

## Size estimation of People Who Inject Drugs (PWID) and service mapping

in Kabwe, Kitwe and Solwezi

**MAINline**



**UNODC**

United Nations Office on Drugs and Crime



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### Problem statement

- Current literature shows that the global HIV prevalence among PWID is relatively high (up to 22 times higher risk of contracting HIV than the general population);
- Solid data on population size of PWID is lacking;
- There is no overview of services for PWID in Zambia;

### Research objective

1. to estimate the size of the population of people who inject drugs (PWID) in Kabwe, Kitwe and Solwezi
2. to map drug treatment services, including harm reduction services, in these cities.
3. Method

### Size Estimate

To estimate the size of the community of PWID, data collection teams visited identified PWID hotspots to:

- count PWID using the Census Method
- create estimates of the number of PWID through Wisdom of the Crowd.

### Service mapping

To identify services for PWID

- 3 key informant meetings were organised with local key informants on national and district level (DEC, PACA, DACA, police, KP, PHO, MoH, NGOs, private organisations) to identify relevant service providers.
- During field work Wisdom of the Crowd was used to ask PWID which services they use.
- Identified service providers filled in the “WHO/UNODC Substance use disorder treatment facility survey” to share data on their service provision.

### Results size estimation

Based on the two methods, the total estimated number of PWIDs in the three districts **ranges around 846 - 907.**

#### Census method

The estimated number of **PWIDs in the three districts after applying correction factors is 907.**

Table Census method including correction

District	Counted	Total after correction
Solwezi	117	175
Kitwe	215	378
Kabwe	264	354
<b>Total</b>	<b>596</b>	<b>907</b>

By using Wisdom of the Crowd the counted numbers are triangulated.

### Wisdom of the crowd

Additionally, recruited gate keepers were asked about their estimation of the total number of PWIDS in the hotspots located in the three districts.

Based on Wisdom of the Crowd the estimated number of **PWIDs in the three districts is 846.**

District	Corrected census	WC estimate
Solwezi	175	165
Kitwe	378	356
Kabwe	354	325
<b>Total</b>	<b>907</b>	<b>846</b>

### Results service mapping

The key informant meetings confirmed that there is no strategy on harm reduction and there are only minimal harm reduction services available in Kabwe, Kitwe and Solwezi. On a small scale there is outreach, counselling and condom distribution.

However, in other districts such as Lusaka there are service providers targeting PWID.

See annex I for an overview of service mapping outcomes.

### Conclusion

a) Based on the two methods, the total estimated number of PWIDs in the three districts ranges around 846 and 907.

b) Although there are general health services and HIV services available, harm reduction services targeting PWID are not available in the three districts surveyed, besides (primary) prevention counselling and basic outreach by local NGO's.

c) There are enough organisations and services present in the three cities (and in Lusaka) to use as a base to establish harm reduction services.

### Recommendations

This study indicates that there are almost no facilities offering harm reduction services in Zambia, despite a significant group of people who inject drugs and are at high risk to contract HIV. The introduction of Harm reduction interventions that target PWUD is and should be considered by Zambia's Ministry of Health. Essential health services can include drop in centres, NSP, OAT, overdose prevention, TB, Hepatitis and HIV screening and treatment, support groups, mental support, IEC material and SRHR services (see service guidelines).

A comprehensive IBBS can be useful to further support targeted HIV interventions for PWID. This will be key to building on this study to establish the prevalence, biological and behavioural dynamics among PWID across the country.

Governmental organisations such as NAC, PACA, Ministry of Health, Ministry of Home Affairs (DEC and Zambia Police), private clinics such as Silver Lining Health Care, NGO's and community organisations such as Decisive Minds, SHarpz, and Key Population Representatives should be engaged when designing harm reduction services and advocacy strategies.

Clear coordination from national level to ground level needs to be organized. A clear role division should be determined to direct which activities (advocacy/service delivery and including registration and quality control of providers) are implemented by whom.

When harm reduction services are established, hotspot locations mapped out in this study should be taken into consideration. Services could be set up from new locations, but it is especially worthwhile to look into expanding and building upon existing health and KP services in the three cities (see guidelines). Such an approach considers the relatively low number of PWID and the future sustainability of services.

It is advised to invest in capacity building, from a human resource level to the level of infrastructure and funding mechanisms.

Organization	Legal status	Services on offer	Opportunity to expand	Remarks/bottlenecks
<b>DEC</b>	Government	<p>Drug treatment through individual counselling. The counselling is voluntary and consists of cognitive behavioural therapy (CBT). Besides a professional counsellor, there is optional referral to psychiatrist or psychologist. If necessary, DEC refers beneficiary for hiv test to Teaching Hospital.</p> <p>Community sensitization focused on prevention</p> <p>Drug tests to see what kind of drugs clients have been using.</p>	<p>During intake, DEC asks their beneficiaries to fill in a questionnaire with details about their drugs use. Obtaining data on hiv status, types of drugs used, ways of administering and needs regarding their health, form a first step for effective service delivery. The analysis of these characteristics can form the base for BBS research and for setting up possible harm reduction services.</p>	<p>DEC has preventive approach targeting mainly cannabis users. Expertise on harm reduction is not in-house and requires another approach. It is important to consider the privacy and perception of people who inject drugs towards the DEC, seeing their dual mission to both reduce supply and demand.</p> <p>Drug testing is usually not recommended within harm reduction, because it creates a higher threshold for people to access service.</p>
<b>Zambia police</b>	Government	<p>The Kitwe police introduced a tool in June 2021 to respond to offenses where drug use play a role. This tool resulted from a collaboration between the Victim Support Unit and the Department of Gender Based Violence and supports police officers to use the discretionary powers. With the tool, police officers can decide to refer people who use drugs to DEC for (health) counselling, instead of detaining people.</p>	<p>The referral could be expanded towards NGO's or health facilities with a more in-depth understanding of harm reduction.</p>	<p>Low availability of harm reduction services in Zambia, which makes referral a challenge.</p>

<p><b>Teaching-hospital and other medical facilities</b></p>	<p>Government and private</p>	<p>Teaching Hospital is a well known medical facility that is referred to when people who use drugs are in need of more urgent services than for example counseling.</p>	<p>Besides the Teaching Hospital there are multiple 'mini-hospitals' where people can get a hiv test. In Kitwe for example in Chimwemwe, Ndeke and Twoma</p>	<p>Medical facilities are obligated to share drug related issues with DEC. It is not sure for what reason and purpose this is registered. But it shows there is already a drug related referral in place that could be used to improve health of beneficiaries by taking a health approach instead of a law enforcement approach.</p>
<p><b>Hiv clinics</b></p>	<p>MoH</p>	<p>There are 56 hiv clinics in Kitwe, where people can get tested and treated.</p>	<p>As this is an existing structure with a major reach, it could be investigated whether some of these clinics could start offering additional harm reduction services.</p>	<p>The number of hiv clinics in Kabwe and Solwezi did not become clear during this study. Training and procurement of material is needed to set up additional services. Also sensitization of environment including community leaders and police will be needed.</p>
<p><b>Decisive Minds</b></p>	<p>NGO</p>	<p>There are private initiatives and NGO's offering counseling for people who use drugs. Some organizations (Decisive Minds) also do outreach and offer support groups, although during the online key informant meetings it was mentioned by DEC Kitwe that this was with low frequency.</p>	<p>NGO's with experience in targeting PWUD and PWID have valuable knowledge and network regarding PWUD. Services could be extended, such as distribution of IEC, syringes, condoms and hygiene kits. Outreach activities could furthermore be extended to other regions. Also the referral network could be strengthened through the outreachers.</p>	

**FHI 360  
-Open  
Doors  
Project**

International  
NGO

Project Open Doors has been doing outreach in Solwezi at lodges and hostels to educate people about HIV, distribute condom and to speak about (problematic) drug use.

Having an open mind towards key populations (among which people who use drugs) is crucial. Projects such as Open Doors have experience in outreach targeting vulnerable populations. Upon this mindset and experience activities could be set up to target PWID, while offering a broader package of harm reduction services through outreach.

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**Religious  
support**

Faith based

Church is sometimes involved in sensitization practices regarding prevention of high risk behaviour among which drug use.

**Pharmacies** Private

Pharmacies offer certain products that are useful for PWID such as needle and syringes, hygiene kits, condoms, medicine etc.

The products that are relevant for the health of PWID could be distributed by lower threshold facilities in their neighborhood. This could be hiv clinics, drop in centres or other facilities where PWID feel welcome.

Pharmacies can be experienced as high threshold for PWID regarding stigma from general population against people who use drugs. Also the financial cost of relevant products such as syringes, condoms or medication make them less accessible. To organize a new facility where PWID feel welcome could be costly too. Therefore it should be investigated which current services could be adjusted for better access for PWID.

<b>Silver Lining Health Care</b>	Private	They supply Tramadol to people who use heroin who want to detox). Also has access to naloxone (registered in Zambia and available) and supplies it for overdose prevention, also in take home dose. They train staff on using naloxone for overdose management. Also there is psychosocial support available.	SLHC could play a consulting role in setting up OAT. Registering methadone and buprenorphine would be a first step. Naloxone can be an important way to reduce (fatal) overdose among people who use heroin in Zambia. Lessons can be learned from their experience with psychosocial support with PWUD.	Methadone is not registered nor available within Zambia. Methadone distribution needs a medical infrastructure. Naltrexone is available but due to the high costs this medication, used to facilitate detoxification, was not accessible for people who use drugs. Silver Lining Healthcare recommends investigating the possibility of using Tramadol as a substitute, because it is already available, and easier to work with logistically seen. Also buprenorphine would be good to consider for OAT.
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<b>PHO solwezi</b>	MoH	Offers general health services for the public. PHO has human resources such as a psychiatrist, community health workers, pharmacists, and nurses. They also offer detoxification services, pharmacy, hepatitis and HIV testing and treatment, and condoms and lubricants distribution.	These services could be used a base for working towards setting up additional harm reduction services (see guidelines). In any case, it could be a good referral partner.	Training and procurement of material is needed to set up additional services. Also sensitization of environment including community leaders and police will be needed.
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<b>JSI Discover Health (Solwezi)</b>	NGO	JSI offers integrated service provision, with a focus on on-site HIV treatment.	As they have a large amount of community health workers (104) and to a lower extent medical staff (14) this NGO might be a good referral option.	It is not clear whether community health workers might be suitable to do also harm reduction outreach work.
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