



Harm reduction and HIV and AIDS interventions in Uganda are highly donor dependent. There is a considerable lack of services for people who use drugs, with programs such as NSP and OAT being limited. Despite some level of effective peer involvement, the representation of peers on a national level is still considered minimal.

This document

This policy brief aims to promote the realisation of health and human rights for people who use drugs in Uganda. It is intended primarily for policymakers and programme managers to inform decisions on policies, programs, and interventions for people who use drugs. The brief outlines the context in which people who use drugs find themselves in Uganda, paying particular attention to the national drug policy framework, drug use and health of people who use drugs, the existence of harm reduction services and peer involvement, the context of human rights, availability of care in prisons, and the situation of women who use drugs, and additional social issues and inequalities. Recommendations are provided based on the data gathered and community reviews. The brief is based on a database built within the framework of the Love Alliance program.

Policy



Uganda's approach to drug use is primarily focused on criminal justice, with the enactment of the Narcotic Drugs and Psychotropic Substances (Control) Act 2015 imposing strict regulations and severe penalties for drug possession and trafficking. The Act lacks a comprehensive study on its implications for people who use drugs and is aligned with the international "war on drugs" approach, neglecting human rights considerations. The country's laws also criminalise sex work and consensual same-sex relationships, subjecting individuals to imprisonment and harassment by law enforcement. The 2023 Anti-Homosexuality Act further criminalizes LGBTQ+ identities and support services, raising major concerns for health access and civil society operations. The Non-Governmental Organizations (Amendment) Act of 2016 poses barriers for NGOs, including controversial registration procedures and restrictions on foreign funding. Uganda has developed the

National Key and Priority Populations Action Plan to address the HIV epidemic, recognising people who use drugs as a key population. However, specific financing estimates for harm reduction interventions and targeted groups are not highlighted. Additional efforts, such as the 2019 PEPFAR Country Operational Plan and guidelines for hepatitis B and C, aim to combat the epidemic and provide care and treatment.

Drug use and health



Estimates for drug use in Uganda are limited, but it's believed that 11,000-20,000 people inject drugs nationwide. Heroin (44.8%) and cocaine (16%) are commonly injected in Kampala and Mbale. Cannabis, khat, and sniffing jet fuel are also reported practices. Hotspots, where people who use drugs gather, exist in Kampala, including the notorious Kisenyi neighbourhood. HIV prevalence among drug users is 17% (24% for women), higher than the national average of 6.2%, and hepatitis B prevalence

among PWID is 8.4% while hepatitis C is 2%. TB remains a leading cause of death for drug users with HIV. Uganda has a high burden of HIV/TB and key affected populations include sex workers, drug users, truck drivers, men who have sex with men, fisherfolk, and uniformed forces. Criminalization, stigma, and homophobia hinder access to healthcare for these populations. Limited awareness, stigma, inadequate training, and infrastructure further impede access to tailored services.

Harm Reduction



Harm reduction efforts in Uganda heavily rely on international funding. Funding for harm reduction increased from \$201,317 in 2017 to \$370,237 in 2019, mainly supporting advocacy interventions. The Ministry of Health developed Harm Reduction Guidelines in 2019, but no national strategic plan specifically for harm reduction exists. Access to harm reduction services is severely lacking, with limited coverage in two districts of Kampala and Wakiso. A funding assessment conducted by HRI and UHRN recommends prioritising harm reduction as the primary strategy, increasing financial support, reviewing drug use decriminalisation policies, and advocating for a national mental health policy. INPUD advises UHRN to gather more evidence to convince the government to allocate funds for harm reduction. An OAT clinic was established in Butabika Mental Hospital in 2020 with support from PEPFAR and CDC, enrolling around 330-340 people. Still, its long-term sustainability is uncertain, and uptake is low due to a lack of transport and strict enrolment procedures. UHRN provides harm reduction services through drop-in centres and has a limited NSP funded by the Global Fund. A second OAT clinic opened in 2022 at Mbale Regional Referral Hospital, but services remain limited in scale and outside Uganda's universal health package. In January 2025, the closure of key harm reduction services in Kampala triggered a drug overdose crisis, affecting over 800 patients and exposing severe gaps in care continuity.

Peer Involvement



There is no established national peer network in Uganda like those in neighbouring countries, such as KenPUD and TanPUD in Kenya and Tanzania, respectively. However, organisations like Key Populations Uganda and Uganda Harm Reduction Network have strong peer networks within their organisations and employ paid peers. However, their reach is limited, and the representation of peers on a national level is considered minimal.



Human Rights

The Narcotic Law in Uganda, with harsh jail sentences for drug possession, has had a negative impact on harm reduction services, discouraging people who use drugs from advocating for themselves and seeking medical help. Human Rights Awareness and Promotion Forum (HRAPF) and Uganda Harm Reduction Network (UHRN) have documented numerous human rights violations against people who use drugs, including arbitrary arrests, denial of hearings, and cruel treatment, mainly attributed to the Uganda Police Force and Local Defense Unit. The possession of needles has been used as evidence for arrests, and even paralegals assisting people who use drugs risk being arrested. HRAPF has supported the police in developing regulations and standard operating procedures for enforcing drug laws. Still, there is a need for further sensitisation and training to improve the relationship between law enforcement and harm reduction organisations. Human rights violations are also prevalent among other key populations, such as the LGBTQI community, as evidenced by the raid and mistreatment of a shelter by the police.



Prison

Harm reduction initiatives are unavailable in Ugandan prisons as the government views drug use as a criminal rather than a health concern. Surveys indicate that drug use, including injecting drug use, occurs among prisoners, with a significant proportion reporting sharing injection equipment. However, there is a lack of data and interventions for HIV and harm reduction in prisons, and comprehensive HIV services are limited within prison facilities, particularly for marginalised populations such as men who have sex with men due to legal restrictions.



Women who use drugs Women who use drugs are particularly vulnerable to HIV, hepatitis, violence, and abuse, with reports indicating rape, power imbalances, and dependence on men for drugs. Additionally, pregnant and breastfeeding women who use drugs face barriers to accessing medication-assisted treatment, and stigma and discrimination persist when seeking healthcare and reproductive services.

Social Inequalities



Stigma towards key populations in Uganda is pervasive, reinforced by laws, religious and cultural beliefs, and a lack of safe spaces and support, making it challenging for LGBTIQ individuals and people who use drugs to access health services and support; advocating behind closed doors with police and government officials is advised over public demonstrations, according to UHRN.



Recommendations

Based on data gathered via desk research and key informants and on the extensive consultation done by UHAI's baseline in Uganda, we propose the following recommendations:

Advocacy & policy reform

- Advocate for the decriminalisation of people who use drugs, sex workers and LGBTIQ individuals.
- Advocate for approving a National Mental Health Policy to support people who use drugs with mental health challenges.
- Advocate for implementing a hybrid funding model to cater to the intersectionality of people who use drugs and provide small funds directly to community-based organisations at both the community and national levels.
- Advocate for the government to review Monitoring & Evaluation tools to capture information on people who use drugs and engage in sex work and those from LGBTIQ+ communities. → Advocate for the government to embrace the public health approach and allocate resources for comprehensive SRHR/HIV and harm reduction services.
- Advocate for a harmonised approach to addressing the needs of people who use drugs, sex workers and LGBTIQ+ communities.
- Fund organisations of people who use drugs outside Kampala.
- Scale up advocacy and coordination among CSOs and engage with public sectors and international partners to support harm reduction services.

Community-based research and assessments

- Support people who use drugs-led organisations to conduct national needs assessment and population size estimation studies, including specific subgroups like people who use drugs and engage in sex work and those from the LGBTIQ+ community
- Fund research or baseline studies on the impact of substance drug use and its interaction with hormones, particularly among transgender persons using hormones.

Harm Reduction services

- Roll out Opioid Agonist Therapy (OAT) to nearby government facilities and open additional OAT

clinics in different locations.

- Expand harm reduction interventions to include alternative services such as income generation. Primarily support OAT clients in starting their lives over again with income-generating activities and skills development.
- Fund psychosocial support and mental health interventions for people who use drugs, sex workers and the LGBTQI+ population.
- Decentralize drop-in centres to create demand for harm reduction and sexual reproductive health services in hot spots.
- Embrace harm reduction as an entry point and overarching strategy for responding to drug related risks and harms

Capacity building

- Conduct orientation and awareness training for healthcare providers, policymakers, law enforcement, judiciary, and the general public on people who use drugs and the benefits of embracing harm reduction.
- Undertake continuous medical education to train and orient healthcare providers on people who use drugs and intersecting issues with sex workers and LGBTQI+.
- Develop a fundraising and business continuity strategy for harm reduction implementing partners to reduce donor dependency, including advocating for domestic funding.