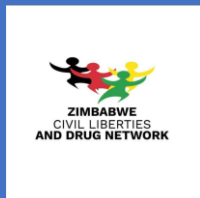




ASSESSING THE IMPACT OF CRYSTAL METH USE AMONG YOUNG PEOPLE IN HARARE



December 2023

Introduction and Background

Zimbabwe is witnessing an upsurge in drug use, especially among its youthful population with crystal methamphetamine (also known as crystal meth or meth), popularly known as “*mutoriro, dombo or guka*” in vernacular, being a drug of choice. Crystal meth was previously unknown, however, it gradually gained popularity among young people in the capital Harare, drawing mainstream attention. The growing popularity of crystal meth has been linked to the Covid-19 induced national lockdowns and closure of schools.¹

Crystal meth use has been associated with various social challenges and health consequences, including addiction and unsafe practices leading to the spread of HIV and other infections.² There are no official data or size estimates on the prevalence of drug use in Zimbabwe, but multiple practices based on estimates suggest that more than half of all admissions to mental health institutions are reportedly linked to drugs use, especially crystal meth and other psychoactive substances. The Situational Analysis on Drug Use and Injection in 5 provinces to inform the HIV and TB Programming for People who use and inject drugs conducted in 2022 found that crystal meth is one of the substances that was more often injected, especially among women who sell sex.³

Crystal meth has emerged as a concerning issue in Harare and other urban communities in Zimbabwe, and though there exists some sketchy data to track its prevalence, there is a lack of official information regarding its use among young people and young sex workers. Recognizing this gap, Zimbabwe Civil Liberties and Drugs Network (ZCLDN) and All Women Advocacy (AWA), both peer-led and community-based organisations, took the initiative to delve into this matter. Our collective mission was to conduct an assessment to understand the patterns, practices and associated risks of crystal meth use among youth in Harare, with a special interest in young sex workers.

This community assessment provides insight into the challenges faced by young people who use crystal meth in Zimbabwe and informs the development of targeted interventions and policy recommendations to address these challenges. The dissemination of findings of this assessment to stakeholders, such as government departments, healthcare providers and civil society organisations will ensure that the voices and needs of young people who use crystal meth are heard and incorporated into policy and programmatic decision-making.

¹ <https://sites.google.com/view/lovealliancedatabasedrugs/countries/zimbabwe>

² Hunter, C., Strike, C., Barnaby, L. et al. Reducing widespread pipe sharing and risky sex among crystal methamphetamine smokers in Toronto: do safer smoking kits have a potential role to play?. *Harm Reduct J* 9, 9 (2012). <https://doi.org/10.1186/1477-7517-9-9>

³ Zimbabwe situational analysis of drug use in five provinces to inform HIV and TB programming for people who use drugs.

Overview of crystal meth use among young people in Harare

The use of illicit drugs has become one of the topical issues in the public conversations in Zimbabwe. Crystal methamphetamine has gradually emerged as the drug of choice and has cast a long shadow over young people, particularly in the marginalised communities and high-density suburbs in Harare. The Covid-19 pandemic exacerbated this issue, with increased unemployment, social isolation and limited recreational activities creating fertile ground for its spread.⁴ Research by the International Society of Addiction Medicines (ISAM) reported that many countries grappled with the increasing number of people using drugs as Covid-19 continued to ravage economies, annihilate livelihoods and alter lifestyles,⁵ and over this period, Zimbabwe also witnessed a sharp rise in the use of crystal meth.⁶

Crystal meth is a stimulant drug which affects the nervous system. Mukwenha et. al. (2021) described crystal meth as a white crystalline-like substance that is taken orally by inhaling, smoking or injecting. The UNODC, world drug report (2020) noted that rising unemployment and lack of opportunities make it more likely that poor and disadvantaged people engage in harmful patterns such as drug use, and suffer drug use disorders as well as turn to criminal activities linked to drug use.⁷

Currently, Zimbabwe doesn't have any harm reduction tailored treatment services for people who use drugs. Criminalisation of drug use and possession is a huge barrier to accessing health services and interventions. There is a lacuna of research on drug use, and more specifically, on the patterns and health effects of crystal meth in Zimbabwe. With the anecdotal growing use of the injection method, there are also growing concerns for increased transmission of HIV infections and other blood-borne diseases such as viral hepatitis C.⁸ Although drug use is criminalised in Zimbabwe under the Dangerous Drugs Act (Chapter 15:02) and the Criminal Law (codification and reform) Act (Chapter 9:23), crystal meth is not listed as a dangerous drug in the schedule of the former statute. Mugadza and Muvingi, (2021) explain that the drug laws are not clear on the prohibition of the use of crystal meth.⁹ Compounding the problem is a lack of awareness and understanding within diverse communities, creating an environment where seeking help is often hindered by stigma.¹⁰

⁴Mukwenha, T., Chikoko, N., Muchemwa, K., & Rusakaniko, S. (2022). Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 era: an impending public health disaster. *Addiction*, 117(12), 3221-3223

⁵<https://www.medrxiv.org/content/10.1101/2020.07.16.20155341v2.full.pdf>

⁶ Mukwenha, S., Murewanhema, G., Madziva, R., Dzinamarira, T., Herrera, H., Musuka, G. Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 era: An Impending Public Health Disaster. Received: 12 October 2021 | Accepted: 12 October 2021. Available at <https://onlinelibrary.wiley.com/doi/pdf/10.1111/add.15729>

⁷ <https://reliefweb.int/report/world/unodc-world-drug-report-2020>

⁸ Nyashanu, M. Brown, M. and Nyashanu, T. and Frost, D. (2023): Exploring treatment barriers on the use of crystal methamphetamine among young people in Harare, Zimbabwe, *Journal of Substance Use*, DOI: 10.1080/14659891.2023.2173097.

⁹ Muvingi and Mugadza. (2021) Abuse of drugs and Mental Health Awareness in Zimbabwe: The Crystal Meth Scourge through a Legal Lens.

¹⁰ People Centred – The Journal of Development Administration. (2023). Analysis of mental health challenges faced by young people abusing crystal methamphetamine in Africa: A case of Harare Metropolitan Province, Zimbabwe.

Assessment Questions

Main assessment question

- What are the patterns of crystal meth use among young people and particularly young sex workers in Harare and how can their needs best be addressed?

Sub-questions;

- Why has crystal meth become a drug of choice among young people in Harare?
- What are the specific challenges and risks associated with the use of crystal meth among young people in Harare?
- Are there any existing interventions or specific services to address the needs and challenges faced by young people who use crystal meth in Zimbabwe?
- How can the experiences of young people who use crystal meth be incorporated into policy and programmatic decision-making to ensure their needs are addressed?

Objectives and Justification of the Assessment

This community assessment on the impact of crystal meth among young people who use crystal meth in Harare is driven by several key reasons as follows;

To understand the scope of the problem, as there is currently a significant lack of reliable data on drug use, particularly crystal meth in the country. As such, the study aims to bridge knowledge gap and create an understanding of the patterns of crystal meth use among young people in Harare as well as their needs in order to provide a foundation for the development of effective and evidence-based interventions and services.

The assessment aims to identify the risks and vulnerabilities associated with crystal meth use among young people and particularly young sex workers in Harare, such as unsafe drug use and sexual practices, limited access to healthcare services and lack of differentiated services leading to increased exposure to HIV, opportunistic infection and mental health challenges. Understanding what is happening is crucial for designing targeted interventions that address the specific vulnerabilities and risks faced by young people who use crystal meth in Harare.

It also aims to raise awareness of crystal meth use among young people to stakeholders in the country. The findings and recommendations of this community assessment will be used to sensitize healthcare providers, policymakers and other stakeholders on the challenges and risks being faced by young people who use crystal meth and the rationale for providing the needed interventions specifically tailored to meet their health and social needs.

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Methodology

Study Design

The research applied a qualitative design to gather and analyse data. Focus group discussions (FGDs) and in-depth, key informant interviews were used to collect data from the study participants. The report applied a thematic data analysis approach to analyse the notes jotted from focus group discussions and in-depth interviews.

Sampling

The study applied purposive and snowball sampling techniques to identify and select the study participants and key informants. 75 young people who use crystal meth falling in the age range of 18 to 30 years were enrolled into this community assessment, of which 37 of them identified as young sex workers. Participants were drawn from the suburbs of Chitungwiza, Epworth, Hopely, Mbare, Mufakose and Harare Avenues which the assessors identified as hotspots of crystal meth use in Harare.¹¹ Of the 6 locations, 5 are high-density suburbs except Harare Avenues. Additionally, 10 key informants were purposively selected from healthcare providers and community-based organisations working with people who use drugs and sex workers in Harare. These are the people who in one way or the other have interacted with young people who use crystal meth on multiple occasions and their knowledge informed the research objectives.

Table 1: Selected communities and number of participants enrolled.¹²

Community	Number of Participants
Epworth	14
Hopely	12
Mufakose	12
Chitungwiza	12
Mbare	12
Harare Avenues	13
Stakeholder KIIs	10
Total	85

Ethical Considerations

The researchers obtained informed consent from all participants. Prior to participation, all participants received written and verbal information on the objectives, and proceedings of the assessment in English and Shona, then they all signed the informed consent form(s). Researchers prioritized the privacy and confidentiality of the participants by providing a safe space for in-depth interviews and FGDs throughout the research process. Every participant received a USD5 as transport and refreshments reimbursement.

¹¹ ZCLDN identified potential participants through its BESTIE Peer Outreach Educators from the selected communities while AWA identified potential participants from the communities of sex workers they work with.

¹² For both in-depth interviews and focus group discussions

Findings

Demographic profile of participants

The study participants differed in their levels of education and it was found that the levels of education ranged from primary (grade 7) level up to university (degree) level. The assessment also found that more than half of the young people who participated in both in-depth interviews and FGD were below the age of 25 years and reported to have started using crystal meth while still going to secondary school. See table 1 below.

Table 2. Study participants profile - Age and Education

	Chitungwiza	Epworth	Hopley	Mbare	Mufakose	Harare Avenues	Total
Age							
18-21years	4	8	10	2	4	1	29
22-25years	7	4	2	7	8	9	37
26-30years	1	2	0	3	0	3	9
Total Number of Participants	12	14	12	12	12	13	75
Education							
Primary (completed Grade 7)	0	1	2	0	0	0	3
Secondary (completed Ordinary level)	6	11	9	7	8	3	44
Completed Tertiary (Vocational/Technical level)	4	2	1	5	3	3	18
Completed tertiary (University Degree level)	2	0	0	0	1	7	10
Total Number of Participants	12	14	12	12	12	13	75

Motivations for crystal meth use among young people in Harare

Although participants had diverse reasons behind their use of crystal meth, this study found that peer pressure and the desire to enhance sexual drive specifically among those who sell sex were the most mentioned driving forces;

"...I was introduced to crystal meth by my older friends who were already using drugs by then and we didn't have anything productive to do, we were idle and no longer going to school." (Respondent IDI 8 - Young lady Mufakose)

"...We use crystal meth because it gives more energy to enhance sexual drive which is good for sex work." (FGD - young female sex worker)

“...I started using crystal meth whilst staying in Chitungwiza and by then I was an upcoming Zim-dancehall artist, busy working on my music and shows. I then experimented to use crystal meth to fit in among my fellow musicians; now I’m addicted.” (Respondent IDI 7 – Young man Hopley).

Furthermore, the assessment found out that poverty is one of the factors forcing young people, especially females into sex work and eventually, drug use. One of the young female sex workers reported that;

“...I ventured into sex work just for fun but later I realised that I was getting some money out of it. However, since I was still young, and I couldn’t handle multiple sexual partners I was then advised to try crystal meth to enhance my sexual drive.” (Respondent IDI 12 – young sex worker – Chitungwiza)

Routes of crystal meth use

Participants were asked how they consume crystal meth and the majority of the participants highlighted that they smoke meth using a “j-shaped” glass-pipe. Describing the usage, participants reported that;

“...I heat the crystals in a j-shaped bulb. We make that “pot” using florescent bulbs with J-shape. We use candles or cigarette lighters to heat the pot then pull the smoke which comes out like a cloud. You have to make sure that you won’t ingest or swallow. We avoid swallowing because the smoke causes stomach and chest pains.” (Respondent IDI 6 – Young man Mbare).

“...I only smoke it and that’s the only way I know how it is used. (Respondent IDI 9 – Young man Hopley).

Participants were further asked if they share the smoking pipes among their peers and more than half of reported to have sharing the smoking pipes often times. The following quote from one participant explains how young people are sharing smoking pipes;

“...the non-working florescent bulbs that we use to heat and smoke crystal meth are easy to get usually in trash dumps or bins but not everyone among my friends might have them. So, what we do in a group of 3 or 4 people depending with whoever has the smoking pipe, we just heat crystal meth in a single pipe and we circulate amongst ourselves to smoke” (Respondent IDI 6 – Young man Mufakose).

However, very few participants reported to have ever injected or know their peers who inject crystal meth. Only 7 participants among the young female sex workers reported to be injecting crystal meth. Thus, this study established that the injection of crystal meth is not popular as compare to smoking among young people who inject crystal meth in Harare;

“...the use of crystal meth is done secretly in hidden settings. Some users melt crystal meth and use injections to take the drug. However, they are very few of them because the injecting equipment is expensive and hard to access than those ones of smoking.” (Respondent KII 5 – local nurse).

“...sometimes we inject crystal meth and for us sex workers it’s a faster way of getting high as compared to smoking because the drug will go direct into my blood. However, needles and syringes are not easy to access that’s why in most cases we smoke. Once you happen to have a needle and a syringe you have to keep it clean because you will reuse it at some point.” (Respondent IDI 5 – young lady - Mbare)

The above submission indicates that those who inject crystal meth might be at risk of sharing and reusing the injecting equipment due to scarcity and unavailability of clean and sterilized needles and syringes. This puts people who inject crystal meth at a higher risk of contracting HIV and other bloodborne diseases such as viral hepatitis.

Impact of crystal meth use on health

The responses given by young female sex workers who use crystal meth in both FGDs and in-depth interviews, revealed that there are high vulnerabilities posed by being both a sex worker and a crystal meth user. Participants reported cases of decreased condom use and violence and power imbalances with clients. One of the respondents was on record that:

“...crystal meth enhances sexual performance. However, there is a high risk of having unprotected sex if you are high on crystal meth. This drug gives you more energy and cravings for sex. At some point, you might not be able to negotiate safe or protected sex. If clients notices that you are high on crystal meth, they take that advantage to do whatever they want which puts our health at high risk of HIV and STIs as young sex workers. I was once infected with an STI due to this experience.” (FGD 2 – Young female sex worker)

Furthermore, participants submitted that crystal meth is a very addictive as compared to other drugs. Also, more than half of the participants mentioned to have had negative experiences ranging from near-psychotic episodes, chronic infections, fatigue and an array of physical symptoms like excessive sweating, palpitations and even fainting.

The study further found high risks associated with crystal meth use. One key informant mentioned that they struggle with sleeping disorders after taking the drug.

“...I experience hallucinations and sleepless nights. Sometimes I can go for 3 days without sleeping to an extent of having severe headaches. I feel the urge to just walk when others are sleeping at night.” (Respondent IDI 1 – female sex worker Mbare)

Access to services and support

Since the study identified 7 participants who reported to be injecting crystal meth and also revealed that there are some who might have been sharing or reusing the injecting equipment, this put them at a high risk of contracting HIV and other infections. As such, a key informant from the National AIDS Council (NAC), which coordinates the multi-sectoral response to HIV, was asked if there are harm reduction services to prevent new HIV infections among young people who inject drugs and he replied that;

“...we use a multi-sectoral response and differentiated service delivery in our response to HIV. This means that if individuals need services it should speak to their profile/diversity. However, there hasn't been a minimum package developed for example needle and syringe program for people who inject drugs and other HIV-related services. NAC doesn't have a deliberate intervention on crystal meth and the magnitude or prevalence of use is also not known. Even though there is a great risk of new HIV infections associated with drug injection, currently there is no data to inform interventions and programming.” (Respondent KII 2 – NAC KP Officer)

The study further found that young people who use crystal meth have a poor health seeking behaviour. Participants were asked how often do they seek healthcare services and more than half of them have avoided seeking healthcare services because of the stigma they face from healthcare service providers. A few of the participants who reported to have accessing healthcare services often times highlighted that they can only afford public health facilities especially City of Harare's Poly and Satellite clinics (*small healthcare facilities that offer medical services to specific areas or communities*) and other hospitals such as, Sally Mugabe Hospital, Wilkins Hospital and Parirenyatwa Hospital since the private health facilities charges exorbitant fees. Moreover, key informants said there are no services tailored for young people who use crystal meth such as behavioural/psychosocial treatments combined with pharmacotherapeutic treatments in both private and public health facilities;

“...we offer private treatment and rehabilitation services to our clients who use drugs in general. We do not have specific services for young people who use crystal meth but we offer psychosocial support leading to recovery.” (Respondent KII 3 – FASAA).

The assessment further found that there are only two public hospitals serving people who use crystal meth in Harare which are Parirenyatwa Annex Hospital and Sally Mugabe Hospital - Psychiatric Unit. Civil society and community-based organisations like For Youths By Youths, REPSSI and Mubatirapamwe Trust are offering only psycho-social support and counselling services to young people who use crystal meth. For clinical services, these organisations make referrals to either Parirenyatwa Annex Hospital or Sally Mugabe Psychiatric Unit. Key informants were asked about the types of services being offered at the 2 mental health institutions and 4 of them revealed that there are only primary preventions and abstinence-focused treatment services for young people who use crystal meth. This indicates that there are no services for people who are using drugs and those who are not yet ready to quit but still in need of other services to take care of their health and wellbeing;

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“...For Youths By Youths is doing programming on drug use prevention among young people. We educate those who are not yet using drugs, then for those who are already using drugs, we do counselling and refer them to Sally Mugabe Hospital and Parirenyatwa Annex Hospital and other private rehabilitation centres. For young sex workers we provide condoms and make referrals to service providers.” (Respondent KII 4 – FYBY)

“...As the Ministry of Health and Childcare, we don’t have something that is specifically for young people or young sex workers who use crystal meth but our interventions start at a very tender age where we work in collaboration with schools to provide psychological services and psychosocial packages for young people. There is the Psychological Association of Zimbabwe under the Ministry of Education. We also hold different campaigns, psychoeducational campaigns through various forms e.g., (mental health/suicidal Awareness week), we use national TV and Radio Platforms.” (Respondent KII 1 – MoHCC Mental Health Manager)

“...we offer Sexual Reproductive Health (SRH) education and services to young people and young sex workers regardless of disclosing that they use drugs/crystal meth and being sex workers. We offer general healthcare consultation to young people and young sex workers but we don’t do much for those who use drugs or specifically crystal meth. During the general healthcare consultations, if a client discloses that they are having drug use induced disorders we refer them to Sally Mugabe Psychiatric Unit” - (Responded KII 5 - Local Nurse)

“...At Annex hospital we provide clinical and psychosocial services to people who are use crystal meth and other drugs. However, the services differ and varies with the situation of the client/patient. We do thorough assessment to determine in-patient or out-patient service provision to our clients. We also do urine tests to identify and verify the drug being used so as to be able to decide on the treatment and recovery plan. Furthermore, we make referrals to private rehabilitation centres because our facility is very small and it’s carrying capacity is low.” (Respondent KII 9 – Clinical Psychologist – Parirenyatwa Annex Hospital.)

With the identified nexus between crystal meth use and sex work, especially among young female sex workers, this study probed to understand the magnitude of vulnerability of young sex workers who use crystal meth. Participants were asked if they were accessing HIV related services in their localities and it was found that they are accessing condoms and pre and post exposure prophylaxis (PrEP and PEP). Participants reported that they are accessing these services for free through civil society and community-based organisations who operate drop-in-centres and also through community outreach programs. More than half of the young female sex workers who participated in the study reported to have tested for HIV and get screened for STIs at one of the drop-in-centre in Harare. During one of the FGDs with young female sex workers who use crystal meth in Avenue, participants highlighted that;

“... most of us get free condoms, lubricants and PrEP at CeSHHAR Drop-in-Centre. There is also HIV testing and ART initiation as well as STI screening and treatment by non-judgemental service providers.” (FGD 3 – Young Female Sex Worker Avenues)

Stigma and Discrimination

Particularly for young female sex workers who use crystal meth, the study found that they often find themselves judged, not only for their sex work but also for their crystal meth use. The participants' responses paint a picture of the social and community exclusion and misunderstanding they are facing;

"...members from my community stigmatize me because my crystal meth use. Parents and older people in my community discourage their children to play with me because they fear that I might influence them to take crystal meth which leaves me lonely and depressed. So, I do not usually interact with people to avoid any allegations from their parents." (Respondent IDI3 - Young lady Chitungwiza)

"...my parents used to call me all sorts of discriminatory names (rombe and chidhakwa) due to my crystal meth use and they would even insult me." (Respondent IDI1 - young lady Epworth)

Participants reported that they are called names, judged, stigmatised and discriminated for being crystal meth users. The following submission indicates how young people who use crystal meth are isolated in communities;

"... people in my community call us names like "addicts, thieves, boys redombo, bitch-brongo". I remember when our neighbour lost his cell phone, me and my friends were the first suspects. We were man-handled to Southlea Park police station where we were thoroughly beaten but we were never convicted.... community members will never support us to access treatment services or any community intervention, they only want us arrested and jailed because we use crystal meth" (Respondent IDI 10 – Young man Epworth).

58 respondents of the 75 participants reported encountering serious stigma, discrimination and judgmental attitudes not only at household level, but also from service providers in public healthcare facilities. It was added in one of the FGDs that even if they go at any facility to access any health-related service, they do not disclose their crystal meth use and only get assistance as general clients/patients.

However, the assessment found some cases where young people who use crystal meth do not face stigma or discrimination from their family members, community members and when accessing healthcare services facilities;

"...my family don't mind about my crystal meth use. I don't have any problem with them." (Respondent IDI15 - Young Lady Mufakose.)

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“...the last time I went for medical consultation I went to a private clinic and I didn’t face any stigma and discrimination from the healthcare providers. I disclosed that I use crystal meth and I’m experiencing chest pains. They gave an injection and some pain-killer pills.” (Respondent IDI9 – Young man Chitungwiza).

“...I recall a day we were using a lot of crystal meth, then I had a black out. I was admitted at Karanda Mission Hospital in Mt Darwin (our rural home). My brother openly told the healthcare providers that I use crystal meth and some other drugs. Nevertheless, I didn’t face any stigma or discrimination from the nurses and doctors who treated me up until I was discharged.” (Respondent IDI 4 – Young man Epworth).

Current interventions

Although people who use drugs are acknowledged as key and vulnerable populations at high risk of contracting HIV in the Zimbabwe National AIDS Strategic Plan (ZNASP iv)¹³, there are currently no services tailored to prevent new infections among this sub-population group. A key informant from the National AIDS Council assets that;

“...NAC is mandated by an Act of Parliament to coordinate the National HIV response. All our programs and interventions are guided by a national strategic plan (ZNASP). (...) However, nothing specific is being done for PWUID in terms of programming. There is no deliberate minimum package for people who use crystal meth or drugs in general even though they are classified as key populations in the national HIV strategic plan.” (Respondent KII 2 – NAC KP Officer)

It was noted during the assessment that civil society and community-based organisations are playing a critical role in both advocacy and service provision. The selected key informants who work with people who use drugs and sex workers reported that they are engaging policy makers to lobby for the decriminalisation of both personal drug use and consenting adult sex work so as to create an enabling environment for the provision of tailor-made healthcare services. These CSOs are also advocating for increase funding and strengthened integration of HIV and mental health services for these vulnerable sub-population groups.

Furthermore, some organisations are training and sensitizing healthcare providers (nurses and other clinical staff) to build trust, reduce stigma and provide friendly services for people who use drug and sex workers. Others are providing services such as psychosocial support, HIV testing and treatment, STI screening and treatment and distributing condoms and other commodities and HIV prevention services especially to female sex workers. However, services specifically for (young) people who inject drugs, such as needle and syringe programming (NSP), are not available in the CSO’s facilities.

¹³ Ministry of Health and Child Care, AIDS & TB Programme, July 2020: Zimbabwe National HIV and ADIS Strategic Plan (ZNASP) IV 2021-2025 - <https://www.nac.org.zw/policy-strategic-documents/>

“...we work with young people who use and inject drugs in tertiary learning institutions. We advocate for drug policy reform, harm reduction and prevention of both drug use and the spread of opportunistic infections like HIV. We do capacity strengthening sessions with healthcare providers on stigma reduction and we engage parliamentarians and key stakeholders to consider decriminalisation of personal drug use which will enable the introduction of pro-health interventions for people who use and inject drugs. However, we are not yet providing services like harm reduction or HIV testing and treatment.”
(Respondent KII 8 – SSDP)

The need for support

Participants reported that young people who use crystal meth need behavioural therapy and peer support which helps in reducing stigma, provide motivation and share personal experiences that resonate with individuals who use crystal meth support to improve their behaviour of seeking healthcare services and recover from crystal meth use. It was reported that people who use crystal meth prefer outreach service provision such as education and awareness, counselling, harm reduction strategies and treatment referrals especially done by their peers who have recovered from drug addiction because there is less stigma.

“... Community outreach services can help us to access these services because some of people who use drugs and crystal meth are not willing to openly seek healthcare services at public health facilities.” **(Respondent IDI 8 – sex worker Mbare)**

“...Peer educators who recovered from drug user are the best people who can help people who use or inject drugs to access services.” **(Respondent IDI 5 – Young man Mufakose).**

Besides, the study found that participants are calling for income generating projects and vocational training opportunities to keep them busy to reduce their crystal meth use.

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Summary of findings

Crystal meth use has been on the rise among young people in Harare. The study found that the most young people using crystal meth are below the age of 25 years and reported to have started using crystal meth while still going to secondary school. Although participants had diverse reasons behind their use of crystal meth, this study found out that peer pressure and the desire to enhance sexual drive specifically among those who sell sex were the most mentioned motivations for crystal meth use among young people in Harare.

On the methods of use, the majority of the study participants reported smoking crystal meth using a “*j-shaped*” glass-pipe. To a lesser extent and particularly among young sex workers, the assessment revealed cases where some are injecting crystal meth as a quicker way to get high. However, it was reported that the injecting materials are hardly available and accessible entailing risks of reusing and sharing.

On the impact of crystal meth use on health, participants reported cases of decreased condom use, violence and power imbalances with clients. Furthermore, the study revealed adverse experiences among young people who use crystal meth ranging from near-psychotic episodes, chronic infections, fatigue and an array of physical symptoms such as excessive sweating, shivers and even fainting. Other participants reported that they struggle with sleeping after using crystal meth.

The assessment found that there are only two public hospitals serving people who use crystal meth in Harare which are Parirenyatwa Annex Hospital and Sally Mugabe Hospital - Psychiatric Unit. Civil society and community-based organisations working with people who use drugs are offering only psycho-social support and counselling services to young people who use crystal meth and have referral pathways to the two public hospitals for clinical services. However, participants submitted that they are accessing HIV related services, such as, condoms, lubricants, pre and post exposure prophylaxis (PrEP and PEP) and STI screening and treatment services in their localities. The study further found that participants were accessing HIV related services for free through civil society and community-based organisations who operate drop-in centres (DICs) and also through community outreach programs.

The study found that young people who use crystal meth are encountering more cases of stigma and discrimination from family members, general community and in public healthcare facilities. Particularly young female sex workers who use crystal meth, it was revealed that they often find themselves judged for being both sex worker and crystal meth users. However, the assessment found some cases where young people who use crystal meth do not face stigma or discrimination when accessing services in private healthcare services facilities.

The study found that civil society and community-based organisations are playing a pivotal role in both advocacy and service provision. Key informants from CSOs and CBOs working with people who use drugs and sex workers reported to have been engaging policy-makers and key stakeholders to lobby for the decriminalisation of both personal drug use and

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consenting adult sex work so as to create an enabling environment for the provision of tailor-made healthcare services. Furthermore, some CSOs are training and sensitizing healthcare providers (nurses and other clinical staff) to build trust, reduce stigma and provide friendly services to young people who use crystal meth.

Overall, the study revealed the need of empowerment and support for young people who use crystal meth to improve their health seeking behaviour and access to healthcare services, rehabilitation and recover from crystal meth. The assessment also established that young people who use crystal meth prefer community outreach service provision especially done by their peers who have recovered from crystal meth use with reduced fears of stigma and discrimination.

Conclusion

This community assessment aimed to understand the patterns of crystal meth use among young people and particularly young sex workers in Harare and how can their needs best be addressed. The study found that crystal meth is mostly being smoked. However, among young female sex workers there is some injecting although it is relatively low. The study established some risks such as sharing of smoking pipes and injecting equipment which put young people who use crystal meth at risk of contracting infectious diseases such as HIV and viral hepatitis. It further identified challenges being faced including; unavailability of tailored treatment services for people who are using drugs and those who are not yet ready to quit but still in need of other services to take care of their health and wellbeing and limited access to primary healthcare services due to stigma and discrimination in healthcare facilities. Nevertheless, the study found that young people who use crystal meth need accurate information on the effects of crystal meth, psychosocial and mental health support, income generating support and vocational training to reduce their uptake of crystal meth. Besides, stigma reduction is needed although community-based organisations and civil society organisations are working to raise awareness, provide services and advocate for improved treatment access.

Recommendations

Based on the above presented findings, this section outlines recommendations for addressing the needs of young people who use crystal meth.

Expand services availability and accessibility

- Civil society and government institutions need to address stigma and discrimination against people who use crystal meth to motivate the latter to access healthcare services. This will gradually improve the health seeking behaviour of young people who use crystal meth.
- Though injection of crystal meth seems low among young people, there is a need for needly and syringe programming to avoid transmission of HIV and other blood-borne infections. For those who smoke crystal meth, safer smoking kits (containing, pipes or mouthpieces and lip balm) should be considered to reduce the risk of HCV transmission.
- Provide psychosocial and mental health support, such as counselling to young people who use drugs, without requiring them to quit using.
- Provide vocational training, traineeships and income generation support
- The government should scale up treatment facilities for people who use drugs.

Enhance service delivery models

- Participants recommended that services should be provided through community outreach programs. As such, civil society and community-based organisations should enhance peer-outreach programming to offering tailored harm reduction supplies, basic healthcare services and information through peer educators and community health cadres. Providing services through peers will reach out to more young people who use crystal meth marginalised in hidden spaces with poor health seeking behaviours.

Assessing the Impact of Crystal Meth Use Among Young People and Young Sex Workers in Harare

- There is need to establish safe, stigma-free spaces such as drop-in centres or community hubs for healthcare services provision for young people who use crystal meth.
- Organisations offering services to sex workers should be trained to address drug use and offer integrated services addressing overlapping vulnerabilities of (young) women who sell sex and use drugs.

Resources

1. Abdul Muneer, P. M., Alikunju, S., Szlachetka, A. M., Murrin, L. C., & Haorah, J. (2011). Impairment of brain endothelial glucose transporter by methamphetamine causes blood-brain barrier dysfunction. *Molecular neurodegeneration*, 6(1), 1–13
2. Chinoperekwei, A. I. (2021, July 30). 'A way of healing the pain': Desperate Zimbabwean youth turn to meth. *Africanews*. Retrieved from <https://www.africanews.com/2021/07/30/a-way-of-healing-the-pain-desperate-zimbabwean-youth-turn-to-meth/>: <https://www.africanews.com/2021/07/30/a-way-of-healing-the-pain-desperate-zimbabwean-youth-turn-to-meth/>
3. <https://reliefweb.int/report/world/unodc-world-drug-report-2020>
4. <https://sites.google.com/view/lovealliancedatabasedrugs/countries/zimbabwe>
5. <https://www.medrxiv.org/content/10.1101/2020.07.16.20155341v2.full.pdf>
6. <https://www.who.int/news-room/events/detail/2021/07/29/default-calendar/scaling-up-the-national-response-for-mental-health-in-zimbabwe>
7. Kristjansson, A. L., Mann, M. J., Sigfusson, J., Thorisdottir, I. E., Allegrante, J. P., & Sigfusdottir, I. D. (2020). Development and guiding principles of the Icelandic model for preventing adolescent substance use. *Health Promotion Practice*, 21(1), 62–69. <https://doi.org/10.1177/152483991984903>
8. Mukwenha, T., Chikoko, N., Muchemwa, K., & Rusakaniko, S. (2022). Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 era: an impending public health disaster. *Addiction*, 117(12), 3221–3223
9. Muringi and Mugadza. (2021) Abuse of drugs and Mental Health Awareness in Zimbabwe: The Crystal Meth Scourge through a Legal Lens.
10. Nyashanu, M. Brown, M. and Nyashanu, T. and Frost, D. (2023): Exploring treatment barriers on the use of crystal methamphetamine among young people in Harare, Zimbabwe, *Journal of Substance Use*, DOI: 10.1080/14659891.2023.2173097.
11. Pasche, S., & Myers, B. (2012). Substance misuse trends in South Africa. *Human Psychopharmacology: Clinical and Experimental*, 27(3), 338–341. <https://doi.org/10.1002/hup.2228>
12. Punch, K.F. 2013. *Introduction to Social Science Research: Quantitative and Qualitative Approaches*. London: SAGE.
13. Zimbabwe situational analysis of drug use in five provinces to inform HIV and TB programming for people who use drugs.
14. Tome R. A. and Abur W. (2023). Analysis of mental health challenges faced by young people abusing crystal methamphetamine in Africa. A case of Harare Metropolitan Province, Zimbabwe. *People centred – The Journal of Development Administration (JDA)*, 8(1), 1-7. <https://dx.doi.org/10.4314/jda.v8i1.1>
15. Walliman, N. 2011. *Your Research Project: Designing and Planning Your Work*. Sage Publications.
16. Yeo, K. K., Wijetunga, M., Ito, H., Efird, J. T., Tay, K., Seto, T. B., Alimineti, K., Kimata, C., & Schatz, I. J. (2007). The association of methamphetamine use and cardiomyopathy in young patients. *The American Journal of Medicine*, 120(2), 165–171. <https://doi.org/10.1016/j.amjmed.2006.01.024>
17. Ministry of Health and Child Care, AIDS & TB Programme, July 2020: Zimbabwe National HIV and ADIS Strategic Plan (ZNASP) IV 2021-2025 - <https://www.nac.org.zw/policy-strategic-documents/>

Funding

This community assessment was conducted by Zimbabwe Civil Liberties and Drug Network (ZCLDN) and All Women Advocacy (AWA) with funding from the Love Alliance, through the Mainline Foundation.



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