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ADOLESCENTS ABUSE OF CRYSTAL METHAMPHATAMINE IN  
MBARE, HARARE

BY

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## **Abstract**

Crystal Methamphetamine abuse in low socio-economic settings and crowded urban set-up such as Mbare is on the rise and forming a vicious cycle of pull and push factors. The research explored the causes of Crystal Methamphetamine abuse by adolescents in Mbare, Harare. It was informed by an increase in reported cases of drugs and substance abuse in Zimbabwe, specifically for crystal methamphetamine. The study utilised a qualitative, exploratory and descriptive research design and as it sought to provide in-depth understanding of the influences that affect adolescents and how it relates to their decision to use and abuse drugs. All respondents indicated that drug peddling is rife in Mbare, making the availability of drugs easy to acquire and there is no concrete strategy by law enforcement agencies to curtail availability of hard drugs on the streets. Seven key themes that emerged from the focus group discussions and in-depth interviews were that young people indulged in drug abuse as a result of curiosity, peer pressure, enhance performance, boost self-esteem, cope with unpleasant emotions, frustration, and to get high. Three respondents were using crystal methamphetamine because of feelings of low self-esteem, depression and psychological distress. Five respondents were introduced to crystal methamphetamine by friends and neighbours and became addicted without the intention of doing so. Eight respondents revealed the theme of obsession with crystal methamphetamine which stems from the fact that it has 'exciting' short term effects. The willingness to seek treatment is generally low and rehabilitation is largely dependent on the drug user's willingness to seek treatment. Eight respondents were unwilling to seek treatment from institutions, five respondents were willing but expressed the need for support from family whereas three were unsure if they needed help offered from Rehabilitating institutions. Public institutions which provide rehabilitation and psychosocial support to drug users are available and though these institutions are overwhelmed and have limited capacity, they are able to provide effective drug rehabilitation and support to willing individuals. Private Institutions provide rehabilitation for drug users but most of them are expensive and out of reach for the Mbare Population. Crowded environments such as Matapi Flats and the low income structure exposes adolescents to many vices which lead to crystal methamphetamine use such as peer pressure, criminal activities and drug abuse among others.

**Keywords;** abuse; adolescents; crystal; drugs; methamphetamine; Mbare

## Declaration

I declare that this dissertation is my original work to the best of my knowledge, all resources and literature used in this study have been properly recorded and acknowledged by full references. The work has never been submitted; nor will it ever be submitted to another university for the award of a degree.

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## **Dedication**

This dissertation is dedicated to my daughter *Zara* who has brought so much light and love in my life.

### **List of Abbreviations and Acronyms**

ADAAZ	Anti- Drug Abuse Association of Zimbabwe
AIDS	Acute Immune-Deficiency Syndrome
AOD	Alcohol and Other drug
AUREC	Africa University Research, Ethics Committee
CIOMS	Council for International Organizations of Medical Sciences
COVID 19	Corona Virus Diseases 2019
HIV	Multi-Country Demobilisation and Reintegration Programme
MNS	Mental, Neurological and Substance use disorders
NGO	Non-governmental organisation
SADC	Southern African Development Community
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation
ZIMSTAT	Zimbabwe National Statistical Agency
ZRP	Zimbabwe Republic Police



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## **1.0 CHAPTER 1 INTRODUCTION**

### **1.1 Introduction**

Crystal Methamphetamine is a psycho stimulant drug commonly known for its recreational use. This drug use is on the rise in Zimbabwe especially amongst adolescents. Despite growing evidence that drug and substance abuse are on the increase especially amongst young people, there is little being done in terms of interventions conducted by the government and its partners to reduce drug and substance abuse among the youth. This research seeks to qualitatively explore the causes of crystal methamphetamine abuse by adolescents in Mbare, Harare.

The research is rooted in and informed by an increase in reported cases of fatalities and destruction of lives due to abuse of drugs and alcohol by young people in the country. Considering the emergence and impact of Coivid-19 on people's lives, including but not limited to economic sustainability, capacity for children to attend school and an increase in free time; the research sought to understand the nature and extend of all the possible underlying factors that push adolescents towards drugs. This chapter will give a background to the core issues the study will seek to address, which include the factors that lead to drug use among the young population.

The chapter will also outline the research objectives, research questions, research hypothesis, statement of the problem, purpose of the study, significance of the study, delimitations and limitations of the research, plus, brief definition of key terms to be used in the study.



## **1.2 Background to the study**

Substance addiction and drug abuse is a worldwide issue particularly among young people. Firmly identified with unlawful drug use is illegal drug dealing that happens under the front of obscurity. This subsequently prompts twin difficulties such as the ensuing illegal drug trade and drug abuse. According to a worldwide viewpoint, drug use and illicit drug use is on an expanding pattern.

In 2013, the United Nations Office on Drugs and Crime (UNODC) assessed that around 250 million people between the ages of 15 and 64 years utilized an illegal drug (UNDOC, 2015). Starting at 2013 about 27 million individuals (range: 15.7 million-39 million), or 0.6 percent of the populace aged between 15-64 years, were noted to experience the ill effects of issue drug use, including drug-use issues or drug reliance and appears to have remained fairly stable over this three years .

Globally the UNDOC 2019 World Drug Report announced an increment of assessed individuals who experience the ill effects of drug use problems and who require treatment administrations to 35 million. The Report additionally estimates that the number of narcotic users at 53 million, up by 56 percent from past estimates, and that narcotics are answerable for 66percent of the 585,000 individuals who died because of drug abuse in 2017 (UNDOC 2019).

The seriousness and intricacy of the World Drug Situation is expanded as in 2017, an expected 271 million individuals, or 5, 5 percent of the worldwide populace aged between the 15 and 64, had indulged in drug use and abuse compared to the previous

year. The most generally utilized drug internationally keeps on being cannabis, with an expected 188 million individuals having utilized the drug in 2017.

Difficulties identified with chronic drug use in Africa have been noted to be on the expansion and different reports propose that over the most recent twenty years, Africa has been seeing an upsurge in unlawful drug dealing, an increment in illegal drug use and issues identified with illicit drug use. Reactions to this test have been compounded by absence of proof based information assortment that can permit policy makers, Civil Society Organizations and the more extensive local area governance structures to comprehend the level of this scourge.

As indicated by many researchers, information in the African countries is questionable, in any case, estimates by the United Nations Office on Drugs and Crime (UNODC) World Drug Report of 2013 has it that around 28 million drug users and yearly just about 37,000 individuals die due to infections related with the utilization of drugs.

Africa's failure to give extensive information on drug abuse has been blamed on porous borders that aid easy drug trafficking while the rising illicit drug abuse has been ascribed to poor economic and political control.

UNODC states that drugs normally used in Africa include cannabis or weed, amphetamine type energizers (ATS), cocaine and sedatives. Among these, Cannabis was noted to be the most predominant and normally utilized drug in Africa with a pervasiveness pace of 7.5percent, contrasted with the worldwide normal of 4percent. The utilization of narcotics has been seen to be on an ascent while the utilization of

amphetamine type energizers (ATS), cocaine and sedatives are equivalent with the worldwide use (UNDOC, 2015).

Africa's rising illegal drug use has not gone unrecognized by the African Union. To address the challenge, the African Union formulated the Plan of Action on Drug Control (AUPA), highlighting the need to lessen unlawful drug use on the continent through a more prominent accentuation on general wellbeing programs. The Covid 19 presents a unique twin test to public health programs in Africa as the Covid pandemic has on one hand led to health care systems to put more focus and resources devoured towards the pandemic while the COVID 19 induced lockdowns have expanded inaction and drug use among the youths.

On 20 March 2021, Ghana's parliament passed the Narcotics Control Commission (NCC) bill in light of the increased illicit drug use in the country. A prominent part of the NCC is that it treats unlawful drug use as a public health challenge by decriminalizing certain opiates and focusing on treatment and recovery for drug addicts. This is a huge change in Africa's way to deal with battling illegal drugs trade, use and abuse (Council on Foreign Relations, 2020). Drug abuse in Africa has seen a dramatic development over the most recent twenty years and Ong'olo (2020) notes that projections to 2050 are not empowering as they are showing a 150percent increment.

Zimbabwe, similar to other countries worldwide, is confronted with the challenge of growing drug use among its populace as well public health problems that are associated with drug abuse (Crick, 2014). Drugs that are common in Zimbabwe include liquor, cannabis, heroin, paste and cough syrups for example, histalix and broncleer. Cannabis

(mbanje) remains the most common unlawful drug primarily on the grounds that it is grown locally or trafficked in from neighbouring countries such as Malawi and Mozambique (Ibid).

Zimbabwe is a transit route for drug trafficking from the north towards the South as well as the other way around. Youths in Zimbabwe have been distinguished as the weakest segment of the populace, particularly those from poor or temperamental foundations who might be enticed to consider drugs as a coping mechanism to challenges in life. An investigation of cannabis and cough syrup use among school students (aged between 13 and 15) in Harare, by Rudatsikiri et al (2009) tracked down that by and large 9.1percent of students had utilized the drugs (13.4percent of male and 4.9percent of female).

As per research did by the Health Professionals Empowerment Trust in Zimbabwe half of admissions to mental organizations have been credited to substance abuse. The exploration proceeded to single out young people as the most influenced group of people in the country. More than 80 percent of individuals admitted to mental institutions are as a result of substance and drug abuse issues aged between 16 and 40, and a large portion of these being male.

The Zimbabwean government, through the Ministry of Health and Child Welfare, admitted that there is a local increase in the use and burden of substance abuse with its associated disorders in the last decade (Ministry of Health and Child Welfare, 2009). Zimbabwe used to be a transit state for illicit substances but in the past two decades has also since become a consumer (Chimhete, 2010; The Standard, 2014). The Zimbabwe

Police Drugs and Narcotics Section reported that more than 100 drug abuse cases were dealt with by their department every month (Mandizha, 2014). The high cost of drugs and the low socio-economic status of the Zimbabwean society explains why most young drug users in the country abuse cheaper and more readily available drugs such as marijuana and prescription drugs, including cough syrups with codeine (Dube, 2014; Nyazema, 2013).

Global, regional and local data indicate that initial substance use often commence during the ages of 14 and 15 (Richter et al., 2006) and further suggests that there are various factors contributing to the use of drugs and other substances at this age and generally, for example parent substance use, economic difficulties and cultural influences (Brook, et al., 2006).

From internal factors, Prasetyo (2017) indicates that family factor is a very big influence on drug abuse among adolescents as adolescents who have problems with their families, poor communication between family members, and households that are not harmonious can cause teenagers to prefer to gather with their friends. Secondly, in terms of external factors, social factors are very influential against abuse of drugs among adolescents as adolescents who associate with addicts and those who fall under persuasion of friends to use the drug causes teenagers to lapse in drug abuse (Prasetyo, 2017).

Research indicates that peer influence is the predominant influential factor in adolescent substance use (Barnard, 2005). This is the peer pressures which Hesselbrock and Epstein (1999) highlight that association with deviant peers increases the likelihood of individuals accepting deviant behaviours, as well as the risk of alcohol and drug use.

Communities that are characterised by high levels of neighbourhood disorganisation are believed to contribute to the development of alcohol and drug related problems (Hesselbrock, Hesselbrock and Epstein, 1999). These include a high population density, 5 high levels of adult crime, physical deterioration, illegal drug trafficking (Hesselbrock, Hesselbrock and Epstein, 1999), as well as high levels of school truancy and gang activities (Seivewright, 2000). In South Africa, especially in the Western Cape, substances are predominantly used by individuals under the age of twenty; almost half of them adolescents (Plüddemann et al., 2009). Statistics indicate that Cape Town's level of methamphetamine users remain substantially higher compared to other parts of South Africa (Plüddemann, Myers and Parry, 2008).

Crystal methamphetamine has potentially contributed to the increase of HIV/AIDS infections, with nearly 25 million people worldwide are estimated to have used amphetamine and methamphetamine in the past 12 months (Simbayi, et al, 2006). In addition, crystal methamphetamine is also associated with violent behaviour resulting in social devastation (Berg, 2005). With the sudden rise in crystal methamphetamine use, particularly by young people, the state's substance abuse rehabilitation services are unable to keep up with the ever-growing problem (Parry, 2005). As alluded to earlier it may be presumed that intervention and prevention strategies need to be developed and put in place to yield the pandemic from escalating further (Parry, 2005). For this to be effective, context focused research should be conducted looking at all the factors that influence the young people to resort to crystal methamphetamine use.

### **1.3 Statement of the problem**

Youth initiation into drugs such as crystal methamphetamine has increased in poor urban suburbs such as Mbare despite its strong negative effects and high cost. According to (Chingono, 2021), Mbare, the oldest and one of the most popular suburbs in Harare, is notorious for drug abuse. According to a Newspaper article from Zimfact Sheet a Zimbabwe National Drug Master plan was unveiled by the government in April 2022 and it identified alcohol and drug abuse as one of the top causes of mental health problems in all the country's 10 provinces.

During a court case of one, Matthew Hopkins arrested for possessing crystal methamphetamine, Dr Clancy Taiwa Nyamakure, a medical practitioner and forensic tests expert, told Chief Magistrate Munamoto Mutevedzi that although a study on prevalence on use of crystal methamphetamine was yet to be conducted countrywide, he believes 30 percent of youths are partaking the dangerous drug (The Herald, 2021).

### **1.4 Research Aim and objectives**

#### **1.4.1 Research Aim**

The research aims to explore the causes of drug use and abuse by adolescents in Mbare, Harare.

#### **1.4.2 Research objectives**

The research seeks to:

- i. Explore drug use tendencies and culture in Mbare suburb in 2021-2022.

- ii. Determine factors that influence adolescent methamphetamine abuse in Mbare in 2021-2022.
- iii. Evaluate the effectiveness and appropriateness of existing policies and programmes on drug and substance abuse in Zimbabwe in 2021-2022.
- iv. Evaluate the accessibility and effectiveness of existing rehabilitation institutions in Zimbabwe in 2021-2022.

### **1.5 Research Questions**

- i. What are the general drug tendencies of youth in Zimbabwe
- ii. How are adolescents in Mbare relating to drugs and the culture of drug use enveloping the country
- iii. What are the core factors that lead adolescents into methamphetamine drug use in Mbare
- iv. What are the policies, laws, programmes and activities that are done by state and non-state actors in light of the drug problem in Mbare and Zimbabwe in general?
- v. How effective and appropriate are these policies, laws, programmes and activities that are done by state and non-state actors in light of the drug problem in Mbare and Zimbabwe in general?

### **1.6 Assumptions of the study**

The study assumes that:

- i. Mbare, especially the Matapi Flats area, is the hub of drug use and abuse in Harare.



- ii. Many adolescents in Mbare have experimented and/or are still experimenting with crystal meth for recreational use.
- iii. Many adolescents in Mbare are addicted to crystal meth and various other drugs
- iv. Crystal meth has serious health, social and economic effects on users
- v. Zimbabwean laws and policies on drug abuse are punitive, hence they are inappropriate in the fight against increasing adolescent drug abuse.

### **1.7 Significance of the study**

This study will provide an in-depth exploration of the adolescents' experience and perceptions of factors that contribute to the use of crystal methamphetamine in high-risk areas like Matapi Flats, Mbare. This study will increase literature sources in the study of drug abuse in Zimbabwe as there is limited research in Zimbabwe to do with crystal meth

#### **1.7.1 To Public health Sector**

The research will help health practitioners develop an understanding of what adolescents depict as influential factors of methamphetamine use, especially in the Mbare. The study will be useful to public health practitioners who may be interested in knowing why and how Zimbabwean adolescents use drugs like crystal meth. By knowing and understanding what adolescents consider as the factors that influence methamphetamine use in Mbare and in general would provide information needed about this drug and its consequences. This knowledge will go a long way in facilitating pre-emptive and

reactionary programmes to drug use in the country that focus on the drug users instead of the legal perceptions that dominate current discourse on drug use in the country. The research is also expected to raise general awareness on the indispensability of drug abuse rehabilitation besides the criminal perspective the current policy is hinged on. The research would also help other public policy stakeholders such as government ministries and government departments and parastatals to appreciate their centrality of effective communication in public policy processes. It was thus important to conduct this study to

### **1.7.2 To Government**

The study seeks to identify challenges and weaknesses inherent in Zimbabwe's public policy related to drug rehabilitation and proffer solutions which may be adopted by the government in this respect. Findings from this study can be used to inform policy for improving public policy formulation and implementation processes in Zimbabwe and elsewhere.

### **1.7.3 To Researchers**

In the final analysis the study is also targeted at adding knowledge to public policy as an area of academic pursuance and also to draw experiences and recommendations which can aid in future applications of the factors leading to drug abuse, drug rehabilitation strategies and processes, and thus endowing public health policy practitioners.

## **1.8 Delimitations of the study**

The study was confined to evaluating the causes and factors leading adolescents to indulge in crystal meth and other forms of drug abuse. The study focused on the period 2020 to 2022 and will be limited to the Mbare, with Matapi Flats being the key focus area. The study focused on individuals between the ages 10-19 years, as guided by WHO definition of adolescents. The study sought to get respondents from both sexes in order to analyse gendered influences and impact of crystal meth abuse. The study sought to interview at least 30 crystal meth users based on snowballing sampling as accessing users requires trust from the respondents.

The study area of Matapi flats, Mbare, Harare is more peculiar than other urban settlements in Zimbabwe. They are a creation of the colonial local government policy of having unmarried males who came to the city in search of employment be housed. The hostels were sister developments to other hostels constructed in Mbare like Matererini, Mbare, Nenyere (Magaba) and Shawasha hostels.

Chirisa (2010) noted that Matapi hostel is made up of 14 blocks of three-storey flats with an average number of rooms on each floor being 70, each block contains about 210 rooms, and hence the total number of habitable rooms in the area is about 2,940. He further notes that in some blocks namely 1, 7 and 5, the ground floor was shared by housing, shops, beer halls and gyms but due to viability challenges to these ventures, there had been conversions of use, with these spaces being divided into rooms to house the excess population. Important to note is how the population in Matapi hostel has surged from a static population size of about 3,000 males in 1980 to a fluctuating

population of between 24,000 and 30,000 (a mixture of men, women and children). Thus, the flats are associated with overcrowding, poverty and unemployment. The flats pose major environmental problems because they have now far exceeded their carrying capacity as indicated by David Parirenyatwa, Former Minister of Health and Child Welfare.

There is also a high crime rate as noted by Mushosho (2017) that ZRP Matapi station received more than 200 cases per month and above 3000 cases in 2015.

### **1.9 Limitations of the study**

The major limitation to this study was that the community chosen is not necessarily the researcher's common ground. The research required that the researcher negotiates with community gatekeepers and gain the trust of the respondents. All things being equal, the researcher intended to comprehensively cover all areas of interest but was challenging considering the manner the research was intended. The study of contemporary or current events suffer from information overload or even literature scarcity that may demand more time than allowable, but also require analytical skills to gather and process all the material of relevance to the subject. The researcher anticipated that some key informants may have availability challenges or time constraints to fully engage on the subject matter. The drug use and abuse sensitivity of the study may hinder accessibility and willingness to participate by some public officers as well as drug users.

Biases in responses may be a limitation to the study as the time the study was conducted in an environment that will remain largely volatile with serious attrition between drug

users, law enforcement agencies and public health administrators. Furthermore, the passage of time may have affected the responses of some interviewees pertaining to accurately representative of the true accounts and impact of drug related policy framework in Zimbabwe. Furthermore, the people have their way of life which may not make a lot of sense to outsiders.

As such the researcher's background and perceptions of the community may have created a bias in the interpretation of responses or data. However, to mitigate these challenges the study strived to utilise key informants who had first-hand information events and were thus instrumental during the time under review. In addition, reference was be made to written documents available from the public sources, such as newspaper articles, conference proceedings and online journals and academic articles and academic papers on the area of study.

### **1.10 Definition of terms**

**Drug Abuse** refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30 (Mandal, 2013.)

**Adolescence** is a dynamically evolving theoretical construct informed through physiologic, psychosocial, temporal and cultural lenses. This critical developmental period is conventionally understood as the years between the onset of puberty and the

establishment of social independence (Steinberg, 2014). The most commonly used chronologic definition of adolescence includes the ages of 10-18,

**Methamphetamine** is a synthetically produced stimulant that is relatively easy to manufacture from legally purchased chemicals available in various forms, for example 1) in tablet form that is ingested; 2) a powder, which is dissolved in water or smoked; and 3) crystal or “ice” that is commonly smoked (Emmett and Nice, 1996).

### **1.11 Chapter Summary**

The chapter highlighted the background to the study, the statement of the problem, research objectives, research questions, research hypothesis, and the purpose of the study, significance of the study delimitations and limitations, and a definition of terms. It mainly explored, briefly, literature surrounding drug abuse at a global scale, in Africa and in Zimbabwe with the aim of finding threads that are common in different settings. The research objectives and questions sought to zero the research in on the influences towards drug use and abuse.

## **CHAPTER 2:**

### **2.0 CHAPTER 2 LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter build on the background to the study that was presented in chapter 1. The aim of this chapter is to provide an in-depth assessment of issues surrounding drug abuse, from basic prevalence statistics globally, regionally and within Zimbabwe. The chapter also seeks to assess the various types of drugs that are being abused and to locate commonalities in the area of drug use in different localities. The chapter will also examine the documented factors that make people, especially the youth, gravitate towards drug use.

The factors that have a potential to reduce temptation to use drugs will also be assessed as part of the research's desire to understand the struggles of youths with avoiding drug use. The chapter will also explore the various mechanisms that have been used globally and locally to curb and/or deal with instances of drug use. Throughout the discussion on drug use and abuse, the chapter will zero in on methamphetamine in order to lay the background for the research's core objective.

#### **2.2 Drug abuse as a Global Challenge**

According to (Spoth et al, 2006), over the last two decades the drug-culture has evolved in alarming ways such that drug abuse is posing a major threat to public health both nationally and internationally. What this has done is that it has increased the burden of

healthcare provision, that is, over and above the perennial ailments there are now even more diseases demanding the same resources. Ultimately, in an era of HIV/AIDS, cancer, Covid-19; public health institutions have to also cater for an increase in mental, neurological and substance use (MNS) disorders. As Plüddemann et al, (2009) and Whiteford et al. (2013) put it, mental, neurological and substance use (MNS) disorders contribute significantly to the global burden of disease. Whiteford et al. (2013) stated that MNS disorders account for 10 percent of global disability adjusted life years, that is, they are now one of the leading causes of impairment and thus lead to disability which reduces life expectancy of addicts.

The (World Health Organization, 2013) asserts that in many low and middle income countries, neuropsychiatric and substance use disorders account for between 25-33 percent of all years lived with a disability. This is because many addicts develop health disorders that repress their immune system and at times literally affects their physical capacity to participate fully in society.

The global focus on drug use has generally been about the youthful demographic, the productive and reproductive age groups to be specific. The general focus was necessitated by a desire to understand the challenges and stresses faced by those demographics in order for public health interventions to be targeted at creating an environment where both social and economic lives coexisted in ways that facilitated self-actualisation and the attainment of global development goals. In 2013, about 250 million people age 15-64 years utilised an illegal drug, with about 27 million individuals experiencing ill effects of issue drug use, (UNDOC, 2015).



According to the (UNDOC 2019) World Drug Report there has been an increment since 2013 of individuals who experience ill-effects of drug use, with about 35 million persons presenting with problems that require treatment administration. The Report additionally estimates that the number of narcotic users at 53 million, up by 56 percent from past estimates, and that narcotics are answerable for 66 percent of the 585000 individuals who died because of drug abuse in 2017 (UNDOC 2019). The seriousness and intricacy of the World Drug Situation is expanded as in 2017, an expected 271 million individuals, or 6 percent of the worldwide populace age 15-64, had indulged in drug use and abuse compared to the previous year. The most generally utilized drug internationally keeps on being cannabis, with an expected 188 million individuals having utilized the drug in 2017 (Ibid).

While the use and abuse of drugs is accepted to be a growing global problem, there is also a facet to this that is critical for the survival of the future of the world; the youth. According to (Matutu and Mususa, 2019) substance and drug abuse is now a worldwide problem, especially amongst young people. According to (Richter *et al*, 2006), global, regional and local data indicate that initial substance use often commences during the ages of 14 and 15 regardless of sex of the person.

Brook, et al., (2006) further suggests that various factors contribute to the desire to use or experiment with drugs and other substances at this age. One of the main push factors are these children being in households where parent/guardians are users and/or addicts. This has a tendency of making them feel secure in deciding to use. As (Prasetyo (2017) puts it, the family is a very big influence on drug abuse among adolescents as adolescents who

have problems with their families, poor communication between family members, and households that are not harmonious tend to prefer to gather with their friends and thus end up predisposed to drugs and substances. While this process or act of living with a user seems to most likely influence the adolescent to follow suit, having a dysfunctional family unit may be a motivator not to indulge.

According to (Barnard, 2005) and (Prasetyo, 2017), peer influence is the predominant influential factor in adolescent substance use. That is, adolescents who associate with addicts and those who fall under persuasion of friends to use drugs are usually the ones to lapse in drug abuse. Puddleman (2006) state that in the USA, the average age of methamphetamine usage is 15 years, regardless of sex, with an average of 9 percent of both male and female adolescents using and/or addicted to the drug. The figures for other drugs and alcohol are significantly higher.

(Mounteney et al, 2015) presented drug prevalence estimates from national surveys since 2012 in European countries amongst that 15–34 age band. The rates for cannabis ranged from 0.4% in Turkey to 22.1% in France, for cocaine from 0.2% in Greece and Romania to 4.2% in the United Kingdom, for ecstasy from 0.1% in Italy and Turkey to 3% in the Czech Republic and the United Kingdom, and for amphetamine from 0.1% or less in Romania, Italy and Portugal to 2.5% in Estonia. According to (INCB REPORT, 2013) nearly 25 million people worldwide are estimated to have used amphetamine and methamphetamine in the past couple of years. What these figures reveal are an ever present threat of drug and substance abuse among the younger generations.

Also, the cutting across nationalities highlights just how widespread the problem is in the global community, which bespeaks a need for urgent interventions. The USA figures show that the abuse of methamphetamine is way above the national averages of other drugs in European countries, pointing to a methamphetamine problem that is growing faster than the world can cope.

The WHO (2016) articulates that adolescence is a period of experimentation sometimes linked to engagement in risky behaviour, including the use of illicit substances. Across EU countries, the (OECD, 2018) revealed that 6 percent of adolescents age 15-16 have used at least one illicit drug in their lifetime. The highest rates were observed in Bulgaria and Poland, while the lowest rates are in Denmark, Finland and Sweden. The ESPAD Group (2016), highlighted that in most countries boys are more likely than girls to report having consumed illicit drugs. The tendency to have more boys than girls engaged in drug use and abuse is also supported by (Connor *et al*, 2014), who further went on to highlight that once adolescents are hooked, there are a myriad of problems that can arise, including risks of accidents, injuries and mental health.

While the above paragraphs have sought to explore the prevalence, causes and types of drugs and substances used globally, the major issue in the discourse about drug abuse is cost: how much does it cost the person, their family, community, country and the rest of the world to try and treat/care for that person. According to (Barasa, 2013), the phenomenon of drug abuse requires societies to dedicate resources to evidence-based prevention, education and interventions, including treatment and rehabilitation.

It should be noted that this is a resource-intensive endeavour, with (INCB REPORT 2013) reporting that around 4.5 million people who have a problem with drug use receive the required treatment. This figure means that only one in six drug users get assistance, at a staggering global cost of about \$35 billion per year. The figure is lower in some continents (1 in 18 in Africa; 1 in 11 in Latin America, the Caribbean and Eastern and South-Eastern Europe, and, 1 in 3 in North America). The cost on the public health system is huge, and considering that there are even more deadlier health problems than drug abuse, resources globally thus run this as shown by the numbers of those who actually access help and treatment annually.

Another challenge that comes about as a result of drug abuse is that of increases in vehicular accidents and violence perpetrated by users on others. In essence, the drug problem globally is tied to increased mortality rates. The abuse of drugs affects perception, attention, cognition, coordination and reaction time, among other neurological functions, which then affect safe driving. The (INCB Report, 2013) posits that in Canada, the United States, Europe and Oceania.

### **2.3 Drug Abuse in Africa**

According to (Chivese, 2017) the discussion on drug use and abuse in Africa cannot be had unless there is an exploration of the historical presence and use of drugs in African societies. That discussion needs to accept that the use of substances like cannabis, alcohol and tobacco has traditionally had a place in the ritualistic and spiritual culture across the continent. It is important to note though, that this ritualistic and spiritual culture was designed in such a way that it was the much older and respected members of the

community that were allowed to partake in these substances. (Hahn, Payne and Lucas, 2011) state that the use of alcohol and tobacco is socially accepted in most African cultures and is used socially as a way of taking time out to enjoy each other's company, or to cope with social stressors. (Jiloha, 2009) argues that while African societies allowed for substance use as a way of taking time out, and there were restrictions of the substances to a much older demographic, substance use was also governed by strict behavioural norms.

One had to behave accordingly after taking those, and they had to regulate their intake to ensure they remain fulfilling their household and community duties. The relief of stress was intended to be temporary, which then implies the use of substances was not intended to make members dependent or addicted, but it was a temporary escape.

(Hong, 2006) is of the view that the cultural context is important in the understanding of the shift of drug use from the historical to modern day context of African societies. Colonisation and subsequent modernisation and urbanisation has to a greater extent eroded the old way of life, which in turn has many implications on cultural practices related to drug use.

The extended family system within a traditional context has broken down, and as such it has lost that protective and unifying effect around family values and legacy. As (Dasen, 2000) puts it, the socialisation process within the extended family setup was aimed at imparting knowledge and skills to the youthful generation who were considered as future leaders, and as such needed to learn to cope with life's challenges and keeping family unit intact.

(Tanga, 2013) believes that over time the physical, emotional and psychological support provided by and within the family system has been eroded, which in turn has contributed significantly people, especially the younger generations, resorting to drug use and crime as a coping mechanism. It is therefore the express interest of this research to explore the familial ties and unity as a factor in drug abuse among adolescents in Mbare.

Difficulties identified with chronic drug use in Africa have been noted to be on the expansion and different reports propose that over the most recent twenty years, Africa has been seeing an upsurge in unlawful drug dealing, an increment in illegal drug use and issues identified with illicit drug use. Reactions to this test have been compounded by absence of proof based information assortment that can permit policy makers, Civil Society Organizations and the more extensive local area governance structures to comprehend the level of this scourge.

As indicated by many researchers, information in the African countries is scant. Estimates by the United Nations Office on Drugs and Crime (UNODC) World Drug Report of 2013 has it that around 28 million drug users and yearly just about 37,000 individuals die due to infections related with the utilization of drugs. Africa's failure to give extensive information on drug abuse has been blamed on porous borders that aid easy drug trafficking while the rising illicit drug abuse has been ascribed to poor economic and political control.

UNODC states that drugs normally used in Africa include cannabis or weed, amphetamine type energizers (ATS), cocaine and sedatives. Among these, Cannabis was noted to be the most predominant and normally utilized drug in Africa with a

pervasiveness rate of 8 percent, contrasted with the worldwide normal of 4 percent. The utilization of narcotics has been seen to be on an ascent while the utilization of amphetamine type stimulants (ATS), cocaine and sedatives are equivalent with the worldwide use (UNDOC, 2015). The use of alcohol and tobacco paves the way for experimenting with or abuse of illicit drugs by a number of young people (World Health Organization, 2001). According to (Barasa 2013), in Kenya, around 92 percent of persons age 16-26 years are reported to have experimented with drugs at some point, with more than half of those having stopped using drugs after some time and about 25 percent still continuing to use. (Maithya, 2009) buttresses this point by stating that in Eastern, Central, Nyanza and Western Kenya reported cases of drug abuse have increased at an alarming rate.

In many other African countries the numbers are speaking to a present and escalating problem with drug use and abuse. (Van Zyl, 2013) states that not only is there a high prevalence of drug use among the general South African populace, there is also high prevalence of drug use amongst South African youths... this is buttressed by (Peltzer and Phaswana-Mafuya, 2018) who argued that in a South African population-based national study conducted among individuals aged 12 years and older in 2008, the prevalence of past 3-month (any) drug use was 4 percent. They highlighted that the most common substances used were cannabis (3%), sedatives or sleeping pills (0.8%), amphetamine-type stimulants (0.7%), cocaine (0.6%), opiates (0.5%) and hallucinogens (0.5%).

(Letamo, Bowelo, and Majelantle, 2016), state that in Botswana adolescent drug and substance has become a cause for both concern and panic. They stated that prevalence of

adolescents who have ever taken any drug and substance was 18 percent for tobacco use and 16 percent for alcohol use. What was alarming were the figures for use of substances in some combinations.

In all the examples above, the figures also revealed a gendered nature to the consumption of substances, in almost cases, male adolescents were more likely than their female counterparts to have experienced multiple substance use of drugs and alcohol and illicit drugs. While the comparison between males and females shows males being proportionately higher in terms of having ever used substances, substance use among females has even more grave consequences compared to their male counterparts.

(Myers et al, 2013) conducted a study on how Alcohol and other drug (AOD) use among poor Black African and Coloured women in South Africa compounds their sexual risk for HIV. Their findings generally pointed to higher risk of having unprotected sex while under the influence, and thus increasing chances of contracting HIV. For example, more than a third of women reported being alcohol or drug-impaired and having unprotected sex during their last sexual encounter.

One in two women reported that their sexual partner was also alcohol or drug-impaired at last sex. (Williams *et al*, 2014) also highlighted that in South Africa there is a high prevalence of women users who continue using even when pregnant. In their study in Cape Town, urinalyses showed that 9 percent of urine samples from pregnant women tested positive for at least one illicit drug. There are even more risks and dangers associated with women and drug use. It would be important to explore within the confines



of this research if there are any gendered aspects to push factors and risks associated with drug use in Mbare.

At policy level, Africa's rising illegal drug use has not gone unrecognized by the African Union. To address the challenge, the African Union formulated the Plan of Action on Drug Control (AUPA), highlighting the need to lessen unlawful drug use on the continent through a more prominent accentuation on general wellbeing programs. According to (Penfold, 2015) the Southern African Development Community (SADC) has adopted a key population strategy that includes people who use drugs; the SADC Parliamentary Forum is working on minimum standards for key populations; and the African Commission on Human and People's Rights has produced a report that endorses the human rights of people who use drugs. The idea behind this is make all countries in the continent and within various regions of the continent to come together to fight forces that make illicit drugs available to citizens, and to also find humane and collaborative ways of dealing with already existing levels of addiction amongst the citizenry of the continent.

In light with global and regional recommendations, On 20 March 2021, Ghana's parliament passed the Narcotics Control Commission (NCC) bill in light of the increased illicit drug use in the country. A prominent part of the NCC is that it treats unlawful drug use as a public health challenge by decriminalizing certain opiates and focusing on treatment and recovery for drug addicts. This is a huge change in Africa's way to deal with battling illegal drugs trade, use and abuse (Council on Foreign Relations, 2020).

In South Africa, the government has a National Drug Control Policy. The basis for the national drug control framework is the National Drug Master Plan (Master Plan), which

adopted by parliament in February 1999 (UNODC, 2002). The Master Plan aims at integrating the efforts of various government departments and civil society to prevent and reduce drug-related problems, substance abuse and illicit drug trafficking in South Africa.

In Kenya, the Narcotics, Drugs and Psychotropic Substances (Control) (Amendment) Bill 2020 The legislation has been lauded for attempts to curb drug trafficking, but has a punitive orientation, (Jaguga and Kwobah, 2020). In spite of its shortfalls, the Bill was passed by the National Assembly into law in May 2021. Generally, the policy focus of many African Countries is on restricting inflows of drugs into countries and controlling access to drugs. Where they are lacking is on the humane front as they policies create laws that view addict as problems and/or criminals.

Drug abuse in Africa has seen a dramatic development over the most recent twenty years and Ong'olo (2020) notes that projections to 2050 are not empowering as they are showing a 150percent increment. The increase in numbers is because substance use is now being done by adolescents, unlike in traditional societies where the older demographic were the ones involved in substance use. For example, (Olawole-Isaac et al, 2018) argue that in some parts of Ethiopia, such as Bale and Harar, that chewing in communities in which smoking is common is seen as a social custom that dates back thousands of years.

What has happened is that adolescents of school going age now consider that chewing as a method of improving their reading ability, which then makes them start using the substance. Letamo, Bowelo, and Majelantle (2013) attribute the increase in use of other illicit drugs to communities that are accepting and normalising substance use such that

children grow into the culture of drugs as it is what they see happening around them every day.

This research thus has a vested interest in understanding the various cultural, policy and personal factors surrounding drug use in Africa as a way of utilising that information to better understand similarities and differences with the Zimbabwean setup. While it is possible for adolescents to sparingly use substances without getting addicted and/or sick, many young people go on to misuse substances and develop substance use disorders that will require medical rehabilitation.

According to (Wechsberg et al, 2008) and (Adekeye et al, 2015) there is therefore need to understand the common effects of substance use and to also research on numerous complex mixtures, experimentations and discoveries of new materials and volatile solvents that can be drunk or inhaled with immediate intoxicating effect or other diverse consequences. it would be important to not only understand issues surrounding crystal meth, but other newer drugs available to adolescents.

#### **2.4 Drug use and Abuse in Zimbabwe**

Zimbabwe has historically been accosted with substance abuse related to alcohol, marijuana and cigarettes. Opiates and other substances that are flooding the streets in recent years are a new development, a development the country seems to be in no shape to deal with in terms of public health services available. In their study of substance use in Zimbabwean secondary schools, (Tshabalala et al, 2015) argue that the issue of drug abuse in schools can be historically linked to the period immediately soon after

independence, where education was free and open for everyone. This led to young adults who had trauma from the war and had used drugs to cope during the liberation struggle resorting to using drugs at schools. That culture caught on for substance abuse related to alcohol, cigarettes and marijuana and has survived to date.

Modern day Zimbabwe is confronted with the challenge of growing drug use among its populace, as well public health problems that are associated with drug abuse (Crick, 2014). While this may be so, there is also the issue of the country not only having growing numbers in drug use, but also a growing number in types of drugs available. Drugs that are common in Zimbabwe today include liquor, marijuana or Mbanje, broncleer, Histalix, Cocaine, Cordain, musombodhiya, Tegu-tegu, katsotsi, soldier, zed, double punch, Heroin, and Mangemba, (ZCLDN 2014). Some of the substances are locally manufactured while some are trafficked in from neighbouring countries such as Malawi and Mozambique, (Zvira 2016). Zimbabwe's drug problem is also worsened by the fact that the country is a transit route for drug trafficking from the north toward the South, as well as the other way around.

Youths in Zimbabwe have been distinguished as the weakest segment of the populace, particularly those from poor or temperamental foundations who might be enticed to consider drugs as a coping mechanism to challenges in life. An investigation of cannabis and cough syrup use among school students (aged between 13 and 15) in Harare, by (Rudatsikiri *et al*, 2009) revealed that about 9percent of students had ever utilised the drugs. The proportion of those who had used was 13 percent for males and 5percent for females.

According to (gunda and Mbwire, 2020) it is estimated that 60 percent of the youth are on illicit drugs in Zimbabwe. The Voice of America (VOA) Africa, in 2015 estimated the unofficial number of addicts in Zimbabwe to be between a million and 1.2 million countrywide has also indicated that the police were recording more than 100 cases of drug abuse every month in Harare alone while statistics from the Anti- Drug Abuse Association of Zimbabwe (ADAAZ) said up to 43 per cent of students know of schoolmates found in possession of cigarettes.

The Herald, dated August 14 2014 reported that 65percent Zimbabwe youths suffer drug-induced mental problems. Chitungwiza Central Hospital reported in 2016 that 60percent of its mental patients are youths between 15 and 24 years old (Gunda and Mbwire, 2020). The bulk of individuals admitted to mental institutions as a result of substance and drug abuse complications have generally been male, pointing to gendered factors surrounding use and abuse of illicit drugs in the country.

(Maraire and Chethiyar, 2020) buttress the point on mental health patients by referring to statistics derived from the Ministry of Health and Child Care, which show that 57percent of admitted cases in Zimbabwe's mental health institutions in 2017 were drug abuse related cases. From those cases, 45percent were youth drug abusers. According to (ZCLDN, 2019), 80percent of all admissions in mental health institutions in 2018were youths, while in 2019, 60percent of all admissions were secondary cases and/or relapses.

Jakaza and Nyoni (2018) did research on drug use among street people in Zimbabwe. They identified the usual drugs that have been referred to before, but went on to emphasise that street children in Zimbabwe abused psychoactive substances. This is in

line with Embleton *et al's* (2013) assertion that around 60 percent of street children use some sort of substance that includes glue and thinners. The main push factor was identified as the very act of living and working on the streets without a proper home. Substances became a way of coping with poverty, the elements and even providing a form of euphoria necessary to accept their station in life. (Zvira, 2016) also highlighted that over time dangerous drugs such as broncleer, *musombodia* and codeine have found their way into the streets of Zimbabwe.

While the research will focus on Mbare, the importance of understanding drugs and street people stems from the fact that in the current state of the Zimbabwean economy, many adolescents literally live their lives on the streets of Harare. They may not be sleeping in the streets, but the 'streets culture' and way of life is now part of the everyday lives of adolescents from Mbare. It would thus be critical to examine and explore that factor in the probability of use of drugs among the intended subjects of the research.

In terms of policy on drugs, there are two acts that govern drug abuse in Zimbabwe; namely, the Dangerous Drugs Act and the Medicines and Allied Substances Control Act. These two Acts control the importation, exportation, possession, sale, distribution, use of dangerous drugs and the handling of matters related to drug use. The Dangerous Drugs Act stipulates that it is illegal to import, export, sell, offer or advertise for sale, distribute, deliver, transport or otherwise deal in dangerous drugs. The Act also prohibits cultivating, producing or manufacturing any dangerous drug for the purposes of dealing in it or possessing it. Most importantly, the Act basically outlines the criminal consequences of dealing in dangerous drugs.

This Act is supported by the Medicines and Allied Substances Control Act, which provides for certain prohibitions, controls and restrictions relating to medicines and other substances; and provides for matters connected with or incidental to the preceding. These two Acts basically perpetuate the same worldview that (Crick, 2014) referred to when stating that drug abuse is creating a more graver challenge to public health services than it does to criminality. This is similar to arguments made by (Barasa, 2013) and (Van Zyl, 2013) when referring to drug policies and laws in Kenya and South Africa, respectively. They highlighted that drug abuse and control policies tended to focus more on punishing than reforming or treating addicts and fostering their reintegration into society.

According to (Maraire and Chethiyar, 2020), the Zimbabwean policy environment is such that there is no distinct substance abuse policy, but there is a draft policy for alcohol and drugs together. Furthermore, when it comes to treatment and rehabilitation for people with substance use disorders, there is compulsory treatment for people substance use disorders. While this may be so, the challenge is that there is no presence of drug courts in the country and no availability of programmes which divert clients away from criminal justice system towards treatment except for alcohol and drug use disorders, (WHO, 2010).

As a way of fixing these challenges, and the generally criminal-oriented nature of policies, the government of Zimbabwe has engaged civil society organisations like ZCLDN who have assisted the Ministry of Health and Child Care to create national treatment and rehabilitation guidelines for drug and alcohol use that include harm reduction. The aim was been to create a platform for coming up with guidelines formed a key part of the Drug Master Plan, which was codified in 2020. Even churches have been

involved, even though the fear is that the church doctrine of judgement may foster further stigmatisation. There is still some way to go in reducing harm to persons with drug use disorders, but the platform has been set.

(Makande, 2017) locates Zimbabwe's drug abuse within the parameters of a high rate of unemployment. Considering that Zimbabwe has a youthful population, with more than half the population age 17 years and below, the impact of drug abuse among adolescents has a ripple effect on the functioning and well-being of the country's economic future. The policy focus on criminal acts surrounding drug abuse are thus making it difficult for the government to properly plan for and implement public health focused interventions. (Matutu and Mususa, 2019) articulated this challenge well when they argued that there is very little is being done in terms of interventions by government and development partners to reduce drug and substance abuse.

The challenge is the absence of resources for public health, mainly because the policy focus is on criminalising drug abuse rather than taking a rehabilitative focus. The Covid-19 presents a unique twin test to public health programs in Africa as the Covid-19 pandemic has on one hand led to health care systems to put more focus and resources devoured towards the pandemic while the COVID-19 induced lockdowns have expanded inaction and drug use among the youths. It would be very important to explore the linkage between policy on drug abuse and how the covid-19 pandemic has affected the implementation of the Drug Master Plan guidelines.

(Maraire and Chethiyar, 2020) state that Zimbabwe experiences a myriad of drug abuse problems, of which the negative effects of those problem are borne by the drug abusers,



their families, communities and nation at large. According (Wilson, 2021) women bear the greater brunt of the crackdown on drug abuse in Zimbabwe. For example, female offenders in drug-related crimes receive harsher penalties compared to their male counterparts, which may be related to their incapacity to bribe their way out due to limited resources.

Women also have the burden of unwanted pregnancies, opportunistic infections and chronic illnesses, especially those that are not even users but are used as couriers for the drugs. At community level, women involved in drug supply tend to find it difficult to be role models for their children and are unable to reprimand them for drug use when they are the very source of drugs. There is also stigma for those who are used as mules to transport the drugs when they get caught.

## **2.5 Factors Influencing drug abuse**

The study focuses on the driving forces or push factors for drug abuse amongst adolescents, the sources of illicit drugs and substances, prevalence of drug and substance abuse among young people as well as the interventions being implemented to address the problem of drug and substance abuse. (Richter et al., 2006) posits that global, regional and local data indicate that initial substance use often commences at age 14 and 15. There are various factors contributing to the use of drugs and other substances at this age, ranging from sociocultural to biological to interpersonal to intrapersonal influences. Some of the examples of these influences include parent substance use, peer pressure, availability of drugs, economic difficulties and cultural influences (Brook, et al., 2006). This section will

break down the influences to drug use into sociocultural, biological, interpersonal and intrapersonal influences and then explore those four broad influences.

### **2.5.1 Biological Influences**

According to Boshears, Boeri, and Harbry (2011), the psychological model of addiction privileges a chemically-induced malfunction in the biology of the culprit, thus describing the outcome in terms of substance-related disorders rather than disease. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994) categorizes substance-related disorders into two major groups: substance use disorders (SUDs) and substance-induced disorders. The criteria focus on the effects of substance use, bestowing greater importance to the psychological and physiological outcomes (Davies, 1998). A more moderate combination of both positions is found in the bio-psychosocial model.

The bio-psychosocial model combines many of the above insights to the process of becoming addicted to a substance. Milkman and Sunderwirth (1995) view addiction as a learned behaviour that changes the chemical functioning of the brain. The argument is that childhood experiences combined with genetic disposition are the foundations of adult compulsion to abuse drugs, and the drug of choice is the one that best fits with the individual's way of coping. There is a consistently strong correlation between one's drug use and concurrent use by friends, a finding that suggests greater support for a sociological understanding of addiction.

(Box, 2020) places drug and substance use on emotional distress. In a study of prostitutes and drugs in Zimbabwe, the major outcome was that due to the grave economic situation in the country, significant numbers of women have become involved in sex work and/or cross border entrepreneurial activities in order to support household incomes. Many travel to and from neighbouring countries to buy and sell wares, while some go a step further by practising prostitution even while on those trips.

There are those engage in prostitution locally. The nature of the sex work business then brings about increased exposure to, and use of, drugs. The study by (Box, 2020) revealed that the major substances used included broncleer (a cough syrup) and marijuana, which the women said they used as a way of alleviating mental and physical pain. The trauma and emotional distress emanated from the fact that on a daily basis a woman has to engage in intimate relations with people they neither know nor love, just so as to survive. It would be critical for this research to explore the gendered nature of exposure to drugs in Mbare.

Poor coping skills are another factor that predisposes people to drug use. And once such people are exposed and addicted, they tend to develop medical conditions that may damage their biological makeup and capacity to quit and recover.

According to (Belete et al., 2018), people presenting substance misuse and neuro-psychiatric drug-related conditions are a growing public health challenge and between 76 to 85percent of such cases in low income countries do not receive treatment. For example, (Van Zyl, 2014) states that in South Africa poor coping mechanisms in the height of unemployment has meant an increase in use of illicit drugs. The end result is an increase

in heavy drinking, sexually transmitted infections, interpersonal violence, deviance, criminal behaviours and poor health and wellbeing among users

When it comes to adolescents, (Gunda and Mbwirire, 2020) posit that young people encounter several difficulties or problems during adolescence, such as stress of physiological and physical change, competition in school and life in general, generation gap, and dealing with an unjust and cruel world.. (Young, (2007) states that at a psychological level, adolescents have serious developmental tasks to handle such as peer identification, individualisation from their family, sexual identification, societal and vocational role identification, plus negotiating issues of authority power and independence. Should they find themselves overwhelmed and unable to cope with what is expected of them by society vis-à-vis what they believe they want to be, a state of dissonance may push them towards drugs.

(Newcomb, Maddahian and Bentler, 2009) posit that an adolescent growing up in a household that has parental figures who are substance users has a high likelihood of influencing that adolescent to take up the habit. This is supported by studies by Huba and Bentler (2011), Barnes (2013), and Newcomb Abdu-Raheem (2013) which revealed that perceived adult drug use was one of the main reasons why adolescents end up getting into drug abuse. This research was interested in understanding the family setup in households that respondents live in as a way of building up to a concise understanding of the push factors to the respondents' journey to addiction. It was important to understand if the parental figures that are using substances are using the same substance that the adolescent is using or not. This is because there is usually a correlation between drugs used by the

adult user and the drug of choice for the adolescent user, mainly because the adolescent may find it easier to access the drug from home.

(Tshabalala, Khosa, Gazimbe, and Ncube, 2015) conducted a study on drug abuse in Zimbabwean secondary schools. As part of their historical background they alluded to the offset of drug abuse in post-independence schools. They stated that in the period immediately soon after independence, government had the education for all policy which opened up school to even those young adults who had spent time in the liberation struggle and were using drugs during as a coping strategy. This then created a drug abuse culture in schools, even though at that time, and for a long time afterwards, the substances used were cigarettes, alcohol and marijuana.

### **2.5.2 Interpersonal Influences.**

Caughlin and Malis (2004) studied the association between demand/withdraw communication between parents and adolescents, and self-esteem and substance abuse. This research set out to determine why some conflicts between parents and adolescents are associated with negative health outcomes, and others are not. Their main findings suggested that there is indeed an association between demand/withdrawal communication (especially parent-demand/adolescent withdrawal) and low self-esteem and increased alcohol and/or drug use.

In essence, the home environment and the parent-child relationship is about emotional attachment and psychosocial support. When that emotional bond is threatened, the psychosocial support aspect suffers. And once a child does not feel loved or heard within

the home environment which in principle is meant to be a safety net, then deviance may set in in the form of experimenting with drugs. The emotional attachment of respondents to their families, parents and households will be central to the understanding of push factors to drug abuse.

According to (NSDUH, 2007), a national survey was done in 2005 in the United States on young people ranging between the ages of 12 and 17 that investigated whether there is a relationship between youth substance use and activities they are involved in. Questions were asked about whether these young people were participants in school-based, community-based, church or faith-based, or any other type of activity and compared to their self-reported habits concerning substance use and family income. The results revealed that, regardless of family income, young people who did not participate in any activities reported a higher rate of substance use within the past year, than those individuals that were active in at least four activities (NSDUH, 2007).

Yan et al., (2007) also investigated substance use amongst adolescents and examined the relationship between STD/HIV transmission and substance use in sexually active teenagers in U.S. rural areas. This survey gathered information on self-reported substance abuse behaviour (e.g. alcohol, marijuana, tobacco, and cocaine use) and was correlated to variables such as unprotected sex and the number of recent sexual partners. The findings revealed that there is an association between alcohol and drug use before sexual intercourse, especially in terms of binge drinking and cocaine use. Thirty-seven percent of participants that reported alcohol or drug use also reported having multiple sexual partners, of which the latter was significantly associated with binge drinking.

A major interpersonal influence to substance abuse is peer pressure. Prasetyo (2017) posits that the family is a very big influence on lives of adolescents, and when adolescents develop/have problems with/within their families like poor communication between family members and disunity within the households, adolescents tend to then prefer to spend a lot of their time with their friends. If those friends are substance users, that adolescent gets introduced to that world, and may most likely partake to satisfy the itch of curiosity.

As Hesselbrock and Epstein (1999) put it, association with deviant peers increases the likelihood of individuals accepting deviant behaviours, as well as the risk of alcohol and drug use. What this means is that adolescents who associate with addicts and those who fall under persuasion of friends to use the drugs are more likely to fall into drug abuse (Barnard, 2005). The impact of peer pressure is central to this research as more often than not one does not just decide to take drugs, there has to be another person. So the research will explore the effect of peers in influencing substance abuse.

### **2.5.3 Sociocultural Influences**

Sociological contributions to addiction models range from those proposing a strict social construction explanation to those that give greater importance to the environment (Reinarman and Levine, 1997). The social construction explanation posits that addiction is meaningful only within the conceptual categories available within culture and framed by social context (Becker, 1953); therefore, the “particular features of and the meanings attributed to drug experiences, as well as the behaviour thought to follow from them, are culturally specific” (Reinarman, 2005). As such, it is important to understand the cultural

background of users in order to determine if substance abuse among adolescents has anything to do with the culture of the Zimbabwean society in general. Specifically, it would be critical to understand which specific culture is influencing substance abuse in Mbare.

The use of crystal methamphetamine was reported to be more prominent in poverty stricken areas like in the Cape Town Flats of South Africa. Plüddemann, Myers and Parry (2009) suggested that in Cape Town Flats, the majority of patients who reported admission to rehabilitation centres were those who used crystal methamphetamine as primary drug of choice. They further found that rehabilitation admission for crystal methamphetamine use as the primary drug increased from 2percent in 2002 to 46percent in 2008.

Whilst crystal methamphetamine users range between the ages of 13 to 61 years, Dixon (2007) claims that children as young as 10 years old in the Cape Flats area have experimented with this drug. This is due to youthful exuberance, peer pressure, curiosity and experimentation. Mbare, especially the area where there are flats, is a poverty stricken area which is synonymous with unemployment, school drop outs, and many other social factors which are associated with drug abuse, chief among them being crystal methamphetamine.

In short, it is poverty and unemployment and the lack of any recreational facilities that leave young people with a feeling of hopelessness and worthlessness. If they see no prospect of ever getting a decent job and enough income to live a normal live, seeking oblivion through drugs and/or alcohol becomes a tempting escape route (Van Zyl, 2013).



The Mbare area is thus a fitting location for the study as it will help the research to explore the interlink ages between poverty, peer pressure, unfulfilled goals and substance use.

Research by (Boshears, 2011) contributes to a growing body of literature that emphasizes the social nature of both drug use and addiction, specifically the central role of drug-using networks. It focuses on sociality, which is defined as the tendency to form social groups that is fundamental to being human. Initiation into methamphetamine, according to the participants, always occurred in familiar social networks: family (including live-in partners), friends (including romantic and sexual relationships), and co-workers.

Sometimes the introduction to drug use was an indirect effect of the home environment during childhood and adolescence due to the parents' social networks (Boshears, 2011). The in-depth life histories recounted by the participants clearly indicated the importance of sociality vis-a-vis drug use, abuse and addiction. As shown, initiation of methamphetamine was often predicated on camaraderie or identity-formation with drug-using groups composed of peers, family members or co-workers. It would therefore be critical to explore the extent to which sociality is a push factor towards drugs to adolescents in Mbare.

Communities that are characterised by high levels of neighbourhood disorganisation are believed to contribute to the development of alcohol and drug related problems. These include a high population density, high levels of adult crime, physical deterioration, illegal drug trafficking, as well as high levels of school truancy and gang activities, (Seivewright, 2000). In South Africa, especially in the Western Cape, substances like

methamphetamine are predominantly used by individuals under the age of twenty (Plüddemann et al, 2009).

According to (Jessor and Jessor 2012), communities characterised by unconventionality and tolerance for deviance are usually the ones where substance abuse thrives. More often than not, these communities are characterised by overcrowding and a culture that is generally tolerant to substance abuse. Like the areas highlighted from the South African case study, Mbare flats are dilapidated, overcrowded and there a general culture of tolerance to deviance. The nature of the societal influence is critical in the understanding of crystal meth abuse in such a community.

According to Gunda and Mbwirire (2020) the downturn of the economic situation in Zimbabwe has exacerbated challenges related to household survival such that there has been a great increase in the number of working mothers. ZIMSTAT (2017) reported that participation rates of females increased significantly from about 50percent in 1982 to about 70 percent in 2016. These female workers include those formerly employed, vendors, and cross boarder traders. The increase in the number of working females has meant that children are left unattended or with maids. The lack of or reduced parental supervision of children has thus created a generation of children who basically raise themselves half the time. In some instances, both or one of the parental figures may work away from the household where the children are raised, meaning that the familial bond is disrupted. This has the effect of creating conditions for substance abuse among the adolescent members of the household who will be lacking parental supervision, (Abdu-Raheem, 2013).

Some adolescents are given too much freedom and are allowed to come and go as they please. This aspect of modern day parenting gives adolescents greater opportunity for exposure to drugs. For example, many teens used drugs and alcohol when going to friends' homes, spending the night out or when attending parties. Therefore, the presence-absence dichotomy of supervision by parent will be critical to this study, especially the extent to which present parents are capable of stopping or limiting chances of substance abuse amongst their children as compared to absent parents.

The media is now embedded into how modern day society functions, and the portrayal of substance abuse in the media goes a long way in influencing or deterring adolescents' substance abuse behaviour. Many television critics say that most teenagers are prone to adopt features of the models, because the adolescent is at an age period of doubt, insecurity and where many social relations are discovered for the first time, (Egbochuku et al 2009). The media, especially television, can be of importance to adolescent socialisation as faces and images of the young, can be strong factors in influencing how other young people behave, (Harwood and Anderson, 2002).

There are many TV shows about addiction, countless videos on social media sites like Twitter, Instagram and Facebook where young persons are celebrating indulging in drugs. This also applies even at local levels where in WhatsApp groups adolescents in Zimbabwe see images of their idols, be it musicians, actors, footballers indulging and they feel the need to follow suit. The impact of media is a critical component of understanding crystal meth abuse in Mbare.

According to Barasa (2013) the mere availability of drugs may influence drug abuse. This is supported by (Obiayo, 2003), who state that the availability of drugs through cheap and local suppliers encourages adolescents to abuse or indulge into drugs abuse. In a study of students, Gacacio (2003), asserted students are generally exposed to drugs such as sleeping pills, tranquillisers, cough mixtures, eye drops and inhalants such as glue and petrol fumes, which are readily available to them. But in recent times even opium, cocaine, heroin which are harder drugs, are now readily available as long as the adolescent has money.

(Okech, 1997) states that adolescents now have readily available cash given to them as pocket money or travel allowances, and this is the excess cash that may be redirected into purchasing illegal drugs. (Johnston, Bachman and Schulenberg, 2009), state that this has led to drugs being available within the school environment. Even non -drug users among teenager admit that drugs are easily accessible to them within the school environment. While this study will not conduct interviews within the school setup, the fact that most if not all respondents are of school going age means that knowledge of presence of drugs within that setup will be vital in the understanding of influences to substance abuse.

#### **2.5.4 Intrapersonal Influences**

On an intrapersonal level, feelings of low self-esteem, depression, psychological distress and a desire to be visible may influence someone's behaviour towards drug abuse. (Tshabalala et al, 2015) argued that in a school setting a learner with a negative self-image may feel inferior and he/she may need recognition. He/she may want to feel in control. In such a case, the learner may choose to abuse drugs since he/she experiences a temporary

feeling of independence and power whilst under the influence of drugs. A person's belief systems, be it faith-based or not have a tendency to influence use or restraint from drugs. This research will seek to find out from respondents their motivations, personal values, sense of control or independence, feelings of contentment or self-efficacy, and their capacity for self-control. This will go a long way in determining whether the presence or absence of each played a role in their substance abuse decision.

## **2.6 Effects of Methamphetamine Abuse**

(NIDA, 2019) Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. It takes the form of a white, odourless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. According to (Panenka WJ, 2013) Methamphetamine comes in several forms and can be smoked, snorted, injected, or orally ingested. The obsession with crystal meth stems from the fact that it has 'exciting' short term effects like increased attention and decreased fatigue, increased activity and wakefulness, decreased appetite, euphoria and rush, increased respiration, rapid/irregular heartbeat, and hyperthermia. It is the immediate high that draws users in, not knowing the long term effects are even worse.

According to data from the 2017 National Survey on Drug Use and Health (NSDUH), over 14.7 million people (5.4 percent of the population) have tried methamphetamine at least once. NSDUH also reports that almost 1.6 million people used methamphetamine in the year leading up to the survey, 1 37 commonly misused stimulant drugs in the world. The (NIDA, 2020) report added that among people aged 12 or older in 2020, an estimated 0.6% (or about 1.5 million people) had a methamphetamine use disorder in the period

stretching to the past 12 months. Furthermore, approximately 23,837 people died from an overdose involving psycho stimulants with abuse potential other than cocaine (primarily methamphetamine). The figures are dire and point to the potency of crystal meth.

The consequences of methamphetamine misuse are terrible for the individual—psychologically, medically, and socially. Using the drug can cause memory loss, aggression, and psychotic behaviour, damage to the cardiovascular system, malnutrition, and severe dental problems. The dental problems may be caused by a combination of poor nutrition and dental hygiene as well as dry mouth and teeth grinding caused by the drug. Skin sores are the result of picking and scratching the skin to get rid of insects imagined to be crawling under it, (Chomchai C, 2015). The drug is viewed as posing an even greater threat than opioids, especially since it is the drug that most contributes to violent crime (Uhlmann et al, 2014). Beyond its devastating effects on individual health, methamphetamine misuse threatens whole communities, causing new waves of crime, unemployment, child neglect or abuse, and other social ills.

Crystal methamphetamine misuse has also been shown to contribute to increased transmission of infectious diseases, such as hepatitis and HIV/AIDS, (Simbayi, et al, 2006). Methamphetamine misuse raises the risk of contracting or transmitting HIV and hepatitis B and C, not only for individuals who inject the drug but also for non-injecting methamphetamine users (Fairbairn, et al., 2011). Among people who inject drugs, HIV and other infectious diseases are spread primarily through the reuse or sharing of contaminated syringes, needles, or related paraphernalia, (Dana Hunt, Kuck, & Truitt, 2006). Regardless of how methamphetamine is taken, its strong effects can alter judgment

and inhibition and lead people to engage in risky behaviours like unprotected sex. Methamphetamine misuse is associated with a culture of risky sexual behaviour, both among men who have sex with men and in heterosexual populations, a link that may be attributed to the fact that methamphetamine and related stimulants can increase libido, (NIDA, 2020).

In addition, crystal methamphetamine is also associated with violent behaviour resulting in social devastation (Berg, 2005). With the sudden rise in crystal methamphetamine use, particularly by young people, the state's substance abuse rehabilitation services are unable to keep up with the ever-growing problem (Parry, 2005). As alluded to earlier it may be presumed that intervention and prevention strategies need to be developed and put in place to yield the pandemic from escalating further (Parry, 2005). For this to be effective, context focused research should be conducted looking at all the factors that influence the young people to resort to crystal methamphetamine use.

(Hohman M, 2004) state that Methamphetamine is particularly favoured by women of child-bearing age and its effects usually last for up to 10-12 hours. A large NIDA-funded longitudinal study examined developmental outcomes in infants and children born to mothers who misused methamphetamine. In infancy, the children were more likely to show decreased arousal, increased stress, and poor quality of movement (Smith, et al., 2008). By ages 1 and 2, toddlers showed delayed motor development (Wouldes TA, 2014), while those at Preschool and school-age level had subtle but significant attention impairments and were more likely to have cognitive and behavioural issues in school related to difficulties with self-control and executive function (Kiblawi, et al., 2013;

Smith LM, 2015). A critical aspect of this research is an attempt to assess the impact and effects of crystal meth on the behaviour of female users who may be pregnant or have had children. Specific focus is on the amount of care they offer their children and/or their ante-natal routines. Checking on the health of the children is a bit outside the scope of the research, but understanding how the respondents felt and behaved during pregnancy and after childbirth will be invaluable.

## 2.7 Conceptual/Theoretical Framework

This research is based on a conceptual framework that entails that substance and drug abuse by youths is as a result of biological, interpersonal, intrapersonal and sociocultural influences. Figure 1 below indicates the complex, reinforcing influences

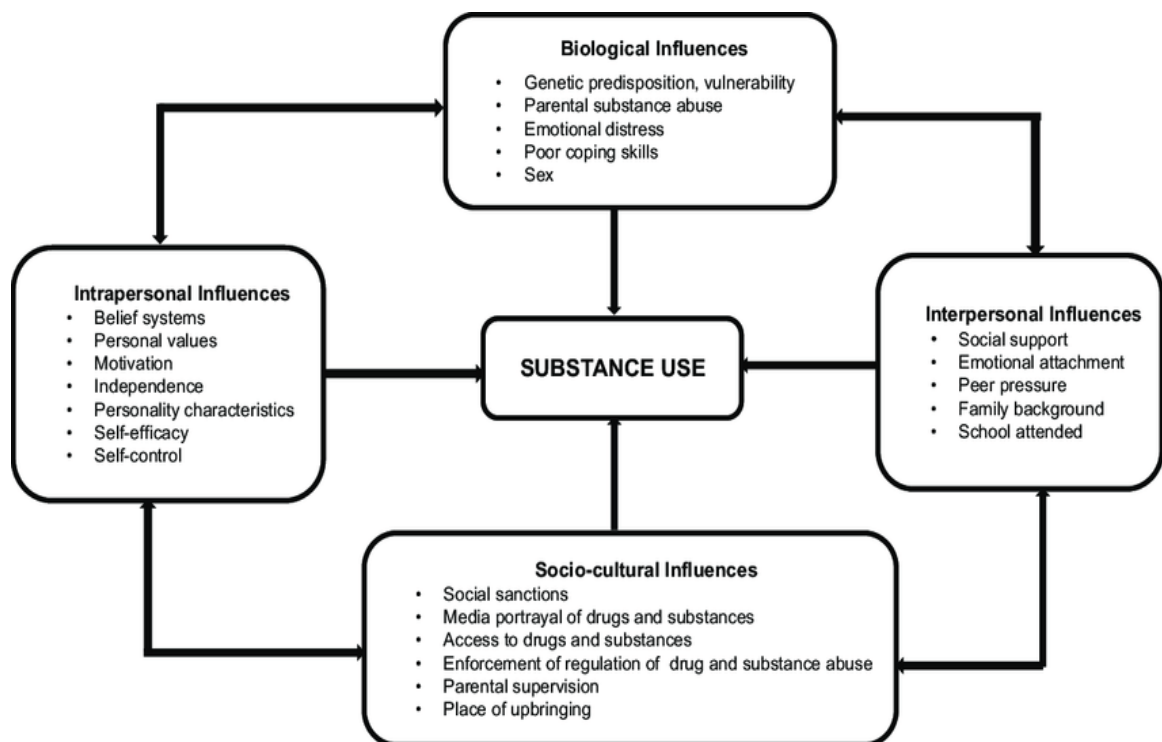


Figure 1: (African Journal of Drug and Alcohol Studies)



There are biological, psychological or intrapersonal, as well as sociological theories of drug use. Although theories from these disciplines might seem competitive or even conflicting, an examination emphasizing their complementary nature is crucial. Each theory provides a partial explanation for drug use and has important prevention, treatment, and policy implications. Indeed, a comprehensive explanation could involve a combination of factors. For example, although we know that certain types of adolescent drug abuse are concentrated in areas of relative social and economic deprivation, most adolescents in similar situations do not abuse drugs.

The underlying reasons for drug abuse are much more complex. According to the Narcotics Division of the Security Bureau of the Government of Hong Kong, the main reasons for drug use of the reported drug abusers aged under 21 in Hong Kong in 2009 were peer influence/to identify with peers (66.7percent), relief of boredom/depression/anxiety (51.1percent), curiosity (43.0percent), seeking euphoria or sensory satisfaction (33.6percent), and avoid discomfort of its absence (15.2percent).

## **2.9 Chapter Summary**

The chapter highlighted various literature surrounding drug abuse on a global, regional and local scale. The focus was on painting a historical picture, analysing statistics of drug abuse, push and pull factors to drug abuse, and more importantly, highlighting the dangers associated with crystal meth abuse. The next chapter will thus go over the methodological setup of the research, focusing on how it intends to collect the data on crystal meth use.

## **CHAPTER 3:**

### **3.0 CHAPTER 3 RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This study proposed to investigate adolescents' perceptions of the factors that influence methamphetamine use and employed a qualitative research design. According to Pope and Mays (1995) qualitative researchers attempt to develop concepts that will provide us with an understanding of social phenomena in natural contexts by acknowledging language as the mode of transport for individuals' meanings, understandings and perceptions of social phenomena. In this light, adolescents' perceptions of the factors that influence methamphetamine use are then assumed to be based on their (inter)subjective experiences and understandings of the drug or of those who use the drug.

#### **3.2 Research Design**

The study is qualitative, constructionist and descriptive. The use of qualitative and constructionist epistemological standpoint is because it seeks to provide in-depth understanding of the use of influences that affect youths and how it relates to their decision to use and abuse drugs. Creswell (2013:44) has it that qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. While Denzin and Lincoln (2013:3) also stated that a

qualitative researcher study thing in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meaning people bring to them. It can also be added that there is support to this view as Merriam and Tisdell (2016:15) also postulate that qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world. Besides this, Halperin and Heath (2012:7) notes that qualitative research tends to be based on discursive analysis of more loosely coded information for just a few cases. To this end, this study process as a qualitative inquiry was informed by a theoretical grounding that enables a systematic inquiry, robust analysis and coding of data to give appropriate meanings.

### **3.3 Population and sampling**

#### **3.3.1 Population and Exclusionary Criteria**

Patino and Ferreira (2018) note that establishing inclusion and exclusion criteria for study participants is a standard and indicate that the inclusion criteria are defined as the key features of the target population that include demographic, clinical, and geographic characteristics. In contrast, exclusion criteria are defined as features of the potential study participants who meet the inclusion criteria but present with additional characteristics that could interfere with the success of the study or increase their risk for an unfavourable outcome (Patino and Ferreira, 2018). In this study the eligibility criteria were established by the researcher. To be eligible for this study, participants had to

- i. Identify as Black Africans

- ii. Permanent or temporary resident in Mbare Matapi flats for a minimum duration of at least 3 months;
- iii. Past year drug use and specifically crystal methamphetamine and
- iv. Be between the ages of 10 and 18.

Therefore, only those participants who reported past year drug use were included in the study.

### **3.3.2 Sample size and sampling procedure**

The sample unit in this research are individuals. The research utilises the Snowball sampling technique. To be specific, the study undertook Exponential Discriminative Snowball Sampling where each subject gave multiple referrals; however, only subjects living in the study area were recruited from each referral. This was chosen due to the fact that locating and recruiting out-of-treatment drug-dependent individuals for inclusion in research studies are challenging. With snowballing, the study did not have a sampling frame and did not consider representative sampling as it has extensively been used in other qualitative research, with hard to reach populations. Snowball sampling is usually used in cases where there is no pre-calculated list of target population e.g. drug users in a specific area e.g. Matapi, Mbare. This I also allowed inclusion of homeless people who loafer within the study area.

### **3.4 Data Collection Instruments**

The present study adopted two methods of data collection in order to improve the trustworthiness of the findings. A triangulation of focus group discussions and in-depth interviews were preferred as explained in the succeeding paragraphs below.

#### **3.4.1 In-depth Interviews**

According to Boyce and Neale (2006), in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program or situation. The research utilised face-to-face in-depth interviews with the aid of an interview schedule where questions had the same wording were asked in the same order. This will allowed for thematic analysis of the data. In-depth interviews allowed for probing to elicit clarity on a lot of data, since the study was premised on using perceptions and views of crystal meth users, community members and key players in the drug abuse landscape of Mbare in particular and Zimbabwe in general.

Nyarawanda (2003) describes an interview as a dialogue or a conversation between the researcher and at least one respondent which aims to generate relevant information in a research study. Annum (2017) agrees and posit that interview refers to an interaction in which oral questions are posed by the interviewer to elicit oral response from the respondent/interviewee. Types of interviews include telephone interviews, structured interviews and semi-structured interviews. For this research, researcher used semi-structured interviews to collect data. Semi-structured interviews are a less formal type of

interview in which a set of questions may be used, but the interviewer can freely modify the sequence of questions, change the wording and sometimes add some questions as part of probing during the interaction with the interviewee, (Annum, 2017).

Semi-structured interviews were chosen for this study because they are particularly useful for getting the story behind a participant's experiences and it allows the interviewee to express their opinions, concerns and feelings. A semi-structured interview is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. This decision to conduct semi-structured interviews was made following a heuristic that there is room to observe nonverbal communication or actions of the participant and such observations increase a researcher's understanding of the responses of the participant especially the emotionally inclined ones (Babe, 2000).

Open-ended questions will be asked according to a semi-structured discussion guide formulated by the researcher, and probing will be used to acquire an in-depth and authentic understanding of their perceptions. The guide will be derived and adapted from the 2003 UNIDOC Global Assessment Programme on Drug Abuse (GAP) Tool Kit on Conducting School Surveys on Drug Abuse. The questionnaire will be in English language and Shona. The researcher will convert the questionnaire to Shona language which the researcher is native to and competent in speaking and writing.

### **3.4.2 Focus Group Discussions**

The researcher used the Focus Group Discussions (FGDs) in conjunction with the in-depth interviews to collect data from the adolescent drug users as adult residents / health

workers who work in the Matapi area. The focus group discussions consisted of at least 10 of the 50 respondents per session. The researcher had 2 focus group discussions, one with drug abusers of varying ages and from both sexes, plus some members of the community and the other one with strictly drug users only sharing their experiences. According to Krueger (1980), in Hennink, Hutter and Bayley (2004), a focus group discussion is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. The research will use open ended questions that will allow respondents to divulge a lot of information that included their feelings, attitudes, perceptions, and understanding of the challenges they faced; and their mechanisms of coping with the challenges.

In this study, the researcher used FGDs because they have the capacity to produce data and insights that would be less accessible in one-on-one setting like interviews. That is, listening to others' verbalized experiences stimulates memories, ideas, and experiences in participants and group members discover a common language to describe similar experiences, (Lindlof and Taylor, 2002). This allowed the participants a chance to speak as a group and stimulate more discussion and deeper data for the research. The researcher utilised an audio recorder to capture the interviews as these allowed a replay which enabled thorough capture of lived experiences as well as familiarisation with unedited responses and also allow the researcher to "identify individual voices" as well and explore the differences in views of the participants, (Creswell 2003).

### **3.4.3 Secondary Data**

Secondary data collection was done through the mining of published online and printed material, newspapers, journal articles, press statements and various other sources of literature found on the world wide web and had material related to study. This study was exploratory and as open to a variety of sources of background information, such as previous experience, observation, books, journals and research papers.

### **3.5 Data Collection Procedures**

The section on research procedure deals with the processes that were involved in the carrying out of this research. This entails all activities from the time the researcher identified research respondents, makes contact, negotiates entry, seeks consent, conducts interviews up to the point when they documents their findings. Libakova and Sertakova (2015) describe the research procedure as an overall plan of data collection, from seeking consent from different stakeholders to the gathering of the data from respondents.

The researcher sought clearance from the university to carry out the research. After seeking and getting permission to carry out the study, the researcher then visited the District level stakeholders to negotiate entry. The district social development Officer was requested to be the key informant, among other local level health and law enforcement agents in Mbare. These were fit to be key informants as they deal with the community regularly.



At local level the researcher sought out a few users who then helped the researcher with snowballing sampling procedures, that is, through helping her other adolescents who use crystal meth. During the course of the research, the researcher visited the research site several times for interviews. The idea was to get a sense of the issues, digest them, check for gaps, and then go back to fill in those gaps. At each interview session the researcher sought the respondents' consent through going over the consent forms and having respondents individually agree to participate. Over and above the consent to collect data from them, the researcher also asked respondents for consent to voice-record sessions. The reason is it was important to get the data verbatim was in order to avoid presenting it in manner that may do harm to respondents. It will be emphasised that respondents reserved the right to stop interviews as and when they feel they are no longer comfortable participating in the study. At the end of each interview session, respondents were allowed to ask any questions they have, and the researcher must attend to the queries.

The average time for each individual interview was dependent on the type of respondent and the length of their responses to questions. Considering that there is need to understand the nature of the addiction, the push factors and the way drug abusers are viewed and treated in families and society in general; interviews took at least between 20 to 30 minutes. The interviews with key informants may took up to an hour each. The focus group interviews were expected to take around an hour and 30 minutes to allow respondents to take turns to narrate their situations, feelings and opinions on issues affecting them. The researcher divided the focus group discussions into 2 sessions in

order to allow for freshness among participants and for them to be attentive enough to give quality data.

### **3.6 Reliability and Validity**

According to Mohajan (2017), validity concerns what an instrument measures, and how well it does so. Reliability concerns the faith that one can have in the data obtained from the use of an instrument, that is, the degree to which any measuring tool controls for random error (Thomson, 2011). Validity and reliability are inherently quantitative concepts, that is, they are most aptly applicable to quantitative researches where there is a desire to avoid committing Type I and Type II errors. In qualitative research the two can be loosely used as a measure of how well the research instruments fulfil the goal of achieving research objectives. To attain validity and reliability in this research, the researcher utilised two different research instruments, and employed personal and group based data collection methods to collect data. This was intended at enhancing validity and reliability of the collected data. That is, the in-depth interviews and focus group interview schedules were concise and direct enough to capture the salient issues in the research, making the data real, verifiable, testable through follow-up researches. In essence, the validity and reliability of the data in this research rests on the faith that a different researcher, using same methods, would get similar data.

**Table 3.1: A Comparison of terminology according to research approach**

<b>Quantitative Paradigm</b>	<b>Qualitative Paradigm</b>
Internal validity	Credibility

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External Validity	Transferability/Applicability
Reliability	Dependability/Confirmability
Objectivity	Neutrality/Consistency

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### **3.6.1 Trustworthiness of the Research**

According to Gunawan (2015), many qualitative researches have failed to provide adequate descriptions in their reports of their assumptions and methods, especially methods related to data analysis. This has in turn led to criticisms of bias as findings are perceived to be presented through the lens of only the researcher. For Sandelowski (1993), trustworthiness is thus a matter of persuasion where the scientist is viewed as having made their research practices visible and therefore auditable. A study is therefore trustworthy if and only if, the reader of the research report judges it to be so. This goes against positivist beliefs that validity in qualitative studies should be linked to the truth or value.

According to Gunawan (2015), trustworthiness in qualitative research can be divided into credibility, which corresponds roughly with the positivist concept of internal validity; dependability (which relates more to reliability); transferability, (which is a form of external validity); and confirmability (which is largely an issue of presentation). These terms are discussed below.

### **3.6.1.1 Credibility**

According to Lincoln and Guba (1985, cited in Korstjens and Moser 2018)) credibility refers to the confidence that can be placed in the truth of the research findings. Credibility establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views. Through carrying out face to face interviews with respondents, in their natural habitat (Mbare), the research was seeking to ensure that persons with drug abuse challenges were interviewed within the domain of their everyday life.

In order to ensure credibility, the presentation and analysis of research finding are structured in such a way as to quote respondents verbatim and narrate their issues as closely to what they actually said as possible. The site or domain of the research also makes it possible for future researchers to verify and interrogate the data from this particular research. Through triangulation, that is, using different data sources (respondents with the drug abuse challenges, family members, friends, various stakeholders), and methods of data collection (in-depth interviews and focus groups discussions) the research was seeking credibility of the findings as a representation of the realities on the ground in Mbare.

### **3.6.1.2 Transferability**

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents, (Misco, 2007). Lincoln

and Guba (1985, cited in Korstjens and Moser 2018) state that the researcher facilitates the transferability judgment by a potential user through thick description. It is the responsibility of the researcher to provide ‘thick description’ of the participants and the research process, to enable the reader to assess whether findings are transferable to their own setting. This is called transferability judgement, and it implies that the reader is the one who makes the transferability judgment as the researcher doesn’t know their specific settings. In this research, the researcher provides a rich account of descriptive data, such as the context in which the research was carried out, its setting, sample, sample size, sampling strategy, interview procedures, and the interview guides.

#### **3.6.1.3 Dependability**

Guest, MacQueen and Namey (2012), state that dependability concerns the stability of findings over time. That is, dependability involves participants’ evaluation of the findings, interpretation and recommendations of the study such that all are supported by the data as received from participants of the study. For Bashir, Afzal and Azeem (2008), dependability includes the aspect of consistency, that is, the researcher needs to check whether the analysis process is in line with the accepted standards for a particular design. Since the research is using a more phenomenological design, the presentation and analysis of findings had to be in tandem with the goal of illuminating the perceptions, feelings and views of the participants more than those of the researcher.

#### **3.6.1.4 Conformability**

According to Lincoln and Guba (1985) and Anney (2014), confirmability is about the degree to which the findings of the research study could be confirmed by other researchers. Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination, but clearly derived from the data. (Korstjens and Moser, 2017). In essence, confirmability concerns the aspect of neutrality throughout the research process in order to secure the inter-subjectivity of the data. In this research, the aim is to attain confirmability through ensuring that the process of data interpretation is not be based on the researcher's preferences and viewpoints; but is grounded in the data provided by respondents, so that the respondents remain the core of the research, and not anecdotes..

#### **3.6.1.5 Reflexivity**

According to Amankwaa, (2016) reflexivity is the process of critical self-reflection about oneself as researcher (own biases, preferences, preconceptions), and the research relationship (relationship to the respondent, and how the relationship affects participant's answers to questions). A qualitative researcher must acknowledge the importance of being self-aware and reflexive about their own role in the process of collecting; analysing and interpreting data; and in their pre-conceived assumptions about the research (Cutcliffe and McKenna, 2004). In an attempt to respect these tenets, the researcher in this research sets out to record responses as verbatim as possible, while jotting down their own notes on the side. The goal is to ensure that the voices of respondents are not drowned out by that of the researcher. The use of focus group

discussions is an attempt to dilute the power relations of control that may exist in the one-on-one in-depth interviews. That way, the presentation of the findings would be characterized by direct quotes from respondents to illuminate the reality on the ground.

### 3.5.2 Ascertaining the Trustworthiness of Research Findings

To ascertain the trustworthiness of the findings of this study, an outline of the strategies employed to buttress its credibility, dependability, transferability and conformability. Qualitative researches have been said to carry researcher biases, speculations and this often leads to discredit on their findings and researchers should reduce this bias through employing strategies that ensure findings are adding to a pool of knowledge (Fielden, 2003). These strategies are particularized in the following table:

**Table 3.2: Strategies to Ascertain the Trustworthiness of the Present Research**

Measurement	Strategy	Application in the present study
Credibility	Triangulation	Focus group and individual respondents were combined to enrich the findings
	Authority of researcher	Researcher is a qualified social worker with a vast knowledge on research methods and interpersonal skills
	Long term engagement	Researcher resides in the ward which hosts the domain and provides psychosocial support to persons with disabilities and therefore has first-hand information on disability issues
Transferability	Choice of sample	Purposive sampling method which relies on the unbiased judgment of the researcher

	Comparison of sample	Sample reflects the total population
	Dense Description	Thorough explication of methodology including supporting literature and exact quotes from focus groups and individual interviews.
Dependability	Triangulation	Combined focus group and individual participants' responses substantiated data
	Peer change	Research etiquette discussed with supervisor
	Code-recode procedure	Accord discussion between researcher and supervisor
Conformability	Conformability audit	This study is guided by numerous ethics
	Triangulation	A focus group and interviews merged for rich data

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### 3.7 Analysis and Organisation of Data

The research presented data in themes and also discussed the findings using the thematic approach. The idea enunciated and brought to the fore the most common assertions, beliefs, views and perceptions from the various respondents as a way of painting a picture of how adolescent persons in Mbare are enticed into drug use, where they get the drugs, how they afford the drugs, challenges they face and their perceptions of push factors into drug use and/or abuse.



### **3.8 Ethical Considerations**

The researcher obtained ethical clearance from Africa University Research, Ethics Committee (AUREC). Ethical considerations of this research was also guided by International Charter for Ethical Research Involving Children as well as the 2016 International ethical guidelines for health-related research involving humans formulated by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with World Health Organization. Participants were fully informed both verbally and in writing the nature of the study, its aims and objectives, and their anticipated part in this study. Voluntary and informed written consent were obtained as each of the participants and their parents signed an assent or consent form.

The participants' right to anonymity and confidentiality was respected and before the focus group discussions (FGDs) commence, it was requested that the participants kept the information discussed during the focus group confidential as well. This was done through the collection of non-identifying information and the use of aliases in cases where the use of names cannot be avoided, e.g during recordings. The information that was collected was secured in a safe location and will only be discussed amongst the researcher and supervisor, which was also explained to the participants. Participants were informed that they had the right to withdraw at any time and that they were not under any obligation to participate.

### **3.9 Chapter Summary**

This chapter highlighted the research design and methodology chosen for the study, and it also discussed the various data collection and analysis methods used for the study. The next chapter focused on data presentation and analysis of findings from the field data.

## **CHAPTER FOUR**

### **4.0 CHAPTER 4 DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter highlights the demographic characteristics of the respondents, giving their gender, age groups and indicating their socio-economic status. The researcher conducted individual in-depth interviews at times that were convenient to the interviewees as well as held a focus group with the local residents at Matapi Flats. The respondents were in two groups, adolescents identified as have used drugs in the last twelve months and focus group participants who were chosen for their involvement and knowledge about drug abuse among youths in the study area. The researcher used a standard interview guide for each respondent and a Focus Group Discussion Guide, however, some questions that were informed by the previous respondent's interview were asked in the subsequent interview to get views on a particular matter.

This chapter also makes a presentation and analysis of the data collected during research. After the data was gathered, there was no feedback session, instead, the researcher collated the views of the respondents and common themes or judgements were identified, while variances were noted. It also gives a comparative analysis with secondary data on the factors and experiences of adolescents involved in drugs and explores their understanding of the situation and its implications on their lives.

## 4.2 Response Rate and Demographic Findings

### 4.2.1 Response Rate

	Targeted Responses	Actual Responses
Interviews	20	16
Focus Group Discussions	2	1

**Table 4.1 Response rate for in depth Interviews and Focus Group Discussions**

Source: Author's own construction

Table 4.1 above shows the response rate to primary data collection activities that were aimed by the researcher. For In-depth interviews with adolescents involved in drugs, the researcher had targeted 20 and was able to conduct interviews with 16 of them, an 80% response rate. The author had also aimed to undertake 2 Focus Group Discussions, one with adolescents and another with parents, residents and health professionals who work in Matapi, Mbare area. The researcher was able to conduct one (1) FGD with parents and community leaders.

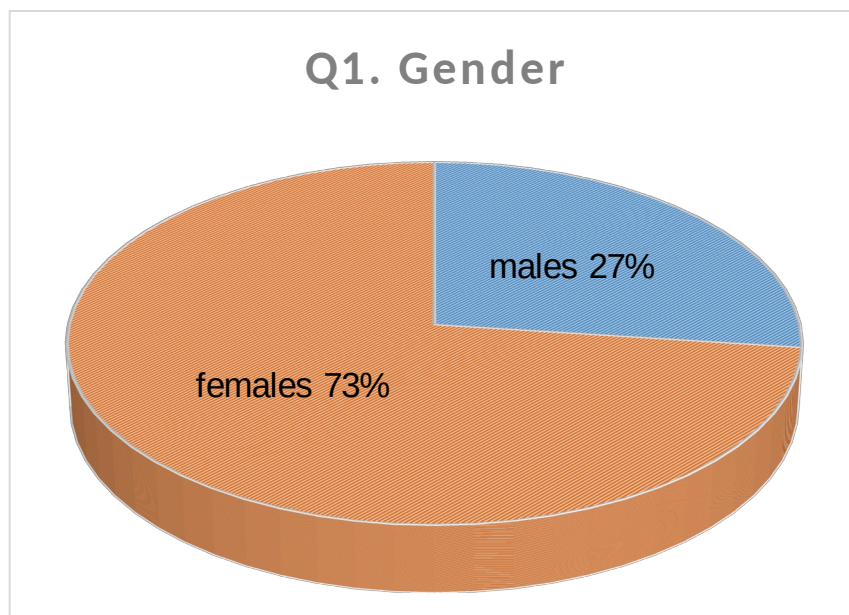
#### 4.2.2 Demographic characteristics of respondents.

**Table 4.2: Gender for Adolescents**

Gender Responses	
Male	75%
Female	25.6%
Total	100%

As depicted in Table 4.2, sixteen (16) respondents took part in the interview process of adolescents involved in Crystal methamphetamine. Of these, 12 of respondents identified as male (83, 3%) and 4 (16.6%) identified as female.

On the other hand, demographics of a focus group discussion held with community leaders, parents and guardians of the adolescents in the area. The FDG had 10 participants in the community as reflected below in Figure 1



**Figure 4.1: Gender profiling for Focus Group Discussion Participants**

Source: Author's Own Construction

Figure 4.1 above is a graphical presentation of the FGD participants, which shows that more adult females (73%) were available to discuss the challenge of adolescents drug use than males (27%). Observations by the researcher were that among parents, women were more affected and grappled with challenges children and teen drug abusers than men. Women are also forthcoming to discuss drug abuse related challenges than men.

#### **4.2.3 Age of respondents**

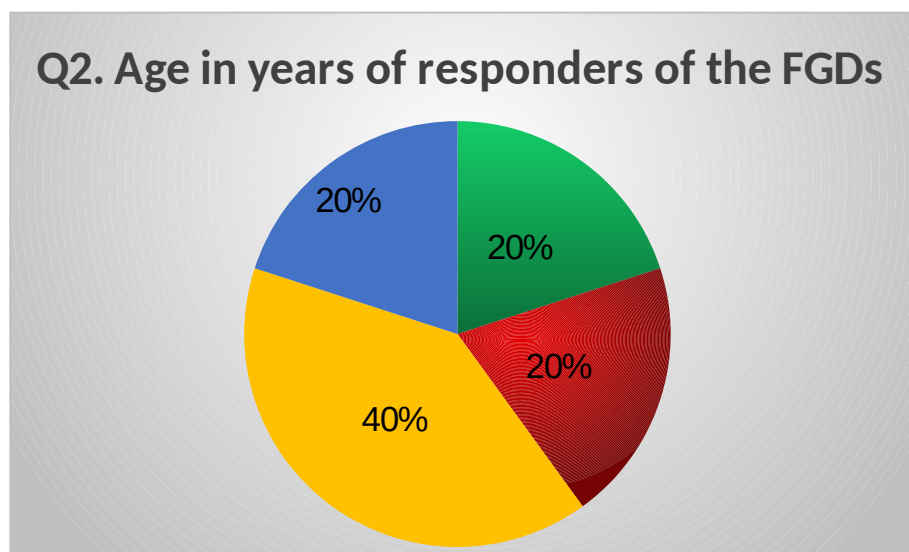
More than half of adolescent respondents numbering 10 (65%) were in the 16-18 age group category. 5 (31%) of respondents were in the 13-15 age group category while the remaining 10-12 age group categories account for 4% of respondents as depicted by Table 4.3 below.

Age Responses	
10 to 12	4%
13 to 15	31%
16 to 18	65%

**Table 4.3 Age of Adolescent Responses**

Source: Author's own Construction

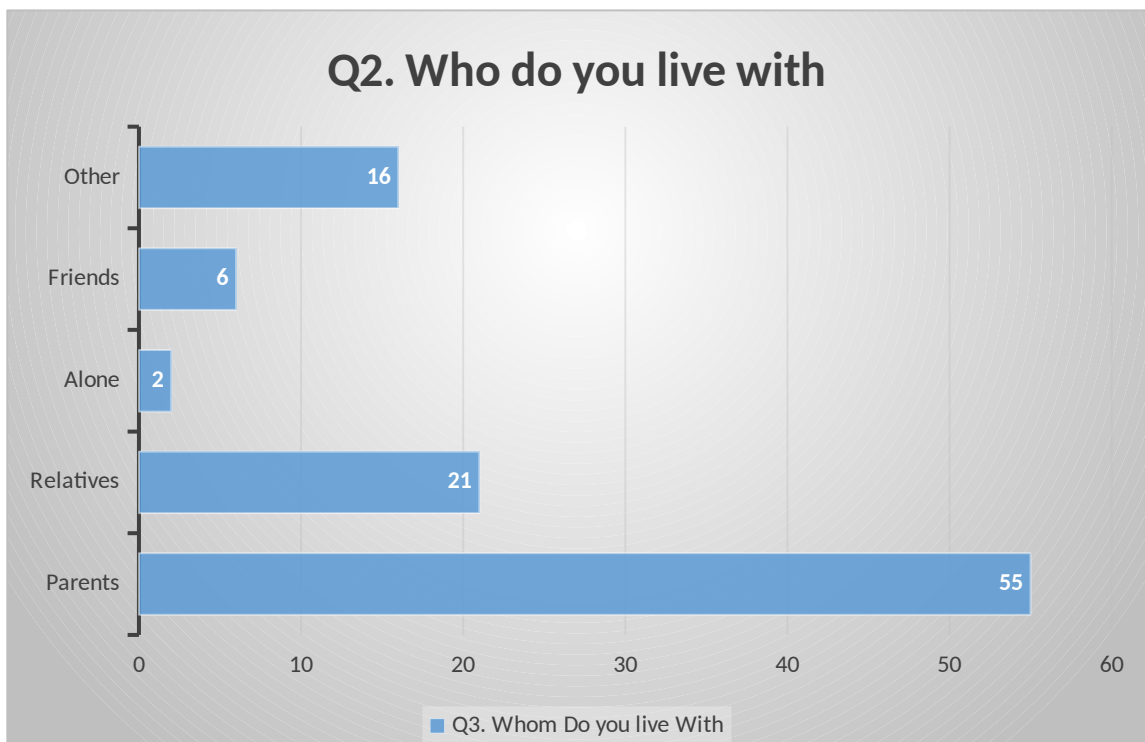
On the other hand, community leaders and parents who undertook the focus group had the following demographic characteristics 2 (20%) were in the 25 to 34 years range, 2 (20%) were in the 35 to 44 years range, 2 were in the 45 to 54 years range while those in the 55 to 64 years range were 4 (40%) and comprised the remainder of the Focus Group Participants.



**Figure 4.2: Age of Focus Group Discussion Participants** Source: Author's own construction

#### 4.2.4 Living situation

Figure 4.3 below shows responses to the question on adolescents living situation.



Source: Author's own construction

When asked on whom they live with, 55% indicated that they live with parents, 21% stated that they live with relatives other than parents, 2% indicated the alone, while 6% indicated that they live with friends. The remainder stated other either with live in boyfriends or roommates.



#### 4.2.5 Employment Status of Parents and Guardians

Adolescent respondents were asked on the employment status of their parents or guardians or whoever was a breadwinner in their household. Table 4.4 below show that about 15% are employed, 50% are self-employed, 25% are not employed, while the remaining 10% indicated other. The Matapi Flats was noted as having low income earners, and those indicated “other” indicated that their breadwinners were either into illegal activities such as sexual work and pickpocketing.

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Employment Status of Parents or Guardians	
Employed	15%
Self Employed	50%
Not Employed	25%
Other	10%

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**Table 4.4 Employment Status of Parents and Guardians**

Source: Author’s Own Construction

#### 4.2.6 Education Status

Adolescent respondents were asked whether they are still going to school and if yes, what level. 73% stated that they had reached secondary schooling, while 27% had dropped out either at primary and secondary schooling. There were no primary school going respondents.

<b>Education Status and level</b>	
Secondary education	73%
Primary	0%
Drop out	27%

**Table 4.5 Education Status and level**

Source: Author's Own Construction

### **4.3 Presentation of Data Based on Research Objectives**

#### **4.3.1 General Drug tendencies of youth in Zimbabwe**

Enquiry into the question “How adolescents in Mbare relating to the use are drugs and is it common among people of your age?” drew generous responses from the respondents. About 60 percent of the respondents were of the view that the use of drugs among people of their age was not yet in the majority but were in the rise. On 16 year old stated that among his peers at school, especially as they are about to end their O level studies, most of the students had one way or the other tried to take alcohol or cannabis and even crystal meth. In this he indicated that in Mbare, use of drugs was not socially sanctioned hence was seen by his peers as acceptable. Other respondents noted that as much as they were involved in the use of drugs, it was not as prevalent as expected although the practice was on the rise.

The researcher asked how respondents viewed the use of drugs in Mbare as compared to other areas across the country, urban and rural areas included. The main response given was that drug use and Crystal Methamphetamine taking was more prevalent in old urban areas such as Mbare, Highfield, Mufakose, Dzivarasekwa, Kuwadzana among others. The respondents indicated that it could also be the same with locations in other towns such as Gweru, Mutare, Masvingo among others.

One teen indicated that he firmly believe that Mbare was not the only place where youths were taking drugs as he had shared smoking sessions with peers from other suburbs. He went on to indicate that for the case of hard drugs, it should even be more prevalent among the affluent suburbs such as Avondale and Borrowdale, save for the fact that the people there may be well up to afford to use it in secluded place. No respondent was convinced that the use of hard drugs such as Crystal Methamphetamine could be prevalent in rural areas although they were of the view that there, Cannabis and beer drinking was more common.

The researcher posed the question “Are youths involved in drugs to blame or the environment plays a role?” which also brought about different themes. About 60% of the respondents indicated that the environment was more to blame than themselves. They raised issues such as being exposed to drugs at an early stage by their parents, friends, neighbours and even strangers due to how shared spaces in Matapi. One respondent stated that had she lived in a quieter environment where she does not meet a lot of people, she may not have been exposed to drugs. Another teen stated that drugs were readily available at Matapi Flats and drug peddlers were known, some of whom are seen

as role models by the community due to their money, resources and influence, hence use of drugs had been normalised among youths and it was cascading to their adolescent age group.

Other respondents blamed their social network such as friends who introduced them to drugs and themselves for willingly partaking in trying them. One responded partially accepted responsibility but defended himself by indicating that he had ventured into drugs for fun and be able to hang around ‘happy people’. The responses bordered defensiveness, deflection of respectability and blame shifting.

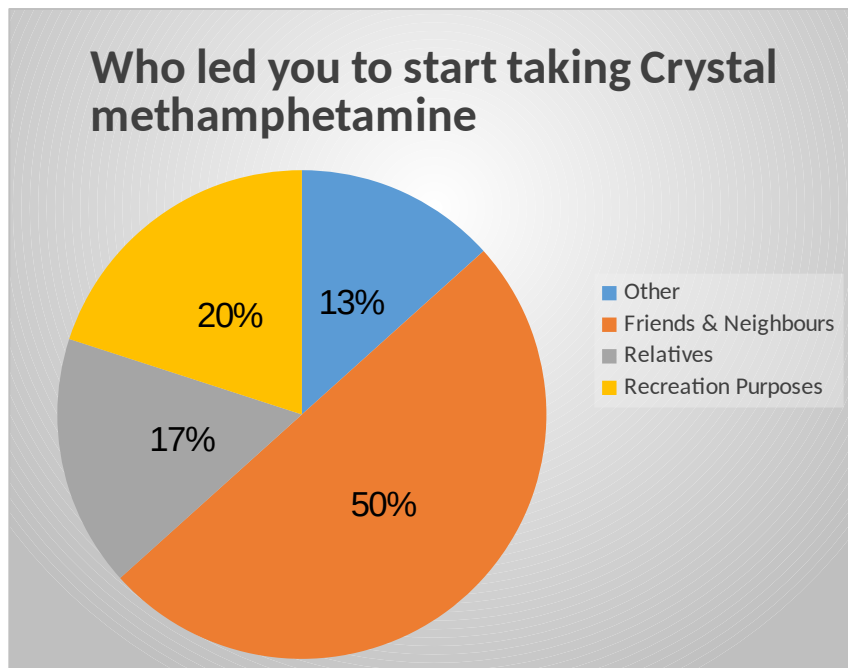
#### **4.3.2 Themes reflected in causes of Crystal Methamphetamine Use**

Seven key themes that emerged from the focus group discussions and in-depth interviews were that adolescents indulged in drug abuse as a result of curiosity, peer pressure, enhance performance, boost self-esteem, cope with unpleasant emotions, frustration, and to get high.

12 of the respondents when asked how long they had started indulging in drugs and Crystal methamphetamine indicated that it had been more than 12 months. For some, they indicated that drug use had in their area had picked up since 2014 when Mbare had regular music gigs by Zimdancehall artists in the area. They indicated that at the music gigs known locally as “passa passa”, held in open places from 2014 up to 2020 one could indulge into beer drinking and drug taking for fun. 5 of the respondents indicated that they were initiated into drug taking as recent as March 2020 when boredom hit them when the country was under COVID 19 lock-downs. One respondent quipped that with

nothing to do “*pamba pachibhowa, taitotandara hedu mudendere*” (with boredom at home, we had fun taking drugs at drug dens). Those in the 16 to 18 years age group had more duration of drug taking and were now economically active to indulge in drug taking more frequently than those in the 10-12 year olds, most of whom are still very young to afford drug partaking.

Respondents gave varied responses to the inquiry about who led them to start taking Crystal methamphetamine. As shown in Figure 4.3 below, 8 cited close friends and neighbours, 2 cited parents and close relatives, while 3 cited it was for recreation purposes. Those who cited other were 3. None stated that they ventured into crystal meth for medical purposes. In actual fact, most respondents did not know that Crystal Meth was is a prescription drug. One respondent indicated that Crystal Methamphetamine was made up to make people happier than cannabis and broncleer, a cough syrup also abused by youths in the area. Another respondent indicated that he liked to take Crystal Methamphetamine since he observed from his elder brother that it lasts for long, make a person more alert and had no smell or odour hence better than beer or cannabis.



Source: Author's Own Construction

**Figure 4.3 Factors that led adolescents into drug taking**

8 (50%) of the respondents who use crystal meth revealed the theme of obsession with crystal meth which stems from the fact that it has 'exciting' short term effects like increased attention and decreased fatigue, increased activity and wakefulness, decreased appetite, euphoria and rush.

3 (13%) of the respondents who stated "other" as the reason they were using crystal meth related or leaned towards feelings of low self-esteem, depression, psychological distress and a desire to be visible and fit in.

5(20%) of respondents who said they were introduce to crystal meth by friends and neighbours brought out the theme of being addicted or hooked without the intention of

doing so. Milkman and Sunderwirth (2014) views addiction as a learned behaviour which changes the chemical functioning of the brain.

The researcher asked the language used to all Crystal methamphetamine in local lingo, slang or language and for what purposes. Most respondents indicated that they called it *Dombo, Mutoriro, Guka, Matombo*. This they said it was derived from how they appear and the lingo was all they know. Most of them indicated that they actually did not know that the drug is called Crystal meth as they only heard it being called by local names.

Respondents were asked on their drug use and if they are able to control their drug use. A significant majority indicated that they take drugs whenever chance permit. Some indicated that they mostly take Crystal Methamphetamine with friends at a free house or space away from prying eyes of their parents. Thus, their drug taking routines were closely related to how frequent they can visit their friends. Others indicated that due to schooling schedules, they took Crystal Methamphetamine during weekends, while those who have already dropped out of school take Crystal Methamphetamine whenever they can afford.

None of the respondents claimed they could try to abstain from drug use for several days as a voluntary act to stay clean. One alluded to the fact that it was difficult to break the routine due to the depression one falls into after staying for long off Crystal Methamphetamine. Others indicated that they do not just take Crystal Methamphetamine but also take other softer drugs such as illicit brewed beer, cough syrup, cannabis among others, when they cannot afford Crystal Methamphetamine.

The research findings are also corroborated by a newspaper article by the Telegraph of 17 February 2022 titled, Lack of rehab centres fuels Zimbabwe's drug abuse crisis which noted that Health Professionals are of the view that job losses, school closures and Covid 19-induced anxiety have driven a rise in substance abuse in Zimbabwe. The same report quotes one Nelson Makore, a senior nursing officer at Sally Mugabe Hospitals as having stated that the Zimbabwean health professionals are familiar with problems from marijuana use but now see more people turning to harder drugs such as heroin, cocaine and crystal methamphetamine to forget pandemic pressures. In 2019, the Sally Mugabe hospital treated 150 substance abuse cases. That number spiked to 850 in 2020 and continued to rise in 2021 (Telegraph 2022).

In addition the findings also co-relate with a study by Agberotimi (2018) titled, 'Exploring Factors Influencing Substance Abuse among Young Individuals Receiving Treatment for Substance use Disorder in Ogbomoso, Nigeria'. Agberotimi (2018) noted that Nigeria is currently witnessing an alarming increase in the rate of substance use and abuse among the youths and emerging adults. He undertook a hospital-based study that explored factors influencing substance abuse

Mamman et al (2014) in their study on adolescent's drug abuse in Nigeria also note that despite the known risks associated with the drugs, adolescents continue using these drugs. They indicated that 65 percent of high school students used drugs to have good time, 54 percent wanted to experiment to see what it is like, 20–40 percent used it to alter their moods (Mamman, et al, 2014). The authors stated that studies have shown that



drug addicts started smoking from their young age and they grow older they seek new thrills and gradually go into hard drugs.

#### **4.3.3 Drug use related challenges faced by Adolescents**

The common themes that were reported by adolescent drug users are numerous. Four main challenges espoused by respondents are depicted in Figure below covering health, social, education and general issues. Firstly most respondents indicated that they faced health related challenges, which comprised of a general lack of a fit mind and body, constant headaches and instances of dizziness when sober. Teenage females in the study indicated that they may be prone to abuse from their male friends whom they share drug taking sessions as has been the case with some other women they know. Early pregnancy and sexually transmitted diseases such HIV and AIDS being the most serious challenge they fear.

Respondents also revealed that they were facing social challenges due to their alleged and known drug taking, which was characterised by poor relations with parents and guardians or relatives they live with. One main issue being the lack of trust. Respondents indicated that they had instances where they either stole money or sold personal and family items to buy Crystal Methamphetamine and it had created animosity and lack of trust with people they live with. Others indicated that they had not done any vices but the general stigma towards drug taking had created challenges at home.

Respondents also highlighted that they faced education related challenges such as instances of poor performance and results in class due to the drug taking habit. While

those who have already dropped out of school cannot be attributed solely to drug taking, some respondents indicated that they were not sure if they will continue going to school given their drug use. Thus they foresee themselves becoming drop outs, which one indicated was not of any surprise since a lot of the educated in the country were also loafing around like drop outs with no jobs.

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**Challenges of Drug Use**

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<b>Health Related</b>	<b>Social Related</b>	<b>Education Related</b>	<b>General Challenges</b>
Headaches Dizziness	and Poor relations with family	Lack of focus on schooling activities	Lack of money
Unsafe sexual practices	Aggressiveness towards others	Poor results	Addiction
Lack of sleep and hyper activeness	Trust issues with family	Likely to stop schooling	

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**Table 4.6 Challenges of Drug Use and Abuse**

Source: Author's Own Construction

#### **4.3.4 Institutions and Programmes that deal with Drug Abuse and their Effectiveness**

There are Public health institutions which provide assistance in terms of rehabilitation of drug users including crystal methamphetamine. These institutions only have capacity to admit someone who is considered unstable i.e a violent person poses as a danger to themselves or others. These institutions admit such a person for a minimum of 21 days whilst offering free psychotherapy sessions with a psychologists and social workers. If a person is considered to be stable they are not admitted and they are offered psychology sessions on an outpatient bases. These sessions may include family members and a coping mechanism is provided with a psychologist for as long as the patient is willing to come. The researcher noted that a better outcome or treatment is given if the drug user approaches the institution whilst accompanied by family members. In the event that the drug user relapses, these institutions do not admit the patient anymore but just offer psychological support on an outpatient basis.

##### **Public psychiatric institutions offering help in fighting drug addiction:**

- Sally Mugabe Psychiatric Unit
- Parirenyatwa Annex Psychiatric Unit
- Ingutsheni Psychiatric Hospital
- Ngomahuru Hospital and Halfway House

(Ministry of Health and Child Care, Harare)

##### **Private institutions offering drug rehabilitation**

- Highlands Halfway Home
- Ruwa Rehabilitation Centre
- Serenity Mind Centre
- Mandipa Hope Rehabilitation
- Tirivanhu Rehabilitation
- Mubatirapamwe Trust
- Beatrice Rehabilitation Centre, Harare
- Tariro Rehabilitation Centre, Harare

The private institutions provide full effective drug rehabilitation but the researcher found that some of them can charge up to \$350 usd per week which is expensive for drug users coming from poor economic background like Mbare. These are therefore unaffordable and out of reach for the Mbare community.

#### **4.3.4 Willingness to consider rehabilitation**

The researcher noted that most of the adolescents have not reached any personal and voluntary position to seek help on drug use. Most of them appeared ignorant on the real dangers of Crystal Methamphetamine. The concern was mostly expressed by parents and guardians in a focus group discussion. The study revealed that about 60% of the respondents were unwilling to seek treatment from institutions, 20% said they were willing but expressed the need for support from family whereas the remaining 20% were unsure if they needed help from these institutions. It was noted that most of the adolescents involved in drugs were oblivious of the long term effects to the vice.

#### **4.4 Chapter Summary**

The Chapter highlighted the demographic composition of the respondents, inclusive of their gender social status and age groups. Presentation of data collected from the research interviews was also made as well as linking the same to secondary sources of data with similar results. The next Chapter discusses the research findings and the summary also draw conclusions and recommendations thereof.

## **5.0 CHAPTER 5 Discussion, Summary, Conclusion and Recommendations**

### **5.1 Introduction**

This chapter briefly discussed and concluded the important concerns of this study. The chapter discusses themes on factors leading to drug abuse, gives a summary of the study, concludes the findings by highlighting the researcher's own views and proffers recommendations.

### **5.2 Discussions**

The research was focused on understanding what adolescents depict as influential factors of methamphetamine use, especially in the Mbare. It revealed that household structure, neighbours, friends and the environment played a key role and discussed in detail below.

#### **5.2.1 Role of Household Figureheads and Neighbours**

The research established that figurehead figures at household level and close neighbours played a role model role in the decision made by respondents to venture to into drug taking. Some indicated it was common to see their close relatives and parents taking drugs (not necessarily crystal meth) and had given the impression that drug taking was not a socially sanctioned endeavour. The findings dovetail with Newcomb, Maddahian

and Bentler (2009) who posited that an adolescent growing up in a household that has parental figures who are substance users has a high likelihood of influencing that adolescent to take up the habit.

This research was also interested in understanding the family setup in households that respondents live in as a way of building up to a concise understanding of the push factors to the respondents' journey to addiction. It established that the majority lived with parents and relatives (55% and 21% respectively). However, these parents were either employed, self-employed within the Mbare environment that include Mbare Musika, Siyaso and Magaba industrial complex and too busy monitor their children.

### **5.2.2 Role of Friends and Peer Pressure**

The research established that friends were cited as key factors that led some of the respondents to venture into drug taking. Friends from school would thus experiment together on beer, cannabis, prescription drugs and pills till they reached to Crystal Methamphetamine. These findings corroborate with an investigation on cannabis and cough syrup use among school students (aged between 13 and 15) in Harare by Rudatsikiri et al (2009) that stated that about 9.1 percent of students had utilized the drugs (13.4 percent of male and 4.9 percent of female). It is also pertinent to note that there is a rise of drug use among female adolescents, unlike in the past where males were noted as mostly active in drug abuse.

### **5.2.3 Role of Environment**

The study notes that respondents were of the view that the environment, social and economic situation had exposed them to drug abusing situations due to the overcrowded, drug den and peddling activities and high criminal rate in the area. Environment indeed plays a critical role, as youths and children normalise some behaviours they get to be exposed to at a young age. The findings also dovetails with Chirisa (2010) who noted that Matapi hostel is made up of 14 blocks of three-storey flats the population in Matapi hostel has surged from a static population size of about 3,000 males in 1980 to a fluctuating population of between 24,000 and 30,000 (a mixture of men, women and children) and thus the flats are associated with overcrowding, poverty and unemployment. There is also a high crime rate as noted by Mushosho (2017) that ZRP Matapi station received more than 200 cases per month and above 3000 cases in 2015.

### **5.2.4 Recreational Purposes**

Besides the factors above, respondents noted that drug taking culture was done to deal with boredom especially during the period under review when the country embarked on Covid 19 induced lock downs. The researcher also observed that Crystal Methamphetamine was a drug of choice due to its reported high levels of ecstasy and extended period of effects. These factors may have driven some to take it and leave other drug options despite its high cost.



### **5.3 Summary**

This research explored the causes of drug use and abuse by adolescents in Mbare, Harare. It was informed by an increase in reported increase in the destruction of lives due to abuse of drugs and alcohol by young people in the country. The research also came at during the emergence and impact of Covid-19 on people's lives increased economic and social pressures, curtailed children from attending school and increased free/spare time. The research was also premised on the understanding that Zimbabwe like other countries worldwide, was confronted with the challenge of growing drug use among its populace, with youths especially from poor or temperamental being distinguished as the weakest segment of the populace that is being enticed to consider drugs as a coping mechanism.

The study utilised a qualitative, exploratory and descriptive research design and as it sought to provide in-depth understanding of the use of influences that affect youths and how it relates to their decision to use and abuse drugs. To this end, it incorporated assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. Key assumptions were that the study area of Mbare, especially the Matapi Flats area, was the hub of drug use and abuse in Harare; that many adolescents in Mbare have experimented and/or are still experimenting with Crystal Methamphetamine for recreational use; that there was a significant number of adolescents in Mbare who are addicted to Crystal Methamphetamine and various other drugs; that Crystal Methamphetamine has serious health, social and economic effects on users and that

Zimbabwean laws and policies on drug abuse are punitive, hence they are inappropriate in the fight against increasing adolescent drug abuse.

Ethical considerations of this research were guided by International Charter for Ethical Research Involving Children as well as the 2016 International ethical guidelines for health-related research involving humans formulated by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with World Health Organization. The researcher will also seek ethical clearance from Africa University Research, Ethics Committee (AUREC)

#### **5.4 Conclusion**

Crystal Methamphetamine abuse amongst adolescents living in low socio-economic settings and crowded urban setup such as Mbare is on the rise and forming a vicious cycle of pull and push factors. There is no concrete strategy by law enforcement agencies to curtail availability of hard drugs on the streets. Initiation into drugs is mostly from people who are close to children such as neighbours, peers and relatives who act as role models. Crowded environments such as Matapi Flats and the low income structure exposes children too many vices such as peer pressure, criminal activities and drug abuse among others.

Major themes revealed as the factors leading to drug abuse from the results were;

- Addiction or hooked on crystal meth without the intention of doing so.
- Low self-esteem, depression, psychological distress and a desire to be visible and fit in.

- ‘Exciting’ short term effects like increased attention and decreased fatigue, increased activity and wakefulness, euphoria and rush.
- Boredom, unemployment and dropping out of school

There are public institutions which provide rehabilitation and psychosocial support to drug users. Though the institutions are overwhelmed and have limited capacity, they are able to provide effective drug rehabilitation and support to willing individuals.

Support from family and friends is key throughout the process of seeking drug rehabilitation support and some of the adolescents do not have that support.

There are private institutions which provide effective rehabilitation and psychosocial support to drug users but are expensive for the Mbare population

## 5.5 Recommendations

Recommendations	Responsible Person	Timeline
Drug abuse advocacy programmes need not to be one size fits all, there is need to tailor make advocacy messaging so that it also covers children and adolescents.	Ministry of Health and Child Care- Drug abuse advocate	2022
Fast track the implementation of the National Drug Plan so that it is known by all stakeholders, community leaders and parents included.	Ministry of Health and Child Care- Drug abuse advocate	2022
Ensure that schools are equipped	Ministry of Education-	2022

with the ability to deal with the Permanent Secretary  
 drug abuse phenomenon among  
 school going children, for  
 example having a profession  
 psychologist employed by the  
 school

Teachers for them to engage and Ministry of Education- 2022  
 work in collaboration with the Permanent Secretary  
 family of the drug users and  
 encourage drug users to seek  
 treatment from professionals  
 found in established institutions

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## Appendix 1 AUREC Approval letter



### AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

P.O. Box 1320 Mutare, Zimbabwe, Off Nyanga Road, Old Mutare-Tel (+263-20) 60075/60026/61611 Fax: (+263 20) 61785 website: [www.africau.edu](http://www.africau.edu)

Ref: AU2524/22

30 March, 2022

RUVIMBO PASIPAMIRE  
C/O CHANS  
Africa University  
Box 1320  
MUTARE

RE: **AN INVESTIGATION INTO THE CAUSES OF DRUG ABUSE AMONGST ADOLESCENTS. THE CASE OF CRYSTAL METHAMPHETAMINE ABUSE IN MBARE, MATAPI FLATS –HARARE 2020-2021**

Thank you for the above titled proposal that you submitted to the Africa University Research Ethics Committee for review. Please be advised that AUREC has reviewed and approved your application to conduct the above research.

The approval is based on the following.

- a) Research proposal
- b) Data collection instruments
- c) Informed consent guide
- **APPROVAL NUMBER** AUREC 2524/22  
This number should be used on all correspondences, consent forms, and appropriate documents.
- **AUREC MEETING DATE** NA
- **APPROVAL DATE** March 30, 2022
- **EXPIRATION DATE** March 30, 2023
- **TYPE OF MEETING** Expedited  
After the expiration date this research may only continue upon renewal. For purposes of renewal, a progress report on a standard AUREC form should be submitted a month before expiration date.
- **SERIOUS ADVERSE EVENTS** All serious problems having to do with subject safety must be reported to AUREC within 3 working days on standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.



Yours Faithfully

MARY CHINZOU –  
ASSISTANT RESEARCH OFFICER: FOR CHAIRPERSON  
AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE



## **Appendix 2: Interview Guide Questions**

19057 New Ridgeview

Belvedere

Harare

Cell: 0773 041 220

Email: [pasipamirer@africau.edu](mailto:pasipamirer@africau.edu)

Dear Respondent

### **RESEARCH IN PARTIAL FULFILLMENT OF THE MASTER OF PUBLIC HEALTH DEGREE: AFRICA UNIVERSITY.**

My name is Ruvimbo C. Pasipamire (182581). I am conducting a research to fulfil the requirements of the Master of Public Health degree study. The title of my study is: **An Investigation into the Causes of Drug Abuse amongst Adolescents. The Case of Crystal Methamphetamine abuse in Mbare, Matapi Flats –Harare 2020-2021.** The purpose of this research is solely academic and you have been randomly selected to take part in this study. You are one of about [.....] adolescents in [.....] participating in the study. It is designed to examine and analyse the factors and causes leading to Crystal Methamphetamine abuse in Mbare, Matapi Flats and effects of the drug on the social and community systems. It also seeks to understand services available to assist drug abusers. Your contribution to this research is very important because the information that you give may help to understand the drug abuse phenomenon among youths and help develop responsive policies, institutions and programs to curb drug initiation and treat drug abusers.

In the event that you want to contact me, please do not hesitate; use any of my contact details put herein.

Your cooperation is greatly appreciated. Thank you.

### **Section A: Personal Facts**

1. Gender

a) Male

b) Female

Other

(Specify \_\_\_\_\_)

2. What is age and year were you born?

\_\_\_\_\_

3. With whom do you live? (Mark all that apply)

a) Alone

b) With parents

c) With relatives other than parents

d) With a foster family

e) With roommates

**Other** \_\_\_\_\_

—

4. Describe where you live.

a) Rent or own my own home

b) Live in with relative's home

c) Stay with Friends

d) Stay in dormitory or shared room

Other \_\_\_\_\_

—

## Section B General Drug tendencies of youth in Zimbabwe

5. How are adolescents in Mbare relating to the use drugs and is it common among people of your age?

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6. Do you think drug use among youths is experienced in Mbare or Urban Centres or it is everywhere in the country?

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7. Are youths involved in drugs to blame or the environment plays a role?

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## Section C : Drug Use

8. How long have you been using drugs and when did you start using methamphetamine.

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9. What led you to start taking Crystal methamphetamine?

a) For medical purposes b) initiated by close friends c) initiated by close relatives

d) Recreation purposes

d) other

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10. What do you call Crystal methamphetamine in local lingo, slang or language?

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11. Are you able to control your drug use and are you able to abstain from drug use for several days?

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12. Do you use more than one drug at a time?

No.

If \_\_\_\_\_ yes \_\_\_\_\_ (explain),

\_\_\_\_\_

13. Do take the drugs alone or with others?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section D: Drug use related challenges**

14. What challenges have you faced with drug use?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What vices have you done due to drugs?

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16. Has your drug use made you isolate yourself from your friends and relatives?

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17. Do you hide your drug use from your friends or relatives?

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18. Do you use drugs to cope with your feelings or to avoid dealing with the problems in your life?

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19. Does your drug use ever cause you to feel guilty, worried, trapped, lonely, sad, depressed, or hopeless about the future?

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20. Does your drug use ever make you aggressive confused, incoherent, disorganised, disoriented, or cause you some memory loss?

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21. Does your drug use ever cause you to have difficulty paying attention at work, school, while doing your hobbies, or at home?

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22. Have your loved ones ever complained that your drug use is damaging your relationship with them or do they criticise you for your drug use?

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23. Have you ever tried to stop using drugs and do you know any rehabilitation centre that can help you?

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24. Has anyone ever suggested to you that you go for a consultation to get help for your drug use?

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**Thank you for your cooperation.**



### **Appendix 3: Focus Group Discussion Guide Questions**

19057 New Ridgeview

Belvedere

Harare

Cell: 0773 041 220

Email: [pasipamirer@africau.edu](mailto:pasipamirer@africau.edu)

Dear Respondent

#### **RESEARCH IN PARTIAL FULFILLMENT OF THE MASTER OF PUBLIC HEALTH DEGREE: AFRICA UNIVERSITY.**

My name is Ruvimbo C. Pasipamire (182581). I am conducting a research to fulfil the requirements of the Master of Public Health degree study. The title of my study is: **An Investigation into the Causes of Drug Abuse amongst Adolescents. The Case of Crystal Methamphetamine abuse in Mbare, Matapi Flats –Harare 2020-2021.** The purpose of this research is solely academic and you have been randomly selected to take part in this study. You are one of key people involved dealing with issues of adolescent drug abuse in Mbare chosen to participate in the study. It is designed to examine and analyse the factors and causes leading to Crystal Methamphetamine abuse in Mbare, Matapi Flats and effects of the drug on the social and community systems. It also seeks to understand services available to

assist drug abusers. Your contribution to this research is very important because the information that you give may help to understand the drug abuse phenomenon among youths and help develop responsive policies, institutions and programs to curb drug initiation and treat drug abusers.

In the event that you want to contact me, please do not hesitate; use any of my contact details put herein.

Your cooperation is greatly appreciated. Thank you.

#### **Section A: Personal Facts**

1. What is your Gender?

a) Male

b) Female

2. What is your age range?

18 -24

25-34

35-44

45-54

55-64

Above 65

#### **Section B General Drug tendencies of youth in Zimbabwe**

3. How are adolescents in Mbare relating to the use drugs and is it common?

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4. Do you think drug use among youths is experienced in Mbare or Urban Centres or it is everywhere in the country?

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5. Are youths involved in drugs to blame or the environment plays a role?

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### **Section C: Drug Use**

6. How long have you seen crystal methamphetamine being used in this area?

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7. What do they call it in local language or slang?

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8. What leads adolescents in this area to indulge in drug abuse?

b) For medical purposes b) initiated by close friends c) initiated by close relatives

c) Recreation purposes d) other

explain \_\_\_\_\_

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9. Do they use more than one drug at a time?

No.

If \_\_\_\_\_ yes \_\_\_\_\_ (explain),

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10. Do they take the drugs alone or with others?

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**Section D: Drug use related challenges**

11. What challenges have you faced or observed with adolescents involved drug use

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12. What vices have you seen being done by adolescents on drugs?

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13. What challenges are faced between drug abusers and their friends and relatives?

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**Section E: Policies and Programmes to deal with Drug Use**

14. Are there the policies, laws, programmes and activities that are done by state and non-state actors in light of the drug problem in Mbare and Zimbabwe in general?

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15. Are they effective in helping deal with this challenge?

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16. Are there any rehabilitation centres or medical assistance from public hospitals?

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17. How effective and appropriate are these policies, laws, programmes and activities that are done by state and non-state actors in light of the drug problem in Mbare?

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18. What is the community doing to deal with the drug abuse challenge?

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## Appendix 4 Approval Form

### APPROVAL FORM

The undersigned certify that they have read, and recommend to the Africa University for acceptance a research project entitled “**An Investigation into the Causes of Drug Abuse amongst Adolescents. The Case of Crystal Methamphetamine abuse in Mbare, Matapi Flats –Harare 2020-2021**” in partial fulfilment of the requirements for the Degree of Master of Public Health Degree Programme.

.....

.....

.....

**SUPERVISOR(S)**

**SIGNATURE(S)**

**DATE**

.....

.....

.....

**SUPERVISOR(S)**

**SIGNATURE(S)**

**DATE**

.....

.....

.....

**EXTERNAL EXAMINER(S)**

**SIGNATURE(S)**

**DATE**



## **Appendix 5 Informed Consent**

### **INFORMED CONSENT /ASSENT**

My name is Ruvimbo Pasipamire, a final year (Master in Public Health) student from Africa University I am carrying out a study on: An investigation into the causes of drug abuse amongst adolescents. The case of crystal methamphetamine abuse in Mbare, Matapi flats –Harare 2021-2022.

I am kindly asking you to participate in this study by answering some questions and /filling in a questionnaire.

Purpose of the study:

The purpose of the study is to provide an in-depth exploration of the adolescents' experience and perceptions of factors that contribute to the use of crystal methamphetamine in high-risk areas like Matapi Flats, Mbare, and Harare. You were selected for the study because you fit the inclusion criteria of the study.

Procedures and duration

It is expected that this will take about 10 minutes of your time.

Risks and discomforts

The nature of the study is to describe in detail issues that are associated with drug abuse. This may trigger emotional responses from previous or current encounters which are

associated with drug abuse. If at any point the participant feels any discomfort they are allowed to withdraw from the study.

#### Benefits and/or compensation

This study will increase literature sources in the study of drug abuse in Zimbabwe as there are limited research in Zimbabwe to do with crystal meth and this will inform on how best to address the challenges of crystal meth in the community.

#### Confidentiality

Any information that is obtained in the study that can be identified with the participant will not be disclosed without their permission. Names and any other identification will not be asked for in the questionnaires.

#### Voluntary participation

Participation in this study is voluntary. If participant decides not to participate in this study, their decision will not affect their future relationship with Africa University. If they chose to participate, they are free to withdraw their consent and to discontinue participation without penalty.

#### Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

## Authorisation

If you have decided to participate in this study please sign this form in the space provide below as an indication that you have read and understood the information provided above and have agreed to participate.

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Name of Research Participant (please print)

Date

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Signature of Research Participant or legally authorised representative

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email [aurec@africau.edu](mailto:aurec@africau.edu)

Name of Researcher –Ruvimbo C. Pasipamire---

**Thank you for your cooperation.**