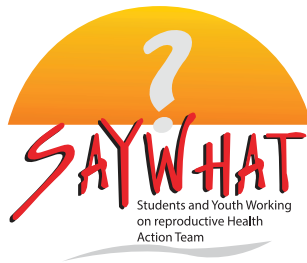




BREAKING THE CYCLE:

Overcoming Drug And Substance
Abuse Among Young People In
Zimbabwe

**BREAKING THE CYCLE: OVERCOMING DRUG AND
SUBSTANCE ABUSE AMONG YOUNG PEOPLE IN
ZIMBABWE**



Breaking the Cycle: Overcoming drug and substance abuse among young people in Zimbabwe

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Introduction: Breaking the Cycle

Rodney Sibanda, Vita Hwenjere, and Jimmy Wilford

SAYWHAT

Drug and substance abuse is a critical issue, yet a complex problem that requires a comprehensive and multi-faceted approach to prevention, treatment and support. Drug abuse among young people in Zimbabwe has reached crisis level. In response to this, SAYWHAT felt it prudent to recruit a dedicated cohort of students under the Young Researchers' Initiative Program (YRIP) to collaborate and bring together diverse voices, and ideas to address this vice of drug and substance abuse.

This book engages the voices of eight young and emerging researchers to delve into various facets of substance abuse among youths in Zimbabwe, exploring the prevalence, contributing factors, and potential interventions to mitigate this growing crisis. It is important to have young voices in discussions surrounding substance abuse for several reasons. Involving young voices, ensures that interventions and prevention strategies are more targeted and effective, as they are more likely to resonate with the youth population.

Substance use disorders (SUDs) among youths are a pervasive and pressing public health concern, globally. In Zimbabwe reports of substance use paint a concerning picture of escalating prevalence of use, with over half of people admitted to inpatient mental health units reportedly experiencing a substance induced disorder (Marandure et al., 2022). The country has gone through decades of significant political and socio-economic challenges, which are undoubtedly linked to the observed increases in substances use. Idleness, increased access to illicit substances, low community awareness, and lack of social workers contribute to drug and illicit substance use among adolescents and youths in Zimbabwe (Dzinamarira et al., 2023). Effective responses to youth drug and substance abuse in Zimbabwe require a multi-stakeholder approach, including youth, their representative organizations, families, communities, civil society organizations, and government (Banda, 2023).

Most importantly, however, is to include youth in both processes of understanding the problem and designing and implementation of interventions. Young people are aware of how much of a national pandemic, drug and substance abuse is. The first study reviewed in this book, conducted by Chirinda Martin, focuses on the prevalence of relapse among youths with SUDs at Parirenyatwa Psychiatric Hospital in Harare. The study reveals a startling relapse rate of 63.5% among youths, highlighting critical risk factors such as single-parent family structures, short hospital stays, polydrug use, peer pressure, and easy access to substances. This

research underscores the urgent need for comprehensive national-level investigations and tailored interventions to address these high relapse rates effectively.

Tapwiwanashe Hadzizi's study at Mount Hampden Vocational Training Centre in Harare examines youth-led initiatives against Drug and Substance Abuse (DSA). The qualitative exploratory inquiry illustrates the pivotal role of peer support and institutional structures like guidance and counselling departments in combating DSA, amidst challenges like peer pressure, social comparison, and economic hardships.

Through the unique perspectives and insights shared by these young researchers, this book offers a fresh and dynamic approach to understanding the complexities of drug and substance abuse among youths in Zimbabwe. It shows how localised this national problem of drug and substance abuse is. Maupa Davies T's qualitative research provides a localized perspective on the causes and effects of drug abuse among male youths in Kwekwe's Mbizo 15. Factors such as idleness, social media influence, and socio-economic conditions contribute to substance use, leading to detrimental outcomes like increased crime and mental health issues. The study advocates for community-based interventions, including recreational facilities, employment opportunities, and awareness campaigns. Similarly, at the Harare Institute of Technology, Dube Ntombiyolwandle's investigation into the production and distribution patterns of drugs underscores the ease of access and peer sharing as significant enablers of substance use. These findings stress the necessity for multifaceted interventions, ranging from educational initiatives to stringent regulatory measures to curb drug availability on campuses.

The book advocates for a holistic approach that incorporates prevention, intervention, and policy reforms to address the underlying causes and mitigate the devastating impact of substance use disorders on Zimbabwean youths. Tadiwanashe Nyamukuvhengu's research identifies key risk factors, including gender, academic performance, peer influence, and substance accessibility in universities. Albeit, with a focus on University of Zimbabwe. Oswell Meso's research emphasizes the importance of addressing the root causes of drug and substance abuse through community engagement and targeted support programs. Similarly, Muntanga calls for sustainable, locally relevant solutions, including awareness campaigns, educational interventions, and robust policy enforcement, to tackle the issue within resource-constrained settings.

This collaborative effort aims to not only raise awareness but also inspire meaningful action towards addressing this pressing issue. SAYWHAT has the ambition to contribute towards the wellbeing of young people. This project involving young people in research enhances research uptake and facilitates the

translation of knowledge into actionable strategies by ensuring that interventions are relevant, engaging, and effectively address the evolving needs and perspectives of the youth population.

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Prevalence of relapse among youths with substance use disorders at
Parienyatwa Annex Hospital: A records review study

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University of Zimbabwe

Abstract

Despite substance use remaining a burden in Zimbabwe, there is limited understanding of relapse among individuals with substance use disorders. Relapse to substance use following successful detoxification and rehabilitation is a serious global public health concern. The objective of this study was to examine the prevalence of relapse and the factors associated with it among youths at Parienyatwa Psychiatric Hospital in Harare, Zimbabwe. Retrospective, records review survey was conducted among 241 patients with substance use disorders at Parienyatwa Annex Hospital. Multiple logistic regression models using R software version 4.1.1 were used to determine the factors associated with relapse among the youth patients with substance use disorders. The findings showed a higher prevalence of relapse among youth patients with substance use disorders (63.5%). The multivariate analyses indicated that belonging to a single-parent family, limited duration of hospitalization (typically between one and two months), engaging in the use of multiple substances (two to three), succumbing to peer pressure, and having easy access to drugs were risk factors contributing towards relapse. The study recommends additional research at the national level to investigate the prevalence of relapse and factors related to substance use disorders.

Keywords: DSA, Relapse, Substance Abuse Treatment, Youths, Substance Use Disorders, Zimbabwe

Introduction

Relapse refers to a condition whereby a person who was attempting to stop substance use starts using them again or their substance use behavior returns back to how it was prior treatment or resume abusing drugs after a period of soberness or the person faces setbacks in an effort to modify their behaviour (Rahman et al., 2016; Swanepoel et al., 2016).. Returning to substance use after successful treatment through detoxication and rehabilitation is a serious global public health disaster and it remains prevalent in developing countries than developed countries (Chetty, 2011; Hendershot et al., 2011).Recent studies have provided evidence that substance use after successful treatment and discharge from rehabilitation centers is a huge problem that needs effective preventive measures. These studies have found that over 50 % of individuals with drug-related mental disorders experienced a relapse after receiving treatment. Other studies have also documented high relapse rates following treatments, with figures ranging from 40% to 75% within a period of 3 weeks to 6 months (Chetty, 2011; Hasin et al., 2013; Hubbard et al., 2001; Maehira et al., 2013; Sapkota et al., 2016). This highlights the ongoing challenge of maintaining abstinence and the need for comprehensive and long-term support for individuals recovering from substance use disorders.

Factors associated with relapse to substance abuse are classified into individual, socio-demographic, psychiatric, medical conditions, and socio-cultural, some of which are controllable (Degenhardt et al., 2018; Rollins et al., 2005; Vanderplasschen et al., 2010). (Prior research has found that factors such as young age at initiation, sex, unemployment, singular status, peer group influence, post-treatment incarceration, comorbid disorders, intense craving for drugs, family history of substance use, conflict and poor family support, as well as environmental factors like availability and accessibility of drugs, can contribute to relapse (Moradinazar et al., 2020; San et al., 2013; Sapkota et al., 2016; Swanepoel et al., 2016; Whiteford et al., 2013). Furthermore, other studies have found that area of residence and association with former friends influenced people with addiction to resume drug use(Fauzi et al., 2019; Hasin et al., 2013; Whiteford et al., 2013). It was also documented that individuals residing in drug-free social environment had higher rates of abstinence and lower rates of relapse to substance abuse (Maehira et al., 2013; Mohammadpoorasl et al., 2012; San et al., 2013). Multiple factors such as post-treatment incarceration, mental or other comorbid disorders, craving for drugs were reportedly associated with relapse (Hubbard et al., 2001; Moradinazar et al., 2020). Understanding and addressing these factors is crucial in designing effective prevention and treatment strategies.

The Zimbabwean Ministry of Health and Child Care has made significant efforts in improving the mental health system within the country. This progress has been achieved through the decentralization of mental health institutions, and provision of human and logistical resources to strengthen these facilities (Mangezi & Chibanda, 2010). Individuals who develop substance abuse-related mental illnesses are admitted to these mental health institutions where they undergo detoxification programs, receive medical care and participate in rehabilitation programs like cognitive behavioural therapy, family counselling if needed, and occupational therapy (Nhunzvi et al., 2019). According to Chitungwiza Central Hospital report in 2016, 60% of its mental patients were youth individuals aged between 15 and 24 years old. Similarly in 2019, youths accounted for 45% of all admitted patients in mental health institutions throughout the country. Of particular concern is the fact that, 60% of all inpatients in 2019 who were being treated for substance abuse were secondary cases or relapses (ZCLDN, 2019). This indicates not only that there is a high prevalence of substance abuse among young people, but also a concerning rate of relapse and recurrent substance misuse among those who have received treatment.

There is dearth of literature on relapse and the underlying factors contributing to relapse among youth people with substance use disorders in Zimbabwe. This lack of knowledge and understanding has resulted in ineffective relapse prevention strategies in various rehabilitation centres. Upon recognizing the notably high prevalence of substance abuse disorders among young individuals and most people treated in these centres are often the same due to relapse, we decided to undertake this study to highlight the prevalence and underlying reasons of relapse. Relapse has health, social and economic burdens. Failure to attend to the problem may affect society in many ways, chief among them being lack of productivity, which inadvertently affect the growth and development of the nation. This study set out to establish the prevalence and identify factors associated with relapse cases among youth patients with substance use disorders at Parirenyatwa Psychiatric Hospital.

Methods

The study was conducted at Parirenyatwa Psychiatric Centre (Annex Hospital) in Harare, Zimbabwe. Annex Hospital is a branch of the Parirenyatwa Group of Hospitals and serves as a rehabilitation centre for patients with substance abuse disorders. It offers various treatments and psychosocial interventions for substance abuse and comorbid psychiatric conditions. Other similar, facilities in Zimbabwe include Ruwa Rehab, Chitungwiza Rehab and Sally Mugabe Rehab.

Study participants included young inpatients admitted due to substance use disorders at Parirenyatwa Annex Hospital between March 31, 2020, and December 31, 2022, as documented in patient registers and medical files during that period. Patients who were not hospitalized, outpatients, and incomplete patient files were excluded, as well as individuals who did not meet the youth criteria (aged 15 to 35) (Commission, 2006). The specified period was chosen considering the unique circumstances of the COVID-19 era, where both substance abuse and mental health issues increased significantly. A total of 241 medical patient files identified from the registers met the specified criteria.

Variables of the study

Outcome Variable

The outcome variable for this study was relapse among young patients with substance abuse disorders. This variable was binary; the relapse case was the patient who received treatment prior, rehabilitated for substance abuse disorders and discharged but after a certain period; the same patient returns for readmission of the same diagnosis. To identify cases of relapse, we examined the medical records and identified the relapse were mentioned. For this purpose of this study in this study, relapse was categorized as either having occurred or not having occurred, creating a dichotomy in the analysis.

Explanatory variables

The independent variables for this study were gathered from medical records and registers. Socio-demographic variables encompassed age, sex, educational status, and marital status, place of residence, current employment status, residence and living conditions. Additionally, the research incorporated variables related to stressful influences, family related stressors, psychiatric illness and drug usage. Furthermore, the substance(s) in use, duration of treatment, number of relapses, medical conditions and medications and the type of medical condition. All independent variables were selected for inclusion in this study based on their demonstrated association with relapse previous studies (Kabisa et al., 2021; Vandembroucke et al., 2007)).

Data collection

Data collection was performed by the first author who has experience with mining data from medical records. For data analysis R Software version 4.1.1 was used to perform descriptive and analytical analyses. To conduct a descriptive statistical analysis, we calculated the prevalence of relapse related to substance abuse

disorder. The characteristics of the participants were presented using frequencies and percentages. Both bivariate and multivariate logistic analysis techniques were employed to examine the association between explanatory variables and relapse. Explanatory variables that showed a significance level of $p < 0.05$ in bivariate analyses were included in the multivariate logistic regression model. This decision was made because the significance level of 5% was deemed sufficient to control for residual confounding in the final multivariable model. To determine the association between relapse and explanatory variables, odds ratio was calculated with 95% confidence intervals and a significance level of 5%.

Results

Prevalence and socio-demographic characteristics

Table 1. shows the description of the participants using the frequencies and percentage. Out of the 241 patients with substance abuse disorder, 45 (18.7%) were females and 196 (81.3%) were males. The mean age of the patients was 25 years with a standard deviation of 2.8 years. The majority of the patients 149 (61.8%) were between the ages of 15 and 24. In terms of marital status, the majority 188 (78%) were single. Regarding education, the majority of the patients 129 (53.5%) had passed through secondary education. In terms of occupation, the majority 114 (46.9%) had no occupation, while 64 (27%) were students. Regarding religious status, 95 (39.4%) of the participants identified as Christians, while the rest 146 (60.6%) the religion was not specified. Patients living with both parents were 101 (41.9%), and patients living with mothers alone were 55 (22.8%). Additionally, approximately 204 (84.6%) of the participants resided in the city of Harare. In relation to the prevalence of relapse, the findings revealed that 153 (63.5%) of the participants experienced one or more relapses after their discharge from the treatment centre. Among those who relapsed, the majority (50.2%) did so one to two times.

Table 1 Prevalence and socio-demographic characteristics of participants (N = 241)

Characteristics	Frequencies (n=241)	Percentage
Relapse		
No	88	36.5
Yes	153	63.5
Number of relapses		
None	88	36.5

One/Two	121	50.2
Three and above	32	13.3
Participants' age		
15-24	149	61.8
25-35	92	38.2
Gender		
Male	45	18.7
Female	196	81.3
Marital Status		
Single	188	78
Married	12	5
Separated	41	17
Education		
Primary	21	8.7
Secondary	129	53.5
University	91	37.8
Occupation		
Unemployed	113	46.9
Employed	63	26.1
Student	64	27
Religion		
Christianity	95	39.4
Not specified	146	60.6
Residence		
Within Harare	204	84.6
Outside Harare	37	15.4
Family Setup		
Stay with both parents	101	41.9
Guardian(s)	74	30.7
Father alone	11	4.6
Mother alone	55	22.8

Description of factors influencing relapse in substance abuse disorders.

Table 2 describes the factors influencing relapse in substance abuse. The findings revealed that the majority 145 (95%) of the total study population were hospitalized for a duration of one to two months, while only a small proportion 8 (5%) were hospitalized for more than two months. In the records, a significant number of

individuals 104 (68%) reported using two to three substances, indicating poly-substance use. Peer group influence was found to be high, with 121 (79.1%) of participants reporting being influenced by their peers. Accessibility of substances was identified as a significant factor, with 80.3% of patients reporting being influenced by the availability of substances. Additionally, stressful situations were found to be another influential factor, with 76% of participants reporting that stress influenced their relapse in substance abuse disorder. The percentage of patients who were unemployed was 70.5%. A small proportion of patients with both substance use, and psychiatric illness was reported. Of these, 15.1% had at least one or more psychiatric illness such as bipolar mood disorder, psychosis, posttraumatic stress disorder (PTSD), or depression.

Table 2 Description of factors influencing relapse in substance use disorders (N = 153)

Variables	Frequency (n=153)	Percentage
Length of stay		
1-2 months	145	95
Above 2 months	8	5
Substance used.		
One substance	49	32
Multiple substance	104	68
Peer Influence		
Yes	121	79.1
No	32	20.9
Accessibility		
Yes	123	80.3
No	30	19.7
Stressful situations		
Yes	116	76
No	37	24
Inoccupation		
Yes	108	70.5
No	45	29.5
Psychiatric illness and substance use		
Yes		
No	24	15.7
	129	84.3

Risk factors of relapse among the person with substance use disorders.

Table 3 indicates multiple logistic regression models that illustrate variables related to the likelihood of relapse among the patients with substance abuse disorders. The model included all the variables that were statistically significant at 5 % or 1 % in the bivariate logistic regression. So, it includes parental status or family setup, hospitalization time, influences of peer groups, accessibility, number of substances used, occupation and influences of stress. According to the model results, peer group influence and unemployment were identified as the most significant factors contributing to relapse. The findings indicated that patients who were hospitalized for a duration of one to two months were 10.5 times more likely to experience relapse compared to those who had longer hospitalizations lasting more than two months [OR = 9.2, 95% CI (1.1–77.6), p = 0.02].

Furthermore, the findings revealed that patients who reported using two to three substances had an increased likelihood of relapse compared to those who used only one substance [OR = 1.5, 95% CI (1.3–8.9), p = 0.02]. Moreover, participants were found to have a higher risk of relapse if they lived with their peers [OR = 2.4, 95% CI (1.2–7.8), p = 0.01]. In addition, patients who specifically reported using methamphetamine had a significantly higher risk of relapse compared to those who used other substances [OR = 2.27, 95% CI (1.02–5.06), p = 0.046]. Moreover, the family status of the patients was found to be a significant predictor of relapse rates. Specifically, compared to individuals living in households with both parents, youths living in single-parent families had a higher likelihood of relapse in substance abuse during the study period [OR=2.77, 95% CI (1.24–6.21), p=0.013].

Table 3 Multivariate logistic regression analyses estimating the risk factors of relapse (N = 241).

Variable	Odds Ratio	95% Confidence Interval	P. value
Parental status			
All parents alive	Ref		
Guardian(s)	0.8	(0.4–1.5)	0.6
Father alone	1.5	(0.5–4.8)	0.3
Mother alone	1.9	(1.02–3.6)	0.04
Length of stay			
1 - 2 months	11.2	(1.1–105.5)	0.02
	Ref		

More than 2 months			
Substance used.			
One substance	Ref		
Multiple substance	1.5	(1.3–8.9)	0.02
Peer Influence			
Yes	2.4	(1.2–7.8)	0.01
No			
Stressful situations			
Yes	2.1	(1.05–9.7)	0.02
No	Ref		
Occupation			
No	0.09	(0.008–0.9)	0.04
Yes	Ref		
Accessibility			
Yes	2.1	(1.5–4.4)	0.01
No	Ref		

Discussion

This study investigated the prevalence and factors associated with relapse among young patients with Substance abuse disorders who were hospitalized at Parirenyatwa Annex Hospital. We found that the majority (61.8 %) of the participants was aged 15–24 years and 81.3 % were males. Different studies also documented that substance abuse disorder mostly occur among younger people, especially males, than older age people who can maintain abstinence (APA, 2015; Bhandari et al., 2015).

This study found that **63.5 %** of people relapse between **two weeks and three months** after treatment for substance use. This is consistent with previous studies that have shown the average time from abstinence to relapse varies from **4 to 32 days** for tobacco, cannabis, alcohol, and spirits (Adinoff et al., 2010; Bradizza et al., 2006; Hartney, 2020; Swanepoel et al., 2016) (

Furthermore, the study found that young individuals with a single parent were more susceptible to drug relapse during the study period than those living with both parents. Previous studies have identified parent-child attachment, monitoring, and parenting methods as crucial factors in preventing adolescents from drug abuse (Kabisa & al, 2021; You & al, 2020) (McLaughlin et al., 2016). Drug

addiction is a severe condition that even the strongest-willed individuals cannot overcome by themselves. Patients with substance abuse disorder depend on their parents to seek help for them, which contributes to their health improvement (Poudel & Gautam, 2017).

However, being a parent involves much more than just getting a child with substance abuse disorder to treatment. Research shows that when parents are absent or if there is a weak bond between a child, especially with the father, the child may become independent and not listen to their mother's instructions. This is particularly challenging for young people with substance abuse disorder as it can lead to relapse after treatment since they may not receive enough support and follow-up from their family. (Adinoff et al., 2010; Bradizza et al., 2017; Jayakrishnan & Kandasamy, 2018). Our research also found that living with both parents may have helped protect young people from further drug use. This could be because having both parents present tends to result in stronger bonds between parents and children, as well as more consistent discipline.

Our findings revealed that hospitalization time was also significantly associated to relapse, specifically those who were admitted for a period of one to two months had a higher risk compared to those who stayed in the hospital for more than two months. Many studies have shown that there is a direct relationship between longer hospital stays and higher rates of abstinence after treatment (Jayakrishnan & Kandasamy, 2018; McPherson et al., 2017).

The findings showed that patients who used multiple substances, typically two to three substances, were more prone to relapse compared to those who only used one substance. These results align with previous studies on the subject (Andersson et al., 2019; UNODC, 2018; Vanderplasschen et al., 2010). The results further indicate that patients who used methamphetamine (crystal meth) had higher rates of relapse. This finding is in line with a previous long-term follow up study conducted in Taiwan that examined the long-term outcomes of patients (Wang et al., 2018). The difference in relapse risk was associated with the pharmacological properties of methamphetamine.

Peer pressure was also found to have an association with relapse. The previous studies found that 50 % of former patients with substance abuse disorders were influenced by their old friends to resume drug-taking behaviour after being discharged from rehabilitation centres (Broome et al., 2002; Hasin et al., 2013). The same author also demonstrated that 76% of old friends actively assist rehabilitated individuals in obtaining drugs. This highlights how the social environment can a

barrier to behaviour change in patients after treatment. Negative peer influences have been observed to play a role in the initiation of substance use behaviour and the facilitation of relapse (Hartney, 2020; Sapkota, 2019).

The findings uncovered that several risk factors contribute to relapse following the treatment process. These risk factors include belonging to a single-parent family, limited duration of hospitalization (typically between one and two months), engaging in the use of multiple substances (two to three), succumbing to peer pressure, and having easy access to drugs. These findings align with previous studies that have identified peer pressure, easy access to drugs, lack of family and social acceptance, and challenges with social adjustment as major factors contributing to relapse following treatment (Adinoff et al., 2010; Degenhardt et al., 2018; Maehira et al., 2013; Rollins et al., 2005).

Conclusion

The occurrence of relapse following treatment for substance use disorder was found to be significant, with risk factors including family setup, psychological stress, peer influence, and socio-economic factors such as drug availability and accessibility and unemployment. This highlights the importance of not solely focusing on detoxification in substance use management, but also placing emphasis on longer-term follow-up to effectively prevent relapse. Parirenyatwa Hospital should consider including information on relapse in their annual reports as well as implement relapse prevention measures for patients following their discharge. There is also a need to evaluate the efficacy and implementation of current relapse prevention strategies as well as establish a comprehensive program for relapse prevention in order to decrease the high occurrence of relapse at the Hospital.

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Involvement of Trainees in fighting Drug and Substance Abuse (DSA) at Mount Hampden Vocational Training Centre, Harare.

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Abstract

Conflicting claims have been proffered in the public discourse concerning the drivers and youth involvement in the fight against Drug and Substance Abuse (DSA) in higher learning institutions in Zimbabwe. Due to peer pressure, social comparison, poverty, schoolwork load and Socio-cultural Collation/ Contrast among other factors have are cited in paper. In addition, in the context of embracing inclusive youth-led approaches in fight against Drug and Substance Abuse (DSA, at institutional level, Mount Hampden witnessed the setting up of mechanisms and structures such as the department of guidance and counselling Multi-Stakeholder Anti-Drug Abuse Youth Review Group trying its best to offer support to students. To this end, a qualitative exploratory inquiry was conducted in unpacking the aforementioned social issues.

Keywords: Drug and Substance Abuse (DSA), Trainees, Higher Learning Institutions, Drivers

Introduction

Drug and substance abuse is a global problem affecting mostly the younger generation (Kim et al., 2017). International borders have become increasingly porous, making accessibility to dangerous drugs widespread throughout the world (Anderson et al., 2020). Global forums such as the Interpol have responded to the drug abuse challenge by tirelessly working towards fighting drug movement across international borders. The World Health Organization has also responded to the issue of drug abuse by setting up international standards for drug abuse treatment and rehabilitation (WHO, 2019). It is worrisome to note that drug abuse cases remain on the increase globally despite all efforts to fight the problem by different states, and world organizations (Heikkilä et al., 2021).

According to the African Union Plan of Action on Drug Control and Crime Prevention, the problem of substance abuse is increasing in Africa (Union, 2013). In Zimbabwe, the prevalence of drug abuse continues to rise despite its known devastating effects (Duffy et al., 2017; Nhapi, 2019a). A sad revelation is that the age of engagement in drug abuse is getting down, to as young children as ten years of age abusing dangerous drugs, and substances (Mazuru, 2018). Historically, drug abuse among was rampant particularly among street children who often sniffed glue to get intoxicated (Makope, 2006). Mhizha (2010) identified alcohol, tobacco, *kachasu*, *maragadu*, and *mbanje* as commonly abused substances among street children. Despite the prevalence of substances like glue, there are emerging concerns about the introduction of more dangerous drugs such as broncleer, *musombodia*, and codeine into the country.

Approximately 43% youths were reported to engage in drug abuse in 2017, rising to 45% in 2018 and further increased to 57% in 2019 (Nhapi, 2019b). Drug abuse significantly affects the health of Zimbabwean youth, as evidenced by the fact that 45% of patients admitted to mental health institutions in Zimbabwe in 2019 were young people with substance abuse issues (Rwafa et al., 2019). Earlier on, in 2018, data from the Zimbabwe Civil Liberties Drugs Network (ZCLDN) as reported by Maraire and Mariamdarani (2020) showed that 57% of admissions to mental health institutions were due to drug abuse-related mental illnesses. Among these cases, a significant 80% involved young people.

Youth who engage in drug abuse encounter a myriad of challenges including dropping out of school, unemployment, financial problems, crime, legal consequences, and injuries (Pufall et al., 2017). The impact of drug abuse extends beyond the individual to devastate families and communities (Macheka & Masuku, 2019). Drug abuse often leads to strained relationships within families, marked by hostility, rebellion, and irrational anger (Mahiya, 2016), thereby disrupting productivity, harmony, and peace within the community (Jakaza & Nyoni, 2018). Drug abuse has become the leading cause of death, mental disorders,

unproductivity, and disintegrated families(Volkow, 2020). The physical and mental health problems resulting from substance abuse make it difficult for people to work and can negatively affect quality of life.

Poverty, low socioeconomic status, and an unsupportive environment pose significant risks to substance abuse among young adults in Zimbabwe(Nhunzvi, 2021). These risk factors are compounded by sociocultural views where substance abuse is associated with masculinity, enhanced sexual pleasure, and risky sexual behaviors, and is to some extent an accepted form of leisure for Zimbabwean men (Botes & Schenck, 2015). Given the contextual factors shaping engagement in substance abuse, recovery is complex and there are high rates of relapse among those seeking treatment (Luck & Beagan, 2015).

The prevalence of drug abuse among the youth in Zimbabwe has reached crisis levels, with the number of youths engaging in such behaviours increasing yearly. Despite the alarming scope of these issues, efforts to combat Drug and Substance Abuse (DSA) have often lacked targeted approaches aimed at specific demographic groups, neglecting the active participation of both affected individuals and stakeholders. It is in the interest of the study to establish how the Zimbabwean mental health system, its stakeholders, civic organizations, and the Zimbabwean general populace have responded to the issue of drug abuse by the youth. Therefore, this study aims to investigate the involvement of students/learners at Mount Hampden Vocational Training Centre, Harare, in combatting Drug and Substance Abuse (DSA). Specifically, it seeks to shed light on the voluntary initiatives undertaken by youth to proactively address the issue of DSA within their respective communities.

The study used the symbolic interactionism theory by George Hebert Mead was used as a theoretical basis to understand how students/learners at Mount Hampden Vocational Training Centre, Harare are being involved in fighting Drug and Substance Abuse (DSA). The theory states that people act on things on the basis of the meanings they attach to those things(Mead, 2012). The meanings of such things are derived through interaction with others. Thus, the experiences of drug taking are derived through interaction and acting on symbols. In this case the drugs are the symbols that youths derive meanings from.

Research Methodology

The study adopted qualitative research approach enabling the researcher to interact with research participants to gain insights into the involvement of students/learners at Mount Hampden Vocational Training Centre, Harare are being involvement in fighting Drug and Substance Abuse (DSA). Individual interviews were conducted with student leaders, the dean of students, and the

principal, who served as key informants for the study's data collection. Seven participants were selected using purposive sampling allowing the selection of individuals according to the specific needs of the study and facilitating data collection on the phenomena under study (Creswell, 2009). Thematic Content Analysis (TCA) was used to analyze the findings.

Findings

The involvement of trainees in fighting drug and substance abuse (DSA) at Mount Hampden Vocational Training Centre, Harare yielded mixed findings which were categorized into four thematic areas which include peer pressure, school work load, social comparison, poverty, guidance and counselling services and anti-drug abuse campaigns between the school and action stakeholders. Respondents included trainees from the department of Tourism and Engineering with a gender balance respectively.

Peer Pressure

The study established that peer pressure plays a big role influencing students to take drugs. The trainees at the institution come from diverse backgrounds, including poor rural families, affluent and established families, various religious beliefs, dysfunctional families, and single-parent households. It emerged that as students come together in one place new subcultures are formed and most often times people need a sense of belonging, making new friends, and new relationships. During these transitional phases, some students find themselves associating with peers who are already abusing drugs, get connected and linked with drug dealers at school and those from the surrounding areas such as Westgate and Beta.

In support one student, Trevor noted that:

The transitioning from high school to tertiary learning, the majority of students were not ready or prepared for it. Here at Mount Hampden, I have witnessed those who came as good students during the orientation phase but, since then. A lot has happened. Church going students during our first year are now drunkards and chain smokers solely, because they choose to associate and align with wrong people who recruited them into drugs.

Tinashe also concurred with the above and he had this to say:

Adulthood is a period of experimenting and exploring new things in life. As young people we have options to explore the good and the bad. People are in liberated spaces away from home, some use drugs such as

mbanje (Marijuana), as a means of escaping the troubles of life, here at school. Without doubt, I have noted WhatsApp groups for jersyman (drug sellers) with ring leaders coordinating the processes of drug abuse at campus

School Work Load

Learning at the institution is a continuous process which is associated with lectures, assignments, group work, and short exercises, in class tests, practical and writing end of term examinations. Our inquiry process revealed that, school work was one of the drivers for trainees to end up taking drugs as part of escapism and a form of handling pressure. Learning from Monday to Friday was cited as one of the biggest challenges which not, only take away time but, it also consumes all the energy of the students. They're left with little or less time to have freedom to play, socialize, bond and form relationships outside classrooms with fellow students. In addition, more time to go out to refresh, relax and enjoy life as young people is also affected.

According to Kindra,

From where am sitting, we are less than 3kilometress away from the artificial beach (Mount Hampden beach), it's a recreational area close from us. The truth of the matter is that, not all of us know how it looks like. It's a case of two factors, affordability, and time to visit. Am bringing the issue of time, because we don't have enough time, because the school workload is too much. As students without financial power, we can't afford to go there. In the end, some get frustrated and end up abusing drugs as means of coping up with the troubles of life.

Tafadzwa noted,

Learning, learning, and more learning! More of it becomes like punishment. There's so much to deal with here. Lecturers sometimes give us so much load, we are bombarded with a lot of information, and activities which are school-related. And most often times, some end up drinking beer and smoking excessively. Some will see it as drug abuse, and for us it's a gateway strategy to enjoy social life.

Social Comparison

College life often fosters a culture of constant comparison between students, and professionals from different diverse backgrounds who found themselves on campus. Naturally, as human beings we are competitive species, we frequently gauge against others on the ladder of life.

On campus, students commonly compare aspects such as clothing, financial status, transportation, dining choices (including fast food), and musical preferences. Feedback from the field indicates that trainees frequently compare their lifestyles, sometimes leading some to engage in questionable or risky behaviors to keep up with their peers. Additionally, some resort to fabricating lifestyles and adopting false personas to appear more appealing, all in the pursuit of staying current with trends and maintaining a desirable image.

Tanya noted,

A lot of girls here at campus are indulging in multiple-partner relationships with older man. Some of them are old enough to be their fathers. They're being pampered with all sorts of financial and sexual support needs. It does not end there, some of them have been recruited and they're now taking drugs. The smoking of shisha/ hooker pipe has been abused of lately.

Guidance and Counselling services

The findings revealed that the department of guidance and counselling services has a designated contact person who works closely with students in addressing issues which affect them. In addition, the department also offers social-pyscho support and referrals services to the victims of drug abuse, stress, depression, and anxiety. Furthermore, the department is actively involving students in combating drug and substance abuse by establishing a Multi-Stakeholder Anti-Drug Abuse Youth Review Group, operating independently of the Students Representative Council (SRC). This review group aims to facilitate meaningful youth engagement and advocate for students' rights on campus.

Tinashe noted,

The establishment of a Multi-Stakeholder Anti-Drug Abuse Youth Review Group is a game changer, and we welcome the development. It's high time, we become more realistic and pragmatic when dealing with issues which affect students at campus. The review group must be the face of inclusion and participation. More importantly, it must be student-centered.

In support Nyasha concurred,

Gone are the days when student's issues have been elitist in nature. Only, the SRC President and his secretariat have been involved. The majority of the students have been left behind. Thus, the review group came, at the right time. We need to decentralize and share

responsibilities when it comes to the guaranteeing of the welfare, concerns, and challenges of students at campus. Everyone must play a part.

Group Influence

The research findings established that, there was a positive nexus between drug and substance use and social/group pressure. It was noted that, the formation of deviant subcultures at campus creates group leaders. These ring leaders have power to influence others, fellow peers to engage into drug abuse. Those who have not taken any drug before, and to encourage those who are already doing it to continue taking drugs on campus. Thus, according to the symbolic interactionism theory by George Hebert Mead deviance behavior which is not limited to drug and substance abuse is learnt through contact with the others. In support, Sutherland (1939) proposed the differential association model, where he argued that individuals learn specific behaviors and norms from the groups that they interact with as peers. It is crystal clear that, campus life coupled with wrong associated has facilitated drug and substance abuse at Mount Hampden.

Socio-cultural Collation/ Contrast

Competitive instincts compel students to indulge in sociocultural comparison of lifestyles on campus. Some students resort to drug abuse as a means to sustain their lifestyle and socialize. This behaviour is closely linked to consumerism, financial status, and the desire for validation, as individuals seek to uphold a flashy, trendy, and modern lifestyle.

Student Involvement in Anti-Drug and Substance Use Initiatives

The institution is committed to participatory and inclusive approaches to fight drug and substance abuse at campus. Efforts being made such as setting up a Multi-Stakeholder Anti-Drug Abuse Youth Review Group are aimed at leaving no one behind in the fight against drug and substance abuse. Thus, empowering students to have decision power on matters of health and wellbeing which affect them at campus. Concerted programs are already being done at the institution in collaboration with action stakeholders such Non-Governmental Organizations (NGOs) being done at with students being actively involved in community anti-drug abuse campaigns. In addition, institutional structures also ensure students get support in the form counselling and referral services when needed in order to meet their health needs.

Conclusions

Drug and substance abuse in higher learning institutions in Zimbabwe is increasing, and Mount Hampden is not exempted. The abuse of drugs such as *mbanje*, cough mixtures, beer and *shisha* are on the rise. A combination factors has been attributed to this sad development at the institution. The drivers include but not limited to peer pressure, excessive school work load, poverty and social comparison. In a bid to curtail the crises, the institution has mechanisms and structures in place such as the department of guidance and counselling which is trying its best to offer support to students and effecting their involvement, in the fight against drug and substance abuse. Additionally, the department is also working with action stakeholders in creating a healthy lifestyle for trainees at campus.

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Risk Factors Associated with Substance Misuse among Students at the University
of Zimbabwe

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Abstract

Substance misuse has become a serious issue for young people in Zimbabwe, with 57% of the youth believed to be involved. Despite numerous stakeholders acting, substance misuse statistics rise each year, particularly among university students, where prevalence is estimated to be over 70%. The main aim of the study was to identify the risk factors associated with substance misuse among students at the University of Zimbabwe. An analytic cross-sectional study design was utilized, involving 329 students. Data was collected using a pretested, self-administered questionnaire via an online platform. Permission for the study was granted by the University of Zimbabwe, and ethical approval was obtained from JREC. Participants were informed about the study's purpose, assured of confidentiality, and anonymous responses were ensured. Data was analysed using EPI Info software version 7.2.5, with bivariate and multivariate analyses performed. Of the 329 participants, 44.7% were Cis Female, 41% Cis Male, and the rest were transgender. The current substance misuse prevalence rate was 79.9%. The most misused substances included alcohol (82.5%), tobacco (53%), shisha (59.8%), and cannabis (69.9%). Main risk factors included gender (Cis Male) (OR=1.34, 95% CI [0.83-2.13]), poor academic performance (OR=2.46, 95% CI [1.43-4.24]), peer influence (OR=3.68, 95% CI [2.12-6.38]), and accessibility to substances (OR=2.55, 95% CI [1.56-4.17]). The findings suggest that substance misuse among university students is a global issue. Addressing this issue requires evidence-based prevention and intervention programs tailored to the unique needs of university students.

Key words: University Students, Substance Misuse, Risk factor, Alcohol

Introduction

The use of illegal substances and the abuse of prescription medications has spread at an unparalleled rate and reached every corner of the world during the past 20 years (Weenink et al, 2015). A survey conducted by the World Health Organization (WHO 2021) revealed that approximately 250 million people consume drugs currently, and 27 million are believed to have a substance abuse disorder. Substance misuse takes numerous forms, including alcohol, cocaine, heroin, methamphetamine, tobacco, among others. The excessive use of these substances often results in grave physical, psychological, and social effects, and death among others (Ghaem et al., 2020).

Substance misuse takes numerous forms, including alcohol, cocaine, heroin, methamphetamine, tobacco, among others. The excessive use of these substances often results in grave physical, psychological, and social effects, and death among others (Ghaem et al., 2020). According to the World Health Organization (WHO), cannabis/marijuana is still the illicit substance that is produced and used the most globally. It is grown in almost every country and is smoked by 130–190 million individuals at least once a year. The usage of chemicals for medical purposes, such as the two components of opium, morphine and codeine, which have been used for pain management and were even included in baby's syrup, marked the beginning of the contemporary period of substance abuse.

Substance misuse is one of the key societal problems in Zimbabwe with mutual and easily distinguishable indicators in public health. Over half of drug misusers in Zimbabwe are youths (university going age) with over 60% residing in urban areas and 21% in rural areas (Shegute & Wasihun, 2021). Many youths are indulging in substance distribution due to poverty and as a way to manage joblessness (World Drug Report, 2018). The most frequently misused substances in Zimbabwean communities include alcohol, tobacco, cannabis (marijuana), glue, shisha, crystal meth (*mutoriro*), Bronchiclear, codeine and psychotropic drugs (Maraire & Mariamdarani, 2020).

According to a 2009 study by (Rudatsikira et al., 2009), the issue was more severe in urban areas than in rural ones. One of the main issues related to drug and substance abuse among students is psychological diseases, as well as social and moral decay in communities around the world (Vázquez, 2010). Medically, people giving substance misuse and neuro-psychiatric drug-related conditions are a growing public health challenge and between 76 to 85% of such cases in low income countries do not receive treatment(Öztaş et al., 2018).

The origins and effects of substance misuse are multifaceted, and one of the direct causes of the misuse may be the readily available, inexpensive drugs and other substances. Peer pressure combined with idleness easily pushes them toward misuse of substances (Walters et al., 2000). Most of the time, parents and guardians lack the skills necessary to step in and help. The stigma frequently associated with misuse further complicates lack of action. Substance misuse is frequently considered crimes under Zimbabwean law (Jumbe et al., 2021). The high occurrence of drug and substance abuse is also directly attributed to a lack of effective law enforcement and inadequate legislation.

In this study substance misuse refers to the use of at least one of the heavy or illicit drugs which includes marijuana, crystal meth, codeine etc. Again, anyone who uses any of the misused substances like alcohol, tobacco, prescribed drugs like paracetamol at least once every week to alter mood or behaviour is also classified as a substance misuser. However, a risk factor is defined as any condition or characteristic or condition that increases the likelihood of an individual indulging in substance misuse. In the context of university students, these may include social, environmental, psychological and behavioural factors.

According to WHO, alcohol misuse is the most common form of substance misuse in Zimbabwe, with an estimated prevalence of 21.6 %, of which this prevalence is high among students. Substance misuse is gaining prevalence among university students in Zimbabwe. As such this study aimed to understand the multifaceted factors influencing substance misuse among students. It examined the correlations between substance misuse and socio-demographic factors such as age, gender, ethnicity, family structure, and socioeconomic status. Additionally, the study sought to evaluate the impact of community environment factors, including access to substances and the availability of prevention services, on substance misuse among students.

Theoretical Framework

The study was guided by the Health Belief Model (HBM) a framework that explains human behaviour concerning health-related issues. The HBM posits that individuals' behaviours are influenced by their perceived susceptibility to a health issue, the perceived severity of the condition, the perceived benefits of taking action to prevent the condition, and perceived barriers to acting. The model suggests that individuals are more likely to take preventive health-related

behaviours if they perceive that they are susceptible to a particular health problem and understand the severity of the condition.

When applied to the topic of risk factors associated with substance misuse among university students, the HBM suggests that students' chances of engaging in substance misuse are related to their perceived susceptibility to the problem, perceived severity of substance misuse, perceived benefits, and perceived barriers to taking action to prevent substance misuse. For example, students who perceive that they are susceptible to substance misuse and understand the severity of the condition may be more likely to take preventive actions such as avoiding peer pressure or seeking professional help. Conversely, students who perceive that substance misuse is not a severe problem or who do not see the benefits of avoiding it may be more likely to engage in substance misuse.

METHOD

Study design

A cross-sectional study was conducted among university students to assess the risk factors of substance misuse at the University of Zimbabwe (UZ). It involves collecting data from a sample of individuals at a single point in time. It is mostly used to examine the distribution of a particular health condition, behavior or risk factor within a population.

Setting

The research was conducted at the University of Zimbabwe, which is located in Mount Pleasant, Harare. Currently it comprises of around 17 718 undergraduate students, 2681 postgraduate students and 287 international students. The university is divided into 10 faculties.

Study Participants

The participants in this study were selected from students enrolled at the University of Zimbabwe, given their reported high prevalence of substance misuse. They were chosen for their accessibility and their experience with the phenomenon under study. Additionally, students were willing to share their views on substance misuse making them valuable sources of information. Conducting research on students in the community was cost effective and efficient, as they were readily available and had firsthand information on substance misuse, its causes, and effects.

Sample size determination.

Where n denotes the minimum sample size, Z denotes the standard normal variation, which is set at 1.96 ($p = 0.05$, 95% CI), and p denotes the proportion of the target population. That is, research conducted in Sudan found that 31% of university students misused drugs or alcohol. As a result, we make the following assumptions: $p=31\%$, or 0.31; $d=0.05$; which is the target margin of error for a 95% confidence

range. The sample size was expanded to 329 after accounting for a potential non-response of 10%.

Confidence interval: 95%

Incidence of substance misuse in students was 31% (p=0.31), derived from research done in Sudan.

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

$$n = x = \frac{1.96^2(0.31)\{1-0.31\}}{0.05^2}$$

n= 329

Data Collection tools and Procedure

Data was collected using a self-administered questionnaire at the University of Zimbabwe. The researcher used a unique generated link, which participants responded to the questionnaire online and anonymously. The online questionnaire was created using google forms and was first pretested with 50 students (23 males and 27 females).

DATA PRESENTATION AND ANALYSIS

Statistical analysis

In order to conduct the analysis, the coded data from the Excel spreadsheet was imported into SPSS (version 25.1). The participant characteristics, including frequencies, means, and standard deviations, were explained using descriptive data. The Chi-square test was used to examine traits between those who utilized drugs and others who did not. At a significance threshold of alpha = 0.05, logistic regression will be utilized to identify the components related to student substance misuse. At a significance level of =0.05, relationships between one independent variable and one dependent variable were found using the bivariate analysis. The multivariate analysis included all factors that were significant in the bivariate analysis.

Permission and Ethical Considerations

A gatekeeper’s permission was sought from and granted by the university authorities. The researcher adhered to set principles that do not violate human rights, dignity and prevent permanent or excessive harm to participants, whether inadvertent or not. Respondents were made aware by the researcher that declining to participate would have no negative effects or penalties. Additionally, respondents were told that their answers would be kept anonymous and that there

were no immediate advantages to taking part in the study. Throughout the whole research, confidentiality and the right to withdraw at any moment were guaranteed. By safeguarding their personal information, the researcher also made sure that the participants' privacy was protected.

RESULTS

Socio-demographic characteristics

Three hundred and twenty-nine (329) students were involved in this study with all participants consenting to participate. The majority of respondents were from females with a percentage of 44.7% (n=147) followed by males with 41% (n=135). Among the participants were transgender females who had a percentage of 9.4% (n=31) and transgender males 4.9% (n=16). The mean age of the respondents was 19.2 ± 5.4 years with majority of them (83.7% n = 275) being within the 21-25 years age bracket. Almost all the respondents (approximately 91.5%, n = 301) were Christians, with the remainder being either of other religions (Muslims 2.4%, n=8). The remaining percentage were those who do not go to church at all. With reference to the sample's level of study, the proportion of the participants were as follows 3rd year (33.3%), 2nd year (22.2%), 1st year (16.7%), undergraduate students. Other significant numbers were from fourth year which had 12.7% and the fifth and sixth year which had 8.7% and 6.3% respectively. Most of the sample / respondents (23.8) was from the faculty of Business and Economics. This statistic was succeeded by the second largest grouping 15.1% of students in the faculty of Arts and Humanities. Other notable figures were the Faculty of Medicine and Health Sciences which had 13.5%. Faculty of Engineering and the Build Environment had 9.5% followed by Faculty of Law with 9.4%. The rest of the percentage was constituted from the remaining faculties which includes agriculture, veterinary sciences, education etc. The median monthly allowance for the students was \$87.5usd with an inter-quartile range of \$25- \$150usd.

Table 1 Socio-demographic characteristics

Variables	Substance users		Substance non-users	
	N= (263)	%	N= (66)	%
Age				
≥ 20	80	24.3	23	34.8
21-25	183	75.7	43	65.2
Gender				
Identity	139	52.9	10	15.2
Cis Male	91	34.6	46	69.7
Cis Female	14	5.3	2	3.0
Transgender male	19	7.2	8	12.1
Transgender female				
Religion				
Christian	212	80.6	46	69.7
Muslim	4	1.5	4	6.1

Variables	Substance users		Substance non-users	
	N= (263)	%	N= (66)	%
Others	47	17.9	16	24.2
Residency (during the Semester)				
Campus	70	26.6	20	30.3
Residency	159	60.5	16	24.2
Off campus residency	34	12.9	30	45.5
Home (Parents)				

Variables	Substance users		Substance non-users	
	N= (263)	%	N= (66)	%
Year of Study				
First year	47	17.9	11	16.7
Second year	49	18.6	14	21.2
Third year	68	25.9	20	30.3
Fourth year	53	20.2	9	13.6
Fifth year	26	9.8	7	10.6
Sixth year	20	7.6	5	7.6
Average income				
≤ 87.5 USD	120	45.6	35	53
≥ 87.5 USD	143	54.4	31	47

Magnitude of substance misuse

The incidence of substance abuse was 79.9% overall. (NB. Being a substance misuser was measured by the frequency of misuse i.e. weekly users of substances and those who take heavy substances like crystal meth, cannabis etc.). Users of one substance made up 70.11%, while users of many substances made up 29.89%. The prevalence of substance use over the course of one year was 77%, and it was 89.9% over the course of one's lifetime. Table 2 shows the lifetime and current prevalence. Alcohol was claimed to have been misused by (255) 86.3% of students over their lives. This was followed by cigarettes (174) 58.7%, shisha (191) 64.4%, and cannabis (224) 75.7%. Less students reported using codeine and cough syrups (78) 23.6%, prescription medications such paracetamol (115) 38.7%, inhalants (54%) 18.1%, and Broncleer (105) 35.6% during their lives. There were no reports of using ecstasy, lysergic acid diethylamide, or amphetamines.

The high consumption of alcohol (255) 86.3% among university students is a common trend across various countries. Alcohol is easily accessible and socially acceptable, making it a popular choice for substance use. Among students at the University of Zimbabwe, alcohol consumption is deeply ingrained in the local culture and recreational activities, such as parties and social gatherings, which further contribute to its popularity among university students.

Tobacco use (174) 58.7% is also prevalent among Zimbabwean university students (UZ). The high prevalence of tobacco use among the sampled students (329) could be attributed to several factors, including peer pressure, stress, and easy accessibility. Tobacco is considered a legal substance, making it readily available for purchase.

Again, marijuana/ cannabis/ Mbanje consumption is relatively high (224) 75.7% among students at the University of Zimbabwe. This can be attributed to the perception that marijuana use is “cool” and helps relieve stress, as well as its relatively low cost compared to other drugs. Additionally, the increased global debate on the legalization of marijuana might be contributing to the increase in its use, as more young people view it as less harmful than previously imagined.

Another substance which emerged to be greatly misused was shisha or hookah (191)64.4% among all the students. This is greatly due to the modernized world where young people tend to go to parties mostly every weekend hence, they end up taking shisha more frequently leading to addictions.

Table 2 Lifetime and current prevalence of types of substances misused.

Substance / Drug	Lifetime user(n) % (n= 296) 89.9 %	*Current user (n) % (n=263) 79.9 %
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Alcohol	(255) 86.3%	(217) 82.5%
Tobacco	(174) 58.7%	(139) 53.0%
Shisha/ hookah	(191) 64.4%	(157) 59.8%
Broncleer	(105) 35.6%	(82) 31.2%
Crystal meth	(45) 15.2%	(31) 11.6%
Cannabis	(224) 75.7%	(184) 69.9%
Codeine and cough syrups	(70) 23.6%	(53) 20.1%
Prescribed drugs	(115) 38.7%	(85) 32.4%
Inhalants	(54) 18.1%	(33) 12.4%

*Current user is one who has used any substance of misuse in the past 30 days

Factors leading to substance misuse.

Among others mentioned before, some of the commonest reasons for consuming substances mentioned above in table 4 as indicated in figure 3 below included: to relieve stress (86.6%). Some individuals believe that substance misuse can relieve stress as it may temporarily alter their mood or consciousness, providing a sense of escapism and relaxation. However, some respondents argued that this is a false belief, as substance misuse can lead to negative physical and mental health consequences, financial problems, legal issues, and relationship difficulties. Therefore, it is essential to seek healthy and sustainable stress management strategies that do not involve substance misuse. Examples include exercise, meditation, relaxation techniques, social support, and seeking professional help.

Respondents also pointed out curiosity (33.4%) and peer pressure (45.9%) as reasons to why they misuse substances. Curiosity is natural among young adults and can lead them to try new experiences, including experimenting with substances. Additionally, peer pressure can be a strong influence on individuals during their time at the university. Students usually feel pressured to conform to social norms and engage in behaviours that are popular among their peers, including substance misuse (beer drinking, smoking etc.) The desire to belong and connect with others can also drive students to try substances that they might not have considered otherwise. Unfortunately, others pointed out that, these can lead to serious consequences for students, including academic and financial difficulties, mental health issues, and legal troubles. Other (2.1%) reasons included depression, for chronic pain, they are cheap, for sexual enhancement, to be brave, to help them sleep.

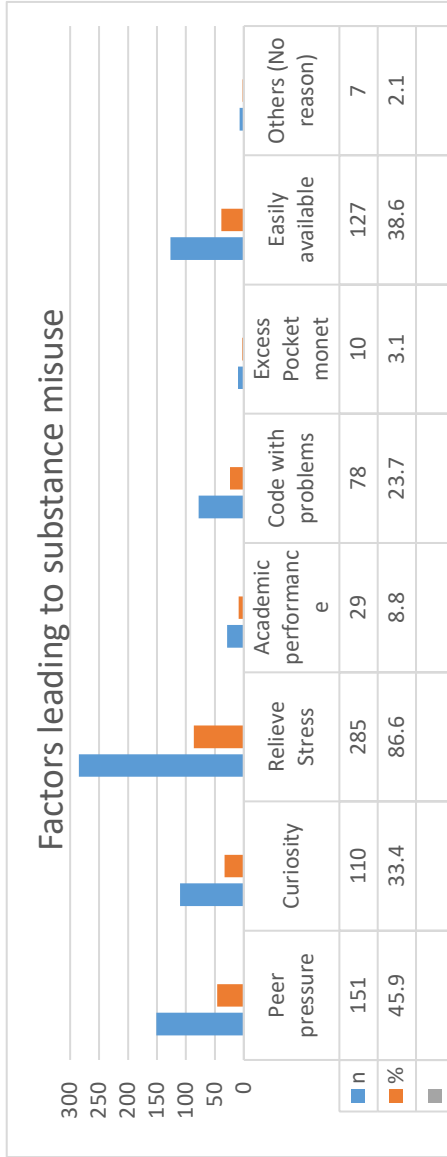


Figure 1 Factors leading to substance misuse.

Reasons for substance misuse

Some university students perceive benefits to substance misuse, such as feeling more relaxed, social, or confident. Others use substances as a way to cope with stress or to escape from their problems. Substance misuse may also be seen as a way to enhance academic performance or creativity. Table 5 below illustrate some of the reasons for substance misuse among students who indulge into substance misuse. A greater percentage responded to admitting that taking substance breaks the ice among colleagues 180 (54.7%), makes it easier to deal with stress 220 (66.8%). Other significant perceptions included that it allows people to have fun 183 (55.6%) and facilitates sexual opportunities 187 (56.8%).

Table 3 Reasons for substance misuse

	N	%
Breaks the ice	180	54.7
Boosts social activity	132	40.1
Makes it easier to deal with stress	220	66.8
Enables connection with peers	112	34
Gives people something to talk about	56	17
Enables male bonding	156	47.4
Enables female bonding	43	13
Permits people to have more fun	183	55.6
Makes someone confident	124	37.6
Makes the opposite gender sexier	74	22.5
Enables sexual opportunities	187	56.8

Perceived severity of Substance misuse

A number of respondents (substance misusers) pointed out that substance misuse can negatively impact mental and physical health, as well as academic 29 (8.7%) and personal relationships 40 (12.3%). Some admitted that it can also lead to addiction and substance use disorders, further impacting a student's academic and personal life. Moreover, some respondents pointed out that substance misuse can have legal ramifications, such as criminal charges or fines for possession or distribution 15 (4.6%). It also leads to disciplinary action by the university, including suspension or expulsion, which can have lasting negative effects on a student's academic and professional future. Furthermore, substance misuse can harm the overall campus community, as it can lead to disruptive behaviour, accidents, and incidents of violence 19 (5.9%). It also contributes to a negative campus culture and perpetuate

harmful stereotypes about substance misuse. The study found that students who perceived substance misuse as a serious problem were more likely to seek help for substance use problems. This suggests that interventions aimed at increasing perceived severity of substance misuse may be effective in reducing substance use and promoting help-seeking behaviours among university students.

Table 4 Perceived severity of substance misuse

Effect	Substance misusers	
	N	%
Monetary or precious object loss	55	16.7
Frequent debate or disagreement	59	18
Relationship issues with parents, friends, and lecturers	40	12.3
Object or garment damage	38	11.7
Participation in unprotected sex	37	11.2
Poor academic performance	29	8.7
Health issues	14	4.3
Issues with law enforcement	15	4.6
accidents or injuries caused by drunk driving	19	5.9

Factors associated with substance misuse.

Analysis was done for the following socio-demographic variables: age, gender, religion, living conditions, year of study and median monthly allowance. Male gender and substance usage were related (OR 1.65, p=0.001). When compared to off-campus housing (boarding houses), which had a p value of 0.03 and an OR of 3.5, living with parents or guardians was substantially related with less substance abuse (p=0.055). When opposed to having a higher monthly income of more than \$7.5 USD (OR=2.34), having a median monthly allowance of less than \$87.5 USD (p=0.069) was substantially related with less substance abuse (OR=0.947). On Table 7, comparisons between several Sociodemographic characteristics and recent (30 days) substance use are shown. Male gender (p=0.02) was independently related with substance abuse after multivariate logistic regression model accounting for the effects of various confounding variables.

Lifetime use			Current use (past 30 days)			
Variables	P value	Odds Ratio	Confidence interval (95%)	P value	Odds Ratio	Confidence interval (95%)
Age						
19 and below						
20 to 25	0.04	1.99	1.502-3.482	0.044*	1.65	0.945 - 2.245
Gender identity						
Cis Female						
Cis Male	0.015	1.99	1.337-2.956	0.001*	1.96	1.256 - 2.643
Trans	0.055	0.86	0.768-1.963	0.062	0.78	0.719 - 1.873
Religion						
Muslim						
Christian	0.75	0.843	0.458- 2.620	1.000	0.78	0.194 - 2.287
Residency						
Campus						
Off Campus	0.02	3.8	1.574 - 7.974	0.03*	3.5	1.155 -5.456
Home	0.38	1.6	0.865 - 4.01	0.075	0.95	0.389 - 3.92
Year of study						

1st and 2 nd year	0.09	0.98	0.578- 1.011	0.051*	0.65	0.468-0.982
3 rd year or higher						
Monthly allowance						
≤ \$87.5usd	0.057	1.05	0.476- 2578	0.069	0,947	0.786-2.897
≥ \$87.5usd	0.038	1.87	0.643- 2.975	0.042*	2.34	1.275- 3.053
Poor Academic performance	0.04	3.2	1.7625,747	0.049	2.81	1.65 – 4.841
Peer influence	0.02	4.5	2.512 -6.98	0.03*	4.2	2.3-6.7
Accessibility to substances	0.043	3.3	2.12- 7.637	0.051*	2.92	1.98- 5.746
Stress	0.048	4.1	2.33 -6.362	0.053*	3.9	2.1-5.2

Table 5 Bivariate Analysis for risk factors associated with substance misuse among students at UZ

*means strong positive association when $p \leq 0.05$

Multivariate logistical regression

Table 8 below shows the results of the multivariate logistic regression analysis. Males were found to have higher odds of substance misuse compared to females (Adjusted Odds Ratio [AOR] = 1.34, 95% CI: 0.83 – 2.13), although this association was not statistically significant. Students with poor academic performance had significantly higher odds of substance misuse (AOR = 2.46, 95% CI: 1.43 – 4.24). Peer influence also significantly increased the odds of substance misuse (AOR = 3.68, 95% CI: 2.12 – 6.38). Anxiety showed a significant association, with higher odds of substance misuse in students with moderate or severe anxiety (AOR = 1.66, 95% CI: 1.03 – 2.68). Accessibility to substances significantly increased the odds of substance misuse (AOR = 2.55, 95% CI: 1.56 – 4.17).

Students who reported high levels of stress were more likely to report substance misuse compared to those who reported low levels of stress (AOR=3.5, 95% CI=1.8-6.8). Finally, students with poor mental health were more likely to report substance misuse compared to those with good mental health (AOR=4.2, 95% CI=2.2-8.0). Lastly students with a family history of substance use were more likely to report substance misuse compared to those without a family history (AOR=2.9, 95% CI=1.5-5.5)

When it comes to peer influence (AOR 3.68, 95% CI 2.12-6.38), university students often find themselves in social circles that encourage substance use, either directly or indirectly. Fitting in with peers is especially crucial for university students, as they are in a transitional phase of their lives, and peer acceptance is considered an essential aspect of their emotional and psychological well-being.

Second, stress (AOR 3.5, 95% CI 1.8-6.8) related to university life is yet another important factor that influences substance misuse among university students in UZ. This is because academic pressure, financial stress, relationship problems, and adjusting to a new environment all cause students to experience high levels of stress, which in turn lead them to turn to substance use as a coping mechanism.

Additionally, the high incidence of drug abuse among university students in UZ is significantly influenced by the simple accessibility of substances (AOR 2.55, 95% CI 1.56-4.17), such as alcohol and cigarettes. Students are more likely to acquire hazardous habits since legal drugs are easier to use, more widely available, and more inexpensive.

Table 6 Multivariate analysis for factors associated with substance misuse among students at UZ.

Variable	Adjusted Odds Ratio (AOR)	Confidence Interval (CI 95%)
Gender (Cis Male)	1.34	0.83-2.13
Poor academic performance	2.46	1.43-4.24
Peer influence	3.68	2.12-6.38
Anxiety	1.66	1.03-2.68
Accessibility to substances	2.55	1.56-4.17
Family history of substance use	2.9	1.51-5.50
Stress	3.5	1.8-6.8
Poor mental health	3.9	2.1-7.4

***AOR ≥1 means strong association**

Discussion, Conclusion and Recommendations

Demographic Factors

In Zimbabwe, drug abuse among university students was significantly influenced by age. According to the findings, younger students were more inclined to abuse drugs while they were discovering their identities and worldviews. Additionally, male pupils were more prone than female students to abuse drugs. This is consistent with Zimbabwe's gendered norms towards drug abuse. Furthermore, compared to pupils of other races, black students misused drugs more frequently. A research by (Tavares & Béria, 2020) found that students, especially part one and two, are more likely to be associated with substance usage supports this.

Environmental Factors

In Zimbabwean university students, peer pressure was discovered to be a substantial risk factor for drug abuse. Many students claimed that they began taking drugs as a result of peer pressure to fit in and because their classmates were doing so. This result is in line with earlier studies that have demonstrated peer pressure to be a substantial risk factor for young individuals abusing drugs. This is in line with the findings of recent researches by (Ghaem et al., 2020; Maposa et al., 2018), which showed that many substance users at universities do so as a result of peer pressure, mostly from their peers. The findings of this study indicate that measures should be made to lessen student peer pressure.

Individual Factors

Student drug abuse at UZ was shown to be significantly influenced by stress on an individual basis. The results of the study showed that stressed-out pupils were

more prone to turn to drug abuse as a coping strategy. This result is in line with other studies that found stress to be a substantial risk factor for drug abuse in young individuals, especially those attending higher education institutions like universities (Öztaş et al., 2018) The findings of this study indicate that initiatives should be taken to lessen stress among college students. University students' substance abuse has also been linked to depression, anxiety, and trauma. Students who experienced these factors were more prone to turn to substance misuse as a way of coping with their emotional distress. This can be done by providing students with access to mental health services and promoting stress-reducing activities such as exercise and meditation.

Another significant factor that was established to be a substantial threat/ factor for substance misuse among students was the disposal of these substances. Many students reported that drugs were readily available on campus and in the surrounding community which prompts for increased use of substances like alcohol, tobacco and cough syrups. The findings are consistent with results by (Maposa et al., 2018) which supported the results on the effects of readily availability of substances at and within the campus. This finding highlights the need for increased efforts to reduce the accessibility of substances on university campuses and in the surrounding community. Efforts should be made to increase law enforcement efforts to crack down on drug dealers and to promote drug-free environments on campus.

The findings of this study show that the risk factors associated with substance misuse among students at UZ are complex and multi-dimensional. Several risk factors are interrelated, highlighting the need for comprehensive interventions targeting multiple risk factors. Moreover, the findings of the study reveal gendered, racial, and age-based differences in the risk factors for substance misuse. This highlights the need for gender-responsive, culturally relevant, and age-appropriate interventions to prevent substance misuse among university students in Zimbabwe.

The study, however, may be subject to the following restrictions. First off, as this was a cross-sectional study, causation between the independent and dependent variables cannot be shown. Second, because the study participants self-reported the information, recollection and social appeal biases may have affected the results. Last but not least, since this study only included university students, its findings might not extend to the entire youthful population. Despite these drawbacks, the findings highlight the necessity of educating university students about the negative impacts of drug abuse among UZ students.

Overall, the results of this study point to the need for drug usage prevention and intervention programs that target university students in Zimbabwe and put an emphasis on fostering an atmosphere that is encouraging of good conduct and

discouraging of substance abuse. Such programs must consider social, economic, and environmental variables that influence substance abuse while understanding the intricate interactions among them. To find effective preventive and intervention techniques that are adapted to the unique risk factors connected to drug abuse among university students in Zimbabwe, more study is required. It is feasible to lessen the incidence of drug abuse among university students in Zimbabwe by addressing these risk factors.

Conclusion

Substance misuse among university students is multifaceted and is influenced by individual factors such as peer influence, communal factors such as substance use culture and economic hardships, and societal factors such as poverty and poor education. Intervention strategies must focus on addressing the multiple risk factors that contribute to substance misuse. Substance misuse among university students can lead to feelings of isolation, lower academic performance, and mental health problems such as depression, anxiety, and suicidal thoughts. Moreover, substance misuse can lead to poor judgment, which can result in harmful behaviour, accidents, and risky sexual behaviour that can lead to sexually transmitted infections and unintended pregnancies. The findings suggest that a comprehensive multi-level intervention approach to substance misuse among university students can be effective in the fight to decrease substance misuse among students at UZ.

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Abstract

This research focused on establishing the causes and effects of drug abuse on male youth residing in Mbizo 15, Kwekwe. It followed a qualitative research approach and data was collected from 6 participants who reside in the area through interviews. The data was analysed using thematic approach and revealed several common causes of drug abuse in the area, including idleness, peer pressure, social media influence, misconceptions, curiosity, experimentation, and social and economic conditions. The study also identified various negative effects such as increased crime, blackouts, arrests, hallucinations, violent behaviour, paranoia, and strained relations. The study concluded that most causes stem from the social and economic environment of Mbizo 15. It recommends stakeholders to work towards improving the social and economic conditions by creating more recreational spaces, employment creation and carrying out awareness campaigns addressing these issues.

Key words: drug and substance abuse, mental health, youth,

Introduction

Over the years, the world has been battling the scourge of drug and substance abuse. According to the World Drug Report 2023, 284 million people aged 15-64 had used a drug in 2021 (UNODC, 2023). This signifies a 26% increment compared to 2010 (UNODC, 2022, UNODC World Drug Report 2022}. Drug abuse is increasingly becoming a problem in Sub Saharan Africa (Ripanda et al., 2022). Drugs are substances which when taken can limit cognition, perception, mood behavior and overall body function. Drug or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain (Ananya, 2023). They can also cause changes in biological actions. However, drugs can also be used for various reasons which include curing and diagnosing ill health. (Dr Mandal, 2023, What is Drug Abuse?}.

There are various factors that lead to drug and substance abuse. Okafor (2020) found out that undergraduates' students at the University of Ilorin resort to drugs as a way to cope with academic challenges and some were ignorant of the inherent dangers. Matutu and Mususa (2019) forward that young people in Zimbabwean high density suburbs resort to drugs due to peer pressure, desire for excitement, stress relief and life choices. Ananya (2023) also reiterates that curiosity and peer pressure are major causes of drug abuse in school children and youth. Youth, especially students are influenced by the environment to engage in drugs (Okafor, 2020). Drug abuse causes more harm than good hence the world is determined to fight the scourge. It leads to isolation, damaged relationships, financial distress, health problems, depression and anxiety, lost dreams and death are some of the effects of drug abuse on the user (Okafor, 2020). Gbenemene (2019) indicates that drug abuse is closely linked to criminality. Young people usually work in groups to commit robberies and homicides (ibid).

A research carried out by Otieno to determine the effect of age, gender and peer influence on drug abuse yielded that more boys abused drugs as compared to girls in high school (Otieno, 2009, Drug abuse in Kisumu town Western Kenya). However, Connolly articulates that men are more likely to abuse drugs or start using alcohol in early stages of life (Connolly, 2019, Men More Likely Than Women to Face Substance Use Disorders and Mental Illness}. Mosel is also of the opinion that men are most likely to use illicit drugs and in most age groups men are likely to develop a dependence on drugs as compared to women (Mosel, 2022, Addiction Among Males}. According to National Institute on Drug Abuse, coming closer home, the Zimbabwean government has introduced new measures to curb Drug and Substance Abuse. Drug abusers will now be treated as criminals not victims (Manyinyire, 2023, Govt declares war on drug abusers}. In the Sunday Mail (Zimbabwe 2023) under the headline; Police Declare war on drug dealers it is

reported that, Police will question individuals suspected of being under the influence of illegal drugs and substance in public {Kafe, 2023, Police declare war on drug dealers}. The Sunday news (Zimbabwe 2023) reports that the local authority in Kwekwe and the National Aids Council partnered to reduce cases of drug abuse and replace them with dressmaking, sorts, carpentry among other things. The city council embarked on program targeting the renovation of recreational facilities and its stadiums as they seek to keep the youth occupied thus keeping them away from drug and substance abuse. Facilities particularly in Mbizo and Amaveni were refurbished. The two suburbs happen to be the biggest high-density suburbs in Kwekwe. The Sunday News article claims that Amaveni and Mbizo Stadia have been turned into drug centers {Magoronga, 2023, Drug and substance abuse: Girls on the receiving end`, Kwekwe rolls out remedy programme}.

Methodology

The research was carried out using the qualitative research methodology. This was to get to understand what triggers the male youth in Mbizo 15 to engage in the use of drugs from their own perspective and in their own words. Qualitative research gives clear and well narrated consequences of drug and substance abuse as the participants will answer comprehensively. Basically, the data was collected through a focus group in which the participants were selected from different parts of Mbizo 15 using convenience sampling. This was because the population was hard to reach. The focus group had 6 participants all male with pseudonyms, participant B, C, D, E and F. Age varied from 16 to 29. The researcher was the moderator and he asked questions centered on the causes and effects of drug and substance abuse. The participants also had the floor to raise their questions which the focus groups tried to address, and all was centered on the causes and effects of drug and substance abuse. The researcher then had an interview with a former drug addict who shared what basically led him to drugs and the consequences of his actions. The participant with the pseudonym, participant A was also a resident of Mbizo 15. Both the interview and the focus group discussion were recorded for data analysis by the researcher. After carrying out these two, the researcher then took time to observe the social environment in Mbizo 15. The researcher walked around the area of study observing how the youth spent their time and what resources are there for them to be occupied.

Table 1, Participants Profiles

Participants (Male)	Age	Level of education	of	Current Occupation
A	29	College dropout		Unemployed
B	16	Ordinary level		Student
C	21	University		Town Planning student
D	18	Advanced Level		Commercials Student
E	18	Failed level	Ordinary	Unemployed
F	19	Failed level	Ordinary	Unemployed

Results

The analysis will firstly look at the causes of drug and substance abuse, then move to the effects of drug and substance abuse.

Causes of Drug Abuse

Idleness

Upon being asked the question, do you think having nothing to do may lead to drug abuse, participant A responded by saying, “Yes, as it is said an idle mind is the devil’s workshop. I do believe it leads to drug abuse.” Participant B who responded first in the focus group said, “Being unoccupied leads to drug abuse, when we are in the ghetto stuck in street corners we start thinking of drugs.” He went on to say that “When you have something to do you will be occupied and may not have time to think of drugs.” A walk around Mbizo section 15 would review that the only places of leisure found in the area are bars and snooker billiard tables which are however located near shabeens, hence those who spend their time playing snooker are in most cases drug users or end up using drugs. Recently a small ground was opened for the youth to use as a football pitch, the number of boys you would see there on a weekday is alarming. It clearly indicates that people are neither at work nor in school.

Peer Pressure

Participant A said that “I had started taking alcohol at the age of 16 and this was all because my friends were also taking alcohol. Participant A outlined that, “We had

the idea that it would make us cooler.” This a good example of groupthink, which is defined as the tendency of a group of people to reach decisions that are extreme and which tend to be unwise and unrealistic {Schaedig, 2023, Groupthink: Definition`, Signs`, Examples`, And How To Avoid It}. Participant D added to that saying, “We, the ghetto youths, when we see other youths smoking and blowing off the smoke, sometimes it’s actually interesting to us and it’s easy for those doing it to influence us into using.” What our friends do seems to have a great impact on what we do. Participant E said that “We are rarely pressured by strangers, and it is mostly those we play and spend our time with.” It is therefore important that we check our circles.

Social Media Influence

The influence that media has on the youth of today cannot be ignored. They spend a considerable amount of time on social media. Participant C from the focus group said that “We are exposed to music videos and lyrics that praise the use of drugs and make them look good. Some of us are fans of hip hop and trap genres and because of this we end up imitating the lifestyles that the musicians portray on their videos. Celebrities use them on their videos and sing about them.” It is interesting to note that some groups of friends are formed on the basis of taste of music, for example hip-hop fans play together.

Misconceptions

A misconception is a view or opinion that is incorrect because it is based on faulty thinking or understanding. There are a lot of misconceptions surrounding the use of drugs. Whether people genuinely believe these or just say it to justify drug use is a story for another day.

Participant A stated that, “When we drank alcohol in school it improved our focus in class, we would pay extra attention so that the teacher would not notice our drunk state.” This is however contrary to what Northwestern Medicine articulates on their blog. Northwestern Medicine has it that, alcohol interferes with one’s brain pathways and can affect the manner in which it processes information. They further articulate that the first stage of intoxication is called subliminal intoxication in which reaction, behaviour and judgment may be slightly altered {Northwestern, 2021, HealthBeat}. Participant D said that “Some of us can not start conversations with others, so we try to find ways to boost confidence, and some say weed is a confidence booster.”

Some also are of the opinion that marijuana is an herb and claim to take it for medicinal purposes. Participant F said that “My brother smokes weed and if anyone confronted him about it he would say there are herbs.” He went on to say that “This

is yet another cause of drug abuse by people as they tell themselves that they are not using drugs but rather herbs.”¹ Promises Five Palms has it that, marijuana is a drug that is derived from the dried flowers of the cannabis plant {Promises, 2022, Is Weed a Drug? Everything You Need to Know About Marijuana}.

Thirdly some believe that when they drink, they are only getting excitement out of it. Participant A said that “We did it because it was exciting, and the effort to hide our drunkenness from our parents and school authorities is what excited us the most.” However, as much as excitement is a result of alcohol use, it brings with it a plethora of other problems. According to Northwestern Medicine, it is the third stage of intoxication, which will bring with it blurred vision, slurred speech and hearing and lack of control respectively {Northwestern, 2021, HealthBeat}. It is now within this stage that most people are involved in fights, one-night stands and make a lot of regrettable decisions because there are no longer in control.

Curiosity

Participant C who is a student of town planning at the University of Zimbabwe said that, “If we are to go to school, people doing awareness on drug abuse will come and tell you that if you do drugs you will feel like all your problems have disappeared while you are high and because of my curiosity I would also want to feel that high and see if I can really forget my problems.” He went on to say that “Some will tell you everything that is good has repercussions, now curiosity will not rap my head around the repercussions but rather that which they refer as good.” The reality in Mbizo is not very pleasant, and if one gets the information that there is a way to escape reality, they are tempted to try, and this has led a lot of people into drugs. The focus group also yielded that; the youth get curious when they hear about some of the effects of drugs. Participant F said, “We have heard people say drugs give us more energy, some say they help one to escape reality, some say under the influence euphoria kicks in. Hearing all these things tempts us to try using drugs.”

Experimentation

On his first try of meth, Participant A said that “I was already well acquainted with the other drugs at the party I attended. When meth was introduced, it was the urge to try it out and see how it goes that pushed me to try it.” The participant wanted to have the crystal meth experience. Just to know how it feel. The one experiment then turned into a habit. He clearly said that “We were having our usual alcohol and cigarettes when some “big boys” arrived at the party with crystal meth. They were doing meth and I voluntarily tried it out.”

A walk around the area of study will make one believe drinking alcohol and smoking is the in thing. Shabeens are dotted around the community and are not short of customers. It is not surprising to see visibly drunk people both young and elderly. The discussions established that these sights are triggering and will make it seem as if not using drugs is out of the normal. The social and economic environment encourages the use of drugs. Participant A said that:

The first time I quitted crystal meth, I relapsed because I came back to home in Mbizo 15. This was to me a triggering environment as I would see people who are hooked on drugs, and it would remind me of that time in my life. After my relapse I sought help from family. I then moved to rural Gutu away from my usual friends in Mbizo 15. It is here that I completely recovered. The environment was different, and it did not trigger me. This may as well support the old adage, geography is destiny.

Participant E said:

Drugs are like medicine to the ghetto youths as a lot happens to us in the society. Some of us are bullied and end up feeling out of place thus end up befriending drugs for escape.

Participant D also reaffirmed this position by stating that:

Back at home we face big challenges such as failing to even have food, and things will be difficult for the family. Bearing the thoughts of not having food is difficult for us, but then we are made to wonder when we see those with the same plight as ours always happy. When we then look into their happiness, we find they are doing drugs and we sometimes follow suit.

Economic hardships in Mbizo 15 are driving youths to drug abuse, with the powerful influence of peers exacerbating the problem as individuals seek ways to escape their difficulties.

Effects of Drug Abuse

A Life of Crime

In Mbizo section 15, cases of theft or theft attempts are heard of nearly every day. The frequency of reports has however increased from the time the researcher started living there to date. The trend matches the ever increasing in drug abuse in the area. The first effect established by the focus group was drug users usually turn to theft to feed their habit. The increasing crime rate in the community was attributed to the increase in cases of drug abuse. Participant E said:

The average ghetto youths are unemployed and has no way to make money, if involved in drugs I am forced into theft in order to get the drugs.

Participant D added his voice to this saying:

There are roads we now know are not even safe to walk anymore because there are well known for people being robbed and this has increased with time.

Participant A said:

The only thing that stopped him from getting involved in crime was a business he had started before using drugs which he ended up running down trying to sustain his addiction.

To add to this participant F put forward that:

Some of these people who do drugs do not sleep, especially those who take crystal meth, so they have the advantage of darkness to commit all their crimes wide awake in the dark.

Blackouts

Blackouts are generally gaps in one's memory for events that occurred while one was under the influence of drugs. Participant A said:

I had episodes which when told about now I greatly regret. On one instance I behaved so violently to my family that they had to seek help from the police, but I do not remember what I did.

All there was for him were stories of how he had behaved under the influence of crystal meth. He was absolutely active but unaware of his actions.

Violent Behaviour

During blackouts, the story told by the mother of Participant A, is that the participant threatened their lives. Participant A broke all the windows around their home. All these are violent courses of action. Participant D of the focus group said:

It is difficult to reason with people under the influence of drugs as they are not predictable.

Hallucinations

Participant A said:

Upon getting home from party at which I was using drugs including crystal meth I started seeing the people I was with at the party, I would hear them speak then realize I was alone when I was about to answer.

When one hallucinates, they simply perceive to have seen, heard, touched, tasted, or heard something that wasn't actually there. He goes on to say, "I would get surprised upon finding myself in a burst of laughter louder than I usually do."

Paranoia

When one has an unrealistic distrust of anyone around them, he or she is said to be paranoid. Participant A said:

At the peak of my addiction, I did not trust anyone even my own family. I was jumpy and suspected everyone of plotting against me.

He said, "In that state I would have never done such an interview as we had." To add on to that during the interview the participant hesitated and cut the recording midway to get clarity on where the audio was to be used.

Strained Relationships

Participant A said, "Using drugs made me so selfish that I did not care about anything or anyone. All my attention was on getting the next fix. As long as I was okay everything was in order." He added that, "In doing that I did a lot of things that put rifts between me and my family and friends also." He disrespected his mother and harassed his nephews and nieces to the extent that the nephews had to leave the house, this is as told by the mother of the participant. He went on to say that "I had a butchery with a partner and this business relationship was also greatly affected by my abuse of drugs." To date the participant says "My partner took advantage of my situation and shared profits unfairly aware that as long as I got enough to get the next fix I would not complain. Participant D said, "Drug abusers will not always turn to theft but may resolve to selling property in the house affecting every other family member thus ruining their relations with their families." Participant C added that, "it is those around us that suffer the most when we become drug addicts."

Arrests

At the climax of his use of drugs, Participant A said, “I ended up being reported to the police and getting arrested for what I did at home under the influence.” The participant was detained for three days in police custody as people at home could no longer cope with the problems he brought about every day. He said, “The arrest was the beginning of my recovery as I met police officers who gave me counselling services.” This was the peak of his abuse and the beginning of a new path.

Conclusion

In conclusion, this study established that Idleness, curiosity, experimentation, misconceptions, peer pressure, social media influence and social and economic environment are some of the causes of drug abuse in the male youth of Mbizo 15. The unemployed and school dropouts are mostly getting involved in drug abuse. In addition to that, the study also concluded that, crime, blackouts, violent behaviour, arrests, paranoia, hallucinations, and strained relations are some of the effects of drug abuse to the male youth in Mbizo 15.

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Production and Distribution Patterns of Drugs and Substances of Abuse at the
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Abstract

Drug and substance abuse is a global problem that affects people of all ages, races, and socioeconomic backgrounds. The increasing rates of drug and substance abuse among youth is a significant public health concern. Dialogues and interviews were conducted with students at the Harare Institute of Technology, using open-ended questions, to identify drugs of abuse and their sources. Additionally, these dialogues and interviews aimed to understand the distribution of drugs and substances of abuse around the campus. The findings revealed that drug use was prevalent on campus, with most sources located in the vicinity or in convenient areas for easy access. Subsequently, drugs and substances are often shared among peers. These findings underscore the need for intervention at multiple levels, from student education to dealer regulation, in order to curb the movement of drugs and substances. Restricting their movement will consequently lead to reduced use among university students.

Key words: Drugs, Substance, Abuse, distribution, Harare Institute of Technology, Zimbabwe

Introduction

Drug and substance abuse is a pressing public health issue, significantly undermining the health and well-being of both individuals and the community globally (Maraire & Mariamdar, 2020; Taylor et al., 2017). The problem affects people of all ages, races, and socioeconomic backgrounds (Taylor et al., 2017). Several factors, including poverty, unemployment, and lack of access to education and healthcare, contribute to the increase in prevalence of drug and substance abuse. In addition, the high demand for drugs and substances naturally leads to their production and distribution (Villamagna et al., 2013).

While, Zimbabwe is not a major producer of illicit drugs, it is a transit point for drugs smuggled from neighboring countries. The porous borders with Mozambique, Zambia, and South Africa have made it easy for drug traffickers to penetrate the country. In a statement to the World Health Organization in 2014, Honourable Mohadi highlighted that Zimbabwe's status as a landlocked country makes it a transit zone for drug traffickers, increasing vulnerability to drug penetration (Mohadi, 2014). The majority of drugs seized in Zimbabwe were found to be smuggled from Mozambique. Marijuana emerged as the most commonly seized drug, with only 20% being locally produced, while the remaining 80% is imported into Zimbabwe (Matunhu & Matunhu, 2016).

Many third world countries, including have witnessed the emergence of clandestine drug laboratories that produce synthetic drugs such as methamphetamine, commonly known as crystal meth (Kammrath et al., 2023). In Southern Africa, drug use has been on the rise, particularly amongst young people in universities. According to Blows et al, (2022), drug use and abuse in universities has reached a prevalence of 62.7%. Drug abuse is also on the rise in Zimbabwean universities. Concerns arise from the evident patterns of production and distribution of drugs and substances within these institutions. That being said, the production and distribution of drugs and substances in Zimbabwe is a complex issue.

Mukwenha et al. (2022) suggests the surge in drug abuse can be attributed to the COVID-19 lockdown, which left people fearful for their lives and deprived of entertainment options. Reports of substance use in Zimbabwe depict a troubling trend of increasing prevalence, with over half of people admitted to inpatient mental health units reportedly experiencing a substance induced disorder (Marandure et al., 2023). It appears, the use of social networks and media platforms has further expedited the distribution of drugs among university

students. Mushangwe (2019) posits that “Students who use drugs often know other students who use drugs, and they form social networks that facilitate the distribution of drugs. The use of social media platforms such as WhatsApp and Facebook have also made it easier for students to acquire drugs.” This problem has resulted in a great disturbance in well-being of the youth resulting in dropouts and addicts (Marôco et al., 2020).

Drug and substance abuse can also lead to social problems, such as crime, violence, family breakdown, and physical and mental health problems. The government of Zimbabwe has initiated steps to combat drug and substance abuse by implementing the five-year plan known as the 'National Drug Master Plan' (2020 – 2025), as highlighted by Mashiri (2021). However, more and urgent action is needed, including intensified awareness campaigns, enhanced treatment services, and stronger law enforcement measures. This study set out to identify and explore the sources of drugs and substances commonly abused at Harare Institute of Technology. It also determined the distribution patterns of drugs and substances commonly abused at the institution.

Methodology

Design and Context

This qualitative study employed convenience sampling to recruit university students who were 18 years and above, from Harare Institute of Technology. The study was primarily borne out of the realisation that although there were many cases of drug use and abuse, where the drugs were found and how they were distributed within the institution was unknown. A sample size of 46 participants were randomly selected.

Procedure and Ethics

The study was approved by the Harare Institute of Technology student affairs department and the dean of students. Although my sample size was 48, more than 50 students participated in the initiated dialogues on drugs and substance abuse. The questions asked were open ended so as to receive in depth answers on what they knew. Those who failed to share their opinions had the option to send their answers directly to me in my private messenger. These questions were continued every now and then over a period of a month. Participants orally gave their consent, and they were assured that their identity would remain confidential, and their responses would be used for research purposes only. Keeping participants anonymous was made possible by not asking them for any personally identifying information.

Data Analysis

The data collected from the detailed questionnaire responses underwent narrative analysis. Students' answers were organized and categorized based on their responses. Themes were identified to construct a coherent narrative.

Findings and Discussions

The most common substances used at the institution were alcohol, cannabis, medicinal syrups, and crystal meth. At a lower incidence there were cases of ecstasy. Three of these, i.e., cannabis, alcohol and ecstasy have been seen by Blows (2022), to be common drugs of use in universities found in Southern Africa including Zimbabwe.

Sources of drugs and substances commonly abused at Harare Institute of Technology.

Alcohol is the most popular substance of abuse in this institution. The alcohol, as reported by part 4 students, was said to be bought off campus and smuggled in using satchels, cars and juice bottles that were not cross checked by the security at the points of entry. During an online dialogue, a male Part 4 student mentioned that *It's easy kuvhara maguard* (play tricks on the guards).

Another student added:

Some guards who catch us just request for a cup of alcohol, especially when the search has not been requested by authorities, but not always.

There are alcohol distributors who deliver alcohol on campus or just outside the campus gates, some for free and others at a price for delivery. However, not all suppliers are authentic and have licenses to sell alcohol and operate on illegal terms. Some alcohols were believed to be “bootlegged” by the cheaper suppliers before delivery. A student reported the following:

There is a bottle of Jameson that seemed to make me get drunk faster than usual and *makuseni acho* I had stomach cramps and *zviveve* that I did not understand quite well.

Meaning, the following morning after drinking the alcohol ‘Jameson’ the following morning he had stomach cramps and peripheral neuropathy that he did not understand. Which was believed to be a case of minor alcohol poisoning. Chingono

(2021), a newsreporter from the Guardian also reports that cases of poisoning have increased due to counterfeit alcohol that has done more harm than good.

Cannabis was also reported to be purchased off-campus from nearby suppliers operating in the neighborhoods surrounding the institution. These suppliers are believed not to grow the drug on their premises; instead, they obtain bulk stocks from other suppliers and are responsible only for modifying and packaging it for resale. A couple, both in Part 4, explained,

Weed has different strains and grades. It is most likely that it is not grown in one area. The most common form used by students is "rolled blunts," which are smoked like cigarettes.

In addition, Crystal meth is known to be bought in the streets of high-density areas at night; users typically cannot obtain the drug during the day. Users often leave in the early evening to areas where they can purchase this drug. An associate of a user mentioned, "*Mukomana haare kumba, but kuma tsva anenge adzoka*," meaning that his colleague would spend the entire night somewhere and only return in the morning. Chingono (2021) noted in an article that the activity of smoking 'mutoriro' usually starts at 7 pm, miles away from Harare central business district.

The drugs in use also include medicinal syrups, particularly Broncleer, HistaLix, Stopayne syrup, and Benylin with Codeine. A local supplier stated, "The currently most common cough syrup of abuse that has been giving me high profits is Broncleer and Benylin with Codeine." He further explained, "When I sell these, it is a matter of volumes as it's just a small bottle so the profit per item can be low, so I generally encourage people to share and show them some techniques of mixing so that they use more than usual." These products are sold in areas around Belvedere at specified sale points. Interested individuals approach the seller and obtain them, then mix them into their drinks at school. As for HistaLix, it is obtained from pharmacies.

Often, students who have friends who are doctors manage to obtain fake prescriptions to purchase the syrup in pharmacies. Broncleer was removed from pharmaceutical shelves by the Medicines Control Authority of Zimbabwe (Moyo, 2018), but can otherwise be purchased on the black market. One user said, "*Handingambonetsekane chiremba aripo. Mufes wangu anondida*." Stopayne seems to be less popular as it is an over-the-counter drug and requires large quantities to reach desired effects. Individuals usually purchase these and use them on their own. However, they share information on how these drugs work, and some eventually purchase them for personal use. Makwanise (2023)) supports that the

current youth are no longer relying solely on imported hardcore drugs but also on concoctions made from locally available substances.

The distribution patterns of drugs and substances commonly abused at the institution.

There are many alcohol distributors who come to deliver alcohol on campus or just outside the campus gates, from the CBD area and nearby areas. A part 2 student said there was a “Dial a bottle” service that operated around Belvedere. He said, “These guys are reliable, and we get enough alcohol so that it is delivered for free.” Once on campus, friends usually come together and indulge in binge drinking whilst playing games in the hostel rooms, occasionally they drink behind the schools’ residency.

Students usually cannabis smoke on benches behind the hostels as a group. It is believed that the users use the location as a meeting and sharing place as is said by so as to avoid going with the smoke and evidence into the school facilities where they will be caught and charged for possession of illicit drugs. This is supported by Manyau et al. (2022), who state that according to law, although the cultivation of cannabis is now legal, private possession for recreational use is still illegal. Other ways of using this drug were in the form of “edibles”, in which a user says,

This is weed in the form of consumable foods. The foods laced with weed and fully cooked. It could be a cupcake, a brownie, jelly babies, chocolate, popcorn or even stewed beef.

The girl with him further pitches in and says,

We like this type of weed because besides that it could go undetected by most people, so they don’t know I’m getting stoned. Plus, the high is much better, so edibles are definitely the way to go.

The participants explained that since it is difficult to cook on campus, they are dealers who cook it for them, and they purchase the items readily cooked. A single individual is the one who usually purchases from the dealer and is the one who then distributes to other people interested as emphasized by Mushangwe (2019) . It is seen that one person has a direct interaction with the person who sells the items, and he/she then proceeds to give others who would have requested.

Mukwenha et al. (2022) called crystal meth a ‘notorious drug’ due to the significant increase in users ever since COVID-19. It is understood that most known users are seen coming back to campus in the morning or in the early afternoons looking unkempt, but they do not come back with the drug to the campus or places of

residence. A colleague of a user who is in part 4 says, “They share the drug so that is probably why he does not come back with it.” Nyashanu et al. (2023), states that due to the presence of stigmatization and fear of being incarcerated as incidences with these addicts is usually dealt with a heavy hand, they are better off leaving the evidence where they use it. With this being said, its distribution around campus is very limited thus low.

Conclusion

There is a variety of drugs being used at the institution, indicating that there is no centralized location to acquire all commonly used substances. However, each drug has its own hotspot that sells high volumes, often located conveniently places with easy access. Drug and substance abuse education should be imparted to students as soon as they get to the institution so that they avoid becoming addicts. To improve campus security and protocols in line with drugs and substance use on campus. The known drug users should be rehabilitated and removed from others as they influence others to do drugs by peer pressure. A reduction in demand will reduce the distribution of drugs.

While the whereabouts of these drugs are known, identifying the exact sellers proves challenging and would require undercover work to infiltrate their circles. There is a pressing need for stricter security protocols to prevent drugs from entering the campus. Despite efforts, evidence suggests that students will find innovative ways to smuggle drugs onto campus if they are determined. Authority figures must maintain an open mind to explore all possibilities and counter these attempts. Restricting the movement of drugs will decrease the likelihood of use and abuse among students at the Harare Institute of Technology. Drug and substance abuse education should be provided to students upon their arrival at the institution to prevent addiction. Improvements in campus security and protocols regarding drugs and substance use are imperative. Known drug users should undergo rehabilitation and be separated from others, as they often influence peers to partake in drug use through peer pressure. A reduction in demand will lead to a decrease in the distribution of drugs.

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Drivers of drug and substance abuse in Renco Mine community

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Abstract

The main objective of this paper was to investigate the drivers of drug and substance abuse in Renco Mine community located in Masvingo South, Zimbabwe and as well as to provide recommendations on how to arrest the drug and substance abuse scourge. To achieve the objective data was collected and interpreted. The interviews and focus group discussions were mainly used on the youths and interviews on the elders of the community. The appropriate method was used to expose the drivers of drug and substance abuse among the youth in Renco Mine. Important themes were identified in line with the objectives of this study: roles of peer groups, more drugs were abused when youth are inactive and pandemics induce idleness, what the researcher identified as driving the youths into drugs. The influence of the environment, peer pressure, failure to control the self are factors that lead the youth to take drugs. Equally important is the role played by poverty and family issues in youth abusing drugs as they are related issues to the drivers of DSA.

Key words- Drug, Substance, Abuse, Peer pressure, Renco Mine

Introduction

The drug and substance abuse (DSA) problem often takes the centre stage in discussions, particularly when addressing youth-related issues. The prevalence of drug and substance abuse (DSA) behaviour poses a pressing concern for communities, prompting an inherent interest in identifying its sources or drivers. DSA is when a drug is used in manner and amounts that are harmful to self or others (Hart et al., 2013). However, the actual causes of DSA are varied. Some scholars view it as a habit learnt from others or something that occurs due to some genetic disorders in an individual. Sometimes this starts as mere repetitive use of a drug that then alters the brain into a craving mode, addiction and reduced self-control (Heilig et al., 2021). Drug addiction happens when one develops an insatiable drug seeking and desire behaviour (Skylstad et al., 2022).

The problems and causes of DSA differ across societies. However, common factors contributing to DSA across various societies include peer pressure, societal conditions, environmental influences, and inactivity, which can be exacerbated by situations such as pandemics. Evidence of drug abuse in communities can manifest in various forms, such as specific types of litter, the behaviour of affected individuals, reports from clinical statistics, and other observable indicators. There is high risk of suicide for people exposed to DSA (Serafini et al., 2013). Individuals affected by DSA are often described as highly impulsive (Kreek et al., 2005), leading to observable behaviours such as gambling patterns and sporadic fights, which serve as indicators of DSA within communities. Additionally, family and community members may notice behavioural and physical changes in individuals suggestive of DSA, including significant weight loss, withdrawal from active life, and a generally scruffiness accompanied by bloodshot eyes (Makosa, 2022).

This study had an objective to identify the drivers of drug and substance abuse in the Renco Mine community of Zimbabwe. It is framed using the structural theory which suggests that what drives people to deviant or criminal activities (herein drug and substance abuse) is how the society is structured, the nature of the society. This researcher holds an assumption that there is a positive correlation between youth inactivity and DSA among individuals from both affluent and underprivileged backgrounds within communities. This is a departure from some prevailing assumptions suggesting that societal factors solely propel individuals into substance abuse. Neither poverty nor affluence can be attributed as a sole driver of DSA, both have potential. Therefore, there appears to be a need for further investigation into alternative explanations to understand why and how youths may become ensnared in the predicament of DSA. Data from the Zimbabwe Republic Police, as gathered and reported by Zimstat, show that 5240 persons were arrested for unlawful DSA related acts in the first three quarters of the year 2022 (Pembere, 2023).

Study Methodology

The researcher adopted the qualitative approach, using focus group discussions and interviews as the main data collection techniques. Qualitative research is valued for its ability to delve deeply into understanding phenomena within their contextual richness (Denzin and Lincoln, 2008). The research was highly reliant on the experiences of the youth using drugs in the small community of Renco Mine. (Creswell & Poth, 2016) This approach empowered the researcher to uncover nuanced explanations or insights embedded within the community of Renco Mine and among the youth engaging in drug abuse, while also allowing for the assessment of their viewpoints. Qualitative research serves to deepen our comprehension of the dynamics of our social world (Hancock et al., 2007). It is particularly valuable for its capacity to capture the voices and perspectives of participants authentically.

Given the study's focus on the drivers of DSA among the youth in Renco Mine, interviews and focus group discussions were conducted with a convenience sample of 50 youth. Additionally, interviews were conducted with community elders and individuals of influence. The data collected in this study, which included taped interviews, video recordings, or focus groups, was transcribed meticulously after obtaining informed consent from all participants. Ethical principles were strictly observed throughout the data collection process. After the collection of data, the researcher transcribed and verified the data to check consistency, steps common in qualitative research (Lacey & Luff, 2007). Data was analysed using thematic analysis.

Findings and Discussion

The study had 17 participants, including 11 youths, 6 of whom had finished their university education, 4 were in secondary level and 1 had not accessed formal education. The youth were aged between 16 and 27 years. The rest of the participants included 2 elderly married participants who had stayed in Renco Mine for almost 20 years. Both were married, with the male participant being a former staff member of an NGO. The female participant was employed at X organization, which advocates for anti-drug policies. Additionally, three participants were parents, while another participant was a sociology teacher at Nyabata High School in Renco Mine.

Drivers of drug and substance abuse

Covid-19 Lockdowns

Participants indicated that the amount and type of drugs in circulation increased in the community during COVID-19 lockdown. Whilst regulatory authorities thought there was reduced movements during lockdown, there were other active movements that were taking place. The researcher observed that during the lockdown, informal courier activities became the community's lifeline for accessing household supplies. These bridged the supply needs in both positive and negative manner. The discreetness of these informal couriers to evade security checks meant an increased chance for the shipping of illicit drugs and substances into the community. As such, the researcher observed that there was a proliferation of illicit drugs during the period when movement of goods and people was purportedly slowed down. Therefore, these findings point to the fact that once there is a problem in an institution, other institutions are bound to be affected sometimes negatively. The adjustment may be fatal as shown by the researcher's observations.

The researcher was fortunate to link up with one of the sociology teachers who commented on the issue at hand through a tape recording. The teacher was a man of influence and his contribution to the theme was huge. He said "once a problem occurs in one department get ready to have the other disturbed because society is a system, and a system works together.

The research unearthed that most of the participants were residents in the area for a long time, providing them with valuable perspective to comment comparatively on the issue under investigation, particularly regarding any changes attributable to effects of idleness on children.

The researcher had to look into situations that may induce idleness and pandemics were one of the leading examples. To establish inactivity, the researcher did an analysis together with the residents of Renco Mine of the COVID-19 pandemic. In line with the WHO recommendations, People were confined to their homes except for exceptional cases (S.I. 200 of 2020). Schools, any other educational facilities, churches, and recreational centres were closed whilst public gatherings of any nature were banned. All participants agreed that before the COVID-19, pandemic children were actively engaged in various activities but were forced to be idle with the coming of the lockdown.

Most children were attracted or hoodwinked into experimenting with drugs and substances in the cover of unmonitored activities. This confirms research by the Centre for Disease Control and Prevention that, ‘Schools play a critical role in promoting students’ health and development and can take action to help students feel connected’. The paper argues that when children get the connectedness that come from being in school, they become less likely to experience mental health, violence, substance abuse, and sexual health risks (CDC, nd).

Most of the participants were aware of the behaviour changes that happen when one is abusing drugs. They had either experienced DSA at first hand or through someone in their families. The number of those who have dealt with DSA cases in this community is on the high side showing that there are active agents luring children into DSA. However, the fact that it became so rampant during and after the COVID-19 induced lockdown means other activities that reduced idleness were stopping the vulnerability of children to DSA. Evidently, all of the participants agreed that prolonged inactivity led youths to lose moral compass. The centre of the discussion by the participants was not to say the COVID-19 is causing DSA among the youth but pandemics which bring with them measures that tend to make the youth inactive may cause the youth to abuse drugs.

The questions that the researcher chose to deal with the issue of inactivity attracted a higher response rate and one participant had to agree that COVID-19 had created inactivity more than in the past. The participant had to say this:

The COVID-19 era was problematic in the sense that it left the youth with no other choice as lockdowns made them idle and inactive at home. Though debatable, a number of people will agree that this was the time we lost our children to drugs.’ Vanga vasina zvekuita. They found production in drugs since the only things that kept them busy was taken away by the pandemic though lockdowns.

In investigating the extent in which inactivity may result in drug and substance abuse, the study noted the key cause in inactivity and that is pandemics. However, the results obtained from one participant number 4 noted that unemployment may also be a key player in inducing idleness which then led to abuse of drugs and substance. The researcher found out that the study spoke of same issues that were at hand that unemployment may drive the youth into drugs. The study is very relevant as it aimed at studying the consequences of sky-high unemployment rates brought by the Great Depression. Just like the researcher noted with the COVID-19 pandemic.

Influence of the environment

The researcher observed the sprouting of illegal drinking points in the community. Youths often mill around these inconspicuous spaces which are hotspots for distribution and consumption of drugs. The researcher observed that youngsters

were clandestinely recruited into moving illicit brews and drugs to evade law enforcement agents' scrutiny. Whilst some of the youngsters were conscious of the task, they were engaged in; most were sent with illicit parcels without their knowledge.

The researcher observed an increase in public fights attributed to DSA, especially among boys. There is an increase of incidences of youth who fall asleep in the open or walking aimlessly like destitutes. There's a phenomenon known as "ku sticker" where individuals under the influence of drugs lose awareness of their surroundings, allowing them to sleep in extreme hot or cold conditions without proper protection, often amusing passersby.

The researcher discovered that it is not possible to survive differently in a community like that. If an individual associates with people who use drugs, they might find yourself doing the same. Shabeens and many households here create an environment where drug abuse is common. Living in an area where drug use is widespread often leads to becoming part of that group. The researcher also found that those engaging in such behaviors are often seen as opinion leaders, making drug use seem normal and acceptable to the youth. Participant B from our sample of elders mentioned,

The shabeens were there before, but I think when the bars were temporarily closed, they increased, and this became our problem because different drugs are consumed at shabeens, and this increased day by day.

Failure to control the self.

Participating parents submitted that the youth were into drugs because of the failure to control themselves. Participant R submitted that, *hupenyu mwene wahwo*, a vernacular which simply means that one is responsible for his life. This supports the control theory in the sense that, failure to control yourself may lead to one abusing drugs. It is true to argue that with all the findings in this research, others didn't choose to take drugs but most of them made a choice to do so thus failing to control the self a thing that may lead one taking drugs. Youth in drugs see it as lifestyle to do so and those who do not are socially excluded because they are regarded as backward, *kusara* as they say in vernacular. Therefore, the control theory is relevant in pointing out the drivers of drug and substance abuse.

The above was obtained through a focus group discussion by a number of participants. The researcher quoted what other participant had to say in the following: *'The youth have destroyed their lives simply because they can't control themselves. Failure to control the self may lead one to abuse drugs because you would have lost control.'*

Peer Pressure

After a close look, the researcher entwined the structural and subcultural theories in investigating what drives people to abuse drugs in the community. The method used to analyse these theories was observation which may also produce representative and general data. A mere observation of the community exposed the fact that the structure of the society (herein Renco Mine) is behind the abuse of drugs by the youth. The community is just like other communities with the same values and principles which seem to exclude other members. As argued by the proponent of the structural theory, the structure of the society can lead to deviance.

The community hold that persons should strive through legitimate means which are hardworking and education. An assessment of the youth in the community revealed that most of them were dull and through interviews most of them submitted that they had dropped out of school because it was a waste of time. The importance of this was that it helped the researcher to score this point of the society being the reason behind the youth abusing drugs. The legitimate means to success are limited and this has caused frustration among the youth who end up having nothing to do (inactivity). When the youth are frustrated, they team up and take drugs as way to escape their problems hence forming subcultures (subculture theory). One youth submitted that they are times they sit on bridges smoking marijuana or taking *mutoriro*. The researcher quoted the following words from Participant C.

‘Vazhinji vedu muno hatina zvekutuita saka tinoenda pa chi corner chedu se boys torova zvinodhaka kubvisa stress’. The statements by the participant without doubt revealed that he was one of the youths into drugs. The vernacular simply means that the youth have nothing to do in the community so the participant together with the other boys team-up and take drugs. The use of interview was crucial as it exposed that the Participant was into drugs further strengthening the validity of the subject.

Going further with peer pressure. According to (Clasen and Brown 1985), peer groups encourage teens to act contrary to their parents, not to do many things in their families. Peer pressure emerged as one of the serious drivers of DSA among the youth. Most youths in drugs are doing so because of peer influence. Some of them will make sure that they take drugs so that they have friends. They seem not want to be socially excluded. The youth especially orphans who face abuse at home may see peers as family and start depending on the peers for guidance and protection since they cannot get that at home. The peers learn various things from each other. The learning includes taking drugs and substances as well. One participant from the sample of elders explained her opinion in the following way,

‘The youth generally follow in the footsteps of their friends and they are attracted by what others of their age do so that they can imitate them. The peer pressure starts with one simple thing at first, and then goes to two and then three, before they know it they are into drugs and substance and they are addicted’.

It was revealed through interviews by Participant 11 that the peers play the role of pressuring the youth to be drug and substance abused in different ways. Another participant who was 20 years told the researcher that he was pressurised into using drugs by his peers. He *explained*. ‘*I started taking drugs when I joined a group of friends. I started using substances because I liked my friends and had to do so to be part of them, there was no room to be the odd one out*’.

Conclusions

While there are many drivers to the abuse of drugs and substances, peer pressure and inactivity play a big role in driving the youth. Inactivity may result due to various factors such as unemployment and pandemics for example COVID-19. During the pandemic the youths were deprived of their routine outdoor lifestyle events as formal education, sports, recreation, and religious gatherings. Inactivity in youths can culminate in their increased vulnerability to DSA. The COVID-19 national lockdown brought a prolonged inactivity to youths that left them with a lot of free time beyond their managing capabilities. As such, the paper recommends that having learnt from the effects of COVID-19 induced idleness, measures should be put in place to keep youths occupied. Law enforcement agents must do routine checks in not so obvious places, informal couriers and hideouts to deter and arrest drug peddlers. Parents should make extra efforts to find out the kind of friends their children keep.

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Drivers of drug and substance abuse (DSA) among secondary learners at Siabuwa
Secondary school in Binga rural district, Zimbabwe
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Abstract

The prevalence of drug and substance abuse among students at Siabuwa Secondary School in Binga rural district is a pressing issue, leading to unwanted pregnancies, school dropouts, absenteeism, and mental health conditions. This research investigates the underlying causes, effects, and potential solutions to combat this problem within the context of limited resources and Zimbabwe's challenging economic situation. Qualitative methods, including focus group discussions and observations, were used to gather insights into the extent and nature of substance abuse at the school. Findings highlight the severe lack of resources available to effectively address the issue. The impact of substance abuse at Siabuwa Secondary School necessitates dependable, cost-effective, and locally applicable solutions. Recommended interventions include awareness campaigns, educational programs, partnerships, policy and law enforcement, monitoring and evaluation, and ongoing research and feedback reviews.

Key words: Drugs and substance abuse, mental health, policy and law enforcement, monitoring and evaluation.

Introduction

Drug abuse is detrimental, and excessive drug usage is a worldwide problem which typically begins during adolescence (Nawi et al., 2021). According to Anderson (2005), substance abuse, also known as drug abuse, refers to a maladaptive pattern of use of substance that is not considered dependent. Thus, drug misuse including alcohol may lead to mental disorder, morbidity, injuries, unprotected sex, violence, addiction problems, homicides, and death. Drug and substance abuse have negative effects in human life if taken into excess. According to the UNDCP (2015) the use of illicit drugs has increased throughout the world, with heroin and cocaine emerging the main drugs abused. Of major concern is that children are targeted as the new market for drugs (Odhiambo, 2021).

Zimbabwe is grappling with a crisis of drug and substance abuse crisis among its youth, with whose prevalence rates escalating yearly, (Maraire et al., 2020). Marandure et al. (2023) echoed that the reports of substance use in Zimbabwe paint a concerning picture of escalating prevalence of use, with over half of people admitted to inpatient mental health units reportedly experiencing a substance induced disorder.

Substance abuse has a long history in Zimbabwe, predominantly affecting men but also extending to school children. This is besides the fact that the law in Zimbabwe prohibits the sale and consumption of alcohol to individuals under the age of 18. Dziro and Makaruse (2012) averred that substance abuse by in-school youths in Zimbabwe also dates back to the colonial period when white children of the Settler community, who went to privileged 'A' class schools were the known key abusers. Clearly, drug substance abuse in schools did not start today but it can be traced back during the colonial period, when Zimbabwe was under the yoke of white supremacy. However, efforts aimed at addressing substance drug abuse among school children have not been fully explored, hindering the ability to draw key lessons.

In addition, a majority of studies on substance abuse in Zimbabwe have focused on urban areas, creating a gap in understanding the specific dynamics of substance abuse in rural areas. There is scanty literature regarding drug and substance abuse among secondary students in Binga rural district and the available literature about BaTonga people smoking mbanje is fallacy and fictitious. However, drug and substance abuse are a growing concern in the communities of Binga rural district. The misuse of drug substances by learners at Siabuwa high school have hatched so many problems at school as well as in the community. It is against this background that the study attempt to understand deeply the major causes, effects and suggest solutions on drug substance abuse at Siabuwa high school in Binga rural district.

Qualitative research method was used in the research on drug substance. A qualitative research method was used to study substance abuse among learners at Siabuwa High School. Information was gathered through focus group discussions and one-on-one interviews with key informants, including the school head and the ward councillor, assisted by enumerators fluent in English and Tonga. The researcher, with the help of the school health master, randomly selected and interviewed 20 learners to ensure diverse perspectives. At the district level, the district school inspector for Binga was also interviewed. Focus group discussions with 20 learners (10 girls and 10 boys) provided in-depth insights into substance abuse issues at the school and community level. Individual interviews covered the causes, effects, and potential solutions to substance abuse. Observations were conducted to record learner behaviours', moderating the data collected on substance abuse.

Profile of research participants

Data was collected from secondary learners at Siabuwa high school in Binga rural district. The group of learners (O' and A' level) who were involved in school health activities such as health clubs were recruited using school registers which were collected from the school head. Most of the participants were the beneficiaries of local based organizations such as Basilwizi Trust who were trained on health issues related to drug substance abuse. Over and above, most of participants had more than 3 years learning at Siabuwa high school and have better understanding of issues around drug substance abuse at school and in the community.

Ethical considerations

Key ethical considerations were followed, including permission from the Ministry of Education, Binga, and the school head. Participants were assured of confidentiality and privacy, provided with detailed information about the study, and gave informed consent by signing consent forms. Participation was voluntary.

Research findings and discussions

Causes of drug substance abuse at Siabuwa high school

The causes of drug substance abuse at Siabuwa high school are varied and they cannot be studied in mono casual approach. The most prevalent influencing factors identified are peer influence and inadequate parental or guardian. Youth drug abuse appears to be influenced by various factors both traditional and contemporary addictive substances are abused by young individuals for multiple reasons. All this indicate that drug substance abuse is caused by so many factors, and these may include the following.

Lack of parental supervision

Drug substance abuse at Siabuwa high school is as a result of parents who do not control their children in the sense of right and wrong. An O' level female learner at Siabuwa Secondary school lamented that:

“Bazyali baangu me baka ndilekelezya, tako tibakali kundizyotolola pe kuti ndizibe kuti echi nchibi na kuti nchibotu, mpawo mebo ndakasweka ndabuchita zyakufwepa akunywa bukande zitayandikani pe mukupona kandi chenda kuchikolo”. (My parents never instilled me in the sense of wrong and right, I ended up smoking mbanje and drinking alcohol whilst am still going to school).

A 16-year-old girl echoed that:

Our parents do not take their time to share with us life experiences so that we can learn and follow the right path for the betterment of our future but instead they could tell us how they could enjoy smoking Inchelwa(mfuko) filled with tobacco. They didn't have time to discuss with us about life for the net benefits of our future as a girl child.

One of the major drivers of girls' engagement with drugs and substance abuse is the lack of parental supervision and support, particularly in rural areas where girls may face unequal access to education and opportunities compared to boys. Parents who fail to allocate time to discuss future-related issues with their daughters can significantly contribute to their vulnerability to drug and substance abuse.

Family Poverty

Poverty was mentioned as one of the major driving forces to learners at Siabuwa high school. An A' level learner (male) attested that:

Iswe tubana bachilombe buchete mbubo butupa kuti tufwambane kunywa bukande akufwepa nkambo bulajanika alubo bulamuulo ulansi bana bachikolo. Alubo kufwaba nkuko kupa kuti tuleke kuya kuchikolo akambo kakuti ngatwabula zisamo zyakusama mpawo twachita mulimo wakunywa bukande kupela akufwepa”. (As boys, poverty push us towards drug substance abuse while we are still in school. The financial struggles also lead some of us to dropping out, unable to afford even basic necessities like school uniforms. Turning to drugs feels like the last resort in the face of such challenges).

Most of the parents are failing to pay fees for a girl child at my school. I don't know why. Some parents says that we don't have money or livestock so that we can sale and get money to pay fees for their children.

From the above verbatims, it is evident that poverty is contributing a lot to drug substance abuse by learners at Siabuwa high school. Most of the parents are not employed and they depend on peasant farming which is not sustainable for them and hence they fail to provide school needs to their children. In other ways, boys and girls get into drug substance abuse trying to refresh their minds and so that they cannot think much about their poverty. During the research it was said that there are so many learners who smoke mbanje, but they don't take it in public spaces. Thus, learners take drug substances knowing that it something which is prohibited at School.

Peer pressure

Drug substance abuse, particularly among adolescents, is often attributed to b peer pressure (*Jungwe*). One of the school teachers defined peer pressure during one-on-one interview as “influence by children of the same age or group to do or accept certain behavior which affect them at the end”. Adolescents like to hang out with friends from their age because they have similar ideas, and they feel comfortable with each other (Owens, 2006). A village head during the research said the following:

Bana bachikolo bachisimbi abachilombe bali kufwambana kunywa bukande akufwepa akambo ka jungwe, babu chijanina zyakufwepa zichitwa abantu bachipati labo kabachili baniini”. (Both boys and girls are increasingly drawn into drug substance abuse at a young age, often before they are mentally and physically mature).

Another learner (a form 3 boy) during the focused group discussion attested that:

Boys and girls, at our school engage into negative peer pressure of getting into smoking for pleasure and entertainment and they feel comfortable. They end up recruiting other learners at school to venture into smoking and drinking alcohol in secret places.

Bothboys and girls are drawn into drug abuse through peer pressure or the influence of others, particularly after school hours. One major reason for them to get into smoking mbanje is for them to gain confidence and courage at school. Dhull and Beniwal (2017) define peer pressure as an influence from friends or classmates to do something we normally do not follow as a routine. In essence, peer pressure entails the stress or strain felt from friends and schoolmates to

conform in terms of actions, behaviors, thoughts, and appearance (Ibid, 2017). In essence, peer pressure entails the stress or strain felt from friends and school mates to conform, in terms of behaviour, thoughts and appearance (Ibid,2017).

Morrison et al. (2004) argue that peer pressure is positive when someone encourages or supports you to do something good e, g participating in sports, joining clubs, trying new foods, doing volunteer work, getting good grades, showing respect, meeting new people, doing the right thing, being honest and being responsible. However, UNICEF (2010) argues that girls lack skills to resist peer pressure on various issues that affect them, and they become vulnerable to sexual abuse. It is important to acknowledge that peer pressure can be perilous when girls succumb to and accept negative influences that have detrimental effects on their lives. Conversely, positive peer pressure, when embraced, can be celebrated by everyone within the school community.

Lack of leisure activity

Lack of leisure activity at Siabuwa high school was also mentioned as a driving factor for drug substance abuse by learners. One of the learners said the following during focused group discussion:

Bana bachikolo ba Siabuwa high school babuchita zyaku fwepa akunywa bukande akambo kakuti ngaba bula zyakuchita kuchikolo. Kuchikolo takukwe misobano miingi pe ichtwa ipa kuti bana bachikolo bajatikane. Bana balombe babunywa tunjengu muchindi chachikolo, babuchesya mumabbawa kaba fwepa tombwe wamazuba ano.”
(Learners from Siabuwa High School engage in drug use due to a lack of leisure activities to occupy their time at school. Some boys go out for the whole night in beer hall smoking marijuana.

A teacher at Siabuwa high school also shared that:

Learners at our school has been addicted with alcohol, they are no longer concentrating much to their school work. Drug and substance abuse has become one thing which has changed the mind of boys and they are no longer listening to advice from their teachers.

Leisure activities at school push learners into drug substance abuse. Teachers at Siabuwa high are always complaining about the behaviors of learners that they are now taking drugs to reduce or minimize boredom and relieve from fatigue. It was noted that many teenage girls use drugs to escape problems like bullying, not getting along with others, growing apart from family members and friends.

Factors which drives learners into drug substance abuse as indicated by the research findings.

Effects of drug substance abuse on learners at Siabuwa high school

The research findings show that the effects of drug substance abuse include socio-economic, educational and health consequences. In this regard, the present below will be based on the aforementioned as subheadings derived from the perspectives of the research participants.

Socio-economic consequence

Learners from Siabuwa High School often experience social isolation from peers who are not into drug substance abuse. Some of these learners pose a threat to the teachers and the community due to their drug use, despite being below the recommended age of 18. Furthermore, learners who drop out school become a financial burden to their parents, creating additional strain on already limited resources. As the Tonga adage goes “*Mwana uleegwa kuku joka*”, *mwana ulilila nyeele ya bbonobono mumuleke imunyanine mumaboko*” (A child is given advice after bad thing has happened upon them). This suggests that learners get into drug substance abuse willingly and against the advice of their teachers and parents. Drug substance abuse not only robs learners of their potential but also poses a threat to their overall well-being, constituting one of the most insidious forms of abuse that infringes upon children's rights, including the right to health, education, and life.

Many learners attribute the rise in child marriages to drug substance abuse, particularly among girls who are more likely to drop out of school after becoming pregnant following interactions with drug-abusing boys. This observation is supported by a key informant who noted:

Learners at Siabuwa high school do not finish and complete their academic education as some are suspended at school because of anti-social behavior. The learners are isolated by others who do not take drugs at all. Thus, they are not socially accepted to join social groups that are meant to discuss about educational life at school.

In concurrence, one of the interviewed girls expressed that:

Most girls live a difficult life as they are abused by boys who take drugs, physical and sexual abuse is common. Even if they get support from NGOs in terms of sponsorship, girls are the first to drop out school as they are impregnated by boys.'

After experiencing overwhelming situation, one of the girls noted that:

Pregnant girls, as a result of drug and substance abuse, often think of committing suicide by ingesting poison, after being segregated and isolated by friends at school. Additionally, some pregnant girls are expelled from their homes and find refuge in the homes of relatives.

Learners often misuse funds intended for school fees to purchase drugs, exacerbating the socio-economic challenges they face, ultimately impacting their future prospects. Female learners bear the brunt of drug substance abuse, often facing isolation and loneliness at school due to abuse by male peers.

Health consequences

The health risk caused by drug substance abuse to learners are detrimental in the lives of school children at Siabuwa high school. Mental health was said to be one of the common effects of drug substance abuse which was mentioned by Siabuwa learners during focused group discussion. It was noted that drug substance abuse has so many dangers to learners' health and psychological well-being at Siabuwa secondary school. Drug substance abuse has exposed learners to sexual related diseases, and some are now succumbing to the ravages of HIV & AIDS. One girl during the interview echoed that:

Bana bachisimbi bali kujatwa bulwazi bwa Nkwelakasasa abasilisi mucuindi chakulangwa malwazi a Nkwelakasasa. (During HIV & AIDS campaigns and tests, learners from Siabuwa high school are tested positive by the Nurses).

Another learner (a male) averred that:

Most learners who are into drug substance abuse complain about chest pains and tooth decay because of smoking mbanje and tobacco in secret places and most of them are under the age of 18, significantly raising the risk of heart diseases, lung cancer and death.

This is an indication that drug substance abuse has so many consequences which affects health life of learners at school. Many unhealth behavior often began during adolescences and represent major public health challenges (Jai et al., 2016). Health wise, learners who are taking drugs at Siabuwa high school are failing to maintain hygiene as they are dirty, and they come to school with tattered and shabby school uniforms which smell tobacco and mbanje. Thus, they become more susceptible to water borne diseases like cholera which affects health of individuals in the society. Substance abuse has major impact on individuals, families and communities as its effects are cumulative contributing to costly social, physical and mental problems (Sussman et al,2008).

Educational consequences

Learners who have addicted with drugs has developed a habit of bunking lessons and their participation in class during the lessons has diminished. Learners engaged in drugs are always in loggerheads with teachers and their performance in class has been compromised. One respondent (a boy) during in-depth interview said that:

Iswe tubana balombe tujana buyumuyumu maningi kuti tweende kuchikolo mazuba woose ankambo kakuti ngatulikoledwe abukande. Mpawo kuyeya ngatatuchiyeyi kabotu pe olo muyisi ayisyse kutyani iswe ngatwafwambana kuluba nzitwayiya muchikolo. (As boys we find it difficult to go to school while intoxicated. Our reasoning ability during the lessons is compromised, and we find it difficult to retain the information taught by our teachers.

Apart from facing ridicule from parents, learners who take drugs were often shunned by teachers. Some learners felt they should get companionship elsewhere due to the stigma associated with drug substance abuse. One of the girls noted that: “As drug abusers at school, we feel embarrassed and isolated as our friends shun and avoid interacting with us, they isolate us and leave us in the cage of loneliness.

To show the extremity of the situation, another boy added that:

I tried to brush my teeth with toothbrush to cover the smell for tobacco so that teachers and other students cannot see that I am carried away by drugs. Some learners could scold me. We become their daily topics and we always felt embarrassed. I failed even to copy notes from them at school as they thought that I can tear down the pages of their books and roll up a cigarette.

The above words shows that learners who are abusing drugs at Siabuwa high school are always in dilemma in as far as drug substance abuse is concerned. They find themselves in a constant dilemma regarding their drug use, which not only blocks but also stains their future prospects, leading them to distance themselves continuing with their education. Teachers observe that when learners who are intoxicated often skip school, experiencing emotions like depression, confusion, fear and stress. According to a health coordinator at Siabuwa High School, teachers also face feelings of shame, embarrassment, and humiliation when learners fall asleep during lessons, disrupt the learning environment. Factors such as poor school performance, the search for tension release, seeking pleasure, and modeling behavior contribute to the high rates of drug abuse among adolescents (Ahmadi & Hasani, 2003). In response, some learners opt to stay away from school

or drop out altogether to indulge in drug use without the constraints imposed by teacher.

Measures to minimize drug substance abuse at Siabuwa high school.

There are so many measures which were suggested by the learners during the research to address issues of drug substance abuse at Siabuwa high school. The suggested measures or interventions include school-based policy, community-based intervention, and social-based activities.

The school should enforce a stringent policy against the consumption of illegal drugs, solvents, and glues, with smoking prohibited on school grounds under threat of disciplinary action. School interventions can include regular dissemination of drug education and alcohol policies during assemblies and conducting searches at the school gate to intercept drugs or substances, imposing penalties on violators.

There is also an opportunity to empower community members and learners on life-based skills education (LBSE) such as sewing, carpentry, leather work and welding. Such projects create employment for community members so that they are able to take their children and reduces the likelihood of exposing girls to various forms of abuse.

Learners also suggested implementing harmonized cash and voucher assistance (CVA) which ensures that communities receive goods or services for household use, guaranteeing that school children at Siabuwa Secondary have access to food and funds for school fees. They also suggested orphaned children, especially those attending school should be supported with social support which helps shield them from drug substance abuse and other forms of abuse.

School-based policy intervention at Siabuwa high school will help to minimise drug substance abuse by learners. Fletcher et al. (2008) commend that an intervention that promotes a positive school ethos and reduce student disaffection may be an effective complement to drug prevention intervention addressing individuals' knowledge skills and peer norms. Siabuwa high school should provide pro-social activities such as physical activities and organised non- sports activities which have protective effects on substance use and anti-social behaviour to learners. The school should prioritise activities such as music, athletics, and academic clubs so that learners can pre-occupy themselves and reduce chance of engaging into drug substance abuse.

The programs or activities which involves parents can be effective in reducing or preventing drug or substance use. Some effective interventions are included enhancing good decision-making ability and self-protection due to improving life

skills and assertive training and also changing the knowledge and attitude by informing teenagers about abused drugs and their consequences (Griffin et al, 2010). Small group activities and discussion, storytelling and role-playing scenarios are some evidence-based educational methods in life skills training programs (Moghadam et al, 2016). Bryant et al (2003) argues that participation in school activities has been shown to serve as a protective factor against the use of substance and these includes participation in a variety of social academic organisation such as student government, clubs, athletics teams, the arts, and the school newspaper.

Conclusion

The study reveals that drug substance abuse is prevalent among learners at Siabuwa Secondary School and has harmful effects on their academic lives. Major causes include lack of parental supervision, poverty, lack of leisure activities, and peer pressure. The effects of substance abuse discussed include academic decline, with girls facing specific challenges such as teenage pregnancies, social isolation, and neglect by teachers. Recommendations to address these issues include awareness campaigns, monitoring and evaluation, policy and law enforcement, partnerships, confiscation of illegal drugs, and ongoing research and feedback. The study highlights that many boys drop out of school due to substance abuse. A comprehensive and holistic approach is needed to effectively tackle drug substance abuse at Siabuwa Secondary School in Binga rural district, Zimbabwe.

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Causes of Drug and Substance Abuse among Youths. A Case of Mwenezi District
Ward 6, Zimbabwe.

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Abstract

This qualitative explored the underlying causes of drug and substance abuse among youths in Ward 6 of Mwenezi district, Zimbabwe, with the objective of identifying potential solutions to address this issue. Data collection involved focus group discussions with the ward councilor, youth coordinator, and ten youths. The findings indicate that awareness-raising efforts on drug abuse primarily occur through church sermons, with minimal involvement from the health department in resettlement areas. The study concludes that efforts should focus on empowering undereducated youths and increasing awareness of drug and substance abuse, particularly targeting youth populations. Consequently, the research recommends the following actions: a) government investment in infrastructural development in resettlement areas, focusing on schools and roads, b) implementation of drug policies with robust monitoring and evaluation mechanisms, c) creation of self-help projects aligned with the National Youth Policy to engage youths, and d) increased awareness efforts by the Ministry of Health and relevant stakeholders.

Key words: drugs, substance, abuse, youths, awareness, marginalized

Introduction

Drug and substance abuse (DSA) is slowly snatching away the future of the young generation across the globe. In recent years, many African countries have had an upsurge in the production, distribution and consumption of drugs and substances, with the youth being the most affected. Many of these countries have become markets for drugs due to the activities of organizations and individual traffickers who use Africa as a transit point in their trade with countries in the North (Odejide, 2006). The burden of CMD has more than doubled in the past 30 years in Sub-Saharan Africa and is especially high among adolescents and young adults (Gouda et al., 2019). The drug problem has resulted in African countries developing their own drug control policies. Many have adopted anti-drug laws or legislation or established drug control agencies. Many African countries are signatories to United Nations Drug Conventions (UNDC), United Nations Office on Drug and related Crime (UNODC) and United Nations International Drug Control Program (UNIDCP).

According to the Lexicon of alcohol and drug terms published by the World Health Organization, drug use increased far more rapidly among developing countries including Zimbabwe. It has been estimated that approximately 3 % of the adult population in Zimbabwe has either a drug or alcohol disorder. As a result, the government of Zimbabwe established the Drug Control Program, aiming at reducing drug and substance use in the country. The Zimbabwe National Drug Master Plan (2020- 2025) was established as a weapon to address issues to do with the ever rising issues of DSA (Marandure et al., 2023). The master plan offers both an integrated and comprehensive approach that addresses a range of drug related issues. Additionally, various laws have been enacted to curb the vice of drug and substance abuse. Some the legislation which has been put into practice include, The Dangerous Drug Act (chapter 15:02) and Criminal Law (Codification, Reform) Act (chapter 9:23), Dangerous Drug Regulation RGN (Rhodesia Government Notice) 1111 of 1965. The legislation is centered on the following United Nations International Conventions; the single convention on narcotic drugs, 1961, the convention on psychotropic substance 1971, the convention against illicit trade in narcotics and psychotropic substance of 1988 (Vienna Convention).

Common mental disorders are prevalent among adolescents and the treatment gap is large (Broström et al., 2021). Approximately 60% of the patients in mental health institutions are suffering from mental related issues due to stress of socio-economic problems. Beyond this, there are some place-based drivers of drug and substance abuse which might lead rural areas to have more cases than urban areas, and vice versa. For instance, in Mwenezi, poor network coverage for both radio and internet contributes to a lack of awareness. However, some studies argue that students in towns are more likely to abuse drugs than those in rural areas (Otiel et al., 2009). The urge therefore is to have national responses that have a local character.

Currently, the government is striving to use awareness campaigns and enact laws, acts, and policies to stop drug and substance abuse among youths, the issue remains unresolved in resettlement areas. People living in rural areas face challenges in accessing these mental health institutions to seek help, which lead to serious situations among families of the mentally challenged persons in the society. Rural populations have fewer resources and professionals to assist them (Pettigrew et al., 2012). Supporting the lack of awareness issue, Chavan et al. (2017) noted that in some cases, there is also a high propensity for drug usage due to the lack of awareness of drug abuse.

Keyes et al. (2014) posit that rural populations face several unique challenges with substance use. Firstly, individuals in rural areas are at a greater risk due to the availability and social acceptability of substance misuse. Rural areas may have more access to alcohol, tobacco, and medications, which may normalize substance use. This availability and acceptability may also be associated with financial difficulty within the rural environment. The cheap and readily available substance include *madhirihora* (tobacco leaves), *mbanje* (cannabis) and different types of traditional beers. Equally important is to consider the impact of education and awareness on substance use disorders. A lack of awareness about the dangers of drug use can contribute to the development of substance use disorders. The lack of awareness among women who brew traditional beers about the dangers of their products drives them to sell beer to children under the age of 18. Unlike licensed bars, which prohibit selling beer to people under the age of 18, homemade beer brewers sell their beer to everyone who needs it, regardless of age. Gwede et al. (2001) posit that by the age of 13, males are more likely to have experimented with alcohol and cigarette usage.

Though the causes of DSA are well documented, often they are not place based and they barely focus on underserved rural and resettlement areas. This qualitative research study explores the root causes of DSA which affect the entire life of youths focusing on the resettlement areas of Mwenezi district which consist of the largest part of the district, while holding a large population of vulnerable youths who are undereducated and unemployed. The first sections shall interrogate the background, causes and both the long- and short-term effects.

Research Methodology

This study was set in Mwenezi, a district of the Masvingo province and lies under farming region 5 and 6. The district has a total of 18 wards (named 1- 18 and led by 18 councillors), two house representatives for (Mwenezi East and Mwenezi North), 7 chiefs (Chitanga, Murove, Neshuro, Maranda, Mawarire, Mazetese and Negari). The major business centers where most activities are done are Rutenga (ward 18), Lundi (ward 1), Maranda (ward 9), Sarahuru (ward 4) and Matibi (ward 3). The district receives very low rainfall throughout the year driving it to be more vulnerable to droughts which impacts the livelihoods of the inhabitants. The

district's proximity to Mozambique and South Africa gives access for young people to cross the borders in search of greener pastures. The cross-border issue also causes high rates of drug and substance trafficking. The main road from Harare to Beitbridge passes through Lundi and Rutenga business centres, and this seems to be a blessing in disguise in as far as the issue of drugs is concerned in Mwenzi district. Rutenga and Lundi business centers are the hotspots of many life-threatening activities including commercial sex work and drug trafficking.

This study adopted the qualitative research approach informed. The multiple case study design was preferred for this study as it enabled the researcher to explore differences within and between cases (Baxter & Jack, 2008). In an attempt to uphold the research's credibility, the researcher combined focus group discussion and key informant interviews. A focus group discussion with (10) youths, the ward 6 Councillor and a youth leader was conducted. The focus group discussion enabled participants to be more comfortable in voicing views in each other's company than on their own with the researcher. The interviews on the other hand allowed for probing things that cannot be observed and thus accessing the information on the participants', thoughts, values, prejudices, perceptions, views, feelings, and perspectives (Pham, 2018). The interviews and the focus group discussion (FDG) were tape-recorded with the participants' consent. Data gathered was thematically analysed after transcriptions. Ethical considerations inclusive of informed consent, anonymity, voluntary participation, and confidentiality were observed and upheld.

Findings and Discussion

Challenges faced by youths in resettlement areas.

This question was important as it can give a light to the government on what the youths describe as challenges from their own perspectives. In a dialogue participant 1 had this to say,

Life in the rural areas is hard especially when one reaches the age when he/ she is supposed to take care of herself or himself. It is without doubt that there are no enough jobs in the country which makes a lot young people around here to be unemployed. Sometimes drugs are used as pills to relieve the stress of poverty.

The contribution is seconded by Merton (1971)' theory which he coined the strain theory. The theory suggests that stress can drive people to do criminal activities which can be drug and substance abuse among others. In another dialogue, participant 2 have this to say:

We are all aware that it is every child's right to go to school. I was in 2 when we moved from our village of origin coming here and that was in 2002. I only managed to complete grade 7, which I completed learning in the classrooms build of poles and dagga and to make matters worse,

we only had 3 teachers who taught grade 1 up to 7. In such a situation, I can never get a formal job, all I can do is buying petrol and diesel from trucks and sell to mushika-shika team.

Drivers of drug and substance abuse

The study noted the drivers of drug and substance abuse are diverse, thus they differ from community to community. What drives youths in Mbare, Harare to abuse drugs may differ from what drives youths in Mwenezi district. In a dialogue with the Mwenezi District ward 13 Councillor had this to say,

The issue of drug and substance abuse is very sensitive, and it is very difficult to mention the names of these young people who are into drugs even though some of them are well known for this act. Vapfanha vanotongodzitanga vachiri vadiki mbanje idzi apa chikoro vazhinji varikungosiira panzira form 4 yacho havasvike. I have some whom I know of who were suspended from school because of their indecent behavior and it was later discovered that they were abusing drugs at D secondary school (name of school withheld).

This finding corresponds with various findings in literature. Blandford (2003) stated that, drug and substance abuse has become a stumbling block to the students learning behavior which is an essential element in education practice. In line with this, Munyoki (2008) posits that, drug abuse results in lack of morals and deterioration of learning standards. In an interview with the ward 13 youth coordinator, he mentioned the following:

It seems that we already failed our children. Drug and substance abuse is now the daily bread of our youths, and nothing is done to stop them. We are aware of the laws which are being enforced but we had never seen the police looking for drug abusers here hence there are plenty of them. Another problem is that these drugs are easy and cheap to find.

A focus group discussion between the researcher and the youths was done and the participants were randomly chosen to answer the question about the drivers of drug and substance abuse. Participant 3 had this to say,

It is normal for some of us as boys to taste beer or (mbanje) with the influence of others . Actually, at school a class with 20 boys can happen to have 15 boys who have tried smoking; however others will be quick to quit while others continue to the point of addiction.

This finding was very critical and well backed by many theories. One of the famous theorist Albert Bandura propounded the social learning theory in the 1970s. According to his theory, all behaviour is learnt through observation. In line with this, Ongwae (2016) pointed out that, many people begin taking drugs at adolescence,

a stage of transition from childhood to adulthood. It is a momentous period filled with changes, difficulties and special problems and it is a time of self-discovery and self-assertion. Pudo (1998) mentioned that curiosity is one of the man's outstanding characteristics, therefore it does not come as a surprise that many young persons will wish to try some drugs in order to determine the effects for themselves.

Participant 4 was a very open up one and was very interested to tell his experiences. He had this to say,

I dropped up in school at primary level which made me not to taste alcohol when I was in school. The first time I tasted beer was at a (humwe), a normally practiced gathering done in rural areas to support the one who seeks help from fellow friends and neighbours mostly in the fields.

The finding is seconded by the study done by (Ongwae, 2016) who mentioned that social occasions account 35.4 % of reasons for taking alcohol. It is argued that this is due to esteem that most societies associate with taking alcohol at party time.

It is also pertinent to note that covid-19 disturbed the school calendar driving youths in schools to stay at home hence doing absolutely nothing and a rise in school dropouts was observed during that time. Participant 5 showed no remorse in mentioning how covid-19 contributed to driving youths to abuse drugs and he had this to say,

The covid-19 era disturbed the education of people mostly here in rural areas. Even though platforms were created for online learning, it was still a challenge in rural areas like here in the resettlement areas because there is a network problem, so the e-learning process was not effective. The fact of loitering around the business centers turned to be a habit and that's where others end up drinking beer and smoking.

The influence of location on drug and substance abuse

There is not yet a recognized business centre in ward 6, but however the ward is blessed to have 2 nearby big business centers which are Lundi in (ward 1) and Rutenga in (ward 18). A lot of illegal businesses (*chikorokoza*) happen in these business centres. The two business centers are located along the Masvingo to Beitbridge road which makes them to be hotspots of commercial sex work and centres of drug and substance depots.

During a phone conversation with the youth coordinator, he mentioned Rutenga and Lundi business centres as the problematic areas which drives youths to engage in indecent behaviour. He also mentioned that young women are involved in commercial sex work while young man are resorted with taking drugs. He mentioned that in 2016, all the village heads around Lundi business centers were called upon by a private organization, (Medicins Sans Frontieres) on a 3- day workshop to raise an awareness on young people who were found to be the

highest number with Sexually Transmitted Infections. The researcher was keen to know whether youths in ward 13 are also involved in the so called *chikorokoza* at the two business centres and participant 6 had this to say,

Personally, I am not a (mukorokoza) but I enjoy going to Lundi to watch football in the beer halls and night clubs. Even though there are one or two families who own televisions around here, I enjoy watching it in public making all sorts of noise and I enjoy celebrating whenever my team win.

Weighing up the two findings the researcher came up with a conclusion that it seems there is a high chance that while these youths are watching football, they are more likely to drink alcohol and smoke with the influence of (*makorokoza*). On the other hand, Lundi business center has a very busy truck where many truck companies prefer their truck drivers to rest. And this contribute to the increase in number of different kind of people who may be at Lundi every day.

Mitigation strategies to eradicate drug and substance abuse.

The researcher managed to interview the ward 6 Counsellor and the youth participants on the mitigation strategies to eradicate drug and substance abuse in a bid to come up with long term concrete solutions. This can be beneficial to the Ministry of Youths and the Government. On a phone call conversation, the councillor had this to say:

Most of these young people are driven to drug and substance abuse due to unemployment, and creating their own employment is very beneficial to them and to the nation. The Ministry of Youths with the help of non-governmental organizations are striving to offer loans for self-help projects among youths in a bid to reduce the rate of unemployment. A lot of evidence shows that these projects come up with a lot of profits when they are fairly done.

This finding goes hand in glove with the study done by (Chazovachii et al., 2013) who mentioned that most of the self-help projects are done by people who are not employed in the formal sector and these projects are being run by the youth themselves. Research shows that a lot of projects are being done in the rural areas where there is unlimited land which is suitable for various projects. Mpfu et al. (2013) identified rural areas of Zimbabwe as effective for development.

Answering to the same question, participant 7 had this to say:

As long as there is no drug and substance extinction, it means it will be very difficult to turn youths away from drug and substance abuse. Drugs are found everywhere, and it seems that some people are selling drugs and substances for a living.

The finding was sensitive and supported by literature. On the other hand, some drugs abused in rural areas are cheap and readily available. The most challenging issue is that some of the abused drugs like cannabis are easily accessible. In Mwenezi, there are various types of indigenous wine taken by youths which include the *amarula* wine, made from the indigenous *amarula* tree fruits, *njemani* made from an indigenous tree *murara*, and *tototo* made from sorghum and millet *zviyo* which are the most crops grown in Mwenezi.

The youth coordinator showed some interest on unpacking the mitigation strategies and during a phone conversation he had this to say:

Law enforcement on drug and substance abuse is on dire need and it seems that the police's most targeted drug abusers are in schools, towns and cities. There is close to none drug abusers who were at least once taken to police custody upon abusing drugs here in ward 6, hence there are a lot of them whom we observe and know of.

The contribution was fruitful and matches the speech which was made by his Excellency President E.D Mnangagwa on the National Youth Day in 2022 which had a theme entitled, "alleviating drug and substance abuse by youth". Home affairs and Cultural Heritage Minister Kazembe Kazembe made it public that there was all logistics was set for youths to be ferried to Harare to attend the event. It was however unfortunate for youths in ward 6 because none of them attended the event as some of them mentioned that they were not aware, and others were not even aware of the holiday coined the National Youth Day, which evidenced how backward some youths are.

According to the strain theory by Robert Merton, the drivers if drug and substance abuse can be stress. Stress can be caused by diverse problems apart from poverty. Participant 9 mentioned the issue of smoking as a stress reliever; however the matter was discussed and it came to a conclusion that there is a need of proper attention to youths when they are hurting emotionally by their parents, peers and caregivers. o

Rehabilitation as a mitigation strategy

During a focus group discussion, the issue of rehabilitation caught the attention of the researcher. It seems the participants were not much aware of rehabilitation of drug and substance abuse addicts. They were so much familiar with Ngomahuru hospital as an institution where mentally ill people are taken for treatment. Participant 8 have this to say,

Addiction is a very difficult situation to get rid of, and I was not aware that there are institutions where people in that situation can get help.

Participant 9 and 10 showed to be unaware of rehabilitation centers. Their comments were similar, however participant 10 had this to say,

Never in my life have I known that there is a chance that some of those mentally challenged people in townships can probably victims of drug and substances abuse. It is mostly believed that mentally challenged persons might have been bewitched or are being used by their close relatives for witchcraft.

This proved that there is a need of awareness raising especially among the youths on the concept of rehabilitation centers and how they operate when it comes to the victims of drug and substance abuse. It shows that there is a need to establish more mental health institutions even if it means in every district as the number of drug and substance victims is fiercely rising.

Conclusions

The issue of drug and substance abuse is rising in Africa, with rural youths often driven to it by unemployment, poverty, and limited awareness due to isolation. The findings of the study revealed limited access to educational facilities in resettlement areas. Education is a critical component for youths. The poorly resourced and distant educational facilities in the studied area cause many youths to either drop out of school or fail their final examinations. This highlights the need for the government to improve infrastructure in resettlement areas, primarily by building more secondary schools and enhancing road infrastructure. There is a need of strong monitoring and evaluation of the youth empowerment policy which is backed by the National Youth Policy which was formed in 2000 and amended in 2013. This can help youths to develop their own knowledge and skills for sustainable livelihood improvement reducing criminal activities such as drug and substance abuse.

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Pathways to combating Drug Abuse in Zimbabwe

The issue of drug and substance abuse among youths has been escalating at an alarming rate in Zimbabwe. Economic hardships, high unemployment rates, and limited opportunities for young people have created an environment where many turn to drugs and alcohol as a coping mechanism. The socio-economic context of Zimbabwe has exacerbated the problem, with young people facing immense pressure and limited support systems. The lack of recreational facilities, coupled with the easy availability of drugs, has further contributed to the rising rates of substance abuse.

The cultural and societal changes in Zimbabwe have also played a role in the increasing prevalence of DSA. Traditional community structures that once provided guidance and support have weakened, leaving many youths without the necessary framework to navigate the challenges of modern life. Peer pressure, especially in urban areas, has intensified the problem, with young people seeking acceptance and belonging through substance use. The glorification of drug use in certain music genres and social circles has normalized this behaviour, making it more difficult to combat.

The fight against drug and substance abuse (DSA) among young people in Zimbabwe challenge that requires concerted efforts from all sectors of society. However, government and community responses to DSA in Zimbabwe have been fragmented and insufficient. While there are some efforts to address the issue, such as awareness campaigns and rehabilitation programs, they are often underfunded and lack coordination. The stigma associated with drug abuse also prevents many young people from seeking help, further entrenching the problem. There is an urgent need for a comprehensive, multi-faceted approach that includes education, prevention, treatment, and support services, tailored to the specific needs and contexts of different communities.

This book has brought together the voices of young researchers to interrogate the various facets of substance abuse among youths in Zimbabwe, highlighting the prevalence, contributing factors, and potential interventions. Through the studies presented, several key insights have emerged:

1. **High Relapse Rates:** The high prevalence of relapse among youths with substance use disorders at Parirenyatwa Psychiatric Hospital reveals a troubling relapse rate of 63.5%. This underscores the need for comprehensive national-level investigations and tailored interventions to address these high relapse rates effectively. While this is not representative of the whole country, the rate is very high and can easily be reflective of youth culture in all cities.

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2. **Youth-Led Initiatives:** The involvement of trainees in fighting drug and substance abuse at Mount Hampden Vocational Training Centre highlights the importance of youth-led initiatives. Engaging young people in the design and implementation of prevention strategies ensures that these interventions are more targeted and effective. The urge is to include youth in communities as well.
 3. **Risk Factors and Societal Influences:** Studies have identified several risk factors contributing to substance misuse among students and other youth populations, including peer pressure, easy access to substances, and societal conditions. Understanding these factors is crucial for developing targeted interventions.
 4. **Impact on Health and Society:** Drug abuse significantly affects the health of Zimbabwean youth, with high rates of admissions to mental health institutions due to substance abuse-related issues. The impact extends beyond individuals, affecting families and communities, leading to strained relationships and disrupted productivity.
 5. **Need for Comprehensive Strategies:** Addressing DSA requires a multi-stakeholder approach, involving youth, families, communities, civil society organizations, and the government. Effective responses must include prevention, treatment, and support services, tailored to the specific needs and contexts of different communities.

These insights provide a roadmap for future actions to combat youth substance abuse in Zimbabwe. Looking forward, it is crucial to build on the knowledge and experiences shared in this booklet, continuously adapting strategies to meet the evolving challenges faced by Zimbabwean youth. The DSA challenges in Zimbabwe demands that concerned stakeholders implement a unified approach that combines education, community involvement, and policy development. At the heart of all interventions, however, is emphasizing the role of youth-led initiatives and addressing the socio-economic factors driving substance abuse. Leaving out young people, thinking for them and acting on their behalf is easily one of the causes of DSA.

Conclusion

Collaborative efforts that integrate health, education, and social services are vital to creating a supportive environment that fosters recovery and prevents relapse. The studies presented in this booklet provide a valuable platform for fostering dialogue and knowledge exchange among students, educators, and policymakers. In addition, the insights gained from these studies highlight the urgent need for continued research, policy development, and community engagement to break the cycle of drug and substance abuse among young people in Zimbabwe.

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Martin Chirinda is a final-year student pursuing an Honours degree in BSc Medical Analytics and Informatics at the University of Zimbabwe. He is very passionate about harnessing the power of data to improve patient outcomes and healthcare systems. His interests lie in digital health, data analysis, machine learning, and data visualization, and he is dedicated to applying his skills and knowledge to drive meaningful change in the healthcare industry. Outside of academia, Martin enjoys reading self-help and spiritual books, which inspire him to continue pursuing his passion of saving lives and improving lives.



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Tapiwanashe Hadzizi was born on 24 December 1993, Chitungwiza, Harare, Zimbabwe. He is a holder of Master's degree in Sociology and Social anthropology (University of Zimbabwe, 2018). Bachelor of Science Honours in Sociology (University of Zimbabwe, 2016). Executive Certificate in Monitoring and Evaluation (University of Zimbabwe, 2016) and the NIDA Certificate (2022). Currently, Tapiwanashe is a Community Studies lecturer at the Midlands State University. He is also the founder of a youth-led organization called Young Africa Intellectuals (YAL Group). Young Africa Intellectuals (YAL Group) is a youth-led organization which is more into health communication, youth and women empowerment initiatives for social development through integrating Sustainable Development Goals (SDGs) in marginalized or neglected communities. He has more than 5 publications to his portfolio, with research interests inclined towards youth studies, sustainable development, intersectional approaches on mental health and climate change. One of his key publications which features in the Journal of US-China Public Administration. Jan-Feb, Volume.19, No.31-40. Responses and Experiences of Male youth to unemployment. Work, Employment relations and labour in Africa is titled A Spirited Run-Up to the 2023 Zimbabwe General Elections: Twitter-Induced Momentum for Voter Registration Campaigns, Voting and Opposition Politics Dilemmas.



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Tadiwanashe Nyamukuvhengu is a Public Health Practitioner who is particularly interested in research and development. He holds Bachelor of Science Honours Degree in Health Education and Health Promotion (B.Sc. Hon HEHP) from the University of Zimbabwe. Currently, Tadiwanashe is working as a Knowledge Management Associate under the Knowledge, Evidence and Innovation unit at Zvandiri. His work focuses on enhancing knowledge practices with interests extending to exploring innovative solutions in public health while promoting evidence-based approaches. As part of his hobbies, he likes playing volleyball and swimming.



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Maupa Davies Takudzwa is a young man who resides in Mbizo 15 Kwekwe, Zimbabwe. He is currently pursuing a degree in Industrial and Manufacturing Engineering at the National University of Science and Technology (NUST). Having been instrumental in the formation of the NUST Charity Movement, a charity club NUST, Davies is also a human rights activist and passionate about the less privileged. Maupa is also a drug and substance abuse champion who advocates against drug and substance abuse and is dedicated to see a drug free country. Further, he has a keen interest in computer aided designing. Davies is also a trained peer educator with the Students and Youth working on Reproductive Health Action Team (SAYWHAT) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) under the O3 plus program. He enjoys both reading and writing during his spare time.



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Ntombiyolwandle Dube is a driven and compassionate student currently pursuing a bachelor's degree in pharmacy at the Harare Institute of Technology. With a strong commitment to improving healthcare, she is dedicated to addressing pressing issues in public health particularly anti-drug abuse initiatives. Ntombiyolwandle is fascinated by the potential of genetics and nanotechnology in treatment development and aspires to contribute to innovative solutions that transform lives. Through her studies and future career, she aims to make a positive impact in her community and beyond. With a curious and determined spirit, Ntombiyolwandle is eager to learn, grow, and make a difference in the world of healthcare.



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A youth advocate and an aspiring legal researcher by profession, passionate about research and writing in human rights, good governance and democracy, Meso Oswell is a young man from Renco Mine, Masvingo. He is currently in his final year studying Bachelor of Laws at Great Zimbabwe University (Herbert Chitepo Law School). His desire to broaden his research and writing skills made him join the 2023 SAYWHAT Young Researchers' Initiative Program. Being part of such a programme was an eyeopener on a number of challenges faced by youths as well as exposure to brilliant youth-driven ideas and initiatives to solve them. He enjoys interactions with different people from different diverse backgrounds learning new dimensions from other cultures through story telling.



Willard Muntanga

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Willard Muntanga was born in 1989, 17 July and grew up in Binga. He worked as a teacher from 2011-2015 in the Ministry of Primary and Secondary Education. He is a holder of MSc degree in Disaster Risk and Livelihoods Studies (Women's University in Africa, BA History), Peace and Conflict Studies (Solusi University), BSc Special Honours Degree in Monitoring and Evaluation (Lupane state University), Diploma in Agriculture Food Security and Livelihoods (Centre for Development Studies) and Executive certificate in Humanitarian Assistance and Programme Management (University of Zimbabwe). He has more than 10 publications to his name indicating his keen interest in research. One of Willard's milestones as a researcher is an award as an Emerging Researcher for Increase of Research and Research Publication by Africa Social work & Development Network. Additionally, he is an editorial and creative board member of Owia Bulletin for Social Work and Development Network (ASWDNet) Ubuntu Journal. Currently, Willard serves as a Program Assistant Officer at Basilwizi Trust in Binga rural district, Zimbabwe.



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Evidence Matsimbi is a Social Work student at the Reformed Church University in Masvingo, Zimbabwe. Her desire to work with diverse groups including youths pushed her to be a passionate team worker who succeeded in embarking on an Early Childhood development campaign in eleven wards of Mwenezi district in 2022, participating in drafting the 2022 Seasonal Livelihood Program for Mwenezi District, and also participating in drafting the 2022 Mwenezi Rural District Council Strategic Planning. Evidence is very diligent and enthusiastic about the tropical issue of drug and substance abuse, thus in her article which features in this book she inquired on the causes of drug and substance abuse among youths in her area of residence, Mwenezi District Ward 6, Zimbabwe.

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George Semwayo is a Multimedia Producer at SAYWHAT. His work focuses on giving access and opportunities to young people on their different artistic skills through the SAYWHAT Studio of Choice.

Breaking The Cycle

Overcoming Drug and Substance Abuse Among Young People in Zimbabwe

This comprehensive book is part of the Students and Youth Working on Reproductive Health Action Team (SAYWHAT's) young researchers' initiative. It showcases the work of eight young emerging researchers from Zimbabwe's tertiary institutions exploring the complex issue of drug and substance abuse among youths. The book examines the prevalence, contributing factors, and potential interventions to mitigate this growing crisis. Through firsthand experiences and generational insights, the voices of young people in Zimbabwe are clearly conveyed, making it an essential reading for understanding drug and substance abuse in the country. The fresh ideas and innovative approaches brought by the featured young researchers from various institutions serve as a testament to the importance of creating opportunities enabling youth to be the change.