63rd SESSION OF THE HUMAN RIGHTS COUNCIL: DRUG POLICY HIGHLIGHTS

October 2026

HARM REDUCTION INTERNATIONAL

Between 7 September and 7 October 2026, the Human Rights Council held its 63rd 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.

OHCHR WRITTEN UPDATE ON SRI LANKA

In its written update on Sri Lanka (A/HRC/63/18), the Office of the High Commissioner for Human Rights (OHCHR) expressed concerns that powers comparable to those under the Prevention of Terrorism Act (PTA), particularly regarding detention, surveillance and asset seizure, could be extended beyond counter-terrorism to other areas, including crime and drug control, risking further weakening human rights safeguards.

OHCHR also highlighted continued reports of torture and ill-treatment leading to deaths in police custody and in prison, and evidence of arbitrary arrests. The Poisons, Opium and Dangerous Drugs Ordinance was reportedly used to detain individuals for prolonged periods without bail. On 3 May, a 40-year-old man detained for a minor drug-related offence died at Welikada Prison in Colombo, allegedly following severe beatings. He had reportedly been recaptured after an attempted escape and subsequently died at the prison hospital. Three prison officers were reportedly arrested in connection with his death. The case reaffirmed the longstanding structural problems in Sri Lanka's prison system, including inadequate resources and severe overcrowding.

OHCHR noted that overcriminalisation of minor offences, including drug use, contributes to unnecessary incarceration and exacerbates these pressures. It recommended that Sri Lanka pursue prison reform to address systemic violence and overcrowding, including by restricting imprisonment to a measure of last resort and adopting a health-centred response to drug use.

OHCHR also raised concerns about a draft proposal on the registration and supervision of NGOs, warning that disproportionate executive powers and excessive administrative requirements could undermine the independence and funding of civil society.

The Government of Sri Lanka acknowledged challenges facing the prison system, including overcrowding, resource constraints and the consequences of prolonged incarceration, particularly in relation to drug-related offences.

HIGH COMMISSIONER'S ORAL UPDATE AND OTHER RELEVANT REPORTS UNDER ITEM 2

The High Commissioner presented an oral update which reiterated the Office's commitment to ending the death penalty, noting that its use disproportionately affects minorities, people living in poverty and dissenting voices. He also committed to continue calling out the sharp rise in executions in a small number of States and strengthening efforts to address militarised approaches to security and law enforcement, which he described as deeply counterproductive.

In his report on the Situation of human rights of Rohingya Muslims and other minorities in Myanmar (A/HRC/63/21), the High Commissioner highlighted the growing role of illicit economies in the country's conflict and human rights crisis. He reported that several anti-military armed groups had forcibly recruited young people, children and women, including Rohingya and people who use drugs, in response to the military increased strength, heightening protection concerns. The report also noted that, since the coup, Myanmar has become the world's main producer of opium and synthetic drugs.

During the oral update, the High Commissioner linked the regional impact of the crisis to the expansion of drug production and trafficking, among others legal economies, significantly impacting the environment, livelihoods and traditional community-based systems.

During the General Debate, states and civil society organisations addressed the human rights implications of drug control.

Colombia expressed concern about the impact of transnational organised crime and drug trafficking on the enjoyment of human rights, both globally and in the region. It highlighted violence, displacement, human trafficking and recruitment as consequences that are undermining regional security and creating obstacles to States' efforts to guarantee peace and security.

Several States also addressed the use of the death penalty. Among others, Australia reaffirmed its commitment to global abolition. While Belgium welcomed Lebanon's historic decision to abolish the death penalty, it expressed concerns about developments in Iran, Saudi Arabia and Israel. Iceland stated that the use of capital punishment as a tool of intimidation and control can never be justified and warned that its reintroduction constitutes a serious setback for human rights.

From civil society, a Harm Reduction International (HRI) statement delivered by Ambika Satkunanathan highlighted the human rights consequences of punitive drug policies in Sri Lanka, including prison overcrowding and lack of evidence-based treatment, called on the government to reform drug policies, and on OHCHR ensure UN agencies and donors engage on this issue in accordance with human rights principles.

ID WITH THE WORKING GROUP ON ARBITRARY DETENTION

The Working Group on Arbitrary Detention presented its thematic study on transnational repression and arbitrary detention (A/HRC/63/33), and the report on its visit to Australia (A/HRC/63/33/Add.1).

In the latter, it finds about 45 per cent of people charged with drug possession for personal use in Australia are prosecuted rather than diverted, with significant disparities between jurisdictions. Existing provisions make it

difficult to distinguish personal use from trafficking, while restrictive bail regimes disproportionately affect people in situations of vulnerability, including people who use illicit drugs or alcohol. The Working Group further links these practices to the overrepresentation of Aboriginal and Torres Strait Islander Peoples in the prison system, reflecting the intersection between drug law enforcement and the ongoing legacy of systemic discrimination.

While welcoming drug diversion programmes and specialist drug courts as alternatives to incarceration, the report raises concerns about their coercive elements. Notably, access to drug courts is restricted to defendants who enter a guilty plea, excluding those who wish to contest the charges against them. Some drug court programmes still involve detention in conventional prisons, albeit for shorter periods where treatment requirements are met. It considers community-based treatment without detention preferable and stressed that the prospect of release or a reduced sentence should not be used to pressure defendants into giving up their right to contest criminal charges.

The report also identifies significant barriers to healthcare for people who use drugs, particularly in custodial settings. Harm reduction measures such as needle and syringe programmes (NSPs) remain unavailable in Australian prisons despite featuring in national blood-borne virus strategies. The Working Group further noted disparities between sentenced and remand prisoners in accessing alcohol and other drug treatment and mental health services, and called for harm reduction and treatment services, including opioid agonist therapy (OAT), to be made available to both groups.

The Working Group concludes that the high prosecution rates for personal drug possession, restrictive bail regimes and limited access to treatment and harm reduction contribute to discriminatory and potentially arbitrary detention, particularly of people with drug and alcohol dependence and First Nations peoples. It also cautions that diversion programmes and drug courts presented as therapeutic interventions may nevertheless exert coercive pressure where treatment is conditional on a guilty plea or delivered in custodial settings.

The report recommends drug diversion programmes and specialist drug courts be genuinely voluntary, access to treatment should not be conditional on a guilty plea, and non-custodial, community-based treatment should be prioritised. It also calls for equal access to evidence-based harm reduction and treatment services for people on remand and sentenced prisoners, alongside stronger throughcare and community-based treatment options, to protect the right to health and dignity of people who use drugs.

PRESENTATION OF SECRETARY-GENERAL AND HIGH COMMISSIONER THEMATIC REPORTS

During the session, Mr Chalev, Chief of the Equality and Non-discrimination Branch at OHCHR, presented several reports relevant to drug policy and human rights.

During the presentation of the Secretary-General's report on question of the death penalty (A/HRC/63/46), Mr Chalev highlighted the persistent and worsening challenges documented between July 2024 and June 2026, including a sharp increase in executions and instances of States reintroducing or expanding capital punishment: in 2025, Algeria and the Maldives expanded applicability of the death penalty for drug-related offences, and Kuwait adopted legislation broadening capital punishment for multiple drug offences. He also raised particular concern over the imposition of the death penalty for offences that do not meet the "most serious crimes" threshold under international human rights law and standards, including drug-related offences.

Evidence submitted by HRI, highlights the scale of this trend, with at least 1,212 drug-related executions recorded globally in 2025, with Iran accounting for 955. HRI also reported a sharp increase in Saudi Arabia, where drug-related executions reportedly reached 240 in 2025, while 15 of Singapore's 17 executions in 2025 and all 12

executions recorded in the first half of 2026 were reportedly for drug offences. The report also noted drug-related executions in China and Kuwait.

The Secretary General's report further notes that several Special Procedure mandate holders had repeatedly addressed drug-related executions during the reporting period, consistently emphasising that capital punishment for drug offences fails to meet the "most serious crimes" threshold and lacks conclusive evidence of having a deterrent effect. It also highlights the particularly severe impacts on families, with HRI reporting that executions for drug offences in Iran left at least 222 children without a parent in 2025. The report concludes that States should refrain from imposing the death penalty for crimes that do not involve intentional killing, including drug-related offences, alongside broader recommendations concerning – among others - mandatory death sentences and transparency.

The OHCHR's report on terrorism and human rights (A/HRC/63/48) was also presented, which warns against the expanding use of counter-terrorism frameworks to address activities traditionally falling outside their scope. The report reiterates concerns also raised by the Special Rapporteur on counter-terrorism and human rights regarding use of counter-terrorism laws to combat organised crime associated with drug trafficking under the label of "narco-terrorism"; and notes the designation of drug trafficking organisations and gangs as terrorist entities in several countries, warning that such approaches can expand counter-terrorism powers beyond their original purpose and undermine due process, judicial oversight and human rights protections.

The OHCHR study on the impact of mental health challenges on the enjoyment of human rights by young people (A/HRC/63/51) highlights substance use among the range of challenges affecting young people, alongside anxiety, burnout, depression, loneliness, trauma, self-harm and suicidal ideation. It emphasises that these challenges are shaped by broader social, economic and political determinants, including poverty, housing and food insecurity, unemployment, violence, discrimination, conflict and family violence. The findings underscore the importance of addressing substance use within broader rights-based mental health responses rather than treating it in isolation from the structural conditions affecting young people.

During the presentation of the High Commissioner's report on civil society space (A/HRC/63/53), a clear message was sent*: "safeguarding civic space is not only about preventing restrictions but ensuring that all people can participate safely and meaningfully in decision making that affect their lives".* Mr. Chalev highlighted identified trends, including the risk of digital technologies and artificial intelligence to amplify surveillance, censorship, online attacks and disinformation.

The report further highlights the impact of prohibitionist and, in some contexts, militarised approaches to drug control on civic space, with civil society organisations reporting that "anti-drug propaganda" laws restricting information perceived as promoting drug use can also restrict access to information about harm reduction and constrain the work of health and human rights actors. The securitisation of drug policy was further reported to have pushed health and human rights organisations to the margins while directing funding towards punitive law enforcement rather than evidence-based, rights-centred interventions such as harm reduction.

During the session, Mr Chalev recommended five priority actions that can be relevant for drug policy advocates: strengthen solidarity and partnership, improve monitoring and exposure of emerging restrictions, expand protection mechanisms for those at risk, invest in sustainable and flexible funding and promote positive narratives.

During the presentation of the OHCHR report on the impact of drug policies on the human rights of women and girls (A/HRC/63/56) it was highlighted that drug policies have disproportionate and distinctive impacts on women

and girls and often reinforce existing discrimination. Mr Chalev expressed concerns over the continued growth of the female prison population, with many women incarcerated for drug-related offences in circumstances involving poverty, violence or coercion. As highlighted in the report, criminal justice responses frequently fail to account for these circumstances and caregiving responsibilities surrounding women's involvement in drug-related activities. Fear of arrest, prosecution during pregnancy and loss of child custody can also deter women from seeking treatment and other health services. The significant gender gap in access to gender-sensitive harm reduction and treatment was also mentioned, with only one in 18 women experiencing drug dependence receiving treatment, compared with one in seven men.

The report further recommends reducing punitive responses, expanding alternatives to incarceration and considering decriminalisation and responsible regulation. It also calls for voluntary, gender-responsive health and harm reduction services, alternative development approaches, meaningful participation of women in drug policymaking, and prevention measures aligned with human rights standards.

This session also featured the OHCHR's report on access to medicines, vaccines and other health products (A/HRC/63/85), which identifies criminalisation and stigma as significant barriers to healthcare for people who use drugs, hindering access to drug treatment, essential medicines and harm reduction services, with particularly restricted access in prison settings. The report estimates that this could affect around 331 million people who use drugs annually, including approximately 14 million people who injected drugs in 2024. It also highlights the intersection between drug use, HIV and hepatitis C, and notes that discrimination and stigma have disproportionate effects on people facing multiple forms of marginalisation.

The report further raises concerns about privacy and surveillance risks associated with digital health, noting that these risks can have particularly serious human rights implications for people who already fear criminalisation, including people who use drugs and people living with HIV. It called for stronger anti-discrimination protections, greater investment in resilient health systems and renewed international cooperation to address declining health financing.

The presentation of the reports was followed by a general debate. In a joint statement, the European Union, Albania, Armenia, Liechtenstein, Montenegro, North Macedonia and Ukraine unequivocally condemned the death penalty and called on all States applying it to abolish it, while expressing concern over the recent increase in executions. Similarly, Malta, Spain and Switzerland reiterated their absolute opposition to capital punishment and raised concern about measures expanding its use.

Albania, speaking on behalf of a group of 25 countries[1], welcomed the High Commissioner's report on the impact of drug policies on the human rights of women and girls. It highlighted how criminal justice responses often fail to account for women's caregiving responsibilities, exposure to gender-based violence and specific needs in detention, while fear of criminalisation, stigma, discrimination and loss of child custody can create barriers to accessing mental health and other services. It called on all countries to consider the recommendations of the report and discuss them during the intersessional panel discussion that the OHCHR will organise in early 2027.

Civil society reinforced the concerns raised in these reports. In a joint statement, HRI stressed that punitive drug policies undermine human rights by creating barriers to healthcare, disproportionately affecting women and marginalised communities, and contributing to the use of the death penalty for drug offences. The statement called

[1] Albania, Austria, Belgium, Brazil, Cambodia, Canada, Chile, Croatia, Cyprus, Czech Republic, Greece, Luxemburg, Lichtenstein, Malta, Mexico, Montenegro, North Macedonia, Norway, Portugal, Romania, Sierra Leone, Spain, Slovakia, Switzerland and Uruguay.

for investment in voluntary, evidence-based and gender-responsive harm reduction and treatment, meaningful participation of affected communities, and a new Human Rights Council resolution on drug policy.

The International Planned Parenthood Federation (IPPF), in a joint statement with WHRIN, further highlighted the reproductive consequences of punitive drug policies, including the deterrent effect of criminalisation on women seeking sexual and reproductive healthcare. It raised concerns about forced confinement or medical treatment, imprisonment, obstetric violence, forced sterilisation and removal of children on the basis of a mother's drug use, and welcomed the report's call for voluntary, gender-responsive and health-based approaches.

The International Drug Policy Consortium (IDPC), speaking on behalf of a coalition including the International Network of Formerly Incarcerated Women, stressed that punitive drug policies are a major driver of women's incarceration and disproportionately affect women, their families and communities. It called for approaches rooted in care rather than punishment, greater investment in programmes addressing poverty, trauma and gender inequality, and meaningful involvement of people with lived experience in developing alternatives.

Youth RISE linked punitive drug policies to barriers to youth mental health, noting that young people may use substances in contexts of trauma, structural insecurity and limited access to safe and affordable mental healthcare. It called for the removal of coercive and criminalising barriers, youth-led design and delivery of harm reduction and mental health services, and decriminalisation of drug use to ensure that young people can seek support without fear of arrest or lifelong criminal records.

ENHANCED ID WITH HIGH COMMISSIONER AND INTERNATIONAL INDEPENDENT EXPERT MECHANISM TO ADVANCE RACIAL JUSTICE AND EQUALITY IN LAW ENFORCEMENT

Tracie Keesee, Chair of the Expert Mechanism, presented its thematic report on systemic racism against Africans and people of African descent in the enforcement of drug laws and policies (A/HRC/63/72); which examines how drug policy enforcement intersects with systemic racism and disproportionately affects Africans and people of African descent. It traces racial disparities in drug law enforcement back to the legacies of colonialism and enslavement, racialisation of drugs, militarisation and the "war on drugs". Ms Keesee stressed how discrimination is present throughout the criminal justice continuum, including through racial profiling, over-policing, excessive use of force and unequal outcomes, with harms compounded by gender, age, migration status and socioeconomic marginalisation. The Expert Mechanism called for a shift from punitive and militarised approaches towards policies grounded in human rights, public health and racial justice, including decriminalisation and responsible regulation, alternatives to detention, stronger oversight, disaggregated data, meaningful participation of affected communities, and redress. Ms. Keesee also presented a report on the visit by the Expert Mechanism to Colombia (A/HRC/63/72/Add.1), noting that punitive and militarised responses to drug trafficking have disproportionately affected Afro-Colombian communities and calling for security measures to comply with human rights standards.

The presentation of the Expert Mechanism was followed by two external speakers: Mr Angelo Camufingo, consultant and Policy and Advocacy Advisor on racism and institutional change in Europe and Mariluz Barragán, Deputy Director of Dejusticia. Both panellists framed drug policy and law enforcement as sites of systemic racism, rooted in colonialism, enslavement and enduring racialised assumptions about criminality. They also warned against treating security concerns as justification for weakening human rights protections and stressed that affected communities must help design and monitor policy. Ms Barragán addressed disparities in both urban policing and rural measures such as crop eradication and aerial spraying, and their disproportionate impacts on Indigenous and African-descendant communities. She stressed that drug policy must also address rural development and

socioeconomic conditions, warning that treating drug trafficking as terrorism risks entrenching militarisation and weakening safeguards. The speakers also emphasised that disaggregated data and an ethno-racial approach are essential to identifying who bears the harms of drug control and to enable States to redesign policies accordingly.

During the interactive dialogue, the European Union welcomed the report and supported its focus on law enforcement responses grounded in human rights, non-discrimination, objective decision-making and effective oversight. It highlighted the EU's anti-racism strategy, including measures to prevent discriminatory profiling and racial bias, improve data collection and ensure meaningful participation of people of African descent and civil society. The EU also referred to its drug strategy and how it promotes an evidence-based, balanced, multidisciplinary and human rights-based approach to drug control.

Kenya, speaking on behalf of the African Group, highlighted the intersection between drug policy and other grounds of discrimination, particularly gender and race. The Group expressed concern that punitive drug control frameworks disproportionately affect Africans and people of African descent, reflecting entrenched patterns of racial discrimination rather than differences in drug use or drug-related activity. It supported the report's emphasis on addressing underlying socioeconomic conditions, including poverty, inequality, exclusion, limited access to services and historical marginalisation.

South Africa welcomed the examination of systemic racism and its intersection with drug policy, while noting that its own national drug policy seeks to promote a balanced, integrated and evidence-based approach grounded in human rights and dignity. Other African delegations, including Cameroon and Mali, raised concerns over racial profiling, excessive use of force and the disproportionate impacts of drug policy and criminal justice practices on Africans and people of African descent. Cameroon emphasised the need to address the historical and structural consequences of slavery and colonialism, while Mali stressed accountability, effective remedies and participation of affected communities.

Brazil highlighted initiatives aimed at addressing structural racism and lethal violence affecting Black youth and marginalised communities in areas affected by illicit drug markets. Iran welcomed the report's recognition of the historical and structural roots of racial discrimination in drug control, including the legacies of colonialism and enslavement, and called for discriminatory structures and practices to be dismantled. In turn, Egypt expressed concerns over the continued manifestations of racial discrimination and racial profiling and reiterated the need for law enforcement agencies to comply with international law and standards.

UNICEF drew attention to the specific impact of punitive drug policies on children of African descent, including increased exposure to racial profiling, excessive use of force and criminalisation. It stressed that these harms could extend beyond direct contact with the criminal justice system, affecting children's education, access to social services and future opportunities.

From civil society, a joint statement delivered by HRI welcomed the expert mechanism's findings and called for decriminalisation of drug use and possession, investment in accessible and non-discriminatory harm reduction, an end to militarised enforcement, mandatory minimum sentences and the death penalty for drug offences, and greater use of diversion, community-based alternatives and effective remedies. Similarly, the International Service for Human Rights (ISHR) called for greater protection of people of African descent and meaningful participation of Afro-descendant communities in developing solutions. It also called on States to move towards drug policies grounded in harm reduction, human rights and an ethno-racial approach, with effective inclusion of people of African descent in policy development and implementation. IDPC called on the Expert Mechanism to press the Independent Expert Panel to review the UN drug control system to address this critical issue.

UNIVERSAL PERIODIC REVIEWS

The Council adopted outcomes from the latest Universal Periodic Review cycle, which featured the review of the following countries: Belgium, Denmark, Estonia, Latvia, Mozambique, Namibia, Niger, Nicaragua, Palau, Paraguay, Seychelles, Sierra Leone, Singapore, Solomon Islands, and Somalia.

Singapore noted all recommendations directly addressing the death penalty for drug offences; including to establish a moratorium on executions as a step towards abolition, end mandatory death sentences, repeal the death penalty for drug offences, and commute drug-related death sentences pending abolition. The only relevant recommendation Singapore accepted is one by Malaysia that called for ensuring that 'appropriate discretion and safeguards are applied in the most serious of crimes involving persons with intellectual disabilities.'

Sierra Leone accepted recommendations to ensure that people with drug dependence have access to evidence-based treatment and recovery services that comply with human rights standards, including alternatives to incarceration; adopt a comprehensive, human rights-based response to the "kush" crisis, encompassing prevention, treatment and social reintegration; and, strengthen support for children affected by HIV/AIDS through integrated health and social services and by addressing barriers to care.

Seychelles accepted recommendations calling on the country to address drug use and drug dependence, including by strengthening treatment and rehabilitation services, adopting a national "detoxification" policy, intensifying efforts to prevent and address drug use among children and adolescents, and addressing drug consumption from a public health and human rights perspective, alongside prevention and community-based approaches to drug use among young people.

Mozambique supported three recommendations that called to strengthen efforts to prevent drug misuse and address drug consumption from a public health and human rights perspective, improve the sustainability of the HIV response, and ratify the Second Optional Protocol to the ICCPR and abolition of the death penalty.

Other countries received recommendations relevant to HIV/AIDS. **Namibia** accepted recommendations to strengthen rights-based sexual and reproductive health services, including HIV prevention, and to sustain HIV prevention and control efforts following the cessation of institutional funding from international donors. **Palau** accepted recommendations to strengthen implementation of its National HIV/STI Strategic Plan and to improve access to HIV testing, treatment, support and prevention. **Niger** also accepted recommendations on improving access to and the quality of healthcare and increase health-sector budget allocations in line with WHO and Abuja Declaration recommendations on HIV/AIDS, tuberculosis and related infectious diseases.

OTHER RELEVANT DEVELOPMENTS

- The Special Rapporteur on counter-terrorism and human rights, Ben Saul, published his report to the UN General Assembly on distinguishing organised crime from terrorism to protect human rights (A/81/227), which warns against the global trend (led by the US) of designating drug cartels as terrorist organisations, risking the expansion of counter-terrorism powers beyond their original purpose, in detriment of due process, judicial oversight and human rights protections.

  The report concludes that the conflation between terrorism and organised crime is legally inappropriate, and risks compounding human rights abuses deriving from the war on terror and the war on drugs, including to justify exceptional investigative and intelligence powers, administrative restrictions and arbitrary detention. The report referred to United States military strikes against vessels in the Caribbean and eastern Pacific between September 2025 and June 2026, carried out on the basis of alleged "narco-terrorism", which killed at least 210 people in violation of international law.

  The report also finds that decades of securitised drug control have failed and calls for wars on drugs to end urgently and for global drug policy to be transformed. States should prioritise harm reduction and public health, including universally accessible opioid substitution and other treatment, safe consumption spaces, drug checking and health services in prisons. They should decriminalise personal possession and consider legal regulation, which he describes as ultimately the only tool that could seriously reduce cartel profits and violence. Where drugs remain criminalised, penalties must be proportionate, mandatory sentences and the death penalty must be prohibited, and diversion must be available. Amnesty or mitigation should apply to people who offended under coercion or marginalisation.

DRUG POLICY WEEK AT HRC63

Between 28 September and 1 October, civil society organisations and OHCHR organised a series of side events and expert consultations on the human rights implications of drug policies; which enabled Member States, UN agencies, experts, community-led and civil society groups to reflect on country-level developments and opportunities for human rights centred responses. The following are key events hosted during the week.

Side event - Women, Girls and Drug Policies: Advancing a human rights approach

This event, organised by OHCHR, presented key findings from OHCHR's report on the impact of drugs policies on women and girls; highlight promising practices and lessons learned in implementing human rights, health, gender sensitive and evidence-based drug policies; and providing a platform for strengthened dialogue between Council members, UN entities, affected communities and civil society.

The event was followed by an **expert consultation** on opportunities related to the dissemination of the report and its recommendations, and implementation of its key recommendations, including good practices, challenges and opportunities. Participants from civil society, Member States, and UN agencies reflected on key report findings, and identified opportunities to further disseminate the report – including among actors working on women's rights and at national, regional and international level.

Side event - Drug Control and Human Rights: from parallel universes to emerging convergence

This event, organised by Harm Reduction International, examined the growing convergence between drug control and human rights over the past two decades. Speakers from civil society, community-led organisations, the UN system and the Global Commission on Drug Policy reflected on the interplay between international scrutiny and domestic reform, and identified opportunities to further advance coherent, rights-based drug policy.

Side event - Systemic Racism and Drug Policy Enforcement

This event, co-hosted by the Expert Mechanism to Advance Racial Justice and Equality in Law Enforcement and OHCHR, brought together representatives from Member States, UN entities, and civil society to discuss the intersection of systemic racism and drug policy and law enforcement; building on the findings of the Expert Mechanism's report on the human rights impact of drug laws and policies on Africans and people of African descent. Speakers paused on the negative human rights impacts of drug policies and their disproportionately impacts on racial and ethnic communities and reflected on initiatives that can be undertaken at both domestic and international level to shift from punishment to care as the key objective of drug policies.

The side event was followed by an **expert consultation** with members of the Expert Mechanism, aimed at identifying opportunities for effective dissemination of the thematic report as well as the report on its visit to Colombia, and discussing avenues for promoting implementation of their key recommendations.

Side event - From Flawed Review to Real Change: Indigenous and peasants' rights and the future of the coca leaf

This event, organised by the IDPC, provided a space for civil society, UN experts and government officials to discuss what's next for the coca leaf regulation, including possible protection mechanisms for the plant and ongoing local-level initiatives from the Andean region, featuring the voices of Indigenous coca farmers. A recording of the event is available here.

Extra Punishment: Violence Against Women in the Fight Against Organized Crime

The event, co-organised by Centro de Estudios Legales y Sociales (CELS), Dejusticia, Elementa and Mujeres Libres analysed the disproportionate and distinctive impact of drug policy and organised crime across all stages of the criminal justice system and incarceration in Argentina, Colombia and Mexico, including through physical and sexual violence, extortion and infringement of the right to a defence, incrimination by association, and limitations on access to prison benefits and alternative measures. Panellists also paused on how these policies, though described as exceptional, are in fact systematic and fail to consider gender-based factors and caregiving responsibilities, resulting in an extended punishment that harms women, their children, and their family networks.

OTHER EXPERT CONSULTATIONS

During the week, two more expert consultations took place. One on **Freedom from Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in the Context of Drug Control Measures** allowed participants – including UN agencies, Member States, civil society and National Preventive Mechanisms – to engage with members of the Subcommittee on the Prevention of Torture; highlighting key profiles of torture and ill-treatment in the context of drug control, and reflecting on practical measures aimed at improving monitoring, prevention, and redress. A second one on **Human rights-based drug policy reform in Pakistan** allowed participants to learn about recent progress in the country from the Chairperson of the National Commission for Human Rights, Ms Rabiya Javeri Agha, and representatives of the Ministry of Human Rights, reflect on outstanding challenges, and share learnings from other contexts where drug policy reform is underway.