment, and sometimes are detained for advocating for their rights. They also highlighted how the lack of confidentiality in legal proceedings exposes families to further risks, deterring many from seeking accountability due to fear of retaliation. As stressed by the World Organisation Against Torture, where investigations are carried out, they are often incomplete, with all cases documented by them being closed prematurely and without a trial, denying families their right to justice.

ID WITH THE SPECIAL RAPPORTEUR ON HEALTH

The Special Rapporteur on the highest attainable standards of physical and mental health, Dr. [Tlaleng Mofokeng](#), presented her report on health and care workers as defenders of the right to health ([A/HRC/59/48](#)). Dr. Mofokeng emphasised the pivotal role of health workers as human rights defenders, noting that their capacity to advocate for these rights is deeply shaped by social determinants of health, as well as by violence, stigma, and discrimination—especially for those from marginalised communities. She underscored that in contexts of war and genocide, the systems and personnel necessary for upholding this right have come under growing attack and discrimination, hindering their ability to carry out vital duties. She urged the immediate release of all detained, harassed, and tortured health and care workers, and called for an end to the targeting and killing of healthcare professionals.

³ Jointly with Anti-Death Penalty Asian Network (ADPAN), ECPM (Together against the death penalty), Advocates for Human Rights, European Saudi Organization for Human Rights and Iran Human Rights (IHRNGO)

⁴ Cornell Center on the Death Penalty Worldwide, Humanity Diaspo, Droits et Paix and Ensemble Contre la Peine de Mort (ECPM)

⁵ Jointly with the Children’s Legal Rights and Development Center, and the International Bar Association’s Human Rights Institute

During the interactive dialogue, Member States expressed their concern on the need to protect the rights of healthcare workers, especially during times of conflict and war, and stressed the importance of building sustainable health systems supported by international cooperation and solidarity. [Colombia](#), speaking on behalf of 30 countries,⁶ welcomed the report as it highlights the negative impact of punitive drug policies on health service providers, and called for drug policies to be grounded in human rights, scientific evidence, and non-discriminatory access to adequate health services. It also welcomed the advances made by the Commission on Narcotic Drugs (CND) that established, for the first time, a multidisciplinary expert panel tasked with reviewing the international drug control system and offering practical recommendations. Finally, it underscored the central role of the whole UN system to collaborate and keep human rights approaches to drug policy in the debate, including at the CND in Vienna, General Assembly in New York and Human Rights Council in Geneva.

[UNAIDS](#) echoed the Special Rapporteur's call for a health approach centred on human rights, gender equality, and community leadership, aligning with the ongoing global HIV response and the goal of ending AIDS as a public health threat by 2030. The organisation emphasised the importance of removing discriminatory laws and practices that block access to healthcare—especially for key and priority populations such as people living with HIV, sex workers, people who use drugs, LGBTQ+ individuals, migrants, adolescent girls, and young women—who continue to face stigma, criminalisation, and exclusion. Health workers serving these groups are also vulnerable to discrimination. It also underscored the vital role of community-led responses, who are often criminalised or targeted, and the need for their participation to be recognised, protected, funded, and included as part of a sustainable HIV response.

From civil society, [HRI](#) and [IDPC](#) highlighted the negative impact of international aid cuts on the delivery of life-saving harm reduction, leading to partial or complete loss of services and putting lives at risks.

ID WITH THE SPECIAL RAPPORTEUR ON EXTREME POVERTY AND HUMAN RIGHTS

The Special Rapporteur, [Mr. Olivier De Schutter](#), presented his report on poverty, climate change and social protection as well as his findings from the visit to Colombia ([A/HRC/59/51/Add.1](#)) conducted between 26 August and 4 September 2024. In his annual report ([A/HRC/59/51](#)), the Rapporteur condemns the USAID funding cuts as “shocking” - as they could potentially cause 25 million avoidable deaths - but just the latest in a global breakdown of international cooperation. In his report on Colombia, the Special Rapporteur commends the country's efforts to address poverty but notes ongoing regional disparities, with groups such as indigenous peoples and coca growers particularly affected. He raises concerns about punitive crop eradication policies and stresses that crop substitution will only succeed if farmers receive proper support to adopt agroecological practices, access to markets and fair prices, and benefit from

⁶ Albania, Andorra, Australia, Austria, Bangladesh, Bolivia, Brazil, Chile, Chipre, Colombia, Costa Rica, Croatia, Denmark, Gambia, Greece, Guatemala, Hungary, Ireland, Island, Marshall Islands, North Macedonia, Panama, Portugal, Sierra Leone, South Africa, Spain, Switzerland, Thailand, United Kingdom and Uruguay.

improved infrastructure. It also calls for international cooperation on drug policy, urging a shift from punitive measures to human rights-based alternatives.

During the interactive dialogue, Colombia addressed the persisting connections between armed conflict, poverty, and inequality, highlighting agrarian reform and access to land as central measures to overcome poverty and secure a long-lasting peace, which would be essential in the context of drug policy.

While Member States did not address the impact of drug policy on poverty or its connection to the environmental crisis, civil society brought attention to these concerns. CELS raised concerns about how new policy changes are impacting the most vulnerable groups in Argentina, highlighting that the main hospital for mental health and “drug addiction” has been underfunded, affecting access to essential health services.

ID WITH THE WORKING GROUP ON DISCRIMINATION AGAINST WOMEN AND GIRLS

The [Working Group](#) presented its annual report, as well as its report on the country visit to Thailand ([A/HRC/59/45/Add.2](#)), where it expressed concern for the high number of women incarcerated – including on death row – for drug offences; and how such trend is driven by poverty, marginalisation, and intersectional discrimination. The Group also paused on shortcomings of drug rehabilitation centres and on discrimination in access to healthcare by women who use drugs and other marginalised groups, while praising Thailand’s commitment to provide free access to treatment to all persons living with HIV. The Group recommended Thailand to improve prevention, treatment and rehabilitation for people living with HIV/AIDS and people who use drugs, to “abolish the death penalty for drug-related offences and review drug-related policies and penalties to ensure alignment with a comprehensive, restorative and reintegrative justice approach, focused on community-based preventative measures,” and to ensure the right to a fair trial for women who use drugs.

Echoing the Working Group’s findings, [Advocates for Human Rights](#)⁷ raised concerns about the disproportionate use of the death penalty for drug offences against women in Thailand, where 94% of women on death row were convicted of drug-related offences, compared with 58% of their male counterparts. They also underscored the importance of considering gender-informed mitigating factors during sentencing, and urged Thailand to make its mandatory-sentencing guidelines public, and to initiate a revision process in consultation with civil society organisations specialising in gender-based violence. Finally, they called on Thailand to abolish the death penalty for all crimes, including drug-related offences.

⁷ Jointly with Women and Harm Reduction International Network, Humanity Diaspo, Women Beyond Walls, Khaleem Trevor Ali, Cornell Centre on the Death Penalty Worldwide, OMCT, Iran Human Rights, Harm Reduction International, and Reprieve.

ID ON THE HIGH COMMISSIONER'S REPORT ON TECHNICAL ASSISTANCE AND CAPACITY-BUILDING IN COLOMBIA

Ms. Maarit Kohonen Sheriff, Director of the Global Operations Division of OHCHR, gave an account of the technical assistance and capacity-building provided to national and local authorities and other relevant actors by the OHCHR in Colombia ([A/HRC/59/64](#)), including progress made and persistent challenges. She highlighted that since July 2023 financial constraints have eroded the capacity of the OHCHR, leading to the closure of local offices and the halving of staff.

Colombia expressed gratitude for the support provided by the OHCHR, highlighting the importance of technical assistance, especially to transitional justice mechanisms, and the significant progress achieved, including by implementing recommendations from the Truth Commission. It emphasised the need for continued and strengthened technical assistance from the OHCHR and called on Member States and observers to support the **new resolution (A/HRC/RES/59/25) aimed at enhancing OHCHR mandate**, including by expanding it to the area of drug policy, with a focus on support for people who use drugs and development projects for coca farmers; while also pursuing the dismantling of narco trafficking networks that fuel armed conflict. The resolution was approved by consensus on 8 July (link to resolution will be available [here](#)).

During the interactive dialogue, Member States praised Colombia's efforts to implement the peace agreement's recommendations and voiced their support for the continued provision of technical assistance by the OHCHR. Civil society organisations also made valuable contributions. [Dejusticia](#) and [Elementa](#), highlighted the urgent need to address how global drug prohibition policies fuel violence, conflict, and insecurity in Colombia. Both organisations stressed that the Truth Commission and the [2023 OHCHR report](#) recommended moving away from punitive, prohibitionist drug policies toward legal, regulated frameworks and called to continue supporting the work of the OHCHR.

UNIVERSAL PERIODIC REVIEWS

The Council adopted the outcomes of Universal Periodic Reviews of several countries at its 48th session, with some specific recommendations on drug policies:

- [Iran](#) received four recommendations specifically concerning the use of the death penalty for drug-related offences, as well as 29 recommendations calling for a moratorium on executions and/or abolition of the death penalty more broadly. Iran did not support any of these recommendations.
- [Iraq](#) received 23 death penalty-related recommendations such as to adopt the Optional Protocol to the International Covenant on Civil and Political Rights, limit the use of the death penalty to the most serious crimes only (which do not include drug-related offences), and impose a moratorium on the death penalty aimed at its total abolition. None of the recommendations were accepted.

- [Egypt](#) received 21 recommendations, including calling for the ratification of the Second Optional Protocol to the International Covenant on Civil and Political Rights; limiting the use of the death penalty to “most serious crimes only” (which excludes drug-related offences) and not imposing it on children; and imposing a moratorium on the use of the death penalty with the aim of abolition. Egypt accepted all recommendations aimed at limiting the use of the death penalty to the most serious crimes under international law.
- [Fiji](#) received three recommendations to ratify the Second Protocol to the International Covenant on Civil and Political Rights, which were all noted.

OTHER RELEVANT DEVELOPMENTS

- **Presentation of the Secretary-General’s report on the situation of human rights in the Islamic Republic of Iran.** The Deputy High Commissioner for Human Rights presented report [A/HRC/59/22](#), covering the situation of human rights in Iran between 1 August 2024 and 31 January 2025. The report provides a detailed reconstruction of use of the death penalty in Iran in 2024, confirming at least 975 executions (the highest number since 2015), 52% of which were for drug offences. The report reiterates the disproportionate impact of capital punishment on minority groups, pauses on the high number of Afghan nationals executed, mostly for drug offences, and urges Iran to halt all executions and impose an immediate moratorium on the death penalty as a first step towards its abolition.

With regard to the right to health, the lack of availability of some 300 drugs was reported, in response to which Iran stated that “the impact of unilateral coercive measures also impeded scientific research, access to essential medicines and equipment”. Meanwhile, the report welcomed the announcement that HIV treatment would be provided free of charge.

- **ID with the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance.** The Special Rapporteur presented her annual report, as well as the report on her country visit to Brazil ([A/HRC/59/62/Add.1](#)). On the latter, she reiterates concerns for the excessive use of lethal force by militarised law enforcement, often in the context of purportedly anti-drug operations, and concentrated against people of African descent living in poor neighbourhoods. It identifies drug policies as a driver of overincarceration of people of African descent and warns that the proposed constitutional amendment No. 45/2023 that criminalises drug possession could have a racially disproportionate impact. Accordingly, the report recommends Brazil to revise its drug policies and increase alternatives to incarceration, with an eye to addressing the root causes of overincarceration of marginalised groups. During the ID, Brazil expressed its commitment to dismantling structural racism and promoting inclusive development and pointed to several initiatives to address factors contributing to racial vulnerability, including in the area of drug policy.

- **Presentation of thematic reports to the Human Rights Council.** Mr [Dimitar Chalev](#), Chief of the Rule of Law, Equality and Non-Discrimination Section of OHCHR, presented several thematic reports, including:
 - **OHCHR’s comprehensive report on access to medicines, vaccines, and other health products in the context of the right to the highest attainable standard of physical and mental health** ([A/HRC/59/29](#)); which highlights several issues related to the international drug control regime. Among others, the report denounced that 85% of the global population lives in countries with little or no access to internationally controlled essential medicines which play a critical role in the management of pain and palliative care, in anaesthesia, and “for the treatment of drug use disorders.” It also denounces that the “recent voluntary licensing agreement for the medication Lenacapavir, which could be a groundbreaking drug for the prevention of HIV, excludes many middle-income countries that, combined, account for 8.7 per cent of new HIV infections”; which would leave many unprotected. Finally, it reiterates the need to address cultural, legal and other barriers which impede access to essential health products, including those causing essential medicines for palliative care and drug dependence to be excluded from national essential medicines lists.
 - **OHCHR’s report on accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls in criminal justice detention** ([A/HRC/59/31](#)). The report notes the disproportionate increase in incarceration of women and girls in the past 20 years, identifying State punitive approaches - particularly to drugs - as drivers. Consequently, “women make up a higher proportion of those imprisoned for drug-related offences – 35 per cent compared to 19 per cent for men”; and Indigenous women, women of African descent, and women migrants are disproportionately policed and arrested, harshly sentenced, and incarcerated for drug offences. The inadequate access to gender-sensitive healthcare in detention, including for drug treatment, is highlighted as a critical challenge. The report recommends that States reform laws that disproportionately criminalise women, develop action plans for the treatment of women in detention, and ensure access to comprehensive healthcare, among others.
- **Resolutions on issues adjacent to drug policy.** Some resolutions on issues adjacent to drug policy were adopted at the session, including the resolution on access to medicines and vaccines and other health products (A/HRC/RES/59/7), and the resolution on civil society space (A/HRC/RES/59/10). The link to the resolutions is available [here](#).