

Happy Assan, Executive Director, Tanzanian Network of People who Use Drugs

Honorable Chair, fellow delegates, good morning. My name is Happy Hassan, and I represent the growing community of people who use drugs in Africa. Three of Africa's five regions are forecast to be particularly affected by the rapid rise in the number of people using drugs. With nearly six million users today, West Africa accounts for the majority of drug users in Africa and is expected to rise to over 13 million. East Africa is forecast to experience the most rapid rise as overall numbers are projected to nearly triple, going from about two million today to about 5.5 million in 2050. In sub-Saharan Africa, we expect numbers to increase by 150%. Overall, the African continent will experience the largest increase in the absolute number of people who use drugs of any region globally. But data, funding, political will, and the right mindset to fight the increasing prevalence of HIV among people who use drugs are lagging, with national and regional drug policy still relying almost exclusively on harsh criminalization. On the other side, international conventions are often curbing minimal resources for harm reduction on the grounds that they condone drug abuse. Besides the immediate decriminalization of drug use and drug possession, the only hope for my continent is the rapid introduction and scale-up of harm reduction services. Services provided in a non-stigmatizing and low-threshold manner, with take-home doses and secondary distribution made available by design and brought to scale without going through endless pilots. Services that must be delivered through community-led organizations and networks of people who use drugs. A few years ago, Africa still faced a low prevalence of HIV in people who use drugs. At that time, relatively modest investments would have helped halt and reverse HIV transmission among people who use drugs. The more we wait, the more financial and human resources will be needed. The rapid roll-up of harm reduction services will also place public health systems on the continent under enormous stress, adding to other crises like COVID. That's why I firmly believe that the only way to overcome this problem is by rolling it out through community-led organizations, in line with the new UNAIDS strategy that set 80% of prevention services being implemented through community-led organizations and networks without waiting for 2030. To conclude, we should never forget that all HIV epidemics among people who use drugs are manufactured as they build upon the widespread criminalization of drug use, drug possession, and ultimately people who use drugs. While we aim at large-scale harm reduction programs, we should never forget that the most critical action to combat HIV transmission among people who use drugs is decriminalizing drug use and drug possession. Thanks for your attention.