



Data on people who use drugs and harm reduction services is largely underreported in Mozambique. However, human rights abuses and social inequalities are particularly prevalent factors in drug use, and a majority of the people who use drugs often lack access to treatment and education.

This document

This policy brief aims to promote the realization of health and human rights for people who use drugs in Mozambique. 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 Mozambique, paying special attention to the national drug policy framework, drug use and health of people who use drugs, existence of harm reduction services and peer involvement, context of human rights, availability of care in prisons, 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



The [National Drug Policy in Mozambique](#) dates from 1997, penalizing drug consumption and possession with fines and prison time. Although the National Drug Cabinet is amenable to decriminalization since 2018, there have been no official policy changes yet. In 2003, the [Policy and Strategy of Drug Prevention and Combat](#) was approved, which explicitly mentioned harm reduction and a necessity to [revise the old drug policy](#), focusing more on fighting trafficking efforts, emphasizing human dignity of people who use drugs, decriminalization, and access to treatment and harm reduction; consequently, the WHO commissioned a draft of a National Harm Reduction plan, still waiting for full approval. Additionally, people who use drugs have been identified as a key population by the [National Strategic Plan to combat HIV/AIDS](#).

Drug use and health



The primary source of drug use information in Mozambique comes from the [2015 IBBS](#), focusing on an estimated 2,200 people who inject drugs in the cities of Maputo and Nampula. [The most commonly injected drugs include heroin](#)

[and cocaine](#), both associated with [high-risk behaviors like needle sharing](#) due to stigma and costs, and fear of criminalization, among other factors. Consequently, the [prevalence of HIV and HCV](#) is high for people who inject drugs, [and access to health and social services remains limited](#). [Heroin is also often smoked](#), with the use of smoked crack cocaine on the rise. Another IBBS is currently being conducted, a critical initiative due to the large underreport of data on the current drug scene.

Harm Reduction



Harm reduction services are largely limited but present, such as the 2016 establishment of a Medecins Sans Frontiers (MSF) HCV treatment clinic, [a 2017 harm reduction pilot](#), and a 2018 [establishment of a drop-in centre](#) and outreach work in Maputo. In the latter program, MSF and [UNIDOS](#) also implemented needle and Syringe Programs, hygiene services, and testing for transmittable diseases, and in 2020 these were supplemented with Opiate Agonist Treatments and a distribution of Naloxone. This pilot is scheduled to continue in 2021-2024 throughout the city and province, as well as Beira and Namupla, with support from the Global Fund. Despite this progress, the government banned

syringe distribution, which is under re-authorization. Additionally, there is a lack of trust in OAT by stakeholders, and therefore a lack of funding.

Peer Involvement



The two primary networks identifying as networks of people who use drugs in Mozambique are [MozPUD](#) and REAJUD. The latter is not involved in delivering harm reduction services, but mostly in mapping main drug scenes, populations, and habits. MozPUD works more directly in harm reduction implementation, also focusing on health access, legal assistance, and education; they are currently a grantee for the Love Alliance. They also work closely with [UNIDOS](#), another Love Alliance grantee, which focuses on strengthening contacts with key populations and advocating for policy reform. [Policy reform is proving difficult due to a lack of space for meaningful participation from CSOs.](#)

Human Rights



The [human rights situation in Mozambique deteriorated in 2020](#) due to conflict in the north of the country, both from the side of the Islamist armed group and state security forces. Following, the [UNODP establishes the rights of freedom, political expression, and life to be the most disrespected in the country.](#) More specific to PWUD, the National Drug Policy establishes an allowance of [forced drug testing](#). Unlawful arrests and a lack of access to healthcare are also barriers for people who use drugs. [Significant healthcare challenges include limited programming, lack of knowledge and access, distance, and concerns about quality of care.](#)

Prison



The [prison population in Mozambique has grown exponentially since 2005](#) without the necessary developments in

infrastructure— [occupancy levels are at 232,8%](#). This [exacerbates problems such as poor hygiene and medical care, the inclusion of minors in adult facilities, the sharing of cells, and inadequate nutrition.](#) In addition, [a case study of Maputo](#) demonstrated a lack of supplies, space, and professionals, as well as no running water. These issues go largely undiscussed by the National Health Service, though the [General of the Republic has acknowledged a need for structural change.](#)

Women who use drugs



Data on women who use drugs in Mozambique is virtually non-existent, and women are [significantly underrepresented in harm reduction services.](#) Women [lack of satisfactory family planning](#), suffer from increased intimate partner violence, and gender-based violence. Women living with HIV suffer from [high levels of stigma and discrimination](#), insufficiently addressed by current policies and services. Additionally, information on women engaging in transactional sex is scarce, [through associated sexual and physical violence is known to be prevalent.](#)

Social Inequalities



Key populations such as MSM, FSW and their clients, and people who inject drugs are disproportionately infected with HIV; they account for a third of all infections in Mozambique. [All these populations fall below the 90% target for the global Fast Track Targets for knowledge of HIV status and treatment enrolment.](#) Furthermore, [youth are not explicitly included in the new Mozambican Harm Reduction plan, through school education regarding drugs is limited](#) and the use of alcohol and other drugs in youth is a problem.



Recommendations

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

Advocacy & policy reform

- Advocate for decriminalisation of drug use and possession for personal use, also removing penalties for “inciting drug use” and “abandoning paraphernalia”
- Follow up on the National Drug use prevention and Harm Reduction Plan and hold the government accountable for its implementation
- Advocate for the authorisation and support to harm reduction activities (e.g., purchase and distribution of syringes) to be sustainable and officialised in documents
- Create a platform for interaction and information sharing between key population organisations (Key Population Network)

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Awareness raising

- Support awareness-raising/capacity building among health care providers of harm reduction and OAT, and on harm reduction and human rights for people who use drugs among policymakers and policy implementers engaged in the drug field

Community-based research and assessments

- Complement the new IBBS with community-based studies tackling specific topics and sub-groups of people who use drugs (e.g., needs assessments for women who use drugs, female sex workers and people who use crack cocaine, access to HCV testing and treatment, different settings of drug use besides the street scene, substances used in different settings, etc.)
- Support a size estimation study on the population who use drugs, with attention to different subgroups of users, so that SCOs and policy makers can make better informed choices for programming and activities

Harm Reduction services

- Develop gender sensitive services and interventions to guarantee access to women who use and inject drugs, including other key populations (transgender women and sex workers). The city of Beira could be a choice to pilot a women-specific service, given the large female population (anecdotal data) injecting heroin and engaging in sex work
- Incorporate SRHR into harm reduction programming (specially for women)
- Develop harm reduction interventions for youth, and/or help new programs to be youth-friendly, and harm reduction interventions for people who use stimulants and NPS
- Integrate harm reduction interventions in the humanitarian context, especially considering refugees in the north of the country (Cabo Delgado)
- Improve the involvement of people who use drugs in the planning, monitoring, and evaluation of services (not only delivery)

Capacity building

- Build the capacity and financially empower CSOs and networks led by people who use drugs (organisational capacity + advocacy and representation)
- Support capacity building an exchange in harm reduction among countries of Portuguese expression (e.g., Portugal and Brazil)
- Support shared learning and capacity building across services assisting different key populations (e.g., sex workers, LGBTQI, MSM, etc.)