CONTEXT

Data to determine the magnitude and burden of disease among people who use or inject drugs in Zimbabwe is very scant. Anecdotal evidence points to a disproportionate burden of disease and persistent lack of investment in addressing the needs of this population. An increasing number of mental health admissions in Zimbabwe are due to substance use. The lack of scientific and rigorous research has been used to deprioritize efforts to target people who use or inject drugs with comprehensive HIV prevention, treatment, and care services. Current HIV programming for people who use or inject drugs is led by nascent organizations such as the Zimbabwe Civil Liberties and Drug Network (ZCLDN) and the Zimbabwe People Who Use Drugs, with a low government investment. These community-led programming efforts are often at small scale with limited footprint for national coverage and primarily focus on detoxification and treatment of opportunistic infections amongst clients.

There are currently no harm reduction interventions for people who use or inject drugs such as needle and syringe programmes (NSP),opioid agonist treatment (OAT) or Naloxone distribution programmes that are central to management of overdose among people who use or inject drugs. Moreover, current programming lacks support for people who use or inject drugs through differentiated models in specialised drop-in-centres targeting and tailored to serve clients who use and inject drugs. The lack of evidence on the burden of disease and vulnerabilities to HIV and tuberculosis (TB) among people who use or inject drugs has been the reason for no targeted interventions, further marginalising this community from accessing much needed interventions in a context of limited resources.

POLICIES

Zimbabwe's national policies and regulations are strongly based on zero tolerance and adopt a punishment approach towards drug use. Public health policies and specific HIV/AIDS, TB or HCV/HBV policies, as well as welfare, education and human rights policies, do not take into account drug use or identify people who use drugs as a key population. Drug use and possession are criminalized under the Criminal Law Code and Dangerous Drugs Act, as well as trafficking/smuggling, production and dealing. In the case of drug use and possession, Criminal Law Code (Chapter VII) provides for the punishment by a fine not exceeding level ten [70 000 ZWL$] or imprisonment for up to five years or both. In addition to that, a sentence requiring the person to undergo addiction treatment can be also imposed additionally or alternatively. When it comes to trafficking/smuggling, production and dealing,

there is the punishment by imprisonment from 15 to 20 years and a fine not below level fourteen [the highest level - 500 000 ZWL$] or imprisonment for additional 5 to 10 years.

Yet, in practice, police in Zimbabwe are strongly complicit in the drug trade, provide protection for those selling drugs and take part of the profit. In that atmosphere, people who use drugs are taken advantage of by being extorted to pay bribes or even provide sexual favors when caught with drugs. Women who use drugs are additionally vulnerable to sexual assaults and reported being pressured by the police to have sex after being caught in possession of drugs. In the context of growing drug use in the country, which has been described as a ‘drug crisis’, there is an ongoing operation targeting those possessing or dealing drugs, leading to the arrest of both people who use and supply drugs, as claimed. Yet, informants explained that police usually target end-users, rather than suppliers.

A positive development in changing the tone of drug policies in Zimbabwe has been signaled with the adoption of the Zimbabwe National Drug Master Plan (2020-2025), which lays on four pillars focusing on the supply of drugs, prevention, harm reduction, treatment and rehabilitation, and lists relevant harm reduction strategies and a comprehensive package. Yet, the implementation is lagging behind, raising concerns that the Plan was not taken seriously. The lack of implementation is thought to be associated with some constraints in accessing funds. Yet, Mainline's informants reported being told that there will be an investment of 76 million Zimbabwean dollars at the government level to support the National Drug Master Plan. Along with the National Drug Master Plan, the Treatment and Rehabilitation Guidelines of Alcohol and Substance Use Disorder of Zimbabwe has been also launched, focusing on addressing mental health problems related to alcohol and substance use disorders. In line with that, the government has announced upgrading existing mental health institutions so that they can admit people who use drugs.

Zimbabwe’s regulation of industrial and medicinal hemp has been seen as a progressive move that took place in 2018. So far, 57 licenses for the production were issued, however mostly to foreign companies from Germany, Canada, Switzerland and other countries. While these companies have also teamed up with local people and farmers, the benefits for ordinary people remain limited, as the access to licenses (that also include different fees) is largely limited to foreign companies or some politicians and people from the army, as explained by Mainline's informants. Some informants also warned that this can increase the

sense of exclusion and discrimination of people who use drugs, as there is a feeling that only wealthy people can benefit from the regulation, while people who use drugs are still criminalized.

In March 2022, Zimbabwe's parliament decided to repeal section 79 of the Criminal Law Code, which criminalised HIV transmission, advancing in the guarantee of rights of people living with HIV. A new marriage bill adopted by parliament is to be signed into law by the president

In late 2023, Zimbabwe expanded its existing National Drug Master Plan into a comprehensive Multi-Sectoral Drug and Substance Abuse Plan (2024–2030), launched officially by President Emmerson Mnangagwa in early 2024. The plan maintains the original four pillars—supply reduction, demand reduction, harm reduction, and treatment and rehabilitation—and aims to coordinate national efforts across enforcement, health, education, and community sectors. It outlines a set of overarching strategic goals, including promoting a coordinated multi-sectoral programme of interventions, engaging various government and non-government stakeholders, and fostering leadership, synergy, and sustainability to address the multi-dimensional burden of drug and substance abuse (DSA) in Zimbabwe. In terms of measurable outcomes, the plan sets ambitious national targets to achieve by 2030: an 85% reduction in the supply of illicit drugs and substances and an 85% reduction in DSA prevalence.In line with this approach, the Cabinet has approved the principles of a Drug and Substance Agency Bill, intended to establish a specialised anti-drug agency. Public information campaigns have called on young people to take leadership in the fight against drug use, and traditional leaders have been mobilised to raise awareness within their communities. Despite this multisectoral framing and political support, implementation of harm reduction and health-based interventions remains minimal.

DRUGS USE AND HEALTH

An official population size estimate of people who use drugs in Zimbabwe is not yet established, nor is there information about the number of people who inject drugs. Nonetheless, the WHO estimated that approximately 3% of the adult population (450 000

people) had either a drug or alcohol use disorder, and the Zimbabwe Civil Liberties and Drug Network (ZCLDN) estimated that 60% of the young people aged 16-35 years could have used or are using illicit drugs and substances. Zimbabwe also has the highest number of 15 to 19-year-olds in Africa who engage in heavy “episodic drinking”, at 70.7% among males and 55.5% among females, according to the WHO report. Approximately 1 in 30 households in Zimbabwe is affected by drug abuse which translates to over 533,334 individuals nationwide. Relevant information is lacking about HIV, TB, HCV, HBV or Covid-19 among people who use drugs, as well as their access to treatment, testing or vaccination.

A situational analysis for drug use funded by The Global Fund and conducted in 2022, provides the most recent data available in the country on patterns of drug use, levels of knowledge and risk perception around HIV, HCV and TB, and barriers and facilitators for HIV and TB services and existing programmes. The results are based on around 400 participants in five Zimbabwean provinces: Harare, Bulawayo, Mashonaland West, Mashonalanmd Central and Manicaland. According to the study, the most commonly used substances were cannabis (including skunk), (legal and illegal) alcohol, cough syrup (codeine), crystal meth and - to a lesser extent - pharmaceutical drugs. The use of heroin and cocaine (both crack and powder) was relatively low. The results confirmed some of the previous (anecdotal) information around commonly available drugs in the country, especially regarding cannabis (locally known as “mbanje”; “ganja”), codeine-based cough medicines (Bronclear, Bronco), illicit alcoholic liquor (as "musombodia”, “kachaso”, and "tumbwa”), pharmaceuticals, and crystal meth ("mutoriro"; “guka”). The rising popularity of crystal meth, especially among the youth, has been associated in the press with Covid-19 and related measures, including lockdowns and closure of schools.

The 2022 situational analysis found that crystal meth and pharmaceuticals were substances that were more often injected. More than half of the women interviewed reported having ever injected, mostly pharmaceuticals. The research revealed widespread sharing of injection materials, unsafe discarding of those materials, and unsafe injecting practices such as injecting in the wrist, thigh, groin or neck. Injecting drug use had already been described as a cause for concern by the affected communities in the 2021 Country Operational Plan (COP21) of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).
A worrisome perceived trend is the increase in drug use among youth. According to the National Association of Youth Organisations (NAYO), the economic downturn in the country, along with the lack of employment possibilities and economic difficulties to send children to school, have led to more youths using drugs and engaging in the drug trade. Since February

2022 NAYO has been engaging the Chitungwiza community in conversations about drugs, including youths, local authorities, residents associations and community leaders. Part of this project was a survey about drug use with 133 residents of different wards of the Chitungwiza community. Participants reported the use of the following drugs in the community: cannabis, crystal meth, cough syrup, glue, a hallucinogen locally known as *mudzepete*, and methanol (musombodhiya). According to participants, youth drug use has been related to effects such as increased domestic violence, teenage pregnancies, child marriages, crimes, rape cases, and substance dependence. Current measures taken by the Council and Resident Association are focused on educating youths to stop using drugs.

Drug use in Zimbabwe has also been associated with mental health illnesses and identified as one of the top causes of mental health problems in all the country's 10 provinces. As reported, 60% of patients admitted to mental health institutions suffer due to drug-related problems, with the majority falling in the youth category. The mental health situation is aggravated by the lack of public rehabilitation centres since private ones are prohibitively expensive. In line with that, the government has announced upgrading existing mental health institutions so that they can admit people who use drugs.

Finally, people who use drugs in Zimbabwe lack knowledge about communicable diseases. Almost 90% of the people partaking in the 2021 situational assessment reported not knowing what viral hepatitis C (HCV) is, and only half of those who knew could correctly identify ways of transmission. Knowledge of HIV and TB was higher, at least for the most known forms of transmission, but many myths were found. High rates of HIV testing (92.49%) and ART enrolment (96.36%) were found, but when it comes to TB, over 70% of the participants had never been tested for TB, despite belonging to a risk group in a high HIV-TB burden country.

A 2023 biobehavioral survey conducted among men who have sex with men (MSM) and transgender women/genderqueer individuals (TGW/GQ) in Harare and Bulawayo revealed important intersections between drug use and health outcomes within key populations. Among the 1,538 participants, HIV prevalence was 21% among MSM and 28% among TGW/GQ. While 64% of HIV-positive MSM had achieved viral suppression, the study found that MSM who use drugs experienced significantly worse health and socio-economic outcomes, including higher rates of unemployment, lower income, and elevated sexual risk behaviours. Notably, there was no statistically significant difference in HIV viral suppression

between drug-using and non-drug-using MSM, suggesting that while clinical outcomes may be similar, the social vulnerabilities faced by drug-using MSM remain acute.

People who use drugs as well as government and civil society representatives interviewed by the study acknowledged a huge gap between people who use drugs and healthcare providers. Both sides recognised the current health response is based on a general, public health approach, that doesn't provide tailored services and therefore fails to address the specific needs of people who use drugs.

Further evidence from the 2023 UNICEF Research Brief underscores the severity and complexity of drug use among adolescents and young people in Zimbabwe. The report reveals that substance use often begins as early as 10 years old, with cannabis, codeine-based cough syrups, crystal meth, illegal alcohol, and pharmaceuticals being the most frequently used substances. More than half of the female participants reported having ever injected drugs, mainly pharmaceuticals, and unsafe injecting practices were widespread. Drug use was found to be more prevalent in urban areas due to weaker social structures and easier access. Alarmingly, substance use was linked to 70% of gang violence among schoolchildren, 60% of school dropouts, and 40% of suicide attempts. Additionally, 60% of mental health inpatients were admitted due to drug-related conditions.

HARM REDUCTION

Harm reduction services are not available in Zimbabwe. While the National Drug Master Plan (2020-2025) lists harm reduction strategies, these are not yet implemented. HIV prevention strategies, testing and treatment are available for the general population, but these fail to focus on people who use drugs as a key population, which has been explained by a perceived low number of new infections among people who inject drugs in Zimbabwe. The criminalisation and social exclusion can make it difficult for people who use drugs to access the programmes for the general population. Without data on HIV among people who use drugs, there is little evidence to inform prevention interventions or how to encourage people to use HIV services.

Harm reduction strategies listed in the National Drug Master Plan are NSP, Naloxone Overdose Reversal, Opioid substitution therapy, HIV testing and counselling, Antiretroviral

therapy, Prevention and treatment of sexually transmitted infections, Condom programmes for people who inject drugs and their sexual partners, Targeted information, education and communication for people who inject drugs and their sexual partners, Vaccination, diagnosis and treatment of viral hepatitis, Prevention, diagnosis and treatment of tuberculosis, Health promotion, Targeted delivery services, Moderation Management (a voluntary support group for non-dependent alcohol users), Consequences Caucus (a mutual help harm reduction support group for alcohol drinkers), Designated driver (a peer support program that restricts one team member from drinking alcohol) and Methadone Maintenance Treatment. None of these is yet implemented and no other programmes or services were found specifically addressing the needs of people who use drugs.

PEER INVOLVEMENT

People who use drugs are represented at the key populations' forum by Zimbabwe Civil Liberties and Drug Network (ZCLDN). There is a national representative for all key populations (chairperson of key populations forum) and a representative of people with HIV – they represent all key populations nationally, including people who use drugs. Zimbabwe Network of People Who Use Drugs - ZimPUD is yet to be registered and start its work. Students for Sensible Drugs Policies operates since 2018 but has been registered under a different name to avoid potential complications with the government (Students in youth action on drugs and drug policy thrust).

Reluctancy to open up as a current or former person who uses drugs remains a challenge for their meaningful involvement, as explained by informants. However, Mainline's informants from ZCLDN reported that peers are involved in different stages such as needs assessments, programme design, planning, implementation, management, outreach work, and paid staff, especially through support groups. Reportedly, peers are mostly involved in community research. For example, several peers formed a team of interviewers and mobilizers in the 2021 situational assessment, led by ZCLND. Mainline's informants also talked about being involved in fieldwork in the hospitals, to assess how healthcare workers are treating people who use drugs in common areas such as the reception and waiting rooms, after which they are writing reports to ZCLDN. Lack of literacy is a remaining challenge to further involve peers in documentation.

In 2024, the Zimbabwe Civil Liberties and Drug Network (ZCLDN), in collaboration with its partners, launched a Summer School programme aimed at strengthening peer-led advocacy at the legislative level. The initiative trained four cohorts of parliamentarians and policy committee members on drug policy, harm reduction, and human rights-based approaches.

HUMAN RIGHTS

In Zimbabwe, the links between trafficking/dealing and the political and policing system undermine good governance and human rights. In the words of Mainline's key informants, people who use drugs in Zimbabwe do not have basic human rights. In fact, their human rights are grossly violated especially by the police, which is deeply complicit in the drug trade. People who use drugs have reported being illegally arrested, extorted to pay bribes or being pressured into sexual activities. Informants reported that the same people who use drugs are being labeled by police and are repeatedly interrogated in common places where they can be found, including some salons and barbershops, as well as arrested.

Despite the fact that health services are protected as a legal right of all individuals, people who use drugs face access barriers that include police arrests, societal discrimination, stigma (including from health care workers) and insufficient community-based capacity. Drug users report failing to access medical treatment at public health centers as the health professionals were turning them away.

Moreover, parental rights are being denied to people who use drugs. Since in Zimbabwe custody naturally belongs to the mother, in most cases, parental rights are being denied to women who use drugs in particular, as explained by informants. Furthermore, gender-based inequalities contribute to the practice of domestic abuse of women who use drugs, who are being physically and sexually assaulted under the influence. Moreover, women who use drugs are being sexually assaulted and intimidated by the police. Informants explained that women who use drugs experienced continuous sexual harassment by police which continues for a long period, as police officers keep contacting and pressuring women into sexual activities in order to avoid criminal charges.

It has been noted that human rights violations against people who use drugs in Zimbabwe are not acknowledged or strategically responded to. As explained, the perceived low prevalence

of injecting means that Zimbabwe has not benefited from HIV planning highlighting the human rights of people who use drugs.

In 2019, the National AIDS Council (NAC) of Zimbabwe and United Nations Development Programme (UNDP) commissioned a Legal and Regulatory Environment Assessment to identify and examine legal and human rights issues affecting in people living with HIV, and those at higher risk of HIV exposure, including the key populations such as sex workers, women, young people, and people who inject drugs. The assessment found several gaps within the current legal framework, besides examples of discriminatory, punitive and coercive laws that created barriers to service access, besides limitations to equal access to efficient justice delivery and law enforcement, above all, among key populations. Several recommendations were made on the basis of the assessment, including laws that clearly provide key populations with the right to participate in the design, development and implementation of HIV, TB and SRHR services programs as well as policies and guidelines concerning them. Specifically regarding people who use drugs, recommendations included conducting further research on this key population in Zimbabwe, replacing criminalisation and punishment of people who use drugs with evidence-based and rights-affirming interventions, including the promotion of referrals to rehabilitation programmes rather than the imposition of custodial services for persons convicted of possession for own use, strengthening of stigma and discrimination campaigns, and law and human rights information.

PRISON

As of 2024, Zimbabwe has a population of incarcerated people of around 24,000, across 72 prison establishments - this makes occupancy rates significantly high, at 130%.

Relevant information about the percentage of people who use drugs among the prison population is lacking. However, since the use of drugs is criminalized, people who use drugs are ending up in prison, where they do not have access to needed health care, while people who are addicted to drugs do not have access to necessary treatment.

In general, while the issue of sex between male inmates is well-known to the authorities, the government is reluctant to allow prisoners access to condoms, as this would be seen as tacit approval of sexual activities that are prohibited by the law. It has been estimated that about 28% of prison inmates in Zimbabwe are living with HIV, with the prevalence being higher for female prisoners (39%) compared to 26.8% among male prisoners, while the prevalence of TB infection among prisoners is 0.4%.

WOMEN WHO USE DRUGS

Women who use drugs face additional vulnerabilities and have reported being sexually assaulted and intimidated by the police. However, no gender-sensitive services for women who use drugs are available. While relevant information about the percentage of women among people who use drugs is lacking, the number of Zimbabwean women who use drugs is considered to be significant, with an increasing trend. In the assessment done in 2021, about a third of the respondents were female, and proportionally, more women reported having ever injected their substances compared to men. Over half of the women partaking in the assessment declared to have injected, against a third of the men.

The community engagement undertaken by ZCLDN in five of Zimbabwe's provinces in 2019 showed most women use illicit drugs as a way of liberating themselves within a heavily patriarchal society, as well as due to the traumas associated with sex work, which is the type of work in which significant numbers of women have become involved due to the grave economic situation in Zimbabwe. As reported, substances such as bronclear (cough syrup) and marijuana are used to aid women engaged in sex work and alleviate mental and physical pain. Disease risks related to HIV, hepatitis C and other sexually transmitted infections are high, with men paying not to use condoms. Yet, there are no specific facilities for sexual reproductive health. In Bulawayo, Zimbabwe's second-largest city, women have been involved in vuzu parties – street parties that involve mainly young men and women, including young girls, where different types of drugs are taken. These parties can involve sexual competitions, usually without condom use, in which the woman who sleeps with most men on the day goes away with the highest prize, such as a significant amount of cash.

Informants reported that women who use drugs also face domestic gender-based violence and are the victims of physical and sexual abuse under the influence. In addition, there are cases when women who use drugs are denied their parental rights, as reported by informants.

New research from 2023 highlights additional hidden vulnerabilities among women who use drugs in Zimbabwe. Crystal meth use has been linked to debilitating physical health issues, including intestinal ischemia, severe constipation, and menstrual disruptions—complicating

daily functioning and well-being. While many women primarily smoke or ingest substances, those who inject engage in high-risk practices such as shared equipment and poly-drug use to avoid withdrawal symptoms, escalating the risk of infections and overdose . Notably, drug use frequently overlaps with intimate partner violence, food insecurity, and poverty—many women report turning to substances following physical abuse, and waking up injured from partner violence . These vulnerabilities are compounded by police harassment: 13% of women reported arrests on drug-related charges, with release sometimes contingent on payment or coerced sexual favours—extending the cycle of victimisation.

SOCIAL ISSUES AND INEQUALITIES

Zimbabwe is a country with ongoing socioeconomic and political instability, which has been thought to be tightly linked to the spread of drug trade and drug use in the country. The high unemployment rate, which some estimate to be as high as 90-95%, has led people into the drug trade as a way of earning income, while the lack of opportunities in the country is leading people into widespread drug use through which they try to fill the void. Moreover, the use of drugs further exposes marginalized people to police harassment and corruption, which pushes them further into the marginalization spectrum. Such a situation has been described as a drug crisis, which aggravated in the context of Covid-19, since related measures, such as lockdowns and closure of schools, correlated with an increase in drug use, especially among the youth. Against that backdrop, the government has announced increased efforts to address the crisis. While on the one hand, the National Drug Master Plan relying on harm reduction strategies has been adopted, on the other hand, increased police actions that are leading to the arrests of both dealers and users, reveal that drug use is primarily seen as a security problem. Additionally, drug use in Zimbabwe is commonly seen as a driver of increased psychological problems, relying on the estimation that 60% of patients admitted to mental health institutions suffer due to drug-related problems.

People who use drugs are the subject of stigma and discrimination in Zimbabwe. For example, stigma from healthcare workers was highlighted as one of the main barriers for accessing health services, with drug users reporting failing to access medical treatment at public health centers as the health professionals were turning them away. While there are not many studies exploring stigma and discrimination of people who use drugs in Zimbabwe, the PhD study "A case study exploring an occupational perspective of social inclusion

among young adults dually afflicted with substance use disorder and HIV/AIDS in Zimbabwe" conducted by Clement Nhunzvi explored social inclusion among young adults afflicted with both substance use disorders and HIV in Zimbabwe. The study revealed that more than 95% of those who participated in a nested cross-sectional survey of social inclusion and associated factors existed outside the formal paid employment sector, citing stigma and other exclusionary norms in their communities, which is a much higher percentage than the 75% reported in the general population. The actions to address stigma and discrimination against people who use drugs are lacking. Few activities implemented were creative arts competitions to engage school children (13-20 years) in Zimbabwe in social inclusion and stigma reduction when confronting substance use and HIV in the community, and training which was provided for health practitioners on how to utilize the National Drug Master Plan.

According to ZCLDN, Zimbabwe does not provide welfare support to people who are unemployed or chronically unwell and does not have specialist welfare support for people who use drugs. With a severe budget deficit in Zimbabwe, failing to contribute significantly to overall health funding, providing meaningful health services for people who use drugs in Zimbabwe remains a challenge.