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A GENERAL REVIEW OF ZIMBABWE'S RESPONSE TO DRUG AND SUBSTANCE ABUSE AMONG THE YOUTH

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Abstract

Drug abuse among the youth in Zimbabwe has reached crisis levels, and the number of youths engaging in drug abuse is increasing yearly. The purpose of this study was analysing the response, and efforts made by the Government of Zimbabwe, and its stakeholders, civic organizations, and the Zimbabwean community to addressing the problem of drug abuse by the youth in the country. The study used a qualitative research method, in the form of desk research by analyzing secondary data in the form of books, peer-reviewed articles, and relevant websites. Findings from the study showed that the Zimbabwean Government, and its stakeholders, civic organizations, and the community have in place strategies for drug abuse rehabilitation, and prevention in Zimbabwe; however, the problem of drug abuse is recurring and increasing among the youth population. The study also found out that, though the church

plays a significant role in addressing social issues, and a voice, listened to in the community; there is no Psycho- Christian based rehabilitation module for youth drug abusers in Zimbabwe. The study concluded that there is a need to widen intervention programs for youth drug abusers in Zimbabwe. The study recommends for future studies to look into the idea of establishing a Christian based rehabilitation module for youth drug abusers in Zimbabwe, to support the youth drug abusers in recovery and quitting.

Keywords

Drug Abuse, Problem, Rehabilitation, Youth

1. Introduction

Drug abuse is a problem that has devastated the world, especially the younger generation (Kim, Hong, Lee, & Hyun, 2017). Drug abuse is fast becoming the lead cause of death, mental disorders, unproductivity, and disintegrated families (Volkow, 2020). There is a need to establish what works to curb the drug abuse problem that has cut across almost all races, religions and nationalities (Anderson et al., 2020), as international borders have become increasingly porous, making accessibility to dangerous drugs increasingly widespread throughout the world. Global forums such as the Interpol have responded to the drug abuse challenge by tirelessly working towards fighting drug movement across international borders (Batsell, 2018; Maraire & Chethiyar, 2020) The World Health Organisation has also responded to the issue of drug abuse by setting up international standards for drug abuse treatment and rehabilitation (World Health Organization, 2019). Subsequently, the United Nations International Drug Control Program focuses on global issues concerning drug abuse, prevention, treatment, and rehabilitation (Heikkilä, Maalouf, & Campello, 2020). 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 organisations. Table 1 below shows drug abuse statistics in the past decade:

Table 1: *Global Drug Abuse Statistics*

Year	Global drug abuse statistics
2018	269 000 000 000
2013	246 000 000 000
2008	26 000 000 000

Source: United Nations Office on Drugs and Crime Website Compilation, (2020; 2014; 2009)

Drug abuse has also been a problem among the Zimbabwean youths (Duffy et al., 2015), and despite its known devastating effects, drug abuse is on the increase in Zimbabwe (Nhapi, 2019). 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). So rampant is the situation of drug abuse by the Zimbabwean youth that approximately 43% youths are reported to engage in drug abuse in 2017, which rose to 45% in 2018 and further increased to 57% in 2019 (Zimbabwe Civil Liberties and Drugs Network, 2019). Figure 1 below illustrates the increase in drug abuse cases by the Zimbabwean youth from 2017-2019:

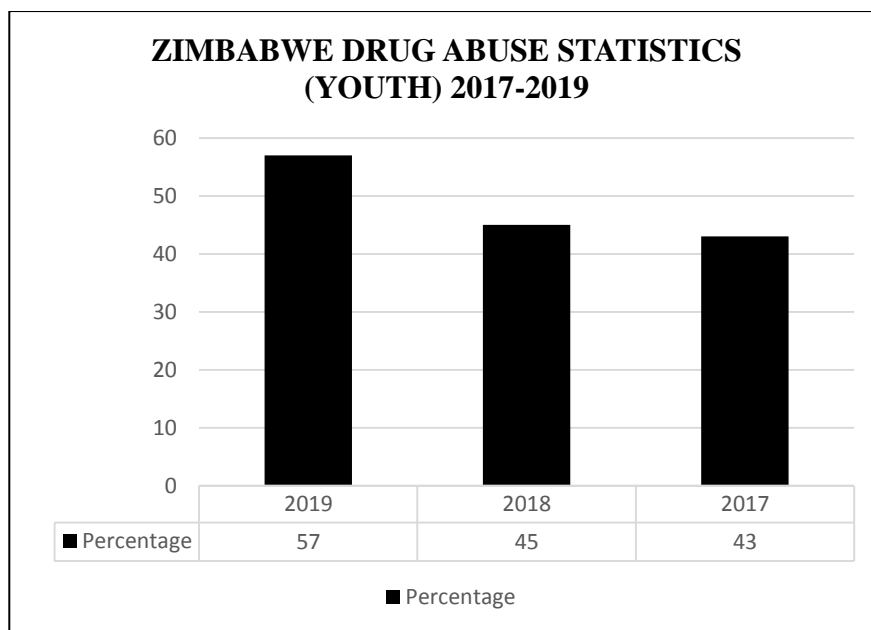


Figure 1: Youth Drug Abuse Statistics in Zimbabwe
Source: ZCLD Network Website, (2017, 2018, 2019)

The effects of drug abuse by the Zimbabwean youth include health complications, where, 45% of admitted patients in Zimbabwe’s mental health institutions in 2019 were youth drug abusers (Rwafa et al., 2019). In 2018, 57% of all admissions in mental health institutions in Zimbabwe were drug abuse-related mental illnesses, of which, the majority, 80% fell in the youth category (ZCLDN, 2019). The reduction in youth drug abusers’ admission cases in mental health institutions between 2019 and 2018 is nothing to celebrate as the youth could have failed to acquire admission fees into these public mental health institutions due to the collapsing economy. Zimbabwe is going under skyrocketing inflation rate, where the consumer price increased index increased from 2.2% in January 2020 to 26.6% in April 2020 (Zimbabwe Inflation Rate MoM, p.1, 2020). Such an inflation rate hinder some youth from accessing medical care and paid rehabilitation services (Nhapi, 2019).

Other challenges faced by the youth drug abusers in Zimbabwe include dropping out of school, unemployment, financial problems, crime, legal consequences, injuries, and death (Pufall, Eaton, Robertson, Mushati, Nyamukapa, & Gregson, 2017). Drug abuse by the Zimbabwean youth has also devastated families when a family member abuses drugs; it subsequently affects the entire family and community (Macheka & Masuka, 2019). Most drug abusers become hostile to their families, turning rebellious, defiant, and exhibiting irrational anger (Mahiya, 2016). Drug abusers also compromise productivity, harmony, and peace in the community (Jakaza & Nyoni, 2018).

There is a problem of drug abuse in Zimbabwe. 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. The study's objective is to establish intervention strategies, employed for drug abusers in the Zimbabwean context, for recovery and quitting.

2. Methodology

The study used a qualitative, desk research design. Desk research studies are appropriate in gathering facts and existing data that can help explore a study, inform, and provide the need to proffer foundation or recommendations for ground research (Maxwell, 2008). Desk research studies are low cost and are a research method that can be effective when one is far from the research area (Johnson & Walsh, 2019). Technology advancement has made it possible to collate a comprehensive study online (Johnston, Miech, O'Malley, Bachman, Schulenberg, & Patrick, 2019). Relevant peer-reviewed literature to do with drug abuse and rehabilitation in Zimbabwe looked into. The desk research, conducted in a structured manner according to Mallat (2007) where relevant literature, sieved through with search terms; "drug abuse", "rehabilitation" and "youth". Relevant information that best suits the scope of work, selected then the study proceeded to analyze and compile the findings. Studies reporting drug abuse interventions in Zimbabwe, selected for final analysis.

3. Zimbabwe's S Response to Youth Drug Abuse

There is a zero-tolerance to drug abuse in Zimbabwe, the policy is whereby the Government of Zimbabwe takes a stern approach to the issue of drug abuse in Zimbabwe (Nhapi, 2019) in which, drug abuse is a crime liable for prosecution. This zero-tolerance policy serves as a deterrent measure to would-be drug abusers and the drug abusers themselves

(Kundwei & Mbwire, 2020), and this approach is effective on youth drug abusers of school-going age who are afraid of the police and the enforcement process. Strict measures in drug-involved offenders provide a unique opportunity to decrease substance abuse and reduce associated criminal behaviours (Shoko, 2018). The zero tolerance to drug abuse is a welcoming gesture; it gives the drug abusers a chance to reflect on their wrongdoing, whilst serving a given punishment (Shoko, 2018)

The Zimbabwean Government is appealed to by stakeholders decriminalize drug use in the country, and instead put in place measures that will allow people who use drugs to access, treatment and rehabilitation at public health centres (ZCLDN, 2019). The reason being that criminalization of the drug and substance abusers in Zimbabwe continues to pose a challenge of fear in the youths to seek help about drug abuse effects (Matutu and Mususa, 2019). The zero-tolerance approach to drug abuse is taken without any heed by some youth drug abusers, who after serving the given sentence by the courts, they still go back to abuse the drugs (Nhapi, 2019). After serving, their sentence drug abusers go back into the same environment, with the same mind-set as well as a criminal record (Makande, 2017). There is a need for policymakers in Zimbabwe to revisit the drug acts and take a rehabilitative approach towards drug abusers and perhaps stiffer penalties for drug traffickers and dealers (Makande, 2017). Drug abuse is a crime in Zimbabwe under the Dangerous Drugs Act [Chapter 15:02, 1956] (Zimbabwe Legal Information Institution, 2013).

The Government of Zimbabwe has also responded to the issue of drug abuse by working on a drug abuse master plan that serves to ensure that drug abusers get necessary treatment and rehabilitation at an affordable cost (ZCLDN, 2020). The President of Zimbabwe, ED Mnangagwa on February 1, 2019, appealed to all stakeholders to come forward, and offer recommendations to the Ministry of Health and Child Care in drafting a National Drug Control Master Plan (ZCLDN, 2019). This plan involves various stakeholders and collaborates to the Government including Non-Governmental Organizations, and the Church (ZCLDN, 2019).

3.1 Public Mental Health Institutions Response to Drug Abuse

The Ministry of Health and Child Care, Zimbabwe has made remarkable strides towards improving the mental health system in Zimbabwe, through decentralization of mental health institutions, and capacitating these institutions with human, and logistical resources (Mangezi & Chibanda, 2010). Those who develop drug abuse-related mental illnesses are admitted into mental health institutions where they undergo detox programs, medical care and receive inpatient rehabilitation like cognitive behaviour therapy, family counselling if necessary and occupational therapy (Nhunzvi et al., 2019).

The challenge lies with those who require rehabilitation services for drug abuse but have not developed mental health illnesses; the public health system of Zimbabwe does not have rehabilitation programs for such (Nhunzvi et al., 2019). ZCLDN, (2018) affirms that Zimbabwe does not support People Who Use Drugs (PWUD) and does not have specific treatment facilities for PWUD. There are public hospitals that offer mental health services and detox, but no Harm Reduction services (ZCLDN, 2018). However, Kumuterera (2019) claims that those recovering drug abusers after discharge from public mental health institutions in Zimbabwe seek pastoral care or visit institutions like alcohol anonymous for help.

3.2 Law Enforcement Response to Drug Abuse

The law enforcement agents in Zimbabwe have responded to the issue of drug abuse by the youth by enforcing the laws against drug abuse in the country (Makande, 2017). Voice of America (VOA) Africa, indicated that the police in Zimbabwe are recording more than 100 cases of drug abuse every month in the capital city of Zimbabwe, Harare alone (Kundwei & Mbwire, 2020). A substantial number of youths, arrested for drug abuse in Zimbabwe, some of which after such an encounter with the law completely refrain from the crime (Matunhu & Matunhu, 2016). The Zimbabwe Republic Police Departments of Drugs and Narcotics and Community Policing and Crime Prevention Departments regularly conduct awareness programs on drug abuse and its effects on the community (Magaya, 2017).

These departments under the Police Force have been raising awareness and educating, the youth drug abusers with their families. The awareness programs by the Police Force are usually full-day programs whereby they offer vibrant teachings to the community, schools, and church organizations about drug abuse. The Police Force's awareness programs on drug abuse are very informative and easy to comprehend as mostly, they make fun with the taught concepts through dramatization, catchy phrases, and winning competitions (Nhapi & Mathede, 2016).

The Police Force also plays an important role in responding to the issue of youth drug abuse by supporting the youth drug abusers to live in harmony with their families (Matunhu & Matunhu, 2016). In oftentimes, families seek support from the police to address a member of the family who has turned hostile due to drug abuse (Mafigu, 2018). The police help by advising and warning the estranged drug abuser. Some youth drug abusers refrain from drug abuse by mere caution and advice by the police together with family (Makande, 2017). The police also help to reintegrate and reconcile youth drug abusers, and their families (Matunhu & Matunhu, 2016). Some families become impatient and fed-up with a member of the family who has turned to drug abuse, the police play an active role within the society to educate the

affected families and encourage reconciliation and the reintegration of that member, with family (Mugwenhi, 2017).

3.3. The Church's Response to Drug Abuse

The church supports people who use drugs; the church is a place where doors are always open for youth drug abusers in Zimbabwe (Chikwanah, 2019). A narrative from recovered youth drug abusers in Zimbabwe highlights how they are accepted and advised on recovery and quitting by the church and taught to live drug-free lives (Nhunzvi et al., 2019). Even the influential youth drug abusers in Zimbabwe seek the support of the Church with drug abuse problems, (Zimoyo, 2020) confirms that Zimbabwean top musician SoulJah Luv on 10 February 2020 sought help from Prophetic Healing and Deliverance leader Prophet Walter Magaya after relapsing to drug abuse and intermittently going into violent trances.

The church is one place that welcomes everyone; pastors are a voice of reason and integrity in the Zimbabwean community (Duffy et al., 2017). The Church, seen to support drug abusers in terms of pastoral counselling services, also keeping the youth occupied with various projects around the church (Nhapi & Mathede, 2016). Kumuterera (2019) highlights that the church tries to mitigate the problem of drug abuse by the youth by keeping them occupied. The church provides the youth with vocational projects such as gardening lessons, poultry projects, and computer lessons (Zimoyo, 2020). If the youth are busy and have a sense of belonging, it can save as a restraint measure from drug abuse. The Church in Zimbabwe has also played a role to teach and train youth leaders in the training of trainer workshops so that they can discern teachings of drug abuse to their peers (Kumuterera, 2019). With the influence the church has in the community, there is a need to establish Church-based programs for youth drug abusers (Chikwanah, 2019).

3.4. Non- Governmental Organisations Response to Drug Abuse

There are Non-Governmental Organisations [NGO] that work towards the rehabilitation of youth drug abusers in Zimbabwe. Chikoko et al., (2016) highlights that NGOs support the rehabilitation of youth drug abusers, however, these NGOs face numerous challenges of registering under the Private Voluntary Organisation Act (17:05) and provide annual audited financial reports and program reports to the Department of Social Services. The exercise finds most organizations failing to meet the standard procedure and close leaving most youth in unfinished programs (Chikoko, 2016; Batsell, 2018).

NGOs have different mandates. The Zimbabwe Civil Liberties and Drug Network [ZCLDN], is a drug abuse focused organization in Zimbabwe, however, its main focus is not on drug abuse rehabilitation but advocate for strategic planning for addressing problems

associated with drug use in Zimbabwe and Southern Africa (ZCLDN, 2019). Communities against Drugs and substance abuse [CASADA] is an organization that focuses on teaching the community about drug abuse and its effects (CASADA, 2019). There are also free walk-in rehabilitation institutions like narcotics anonymous that offer spiritually-based rehabilitation services to drug abusers in Zimbabwe (Batsell, 2018).

3.5. Community Approach to Drug Abuse in Zimbabwe

The Zimbabwean community plays a pivotal role in trying to combat drug abuse by the youth. The community supports youth drug abusers by reintegrating, teaching, feeding, and advising the youth on drug abuse, as well as reprimanding the violent drug abusers and reconciling them with their families when there are disputes (Mtemeri & Nhamo, 2019). The community also supports the drug abusers and their families by referring them to community leaders like pastors when in dispute with the estranged drug abuser, and for guidance and pastoral counselling to the violent drug abuser (Mtemeri & Mhamo, 2019). Muchena & Makotamo (2015) applauds the community for supporting youth drug abusers but also plead on community elders, teachers, parents, and the rest of the community to stand up against drug abuse by supporting the youth through continuation with educating them and encouraging them to desist from drugs.

The Zimbabwean community has mixed feelings about the issue of drug abuse by the youth in Zimbabwe. Moyo (2015) highlights that tribes like Tonga in Zimbabwe accept marijuana as a basic household commodity. Moyo (2015) explains that marijuana is sprinkled around the house, ingested or burnt to drive away evil spirits, therefore there is over familiarisation with the drug by the youth that they can easily revert to abusing it.

There are Zimbabwean families and communities sustained by drug abuse, whereby youths earn income through drug abuse. The Zimbabwean community is full of unemployed people, as the youth unemployment rate in Zimbabwe is at 66.7 % (Mazuru, 2018). With the economic situation in Zimbabwe, the youth engage in transporting drugs like cocaine as employment (Mazuru, 2018). Zimbabwe has hence become a transit point for drugs that will be smuggled to neighbouring countries like South Africa and Botswana (Makande, 2017). Sad revelations are that Zimbabwe is fast turning into a back yard manufacturer, transit point, and market of dangerous drugs and communities indirectly supporting drug abuse (Zvira, 2016).

4. Discussion

The study found out that the Government of Zimbabwe and the public mental health institutions of Zimbabwe are making various efforts to address the issue of drug abuse in

Zimbabwe (Makande, 2017). However, more innovativeness is required in terms of drug abuse rehabilitation (Nhunzvi et al., 2019) as public mental health institutions in Zimbabwe focus on drug abuse-related mental illnesses only. There is indeed a need for the public health system in Zimbabwe to come up with an affordable and easily accessible public run, drug abuse rehabilitation institutions (ZCLDN, 2020). Countries like the United States of America have successfully managed to put in place public drug abuse rehabilitation institutions for recovery and quitting, as such, the less privileged can access such services affordably (Hasin, 2018). In the Zimbabwean context, the harsh economic situation poses a challenge for the development of such public rehabilitation institutions, which result in the majority of the Zimbabwean youth failing to access drug abuse rehabilitation services (ZCLDN, 2020). Despite the collapsing economy in Zimbabwe, drug abuse, rehabilitation programs for youth drug abusers could expand through the religious route. Emerging economies such as South Africa and Kenya have managed to expand their drug abuse rehabilitation and treatment strategies through psycho-religious ways making use of existing pastoral care and facilities (Francis et al., 2019; Henrico, 2019). These emerging economies have successfully managed to merge psychological therapies and religion as an intervention for drug abuse (Freemantle, 2012; Van Klinken, 2019). The church in Zimbabwe is supportive of the socio-economic and psychological well-being of citizens, as such; a rehabilitation method that is religious-based could be accepted, and highly regarded by the Zimbabwean, youth drug abusers.

5. Research Limitations and Future Considerations

The study was limited to secondary data, which has a shortcoming in that the researcher will be analyzing findings that were specific for some studies, and may not be a perfect fit the current study (Cresswell & Eklund, 2007). The study recommends for future studies to conduct interviews with the various stakeholders in drug abuse rehabilitation in Zimbabwe and the drug abusers as well to establish what works in terms of drug abuse rehabilitation in the Zimbabwean context. The study was limited to the youth age group, as studies have outlined the Zimbabwean youth as the most affected age group by drug abuse (Matutu & Mususa, 2019; ZCLDN, 2019). The study, therefore, recommends for future studies to focus on intervention programs for drug abusers that are outside the youth bracket. The study also recommends for the establishment of a psycho-religious module for youth drug abusers in Zimbabwe, as religion is highly regarded and a voice with authority, respect, and love in the Zimbabwean community (Kumuterera, 2019), hence, may be listened to.

6. Conclusion

The study conducted a general analysis of the response of the Zimbabwean Government, its stakeholders, civil organizations, and the Zimbabwean community at large to the drug abuse problem by the youth. The study concludes that indeed the Zimbabwean Government, its stakeholders, civil organizations, and the community at large have in place supportive drug abuse youth programs for the treatment and rehabilitation of youth drug abusers in Zimbabwe. It is in the opinion of the study that, whilst Zimbabwe is not docile towards the drug abuse situation in the country, more effort needs to be put in improving intervention programs offered to drug abusers, as drug abuse cases are continuously increasing among the youth population. The study suggests that the public health system in Zimbabwe expands its efforts to establishing public drug abuse, rehabilitation institutions, which are affordable and accessible to youth drug abusers in the community. The study also suggests for the introduction of psycho-religious based, rehabilitation programs for youth drug abusers in Zimbabwe, as the study established that the church is non-discriminatory to Zimbabwean youth, drug abusers.

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