

ATLAS of Substance Use Disorders

Resources for the Prevention and Treatment of Substance Use Disorders (SUD)

Country Profile: ZIMBABWE

DEMOGRAPHY		
Total population ¹ ('000s)	Year 2006	13'228
Annual population growth rate ¹ (%)	Year 1996-2006	1.0
Population living in urban areas ¹ (%)	Year 2006	36
Life expectancy at birth ¹ (years)		
<i>Female</i>	Year 2006	43
<i>Male</i>	Year 2006	44
Adult literacy rate ² (% aged 15 and above)	Year 1995-2005	89.4
Human Development Index ^{2a} (HDI)	Year 2005	0.513
GDP per capita ² (PPP US\$)	Year 2005	2'038
Gini Index ^{2b}	Year 2007	50.1

SUBSTANCE USE EPIDEMIOLOGY		
National epidemiological data collection system		
<i>Alcohol</i>		No
<i>Drugs</i>		No
Prevalence estimates for alcohol use disorders ³ (12-month prevalence, %)		
<i>Female (15+ years)</i>	Year 2004	0.28
<i>Male (15+years)</i>	Year 2004	2.62
Prevalence estimates for drug use disorders ³ (12-month prevalence, %)		
<i>Female (15+ years)</i>	Year 2004	0.03
<i>Male (15+years)</i>	Year 2004	0.08
Injecting drug users ⁴ (per 100'000 inhabitants)	Year 2007	0

According to national treatment data, there were in total 277 persons in treatment for alcohol use disorders and 144 persons in treatment for drug use disorders in Zimbabwe in 2007 (Patients Records and Registers, Zimbabwean Council for Alcohol and Drug Abuse).

INJECTING DRUG USERS: HEALTH PROBLEMS	
HIV/Aids ⁵ (%); estimated % of IDU who are HIV Ab +ve	-
Hepatitis B (%); estimated % of IDU who are hepatitis B SAg +ve	-
Hepatitis C (%); estimated % of IDU who are hepatitis C Ab +ve	-
Tuberculosis (%); estimated % of IDU who have had active TB in the last 12 months	-

SUBSTANCE ABUSE POLICY AND LAW	
Substance abuse policy	<u>No</u> , but there is a draft policy for alcohol and drugs together
Availability of special legislative provision:	
<i>Treatment and rehabilitation for people with SUD</i>	No
<i>Compulsory treatment for people with SUD</i>	No
Presence of drug courts in the country	No
Availability of programmes which divert clients away from criminal justice system towards treatment	<u>Yes</u> , for alcohol and drug use disorders

TREATMENT SERVICES	
A. ADMINISTRATION AND FINANCING	
Government unit responsible for treatment services for SUD	<u>No</u> , but for mental health which includes SUD
Budget line in annual budget of government for SUD treatment services	<u>Yes</u> , for mental health, alcohol and drug use disorders together
Most important financing method for treatment services:	
<i>Alcohol</i>	Tax-based funding
<i>Drugs</i>	Tax-based funding
B. SECTORS AND SETTINGS	
Of those receiving treatment for alcohol use disorders, the percentage (%) treated in ⁵ :	
<i>Public sector</i>	~60
<i>Private sector</i>	~20
<i>Joint public-private sector venture</i>	~10
<i>NGOs</i>	~10
Of those receiving treatment for drug use disorders, the percentage (%) treated in ⁵ :	
<i>Public sector</i>	~50
<i>Private sector</i>	~30
<i>Joint public-private sector venture</i>	~10
<i>NGOs</i>	~10
Most commonly used treatment setting for:	
<i>People with alcohol use disorders</i>	Mental health service
<i>People with drug use disorders</i>	Mental health service
C. AVAILABILITY, COVERAGE AND CAPACITY	
Availability of treatment services (Yes/No) and estimated coverage* (%) of population:	
Alcohol use disorders	
<i>Inpatient medical detoxification</i>	Yes 10-50
<i>Outpatient medical detoxification</i>	Yes 10-50
<i>Long-term residential rehabilitation</i>	No -
Drug use disorders	
<i>Inpatient medical detoxification</i>	Yes 10-50
<i>Outpatient medical detoxification</i>	Yes 10-50
<i>Outpatient abstinence oriented treatment</i>	Yes 10-50
<i>Substitution maintenance therapy of opioid dependence</i>	No -
Specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS	Yes
Number of outpatient treatment slots for alcohol and drug use disorders (per week)	-
Total number of beds for alcohol and drug use disorders (most recent year available)	1'100
Waiting period to receive outpatient opioid substitution treatment	-
Implementation of screening/brief intervention in primary care	
<i>Alcohol</i>	<u>Yes</u> , but rarely
<i>Drugs</i>	<u>Yes</u> , but rarely
Presence of essential list of therapeutic drugs	Yes
D. TREATMENT SYSTEM ORGANIZATION	
Integrated with mental health care	Treatment for both alcohol and drug use disorders

PHARMACOTHERAPY OF SUBSTANCE USE DISORDERS	
Pharmacotherapy used for treatment of opioid dependence for detoxification	-
Pharmacotherapy used for treatment of opioid dependence for maintenance	-
Pharmacotherapy used for treatment of alcohol withdrawal	- Benzodiazepines (diazepam) - Chlorpromazine

OPIOID AGONIST TREATMENT: THERAPEUTIC DRUGS & SETTINGS	
Availability of agonist pharmacotherapy (Yes/No) and purpose of treatment (maintenance or detoxification)	
<i>Methadone</i>	No -
<i>Buprenorphine</i>	No -
Formulation of Methadone used	-
Average daily dose (mg) for maintenance	
<i>Methadone</i>	-
<i>Buprenorphine</i>	-
Settings involved in provision of Methadone	-
Settings involved in provision of Buprenorphine	-
Number of supervised doses per week	
<i>Methadone</i>	-
<i>Buprenorphine</i>	-
Cost per milligram of Methadone in pharmacies	-
Cost per 2 mg tablet of Buprenorphine in pharmacies	-
Number of treatment slots for opioid agonist maintenance treatment (per day)	
<i>Methadone</i>	-
<i>Buprenorphine</i>	-

HUMAN RESOURCES	
Three most important health professionals for treatment of persons with:	
<i>Alcohol use disorders</i>	- General Practitioners - Psychiatrists - (Psychiatric) Nurses
<i>Drug use disorders</i>	- Psychiatrists - General Practitioners - Psychologists
NGOs in the country focusing on:	
<i>Alcohol</i>	Yes
<i>Drugs</i>	Yes

PREVENTION AND HARM REDUCTION	
Government unit responsible for the prevention of SUD	<u>No</u> , but for mental health which includes SUD
Budget line in annual budget of government for prevention of SUD	<u>Yes</u> , for mental health, alcohol and drug use disorders together
Most important financing method for prevention services of SUD	State Government
Availability of prevention services (Yes/No) and estimated coverage* (%) of population	
<i>Mass media (audiovisual)</i>	Yes 50-74
<i>Mass media (print)</i>	Yes 50-74
<i>School-based programmes</i>	Yes 50-74
<i>Community-based programmes</i>	Yes 50-74
Availability of harm reduction programmes	
<i>Needle exchange programmes (community-based)</i>	No
<i>Needle exchange programmes (in prisons)</i>	No
<i>Supervised injection facilities</i>	No
<i>Outreach services for injecting drug users</i>	No
<i>Naloxone distribution</i>	No
<i>Bleach distribution (community-based)</i>	No
<i>Bleach distribution (in prisons)</i>	No

Note:

This country profile compiles information from the WHO ATLAS survey on resources for the treatment and prevention of substance use disorders, and from other sources of data. If not otherwise indicated, data refer to the year 2008.

Footnotes:

1 Data from World Health Statistics, 2008.

2 Data from UNDP Human Development Report, 2007/2008.

2a Human Development Index (HDI): Index combining measures of life expectancy, literacy, educational attainment, and GDP per capita. A HDI below 0.5 represents "low development", a HDI of 0.8 or more represents "high development".

2b Gini index: Inequality measure of wealth distribution. A value of 0 corresponds to perfect equality, a value of 100 to perfect inequality.

3 Global Burden of Disease (GBD) estimate, 2004.

4 Use of a drug by injection may be intravenous, intramuscular or subcutaneous. Reference: Patients Records and Registers, Zimbabwean Council for Alcohol and Drug Abuse.

5 Data based on expert assessment.

* Response involves expert assessment.