



Zim National Drug Master Plan: A gamechanger to Zim drug scourge



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Zim National Drug Master Plan: A gamechanger for drug scourge

BY NOBUHLE MAPLANKA

ILLICIT drug use is prevalent across the globe and Zimbabwe is not spared from this scourge that has of late turned out to be a growing public health and security problem in the country.

Lately, there has been an increase in trafficking of hordes of drugs and this is strongly linked to interpersonal violence, unintentional injuries, road traffic accidents, multiple medical complications as well as psychological and mental health complications.

Alcohol and substance use are becoming a heavy burden to families, communities, the health and security systems as well as the national economy.

It is against this background that the Zimbabwe Civil Liberties and Drug Network (ZCLDN) partnered the Mental Health Services Department in the Ministry of Health and Child Care and other organisations to come up with the Zimbabwe National Drug Master Plan (ZNDMP) (2020-2025), which offers both an integrated and comprehensive approach that addresses a range of drug related issues.

Technical support came from various government departments and the private sector, while Partnership to Inspire, Transform and Connect the HIV response (PITCH), AIDS FONDS, AIDS Rights Alliance for Southern Africa and Frontline AIDS, among others.



The National Drug Master Plan is balanced and integrated framework, involving various government and community stakeholders

"The aim for coming up with the National Drug Master Plan was a way to solve and mitigate the challenges that are faced by drug use in Zimbabwe following the African Union Plan of Action 2021-2023," said ZCLDN projects director Mr Wilson Box.

"The plan of action emphasises the need for supply reduction, harm reduction, demand reduction, treatment as well as rehabilitation guidelines for people who use drugs and also community reintegration."

"So the African Union Plan of Action 2021-2023 was very important because it really

gives a framework on how issues to do with drugs and substance are attendant to by member states."

Mr Box said ZCLDN spearheaded the formulation of the Zimbabwe National Drug Master Plan.

"Zimbabwe Civil Liberties and Drug Network together with other 14 line ministries in the government of Zimbabwe came together to craft the national drug master plan as well as the treatment and rehabilitation guidelines," he said.

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Drug user support groups drive ZCLDN obligation

COMMUNITY drug user support groups are among a cocktail of intervention programmes that the Zimbabwe Civil Liberties and Drug Network (ZCLDN) is implementing in various parts of the country.

ZCLDN work hinges on three components, which are drug policy reform, harm reduction and prevention.

It was seen that participating in a support group; along with other medical and professional alcohol and drug treatment programmes, offer many benefits. Support groups help drug users recover by offering

support, helping them develop recovery coping skills, enhancing their motivation, reducing depressive symptoms and increasing their psychological well-being.

ZCLDN established community support groups of people who use and inject drugs in five provinces namely Harare, Bulawayo, Manicaland, Mashonaland West and Mashonaland Central.

In Harare ZCLDN is working with support groups in Epworth, Mbare, Mufakose and Dzivaresekwa. "We are engaging support groups in the five provinces that we op-

erate and this has helped us get the information from the grassroots," ZCLDN programmes officer Nyamukapa.

"The information that we have gathered from drug user support groups discussions range from societal ills , crimes violence, mental health problems and rampant use of Crystal Meth (*guka/dombo/buwe/mutoriro*), Bronc Cleer, Cannabis (*mbanje*), *musombodiya* or ethanol. "Drug users said they are being criminalised if found in possession of drugs even small quantities or stabs or joints.

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ZCLDN intensifies community engagements

BY NOBUHILE MAPLANKA

THE Zimbabwe Civil Liberties and Drug Network (ZCLDN) has intensified its community outreach programmes following the introduction of biannual community outreach visits which among other things hinges on the organisation's three components drug policy reform, harm reduction and prevention.

ZCLDN is an organisation that is committed to advocating for the rights and welfare of people who use and inject drugs.

The organisation also promotes effective prevention, treatment, care and support of people who use and inject drugs who are living with and affected by HIV, Hepatitis, TB and other opportunistic infections.

Since its inception in 2011, ZCLDN has been working with various key stakeholders including legislators, civil society organisations and government departments.

In order to reach out to communities and push for grass-root advocacy, training and space occupation, ZCLDN established community support groups of people who use and inject drugs in five provinces namely Harare, Bulawayo, Manicaland, Mashonaland West and Mashonaland Central.

"For the past years, ZCLDN has been closely working with and strengthening drug users support groups through training and outreach programmes on harm reduction and prevention of unsafe drug use, sexual and reproductive health and rights as well as HIV and AIDS prevention, treatment and care," said ZCLDN Outreach Administration Officer



Mr Tinashe Chiweshe (left) with a support group in Epworth recently

Mr Tinashe Chiweshe.

nity at Buena Vista Riverside.

"As such, this year we introduced community outreach visits to the aforementioned five provinces with the aim of reflecting and reviewing the advocacy and training programmes on sexual and reproductive health and rights and HIV and AIDS done for people who use and inject drugs, thus far and their impact.

"The outreach also seeks to give feedback on the ongoing community level harm reduction advocacy to fight stigma and discrimination towards people who use and inject drugs as well as to suggest recommendations on how best to improve the advocacy in the community."

On February 20 this year, ZCLDN embarked on its maiden community outreach visit and the first port of call was Bulawayo province where the ZCLDN team engaged the commu-

"The outreach was meant to sensitise people who use and inject drugs about the coming survey to be conducted on the prevalence and challenges of drugs called the situational analysis of drugs in Zimbabwe," Mr Chiweshe said.

On the situational analysis, ZCLDN is working with relevant authorities to come up with data on drug and substance use in Zimbabwe, which in future could be used in areas of programming advocacy and news reporting

"Therefore, there was also discussion around the challenges being faced by women who use drugs with regards to HIV and AIDS, sexual and reproductive health and rights, gender-based violence and advocacy issues.

Similar outreach visits were done in other provinces in this first quarter.

HARARE SETS UP CHAPTER FOR COORDINATION

BY STAFF REPORTER

THE Zimbabwe Civil Liberties and Drug Network (ZCLDN) in January facilitated the setting up of a Harare chapter of people who use and inject drugs to enhance the organisation's mandate which is anchored on three programme areas; harm reduction, drug policy reform and prevention.

ZCLDN is an organisation that is committed to advocating for the rights and welfare of people who use and inject drugs. One of its thrusts is reaching out to communities, hence the need of structures to help coordinate its programmes at the grassroots.

On January 21, 2022 people who use drugs met to elect members who lead the Harare Chapter with participants being drawn from support groups in Epworth, Mbare, Mufakose and Dzivarasekwa.

Kudakwashe Madzima (*pictured*) from the Mbare support group was elected chairperson while Ndakaziva Marange from Epworth was elected secretary. Stan Chimutichirimunze of Mufakose was elected the organiser.

Social Worker Ms Anatolia Chinoput-

sa and ZCLDN director projects Mr Wilson Box presided over the elections.

The elected members were urged to work on behalf of all support groups in Harare and they were advised to have a register of the Harare chapter members who includes all support groups members in Harare and invitation of more members for the next meeting.



Ms Chinoputsa emphasised the importance of team work in bringing unity among the leaders as to save lives of drug users.

Language choice helps reduce stigma, discrimination surrounding drug use

BY NOBUHLE MAPLANKA

ZIMBABWE Civil Liberties and Drug Network (ZCLDN) Projects Executive Director Mr. Wilson Box says use of inappropriate language adds to drug or substance use stigma, arguing that wide of the mark language choices affect the well being of people who use drugs.

Mr. Box made these remarks while addressing Harare Central District Aids Action Committee stakeholders review meeting convened by the National AIDS Council at Allan Wilson Boys High School recently.

"There is need for us to use proper language and vocabulary to define people who use drugs and do away with terms such as drug abuse, substance abuse or drug user while referring to people who use drugs," Mr. Box said.

"We should avoid language that is injurious or harmful to a person's character, reputation or that stigmatises or discriminates."

Mr. Box said as stakeholders, there was need to know why people were taking drugs because before one takes drugs, one is a person first and foremost.

He also chronicled the journey that ZCLDN went through until the production of the Zimbabwe National Drug Master Plan.

"ZCLDN has three pillars which defines its thrust, and these are drug policy reforms, promotion of harm reduction and prevention of HIV/AIDs among people who use drugs," Mr. Box said.

"On prevention of HIV and AIDS, we encourage the use of condoms, uptake of ART, Prep and Pep among people who use drugs. ZCLDN also support groups directing the vision and mission of the organisation, ZCLDN."

Mr. Box said ZCLDN is leading a situational analysis research on drug use in Zimba-



Mr Wilson Box

bwe's five provinces namely Harare, Bulawayo, Mashonaland Central and West and Manicaland. On another front, ZCLDN is also doing research on the impact of drug use on women who use drugs. These initiatives are meant to speak to policy makers and the inter-ministerial committee on drugs on the way forward.

The Projects Executive Director also explained on the worldwide illicit drug trade from Afghanistan through the southern route in east Africa countries like Somalia, Kenya via the Indian channel to South Africa and into land locked countries like Zimbabwe and Zambia.

He said Zimbabwe does not have official data on drug or substance use because a population size estimate has never been done before although anecdotal evidence points to a lot of drug use on the ground in the country.

He said drug use is prevalent as evidenced by statistics coming from mental health

institutions and workplace records of drug use by employees.

Mr Box also highlighted commonly used drugs in Zimbabwe which includes alcohol, cannabis, heroin, glue, and cough mixtures such as histalix and Broncleer.

Use of crystal meth/mutoriro/guka/dombo has become widespread in the country as well.

He said on the way forward, ZCLDN would push for the implementation of the Zimbabwe National Drug Master Plan and work with relevant inter-ministerial committees, parliamentary portfolio, or taskforces to ensure policy formulation which supports people who use drugs rather than punishing them. If you punish a person who uses drugs, you force them to go underground and shy away from services.

Mr. Box said ZCLDN will amplify voices on drug use challenges, harm reduction, and treatment as some of the major issues to curtail drug use challenges in Zimbabwe.

He said counselling alone was not enough and called for a holistic approach to fight drug use in the country.

NAC District AIDS Coordinator for Harare Mrs Gatsi gave a review of their operations last year, saying they managed to establish CATS where they are mobilising young people under the age of 24 living with HIV to engage their peers in similar situations and form groups where they encourage adherence to treatment and have peer to peer discussions, share on their experiences and give psycho-social support.

Mrs Gatsi also spoke of sexual and reproductive health rights sensitisation programmes in schools and tertiary institutions which NAC is undertaking in the district.

She also highlighted on behaviour change and condom distribution programmes taking place in Harare.

HARARE SETS UP CHAPTER FOR COORDINATION

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Mr. Box said as ZCLDN is mitigating the impact of illicit drugs on communities

through harm reduction, drug policy reform and prevention.

He also stated the importance of drug

users and that they should not be discriminated and criminalised as they are also part of the key population and that their rights must be entitled.

ZCLDN work in pictures



'Sensationalised' coverage on illicit drug use castigated

THE Zimbabwe Civil Liberties and Drug Network (ZCLDN) has called for responsible reportage on issues related to drug abuse, criticising the recent coverage of claims of rampant drug abuse in local football.

ZCLDN is a non-governmental organisation that advocates for effective strategies to address problems associated with use of drugs in Zimbabwe

Bulawayo City coach Philani Ncube (*pictured*) stirred a hornet's nest following his claims that 80% of soccer players in the country take drugs, especially broncleer, a prescription cough syrup that contains a combination of alcohol and codeine. Ncube made the sensational claims while addressing journalists ahead of the high profile clash against Harare giants Caps United in Bulawayo last week.

ZCLDN believes the coverage on Ncube's

comments was misleading and stigmatising. "As Zimbabwe Civil Liberties and Drug Network, an organisation that advocates for the effective strategies for addressing problems associated with use of drugs in Zimbabwe, we believe that the story could be misleading and stigmatising... By claiming to know one of the players taking drugs, there is some form of stigmatisation. At ZCLDN, we believe the media can responsibly report on drug/substance use through fact-checking and highlighting risk-factors and the damage drug/substance use cause in society without sensationalising," ZCLDN said in a statement.

"Reporting on drug or substance use requires sensitivity and responsibility from journalists and the media. The issue of drug use should



not be sensationalised or glamorised as was the case of the story in question which was titled: "80% of Zim players on drugs".

ZCLDN added: "Zimbabwe does not have official data on drug or substance use because a population size estimate has never been done before although anecdotal evidence points to a lot of illicit drug use on the ground in the country."

ZCLDN is working with relevant authorities to come up with data on drug and substance use in Zimbabwe, which in future could be used in areas of programming, advocacy and news reporting."

According to the World Health Organisation, prevalence of drug Abuse in Zimbabwe is 57 %, 43% being among youths and 14% among adults. —*The Standard*

Master plan, game changer for drug use

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"Zimbabwe Civil Liberties and Drug Network was the lead organisation in terms of logistics supply and also being the technical partner on issues to do with harm reduction, treatment and rehabilitation guidelines.

"The Ministry of Health and Child Care, especially the Department of Mental Health Services was leading the exercise."

The National Drug Master Plan aims to provide a clear roadmap to addressing the cross cutting drug use problem and was developed through an inter-ministerial collaboration taking into account current measures in place to address the drug use problem and seeking to enhance and improve our response to it.

This plan highlights a results based implementation matrix to beer illustrate the road-map as well as to ensure rigorous monitoring and evaluation.

This Drug Master Plan is balanced and integrated, involving various government and community stakeholders thus providing multi-pronged approach addressing both security, law enforcement, legislator in supply reduction as well as community awareness, early identification, treatment and rehabilitation as part of demand reduction.

The plan shall also address issues on human rights, public health, harm reduction and community involvement in addressing

challenges posed by drug use in Zimbabwe.

According to UNODC (2020) World Drug Report, global drug use is rising and around 269 million people used drugs worldwide in 2018, which is 30% more than in 2009, while over 35 million people suffer from drug use disorders, according to the latest World Drug Report, released by the United Nations Office on Drugs and Crime.

The report also analyses the impact of COVID-19 on the drug markets, and while its effects are not yet fully known, border and other restrictions linked to the pandemic have already caused shortages of drugs on the street, leading to increased prices and reduced purity.

Rising unemployment and reduced opportunities caused by the pandemic are also likely to disproportionately affect the poorest, making them more vulnerable to drug use and also to drug trafficking and cultivation in order to earn money, the Report says.

Cannabis was the most used substance worldwide in 2018, with an estimated 192 million people using it worldwide. Opioids, however, remain the most harmful, as over the past decade, the total number of deaths due to opioid use disorders went up 71%, with a 92% increase among women compared with 63% among men.

Drug use increased far more rapidly among developing countries over the 2000-2018

periods than in developed countries. Adolescents and young adults account for the largest share of those using drugs, while young people are also the most vulnerable to the effects of drugs because they use the most and their brains are still developing. Up to 253 000 deaths globally were a result of illicit drug use.

Alcohol and drug use are also linked to HIV and Hepatitis infections through risk sexual behavior and injecting drug use. Cannabis is the most commonly abused illicit substance followed by Amphetamines and then opiates.

Heroin, opioids and prescription opiates use are on the rise in Africa. Non medicinal use of prescription and non-prescription medications and over the counter drugs is increasingly becoming a problem worldwide.

In Zimbabwe it has been estimated that approximately 3% of the adult population (450 000 people) had either a drug or alcohol use disorder, according to WHO.

Common substances abused in Zimbabwe are alcohol (both licensed and unlicensed brews), tobacco, cannabis and non-medicinal use of controlled medicines such as codeine containing cough medicines and benzodiazepines.

● Additional information are excerpts from the Zimbabwe National Drug Master Plan document.

Please take note Honourable Minister Mavima

BY STAFF WRITER

THE independent technical working group, a grouping of participants who were involved in the crafting of the Zimbabwe National Drug Masterplan (ZNDMP) is proposing that a national coordinator instead of a Cabinet minister should have been appointed to lead the implementation of the drug masterplan.

In September last year, Zimbabwe adopted the ZNDMP (2021-2023), whose aim is to provide a clear roadmap to addressing the cross-cutting drug use problem in the country.

The ZNDMP, which was developed through an inter-ministerial collaboration taking into account current measures in place to address the drug use problem, also highlights a results-based implementation matrix to better illustrate the roadmap as well as to ensure rigorous monitoring and evaluation.

Zimbabwe Civil Liberties and Drug Network (ZCLDN) was the lead organisation in terms of logistics supply and was also the technical partner on issues to do with harm reduction, treatment and rehabilitation guidelines.

The Ministry of Health and Child Care, especially the Department of Mental Health Services was leading the exercise.

The independent technical working group



Minister Paul Mavima

on drugs, which is comprised of representatives from the Ministry of Health and Child Care's Mental Health Services Department, ZIMRA, Medicines Control Council of Zimbabwe, Psychiatrist from Sally Mugabe Hospital, Office of the President, Ministry of Primary and Secondary Education, University of Zimbabwe's Social Work Department, media and ZCLDN, met in Harare to review the ZNDMP.

Participants at the feedback and review meeting identified several gaps in the implementation of the ZNDMP and compiled an advisory note directed to the Minister of

Public Service, Labour and Social Welfare Paul Mavima, who is the chairperson of the Interministerial Task force on Drugs.

"This memo serves as a brief advisory note to you, Honourable Professor Mavima in your capacity as the Chairperson of the Interministerial Task force on Drugs," read part of the advisory note.

"The advisory note comes in good spirit as we both quest to attain a Zimbabwe which will be a middle income country by the year 2030."

"The current structure is heavily tipped on the Chairperson of the Interministerial Committee and gives the Honourable minister a lot of work to do because his current Ministry is one of the biggest in government."

"Implementation of programmes becomes slow because of the Minister's other duties."

The Independent Technical Working Group proposed a structure where a national coordinator would lead the implementation while reporting to the minister.

"The proposed structure brings in a national coordinator just like in the case of Covid-19 where Dr Agnes Mahomva is in charge. This improves on efficiency on the implementation of programmes for people who use and inject drugs in Zimbabwe.

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Drug user support groups drive ZCLDN obligation

● From Page 2

They also face discrimination and stigma from law enforcement agency and the health care givers.

Mr Nyamukapa said drug users were also struggling to access health services and treatment.

He said women drug users face a plethora of challenges ranging from becoming sex workers in order to get money to support drug use habits, resulting in contracting infectious diseases such as TB, HIV, sexual transmitted infections as well as blood borne diseases such as Hepatitis A,B or C.

Mr Nyamukapa said according to information from support groups children of women drug users follow their mothers' habits and get involved in drugs as well.

"The mothers fail to lead as role models and they fail to perform their roles," Mr Nyamukapa said.

"Women drug users lack responsibilities to provide for their children's health, school, food and other daily needs."

He said during the discussions in support groups it was ascertained that abuse of children especially babies was widespread.

The other outcome from support groups was that women who use drugs are abused by the police when they get in trouble with the law and are sexually assaulted by the law enforcement agents for free.

One of the outcomes of the support group's discussions was the need for the establishment of rehabilitation centres for the public because the existing ones

are private and expensive. There is also lack of knowledge of problems associated with drug use and comprehensive harm reduction packages for people who use drugs such as HIV testing, PreP, PeP, VMMC, PMTCT, syringe service programmes, condoms, safe smoking supplies, counselling services, peer support groups, case managers, use of face masks, social distancing and vaccines, medical care, including wound care, motivational interviewing, and comprehensive sex education.

It was recommended that individuals be connected to overdose education, counselling and referrals to treatment for infectious diseases and substance use disorders.

Communities are urged to lessen dangers associated with drug use and related behaviours that increase the risk of infectious diseases, including HIV, viral Hepatitis, bacterial and fungal infections.

Drug use cause for concern in colleges, workplace

BY NOBUHLE MAPLANKA

DRUG and substance use in Zimbabwe's higher and tertiary institutions is a cause for concern, which calls for a holistic approach to curb the scourge.

Zimbabwe Civil Liberties and Drug Network (ZCLDN) programmes officer Knowledge Mupembe made these remarks while making a presentation at a Harare City Council student induction workshop recently.

"There is rampant drug and substance use in higher and tertiary institutions as well as at work places," Mupembe said.

Zimbabwe does not have official data on drug or substance use because a population size estimate has never been done before although anecdotal evidence points to a lot of illicit drug use on the ground in the country.

"It is estimated 60% of young people aged between 16 and 35 years could have used or are using drugs or substances. Sixty percent of admissions to mental institutions is linked to drug and substance use," he said.



Knowledge Mupembe presenting at a City of Harare student induction workshop

Mupembe differentiated pharmacological or medicinal drugs and non-medicinal or recreational drugs sometimes referred to as illicit drugs saying the latter are psychoactive substances which are taken for recreational purposes, they are addictive and alter or affect one's mood, emotions or state of consciousness.

"However, in Zimbabwe this category encompasses some of the medicinal drugs that are addictive and have high risks to health if overdosed/overused. It is a criminal offence under the Dangerous Drugs Act and the Criminal Law (Codification Reform) Act," he said.

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Please take note Honourable Minister Mavima

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"The National Coordinator will report to the Minister while the heads of Pillars, the Permanent Secretaries will report to the National Coordinator on issues to do with illicit drugs under their various pillars.

"The office of the National Coordinator will also give the minister time to be on the ground to monitor and evaluate on programmes."

The Independent Technical Working Group on Drugs also proposed that there be a National Steering Committee whose role shall be advisory to the Interministerial Committee.

They proposed a structure that consists of the following people and groups: Chairperson of the Committee to be elected every three years by members of the steering committee, Deputy Chairperson of the Committee, Secretary to the Committee and other members of the committee who include a medical doctor, clinical psychologist, social worker, youth representative, women representative, member of the war veterans as well as a representative from the Office of the President and Cabinet.

A social scientist, a Chiefs Council represen-

tative, a member of Parliament, two people who use drugs, three members of the Independent Technical Working Group on drugs, media representative, a Junior Parliamentarian and a ZIMCHEE representative should be included in the committee.

The Independent Technical Working Group on illicit drug use in Zimbabwe also called for an urgent need for capacity building for awareness and promotion of the Zimbabwe National Drug Master Plan as evidence shows that key stakeholders such as nurses, members of parliament and media do not know much about the ZNDMP.

They also agreed on establishing tools for measuring the impact of services provided based on the ZNDMP, which includes quality care or service which was done through research where change in treatment was noted to have been different compared to then and now, after introduction of the National Drug Master Plan.

Another gap identified was the need to have development of indicators for various departments such as police narcotics department, universities through the inclusion of the ZDDMP in the curriculum on

legislation and the student representative committees. The indicators would be based on all pillars and research will be conducted with their assistance.

The Independent Technical Working Group called for the need for an assessment tool to help understand the clients and to capture data to help them.

The multi-axis assessment tool was recommended as it provides a holistic and robust assessment for the areas highlighted.

Participants also agreed that substance use should be in all trainings in Zimbabwe from primary to tertiary level, including creating a holistic curriculum in the police academy. They also reiterated the need for baseline studies, for instance research.

The Independent Technical Working Group also called the need to have lifestyle audits on officers as well as continuous vetting as a way of improving supply reduction.

They also called for the random and frequent shifting of officers manning at border posts to prevent over familiarity of officers and potential suspects. •

ZCLDN reaches out to primary healthcare workers

BY STAFF WRITER

THE Zimbabwe Civil Liberties and Drug Network (ZCLDN) recently engaged primary health workers as part of the organisation's capacity building programme aimed at drug use harm reduction.

ZCLDN is an organisation that is committed to advocating for the rights and welfare of people who use and inject drugs through harm reduction, drug policy reform and prevention.

One key component of ZCLDN's programming is the engagement of key stakeholders in drug use, hence the convening of the meeting with primary health workers drawn from the Ministry of Health and Child Care's Mental Health Services department.

The workshop, which was held under the theme *Health Personnel Capacity Strengthening on Illicit Drug Use Harm Reduction: Paving way for drug user friendly health service delivery*, was meant to increase healthcare providers' knowledge of alcohol and drugs that are commonly used.

It also discussed the contexts in which drug or alcohol use occurs.

Participants were also given a sense of comfort in discussing drug- and alcohol-related issues with clients in the clinical setting.

ZCLDN projects executive director Wilson Box explained some of the commonly used drugs in the country which include *marijuana*, Codeine-based substances, Crystal meth, Illicit brews, Cocaine, Heroin, Domestic substances and Ecstasy, among others.

According to Mr Box, Zimbabwe does not have official data on drug or substance use because a population size estimate has never been done before although anecdotal evidence points to a lot of illicit drug use on the ground in the country.

"It is estimated 60% of young people aged between 16 and 35 years could have used or are using drugs or substances. Sixty percent of admissions to mental institutions is linked to drug and substance use," Mr Box said.

"Drug use at the workplace is also on the increase and 30% of youths are on crystal meth, *guka makafela* or *dombo*."

Mr Box explained the importance of harm reduction when dealing with a scourge like drug use.

"Harm reduction involves taking action through policy and programming to reduce the harmful effects of behaviour," he said.

"It involves a range of non-judgmental approaches and strategies aimed at providing and enhancing the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier."

He urged participants to promote community involvement to harm reduction initiatives



Dr Patience Maunganidze



ZCLDN programmes manager Mr Hilton Nyamukapa making a presentation at the workshop

through building rapport and trust within the community.

Mr Box said primary health workers need to establish relationships within the community, raise awareness about prevention, care and social services for HIV and AIDS, STD's drug use addictions and homelessness.

He said there was need to educate the community about resources and current services within the community as well as support communities and build self-esteem among targeted populations.

According to Mr Box, respecting the community and the people within it is a fundamental principle of harm reduction.

A representative from the Provincial Medical Director's office Sister Zephaniah said they appreciated the work that ZCLDN was doing, especially

in capacitating mental health workers.

"From last year, this is now the third training session that they have done," she said. "We look forward in working with them since Harare now has a mental health directorate headed by Dr Hove."

Dr Patience Maunganidze, Deputy Director, Mental Health Services department, hailed ZCLDN, Health and Child Care ministry as well as the Interministerial Drug Committee for coming up with the Zimbabwe National Drug Master Plan (ZNDMP) (2020-2025).

The ZNDMP offers both an integrated and comprehensive approach that addresses a range of drug related issues.

Dr Maunganidze said there was need to widen intervention programmes for drug use in the country, arguing that there was lack of political will in supporting drug users in recovery and quitting.

Drug use cause for concern in colleges, workplace

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He said illicit drugs include marijuana (cannabis/mbanje), cocaine, heroin, glue as well as brews such as musombodhiya and kachasu, among others.

"Other medicinal drugs that are categorised as illicit in Zimbabwe include Codeine (Cough Syrup or Bron Cleer), Diazepam (Mangembwa) and Crystal Meth (Guka Makafela/Mutoriro)," Mupembe said.

He said in Zimbabwe adolescents and youths take drugs for various reasons including as a remedy of stress from joblessness (unemployment), peer pressure, emotional or physical abuse at home, boredom, depression, anxiety, unstable home environment and poor relationship with parents.

Behavioural problems combined with poor parenting, poor achievement in school, availability of drugs, bullying at school are some of the reasons why youths take drugs, Mupembe said.

"However, these alone are not the causes of drug use," he said.

Drug and substance use also reduce productivity at the work place through poor perfor-

mance as a result of hangover, absenteeism and turnover, according to Mupembe.

Injuries due to accidents, strained family relationship and health deterioration as a result of use of drugs cause productivity reduction.

There is need to help people who use and inject drugs according to Mupembe.

"We need to accept that we have people who use and inject drugs at work places and our response to this issue should include people who use and inject drugs themselves and hear from them," he said.

Possible interventions include treatment, rehabilitation, harm reduction, psycho-social support, supportive legal and policy framework (drug policy reforms to create a conducive and enabling environment).

He said efforts to address the drug use scourge were being addressed through the Zimbabwe National Drug Master Plan and Treatment and Rehabilitation Guidelines for Alcohol and Substance Use Disorders.

The master plan aims to provide a clear roadmap to addressing the cross cutting drug use problem and was developed through an inter – ministerial collaboration taking into account current measures

in place to address the drug use problem and seeking to enhance and improve our responses to it.

Kudakwashe Madzima, a former drug user, gave a testimony on how he started taking drugs to the moment he was rehabilitated.

"I started smoking marijuana, multiple times a day. Smoking marijuana helped me forget who I was, the feeling of getting out of my own skin was amazing," he said.

"Later I 'graduated' to other drugs and I was using strictly musombodhiya, that substance I was so curious about."

"However, I became lonely. I lost everything: lifelong friends and I burnt those bridges."

Madzima, who works with ZCLDN, said his family mobilised resources for him to be rehabilitated in South Africa.

"I managed to get a new lease of life after I went through rigorous rehabilitation in South Africa. I am now a changed man, I now live a new life and it's possible for every one of us using drugs."

Madzima is the chairperson of a drug users support group in Mbare.

ZCLDN staffer attends regional training

BY STAFF WRITER

ZIMBABWE Civil Liberties and Drug Network (ZCLDN) programmes officer Knowledge Mupembe was recently invited to participate in the 2022 AIDS and Rights Alliance for Southern Africa (ARASA) Annual Training and Leadership Programme (TaLP) module 1.

ARASA is a partnership of over 100 non-governmental organisations, promoting a rights-based response to HIV, TB in Southern, East Africa and Ocean Countries.

The organisation provides an annual training and leadership programme where 36 participants are selected from Southern, East Africa including ocean countries to participate in the HIV, TB, Human rights and sexual reproductive health training in Johannesburg, South Africa.

"We are pleased to invite you to join us for our first component of the TaLP HIV, TB and human rights taking place on March 28 to April 1, 2022 at the Holiday Inn airport hotel-Johannesburg, South Africa," read the invitation letter addressed by ARASA to Mupembe.

"Please note that you will also attend trainings



Knowledge Mupembe making a presentation at the TALP in South Africa recently

in May, August and November. We will be glad if the Embassy accords you a multiple entry visa to enable you attend the rest of the face to face workshops. The first component of our training will cover introduction to human rights, bodily autonomy and integrity."

ARASA met full cost of Mupembe's travelling, accommodation and meals.

"It was training worth attending and I got to un-

derstand a lot HIV, TB, human rights and sexual reproductive health," Mupembe said.

"I will attend future training in August and November."

HIV, TB, human rights and sexual reproductive health are key components in ZCLDN's training, which is anchored on three pillars drug policy reforms, promotion of harm reduction and prevention of HIV/AIDs among people who use drugs

Why media matters for ZCLDN work

BY NOBUHLE MAPLANKA

ONE of the primary purposes of the media is to elicit population behaviour change, hence the Zimbabwe Civil Liberties and Drug Network (ZCLDN) engaging the media in its programming which is anchored on three components; namely drug policy reforms, promotion of harm reduction and prevention of HIV and AIDS among people who use drugs.

As such its mandate of promoting and developing humane drug policies that are based on tolerance, promotion of health, human rights and dignity, ZCLDN adopted strategic use of mass media to support community organising and advance public policy.

"At ZCLDN we make available to the media a full range of information obtained through research on mental illness, addiction, recreational drugs and alcohol," said ZCLDN Communications Officer Nobuhle Maplanka.

"Through ZBC TV, we managed to disseminate information at greater scale after a successful dialogue with representatives from the Ministry of Public Service, Labour and Social Welfare and Ministry of Health and Child Care. The dialogue managed to explore much on the challenges being faced as a result of drug use, the need for treatment and the role of the interministerial committee on drugs and the need for harm reduction services."

Maplanka said ZCLDN participated at the National Youth Day, which was commemorated under the theme Alleviating drug and substance abuse by the youth. President Emmerson Mnangagwa presided over the event.

The participation at the National Youth Day was made possible by the Chairperson of the Inter-ministerial Commission of the National Anti-Drug and Substance Abuse Professor Paul Mavima, who is also the Minister of Public Service, Labour and Social Welfare.

"Kudakwashe Madzima, who recovered from addiction, gave his testimony at the national event saying he used to take bronco, mbanje and mutoriyo, which later affected his health."

He said he was helped at a rehabilitation centre in South Africa and is now working on trying to help other addicts," Maplanka said.



Kudakwashe Madzima gives his testimony at the National Youth Day commemorations

"Madzima on the day, called on the government to work on providing cheap rehabilitation centres across all provinces."

Maplanka said the Love Alliance, a new five-year programme (2021-2025), created linkages and identified synergies as a collective when carrying out advocacy actions for better outcomes and for the benefit of people who use and inject drugs and target groups.

"ZCLDN is part of collective efforts towards the development of a national collective advocacy agenda," she said.

"Love Alliance is engaging and supporting regional and global advocacy efforts and providing support to local and regional organisations in the fulfilment of its theory of change. ZCLDN attended the Love Alliance grantees workshop hosted by Gays and Lesbians of Zimbabwe (GALZ)."

Maplanka said ZCLDN is part of the Civil Society Organizations (CSOs) working in the drug use field, who came up with a strategy to curb challenges associated with drug use by conducting drug awareness campaigns in the hotspots of drug use as well as to petition the Parliament and the President.

She said ZCLDN was also invited to attend a collaborative workshop chaired by Impact Africa.

Maplanka said ZCLDN participated in the first

quarter of the Harare Province Key Populations Forum hosted by the National AIDS Council.

CSOs working in the HIV and AIDS programming, including ZCLDN presented brainstormed and submitted priorities from constituencies they represent in planning for the US President's Emergency Plan for AIDS Relief (PEPFAR) financial year 2022, Maplanka said.

As such, ZCLDN was invited to attend the PEPFAR COP22 CSO Priorities Setting workshop.

"The Zimbabwe Council of Churches (ZCC) consolidated strategies to curb drug and substance use in Zimbabwe after a fruitful dialogue with CSO working in the drug use field, Health and Child Care ministry, Public Service, Labour and Social Welfare and other players, including ZCLDN," Maplanka said.

"ZCLDN presented on the need to include people who use and inject drugs in implementing programmes and initiatives for them."

"We also highlighted the need for drug policy reforms and the introduction of harm reduction services for people who use and inject drugs in the country."

Maplanka said ZCLDN attended a workshop titled *Conversations of Hope: Comprehensive broad-based National Dialogue. Lasting Solution for Zimbabwe* hosted by ZCC.

Meet ZCLDN comms officer

ZIMBABWE Civil Liberties and Drug Network (ZCLDN) has created a communications and media unit in its programming as the organisation seeks to use communication for social change to achieve its goals.

ZCLDN, whose work hinges on three pillars; namely drug policy reform, harm reduction and prevention, is using its communications

arm to conduct advocacy with policy makers, encourage direct action, and by influencing their constituencies through dialogue, mass media and online interactions.

Nobuhle Maplanka (*pictured*), who has experience in both electronic and print media, is the new ZCLDN Communications Officer.

Maplanka said part of her work

involves targeting people who use and inject drugs with specific messages intended to influence them to adopt behaviour and attitudes that will contribute to better health.

"Apart from my work on advocacy, engaging mass media and online interactions, among others, I believe my key obligations are around the issues of communication for social change," she said.



ZCLDN director elected into KP national executive

BY STAFF WRITER

ZIMBABWE Civil Liberties and Drug Network (ZCLDN) Projects Executive Director Wilson Box was recently elected among representatives of nine key populations groups to sit in the National Key Populations (KP) Forum executive for the next two years .

More than 70 representatives from various key population groups met for the first quarter review meeting for the National KP Forum and elected the national executive, including representation for country coordination mechanisms and key populations representation to the advocacy core team.

ZCLDN advocates for the effective strategies for addressing problems associated with drug use in Zimbabwe and Southern Africa.

The organisation works with the mission to promote and develop humane drug policies that are based on tolerance, promotion of health, human rights and dignity.

ZCLDN's programming is anchored on three pillars drug policy reforms, promotion of harm reduction and prevention of HIV/AIDs among people who use drugs.

Key populations are particularly vulnerable

and disproportionately affected by HIV due to certain risk behaviours, social marginalisation, criminalisation face pervasive stigma, discrimination, violence and a range of other human rights abuses that exacerbate their vulnerability. These factors compromise access to health care services.

The Ministry of Health and Child Care and the National AIDS Council (NAC) are implementing a comprehensive package of prevention, treatment and support services for key populations in collaboration with key populations-led and key populations serving community-based organisations, technical partners and funding partners.

The programme aims to bring to scale evidence-based, KP-led interventions to optimise demand for, supply of and retention within HIV prevention and care services for the targeted groups in Zimbabwe.

It is against this background that the key populations stakeholders are invited to the key populations forum to review quarterly progress in the implementation of the KP programme.

NAC as the overall coordinator of the response has been convening the KP Forum since 2014 and routinely holds self-evaluations to ensure that the forum remains focused and continues to evolve with the epidemic.



Wilson Box

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