



Data on drug use in Zimbabwe is scarce, resulting in neglected health needs for people who use drugs. Mental health admissions related to substance use are increasing. Availability of services for people who use drugs is limited, with no harm reduction interventions such as needle and syringe programs or opioid agonist treatment available.

## 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



Zimbabwe's national drug-use policies and regulations follow a [zero-tolerance](#) approach, criminalising drug possession and trafficking. However, the police are often [complicit](#) in the drug trade and exploit people who use drugs by extorting bribes or engaging in sexual exploitation. Implementing the [Zimbabwe National Drug Master Plan](#), aimed at prevention, harm reduction, and treatment, has been slow, potentially due to limited funding. Industrial and medicinal [hemp regulation](#) has seen some progress, but licenses are primarily granted to foreign companies, limiting benefits for ordinary people and exacerbating feelings of exclusion and discrimination. While the [repeal of a law criminalising HIV transmission](#) indicates positive steps towards protecting rights,

challenges remain in addressing the needs of people who use drugs in the country.

## Drug use and health



An official population size estimate of people who use (or inject) drugs in Zimbabwe is [not yet established](#), but estimates suggest a significant number, particularly among young people. A [situational analysis for drug use](#) 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. Cannabis, alcohol, cough syrup, and crystal meth are commonly used substances, while heroin and cocaine use is relatively low. Drug use among youth is increasing due to economic challenges

and a lack of employment opportunities. Drug use is associated with mental health issues, and public rehabilitation centres are lacking. Knowledge about communicable diseases such as hepatitis C, HIV, and TB is limited among people who use drugs. The healthcare response does not adequately meet the specific needs of people who use drugs.

## Harm Reduction



Harm reduction services are lacking in Zimbabwe, despite being listed in the National Drug Master Plan. [HIV prevention and treatment](#) strategies do not prioritize people who use drugs due to perceived low infection rates. Criminalization and social exclusion hinder access to general population programs. Insufficient data on HIV among drug users limits intervention planning. Various harm reduction strategies are outlined but remain unimplemented, with [no specific services available](#) for people who use drugs.

## Peer Involvement



Zimbabwe Civil Liberties and Drug Network ([ZCLDN](#)) represents people who use drugs at the key populations' forum. Zimbabwe Network of People Who Use Drugs ([ZimPUD](#)) is yet to be registered. Students for Sensible Drugs Policies operates under a different name to avoid government complications. Peers are involved in needs assessments, program design, outreach, and community research, but literacy remains a challenge for their involvement in documentation.

## Human Rights



People who use drugs face [gross human rights violations](#), including illegal arrests, extortion, and pressure into sexual activities by police. They encounter [barriers to accessing health](#) services due to discrimination, stigma, and insufficient community support. These violations are [not adequately addressed](#). A [legal assessment](#) highlighted gaps and discriminatory laws affecting key populations, including people who

use drugs. Recommendations include research, replacing criminalization with evidence-based interventions, stigma reduction campaigns, and strengthening human rights awareness.

## Prison



Information on drug use among the prison population in Zimbabwe is lacking, but people who use drugs are often incarcerated without access to healthcare or drug treatment. Condoms are [not provided](#) in prisons, despite high HIV prevalence (28%) and TB infection rates ([0.4%](#)), particularly among female inmates (39% HIV prevalence).

## Women who use drugs



Women who use drugs in Zimbabwe face [sexual assault, police intimidation](#), and additional vulnerabilities. Gender-sensitive services are lacking, despite a [significant number of women using drugs](#) and engaging in risky behaviour. Many women turn to drugs for [liberation or due to traumas](#) associated with sex work engagement. High disease risks exist, with limited sexual reproductive health facilities. Women also experience domestic violence and abuse while using drugs, and some are denied parental rights.

## Social Inequalities



Zimbabwe faces [socioeconomic and political instability](#) linked to the drug trade and use. High [unemployment](#) rates push people into the drug trade and widespread drug use. Marginalized individuals face police harassment and corruption, exacerbating their marginalization. Drug use is still primarily seen as a security problem. [Stigma and discrimination](#) against people who use drugs are prevalent, hindering access to healthcare. Limited efforts have been made to address stigma, including [creative arts](#) competitions and [training for healthcare](#) practitioners. With a severe [budget deficit](#), providing adequate health services for people who use drugs remains a challenge.

For a more comprehensive view on Harm Reduction in Zimbabwe, please visit:  
<https://sites.google.com/view/lovealliancedatabasedrugs/countries/zimbabwe>



## Recommendations

Based on data gathered via desk research and key informants and on the validation meeting with Love Alliance grantees and other key stakeholders from Zimbabwe, we propose the following recommendations:

### Advocacy & policy reform

- Provide technical and financial support to organizations representing people who use drugs, enabling their meaningful involvement in policy-making processes.
- Support CSOs in advocating for the decriminalization of drug use and possession for personal use.
- Help CSOs increase advocacy efforts to hold the government accountable for implementing the Zimbabwe Drug Master Plan, particularly in relation to harm reduction services.
- Advocate for adequate resources to construct, rehabilitate, and equip health facilities in both rural and urban areas.
- Assist CSOs in advocating to development partners and the private sector for engagement and programming around harm reduction.
- Foster partnerships and coalitions among CSOs to address challenges faced by people who use drugs, sex workers, women, LGBTQI+ communities, and youth, encompassing harm reduction, youth services, gender-based violence support, etc.
- Request official information from authorities regarding drug-related arrests, access to health in prison, and drug use.

### Awareness raising

- Support CSOs in raising awareness among law enforcement and security forces to combat the stigma against people who use drugs.
- Increase sensitisation of healthcare workers, including those in HIV clinics, to reduce stigma against people who use drugs.
- Collaborate with CSOs to develop campaigns aimed at destigmatizing drug use, HIV, and mental health, encouraging affected individuals, especially youth, to seek help and support.

### Community-based research and assessments

- Facilitate the establishment of an official estimate of the population of people who use and inject drugs, including HIV and HCV prevalence rates.
- Support research by communities to understand the needs and challenges faced by specific groups, such as women who use drugs, transgender women, female sex workers, young people who use drugs, and men who have sex with men.
- Document human rights violations experienced by people who use drugs.
- Conduct research to assess the mental health support needs of people who use drugs.
- Pilot Community Harm Reduction Centers in at least three provinces for a year, with monitoring and evaluation.

### Harm Reduction services

- Implement pilot harm reduction services for people who use drugs, including those using stimulant drugs.
- Establish a community monitoring system to assess the quality of HIV services and the effectiveness of harm reduction pilots.
- Provide mental health support to address trauma resulting from human rights violations, violence, and sexual abuse.

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- Develop economic empowerment programs to improve income generation and employability for people who use drugs, potentially through partnerships with the private sector and CSOs.
- Offer specific legal advice and support to protect the rights of people who use drugs.

### **Capacity building**

- Provide capacity building on harm reduction for young people, with a focus on young women, covering life skills-based education for drug harm prevention, mental health issues, and coping with life pressures.
- Enhance the capacity of LGBTQI and sex worker organizations on harm reduction and drug use to promote intersectionality.
- Support other CSOs and community cadres aligned with these CSOs to integrate harm reduction and drug use in their interventions, including identification and support.
- Offer training on identifying problematic drug use and approaching it within the education sector.
- Provide learning and support to mainstream harm reduction for substance use into ongoing youth development interventions.
- Facilitate learning on harm reduction and drug use for influential religious groups.
- Strengthen the capacity of the inter-ministerial committee on drug use in Zimbabwe regarding a harm reduction approach.
- Enhance the technical and organizational capacities of grassroots organizations and drug user-led organizations.
- Support network building among people who use drugs and other key populations.