This report summarises the discussions and conclusions of the meeting, but does not reflect the institutional positions of the co-hosting parties.

5th BRANDENBURG FORUM IN GENEVA

"Expanding the conversation on the human rights implications of drug policy"

MEETING REPORT

INTRODUCTION

The 5th Brandenburg Forum in Geneva took place on 12th and 13th May 2025 at the Warwick Hotel in Geneva, Switzerland. The Forum was hosted by the Swiss Confederation, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Office of the Commissioner of the German Federal Government for Drug and Addiction Policy, the Government of the Netherlands, the Norwegian Ministry of Health and Care Services, the Transnational Institute (TNI), and the International Drug Policy Consortium (IDPC).

The meeting is part of a long-running series of events organised under the framework of the Global Partnership on Drug Policies and Development (GPDPD) – which is implemented by GIZ on behalf of BMZ.[1] The main Brandenburg Forums have been held in Germany on an annual basis since 2016,[2] with additional Geneva conferences held since 2021. These Forums seek to provide a unique opportunity for key government and United Nations (UN) officials to convene alongside academic, civil society and community experts. To create a safe space for participants to discuss complex ideas and strategies, the Forums are held under the 'Chatham House Rule', which states that anyone can use the information received, but the identity of those making interventions should not be revealed without their permission.[3]

The 5th Brandenburg Forum in Geneva was attended by 63 participants, bringing together government representatives from Albania, Belgium, Chile, Colombia, Cyprus, Czech Republic, France, Georgia, Germany, Ghana, Greece, Iceland, Mexico, Morocco, Netherlands, North Macedonia, Norway, Panama, Peru, Portugal, Romania, South Africa, Switzerland, Thailand, Ukraine and Uruguay – as well as officials from the European Union, the UN Committee on Economic, Social and Cultural Rights

[1] https://www.gpdpd.org/
[2] https://www.gpdpd.org/en/drug-policy/international-drug-policies-with-perspective/brandenburg-forum-on-drugs-and-development-policies
[3] https://www.chathamhouse.org/about-us/chatham-house-rule

(CESCR), the International Narcotics Control Board (INCB), the Joint UN Programme on HIV/AIDS (UNAIDS), the Office of the UN High Commissioner for Human Rights (OHCHR), the UN Office on Drugs and Crime (UNODC), the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), the World Health Organization (WHO), and several representatives from civil society organisations and academia.

DAY 1: OPENING SESSION

The session opened with remarks from one of the government co-hosts, who welcomed the participants, including colleagues from more than 20 Permanent Missions in Geneva. The speaker regarded the event as an "environment that fosters open, constructive and impactful discussions on international drug policy, with a special focus on human rights", attracting high-profile individuals, sending a key message about the importance of this issue in Geneva.

This was followed by two keynote speeches. The first, delivered by UN High Commissioner for Human Rights Volker Türk,[4] highlighted how "this forum is an important part of our efforts to exchange views and best practices, and demonstrate how human rights offer us a path towards a more humane and effective approach to drugs (…). That new path is desperately needed, because the so-called war on drugs has failed. It has neither reduced drug use, nor the illicit drug trade, nor the production and consumption of a growing range and quantity of illicit substances". He continued by explaining how "the illicit drug economy also undermines the rights of people who are vulnerable to exploitation, including farmers, women, minorities, people of African descent and Indigenous Peoples". He stressed that "it's human connection and evidence-based approaches – not punishment – that transform and uplift the lives of people affected by drug use disorders". He proposed six recommendations: 1) integrate the International Guidelines on Human Rights and Drug Policy into national laws and policies; 2) support harm reduction measures and remove legal and policy barriers to ensure better access; 3) decriminalise drug use; 4) abolish the death penalty for drug-related offences; 5) consider responsible regulation to take control of illegal drug markets, eliminate profits from illegal trafficking, criminality and violence, and protect the environment; and 6) include those most affected by drug use disorders in all decisions, policies and laws, and further consider the needs of different affected groups.

The second keynote was delivered by the Norwegian State Secretary for Health and Care Services, Ellen Rønning-Arnesen. She explained how, over the years, progress had been made towards a more health-oriented approach to drug policy in every part of the world – with a word of caution: "nothing can be taken for granted, and politics may change and not always in a preferred direction". She expressed concerns over increased polarisation, and the pressure faced by the rules-based world order. Leaning on her own national context, she underscored the levels of stigma, discrimination, injustice, isolation and loneliness faced by people who use drugs, and how Norway had attempted to address these issues, including with a new white paper put forward in Parliament to protect the right to health of people who use drugs, as well as forums of discussion involving people with lived and living experiences. "As policymakers", she added, "we carry the responsibility to protect and empower", by striking the right balance to ensure care and dignity, and policies that the public trusts

[4] See full speech here: https://www.ohchr.org/en/statements-and-speeches/2025/05/hc-turk-we-must-continue-pursuing-humane-drug-policies-advance-all

and that protects everyone, including via investments in early intervention and childhood support, mental health services for young people, and more.

SESSION 1: SETTING THE SCENE

To provide the context for the Forum, one of the civil society co-hosts reflected on the invaluable contributions made to date by the UN human rights system in drug policy discussions. Significant progress has been achieved over the past decade in aligning global drug policy with human rights, despite a backdrop of global crises – a geopolitical crisis, a UN funding and liquidity crisis, unprecedented pressure on the global drug control regime, and the recent severe budget cuts for harm reduction services and civil society working in drug policy.

The presentation also underscored the pivotal role played by the UN human rights system in reshaping the drug policy discourse, including via three Human Rights Council (HRC) resolutions dedicated to the human rights implications of drug policy, transformative engagement by the OHCHR, and critical reports and guidance from special procedures and treaty bodies. These efforts have challenged the status quo and opened doors to systemic reform – including through the adoption of Resolution 68/6 at the UN Commission on Narcotic Drugs (CND) in March 2025 that establishes a multidisciplinary panel of independent experts responsible for reviewing the international drug control system.[5] However, it was emphasised that much more was needed to ensure that the engagement of UN human rights entities becomes more systematic.

Looking ahead, the speaker highlighted various opportunities where joint action would be needed from their point of view, including ensuring that the review panel includes strong human rights expertise; strengthening the role of the UN human rights system in addressing drug policy more systematically; supporting the CESCR in the drafting of its General Comment on drug policy; supporting the critical review of the coca leaf by the WHO's Expert Committee on Drug Dependence to protect the rights of Indigenous Peoples; and advocating for a CND resolution focusing on human rights. Finally, the necessity to provide political and financial backing for civil society to ensure continuity in supporting Member States on various processes was highlighted.

SESSION 2: EXPLORING GENEVA'S CONTRIBUTIONS TO ADDRESSING THE HUMAN RIGHTS IMPLICATIONS OF DRUG POLICY, INCLUDING ECONOMIC, SOCIAL AND CULTURAL RIGHTS

This panel discussion was dedicated to exploring the contributions of Geneva in addressing the human rights implications of drug policy.

The first panellist explained that the CESCR had increasingly highlighted the human rights impacts of drug policy in its concluding observations and General Comments[6] – evolving from sporadic mentions

[5] See CND Resolution 68/6 'Strengthening the international drug control system: a path to effective implementation', https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2025/Res_68_6.pdf

[6] See General Comment 25 on the right to science which discusses drug policy: https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-25-2020-article-15-science-and

to developing clear jurisprudence. Key recommendations to date include decriminalising drug possession; ensuring voluntary access to quality, healthcare and harm reduction services (including in prisons and for young people); improving access to controlled substances for pain relief; moving away from militarised drug policies to reduce violence; abolishing the death penalty for drug offences; ensuring adequate standards of living in illicit drug cultivation and trafficking areas; increasing the use of alternatives to incarceration, especially for women; and addressing the disproportionate impacts of drug policy on vulnerable groups, including women, Indigenous Peoples and people of African descent. The CESCR is now working on its first General Comment dedicated to drug policy, which involves a consultative process, including regional inputs and a public consultation.

PARTICIPANT FEEDBACK

Evaluation forms were received from 25 Forum participants, with extremely high levels of satisfaction with the meeting content, structure and organisation. The meeting was described as "very constructive and useful", with "an excellent array of speakers", "excellent discussions" and an "action-oriented format" that provided a "safe and enabling space to exchange information and coordinate". Participants highlighted the relevance of the Forum, as a useful space for networking, brainstorming, identifying key priorities, strategising and planning coordinated activities with like-minded colleagues.

Possible areas for improvement included reviewing progress made since the previous BBF-Geneva, ensuring more participation from the Global South and affected communities, adding discussions on health-related issues, and discussing how to address the narratives of those resisting the links between drug policy and human rights. Although the Forum was also considered as an invaluable tool to build bridges between Vienna and Geneva, some participants called for more information on, and participation from, Vienna. The organisation of a site visit to Geneva's drug consumption room was also suggested.

The second panellist focused on the funding crisis for harm reduction. Even before the latest high-profile funding cuts, people who use drugs were already being left behind in the HIV response: of the estimated USD 2.7 billion needed by 2025 for low- and middle-income countries, only USD 100 million was available. Coverage for harm reduction services remains far below global targets, while stigma, discrimination and criminalisation significantly hinder access to healthcare. As a result, in 2022, 8% of new HIV infections occurred among people who inject drugs.[7] Furthermore, recent funding cuts, especially from the United States President's Emergency Plan for AIDS Relief (PEPFAR), have led to the closure of peer-led and other harm reduction services and threatens the human rights of people who use drugs due to increased stigma, discrimination and criminalisation. Finally, the urgent need to sustain the harm reduction response, integrate services into national healthcare systems, and centre community and rights-based approaches in the global response was emphasised. The panellist mentioned two upcoming opportunities: the drafting of the new Global AIDS Strategy 2026-2030, with consultations being held in the autumn; and the upcoming report of the OHCHR on HIV/AIDS and human rights which will be presented at the 60th session of the HRC (8 September to 3 October 2025).

[7] See data from the UNAIDS Global AIDS Report 2024, https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024

The third panellist criticised the UN's insufficient response to address the socio-economic inequalities and uphold the human rights of people who use drugs, including at the HRC. They described how community-led networks have expanded the conversation on the human rights impacts of drug policy in Geneva, via human rights mechanisms such as the Universal Periodic Review (UPR), and how these efforts had yielded some success in various contexts. Furthermore, a global consultation with people who use drugs regarding the impacts of drug control over economic, social and cultural rights, with the aim of feeding into the CESCR General Comment, was mentioned. The consultation's report states that criminalisation remains a primary obstacle to upholding human rights and ensuring access to healthcare services, with participants calling for decriminalisation and the regulation of all drugs; the expansion of harm reduction programmes; and financial support for community-led responses.[8] On this last point, concerns were raised over shrinking civil society space, threats and retaliation against people who use drugs daring to voice these issues, and the severe underfunding that worsened after the abrupt funding cuts by the United States – all of which were characterised as having devastating impacts on peer-led work, and risk erasing people who use drugs from the HIV and hepatitis response altogether.

The final panellist discussed the deep and multifaceted harms caused by punitive drug policies on Indigenous Peoples, compounding centuries of human rights violations. The criminalisation of traditional practices, such as coca bush cultivation, has undermined Indigenous Peoples' cultural rights, their right to health, and their collective right to self-determination. Three key rights were discussed: Firstly, the right to health, which includes both access to non-discriminatory and culturally appropriate harm reduction services as well as the right to use traditional medicines and health practices. The UN critical review of the coca leaf was mentioned as an important step to address these concerns. Second, regarding the right to an adequate standard of living and to a clean and healthy environment, drug eradication efforts have devastated Indigenous livelihoods and their environment, leading to food insecurity, displacement, and biodiversity loss. Third, although Indigenous Peoples have a specific right to participation, it is often ignored, both locally and globally, depriving Indigenous communities of a say in drug policy decisions that affect them. Four points were raised to respond to these challenges: calling for 1) a reform of drug laws to end the overcriminalisation of traditional practices and align them with the Declaration on the Rights of Indigenous Peoples; 2) the meaningful inclusion of Indigenous Peoples in national and international policymaking; 3) the promotion of Indigenous-led harm reduction; and 4) upholding the right to a healthy environment in drug policies. The inclusion of drug policy issues in upcoming HRC resolutions relating to Indigenous Peoples' rights was strongly recommended.

The discussion that followed focused in more detail on the impacts of funding cuts and shifting global health priorities on harm reduction and community-led HIV services. A recent survey provides an overview of the severe disruptions, particularly to outreach and peer-led harm reduction services, legal and human rights support, HIV testing for women who use drugs, and essential services such as needle and syringe programmes and opioid agonist treatment – with unregistered and under-resourced community organisations hit the hardest.[9] Participants emphasised the importance of

[8] Available here: https://inpud.net/wp-content/uploads/2024/09/Cescr-English.pdf

[9] See: International Network of People Who Use Drugs (April 2025), *The human cost of policy shifts: The fallout of US foreign aid cuts on harm reduction programming and people who use drugs*, https://inpud.net/the-human-cost-of-policy-shifts-rapid-assessment-findings/

embedding harm reduction into healthcare systems to ensure sustainability beyond foreign aid dependency. Minimum human rights standards were discussed as an important framework for maintaining quality, stigma-free services. The conversation then touched on Indigenous Peoples' rights, with reiterated calls to integrate drug policy concerns into relevant resolutions and the work of the UN Special Rapporteur on the Rights of Indigenous Peoples. Additional mechanisms deemed useful to continue to elevate the human rights impacts of drug policy were also mentioned, including increased visibility given to drug policy by the SPT,[10] consultations between various treaty bodies such as CESCR, the Committee on the Elimination of Discrimination against Women (CEDAW) and the Committee on the Rights of the Child (CRC) to discuss key principles around human rights protection in the area of drug policy, and the upcoming WHO guidelines on access to controlled medicines.[11]

BREAKOUT GROUPS: CHALLENGES, PROGRESS AND OPPORTUNITIES TO PROMOTE A HUMAN RIGHTS-BASED APPROACH TO DRUG POLICY WITHIN THE UN SYSTEM

The participants were then invited to join one of three parallel breakout group discussions focusing on challenges, progress and opportunities to promote a human rights-based approach to drug policy, with a focus on 1) mobilisation within the Human Rights Council, including through resolutions, statements, events, and the UPR; 2) other Geneva-based bodies, such as OHCHR, human rights mechanisms and health bodies; and 3) promoting coherence and strengthening human rights-centred drug policy across the entire UN system. Each working group was assigned a moderator and notetaker and was tasked with discussing possible opportunities for progressing drug policy and human rights within their designated setting. At the end of their discussion, each group was asked to propose two actions for the coming 12 to 24 months to the rest of the participants. The presentations by each group were followed by a discussion in plenary.

Group 1: Challenges, progress and opportunities at the Human Rights Council

Participants in this first breakout group agreed that the inconsistent attention given to drug policy at the HRC was a major challenge, leading to lack of knowledge among Geneva-based delegates and the loss of institutional memory. The participants noted the significant progress made with the past three HRC resolutions but emphasized the need for a more systematic approach. The group proposed the following two recommendations:

1. Promote the adoption of a periodic HRC resolution on drug policy, with a standing reporting mandate for OHCHR. The group discussed various obstacles to the adoption of such a resolution, including political resistance, the financial crisis, and the difficulty in retaining the gains made in previous resolutions (e.g., harm reduction language). The group agreed on the need to analyse the level of support for this resolution, elaborate voting scenarios for potential amendments, and define what the reporting request for OHCHR would look like (i.e., whether it would be a standing request, and if so whether it should be every two or three

[10] See the 2024 Annual Report of the SPT which includes a thematic section on the issue of drug policy and torture prevention: https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=Dkifu7DJAx%2Fz1O9MlvI6KpfhwDGkduYlw0GijxDJor4ghKDjvkeO%2FkwYS2tCmuw9r2Tl4aZwunhJttaS3uvCYQ%3D%3D

[11] Now available here: https://www.who.int/publications/i/item/B09419

years, or whether to bring a resolution every two years, each time with a request for reporting).

2. Create an informal group of interest to coordinate actions in Geneva across UPR, HRC resolutions, etc. This informal group would be responsible for maintaining the momentum on drug policy within the HRC, including by coordinating systematic questions on drug policy at the UPR, and streamlining drug policy language across all relevant HRC resolutions. The informal group's structure, leadership, composition, level of informality, etc. would require further discussion.

Group 2: Challenges, progress and opportunities in Geneva beyond the Human Rights Council

This group identified a sense of dispersion, as progress made to date on drug policy and human rights was not necessarily well-known across all UN human rights entities. The funding situation was also highlighted as a major challenge for the UN System as well as for civil society being severely underfunded which hinders their effective engagement in various processes. Nonetheless, the group identified three entry points: 1) the development of the Global AIDS Strategy 2026-2030; 2) the ongoing critical review of the coca leaf by the WHO Expert Committee on Drug Dependence; and 3) the drafting of the CESCR General Comment on drug policy. The group therefore proposed three recommendations for consideration:

1. Latin American members of the Group of Friends of Traditional Medicine[12] at WHO to approach the Chair of the Group to propose an informal briefing on the coca review process, to be held before the Intersessional meetings in September 2025. This would allow for the human rights implications of the coca review process, in particular for the rights of Indigenous Peoples, to be highlighted and better understood.

2. Members of the Core Group to actively engage with CESCR during the 76th session of the Committee (in September 2025) to share recent progress on drug policy at both international and national level. The group discussed the need for both civil society and government representatives to highlight drug policy issues during upcoming country reviews. The group also proposed the organisation of an informal briefing to CESCR by the Core Group on human rights and drug policy to update them on progress made to date on aligning drug policy with human rights.

3. Global AIDS Strategy: targeted advocacy to key countries on the UNAIDS Programme Coordinating Board to ensure the retention of language and targets on key populations, decriminalisation and harm reduction. The group proposed that this action could be led by civil society, in particular networks of people who use drugs.

Group 3: Challenges, progress, and opportunities across the UN system

This final group focused primarily on opportunities to elevate the human rights implications of drug policy across the UN System, particularly in Vienna. The group discussed how to leverage the 10-year

[12] For more information about the Group of Friends of Traditional Medicine, see: https://www.who.int/news/item/10-12-2024-friends-of-traditional-medicine-agree-agenda-for-action-for-2025

anniversary of the 2016 UN General Assembly Special Session (UNGASS) on drugs, mentioning two key reports being prepared – one by the UN Task Team which will be presented at the 69th session of the CND, and the other by IDPC with launch events planned in Vienna, Geneva and New York at the end of 2025. The group also considered how to create discussion spaces across the UN system on the sustainability of the HIV response, linking this with the Sustainable Development Goals. The rest of the conversation focused on two proposed recommendations:

1. Ensure the implementation and operationalisation of the independent panel review mandated by the CND. The group raised concerns over the lack of clarity in relation to the selection processes for the panellists, the activities of the panel, the timeframe, the funding for the panel, etc. The group agreed that aligning drug policy with human rights should be one of the key priorities for the panel. Civil society was identified as having a key role in this process, in being represented in the panel, and in providing knowledge support to the panel.

2. Present a resolution on human rights and drug policy in Vienna, with an operative paragraph calling for the strengthening of human rights compliance and collaboration with treaty-mandated and other drug control bodies. The group agreed that this resolution responded to a need for UN drug control bodies to better align with human rights, and coordinate with UN human rights bodies, including the OHCHR.

Discussion

The plenary discussion that followed underscored three overarching elements that came out in all three groups: the need to ensure better coordination between the UN hubs on drug policy and human rights; the funding crisis; and the complex geopolitical landscape. Proposals included strong coordination for the adoption of parallel, harmonised resolutions in both Geneva and Vienna which would outline the linkages between all UN hubs. The conversation underscored the importance of long-term, sustainable support for community-led advocacy; consistency in messaging across forums; more consistent outreach and engagement with Special Procedures; and awareness of broader UN reform efforts that could impact the structure and priorities of drug policy discussions.

DAY 2: OPENING SESSION

The second day of the Forum began with opening remarks by a UN official, who highlighted the complexity of drug policy and its intersection with economic, social and cultural rights – emphasising the need to address the underlying causes of drug use. The official stressed the importance of the UN System Common Position on drugs, as a follow up to the 2016 UNGASS, for the promotion of human rights.[13] The UN Task Team's role, led by UNODC with active participation by OHCHR, in ensuring that human rights remain central to drug policy debates was mentioned, along with the International Guidelines on Human Rights and Drug Policy to provide guidance to Member States on how to better align drug policy with human rights considerations.[14] The 10-year anniversary of the UNGASS in April 2026 was considered as a key moment to take stock of what has been achieved to date. The speaker concluded by welcoming the recommendations from Day 1 concerning the mandate of OHCHR in

[13] https://www.unodc.org/unodc/en/un-common-position-drugs/index.html
[14] https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy

working on drug policy. The positive impact of the increased involvement of OHCHR on drug policy debates was highlighted, and the interdisciplinary independent panel to review the UN drug control system – for which human rights should take a central role – was welcomed.

This intervention was followed by a keynote speech from Ambassador Laura Gil from Colombia. Despite the tense political environment in Vienna, she highlighted how a coalition of 63 countries was formed, in strong coordination with civil society. It was mentioned that the CND had experienced some recent progress, for example the inclusion of the words 'harm reduction' in a resolution last year, amid protracted negotiations.[15] The need for UN-wide coordination across Geneva, Vienna and New York, advocating for the integration of human rights and a redefinition of what 'shared responsibility' means in drug policy was emphasised. The independent review panel was seen as a vital opportunity for meaningful change, alongside the coca review process, the tabling of complementary resolutions, and the production of key reports. The speaker ended with a call urging for collective diplomatic efforts to sustain the progress made to date and ensure meaningful change on the ground.

BREAKOUT GROUPS: PRIORITISATION AND IMPLEMENTATION OF KEY ACTIONS

Following on from the breakout group discussion on Day 1, participants were invited to prioritise the recommendations identified the day before by placing stickers on those which they felt were the most important. The participants then split again into three breakout groups to consider how to operationalise the three recommendations that obtained the most support. The groups were requested to consider key actors and allies, obstacles, red lines, actions and timelines, before reporting back via a final plenary discussion.

Recommendation 1: Promote the adoption of a periodic HRC resolution on drug policy, with a standing reporting mandate for OHCHR [33 votes]

Much of the discussion within this group focused on the scope of the resolution itself. There was agreement on the need to maintain the momentum to keep drug policy prominent in the agenda of the Council, as well as to maintain technical expertise on the issue. However, the group also discussed the challenges that may undermine the adoption of this resolution, including the financial crisis faced by the UN as a whole, the cost-efficiency review process taking place at the HRC, and the need for funding to deliver on the resolution if adopted. The Core Group in Geneva on human rights and drug policy was identified as a key ally although there were questions around its composition and the need for outreach to potential allies from different regional groups to ensure better geographical representation. In relation to red lines, the group stressed the need to avoid backsliding on existing human rights language, including in relation to harm reduction and Indigenous Peoples' rights. Various actions were identified for the way forward, including coordinated interventions at the HRC and consultations with possible new allies and civil society ahead of the tabling of the resolution in the autumn.

[15] See CND Resolution 67/4, 'Preventing and responding to drug overdose through prevention, treatment, care and recovery measures, as well as other public health interventions, to address the harms associated with illicit drug use as part of a balanced, comprehensive, scientific evidence-based approach', https://www.unodc.org/documents/commissions/CND/Drug_Resolutions/2020-2029/2024/Res_67_4.pdf

Recommendation 2: Ensure the implementation and operationalisation of the independent panel review mandated by the CND [21 votes]

This group agreed that the opportunity granted by the multidisciplinary panel of independent experts should not be wasted. The key actors identified included Member States from various regional groups willing to co-lead on the funding and operationalisation of the panel, as well as civil society who could provide technical expertise and other support. The CND Chair was also mentioned as a key actor. The group agreed that identifying Member States who were willing to provide political backing and funding was a top priority (perhaps initially targeting the co-sponsors of the resolution). Potential allies mentioned by the working group included UN human rights bodies and entities (including the OHCHR). Civil society and academia were considered as possible allies, both in proposing recommendations for the selection of the panellists, and in supporting the panellists' knowledge and expertise on the human rights implications of drug policy. However, major obstacles were also identified by the group, including the lack of clarity and transparency on the process, funding for the panel, the tight timeframe, and concerns that the process might get delayed. Regarding possible actions for the way forward, the group discussed, as priorities, the need to gather financial and broad political support for the initiative, clarifying the process for the panel, conducting consultations with various stakeholders, and developing supporting documentation to support the work of the panel.

Recommendation 3: Present a resolution on human rights and drug policy in Vienna, with an operative paragraph calling for the strengthening human rights compliance and collaboration with treaty-mandated and other drug control bodies [19 votes]

The group agreed that the objective of this resolution was twofold: for treaty bodies to report back to the CND on the human rights implications of drug policy, and for drug control bodies to be more involved in human rights matters. It was proposed that the resolution would recall previous resolutions related to the human rights implications of drug policy, and invite UN human rights bodies to engage with the CND. Various Member States were identified as possible leads for the resolution, with the support of allies. The group also identified several obstacles, including the inevitable push back from some Member States, the limited implementation of the UN System Common Position on drugs as well as limitations regarding 'agreed language' and alignment with human rights language in Vienna. The group agreed on various actions, including identifying leads and support for the resolution, and engaging in broad consultations to seek acceptable compromises and support.

CLOSING SESSION

The event ended with closing remarks by a civil society co-host, who reflected on the past two days of the Forum. Great appreciation was voiced regarding the energy and optimism showed by the participants – especially considering the increasingly complex geopolitical and financial context. This Brandenburg Forum in Geneva gathered its largest group to date, with unprecedented attendance from Geneva Permanent Missions. It was also highlighted that much had to be done in the next six months, to ensure that the two proposed resolutions and panel review could indeed materialise. Nonetheless, the event underscored the level of interest and support by a larger group of countries for these initiatives, which should help avoid an over-reliance on one or two leading Member States. The event was closed with thanks extended to all the participants for their active participation and interest in collectively moving the agenda forward.