EXPLORATORY STUDY ON PREVALENCE, CHALLENGES AND HIV PREVENTION AMONG PEOPLE WHO INJECT DRUGS IN MBARE, HARARE
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EXPLORATORY STUDY ON PREVALENCE, CHALLENGES AND HIV PREVENTION AMONG PEOPLE WHO INJECT DRUGS IN MBARE, HARARE.

Chahuruva S., 2021

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The author would like to acknowledge the support and participation of the participants and key informants from various organizations which serve the Mbare community in terms of drug use. The support received from I AM Zimbabwe in assisting the researcher to locate participants. Special support rendered from other people is also acknowledged such as the Almighty God, Dr Chikwaiwa and others.

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Abstract

Drug use disorder remain a challenge among nations, imports of such drugs are rampant, and effects of drug use remain a problem. However, drug injecting use has become a prominent issue in modern day Zimbabwe. Its high prevalence in urban areas, pose a serious concern to all and service delivery for social services practitioners. The objective of this research is to find the prevalence, challenges, and HIV prevention measures among people who inject drugs in Mbare. The study used a mixed methodology with 100 respondents for the survey where a questionnaire was administered to assess the prevalence, challenges, and HIV prevention. Focus Group Discussion schedule and Key Informant Interview Guide were used to gather qualitative data with 6 focus group discussions and participants being interviewed through face-to-face approach within the Covid-19 guidelines. The study revealed that there are less people who are in drug injecting as compared to inhaling drugs, women are also involved as they face social, economic, health issues that may lead them to use drugs. Findings show that they tend not to seek health services because of fear and stigmatization. Therefore, the study recommends that rehabilitation services must be offered to people who use drugs as a matter of urgency, trainings for health and social services practitioners on how to support people who use drugs must be made a priority, awareness campaigns in communities by people who use drugs on their experiences should be done, support them as they need to reform, addressing their challenges and incorporate those who supply and sell drugs being used and the enforcement of law and tightness of the boarder.

Key words
People who inject drugs, HIV Prevention, Challenges, Prevalence,
INTRODUCTION AND BACKGROUND

Drug use is a growing public health concern and affecting many families in Zimbabwe and not only the nation but regionally and worldwide. There is a continued increase in trafficking of Cocaine, Crystal meth, and others and this is strongly linked to health, social, legal and other challenges faced by people who use drugs. Due to this drug use, it is becoming a heavy burden to families, communities, the health and security systems as well as the national economy. There is need for a coordinated, multipronged approach to the drug use challenges especially from all sectors.

Over 200 million adults aged 15 to 64 years used drugs in 2016 worldwide, of these 192 million used cannabis, 53 million used opiates and opioids while 73 million used stimulants (Moody, 2003). Over 30 million people who used drugs in 2016 had a drug use disorder requiring treatment. Up to 253 000 deaths globally were a result of illicit drug use. Drug use is also linked to HIV and Hepatitis infections through risk sexual behavior and injecting drug. Although trends of drug use in the last 10 to 15 years have remained rather stable globally, annual prevalence of illicit drug use in 15- to 64-year-olds are rising from 2000 up to 2010, psychoactive drug use particularly cannabis, amphetamines, cocaine and opioids in Africa is on the rise.

In Zimbabwe it has been estimated that approximately 3% of the adult population (450 000 people) had either a drug or alcohol use disorder (WHO, 2018). In 2012, 75% (23 168 arrests) were connected to cannabis, 56% (17 396 arrests) were connected to illegal cough mixtures (ZRP CID, 2012). Drug use related problems are one of the top 3 problems seen in mental health services in all 10 provinces (Ministry of Health and Child Care, 2018). Over 40% of young people admit to regular drinking and 15% admit to regular cannabis use (Acuda, 1999; Nkoma, 2014; Mazhandu, 2017). Young people admit to starting drug use as young as 12 in Zimbabwe (Nkoma, 2014).
CONTEXT OF THE PROBLEM

Zimbabwe has a number of alcohol and substance use policies which were implemented to guide the use of drugs but the use of drugs and the health status of people who use drugs are a challenge. The launch of other two documents for drug use in 2020 have been helpful in terms of drug use in the nation. Given all these legal instruments such as Zimbabwe National Drug Master Plan and Treatment and Rehabilitation guidelines for Alcohol and Substance use Disorders in Zimbabwe of 2020, Dangerous Drugs Act (15:02) of 2001, Dangerous Drugs Regulations, Statutory Instrument 62 of 2018, Medicines and others, drug use is now rampant and considered a cancer in society. People are injecting different drugs for various reasons and their health seeking behavior is low in terms of HIV/AIDS status. The use of drugs through injecting is exacerbating the skyrocketing of negative effects faced by people who use drugs in terms of health, legal and other services. Drug use has been recognized to have negative impact on the health, social and other services. By having better understanding and knowledge about the prevalence, challenges they face and their HIV prevention methods amongst the people who use drugs, this could help to design and organize proper development programs to help them since health is very key to every individual.

Despite having legal instruments such as Zimbabwe National Drug Master Plan of 2020, Dangerous Drugs Act (15:02) of 2001, Dangerous Drugs Regulations, Statutory Instrument 62 of 2018, Medicines and Allied Substances Control Act Chapter 15:03, Medicines and Allied Substances Control (General) Regulations, that have been formulated and being used to guide drug use in Zimbabwe, people are still using drugs be it injecting, inhaling, or drinking them. After taking these drugs they face challenges which affect their lives such as contracting and spreading HIV through using one syringe amongst several people who inject drugs.
While there is broad literature on drug use, there is scarcity of literature on the injection drugs in Zimbabwe.

Globally, the number of people who use drugs through the mode of injecting is high including the youths as 15, 9 billion of which 3 million are HIV positive resulting in the exposure and high chances of contracting HIV. Three countries which have almost half of its people injecting drugs are China, Russia and United States of America. The use of injecting drugs in Zimbabwe came as a result of different factors and they vary from individual to individual and it has been increasing year by year. It should be noted that injecting drugs in Zimbabwe among the young generation especially in remote areas is still considered a taboo, because of its association with undesirable behavior and it promotes immoral behavior. However, one may say this type of thinking has saved many especially those in remote areas and it has affected those in urban areas where the availability of drugs is rampant. Therefore, exploring the prevalence, challenges and HIV prevention among people who inject drugs may guide tailoring interventions aimed at reducing the intake of drugs and promoting wellness.

The discourse on drug injection can be traced back to the first world countries such as America and others, and other countries of low and middle income. The Millennium Development Goals (MDGs) of 2000, the Sustainable Development Goals (SDGs) of 2012 and several Mental Health conferences at international level also advocated for reduction on spreading of HIV and other diseases through drug injection use. At Regional level drug use policies and plans are in place to reduce the use of and support people who use drugs in Zimbabwe. There are several pieces of legalization in place for drug use such as Zimbabwe National Drug Master Plan of 2020, Dangerous Drugs Act (15:02) of 2001, Dangerous Drugs Regulations, Statutory Instrument 62 of 2018, Medicines and Allied Substances Control Act
Chapter 15:03, Medicines and Allied Substances Control (General) Regulations, Statutory Instrument 150 of 1991, and Medicines and Allied Substances Control (Import and Export of Precursors and Certain Chemical Substances) Regulations, Statutory Instrument 56 of 2008. However, the extent in which drugs are being used among the people especially in urban areas including young people is still problematic. This could be largely attributed to globalization and peer pressure and poverty to which makes them to be idle all day resulting in them using drugs to pass time. Accessibility of drugs is still a challenge which makes people use them. There is the lack of rehabilitation institutions which may be used to rehabilitate people who use drugs.

The injection of illicit drugs in public spaces is known to pose significant health risks to people who inject drugs (PWID) in terms of health and social issues. The knowledge of injecting drugs practice has not been explored in Zimbabwe, as many studies related to drug use were centered on causes, effects and little was done on injecting drugs and their consequences amongst those who inject drugs. This research aims to synthesize current prevalence, challenges faced by people who use and inject drugs and HIV prevention issues amongst them.

Therefore, this research sought to focus on types of drugs used, the source of their paraphernalia (sterile or non-sterile), their HIV/AIDS status, their knowledge of negative health consequences relating to injecting drug use, their health services seeking behavior, their challenges in accessing health, legal and other services. Thus, this study is to explore the prevalence, challenges, and HIV prevention amongst the people who use drugs in Mbare mainly those who inject drugs.
METHODOLOGY

The study employed the mixed methodology paradigm in data collection to report writing through the use of qualitative and quantitative approaches to data collection and analysis. Participants who had varying age groups were considered since the target group had a few who injected drugs.

THE STUDY AREA

The study was conducted in Mbare, which is split into three areas which are Mbare National, Mbare Musika and Beatrice Flats. The area was purposively selected because it is the oldest suburb, a hub for most business and trading. Lastly, most of the people who use drugs in this area visit Harare Central Hospital for healthcare support.

STUDY DESIGN

A mixed method research design employed qualitative and quantitative research methodologies from data collection to data presentation to provide a better understanding of the prevalence, challenges and HIV prevention among those who inject drugs. A survey, using a questionnaire, was used to quantify the issues. Focus group discussions and key informants were used for in-depth understanding of the topic. The study employed the use of transformative design whereby it addresses a social issue of drug use in the Mbare community in order for change to happen through engaging stakeholders who provide services needed. For this study convergent design was used where the researcher collected both quantitative data and qualitative information at the same time from participants. Due to the sensitivity of the topic, it was important for the researcher to have an in-
depth understanding of the participants using focus group discussion. Data was quantitatively analyzed using the Statistical Packages for Social Studies (SPSS) Version 20, while thematic analysis was used for qualitative data.

**SAMPLING**

The sample population was made up of 5% to 10% of the population that is, for quantitative methodology respondents were drawn from the population as such and 24 participants for qualitative paradigm and both sexes were included 5 key informants from the institutions within Mbare community. The simple random sampling technique was adopted in selecting the respondents of the questionnaires and purposive sampling technique was employed for key informants sequentially.

**Data Collection Methods and Tools**

**SURVEY:** A survey method using a questionnaire, was carried out with 100 respondents who use drugs in Mbare with varying age groups from 21 to 45 years. The survey was meant to quantify the prevalence, challenges and HIV prevention among people who inject drugs in Mbare. A questionnaire tool was used to collect data from the respondents, and it was composed of two kinds of questions that is the first involving closed ended questions for ticking on a provided box the answer to a question and second involving questions that were open ended asking for the opinion of people who use drugs concerning study topic.
Key Informant Interview (KII)

KII method was used and face-to-face interviews were conducted with organizations which serve Mbare in terms of drug use. A key informant interview guide was used to collate data with key informants who provided services to people who use drugs in Mbare. They were purposively selected due to their interaction with those who use drugs in Mbare and some were once victims of drug use. They provided with statistics on drug use, challenges faced by them, recommendations based on their knowledge and others. Such organizations as I Am Zimbabwe, Mbilez News 24, Mubatirapamwe and other drug dealers were interviewed as key informants. The researcher conducted the key informant interviews and recorded data by taking notes.

Focus Group Discussions (FGDs)

Focus Group Discussions were conducted with participants in Mbare with both sexes. A Focus Group Discussion schedule was used to collect data from the participants, and it was used to ask data about injecting drugs in Mbare focusing on prevalence, challenges, and HIV prevention. Snowballing sampling technique was used and the willingness to participate as the basis for the selection of the FGDs with people who use drugs. The FGDs were undertaken with those who use drugs as per their group since they walk, inject and do their activities in groups. The FGDs were comprising with 4 to 8 people for 6 groups of those who inject drugs, and the groups vary from area to area. The researcher conducted group discussions by taking notes only, phone was forced to be shut down by the participants.
DATA MANAGEMENT AND ANALYSIS

**Quantitative Data:** Quantitative data was captured using a hard copy questionnaire, Statistical Package for Social Studies (SPSS) and Microsoft Excel were used for data management. Tables, charts, and graphs were used to describe the frequency distribution of the respondents and their background characteristics, challenges and HIV prevention among them.

**Qualitative Data:** Notes recordings from FDGs and key Informant interviews were transcribed and analyzed using the thematic approach.

ETHICAL CONSIDERATIONS

The researcher sort clearance with the Ministry of Health and Child Care, Research Institute Department at Parirenyatwa. Prior to the research, the researcher ensured that debriefing the participants and respondents were undertaken before the research commenced. The researcher ensured that participation was voluntarily and consent was sort before by signing the consent form. Invasion of privacy, deception, and harming of people who use drugs either emotionally or physically was considered. In terms of reporting and findings presentation the researcher guaranteed that anonymity was ensured such that no harm will be done to participants.
RESULTS PRESENTATION AND DISCUSSION

Table 1: Demographic Characteristics of people who inject drugs (PWUID) in Mbare

<table>
<thead>
<tr>
<th>Demographic variable of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>70</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>40</td>
</tr>
<tr>
<td>Single</td>
<td>30</td>
</tr>
<tr>
<td>Divorced</td>
<td>30</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
</tr>
<tr>
<td>15-20</td>
<td>25</td>
</tr>
<tr>
<td>21-26</td>
<td>35</td>
</tr>
<tr>
<td>27+</td>
<td>40</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>30</td>
</tr>
<tr>
<td>Self-employed</td>
<td>50</td>
</tr>
<tr>
<td>Supplying the drugs</td>
<td>20</td>
</tr>
<tr>
<td>Educational Status</td>
<td></td>
</tr>
<tr>
<td>Primary level</td>
<td>16</td>
</tr>
<tr>
<td>Secondary level</td>
<td>66</td>
</tr>
<tr>
<td>Tertiary level</td>
<td>18</td>
</tr>
<tr>
<td>Residential Location</td>
<td></td>
</tr>
<tr>
<td>Mbare</td>
<td>76</td>
</tr>
<tr>
<td>Other suburbs</td>
<td>24</td>
</tr>
</tbody>
</table>
Most of the respondents, 40%, they are between the ages of 27+. Respondents aged between 21-26 years constituted 35% of the sample. A small proportion, 25%, of the respondents, reported that they were aged between 15-20 years. Most people who use drug (injecting) are males with 70% respondents whilst females are 30%. The research results show that demographic characteristics such as gender, marital status, residential area, employment status, age and educational status determine the influence of drug taking issues. Employment status had a greater influence than all the other features. Participants stated that employment status has a significant influence in drug use in suburbs which have rampant cases in Zimbabwe. The study shows that females are also involved in drug injection and are also prone to such issues due to several reasons such as unemployment, heartbreaks, and homelessness. The results indicated that on residential status 76% were living in Mbare and 24% were staying in other suburbs such as Highfield, Sunningdale, Epworth and others and Mbare is their business area.

On marital status the study reported that 40% of them were married, 30% were single and 30% were divorced and some reasons which were given by them on their marital status were that those who are married they work in Mbare and their nature of jobs forced them to use drugs. Those who are single are still young, they cannot manage relationships because of reasons such as hallucinations and others and lastly those who divorced it was due to drug use since they have arguments and violence with their partners.

Table 1 also shows that the participants' employment status influences their use of drugs as 30% of them were unemployed, 50% were self-employed (doing Art, hairdressers, and others) and the remaining 20% were supplying drugs to those who use drugs and some were also using them. This has also affected by their level of education as those with Primary level constituted 16%, Secondary level with 66% and 18% for Tertiary level. The findings above can be attributed by lack of employment which exacerbates the levels of drug use in Mbare and that the area is a hub of all sorts of activities such as drug use, commercial sex working, selling of goods and services and it is the central point where traders stay and do their
business. Those who are into selling drugs also pointed out that the major suppliers are in Low density suburbs, thus, the relationship between the big-brother and small-brother whereby the big brother supply poison to the small brother for consumption. The relationship between those who are supplying drugs and those who are using them is more focus on depending on each other.

**Distribution of Prevalence on drug injection in Mbare**

![Pie chart showing drug injection prevalence](image)

Frequency distribution of prevalence on drug injection among participants in Mbare

Analysis of the prevalence rate shows that people who inject drugs are more than the ones who do not use drugs anymore and who do not use at all. Participants who inject drugs were 82% with 12% acknowledging that they stopped injecting drugs but now use other methods such as inhaling drugs and 6% noted that they do not use drugs at all, however they are suppliers and owners of the bases such as Gaza base, Joburg and others. Even though the prevalence of injecting drugs is low in Zimbabwe and even Mbare community as compared to inhaling and drinking alcohol, the key informants also acknowledged that the rate at which
the injecting of drugs is slower due to several reasons. Key Informants from I AM Zimbabwe said,

60% in Mbare inject drugs and they do this secretly and end up mentally challenged. One participant from FGD 2 says, those who inject constitutes a lesser percentage because the kit is very expensive than the ones for inhaling and taking alcohol.

On a comparative mode Mbare was ranked the highest community where drug use is rampant and all sorts of drugs such as cocaine, crystal meth and others are available at any time and in the bases. The residents of Mbare know who use drugs and it has become a norm to them. The participants acknowledged that they need assistance from all sectors such that they can be living a normal life. Analysis by prevalence shows that the proximity and idleness of the participants make them use drugs at any time and any day. 71 participants acknowledged that they use them daily or after 2 days per week due to the drugs they use being expensive. Participant A, B or C stated that they do not have much money since most of them are self-employed and some are unemployed.

**Table 2: Prevalence of injecting drugs**

<table>
<thead>
<tr>
<th>Prevalence of injecting drugs</th>
<th>Variables</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of drugs used</td>
<td>Mutoriro or Guka (Crystal Meth) and Diazepam</td>
<td></td>
</tr>
<tr>
<td>Types of equipment used</td>
<td>Syringes and needles</td>
<td>82</td>
</tr>
<tr>
<td>Sources of paraphernalia</td>
<td>Pharmacy and Bases</td>
<td>82</td>
</tr>
<tr>
<td>Rate at which they inject</td>
<td>Daily</td>
<td>71</td>
</tr>
<tr>
<td>themselves</td>
<td>After 2 days</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>82 respondents who inject drugs</strong></td>
</tr>
</tbody>
</table>
71 participants acknowledged that they do inject daily and if they do not have money to purchase the injections and they felt jealousy if the other group injected even once or twice per day. This then pushed them to look for part time jobs in order to get resources for injection purposes. Group 5 also says because they do not work or do not involved in part time jobs as a group they would get drugs after 2 days per week if resources permit, thus, it has pushed them in deviant behavior like selling items from their homes or steal items to sell in order for them to be injected. 71 participants noted that they are injected drugs daily and 11 of them reported that they injected after 2 days due to finances. Drugs which the participants used for injecting were listed as Crystal Meth (mutoriro/ guka) and diazepam. FGD number 2 stated that these drugs for injecting use must not be mixed with other drugs as they cause illness to human beings and there is need to use normal saline and ringers' lactate when doing the process. Hence, there is need to educate people who inject drugs as well as those who sell and inject them on the effects of mixing substances or polydrug use.

Participants stated that they struggle with sleep after using drugs that is, they affect their social functioning as members in families and communities resulting in neglecting their responsibilities. The sources of their paraphernalia were stated by participants as pharmacies and bases where they access the required equipment such as needles that they use to inject drugs. FDGs 3 said that, "We do purchase them including the process for 5 USD per session or more and each individual is given her or his syringe or needle whilst sealed and then injected. The person injecting drugs then rendered the equipment to the one injected in order for her or him to dispose it or keep it. The group stated that they dispose that equipment in bins."

The FGD 4 said that they can use one syringe for the whole group but making sure that there is no blood in the syringe.

Group 5 which had some participants who have stopped injecting drugs stated that they used to inject when they were in South Africa. One syringe was used for the whole group, and it was used to inject drugs then rendered to the first person until
the syringe is full of blood and then to the entire group. The group explained how the process was done based on their experiences with key informants stating that the bases provided them with equipment. There are some who are using one syringe for the entire group, however, some of them feared to expose the information to the researcher. There is need to educate and to respond to drug use disorders challenges.

**Distribution of Challenges Faced by people who inject drugs (PWID) in Mbare**

![Bar chart showing frequency distribution of challenges faced by PWID in Mbare](image)

- **Legal Trouble**: 49%
- **Homelessness**: 24%
- **Health Services**: 12%
- **Spiritual Attacks**: 5%
- **Mental Issues**: 91%
- **Robbed by others**: 15%
- **Social issues at home**: 95%

Frequency distribution of challenges faced by people who inject drugs in Mbare

The results showed that 49% faced legal challenges as they are hounded by legal officers such as police officers for being sued or bribed. One of the participants from FGD 4 stated that he was in trouble with the police officers since he stabbed his wife three times with a screwdriver. Another FGD highlighted that they also faced hurdles with the officers when they opted to then sell drugs since that was their only means of living. Almost all the FGDs reported that the legal services were in contact with them. They also stated that when under the influence of drugs, they would attack any person even police officers due to hallucinations they have. One stated that,
“...when we are listening to the song of the late Souljah Love, (a singer) which is called Tsomu tsomu with word Kutsoma we then see any individual as if he or she is saying evil upon us then we can attack him or her. That song reminds us about kunyeyewa (gossip) or kudhakwa (being drunk) therefore, it gives us power to do wrong to that person.”

The results stated that 24% are homelessness due to the eviction where they stayed, and some are staying in bases where females were reported to be at risk of sexual abuse. FGD 2 comments that females tend to be active at night as they do not sleep fearing to be sexually abused by males in bases. Key informants cemented that people who inject drugs in Mbare tend not to sleep during the night because the drugs make them active during the night resulting in them sleeping during the day. Thus, most of them are prone to different diseases due to lack of sleep and use of drugs. Some opted to live as a group as they would be homelessness, thus they would be staying on the streets or Mbare rank.

12% of the participants acknowledged that they faced challenges in accessing health services due to the discrimination and stigmatization from health workers despite health being the main service they need most due to drug use disorders. These are the ones who reportedly that they do often visit the clinics and hospitals when fall sick or in dire need of health services. The FGDs stated that as people who use drugs in general, health services are a challenge for them, and they are shunned resulting them choosing not to visit health settings. Those who visited the health settings they also stated that they are treated under the mental health department. Health is key to all but some of them do not seek it or know their HIV and STI statuses. They stated that they do not need to know their statuses because they might be stressed as they are running away from things that stress them. Few of them know their health status and they are in groups who are using one syringe per person and those who share syringes are the ones who fear visiting health centers to confirm their health status. There is need to educate them and introduce
compulsory testing programmes for health illnesses prone to people who use drugs. It should be implemented as soon as possible to save lives of people who use drugs, their partners, children and others.

The study revealed that 5% of the participants believed to have faced spiritual attacks from unknown issues which they reported may have been due to tattoos they have and symbols they have in their rooms. Thus, they think that's where the evil spirits are manifesting. The church and other systems which offer spiritual services should also come into play in assisting people who use drugs. They need spiritual guidance since most of the activities they do, they do without guidance, thus spirituality brings about a sense of purpose which they have lacked thus far.

The study showed that 91% of the respondents have mental health challenges ranging from loss of memory, drug induced psychosis which presents itself as hallucinations which lead them into attacking people unwarrantedly. Due to these problems, they are facing as people who inject drugs, they are also deprived for mental health services, hence there is need for awareness to be done to address their challenges. Key informants cemented that they need help with mental health services in Mbare community especially which can be targeted to every household because of rife drug use in Mbare. They further described it as a cancer which is eroding the human resource of future tomorrow as there is the worrisome issue of recruiting others to join even though they are few who are joining (injecting drugs) as well as deaths amongst those who use drugs.

The results showed that the respondents, 15% of them were complaining that they are being robbed by those who are taking advantage of them being under the influence of drugs and their forgetfulness. Such services of protection must be offered by police officers and community itself, however, because all who use drugs are deemed as a threat to the community, they are left to protect themselves.

The research revealed that 95% of the participants have problems at home and struggle socially within their circles due to issues such as stigmatization, eviction by their relatives and landlords, staying in squalid rooms, loss of respect and
responsibilities they are in from the systems, and their children being expelled from school due to late school fees payment. Several participants from FGDs and key informants stated that they are absent fathers at home result in their children not being able to form attachments with them and their wives are deprived of congeal rights since they would be away from their homes most of the time. These are some of the challenges they face due to the criminalization and stigmatization of people who use drugs. There is a need to view and consider them as human beings with personal differences and who are failing to copy in society, who needs care, support, rehabilitation then it will be easier for them to be oriented back in the normal functioning society.

**Distribution of Health Status among PWID in Mbare**

![Distribution of Health Status among PWID in Mbare](image)

Frequency distribution of Health Status among people who inject drugs in Mbare
Analysis made in terms of the results above showed that 49% of the participants who are injecting drugs seek health services due to several reasons and this percentage is the same as those who know their HIV status. From FGDs 3 participants stated that they do go to health institutions when taking ART, when their wives are being screened for HIV when pregnant, when they fall sick only. 73% stated that they do not seek health services and do not know their HIV status because they fear to know their HIV status and other diseases, fear discrimination again, they go to Apostolic Sect churches when fall sick and others they just ignore to know their health conditions. From the study, 90%, reported that they have health problems related to drug injection since the reception of their activities. One of the participants from the FGD held in Mbare National stated that he had 4 operations due to drug use since 2016. The health problems manifested physically but they do not respond by going to health settings to be treated.

The participants stated that health challenges they face after injecting drugs varies from loss of memory, forgetfulness even when they do part-time jobs they forget to claim their money, operations, loss of appetite, hallucinate, and others. These health conditions affect them daily as they affect their social and mental functioning. Some of them they have quitted taking ART and other medication.

**Recommendations**

- Include people who use drugs in all solutions using “By, with and for Them” approach to take note and address their challenges
- There is need for awareness campaigns on one needle and syringe per person programs, substance use disorders, treatment, HIV testing and counseling services in hotspots, ART therapy initiation, IEC for people who inject drugs, prevention, and treatment of other diseases
- Establish rehabilitation institutions in every district, provinces, and in hotspots areas such as Harare,
- Addressing the causes or factors influencing drug use such as unemployment, poverty, stress, and others which in turn they need
vocational and technical skills. Besides these issues they need supportive

counseling for reform to be concrete,

- There is need for the entire system to work towards their rehabilitation and
  social functioning for their betterment which should involve the economic,
  social, political, religion and cultural issues. The spiritual being should be
  involved in order to establish purpose which would help them in recovery,

- The Government of Zimbabwe in conjunction with networks and
  communities involved in drug use should be working together as one to
  support people who use and inject drugs to put in place supporting systems
  for the provision of harm reduction services,

- The Government through the Ministry of Health and Child Care should set
  up, build, and decentralize Mental Health Services even in Communities and
  to train other workers toward the “MH GAP” that is mental health GAP,

- There is need to rehabilitate and offer vocational and technical skills to
  those who are supplying, selling drugs in all places such as Mbare, Highfield
  and others. They also need rehabilitation services to happen to them
  because if left behind they continue to recruit others,

- There is need to address drug use as a crisis as it affects the nation, future
  human resource system and all ministries to be involved such as Health,
  Education, Youth, Gender, Justice, and others for the betterment of the
  people who use drugs, communities and families affected,

- Farms meant for hospitals such as Parirenyatwa and Harare Hospital can
  be used for rehabilitation facilities and for skills training them.
Conclusion

The study revealed that the prevalence of drug injection in Mbare was not that high as compared with those who are inhaling drugs. There is need for the provision of harm reduction services to treat people who use drugs against opportunistic infections.

There is no evidence that PWUD have access to treatment services. Information on the relationship between HIV/AIDS and drug use is scant as most drug users are not tested. Drugs which are being used by people who inject drugs are crystal meth which is called Guka or Mutoriro mixed other drugs such as diazepam. There is need for a prolonged multi-sectoral approach to assist PWUID and to have concrete solutions which enable them to receive adequate help and support. Hence, the government and NGOs need to have solutions towards management approach rehabilitation and skills training for them and to include those who sell and supply drugs. The government should view drug use as a crisis; hence, it needs risk disaster
References


