



INTRODUCTION

Aiming to engage Honourable Members of Parliament in Zimbabwe into the discussion regarding drug policy reform, UNITE Global Parliamentarians Network to End Infectious Diseases, the All-Party Parliamentary Group for Drug Policy Reform and the Zimbabwe Civil Liberties and Drug Network (ZCLDN) held a virtual Evidence-Based Drug Policy workshop on 24 September 2021. The workshop sought to equip members of parliament with necessary tools for debating responsible and effective drug policy interventions to directly support their efforts in promoting a positive future for Zimbabwe. **The discussion was moderated by Tendai Mhaka (Key Population Coordinator at National AIDS Council).**

ATTENDANCE

The workshop was attended by a total of 98 Members of Parliament, with the participation of the former President of South Africa Kgalema Motlanthe, Dr João Goulão (National Drug Coordinator, Portugal), Maria-Goretti Ane Loglo (International Drug Policy Consortium), Frank Warburton (UNITE/APPG Drug Policy Desk), Ancella Voets (Frontline Aids), and ZCLDN's Wilson Box and Hilton Nyamukapa. **His Excellency Hon. Prof Paul Mavima, Minister of Public Service, Labour and Social Welfare, also attended the workshop.** As chairperson of the recently launched Inter-Ministerial Committee on Drugs and the Technical Working Group on Substance Abuse, he welcomed the discussion. He appreciated the insights brought by all speakers.

PRESENTATIONS

Opening Remarks:

In her opening remarks, **Hon. Dr Ruth Labode**, the chairperson of the Health and Child Care Portfolio Committee in the Parliament of Zimbabwe, acknowledged that Zimbabwe faces an upsurge in illicit drug and substance use and trafficking. She acknowledged that lawmakers and law enforcement agencies are aware of these problems and how the current framework is inadequate to manage them but face difficulties designing and implementing effective solutions.

Solidarity Message:

The workshop was graced with a solidarity message by the **former President of South Africa, Kgalema Motlanthe**. In his statement, he quoted former United Nations Secretary-General Kofi Annan, saying that *"drugs have destroyed many lives, but wrong government policies have destroyed many more"*, highlighting how punitive drug policies have proven ineffective worldwide, failing to achieve their objectives of reducing production, trafficking and consumption of drugs.

Speaking on behalf of the Global Commission on Drug Policy, Pres. Motlanthe **recommended five principles for effective drug policies:**

1. Put people's health and safety first
2. Ensure access to essential medicines by removing policy barriers
3. End criminalisation and incarceration of people who use and inject drugs
4. Reform enforcement responses on organised crime
5. Regulate drug markets to put the government in control

Pres Motlanthe emphasised that the role of Honourable Members of Parliament is essential in furthering pragmatic and evidence-based discussion in Zimbabwe, alongside the voices of civil society organisations and community representatives. President Motlanthe ensures the Global Commission on Drug Policy is ready to support the path for reform.

Cordial Greetings:

Mrs Ancella Voets (Frontline AIDS) acknowledged in her speech the efforts of the ZCLDN in uplifting the voice of People Who Use/Inject Drugs (PWUID) through the first Drug Master Plan that was launched in December 2020. Mrs Voets also acknowledged the establishment of the Inter-ministerial Committee to tackle substance use among youths. These efforts are especially commendable as they take a holistic multi-stakeholder approach involving lawmakers, health practitioners, academics, and law enforcement agencies, as well as civil society. She emphasised that improved data collection and taking steps towards decriminalising drug use will be crucial in improving the current situation. She urged Honourable Members of Parliament in Zimbabwe to adopt an operationalised and sustainably funded harm reduction framework, including needle and syringe exchange programming and opioid agonist treatment.

Panel 1 – Overview of Drug Use in Zimbabwe

Mr Hilton Nyamukapa (ZCLDN) presented an overview of drug use in Zimbabwe, who highlighted that an official population size estimate of PWUD in Zimbabwe is not yet established. However, it is estimated that 60% of the young people aged 16-35 years could have used or are using illicit drugs and substances and that drug use is now seen even at workplaces. He also submitted that the increasing rates of admissions into mental health institutions are linked to drug use. In his presentation, Mr Nyamukapa highlighted that the local risks associated with drug use include *inter alia*, addiction, public health issues, crime, a decline in economic productivity and other social security risks. The presentation suggested that drug policy reforms, including the decriminalisation of drug use, is needed. It also noted the importance of implementing the Zimbabwe National Drug Master Plan and the Treatment and Rehabilitation Guidelines for Alcohol and Substance Use Disorders by the Ministry of Health and Child Care. Those policies should come alongside public health interventions like establishing public rehabilitation centres and outreach and sensitisation programs.

Panel 2 – International Presenters and Sharing of Best Practices

The second panel featured best practices presented by international partners.

Dr João Goulão (National Drug Coordinator-Portugal) provided a brief background of the main concerns of the Portuguese population and problems related to drug use and HIV from 1998; and explained how the national strategy coordinated a public-health oriented approach based on the five pillars of prevention, treatment, dissuasion, harm reduction and reintegration. He highlighted that since adopting decriminalisation in 2001, Portugal's level of drug use among the adult population is now below the European average, witnessing reduction and delay in the experimentation of illicit drug use among adolescents, reduction of injecting drug use, reduction in opiate-related deaths and infectious diseases and improvement in the efficiency of law enforcement to curb drug trafficking. The reform has also contributed to reducing the stigma regarding people who use drugs. Today, drug use is not among the social and political concerns anymore. The International Narcotics Control Board recognises the Portuguese approach as a model of best practices. The country has kept committed to the principles of the international drug control conventions, putting health and welfare first and applying a balanced, comprehensive and integrated approach based on proportionality and respect for human rights.

Mrs Maria-Goretti Ane Loglo (International Drug Policy Consortium) presented why drug policy reform is important and necessary for Zimbabwe and Africa. She noted that in Africa, repressive drug laws are continuing to be implemented, yet there is not enough evidence to show that these policies have yielded positive results; and while the "war on drugs" approached was adopted on influence by Western governments, now the western governments are shifting from punitive laws and Africa is slow to reform these policies. She emphasised that continued criminalisation of drug use is making people who inject drugs particularly vulnerable to the spread of infectious diseases and subjects them to social risks such as stigma and discrimination, human rights violations; noting that more than half of people who inject drugs are living with HIV and Hepatitis B&C and there are no or limited harm reduction measures available, and these are underfunded as resources for drug control are channelled to law enforcement.

Panel 3 – Drug Policy Reform in Zimbabwe

Mr Wilson Box (ZCLDN) gave a presentation on Drug Policy Reform in Zimbabwe. He highlighted that the Dangerous Drugs Act (Chapter 15:02), together with the Criminal and Codification Act (Chapter 9:23), Section 157, criminalises drug use in Zimbabwe, and this is forcing drug users to go underground and promotes corruption. The growth of an illegal market for drug trafficking promotes criminality, including gender-based violence and other violent crimes, while also fueling the HIV/AIDS epidemic. He highlighted that criminalisation has a disproportionately negative effect on the wrong people, including women and youth, and the current policy fails to design, implement and proper interventions such as treatment and harm reduction services to address the problem. He emphasised five principles for effective drug policy: policies should be developed through a structured assessment of priorities and evidence; in full compliance with human rights law; focusing on reducing the harmful consequences rather than the scale of drug use and markets; promoting the social inclusion of marginalised groups and building an open and constructive relationship between NGOs and governments. The implementation of the Zimbabwe National Drug Masterplan, a motion to reform Chapter 157 of the Criminal Law (Codification and Reform) Act (Chapter 9:23) and the Dangerous Drugs Act (Chapter 15) on personal use of drugs thus decriminalisation would be necessary steps in this regard.

Panel 4 – Alternatives to Incarceration for Zimbabwe

Mr Frank Warburton (UNITE/APPG Drug Policy Desk) delivered a message on alternatives to incarceration for Zimbabwe. Mr Warburton highlighted that criminalisation has resulted in mass incarceration and posed a burden on the government expenditure to cater for those incarcerated. He encouraged the Hon. Members of Parliament in Zimbabwe to consider best practices from countries like Portugal and the Netherlands in their reflections on drug use issues in Zimbabwe.

PLENARY SESSION:

During the plenary session, a number of questions and comments were raised by Hon. Members of Parliament. The main points expressed are summed in this report, followed by resources for further consideration.

1) What is motivating Zimbabwe's current drug consumption upsurge?

Zimbabwe is experiencing economic hardships leading to an increase in substance use which in turn is causing a mental health crisis. The involvement with drugs and addiction development is often connected with different matters in several areas. Unemployment, lack of access to education, poverty, scarcity of mental health programs, social vulnerability, exposure to violence and traumatic experiences – all of those factors may contribute to an increase in drug addiction. Drug use is best addressed when placed on a broader framework free of stigma and focusing on mental health and sustainable development, guided by human rights principles. Failing to implement sensitive policies could curb the country's development prospects.

2) Are there alternatives to criminalisation?

Kofi Annan famously stated that drugs destroyed many lives, but wrong government policies have destroyed many more. Criminalisation often feeds the poverty cycle, incarcerating people who use drugs for extensive years and curbing their possibilities of engaging in the labour market once they have fulfilled their time in prison. There is the need to reintegrate people who use drugs into society, especially youth, giving them a chance to contribute to national development. Idleness becomes a factor driving people's engagement with substance use. In Portugal's experience, policy success is being achieved by implementing programs that do not demand abstinence as criteria for receiving treatment and enable minors and young people to follow the treatment while continuing their studies.

3) Regarding decriminalisation, how should the legislation differentiate illicit substances quantities between personal use and trafficking?

Countries that decriminalised both use and possession for personal use separate it from trafficking following thresholds defined by the law. Thresholds can be a useful tool for implementing evidence-based drug policy, guiding the work of law enforcement, and protecting vulnerable populations from discretionary behaviour. However, if thresholds are to be used, it is important that those are drawn following a realistic assessment of the context lived in the country, leaving space for continuous evaluation and adaptation. In Portugal, where the use of all drugs has been decriminalised, the law specifies thresholds. Different maximum amounts have been defined for each drug, following the recommendation of an evaluating commission. To constitute trafficking, a person needs to have a quantity of drugs that exceeds the equivalent to 10-days' supply for personal consumption. If possession

does not overpass such threshold, the person is not sent to the criminal system and instead is redirected to the dissuasion commission office (CDT). The CDT will schedule an appointment with a social worker that will assess if the person has a problematic pattern of drug use (i.e. drug addiction). If yes, the person will be referred to voluntary treatment programs where one can get assistance and support.

4) Is there any treatment for drug addiction?

Yes, it is possible to treat drug addiction. Such treatments will vary depending on the main substance used and the type of public using it. It is important to emphasise that not everyone who uses drugs will develop an addiction, and most will "grow out" of drug use without treatment. Still, it is essential, as part of a holistic response, that harm reduction, drug treatment and education becomes available in Zimbabwe. Such services are currently scarce in Zimbabwe. For instance, there are not enough institutions to cater for people who use drugs other than prisons. There is the need for establishing more public rehabilitation centres and psychiatric institutions specialised in providing assistance to people who use drugs.

5) What would be appropriate treatment programs for key populations using drugs? Is there any response to sensibly address drug use among pregnant women?

When designing and creating the network of treatment services for drug addiction and harm reduction, there is the need to identify the different populations and target the publics that will access it in order to promote and offer adequate responses and programs to each of those groups. Indeed, youth experiencing drug addiction will need a different treatment program than mothers or pregnant women experiencing the same issue. More specific answers and international examples are listed below.

CLOSING REMARKS

Mr Wilson Box gave closing remarks and appreciating the effort by Hon Members of Parliament in their participation. He announced the Global Fund and the UNAIDS have adhered to fund the request by the ZCLDN to assess the challenges being faced by PWUIDs. Lastly, Mr Box challenged Honourable Members of Parliament to refer to their respective constituencies and look at what is on the ground to be equipped with evidence to debate in parliament in the future and design appropriate responses to the matters lived in those regions.

FURTHER RESOURCES FOR CONSIDERATION:

What are the five recommendations for more effective drug policies?

[*Taking Control: Pathways to Drug Policies That Work.*](#) Global Commission on Drug Policy (2014).

How can governments reduce prison overcrowding?
[*Imprisonment & Drug Offences: Position Paper.*](#) UNITE (2021).

How can governments decriminalise drug use and possession?
[*Decriminalising Drug Use & Possession: Position Paper.*](#) UNITE (2021).

How can countries define thresholds for the personal use of drugs?
[*Model Drug Law for West Africa: A Tool For Policymakers.*](#) West Africa Commission on Drugs (2018).

How has the war on drugs contributed to a worsening of the HIV/AIDS pandemic?
[*The War on Drugs And HIV/AIDS.*](#) Global Commission on Drug Policy (2012).

What could be done in Zimbabwe?
[*Drug Policy Toolkit for Addressing Substance Use in Zimbabwe.*](#) UNITE (2021).

What is being done in other countries?
[*Portugal's National Plan for Reducing Addictive Behaviours and Dependencies 2013-2020.*](#) SICAD (2012). Pp. 21-42.

What would be an appropriate response addressing pregnant women who use drugs?
[*Illicit drug use in pregnancy: an appropriate response.*](#) Women and Harm Reduction International Network and the International Network of Women who Use Drugs.

Find the supporting material for all presentations at [this link](#)

If you have any further questions, please do not hesitate to contact our secretariat:

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