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

July 2026

HARM REDUCTION INTERNATIONAL

Between 15 June and 8 July 2026, the Human Rights Council held its 62nd 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.

HIGH COMMISSIONER'S GLOBAL UPDATE

During his Global Update to the Council, the UN High Commissioner Volker Türk placed drug policy within a broader concern about declining aid, instability and the growth of transnational crime. He noted that violence associated with drug trafficking has risen sharply along trafficking routes and delivered a particularly strong critique of punitive and militarised drug control.

The High Commissioner described the so-called "war on drugs" as a "vicious circle", stressing that militarised responses, particularly in the Americas, feed further violence. He also rejected the use of "narco-terrorism" narratives to justify lethal force, referring to the United States airstrikes against civilian vessels in the Caribbean and Eastern Pacific. He also raised concerns on the conflation of drug trafficking, organised crime and terrorism, and the resulting erosion of human rights safeguards.

The High Commissioner further highlighted the environmental impacts of illicit drug markets, including water stress, deforestation and toxic waste. Rather than escalating punitive responses, he called on governments to tackle corruption, strengthen institutions and "invest in harm reduction, education, healthcare and jobs."

The interactive dialogue featured repeated concerns over the sharp rise in executions. The European Union (EU) specifically recalled that executions continue for offences that do not meet the "most serious crimes" threshold under international law, including drug offences, and called for moratoria and abolition. The EU and Switzerland further raised concerns about the expansion of the death penalty, with the latter mentioning as an example the Maldives, which has recently expanded applicability of the death penalty to drug offences.
Australia highlighted the reported 78% rise in executions globally in 2025 (driven in large part by drug-related executions); while Austria, Belgium, France, Iceland Norway, and Switzerland, raised similar concerns over increasing executions and legislative initiatives expanding the scope of capital punishment, including developments in Iran, Saudi Arabia, Singapore and the Maldives.

From civil society, Frontline AIDS delivered a statement warning that shrinking civic space and equality rollbacks are increasingly undermining the HIV response, calling for community-led organisations and defenders to be protected and adequately resourced.

ID WITH THE SPECIAL RAPPORTEUR ON THE RIGHT TO HEALTH

The Special Rapporteur on the right to health, Dr Tlaleng Mofokeng, presented her final thematic report (A/HRC/62/66), focused on health as an enabler of human dignity. The report and her remarks brought together recurring themes from her six-year mandate, including support for harm reduction, and concerns over criminalisation, stigma, discrimination, non-consensual treatment and barriers to the underlying determinants of health.

The Special Rapporteur framed the right to health through three interrelated dimensions: autonomy; accessible, acceptable and quality healthcare; and prevention, including action on social, legal and commercial determinants of health. She stressed that dignity must be embedded in health laws, policies, budgets and institutions, and that resource allocation should prioritise those furthest behind. Participation mechanisms should ensure that lived experience informs the design and oversight of health systems.

Furthermore, the Special Rapporteur recommended that States "repeal punitive frameworks and align domestic policies with public health, human rights and harm reduction", adding that "decriminalisation is necessary for the right to health to be realized." Her analysis identifies criminalisation, coercion and stigma as structural drivers of avoidable morbidity, mortality and suffering.

The report's core findings received broad support from States. Among others, Timor Leste, raised concern that "marginalized and vulnerable groups continue to face barriers to healthcare and meaningful participation in decisions affecting their health"; Zimbabwe mentioned the designation of the National AIDS Trust fund through public health taxes as an example of prioritisation of domestic financing for health and called for "international solidarity, fair technology transfer and global financial reforms to ensure that life-saving medicines and vaccines are treated as global public goods."

On drug policy specifically, South Africa welcomed the Special Rapporteur's work on harm reduction and recognised criminalisation, stigma and discrimination as barriers to healthcare.

Civil society further reinforced these links: in a joint statement, IDPC, HRI and the Institute of HIV Research and Innovation highlighted how punitive drug policies, stigma and discrimination continue to undermine the right to health, raised concerns over increases in drug-related incarceration and a punitive, abstinence-based treatment system, and called for a genuine harm reduction approach and meaningful engagement with communities affected by drug policies. Frontline AIDS connected criminalisation to poor HIV outcomes and called for decriminalisation and evidence-based harm reduction, while IPPF highlighted the disproportionate impact of criminalisation on people who use drugs.

ID WITH SPECIAL RAPPORTEUR ON EXTRAJUDICIAL, SUMMARY OR ARBITRARY EXECUTIONS

The Special Rapporteur, Morris Tidball-Binz, presented his report on the death penalty from the perspective of the prohibition of torture and other ill-treatment and the protection of human dignity (A/HRC/62/37). The report concludes that the extreme pain and suffering inherent in the capital punishment process, from arrest through execution and its aftermath, cannot be reconciled with the absolute prohibition of torture and the duty to protect human dignity.

The report finds that the suffering associated with capital punishment is intensified by secrecy, arbitrariness, discrimination and the vulnerability and powerlessness of people sentenced to death. It calls on all retentionist States to urgently halt executions and move towards full abolition, and urges UN bodies, regional organisations and Special Procedures to continue clarifying the incompatibility of capital punishment with the prohibition of torture and other ill-treatment.

Several Member States delivered statements during the interactive dialogue. Among others, Finland (on behalf of Nordic and Baltic countries), Ireland, and Liechtenstein (on behalf of Quadrilateral group) reiterated their opposition to the death penalty in all cases and under all circumstances and called for universal abolition and moratoria on executions. Czechia expressed concern over the continued use of the death penalty for offences that do not meet

the “most serious crimes” threshold and persistent fair trial and due process violations. Specifically, Spain stressed that the death penalty is not an effective instrument in the fight against drugs.

A joint civil society statement by HRI, IDPC and partners highlighted the death penalty for drug offences as the most extreme form of punitive drug policy. The statement stressed that drug offences do not meet the threshold of “most serious crimes” under international law and that executions for drug offences continue to rise. It called for immediate moratoria, the removal of drug offences from the scope of capital punishment, and broader drug policy reforms grounded in evidence, public health and human rights.

Other civil society interventions drew attention to the ongoing impact of drug-related killings. The International Service for Human Rights highlighted that killings associated with the Philippines’ “war on drugs” have continued beyond the Duterte administration, citing 1,267 reported drug-related killings under the Marcos Jr administration as of 7 June 2026. It called for accountability extending beyond individual senior officials to all those who planned, ordered, enabled or carried out unlawful killings.

BIENNIAL PANEL ON TECHNICAL COOPERATION AND CAPACITY-BUILDING IN THE PROMOTION AND PROTECTION OF HUMAN RIGHTS

The biennial panel on technical cooperation focused on advancing the right to health amid shrinking fiscal space and declining international assistance. In her opening remarks, the Deputy High Commissioner stressed that the central challenge is “not a lack of global resources, but a failure of priorities”, noting that providing basic healthcare for everyone in low- and lower-middle-income countries for one year would cost less than two months of global military spending. Her central message was clear: “invest in health and invest in solidarity.” She emphasised the need for stronger public financing, free access to essential health services, and reforms to the international financial architecture to create fiscal space for health, highlighted persistent inequalities in access to medicines and medical innovations, and called for greater technology transfer and knowledge sharing.

Among the speakers, the Ambassador of Sierra Leone called for increased domestic investment in primary healthcare and reduced donor dependence. The Global Fund to Fight AIDS, Tuberculosis and Malaria focused on the relationship between human rights and effective HIV, tuberculosis and malaria responses, stressing that medicines and diagnostics cannot deliver results where people fear arrest, violence, discrimination or exclusion when seeking care. The Global Fund warned against treating human rights programmes as optional during funding cuts and called for sustained investment in community-led responses and removing human rights barriers to health. Lastly, The Digital Health and Rights Project highlighted digital discrimination, privacy violations and misinformation affecting young people living with HIV.

States broadly echoed calls for greater and more sustainable investment in health. Kenya, on behalf of the African Group, called for predictable health financing, improved access to essential treatments and medical technologies, and greater local production. Nigeria highlighted significant domestic health investments, Peru highlighted cooperation to strengthen national HIV/AIDS and tuberculosis responses in the country and Thailand referred to integrating HIV prevention into universal health coverage. UNDP similarly stressed that technical cooperation should help States align laws, budgets and institutions and remove legal and social barriers to medicines, vaccines and diagnostics.

Civil society emphasised the impact of declining health funding and the importance of rights-based and community-led responses. IPPF warned that millions have lost access to essential care and called for rights-based health

budgeting and civil society participation. HRI, delivering a joint statement, addressed the issue of drug policy and harm reduction, warning that lifesaving services remain chronically underfunded while governments continue to invest heavily in punitive drug control, and called for a shift in investment towards cost-effective harm reduction, its integration into universal health coverage and national health systems, stronger domestic financing, and meaningful participation of people who use drugs and community-led organisations.

UNIVERSAL PERIODIC REVIEWS

The Council adopted outcomes from the latest Universal Periodic Review cycle, which includes the review of 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. Although few recommendations directly addressed drug policy, Mauritania and Oman received recommendations relevant to the death penalty for drug offences. Mauritania accepted, for the first time, a recommendation concerning the death penalty, specifically to limit the number of offences punishable by death. Civil society welcomed the development but expressed concern that courts continue to impose death sentences despite the de facto moratorium in place since 1987, and called for a formal moratorium and further steps towards abolition. Conversely, Oman noted all recommendations concerning the death penalty.

Death penalty recommendations also featured across several other countries, although none of them retain the capital punishment for drug offences. Lebanon accepted all recommendations related to abolition, while the Federated States of Micronesia supported recommendations to ratify the Second Optional Protocol to the ICCPR. Nauru, which abolished the death penalty in 2016, also accepted abolition-related recommendations. By contrast, Saint Lucia noted all recommendations concerning the death penalty. Civil society interventions across the reviews broadly called for implementation of accepted recommendations, formal moratoria, greater transparency and further progress towards abolition.

All relevant HIV-related recommendations were accepted. Rwanda supported recommendations to strengthen HIV prevention and testing for adolescent girls and young women and continue efforts on HIV prevention and response. Saint Lucia accepted a recommendation to address discrimination and stigma against women living with HIV/AIDS, while Saint Kitts and Nevis supported a recommendation to develop comprehensive strategies addressing youth gang violence, firearms use and drug-related crime among adolescents, alongside reintegration and support programmes.

OTHER RELEVANT DEVELOPMENTS

- Due to the UN liquidity crisis, OHCHR was unable to prepare the mandated analytical study on protection gaps affecting the accessibility and availability of medicines, vaccines and other health products. The study has been postponed to the Council's 63rd session.

- The Council appointed Mariângela Simão, from Brazil, as the new Special Rapporteur on the right to health, succeeding Dr Tlaleng Mofokeng. Ms Simão brings extensive experience in global health, HIV and access to medicines, making the appointment particularly relevant to harm reduction and drug policy advocacy.

- At the closing session, a cross-regional group of 44 States raised concerns that restrictions on civic space undermine safe and meaningful civil society participation in the Universal Periodic Review. The group called for greater protection against intimidation and reprisals for those engaging with the UPR and highlighted the disproportionate pressure faced by some human rights defenders.

- The Council adopted several resolutions of potential relevance to drug policy issues, most notably:
    - Resolution on human rights implications of the obstruction and denial of humanitarian access and threats to the safety of humanitarian personnel in armed conflict (A/HRC/RES/62/4): addresses the protection of healthcare in armed conflict and mandates an expert panel at the Council's 66th session to discuss applicable human rights obligations and measures to strengthen protection. The resolution is relevant to broader concerns around continuity of and access to essential health services, including for marginalised and criminalised populations, in conflict and humanitarian settings.

    - Resolution on promoting, protecting and respecting women's and girls' full enjoyment of human rights in humanitarian situations (A/HRC/RES/62/18): expresses concern about the disproportionate impact of humanitarian crises on women and girls and requests OHCHR to develop a report on the impact of funding gaps and the humanitarian-development divide on their human rights. The resolution is particularly relevant in the context of shrinking resources for health and community-led services and barriers faced by women and girls in accessing essential care, including harm reduction services, in humanitarian settings.

    - Resolution on the enhancement of international cooperation in the field of human rights (A/HRC/RES/62/6): stresses the importance of international cooperation in supporting the promotion and protection of human rights and requests further OHCHR work on existing challenges and opportunities. The resolution addresses concerns raised during the session regarding declining international assistance, shrinking fiscal space and the need for adequate resources to realise economic, social and cultural rights, including the right to health.

    - Resolution on freedom of opinion and expression (A/HRC/RES/62/11): addresses emerging and transnational threats to freedom of expression and requests further study of legislative and policy responses. The resolution is relevant to broader concerns around shrinking civic space and the ability of civil society, community-led organisations and human rights and drug policy reform advocates to safely participate in and advocate through national and international policy processes.

SIDE EVENTS

Human Rights Implications of Drug Policy: Decriminalizing drug use in HIV response – A Guidance Note

This side event, co-organised by OHCHR, UNAIDS, UNDP, International Network of People who Use Drugs (INPUD), the International Centre for Human Rights and Drug Policy and Release, presented the recently published UNAIDS' guidance notes on decriminalization of drug use in the context of HIV.

H.E Ambassador João António da Costa Mira Gomes, from Portugal, opened the session by welcoming the contribution of the decriminalisation guidance note and reaffirming the country's long commitment towards public health and human rights approaches to drug policy, including the decriminalisation of drug use.

The panel underscored broad support for decriminalisation as an evidence-based, human rights-based approach to improving health outcomes. Speakers highlighted how punitive approaches fuels violence, stigma and discrimination against people who use drugs, creating significant barriers to healthcare and social services, including harm reduction. They emphasised that shifting from criminalisation to public health and harm reduction can reduce HIV infections and improve health outcomes. They also stressed the importance of meaningful involvement of people who use drugs, highlighting the development of the guidance note as a positive example of meaningful community engagement.

The panel concluded with a message that international instruments must translate into policy reforms at the domestic level. They also agreed that decriminalisation is not enough: it must be accompanied by sustained investment in harm reduction, voluntary treatment, housing, and social support, and people who use drugs must be meaningfully involved in designing, implementing, and monitoring reforms