



Africa Network of People Who Use Drugs

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Intervention At The 55th UNAIDS PCB Agenda Item 5: Prison and Closed Settings

Delivered by: Ahmed Said, Africa Network of People Who Use Drugs.

I like to take a moment to appreciate the commendable efforts made in prisons and closed settings to enhance health responses and harm reduction strategies for people who use drugs and key populations. These initiatives not only prioritize the health and well-being of community but also contribute to a broader public health agenda by addressing the challenges related to drug use through compassionate and evidence-based approaches.

However, a significant concern arises regarding the persistence of criminal records for those arrested for personal drug consumption. These records often act as barriers to obtaining legal documentation and securing employment, effectively hindering reintegration into society. Such obstacles disproportionately affect individuals attempting to rebuild their lives after experiencing the criminal justice system.

It is essential for member states to prioritize policies aimed at clearing the criminal records of individuals arrested solely for personal drug use. This could involve implementing expungement processes, providing pathways for record sealing, and offering support for those looking to reintegrate into the workforce. Efforts in this direction will not only aid individuals but also positively impact communities, fostering a healthier, and more inclusive society. I dare say your Excellency that we're all potential convicts and as we solve this we're not only solving for the people who use drugs rather for the larger society across the globe.

I conclude by the famous saying:

'Rules are flexible for those with money,

Rules serve those with power,

But for those with neither money nor power the rules bend, bind and oppress them,

Even from the natural justice 'We don't deserve lifetime punishment'

Nothing for Us, Unless by Us



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Agenda item 1.3: Report of the Executive Director At The 55th UNAIDS PCB

Delivered by: Ahmed Said, African Network of People who Use Drugs (AfricaNPUD)

Thank you, Winnie, for your comprehensive report. My name is Ahmed Said, I am the Coordinator of the African Network of People who Use Drugs, and I would like to highlight a few points based on your report.

First, thank you for recognizing the challenges in achieving the combination prevention targets by 2025. Despite the urgent need, due to the significant barriers faced by people who use drugs, including criminalization, stigma, discrimination, and the lack of harm reduction services. These barriers have led to avoidance in accessing care and treatment due to fear of judgment or criminalization. This exclusion prevents them from receiving life-saving services, such as needles and syringes and opioid agonist therapy [OAT] as well as the health implications that extend beyond HIV, including other blood-borne viruses and mental health challenges. This denial often stems from the stigma and discrimination surrounding drug use, particularly in countries where drug use is criminalized. In such contexts, healthcare providers may view drug users through a biased lens, assuming they are noncompliant or irresponsible, which can lead to unequal treatment.

To achieve our prevention targets, it is imperative to adopt inclusive policies that address these barriers. Therefore, meaningful involvement of people who use drugs is crucial in effective decision-making, to ensure that programs and services are tailored to the unique needs of people who use drugs. People who use drugs have firsthand experiences that can provide invaluable insights into the challenges and needs faced within the community. Involvement should not be tokenistic; you need to value the lived experiences and see us as experts, rather than just someone you need to 'invite'.

Winnie, you mentioned about new HIV technologies, and I cannot agree more. These new technologies should benefit the community rather than big pharmacies. However, it is crucial to recognize that when introducing new health technologies, particularly on prevention for people who use drugs, they should complement, not replace, the established harm reduction interventions that have proven effective, needles and syringes, OAT, and community distribution of naloxone are the most essential components that need to be available, accessible, acceptable, and affordable. We welcome any new HIV prevention technologies as long as they serve as options, rather than replacing the others.

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55th UNAIDS PCB Agenda Item 1.4: Intervention To The NGO Delegation Report

Delivered by: Ahmed Said, Africa Network of People Who Use Drugs

Current struggles faced by people who use drugs highlight significant social and technical disadvantages that our communities experience. Often, funding is allocated to organizations that possess polished proposals and extensive paperwork, overshadowing grassroots initiatives that genuinely impact the lives of individuals who use drugs. This misalignment results from a donor environment that prioritizes form over substance, leading to limited resources for programs and services led by the community, particularly people who use drugs.

African Network of People who Use Drugs echoes the NGO Delegation that there is an urgent need to shift funding strategies towards more direct, flexible, and long-term models encompassing core costs essential for the sustainability of community- and key population-led organizations or networks. However, in practice, some of the only Donors that provide these flexibilities, and most importantly, core funding, are the Robert Carr Fund and Love Alliance. Unfortunately, both these fundings are under threat – this year, RCF had a major liquidity crisis which led to significant delays and gaps in implementation, while Love Alliance, a five-year program funded by the Dutch Ministry of Foreign Affairs, is ending next year with very little clarity for its continuity, particularly with the recent shocking funding cuts towards one of the homes of harm reduction, Mainline, without any substantive arguments.

The shrinking funding and space for people who use drugs are real. These are not rhetorical ideas. The discussion about universal health coverage [UHC] will only further exclude criminalized populations such as people who use drugs. Even in some countries, our community are invisible and ineligible to access the national social protection scheme. Therefore, harm reduction services and programs for people who use drugs will continue to rely on the already shrinking money from international donors.

There has been an alarming silence on the progress towards achieving the 30-80-60 targets, which undermines essential community-led responses crucial to HIV interventions. Maintaining a focus on less than 10-10-10 without implementing the effort of 30-80-60 is unrealistic, as the 60% target is vital for advancing social enablers that could significantly impact access to and treatment retention.

For over 40 years, community leadership has shaped the HIV and the global health response. It seems to me that we all have been suffering from the COVID-19 amnesia. We have forgotten that it was the community that came to the forefront during the crisis. It was the community that distributed needles and syringes, OAT, and naloxone in Ukraine and other countries experiencing conflict and war. With only one year to go, countries, including UNAIDS, failed to even gather the necessary data related to the 30-80-60. This is absolutely unacceptable.

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