



**DRUGS AND SUBSTANCE
ABUSE IN ZIMBABWE:
A POLICY-NOTE**

ACKNOWLEDGEMENT

We would like to express our gratitude for the invaluable participation and assistance provided by Accountability Lab Zimbabwe's (ALZ) Civic Action Team (CivActs) in conducting comprehensive surveys in partnership with National Association of Youth Organisations (NAYO) in Chitungwiza. Your dedication and efforts have been instrumental in initiating conversations and contributing to advocacy efforts in arresting drug use among the youth.

Furthermore, we would like to extend our appreciation to the Zimbabwe Civil Liberties and Drug Network and Youth Empowerment and Transformation Trust for partnering with us in convening a policy dialogue with key government agencies and stakeholders. The policy dialogue provided invaluable policy input that has shaped this note.

Our gratitude also goes to the CSOs Working Group consisting of various civil society organizations (CSOs) namely YETT, Amandla Centre of Zimbabwe, WeLead Trust, Anti-Drug Abuse Forum, Abangane Trust, Youth Invest, Zimbabwe Civil Liberties and Drug Network and the Vendors Initiative for Social and Economic Transformation, with whom we have been able to collect community views, collectively reflect on the subject in the development of this paper. The collective strength and expertise brought forth by this collaboration hold great potential for effecting positive change.

We are also indebted to the following stakeholders, the United Nations Resident Coordinator's Office (UNRCO), Parliament of Zimbabwe, and the Ministry of Public Service, Labour And Social Welfare, whose presentations at the policy dialogue provided invaluable input in unpacking global and local initiatives to curb drug use among the youth.



SUMMARY

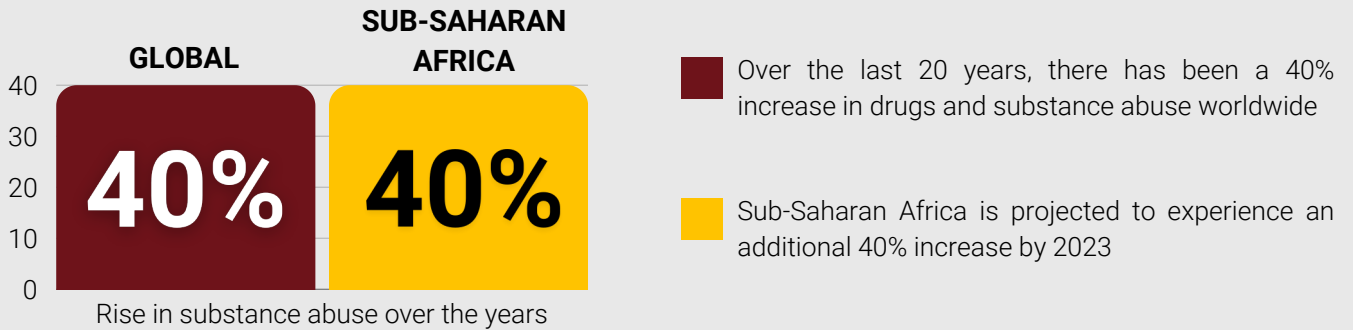
Despite the classification of drug and substance abuse in Zimbabwe as a matter of national disaster, instances of drug and substance abuse are on the rise in Zimbabwe and set to stay on this trajectory till 2030. The Zimbabwe Government's resolve in addressing Drugs and Substance Abuse, as seen through laws, regulations, and a National Drug Master Plan, is commendable.

Accountability Lab through its Civic Action Teams (CivActs) identified community concerns and recommendations on alleviating the challenges around Drugs and Substance Abuse. It also conducted hearings with different government officials, and parliament on the In Harare. These conversations and research processes showed that there are some policy and action gaps and room for better policy implementation, strengthening, and closer alignment between policy and practice. In the main, this paper is motivated by the fact that Zimbabwe leads the sub-Saharan Africa region in terms of increases in Drug and Substance Abuse, this paper offers the following:

- 1** Formalizing the Declaration of a National Disaster on Drugs and Substance Abuse in Zimbabwe through a Statutory Instrument in terms of section 27(2) of the Civil Protection Act Chapter 10:06.
- 2** Development and implementation of a National Monitoring System that increases public access to information on the nature and extent of Drugs and Substance Abuse (DSA) in Zimbabwe and which also reports on government progress in addressing the problem.
- 3** Strengthening existing laws, primarily the Dangerous Drugs Act and the Criminal Code, to allow section 155 of the latter to address contemporary drugs and substance abuse.
- 4** Systematic and speedy implementation of the Zimbabwe National Drug Master Plan (ZNDMP) as well as increasing public awareness on this instrument and all other existing plans and programmes designed and underway to curb DSA.
- 5** A shift in response from a heavily legalistic approach towards a public health, accountability, and human-centred approach that increases the uptake of treatment services and promotes healthy social living, especially among the youth. This entails a dial-down on the criminalisation of some elements of drug and substance abuse in the country's various laws to ease the challenges and increase the chances of young people seeking help when they suffer from Substance Use Disorders (SUDs).[1]

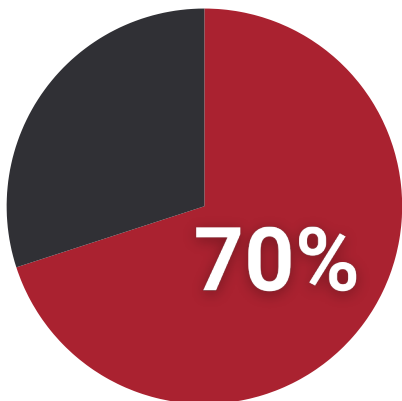
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1.1 Global and Sub-Saharan Africa Drug Abuse Statistics

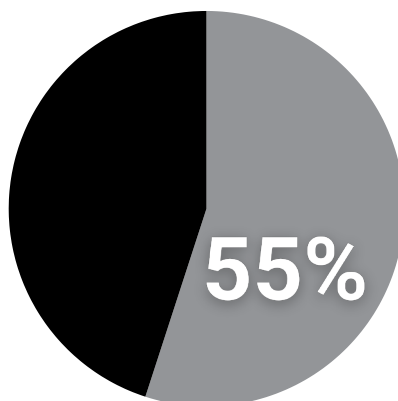


1.2 Drug Abuse situation in Zimbabwe: the percentage of young people involved in heavy episodic drinking and the proportion of patients admitted for drug and substance abuse-related issues in mental health institutions

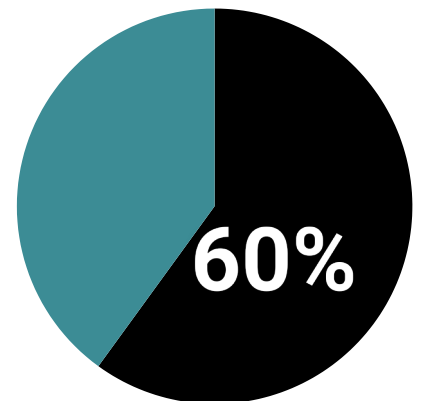
Prevalence and Impact: Zimbabwe has the highest number of 15-19-year-olds in Sub-Saharan Africa who engage in heavy episodic drinking



AMONG MEN



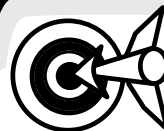
AMONG WOMEN



patients in mental health institutions are admitted for drug and substance abuse-related problems in Zimbabwe.



President Mnangagwa instigated the development of the ZNDMP and TRGASUD through an interministerial Committee



The ZNDMP provides a comprehensive and integrated approach to tackle substance abuse in the country.

1.3 Efforts to address drug abuse in Zimbabwe: Government Initiatives

The TRGASUD ZIM focuses on infrastructure development, support groups, and patient care.



Figure 1 below shows neighbouring countries that have emerged as new sources of drug trafficking and the drugs that have proliferated into Zimbabwe from its neighbouring countries:



DRUGS AND SUBSTANCE ABUSE AND THE YOUTH IN ZIMBABWE

The plan establishes a coordinated, inclusive, and holistic response to drug use challenges in Zimbabwe and pursues three broad objectives: to (a) reduce demand, (b) reduce harm/harm reduction, and (c) reduce supply.[i]

The plan notes that adolescents and young adults account for the largest share of those using drugs and that young people are also the most vulnerable to the long-term adverse effects of drugs and substance abuse.[ii] The Zimbabwe Human Rights Commission notes that youths in Zimbabwe are a high-risk group due to demoralisation regarding their future.

Consequently, these factors render young people vulnerable to abuse and exploitation by unscrupulous politicians who can manipulate them into perpetrating violence during election time.[i]

Adolescents and youth involved in drug and substance abuse are more prone to engage in violent behaviours such as gang violence, gender-based violence (GBV), intimate partner violence, self-harm and suicide.[ii]

There is a close connection between drug abuse, criminal behaviour, and social attitudes, particularly - apathetic behaviours

where citizens are divorced from national and community processes. Drug users may be associated with higher levels of apathy and anhedonia.[i]Apathy contradicts the intentions of the National Development Strategy 1, which aims to increase youth participation in decision making and development processes from 3.3% in 2020 to 25% by 2025.[ii]

ZIMBABWE'S CHALLENGES IN ADDRESSING DRUG AND SUBSTANCE ABUSE

While Zimbabwe has "talked the talk" on addressing Drug and Substance Abuse and attempted to "walk the walk" through laws, policies, and intentions to curb the proliferation and escalation of drug and substance abuse, several key challenges have the potential to undermine the government's efforts. These include:

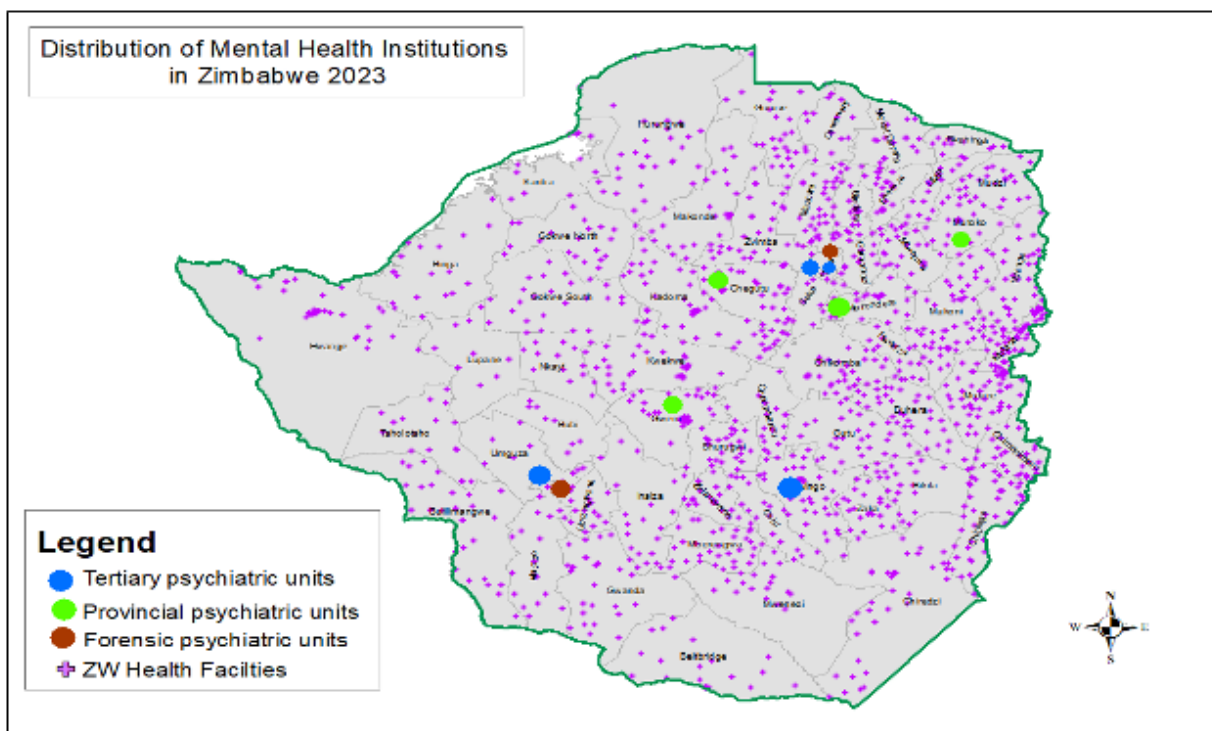
i. Limited Public Access to Information on the nature and extent of substance use.

There is insufficient public information on the character and scope of the crisis, which, in part, is due to a lack of a national monitoring system for substance use in the country. Section 62 of the Constitution ensures that individuals and organisations are entitled to access information maintained by the State to the extent that such access is necessary and serves the public interest in accountability, protection of other rights, and correction of personal information. Available reports on the substance use disorder crisis in Zimbabwe primarily rely on anecdotal evidence.

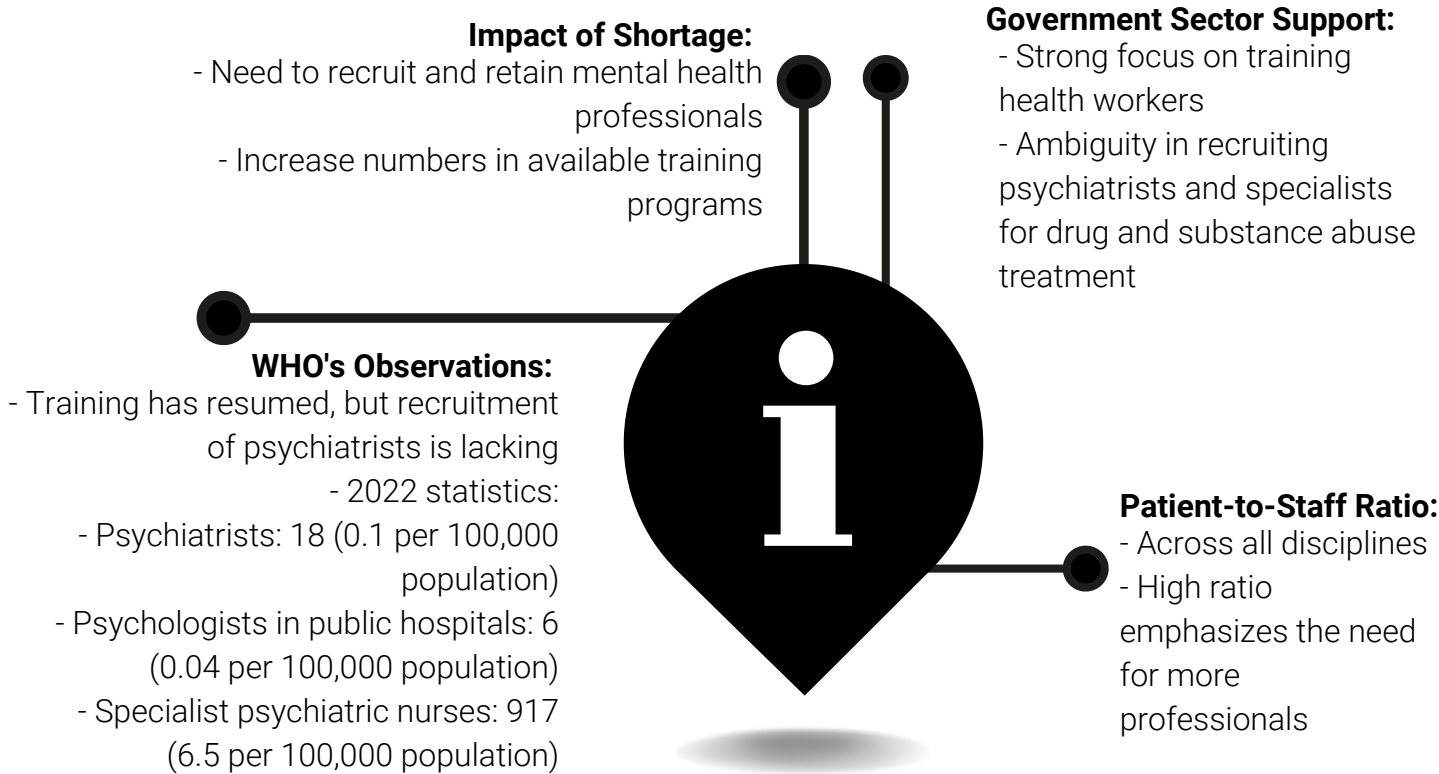
ii. The Slow Implementation of the ZNDMP and the TRGASUD.

The slow pace of implementation has left two significant problems unaddressed:

- a. (1) Limited Specialist Treatment Facilities: The Ministry of Health and Child Care estimates current mental health facilities' holding capacity at only 5000 patients at a given time.[i]Figure 2. Below is the distribution of state-owned Mental Health Institutions in Zimbabwe in 2023:



B. Public health specialists' recruitment and retention remain limited. There are capacity gaps in mental health treatment facilities, which can undermine the potential for treatment facilities to transform into treatment centres that are rights-responsive. For example,



Sources: Zimbabwe National Disability and Mainstream Programme (ZNDMP) and World Health Organization (WHO) Report

iii. Inadequacies in Legislation.

The law plays a significant role in fostering accountability among citizens, government, and private players. As a result, the law's weaknesses can undermine accountability, increasing the risks of infringements on the rights of the same:

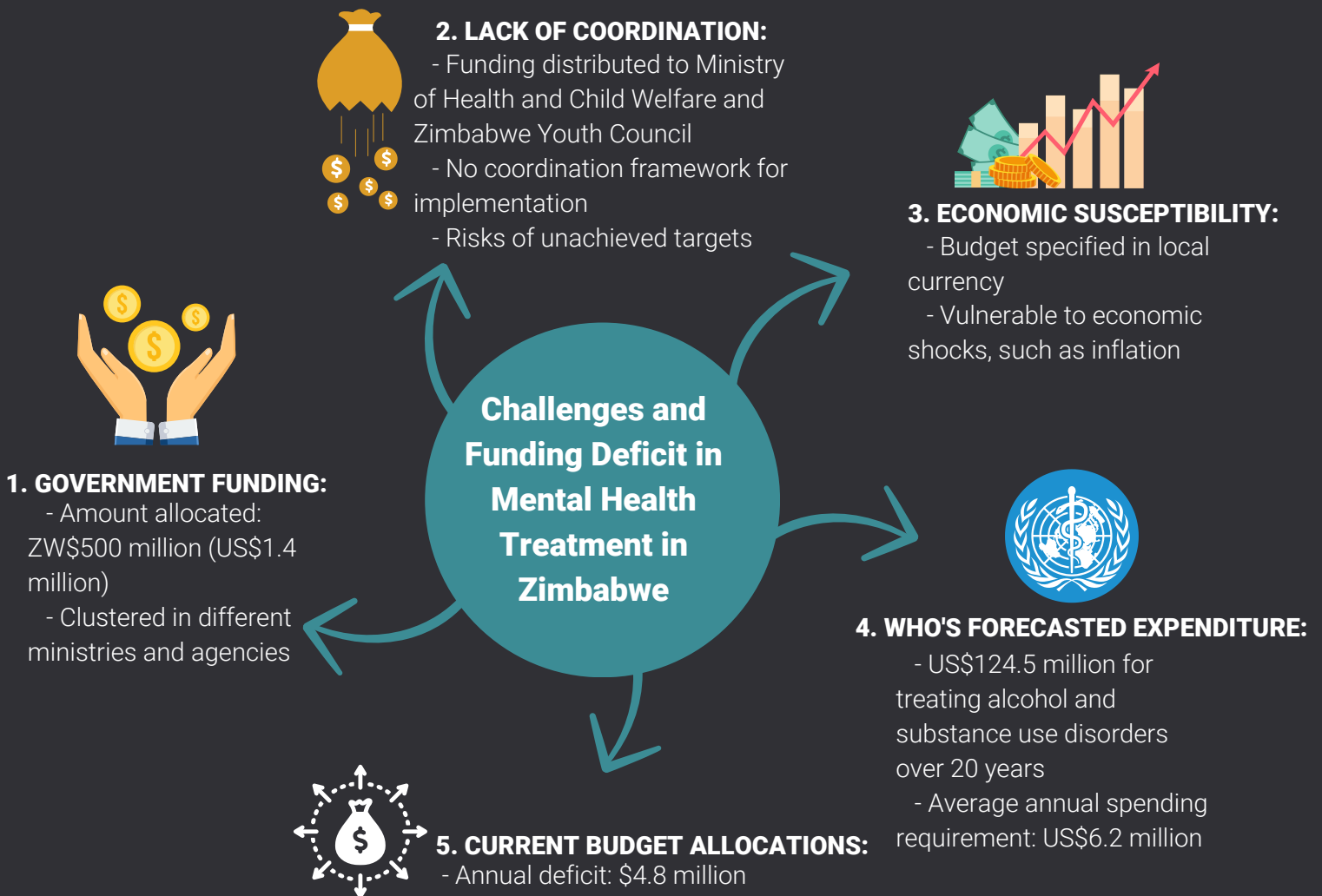
a. Existing legislation on drugs and substance abuse in Zimbabwe does not adequately address challenges related to drugs and substance abuse. Zimbabwean drug laws do not adequately address issues surrounding drug use or misuse – particularly concerning prevention and treatment.[i]

b. The Dangerous Drugs Act (Chapter 15:02) and the Criminal Law (Codification and Reform) Act (Chapter 9:23) have not stayed up to date with the current thinking on ways of mitigating drug and substance abuse. Similar sentiments are shared in the National Strategic Plan on Mental Health Services (2019 – 2023).

Drug peddlers are released on minor technicalities because existing laws do not name new types of drugs on the market. In the case of Prince Samuriwo and Humphrey Banda, caught in possession of 83 grams of crystal meth, their lawyer argued that: "... crystal meth is not a scheduled drug..." The Samuriwo and Banda case exposed gaps and weaknesses in the current legislation addressing drug and substance abuse; the inadequacies of the law and its limitations to secure conviction are apparent in terms of section 70(k) of the Constitution which directs that no person can be convicted of an act of omission that was not an offence when it took place.

iv. Limited funding for Drug and Substance Abuse Responses and Plans.

Government funding allocated to fighting drug and substance abuse is commendable but inadequate.



RECOMMENDATIONS:

The criminalisation of drug and substance abuse makes it difficult for young people to seek help when they suffer from the adverse effects of drug and substance abuse.[i] Similarly, cross-cutting issues such as corruption require a holistic approach to deter public officials and law enforcement agencies from undermining efforts to address the scourge.

We believe that the following measures will address some shortcomings in policy and action regarding the demand and supply side of drug and substance abuse in Zimbabwe:

GOVERNMENT

1. Declaring a National State of Disaster on Drugs and Substance Abuse.

In conjunction with ongoing efforts to publicly acknowledge the gravity of Drug and Substance Abuse in Zimbabwe, the President should formalise the declaration a national state of disaster in terms of section 27 (2) of the Civil Protection Act Chapter 10:06. This is an executive order

that will . activate the disaster response and recovery mechanisms of the State putting into motion emergency operations that will galvanise both the state and non-state actors to allocate resources and mobilise efforts towards addressing the national scourge.



2. Developing and Adopting a National Monitoring System.

The monitoring system should provide accurate and timely information on progress (conforming to accountability norms) toward realising the goals set in the ZNDMP and implementing related policy statements. The creation of a National Monitoring System is also in line with the broad objective of the National Strategic Plan for Mental Health Services in Zimbabwe, which advances the need for the formation of a mental health research database compiling all research done on mental health issues nationally and coordination of relevant national studies on pertinent mental health issues.

3. Raising awareness on the ZNDMP, TRGSUD, and existing laws and initiatives.

Stakeholders, should raise public awareness of these critical documents. Public awareness will increase both citizens' and stakeholders' enthusiasm and support, stimulating agency (individual and collective), action, and mobilisation of resources.

4. Improve Public Access to Information on Progress in Implementing the ZNDMP and the TRGSUD.

Ensuring that the public is kept abreast of government plans and progress in curbing Drug and Substance Abuse, as well as constructing more treatment facilities and training and recruiting of staff, will be a fundamental step forward in initiating a public health-informed response to this issue. The government should also provide publicly accessible information on its progress in meeting the goals set out in the ZNDMP and the Treatment and Rehabilitation Guidelines of Alcohol and Substance Use Disorder of Zimbabwe. This information should also include progress reports on the construction of recreational facilities and how the government is addressing problems related to the adequate staffing and training of specialist mental health professionals.

LEGISLATORS /POLICYMAKERS

POLICY

Review and Strengthening of Existing Legislation. Legislators should consider prioritising the review and strengthening of the Dangerous Drugs Act (Chapter 15:02) and the Criminal Law (Codification and Reform) Act (Chapter 9:23) in line with international standards and conventions by ensuring that legislation is human-centred, even for those arrested.

This should include more recent drugs such as methamphetamine (guka/mutoriro or dombo). The ambiguity arising from Schedule II of the Dangerous Drugs Act with regards to the scientific debate on what constitutes methamphetamine and methylenedioxymethamphetamine (MDMA) and the interpretation that the former is not a listed dangerous drug as it is distinct from the latter should be addressed to expressly include crystal meth and remove the undesired technical leeway that offenders take advantage of to be freed during apprehension and prosecution conducted by officers of the law.

CITIZENS AND NON-STATE ACTORS



Civil Society Monitoring Framework.

The Civil Society Working Group on Drugs and Substance Abuse will monitor the design and implementation of policies, review of legislation, and government plans in curbing drug and substance abuse. CSO monitoring framework will include budget monitoring and assessments for efforts designed to curb drug and substance abuse using a rights-based lens. The following are ways that CSOs can enhance efforts at addressing Drugs and Substance Abuse:

1. Psychosocial Support. CSOs should provide psychosocial support assisting those struggling with substance abuse and encouraging treatment uptake and referrals to rehabilitation and or treatment centres. CSOs should also train community social workers and community support groups in ethical psychotherapy.[i]
2. Awareness Raising and Social Education. Citizens, particularly the youth, should be engaged in peer education campaigns to educate their peers on the dangers associated with drug and substance abuse. Non-state actors can also assist in designing public awareness campaigns and partner with the government and other players.

iii. Citizen Participation in Legislative Review Processes. Non-state actors, including civil society, should endeavour to promote and mobilise the lobbying and participation of citizens in the review of the Dangerous Drugs Act, the Criminal Code, and other related laws.

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ACCOUNTABILITY LAB ZIMBABWE (ALZ) IS A LOCAL ORGANISATION THAT WORKS WITH COMMUNITIES TO IMPROVE KNOWLEDGE ABOUT LOCAL PROBLEMS AND THE CHALLENGES THAT CAUSE THEM AND DRIVES CONVERSATIONS ABOUT ACCOUNTABILITY AND INTEGRITY.