62nd SESSION OF THE HUMAN RIGHTS COUNCIL: DRUG POLICY OPPORTUNITIES

June 2026

HARM REDUCTION INTERNATIONAL

The upcoming 62nd Session of the Human Rights Council, to be held between 15 June and 7 July 2026, presents critical opportunities for reflecting on the impacts of drug control policies on human rights worldwide and on States' obligations to promote and protect people's rights, while discussing pathways for reform.

Below are some key moments where drug policy will or can be addressed, and suggestions for mainstreaming drug policy in the session. More information about civil society participation during the session can be found here.

ID ON UN HIGH COMMISSIONER ANNUAL REPORT
Item 2, 16 June at 10am GVA

The Human Rights Council will consider the annual report of the High Commissioner of Human Rights (soon to be published here) followed by an interactive dialogue. The annual report will include activities relevant to advocacy towards rights-based approaches to drug policy.

Member states and civil society can use this opportunity to welcome these activities, and call for continued attention by OHCHR to the human rights impact of drug policies.

ID WITH SPECIAL RAPPORTEUR ON THE RIGHT TO HEALTH
Item 3, 17 June at 10am GVA

The Special Rapporteur on the right to health, Dr Tlaleng Mofokeng, will present her last thematic report (A/HRC/62/66) on access to health as enabler of dignity and the report on her visit to Thailand (A/HRC/62/66/Add.1). The thematic report examines how dignity operates as both a core principle underpinning the right to health and as essential condition for its full realisation, that should be at the centre of health systems, laws and policies. It argues that stigma, discrimination and criminalisation are major barriers to the right to health and calls on States to adopt dignity-based approaches grounded in autonomy, participation, equality, confidentiality and accountability. The report explicitly highlights how punitive laws and policies can deter people from accessing healthcare, undermine trust in health systems, and worsen health outcomes for marginalised groups, including people who use drugs. It also emphasises that harm reduction measures are essential to reducing preventable illness and death and upholding human dignity. Similarly, the report on Thailand addresses plans to reform drug policy in the country, stressing how criminalisation represents a barrier to healthcare for people who use drugs, and highlights the impact of punitive drug policies on incarceration in the country.

During the interactive dialogue, Member States and civil society organisations can reinforce the growing recognition within the UN system that punitive approaches, criminalisation and stigma undermine the right to health and create barriers to healthcare access for people who use drugs, and advocate for the repeal of laws and policies that criminalise drug use and possession, the expansion of harm reduction services, and the integration of evidence-based, rights-based approaches into national health systems. Given the report's emphasis on dignity, participation and non-discrimination, Member States and civil society can further advocate for the meaningful involvement of people who use drugs in the development, implementation and evaluation of policies and programmes that affect them, as well as broader drug policy reforms that align with public health and human rights standards.

ID WITH SPECIAL RAPPORTEUR ON SUMMARY EXECUTIONS
Item 3, 18 June at 10am GVA

The UN Special Rapporteur on extrajudicial, summary or arbitrary executions, Morris Tidball-Binz, will presents his thematic report (A/HRC/62/37) and the report on his visit to Lebanon (A/HRC/62/37/Add.1). The thematic report, titled 'The death penalty from the perspective of the prohibition of torture and other ill-treatment and the protection of human dignity', concludes that the death penalty is inherently incompatible with the prohibition of torture and other cruel, inhuman or degrading treatment, and calls for its universal abolition. The report is particularly relevant to drug policy as it reiterates that, under international human rights law, the death penalty may only be imposed for the "most serious crimes", which is limited to crimes involving intentional killing. It specifically notes that the risks of arbitrariness, unfair trials, coercion, torture, discrimination and inadequate legal safeguards are especially acute in drug-related cases, where exceptional laws and procedures can undermine fundamental rights. As documented by HRI report, 'The Death Penalty for Drug Offences: Global Overview 2025', documented that as of 2025, 36 countries still retain the death penalty for drug offences, while drug offences are accounted for more than 46% of all confirmed executions globally.

Member states and civil society can use this opportunity to recall existing UN standards that drug-related offences do not meet the threshold of "most serious crimes" and highlight how the use of the death penalty for drug offences disproportionately affects people facing poverty, marginalisation, discrimination, inadequate legal representation and other structural vulnerabilities. As the report concludes that abolition is a legal necessity rather than a policy choice, member states and civil society can further advocate for the abolition of the death penalty for drug offences as a strategic step towards global abolition, the introduction of moratoria on executions, and broader reforms to punitive drug policies that contribute to human rights violations.

PRESENTATION OF REPORT OF SECRETARY GENERAL/HIGH COMMISSIONER/OHCHR THEMATIC REPORTS

Item 3, 26 June at 10am GVA

The Human Rights Council will have before it the study of the Office of the High Commissioner for Human Rights (OHCHR) on access to medicine, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/62/32). The report (soon to be available here) is expected to examine protection gaps and barriers that prevent vulnerable and marginalised populations in developing countries, from accessing medicines, vaccines, and other essential health products. It will analyse how factors such as conflict, economic and fiscal constraints, declining international support, supply chain disruptions, discriminatory policies and narratives, digitalisation, and climate change affect equitable access to healthcare. The study will also explore the challenges States face in assessing and addressing these gaps and will identify recommendations and priorities to strengthen universal, equitable, and sustainable access to health products for all, particularly those most at risk of exclusion.

The presentation will not be followed by a general debate, and it will be considered during relevant general debate at the 63rd Session.

BIENNIAL THEMATIC PANEL DISCUSSION ON TECHNICAL COOPERATION AND CAPACITY BUILDING IN SUPPORTING STATES IN THE FULL AND EFFECTIVE REALISATION OF THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH

2 July at 3 – 5pm GVA

The panel discussion will examine how technical cooperation and capacity-building can support States in fulfilling the right to the highest attainable standard of physical and mental health, particularly in the context of widening health inequalities, shrinking health budgets, climate-related health risks, conflict, and public health emergencies. The discussion will focus on identifying effective approaches to strengthening health systems, mobilising domestic resources for universal health coverage, addressing disease-specific funding gaps, and ensuring that health financing and policy responses are guided by human rights principles, especially for populations facing heightened vulnerability.

This panel provides an opportunity to advocate for technical assistance and capacity-building that advance the right to health of people who use drugs. This is particularly relevant for harm reduction and HIV responses, as funding landscape continue to shrink dramatically. Civil society organisations can emphasise the need for sustainable financing for harm reduction, including through increased domestic investment as international funding declines. The discussion also provides a platform to promote the evidence-based integration of harm reduction

into universal health coverage and national health systems, supported by technical cooperation that strengthens policy development, service delivery and health financing mechanisms. These efforts should ensure the meaningful involvement of people who use drugs in the design, implementation and evaluation of policies and programmes, while addressing legal and policy barriers that restrict access to healthcare and undermine health outcomes.

UNIVERSAL PERIODIC REVIEWS
Item 6, 30 June – 1 July

During the session, the Council will consider and adopt the final outcomes of the reviews carried out at the 51st UPR session on 19 – 30 January 2026 of the following countries: Australia, Austria, Georgia, Lebanon, Mauritania, the Federated States of Micronesia, Nauru, Nepal, Oman, Rwanda, Saint Kitts and Nevis, Saint Lucia, and São Tomé and Príncipe.

The reviews of Mauritania and Oman – two of 36 countries that retains the death penalty for drug offences – include recommendations related to the abolition of the death penalty, including ratification of the Second Optional Protocol to the ICCPR, the establishment of moratoria on executions, and legislative abolition. Although these recommendations are not specifically related to drug offences, they are relevant to ongoing efforts to restrict and ultimately eliminate the use of capital punishment, including for drug-related offences, which do not meet the threshold of "most serious crimes" under international human rights law.

Rwanda received recommendations to strengthen HIV prevention and testing programmes targeting adolescent girls and young women and to continue efforts on HIV prevention and response. Saint Lucia received a recommendation to address discrimination and stigma faced by women living with HIV/AIDS. Saint Kitts and Nevis also received a recommendation to develop comprehensive strategies to address youth gang violence, firearms use and drug-related crime among adolescents, while promoting reintegration and support programmes.

OTHER RELEVANT OPPORTUNITIES

ID with Special Rapporteur on Trafficking (Item 3, 22 June at 10am GVA). The Special Rapporteur will present their report which will examine the risks, forms, and drivers of child trafficking affecting migrant, refugee, asylum-seeking, and stateless children in the context of migration and mixed movements. It will assess gaps in prevention, protection, access to justice, and accountability, as well as the impact of migration policies, conflict, climate change, discrimination, and statelessness on children's vulnerability to trafficking. The report will identify good practices and provide recommendations to strengthen child-centred, rights-based responses to trafficking and protection for children on the move.

SIDE EVENTS

Side event on Human Rights Implications of Drug Policy: Decriminalizing drug use in HIV response- A Guidance Note
3 July at 1pm GVA – Room Concordia I

This side event will explore the human rights and public health implications of drug criminalisation in the context of the global HIV response, drawing on the recently launched UNAIDS, UNDP and INPUD guidance note Decriminalization of Drug Use in the Context of HIV. The discussion will examine how decriminalisation can contribute to more effective, rights-based and evidence-informed HIV responses, and will consider practical recommendations for legal and policy reform.