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DESIGNING A FRAMEWORK TO ADDRESS THE PROBLEM OF
DRUG AND SUBSTANCE ABUSE BY STREET CHILDREN IN
HARARE

BY

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Abstract

Drug abuse is becoming an increasing problem in Zimbabwe. The study looked at designing a framework to address the problem of substance abuse by street children residing mostly in the streets of Harare. The broader aim of the study was to assess the emerging trends, of drug use amongst street children and to identify the strategies that can be implemented to mitigate the challenge of substance abuse. The study employed the explanatory research design. The research was more qualitative in nature and employed direct interviews and focused group discussion for data collection. The research employed the principle of data saturation whereby a sample of 15 street children was sampled. The symbolic interactionist perspective underpinned the nature of the study. Research findings highlighted that street children had moved from abusing glue, and are now using emerging illicit drugs such as blue diamond, *mangemba*, bronclee, *maragada*, *musombodia*, codeine, high alcohol liquors such as blue diamond and cane spirit. The study further revealed information to the effect that drug dealers and some sophisticated syndicate leaders now employ street children to sell drugs and substances hence this has aided drug availability at the same increasing vulnerability of the street children to drugs and substances. The study can safely reveal that a new culture now exists on the streets, where one cannot survive in the streets without abusing drugs. Drug and substance abuse is driving them into unsafe sexual practices leading to STIs, HIV and pregnancy. Crimes related to drugs have become normal, car breakings, muggings, handbag snatching, shop lifting, jewellery snatching. A holistic approach to the challenges through engaging everyone the government private players the street children and parents is key in drawing solutions to the problem. The issue of policy can never be over emphasized as policy requires implementation and action. If drugs and substance abuse is not managed and controlled the youth suffers, the future is destroyed. Drugs education and information is key to the problem to everyone.

Keywords: Addict; Adolescence; Street children; Dependence; Substance abuse

Declaration

I declare that this dissertation is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it be submitted to another university for the award of any degree.

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Dedication

This research project is dedicated to my loving mother, Salon Mujakachi, her unwavering support is beyond words, thank you mum for the continued support you give during my academic endeavours love you today and always mum.

List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
CADASA	Communities Against Drug and Substance Abuse
CID	Criminal Investigation Department
ICPS	Integrated Child Protection Scheme
ILO	International Labour Organisation
UNDCP	United Nations International Drug Control Programme
UNICEF	United Nations Children's Fund
STIs	Sexually Transmitted Infections
WHO	World Health Organisation
PPD	Prescription only Drug
ZRP	Zimbabwe Republic Police

Operational definition of terms

Street children - these are children who depend on the streets to live and or work either on their own or with other children or family members.

Drug abuse - is the use of drugs for the purpose other than medical reason. It refers to misuse of any psychotropic substances resulting in bodily functions.

Drug - any product other than food and or water that affects the way people feel, think, see and behave.

Drug related problems - this term is used to describe all negative effects associated with drug abuse such as violence, conflict with friends or school authorities.

Drug policy - a brief statement outlining a country's stand or position on procedures for dealing with drug-related issues.

Illegal drugs - in this study illegal drugs refers to substances that the government regards as harmful to the mental and physical well-being of the individual, hence controlling or discouraging their consumption by law.

Legal drugs - refer to those such as alcohol and tobacco that are potentially dangerous but whose consumption the government allows.

Primary prevention - of substance abuse is preventing the initiation of psychoactive substance use or delaying the age at which use begins.

Secondary prevention - is the intervention aimed at individuals in the early stages of psychoactive substance use. The aim is to prevent substance abuse from becoming a problem thereby limiting the degree of damage to the individual.

Tertiary prevention - aims at ending dependence and minimizing problems resulting from use/abuse.

Substance abuse - refers to the use of all chemicals, drugs and industrial solvents that produce dependence (psychological and physical) in a percentage of individuals who take them.

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CHAPTER 1 INTRODUCTION

1.1 Introduction

Substance abuse has become a global challenge across the world over and the problem is on an upward trend. Drugs have become a new challenge for the communities in relation to crime and violence. In some instances, crime and violence are being precipitated with the desire for drugs and substances. Appreciating the emerging trends in drug and substance abuse is key in developing strategies to address this problem. Paying a blind eye to this is tantamount to see the problem escalating beyond the reach of many, becoming a true disaster. Hence the research attempts to categorically bring the subject for discussion.

Most commonly used substance are depressants, stimulants, hallucinogens, inhalants and opioids. Use of substances and drugs continuously leads to addiction a condition of being physically and psychologically dependent on the substance. This has a negative impact on the biological, social, psychological, behavioural and economical dimensions be it on society or institutions or even upon an individual. The broader context of addictive substances has several important characteristics in common.

They alter the function of the human brain and have an impact on behaviour, are widely used throughout the world and they burden society by increasing social and economic costs for productive enterprises and by drawing upon limited government services. Some of the mostly widely used substances, alcohol and tobacco are harmful with extensive damage to individuals, family and the community.

Significant levels of substance abuse exists among school children, street children and college or school students.

Unhealthy behaviour, aggression, violence, immorality and other criminal acts become daily course of action most of these vulnerable groups. Most street children fall in the age category of the adolescent's age, a period characterised with stress, mood swings and emotional dilemma among most of them. Thoughts, feelings and actions oscillate between conceit and humility, goodness and temptations and happiness and sadness.

New dynamics has come into effect regarding the Zimbabwean environment both as a manufacturer as well as a market of hard-core drugs and substances and this has changed the trend of drug abuse among street children in the country. Dangerous drugs have destroyed the country's social fabric as drugs find their way into the country via the Chidodo border post in Mozambique as well as the Nyamapanda border post Error: Reference source not found. A syndicate involving truck drivers who bring into the country these dangerous drugs via the borders, with the drugs secretly concealed in the cargo of the trucks. Not only are the drugs concealed in trucks but also the border control security aides the system through receiving money to avert searching the trucks. (Maraire & Chethiyar, 2020).

The entry of new drugs such as bronclee and codeine containing cough syrups into the country has intensified the accessibility of drugs to street children and this has highly changed the trend of substance abuse among street children. According to Zvira (2016), Zimbabwe has fast been turned into a backyard manufacturer and

market place of these dangerous drugs. Substances such as *musombodia* are being manufactured in Zimbabwe.

1.2 Background of the study

Drug abuse, defined as self-administration of drugs for non-medical reasons, in quantities and frequencies which may impart inability to function effectively and may result in social and/ or emotional harm. Use and abuse of drugs and other substances has become bigger than what has been told so far in Zimbabwe. Two decades ago, Error: Reference source not found showed that street children in Zimbabwe abused psychoactive substances these included alcohol, tobacco, inhalants and *marijuana*. Zimbabwe has got a new status of being a manufacturer and transit zone for drugs meaning a change in the nature of drug and substance abuse.

Dangerous drugs such as bronclee, illicit alcohol and codeine have found their way into the streets. Another issue of apprehension is the scarcity of information available on the physical and mental consequences that street children could develop due to the misuse of multiple substances. The menace of drugs has strangled youthful population in societies, reducing them to dummies, zombies and drooling figures only to waste out the prime of their lives when they are most needed to invest their energy in worthy nation building projects. Some of the most notable damages include, mental and nervous damage, unexpected death due to cardiac arrhythmia, renal, pulmonary and teratogenic effects Error: Reference source not found. Use of these drugs and substances has strongly resulted in psychological and physical dependence among street children.

A fundamental problem associated with this trend is the lack of parental or adult supervision while the children are on the streets. As a result most of these groups of children are vulnerable to a lot of hazards, including the use of psychoactive substances. Of notable is the differentials in patterns of substance abuse which occurs as a result of social relationships of the user to those around him or her and family norms of parenting. Research from developed countries has demonstrated that parent-family connectedness provides protection against the early initiation of sexual activity as well as the use of substances such as cigarettes and alcohol.

So, it could be said that connectedness with school and family fosters strong associations with safer behaviours, including avoidance of the use of psychoactive substances and better health outcome during adolescence. Other factors which have been found to have an effect on adolescent behaviour include school stress, peer relationships and frequency of family meals Error: Reference source not found.

1.3 Statement of the problem

Drug abuse amongst children of the streets in Zimbabwe has reached extreme levels owing to Zimbabwe being a market and manufacturer of drugs rather than what the country was previously known of, that's being mostly a transit area for drugs. Key findings indicate that prevalence of drug abuse is at 57% among young people and most commonly abused drugs are cannabis and alcohol, Error: Reference source not found. Use of cannabis has increased in Zimbabwe from 6% to 13.8% and it has been noted that this trend is the stepping stone and entry point to further uptake of other illicit drugs among young people Error: Reference source not found.

Studies on drug and substance abuse among streets in Zimbabwe have been limited to the era where the country was mainly a transit zone for hard-core substances and studies have been limited since this new status of being both a manufacturer and market for drugs. Makope (2006) indicated that glue and alcohol are the highly abused substance by the street children in Zimbabwe. Mhizha (2010) highlighted that street children have also gathered pace in abusing, tobacco, illicit beer (*kachasu*), diazepam, *mogadon* and cannabis.

1.4 Justification

The contribution of the youth in the society cannot be underestimated, a category in which most street children fall. The youth are the most energetic group and therefore forms the main source of labour in the economy of the country. The vulnerability of the street kids is quite key to appreciate. Understanding or studying the problems affecting them is critical in human development Error: Reference source not found. The high rate of drug use among the youth in which the street children fall is a serious cause of concern and can be a major cause of discontinuity in their personality development. The risk of these young people engaging in drug and substance abuse makes them lose consciousness due to high risk drug addiction.

The youth are the future leaders and if the problem of drug and substance abuse is not checked they will be a big problem, most youth have fallen into the trap of drug and substance abuse. Any study or research meant to curb this challenge is a worthwhile initiative. Every year the number of young people, street children youth engaging in drugs is on the increase even on the under aged quite some noticeable

figures are increasingError: Reference source not found. The consequences of drug and substance abuse is fatal can lead to death and accidents due to influence of drugs, drop out of schools among youths, violence and sexual crimes.

The study aims to contribute to knowledge by generating and documenting information about drugs and substance abuse in the streets of Harare by identifying the various drugs and substances used by the street children. Drugs have negative effects on social behaviour and reasoning by these street children.

1.5 Aim of the study

The overall aim of the study is to gain insight into the current trend of drug abuse/substance abuse among street children and to analyse strategies that can be employed to address the problem.

1.6 Objectives of the study

- i. To identify the emerging trends of substance abuse amongst street children in Zimbabwean streets.
- ii. To examine the effects of substance abuse amongst street children on health and psychological behaviour in Harare.
- iii. To identify strategies for tackling the problem of substance abuse amongst street dwelling children.

1.7 Research questions

- i. What are the emerging trends of drug and substance abuse among street children in Zimbabwe?

- ii. What are the effects associated with substance abuse amongst street children?
- iii. What strategies can be implemented to address the problem of substance abuse among street children in Zimbabwe?

1.8 Significance of the study

The study assessed the emerging trends of substance abuse among street children given that Zimbabwe has become a ready market area for hard-core drugs rather than being a transit zone area where drugs will be heading to other nations. Prior to this new trend Zimbabwe was a transit zone to most drugs which could find their way to other countries like South Africa. So the study provided a useful framework for formulating policy and designing interventions for ending the problem of substance abuse among street children in Zimbabwe. There is limited literature on drug abuse amongst street children in Zimbabwe, and this contributes very little towards understanding problems being faced by these children. It does not provide useful framework for formulating policies that respond to the problem of drug abuse among street children. Thus, the study is useful in contributing to the general body of information in this area.

1.9 Delimitation

The scope of the study was limited to street children in Harare central business district area because they mostly reside here permanently. It is these children in the streets who are more accountable to the daily happenings of the street life.

1.10 Limitations

Due to the complex nature of the research, the majority the street children were reluctant to give clear responses due to fear of being arrested due involvement in drug and substance abuse. The researcher counted the challenge by informing the street children that the research was purely for academic purposes and their response would not be traced back to them through maintaining anonymity.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

Drug and substance abuse is a form of deviant behaviour or a manifestation of juvenile delinquency. Deviant behaviour is that which a considerable number of people in the society regard as reprehensive and beyond the limits of toleranceError: Reference source not found. For society to continue, social order has to be maintained, social order makes human interaction possible and has certain expectations in the society, this is achieved through social controls. Inadequate social controls leads to chaos that would result and will be manifested in massive institutional breakdown and malfunctioningError: Reference source not found.

Through the socialization process, members of a society are trained to fit into society by acquiring ways of thinking, feeling, and acting characterized of their society's culture. By internalizing the society's way of thinking, feeling and acting the individual is able to translate social control into self-control. Thus the way members of a society are socialized to a greater extent determines their behaviour, consequently inadequate or poor socialization of children results in deviant behaviour like drug use among street children who have no parental guidance.

This problem could also be an indicator that there are many children who are inadequately socialized. This situation may point to the fact that the institutions for socializing youths into responsible adults for instance the family are failing and that the moral structures of society are in need of re-examinationError: Reference source not found.

The various abused drugs and substances used by these street children can be classified in the following categories Stimulants for example cocaine, nicotine and amphetamines. Narcotics are also very common substances abused by street children for example cigarettes. Smoking has gradually increased in the world. Alcohol is readily available especially the cheap brands such as whisky for example cane spirits.

2.2 Overview of the drug problem in Zimbabwe

Zimbabwe is also witnessing an increase in problematic drug use among its domestic population along with related public health issues that accompany certain types of drug use in society or communities. The substances that are most commonly used in Zimbabwe include the following: alcohol, cannabis (*marijuana*), heroin, and glue, cough mixtures such as histalix and broncleer.

Cannabis remains one of the most popular illicit drug mainly because it is grown locally or smuggled in from neighbouring countries like Malawi and Mozambique. In some societies along the Zambezi cannabis is grown and consumed in large quantities as a way of life, a cultural practice and therefore the drug finds its way into other parts of the country.

Drugs are also coming into the country through on transit into other regional countries such as South Africa. Local Zimbabweans are made to transport these drugs and rather than being paid in cash they are paid in drugs which they then sell to local markets. *“When you become a transit country, you are immediately also a consumption country”* Error: Reference source not found.

Young people in Zimbabwe have been identified as the most vulnerable section of the population especially those from poor or unstable backgrounds who may be

tempted to see drugs as an escape from the challenges and troubles of life. According to Error: Reference source not found. Cannabis and glue use amongst young people aged between 13 to 15 years in Harare, it was found out that 18.3% of these young people used drugs (13.4% being males and 4.9% females). Poly-drug user is also a problem amongst vulnerable groups for example the use of cannabis and glue is commonly associated with cigarette smoking and alcohol use Error: Reference source not found.

2.3 Global overview of street children and drug abuse

One of the major concerns is that children seem to be targeted as the new market for the drug industry globally. In economic terms, both licit and illicit drugs are viewed as consumer goods that are traded in a competitive global market. Illegal drugs account for at least \$400 billion of world trade making it larger than the global iron and steel industries Error: Reference source not found. An article in the Chicago Sunday Times reflects the seriousness of how children are targeted by the illicit drug market. An extract from this article reads "*High school students must walk past drug dealers and gang members trying to enlist them...*" Error: Reference source not found.

Secondly, the World Population Trends Estimates for the period 2000- 2050 show a decline of young people in a number of countries China, Sweden, Norway and Australia in the age groups of 10-19 Error: Reference source not found. In Africa, with an annual growth of over 3 percent, the youth is estimated to reach 258 million by the year 2025. Presently the 15-24 age group constitutes about 20 percent of the total population of the continent Error: Reference source not found. Thirdly, the other

factor that has to be borne in mind when addressing issues of drugs and young people is that both the legal and illicit drug industries seem to be well organized, have sophisticated and persuasive marketing and publicity strategies, do their research meticulously on the consumption patterns and establishing new markets and developing high-tech modes of transporting illicit drugs. Social development interventions therefore have to be alive to the realities and complex challenges posed by the drug industry.

Fourthly, children and young people who use and/ or abuse drugs become one of the most vulnerable groups to HIV/AIDS infection. The increase of drug use and threat of HIV/AIDS amongst young people globally are a cause for concern. Young people between 10-24 years are estimated to account for up to 60% of all new HIV infection worldwideError: Reference source not found. The illicit drug trade is gradually emerging as a serious problem in Sub-Saharan Africa. More sophisticated and synthetic drugs such as crack, cocaine, opium, and ecstasy are finding their way into the continent.

Africa has huge young and vulnerable populations which are becoming the target market for the illicit drug industry. In Cote d'Ivoire more than half of the entire population is under 18 years and there is a growth in the numbers of "street children". In most African countries, the under 18 population is relatively large; Botswana, Cameroon, Central African Republic, Guinea- Bissau, Egypt, Kenya, Lesotho, Libya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Trinidad and Tobago, Togo, Zambia, Zimbabwe Error: Reference source not found.

2.4 Availability of drugs and other substances of abuse

The availability of drugs has been found in the past studies to be related to drug use and substance abuse among the youths. Studies by Yambo & Haji, (2014) found out that easy availability of drugs is one of the reasons for increasing incidents of drugs use among students; also most of the drugs that are abused are those that are locally manufactured or illegally imported into the country.

The rate of circulation of drugs in Zimbabwe is high because the country has been identified as one of the countries that serve as a transit point for international drugs traffickers from Latin America and Asia Error: Reference source not found. The claim is supported by the many cases of drug traffickers being arrested at the Robert Mugabe International Airport. Many of the airlines workers are getting involved in drug trafficking as was evidenced during the nabbing of some of the workers as well as the drug dealers Error: Reference source not found. Drug peddlers and barons were known to target the youth as a lucrative market for their unethical business.

This has proved to be the root cause of some indiscipline cases in institutions as drug and substance abuse increase. These peddlers have not spared the street children as they would rather enjoy the money first. For this reason the war against drugs and substance abuse is one that Zimbabwe cannot afford to lose because failure to address this problem would lead to the destruction of Zimbabwean youth and thus the future of this country Error: Reference source not found.

2.5 Classifications of drugs and other substances

Curative drugs: they are used to cure infections that include antibiotics, anti-malarial drugs Error: Reference source not found. These are drugs with a future public health

relevance and potential for safe and cost effective treatment. The drugs carry a therapeutic advantage in the public health domain.

Depressants: these drugs have a relaxing effects and suppress rapid eye movements during dreams, causing deep sleep though not necessary usefulError: Reference source not found. Other effects of depressants include loss of learned behavioural control due to the depressants effects in the brain since they have the potential changes in the nervous system for example mandrax Error: Reference source not found.

Volatile inhalants: these drugs have depressants and anaesthetic effects and also have the capability of producing perceptual disturbances. The drugs under this category include aesthetic solvents in glues, paint thinnersError: Reference source not found.

Preventive drugs: these are used to prevent the body from diseases, promotion of good health and help the body to maintain a good working order. These include vaccines and food supplements like vitamins and mineralsError: Reference source not found.

Narcotics drugs: they cause depression of the central nervous system, they produce deep sleep and relief pain but excessive doses can cause coma, stupor (unconsciousness) and even death. They also include false sensory impulsion or hallucination Error: Reference source not found. Drugs in this category include heroin, marijuana, hashish and nicotine.

Stimulant drugs: are a group of drugs that result in increased activity in the body. Sometimes referred to as “uppers” these drugs are frequently abused due to their

performance enhancing and euphoric effects. They alleviate mild degree of fatigue, although they develop low levels of dependence. The withdrawal effects are limited to headache and fatigue for example tea, coffee, cocaine, khat Error: Reference source not found.

Tranquillizers: these are drugs designed to alleviate pain, anxiety, fear, tension, agitation and have a calming effect they include, valium and librium. These drugs fall into two main categories, major and minor. Major tranquilizers are also known as antipsychotic agents or neuroleptics as they are used to treat major states of mental disturbance in psychotic patients. Minor tranquilizers have a calming effect and eliminate both the physical and psychological effects of anxiety and fear (Kara Rodgers, 2021).

2.6 Reasons why street children use drugs and other substances of abuse

2.6.1 Easy availability of drugs

According to Berihun (2015), people use illegal drugs because of their ready availability and promotion interests of those who are in a position to benefit financially from their sale. For instance, in Harare, vendors in town, bus stops and at bars within the town centre are the biggest peddlers of drugs. A friend or peer group is likely to be the source of information for drug users about the availability of drugs and their alleageable effects.

2.6.2 Age

Majority of street children are adolescents, a stage of transition from childhood to adulthood. It is a momentous period of life filled with changes, difficulties and psychological problems such as self-identification. It is described as period of

‘storm’ and ‘stress’, a time of self-discovery and self-assertion. This is the stage the youth tend to experiment a lot Error: Reference source not found. Also, curiosity is now modern day rite of passage curiosity is one of man’s outstanding characteristics.

It is not surprising then that many young people will wish to try some drug in order to determine the effects for themselves. Parental influence Kayembe et al., (2008) noted that children from homes where parents take drug tend to imitate the behaviour of their parents by taking illegal drugs. Young people learn from what they see by imitating what parents and other people in the community do.

2.6.3 Availability of cash

Another reason why drug use and substances abuse is rampant, is the availability of cash among street children after they have begged, cleaned cars, directed cars for parking the money is either used for purchasing of drugs, alcohol and food. The money is usually not put into proper use and when opportunities arise they team up with friends, go for drugs and eventually become drug addicts.

2.6.4 Environmental factors

The space in which these street children currently reside permits nothing more than drug and substance abuse. One lack of parental or guardian to mentor, lead or be a role model in their lives means that anything that comes their way goes. Two the family set-up system that models one into life situations is always missing in the streets and they opt for drugs and substances. Parents are key factors in children’s livesError: Reference source not found.

2.6.5 Economic factors

Street Children's related issues of drug/substance abuse has been strongly related to the economic factors facing the society today. Parents have no formal jobs, mostly they are slum dwellers and children find themselves out of school and they end indulge in this menace way of life to counter the depressive life they lead

2.7 Effects of drug use and substances abuse

Young people who persistently use drugs and abuse substances often experience an array of problems in, academics declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent's substance abuse. Berihun (2015), cited a research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among adolescents.

Cognitive and behavioural problems experienced by alcohol and drug using youth may interfere with their academic performance and also present obstacles to learning for their classmates and or in the social interactions of children in communities Error: Reference source not found.

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions are frequently linked to substance abuse among adolescents. Substance-abusing youth are at higher risk than non-users for mental health problems, including depression; contact problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and

psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Carson, 2014).

Families in addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol and drug-involved youth. Substance abuse can drain a family's financial and emotional resources Error: Reference source not found.

Delinquency there is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behaviour or delinquency causes alcohol and other drug use. However, the two behaviours are strongly correlated and often bring about school and family problems, involvement with negative peer groups, lack of neighbourhood social controls, and physical or sexual abuse (Chikoko, Chikoko, & Muzvidziwa, 2016).

2.8 The fight against drug use and substance abuse

In an attempt to fight drug abuse in Zimbabwe, the government has been on a campaign to create massive drug abuse awareness. Creation of the no smoking zones, banning of selling of alcohol to under 18year old were the initial actions the government implemented to whose effectiveness has come under serious scrutiny as people or communities fail to adhere or practice. In addition, the Ministry of Health has proposed a new bill prohibiting smoking in public.

According to this proposed bill, people who smoke in public would risk jail time or a fineError: Reference source not found. According to Ministry of Health and Child Welfare (2017), the most effective way of dealing with drug abuse is to sensitize people to the dangers posed by drugs to the user, his or her family and society at large.

2.9 Legal Framework on drug and substance abuse

The alarming prevalence of drug abuse in the country and among the youth in particular has continued despite the existing legislation and its enforcement by the authorities. The government made legislations to deal with drugs, to control access of drugs to certain categories of people and rightly outlaw the use of others, some of the laws in the statute books that specifically are aimed at controlling drug use.

The government enacted the liquor licensing Act in 1986 among others regulate the consumption of alcohol, the law prohibits bar to sell alcohol to school going children and under aged children. In 1994 the Narcotics Drugs and Psychotropic Substances Control Act was enacted lagging heavy penalties on drug traffickers.

The National Policy on Drug Abuse in Zimbabwe was developed on the premise that the Zimbabwe Government had ratified three major UN conventions on narcotic drugs and psychotropic substances, namely the Single Convention on Psychotropic Substances of 1961; The Convention on Psychotropic Substances of 1971 and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances of 1988.

2.10 Theoretical framework

This study was guided by social cognitive theory by Albeit Bandura (1986), where by behaviour is determined by the persons thought processes, the environment and behaviour itself, where in this case, it is the youth/ street children within the informal settlements. This means that individuals determine their own behaviour while being influenced by the environmental factors and their own behaviour.

A typical example, some youth believe that taking a substance like cigarettes or alcohol, will make them more attractive, strong, recognized and even more interesting to be around with. The figure below shows how perceptions of drug/substances have an effect on the attitude whether to abuse or not:

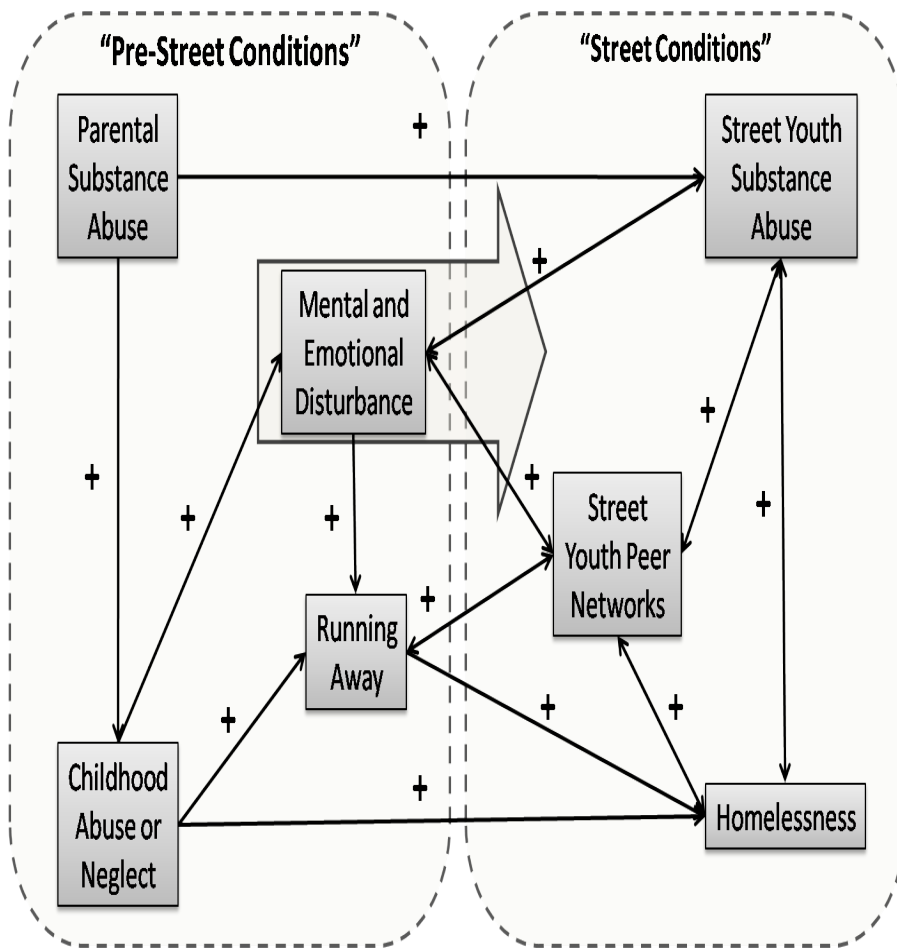


Figure 2.1: The Conceptual framework

Street children tend to come from dysfunctional family backgrounds in which substance abuse, physical or sexual abuse or neglect were present. These environments put them at risk of developing mental or emotional disturbances, expose them to substance abuse and lead to running away to escape the negative conditions in their families of origin Error: Reference source not found. These dynamics are represented in the pre-street side of the framework. Once street youth become involved in the street lifestyle, through runaway episodes, involvement in

street culture as a way to avoid going home and actual homelessness, certain conditions tend to promote and reinforce substance abuse.

2.11 Substance commonly abused by street children

Tobacco tops some of the highly abused substance especially among the male counterparts in the streets. Adult smoking and use of tobacco starts at an early age, in which most of the street children fall into. This early tobacco abuse manifest itself into tobacco addiction.

Alcohol - studies done earlier on has suggested that alcohol is one of the most prevalent substance of use among street children and adolescent.

Inhalant uses-there is a growing and serious trend in use of inhalants among adolescents and street children. Studies have shown that street children start off with tobacco use when they are still young but as they grow older migrate to inhalants. Other studies have also indicated that juvenile delinquents has been attributed to inhalants which are one of the commonly used drugs of abuse. These are described as gateway drugs, which supposedly cause its users to move on to harder drugs. Most of gate way drugs like inhalants are easily available to the street children and can cause severe addiction.

Opioids - a significant increase has been noted of subjects presenting for treatment of opioid dependence over the years. A decline has been noted on natural opioids and concomitant increase in the use of prescription drugs. A rise in the numbers dependent on buprenorphine and codeine containing cough syrups and of dextropropoxyphene dependence have been reported. This has been observed from studies across the globe.

Effects of Opioids include-contracted pupils, no response of pupils to light, eye sight is gradually affected every day. Needle marks are also noticed as one frequently pricks self. Sleeping at unusual time's sleeping becomes the order of the day or of life as drugs gets the better of the individual. Sweating, vomiting, coughing, sniffing, twitching and loss of appetite.

Cannabis (*marijuana*) - in most African countries, use of cannabis culturally and religious beliefs as well as local traditions has been historically documented leading to early exposure of children and adolescents to cannabis. Cannabis is a widely used substance of abuse among adolescents, many of whom perceive little risk from it. Studies have shown that cannabis is a common substance of abuse among adolescent's populations like school students, college students, street children and working children.

Cannabis has acute effects on the cognitive performance of adolescents and is associated with high risk behaviours. Glassy red eyes, loud talking, inappropriate laughter followed by sleepiness. Long term use of cannabis leads to loss of interest in life issues, lack of motivation, gain or loss of weight as one either eats more than normal or suffers a subdued appetite.

2.12 Reasons for drugs use

Some of the common reasons for drug use among individuals or street children point to the following, individuals experiment with drugs they just want to have a feeling of how the drugs impacts on them, the feeling after taking the drugs euphoria/sleepiness/excitement. On the other hand some try drugs out of curiosity.

Some in an effort to improve athletic performance or ease stress, anxiety, or depression they end up using drugs to fight the weak egos.

Drug use and addiction is less about the amount of substance consumed or the frequency is more to do with the consequences of drug use. If your drug use is causing problems in your life, at home, work, school, relationship or social settings, you likely have a drug abuse or addiction problem.

2.12.1 Risk factors associated with drugs and substance use

Drugs and substance abuse affects your genes, mental health, family and social environment and as such increases one's vulnerability to addiction, abuse from peers family members, neglect or traumatic experiences especially during childhood. Mental depression can also become a another key challenge as one uses more and more drugs leading to chronic depression coupled with extreme anxiety. All this can be curbed through avoiding early use or exposure to drugs of whatever nature.

2.12.2 Effect of drugs and substances on brain

Taking a recreational drug causes a surge in levels of dopamine in your brain, which triggers feelings of pleasure. The brain remembers these feelings and wants them repeated. Changes in your brain interfere with your ability to think clearly, exercise good judgement, control your behaviour and feel normal without drugs.

2.13 Common signs and symptoms of drug and substance abuse

Responsibilities are neglected at school among school children, flunking classes, skipping work especially working class, neglecting your children those parents who are now heavy users or addicts. Use of these drugs leads to dangerous behaviours

such as, driving at high speeds, sharing of needles or piercing instruments, engaging in unprotected sex.

Use of drugs has led most of the street children into legal trouble, such as arrests for disorderly conduct, mugging of people, stealing to support a drug habit. Among communities drug use is causing problems in relationships, such as fights with partner or family members, an unhappy boss, or the loss of old friends. Stealing of small to high value items has become a common practice among family members as one tries to sustain this practice of drug abuse.

Most drug users end up developing drug tolerance. Meaning a greater quantity of the drug has to be used to get a similar effect. As the continual use of drugs among street children takes centre stage withdrawal challenges creeps in, and as such one cannot stay too long without the drug leading to such symptoms as nausea, restlessness, insomnia, depression, sweating, shaking and anxiety.

Drug use for a long time leads to drug cravings and one becomes powerless to stop using them. Dependent on drugs makes one unable to function without them. Life starts to revolve around drug use, thoughts are mainly concentrated on drugs and how to get them. Most activities one used to enjoy are abandoned, leading to self-isolation and avoidance of socializing in order to use drugs alone or with other addicts.

Drug abuse pushes one to continue to use drugs despite knowing that, it is hurting the body. Serious health and harmful problems starts to manifest and this may lead to even life and health challenges such as, infections, mood swings, depression and paranoia.

2.14 Gaps in the literature and research priorities

The review of literature identified several gaps in the literature of drug and substance abuse amongst street children. A study on the epidemiology of substance use among street children in 22 resource constrained countries by Embleton, Mwangi, Vreeman, Ayuku, & Braitstein, (2011) showed that most of the drug and substance abuse literature is cross-sectional and descriptive in nature, which focused on determining the types and prevalence of drugs. Hence, there is need of expanding research initiatives, conducting longitudinal studies to understand the risk of substance abuse among street children.

In addition, there is limited information on what envisages street children's commencement on drugs having started on begging for money or asking for help, continuing use and cessation of substances of the practice if they ever do so. There is a poor representation of females in most studies on substance abuse as the concentration is mostly on males and hence there is need of addressing the gaps and literature in this area is captured. Street-involved girls and young women may be both side-lined and more vulnerable whereas also being less available for research Error: Reference source not found.

The absence of fairness is likely to lead in significant gender-based selection bias in the field of substance abuse among street children Error: Reference source not found. Hence, there is need of ensuring gender equity in drawing up study samples. Another issue of apprehension is the scarcity of information available on the physical and mental health consequences that street children could develop due to their misuse of multiple substances.

In other populations, inhalants results in mental and nervous damage, unexpected death condition due to cardiac arrhythmia, renal, pulmonary and teratogenic effects Error: Reference source not found. Additionally, evidence exists of psychological and physical dependence among volatile solvent users Error: Reference source not found. However, little is known about street children's addiction to inhalants, the psychological and cognitive impacts sustained by this population. Although the use of substances is linked to harmful health outcomes, very few studies have interrogated link between substance use and physical health outcomes and mental health outcome Error: Reference source not found.

The use of drugs often results in risky sexual behaviour, including street prostitution, trading sex for drugs and forced sex.

These high-risk behaviours, together with drug use, could expose individuals to HIV, sexually transmitted diseases and violence, yet little to no information about these behaviours and health outcomes in this population is availableError: Reference source not found. In relation to the above Coreen, Hossain, Pardo, Veras, Chakraborty, Harris and Martin (2013) state that while some literature is available, showing a high incidence of destructive outcomes in street or slum youth, there is limited information concerning the risk factors of substance use among street children.

2.15 Chapter summary

This chapter provided a theoretical framework which best explains the study. This chapter reviewed literature on substance abuse among street children in Zimbabwe and the reasons for substance abuse among street children. Effects of substance abuse

amongst street children and mechanisms employed to reduce substance abuse amongst street children is reviewed. The chapter also reviewed various publications that have been produced by various researchers noting the gaps in literature in relation to the topic under investigations.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology used in this study and the rationale for selecting such an approach. It shows the qualitative data collection methods used by the researcher during data collection, which include in-depth interviews and focus group interviews. The chapter also outlines the study location, study population, research design, the ethical considerations applied, and the sampling approach used in this study.

3.2 Research design

The study made use of an explanatory research design to assess the emerging dynamics of substance and drug abuse amongst street children and to draw implications for initial work in Zimbabwe. Rubin & Babbie, (2016) stated that the term research design denotes all the pronouncements made in planning and conducting research as well as decision about measurement, sampling, how to gather data and logical provisions designed to allow certain kinds of inference.

The rationale behind explanatory research design in this study was that it analyses and explains how and why events are happening the way they are and transforming. In addition, an explanatory study design helps the research to explain the trends of substance abuse among street children. Explanatory research design aims at prescribing strategies to overcome societal ailments such as drug and substance abuse amongst street children and hence the study adopted an explanatory study design.

3.3 Study population

Engel & Schutt, (2013) notes that the target population denotes the greater community to which the researcher wishes to generalise his study findings. This study concentrated on 500 street children who live and work on the streets who were also involved in various economic activities on the street of Harare Central Business District (CBD). An unpublished investigation by the Department of Social Welfare in 2008 showed that there were 5500 street children in Harare these including children who worked frequently on the streets, but who had a home to go to at nightError: Reference source not found. Bourdillon (2009) provided a conservative approximation of children living and working in the street in Harare of between 200 and 500.

3.3.1 Study area

The study was conducted in Harare Central Business District. This area was chosen for the research because it has the highest number of street children. The area was chosen because it is easily accessible to most street children. Harare is surrounded by other towns, which include Marondera, Chitungwiza, Norton and Bindura just to mention but a few. As a result an increased number of children living on the street and coming to work in the streets some of them come from these surrounding towns.

The researcher zoned the central business district as the area in the middle of the following streets, Herbert Chitepo (on the Northern side), Fourth Street (on the Eastern side), Robinson Manyika and Kenneth Kaunda (on the Southern side) and Rotten Row road (on the western side). Within this zone some of the areas where street children could be found included Harare Gardens, Julius Nyerere Street,

Kaguvi Street, corner Charter road and Mbuya Nehanda, First Street, Samora Machel Avenue near the Presbyterian Church and Road Port (4th Street) and the House of Smiles

3.4 Sample

3.4.1 Sample size

A sample is a subset or subgroup of one's population Error: Reference source not found. In this research, the sample was drawn from target population of 300 street children living and working in Harare streets on assumption that it will be adequate to make precise and justifiable data, conclusions and recommendations. The researcher employed the principle of data saturation to sample 20 street children who participated in the research. No added information could be found to develop new properties of groups and the relationships between the groups unravelled and hence the researcher stopped sampling new data. The researcher selected six key informants to be part of the study sample.

3.4.2 Sampling technique

The researcher used Snowball Sampling to select respondents for the in-depth interviews and life histories in the streets. The rational for choosing the Snowball sampling technique was that street children were to recruit other potential participants during the discussions. Not that these children were hard to find during the course of the research but most were sceptical to the whole process of discussions that were going on.

Also the other key advantage of Snowballing technique was that these street children knew where other street children would be found especially those in serious drug and

substance usage and this greatly helped the process of data collection. Also the fact that most of these street children are not static they are always mobile and hence they cannot be easily located for one reason or the other. Stephanie (2014) observed that Snowballing sampling allows for study to take place where otherwise it might be impossible to conduct because of lack of participants. She further argues that Snowball sampling may help the researcher to discover characteristics about a population that is not of existence, for example those streets kids in the habit of peddling drugs versus those who are in the habit of abusing the drugs.

3.5 Data collection methods and tools

3.5.1 In-depth interviews

The Interviews with the street children were conducted face to face and confidentially was maintained, the researcher used in-depth interviews as a primary data collection method. With my set of predetermined questions and my cell phone for recording the responses of the questions. These were conducted observing the Covid-19 safety regulations, maintaining social distance, mask wearing and sanitisation. Kothari, (2004) postulates, in-depth interviews involve the use of a set of pre-determined questions and of highly standardized techniques of recording. According to Morgan, (1988), in-depth interviews promote response to open ended questions and thus more detailed data is gained from that.

The interviewing promoted a scenario where the researcher carefully listened and examined case options, experiences feelings to understand the meaning being conveyed. In-depth interviews helped build rapport with the study participants, which made the participants to be forthcoming in giving the responses that were

required during the study. Through the interviews, the participants were able to discuss the delicate issues in an environment conducive and ideal for openness than questionnaires. The researcher was not able to administer questionnaires to street children due to their way of life on the street in which some of them are drunk and some cannot read. Trying to explain the contents of the questionnaire was going to be a mammoth task considering the level of education of most of these street children.

3.5.2 Focus group discussion

The research also employed focus group discussion as another method of data collection. Punch, (2003) is of the view that group interviewing is where the researcher works with several people simultaneously rather than just one. Morgan, (1988) argues out that the hallmark of focus group discussion is the clear use of group interface to yield data and perceptions that would be less accessible without the collaboration in the group.

The rationale for the use of focus group interviews was that street children usually move in groups and it was difficult to separate them from their peers to allow for one to one interviews hence the researcher used focus group interviews. In addition, due to the nature of the study, that involves substance abuse, most street children feared being arrested if separated from their peers hence the research utilised focus group interviews to build trust with the street children. This method enabled the researcher to get more information since the children responded freely in the groups. Use of focus group discussion also boosted confidence in the street children responses as well as it encouraged others who were shy to respond.

Focus group discussions were conducted at the corner of Samora Machel and Julius Nyerere as well at Old Fantasyland where the street children mostly assemble to eat or to look for potential clients that give them monies. At these key areas the groups for discussion were common and respondent well without fear. It was also easier to draw their attention in these common areas, as they treated them more of their bases.

3.6 Data collection instruments

Data in this study was collected using qualitative data collections tools. Namely, focus group discussion guide, in-depth interview guide and a smartphone for the purposes of recording discussions.

3.6.1 Validity

According to Mugenda & Mugenda (2003), validity determines whether the research truly measures the parameter which it was intended to measure or how truthfully the obtained results are. In the current study, the researcher ensured validity in the research tools by asking a series of questions and often looked for the answers in the research of other research questions to find out whether the information given was consistent with the information expected. During the analysis of the data, the researcher validated the findings by rejecting the responses that were not consistent with responses given by other respondents.

3.6.2 Reliability

According to Mugenda & Mugenda (2003), reliability is defined as the extent to which results are consistent over time and an accurate representation of the total population under study. Further, reliability refers to the extent to which the results of

a study can be reproduced under a similar methodology. Reliability in the context of the current study was the extent to which items included in the research instrument yielded results across the two categories of the samples.

In the current study, the method used to ensure reliability was the re-test method Error: Reference source not found. Here the results obtained from the same sample using the instruments administered at different times were positively correlated, the instruments were assumed reliable. The items that were found to elicit vague responses were eliminated while some more focused items were added to the revised questionnaire.

3.6.3 Pre-test

Research instruments are pre-tested as a way of fine tuning them Error: Reference source not found. This is vital as it enables both the reliability and the validity of the instrument to be determined. In an attempt to pilot and pre-test the instruments, a pilot study was carried out in one of the areas Harare gardens which was not included in the final study. The in-depth and focus group discussion were pre-tested using identical sample and data to be collected two weeks before the actual data collection.

On the focus group the participants were limited to eight participants and these were pretested on the same positions they worked from along Samora Machel and at Old Fantasyland in the pre-testing procedure using symbols and pictures that reminded them of issues on discussion and basic street language. Pre-testing was done on the same area and at the same time such that information collected would tally. The only challenge faced in the pre-testing was the high mobility of some of the street children

3.7 Data collection procedure

The researcher initially obtained a consent letter to conduct the research involving street children in Harare from the Director Department of Child Protection and Probation Services to allow the data collection procedure to start. Permission to conduct interviews with the staff and street children the House of Smiles was obtained from the Country Director at House of Smiles. There after the researcher started conducting interviews with the street children in Harare CBD and the House of smiles.

In addition, before the interviews the researcher explained the purpose of the research and how confidentiality was going to be observed in the study. After obtaining consent, the researcher interviewed one individual at time and would record and write down the conversation. For the focus group discussion, the researcher used his smartphone to record the deliberations that they gave regarding proposed questions.

3.7.1 Data presentation and analysis

The qualitative data was analysed through thematic content analysis along the lines adopted byError: Reference source not found. Ruparanganda (2008) who also used thematic content analysis in their studies with street children of Harare. The data collected was transcribed partially and organised to find common words and phrases. Perceptions were coded and noddred using SPSS. These related codes were categorised and noddred into themes. Direct interview quotes were used to enhance the real life experiences of the young street children and their views and opinions.

3.8 Ethical considerations

3.8.1 Informed consent

The researcher tried to address the consent from respondents before their participation through informing them of the purpose of the study. He also made it clear that it was an academic research paper and as such no publication was going to be done to harm or otherwise. Thus, the researcher obtained a letter of consent from the Department of Child Protection and Probation Services, which allowed him to conduct the research with the street children.

3.8.2 Honesty and integrity

The researcher had to act with genuineness and truthfulness to the respondents on the intention of the research without giving them false hopes or impulsive results of the research findings. Dube (1997) noted that a number of studies focusing on street children have shown that the children are no longer willing to participate in studies, they most complained that the studies they had participated in had not led to any meaningful changes in their lives.

3.8.3 Confidentiality and anonymity

Confidentiality was preserved in this study. Confidentiality and anonymity was quite vital in this research as private lives of children were discussed and guarantee of protection of privacy was required. The researcher explained to the children and assured the protection of their privacy. In order to shield the identity of his respondents, the researcher used pseudo names to denote the actual names of the children. Therefore, all people's names used in this study are not respondent's real names.

3.9 Feasibility

According to Engel & Schutt (2009) the Epidemiology of substance use amongst street children in resource-constrained settings feasibility is the capability to conduct a research in time and with the available resources. Respondents were chosen from Harare gardens because this is where most street children come for leisure activities and to sleep which made it feasible for data to be collected without much time and cost. However, targeted population was not always available in Harare gardens since street children are a mobile population. Thus, the researcher was also given permission to conduct interviews with street children at the House of Smiles. The researcher also faced challenges in building rapport with the study participants within a short space of time for the research purposes

3.10 Chapter summary

This chapter described the numerous approaches used in this study and the reasons for selecting such approaches. The chapter outlined the research design, study location, study population and the sampling approach that was used in this study. The chapter explains how data was then analysed. Ethical issues such how the researcher informed consent, honesty and dignity, confidentiality and anonymity were discussed in this chapter. The next chapter focuses on the presentation, interpretation and discussion of the study findings.

CHAPTER 4 DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.1 Introduction

The chapter focuses on the presentation, interpretation and discussion of findings of the study on designing a framework to address the problem of drug and substance abuse by street children in Harare, Zimbabwe. The objectives of the study were to assess the emerging trends of substance abuse among street children, to investigate the associated effects of substance abuse among street children and to identify the strategies that can be used to tackle the problem of substance use amongst street children.

4.2 Demographic characteristics of the study participants

This section of the study analyses the sample of the study. This includes gender, age, academic attendance, and drug family history, residence of the participants and sources of drugs and substances of abuse by the street children.

Data was collected from 100 street children through whom an in-depth interview of 20-40 minutes was administered. More Information was also obtained from six key informants one from the Ministry of Public Service Labour and Social Welfare , one from the Zimbabwe Republic Police (ZRP) Criminal Investigation Department (CID) Drugs section, one was from the House of Smiles (CESVI) ,Oasis Zimbabwe ,Child line and one from Communities Against Drug and Substance Abuse (CADASA). Data was analysed and presented through thematic content analysis using Vivo.

Herein are presented the findings of in-depth interviews of 100 street children who participated in the study. These respondents names were protected since most of them were minors. Inequality in terms of representation between boys and girls existed among street children, more boys than girls were identified. In a study by Error: Reference source not found on commercial sex, work and substance abuse among street children in Harare more girls were sex workers and a few practised both sex work and drug and substance abuse.

On the other hand most of the street males concentrate more on drugs whereas girls doubled up on drugs and street prostitution. Therefore, there is imbalance in terms of representation between boys and girls in most studies involving street children. Most of the street children only attained primary education owing to lack of interest, lack of motivation to continue with school, engagement in economic activities, drug abuse and lack of parental supervision. The majority of the children living and working in the streets are orphaned, with most them being single parented or without any parent. Physical abuse, negligence, disputes with guardians are the most mentioned reasons why street children left home to leave on the streets.

4.2.1 Socio-demographic characteristics of respondents

Sex	Respondents	Percentage %
Male	70	70%
Female	30	30%
Total	100	100%

Table 4.1: Gender of the respondents

Majority of the study participants were males with a 70% while the female's street children made up for the 30% of the sample. Gender disparity reflected the nature of the street life.

Description	N	% (N=100)
Age		
5-10	20	20
11-14	50	50
15-17	30	30

Table 4.2: Demographics according to age

The mean age was plus/minus 12.5 years old and 50 (50%) of the respondents were aged between 11 and 14 years. The age of the street children was an important factor in determining how early street children engage in drugs and the nature of drugs they resort to mostly. The researcher also sought to know when the participants came into the street.

The majority of the respondents 60% had no education they had either never been to school or they got enrolled but never went to school. Around 10% of the street children went up to primary ending mostly in grade 7 or other lower grades. A very small proportion went up to A-level education but with a few of them managing to complete.

Education	Y	N (%)
No Formal Education	60	60
Primary	20	20
O-level	10	10
A-level	10	10
Total	100	100

Table 4.3: Level of Education

Respondents were further analysed based on the type of substance of abuse, family set-up and other potential determinants of current psychoactive substance use.

Nature of Parents	Yes n (%)	No n (%)
Both alive	10	10
Mother dead	20	20
Father dead	20	20
Both parents dead	30	30
Parents unknown	20	20
Total	100	100

Table 4.4: Which of your parents is living or not

Most of the respondents 30 (30%) had both parents dead and 20 (20%) had one of their parents deceased so they were living with either the mother or the father. A very small proportion 10(10%) of the street children were still living with their parents. Sadly 20 (20%) had no idea of the whereabouts of their parents to the extent of not having had the opportunity to have seen them.

Place	Yes n (%)	No n (%)
With Parents	20	20
With Friends	10	10
Alone	60	60
Others	10	10
Total	100	100

Table 4.5: Place of Residence

Majority of the street children were of no fixed abode 60 (60%) they stayed where they would feel comfortable to move again the following day. About 10 (10%) stayed at a particular defined area where they would have marked their territory. Ten percent said they were staying with friends with whom they shared street life.

Drug	Readily Accessible (Yes/No)	Drug preference among them (Yes/No)	Percentage % of preference
Bronclee(cough syrup)	Y	5	5
Cannabis(marijuana)	Y	30	30
Alcohol (Cane Spirits)	Y	10	10
<i>Musombodia</i>	Y	5	5
Glue	Y	50	50
Total		100	100

Source:Error: Reference source not found

Table 4.6: Commonly accessed drugs and substances by Street Children

	Frequency	Percent
Very Often (Daily)	60	60%
Often (Weekly)	25	25%
Rarely(Once in a month)	15	15%
Total	100	100%

Table 4.7: Frequency of abusing drugs in the streets

4.3 How drugs are smuggled into the streets

According to Error: Reference source not found people use illegal drugs because of their ready availability. For this reason the researcher sought to establish how the drugs are smuggled into the streets since availability of the drugs could stimulate their usage among street children. This was achieved by asking the street children ways through which drugs find their way into the corridors of the streets.

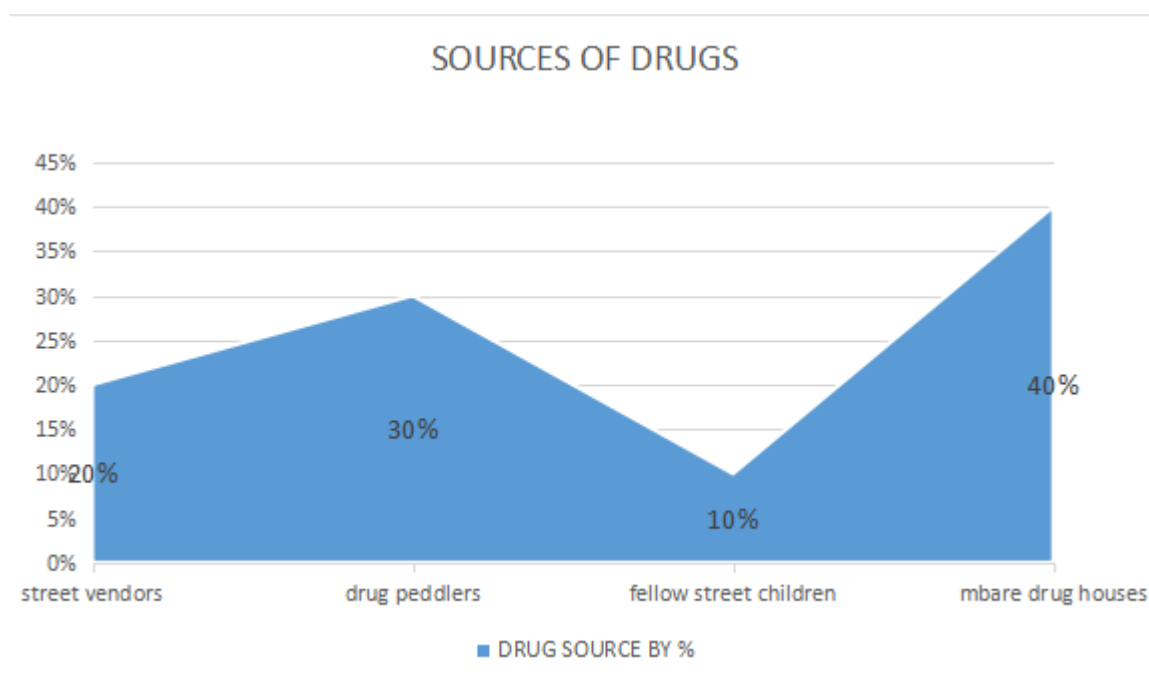


Figure 4.1: Entry of drugs into the streets of Harare

Majority 40% of the street children alluded to the fact that most of the drugs are brought into the streets from Mbare. Mbare is hive of activity where drugs are produced, processed, distributed from and mostly sold to most of those in need of the drugs. Mbare Fourth Street way is a known even from international visitors for its distribution and selling of drugs. International singers have been courted to frequent the place for the supply of drugs. Street children have also found heaven in this place as they source most of their drugs here.

Thirty percent of the street children pointed fingers at drug peddlers who frequent specified hot spots in and around the city where they either sold drugs direct to the street children their supplies of drugs, and also on the other-hand they also give focal

leaders in the street children who then distribute or sell these to fellow street children.

Twenty percent of the street children pointed fingers to street vendors who inhabit street corners selling their wares but at the same selling drugs to the street children. Common drugs which they are always selling include, marijuana, cane spirits and those cough syrups as bronchitis. These vendors are disguised as merchants of their wares such as shoes and or dresses, tomatoes, but deep down they are peddling drugs to the two street children whom they readily have access to and the same street children tips these vendors of the presence of the police.

Ten percent of the street children pointed fingers to their fellow counterparts. These are the street children who have tasted drug money and as such they source drugs from peddlers, Mbare, and drug warlords and then in return they sell to make a profit to fellow peddlers. Street children run a well-coordinated drug distribution system from the source to the end user. These street children also sell these drugs to adults, school children, and college students at various designated places.

4.4 Factors that determine drug use and substance abuse among the street children

The researcher sought to determine the factors that affect the usage of drugs and substance among street children

4.4.1 Family drug history

The study sought to establish whether or not the family drug history of the respondent is a factor influencing the tendency of the street children to use or abuse drugs.

Figure 3 shows the responses given by the respondents when asked whether their families have a history of using or abusing drugs.

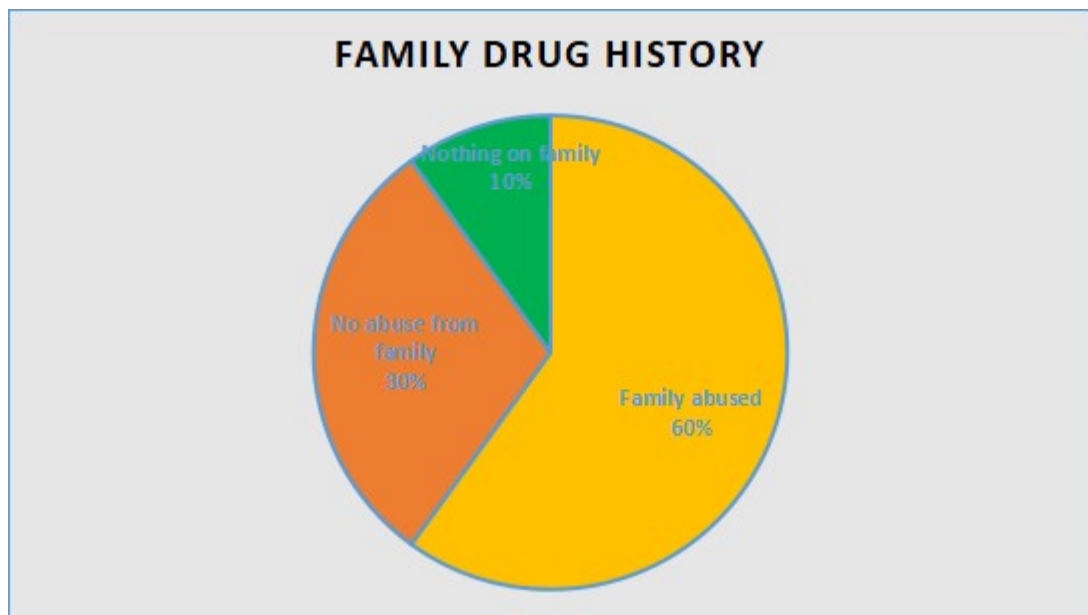


Figure 4.2: Drug and family history

Figure 4.2 above shows that the majority of the street children (60%) who participated in the study have a history of using or abusing drugs in their family history mostly the parents or the guardians whom they lived with abused drugs at one time. On the other-hand 30% of the street children had no drug history in their families. Lastly 10% of the street children could not account of drug use in their families since they just grew up in the streets and that's the only life they know.

4.4.2 Age of the street children

Various studies have confirmed that the age at which these street children start engaging in drugs continue to increase. For example a study by Mwenesi, (1995) postulates that the number of drug users is on the increase especially on the youths and even on the underage such that cases of young children below the age of 10 that have been reported to have been using drugs such as alcohol and smoking tobacco. The study sought to establish whether or not age is a factor influencing the tendency of students to engage in drug use and abuse. Drug use among the younger generation of the street kids is quite easy to identify. Some younger of the street children can actually be seen sniffing glue or smoking tobacco. On the other-hand the elder street kids do still take drugs but are withdrawn from the public arena.

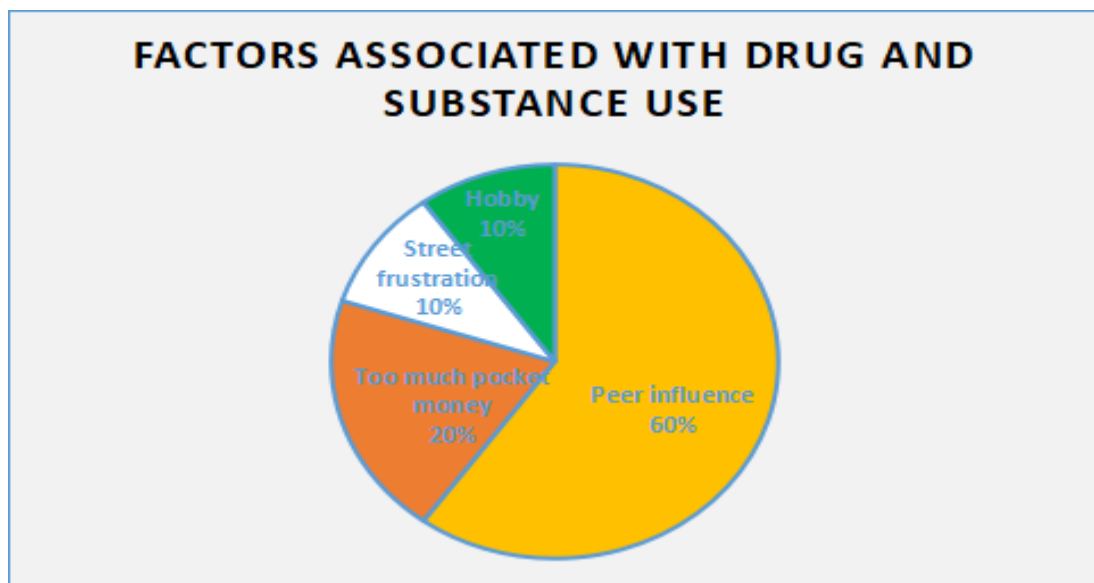


Figure 4.3: Factors associated with drug and substance use

4.5 Trends of drug abuse amongst street children in Harare

The study revealed that upon arriving into the streets, street children start abusing substances that are available and easily accessible until they end up abusing substances that are stronger and more sedating.

4.6 Participants understanding of drug abuse

When asked about their understanding of substance abuse most of the participants showed great understanding of drug abuse. One of the key informant from the Department of child protection and probation services said that,

“Drug abuse is a situation where by a person consumes substances that may alter the mental stability and regulate processes in one’s body. People believe that taking drugs helps one move from stressful situations. Drug abuse is a crime as it involves taking dangerous drugs such as cocaine,”

The other key informant from OASIS Zimbabwe also said that,

“Drug and substance abuse is the use of substances in an excessive way. It is the misuse of drugs or substances apart from their intended use”.

4.6.1 Current substances being abused by street children

Street children have moved from predominately abusing glue and marijuana to the use emerging substances that are now available to street children. Emerging identified substances include broncle (ngoma), mangemba, musombodia, cane spirit, pp, tablets (blue, white and pink) and codeine, tegu tegu and zed.

A key informant from CADASA also observed that:

“The past 5 years has seen an introduction of different types of drugs on the fora which street children are accessing and abusing. Usually glue was the only drug readily available that street children could access and abuse but over the past few years’ different type of drugs including high alcohol liquors such as zed and blue diamond, pharmaceutical drugs such as bronclee, histalix have been trickling in and are easily accessible to the street children”.

A Key informant from OASIS confirmed that:

“Street children in Harare used to abuse glue and alcohol mostly but due to the discovery of other substances such as musombodia and maragadu, bronclee and tablets, older street children are now mostly involved in the use of these substances. This is due to the availability of different types of drugs in Zimbabwe. Girls within the streets and new entry street children are the ones who are mostly abusing glue”.

These findings confirm that there are changes in the substances being abused in the streets of Zimbabwe. Incongruity, (Makope and Wakatama, 2009) showed that most of the street children in Harare sniffed glue. The emerging trend in substance abuse among street children for these changes is that Zimbabwe is now a backyard manufacturer and supplier for drugs with substances such as *musombodia* are being manufactured in Mbare.

4.6.2 Trends of substance abuse among street children over the past 5 years

When asked to describe the emerging trend of substance abuse among street children in Zimbabwe over the past 5 years it emerged that there is a sequence, which is now being now followed by street children when abusing substance. The sequence starts with the abuse of lower order drugs to higher order substances.

A key informant from the House of Smiles observed that:

“The new entry street children start by using glue. Glue is a by-product of petroleum products, which is not for sniffing and street children are not aware of that then from there they crave for something stronger and migrate to bronclee a cough mixture that contains codeine. Bronclee is very good cough mixture it is supposed to be taken in the prescribed limits, for example three times a day or twice a day.

However, street children take the whole contents in one sitting and because it has got codeine a narcotic, it knocks them off. From there street children migrate to cane spirit, which is 43% alcohol content, which is 10 times more than castle larger and it is consumed in one sitting. Then they will move to largactil (mangemba) which is a medical drug given to patients with mental illness. When taken with a person who does not have mental illness one can sleep for more than three days without waking up depending on the dosage consumed”

This is in line with the symbolic interactionist’s perspective which views drug abuse among street children as deviance, a phenomenon which changed with time, with a commencement and often a desistance or end. The pleasant stimulation obtained

when taking drugs induces one to crave for many other drugs Error: Reference source not found. In addition, substance abuse among street children in Harare has become more visible.

A key informant from ZRP CID anti-drugs said that:

“Drug abuse among street children is becoming more and more rampant in Zimbabwe due to the increase in the number of street children. As a result, drug abuse among street children is becoming very visible. In most corners in Harare, you can easily notice street children sniffing glue in plastics. Drug abuse among street children has been on a gradual increase in Harare”.

The society is allowing street children to abuse drugs, which has resulted in the normalization of substance use amongst street children.

4.6.3 Reasons for substance abuse among street children in Harare

The research investigated the reasons why street children are abusing drugs in Harare. Some of the interviewed street children reported that they used drugs to reduce their physical and mental pressures, such as fatigue, sadness, sorrow. Talent aged 17 years old said;

“I use substance to remove stress and to avoid thinking much about stressful situations and the problems that I face in the streets”.

Substance abuse helps street children relieve themselves from stressful situations that they come across with in the street. Musekiwa, (2009) showed that substance use was opined as one of the ways of the coping with negative emotional states or avoiding

negative mood states and to feel better, deal with rejection and boredom. Another unique mentioned reason for substance abuse was to get courage of engaging in criminal activities Felix aged 17 years said that;

“Glue rinokupa zvivindi kana ukaona chaunenge uchida chine umwe munhu unokwanisa kuchibvuta wochitora. (glue gives me courage if I see something that I want which belongs to someone I am able to take it)”

Street children continue to abuse drugs because is a culture, which is passed within the generations of street children. A key informant from the Department of Child Protection and Probation Services alluded that:

“Drug abuse is a culture in the streets it is part of street life one cannot survive in the streets without using substances. Young street children are sent to go and buy drugs by the elder street children and this is where they learn to abuse substances. In addition, most of the street children are addicted to drugs, which is the other cause of substance abuse among street children in Harare”.

Mhizha (2010) also discovered that street children take drugs so as assuage the impacts of adversities in the streets (notably hunger, cold, weather and hopelessness). Availability of substances and lack of monitoring in the streets is another mentioned reason for substance use.

A Key informant from the House of Smiles indicated that:

“Street children continue to abuse drugs because the substances are readily available and some of the substances are obtained over the

counter at a very affordable price. In Harare, no one monitors the sale of alcohol and cigarettes to children under the age of 18, which is the other reason for substance abuse among street children''.

Therefore, it can be seen that availability, accessibility and affordable of drugs has contributed to the continued substance among street children. Substance abuse amongst street children can be mitigated if availability and accessibility of drugs is reduced. However, this requires strict law enforcement due to the socioeconomic challenges being faced in Zimbabwe more people are engaging in selling drugs which has increased the supply of drugs in Harare.

A key informant of ZRP CID Anti-drug section had this to say:

“Street children abuse drugs to get sleep since they sleep in the open, they will not feel the cold when they are under the influence of drugs. In addition, they have nothing to do and as result, they end abusing drugs to be able to sleep (self-sedating)”.

In addition, another mentioned reason for substance abuse among street children is to get the strength to engage in economic activities. Stanford aged 13 years had this to say.

“I use these substances to able to get the strength of engaging in economic activities that we do in town such as touting and begging”.

Thus when under the influence of drugs street children are not ashamed of engaging in the economic activities that they would be engaged in. This finding concurs with Muchini, struggling to survive study of street children in Zimbabwe, (2001) who

noted that drugs reduces feelings of disgrace and street children can do any job without being worried.

4.6.4 Accessibility of drugs to street children in Harare

The study participants indicated that substances such as glue and the other solvents were accessible everywhere in Harare. Substances such *musombodia*, *marijuana*, *bronclee*, *mangemba* were being accessed in Mbare and Copa Cabana. Kuda aged 16 years indicated that

“Elder glue is readily available and it can be obtained anywhere in the central business district for 20 cents a bottle and most of us are using glue because it is easily available”.

Lois aged 18 years said,

“Glue can be obtained anywhere but marijuana, mangemba, musombodia and histalix are obtained from drug dealers in Mbare Kumajubegi we walk from here to Mbare so as to buy drugs”.

Leeroy aged 17 also observed that:

“Marijuana is also available at Copa Cabana the tablets (blue white and pink) are not easily available they can only be obtained from drug dealers in Mbare.” Those who openly admitted to using drugs said that drugs are quite available, “we obtain them from the suppliers at Copa Cabana where the kombi drivers and conductors buys”.

This shows that Harare is now a backyard manufacturer and supplier of drugs, which has increased the availability of substances to street children.

4.6.5 Sources of income to buy drugs

The study sought to assess the sources of income which is being used by street children to buy drugs. The study revealed that street children engaged in stealing, toutting as income generating projects as well vending, car washing and carjacking so as to raise the money to buy drugs. The following quotes illustrates this;

“Mukoma the money to buy drugs is not easily available I obtain the money from toutting, shop lifting, and repairing shoes umbrellas.

(Keni aged 19)

“When I sniff glue I steel to get the money to buy the drugs, I also obtain the other money from toutting and begging”.

(Tino aged 16)

Therefore, it can be seen that street children engage in various economic activities and most of the income obtained is being used on drugs rather than for food and clothing. In line with the above findings a study by Error: Reference source not found on the deprivation among children living and working on the streets of Harare showed that more than half of study participants obtained income from begging, and a fifth from selling small items, such as sweets, brooms or airtime for mobile phones.

4.6.6 Involvement of street children in selling and distribution of drugs

Street children are now involved in selling and distributing drugs.

A key informant from the House of smiles confirmed this,

“In Mbare, drug dealers use young street children to distribute and sell drugs. Drug dealers are using street children to sell and distribute drugs

because of their age, street children cannot be persecuted under the normal justice system but they either diverted or only cautioned and warned when arrested for selling or distributing drugs”

Involvement of street children in selling drugs has increased the vulnerability of street children to drugs since they will be involved in handling different types of drugs. A study on drug use among street children in Tehran, Iran by Dell (2006) showed that street children engaged in drug dealing along with street hawking for earning an income, which might be an act of willingness or might be under the family's pressures. However most studies in Zimbabwe have been silent about street children's involvement in drug dealing.

4.6.7 Associated effects of substance abuse among street children

The study sought to interrogate the associated effects of substance abuse among street children. Engagement in risky behaviours and deteriorating health are the identified effects of substance abuse amongst street children.

4.6.8 Engagement in risky behaviours

When under the influence of drugs street children engage in violence, they steal from members of the public and do muggings.

A key informant from the house of smiles observed that;

“Due to drug and substance abuse street children become violent they steal from the members of the public and can rob. They are very difficult to work with and to control. They scratch cars in town snatch handbags

and use abusive language. There are no going areas for the members of the public due to fear of being victimized by street children”.

This finding is consistent with current literature which states that street children carry weapons, such as knives, or items not originally intended as weaponry, such as belts or chains which they use to victimize members of the publicError: Reference source not found. In addition substance abuse causes most of the street children to be aggressive and difficult to control. The other key informant from the department of child protection and probation services had this to say.

“They become very good thieves when they are under the influence of drugs they lose respect of anyone and become very rude and stubborn. If the motorists are not forthcoming when they are begging they damage the motorist’s cars. We have received a lot of report that street children are damaging motorist’s vehicles”.

Therefore, it can be seen that the drugs that street children use are crimenogenic in nature as they force street children to engage in crime and violence. Due to substance abuse, there is change in the behaviour of street children to that of an animal .A key informant from the House of Smiles said

“When street children abuse drugs, there is change in the behaviour pattern to that of an animal. They fail to relate well with colleagues or adults. They engage in fights and they are mentally unstable. They can fight with any objects when they are under the influence of drugs. They become very violent. They cannot reason and cannot negotiate with you

they will not take no for an answer, they will shout at you if you refuse to give them money or food''

4.6.9 Deteriorating health

The study revealed substance abuse has resulted in the development of an HIV virus and STIs which are resistant to mainline drugs used to treat them. A key informant from the House of Smiles said that:

“Drug abuse among street children has resulted in the development of an HIV virus and other STIs, which are very resistant to mainline drugs and very difficult to treat. The drugs that street children use affect the treatment of the STIs and they become resistant to mainline drugs of choice”.

The study revealed that drug abuse causes mental illness a key informant from ZRP CID Anti-drug had this to say:

“Drug abuse among street children triggers mental illness. The major reason for admission into psychotic institutions is related to substance abuse. Substance abuse accounts for 60% of the patients that are admitted into psychotic institutions. Some of the children admitted into psychotic institutions go beyond rehabilitation, which affects reintegration”.

Therefore, drug abuse alters the chemistry of the brain, which then results in mental illness. Embleton, Mwangi, Vreeman, Ayuku, & Braitstein, (2011)’s study showed that inhalants are linked to cognitive and neurological impairment and psychological

and physical dependence. In addition, the study discovered that drug abuse among street children causes respiratory and kidney problems. A key informant from the house of Smiles observed that:

“Largactil paralyses the respiratory system when consumed. Glue punches holes in the lungs of the street children which can be visible after 2 years. The longer one stays on substance abuse the more it becomes harmful to the body because some of the substances are not meant to be ingested into the body”.

Therefore, the above cases indicate that drug abuse among street children causes serious health problems. Error: Reference source not found states that the effect of substance abuse among street children include lung problems like burning of lungs and tuberculosis, vomiting, cancer, death, teeth and facial problem, heart or kidney problems. Embleton, Mwangi, Vreeman, Ayuku, & Braitstein, (2011) also showed that the use of inhalants among street children is detrimental to health as it causes many short-term effects, for example, sudden heart failure.

4.7 Suggested solutions to ending drug abuse among street children

4.7.1 Re-integration of street children with their families

When asked about what could be done to end the problem of substance abuse among street children the majority of the children openly said that the problem could only end if they were returned home?

Louis 18 years said this

“Zvingaite kudzoserwa kuma children’s homes vamwe vanenge vachida vabereki vavo vodzoserwa kumba vamwe vachipihwa mari yekutanga ma business”.

(What can work is for us to be sent back to children’s home while those who love their parents can be reunified with them). A key informant from ZRP confirmed that the problem could end if the children were returned home he had this to say,

“Glue that the street children predominately abuse is not regulated as a drug under the drug law as it is meant for industrial purposes and hence the law cannot be enforced to stop street children from abusing glue hence the only solution is taking street children out of the streets”.

Hence, there is need for the government to reunify street children with their families and support the families so that the families can be able to support the street children. However due to shortage of resources and social workers in the department of child protection it is difficult to reunify all the street children with their families because the stages involved in reunifying street children require financial resources and adequate personal.

4.7.2 Detoxification of drugs.

The study participants highlighted that there is need to first detoxify street children of all the drugs before reunifying them with their families.

A key informant from the department of child protection and probation services said that,

“When reunifying street children with their families or institutionalizing them there is, need to first send them to rehabilitation centres for detoxification, as there is a risk of the street children returning to the streets if they are not sent to rehabilitation due to addiction”.

4.7.3 Demand of drugs and reduction

The study participants suggested that to end the problem of substance there is need to reduce the demand of substance abuse among street children through awareness raising on the negative impacts of substances. A key informant from Oasis Zimbabwe said that,

“Organizations that work with street children should hold discussion forums with stakeholders and street children to discuss on the effects of drugs abuse with the children to reduce the demand of substance abuse among street children. This can be done by inviting the CID drug section to discuss the implications of substance abuse among street children in relation to the law. The police in Criminal Investigation Department (CID) Drugs should hold discussion forums with street children informing them of the danger and effects of the substances that street. In addition, to reduce the demand of substances among street children there is need to educate street children to drink and use appropriate substances”.

4.7.4 Supply of drugs and substances reduction

The study revealed that drug abuse amongst street children could be reduced through supply reduction. Supply reduction entails limiting the entry of drugs through boarder post. A key informant from ZRP CID Anti-drugs unit said that,

“Supply reduction involves reducing the entry of drugs into Zimbabwe, arresting all those involved in selling drugs and illicit substances there by reducing the availability of drugs and illicit substances in Zimbabwe”.

4.7.5 Strict law enforcement

Substance abuse among street children can be reduced if the law is strictly enforced on those who sell drugs to minors. In addition, serious penalties should be enforced on drug dealers found in possession of drugs. A key informant from OASIS Zimbabwe said,

“No one monitors the sale of alcohol and medicinal drugs to children under the age of 18 years in Zimbabwe alcohol is just being sold to children without any monitoring. Hence there is need caution business people not to sell drugs and alcohol to children and the by reducing the problem of substance abuse among street. In addition, there is need of appointing non-public service probation officers who can monitor whether alcohol is not being sold to street children”.

This reflects that there is lack of drug control in Zimbabwe, drugs such are sold everywhere and the law is not being strictly enforced on those who sell and traffic

drugs illegally. If drug dealing carries a heavy penalty such as 10 years in prison, this would help in reducing the supply of drugs. However, here in Zimbabwe the law cannot be used to control street children from abusing solvents such as glue that they predominantly abuse because glue is not viewed as a drug under the drug law. Hence, the law should be amended so that it restrict the use of glue amongst street children in Zimbabwe.

4.7.6 Development of a national plan of action of ending the problem of substance use

The study participants suggested that Zimbabwe should develop a National Plan of action aimed at reducing the problem of substance use amongst street children. A key informant from OASIS Zimbabwe indicated that:

“The government should develop a National Action Plan of how to solve the problem of substance abuse among street children”.

4.8 Chapter summary

This chapter has presented the findings on the emerging dynamics of drug abuse among street children and implications for initial work in Zimbabwe. Presentation of findings was based on the data gathered in Harare and discussion was aligned to the research aim and objectives through thematic content analysis.

CHAPTER 5 DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the major findings

5.1.1 Emerging trends of drug and substance abuse among street children in Harare, Zimbabwe

Drugs have become one global menace to the whole world at large. Initially drugs and substance abuse centred on alcohol and tobacco. But this trend has shifted greatly as new players with regard to drugs comes into play. The trend now follows that, as the new street children come they are commenced/start on glue, then they move on to bronclee, then to crystal meth (*mangemba*), optionally they go for cane spirit (*musombodia*) 43% alcohol. Drug peddling has also been shifted by the kings of the game. Drug dealers in Harare are now using street children to sell and push drugs, most of them being minors they cannot be prosecuted by the normal justice system but are either warned or diverted.

Partaking of street children in selling drugs has increased the availability of drugs to street children and ultimately exposing them more to the risk of drug and substance abuse since it is now at their disposal. The researcher further gathered that street children abuse drugs so as to relieve themselves from stressful situations, also as way to gather courage of engaging in criminal activities. As they lack parental control they do as they please. To get sleep (self-sedating) after taking drugs they find solace in sleeping for long hours. Drugs also gives them strength of engaging in economic activities such as looking for money through cleaning cars, parking and safe keeping of these cars and in-return getting tips. Lastly drug abuse is a culture in the streets and as such using them is a normal trend and very much acceptable. The study

revealed also that Harare is now a manufacturer of drugs and substances such as *musombodia* is being manufactured in Mbare, which has increased the availability and drugs abuse among street children. Begging, toutting and street prostitution are key economic activities that realise income for these street children and in return access to drugs and other substances of abuse.

Drugs and substance abuse has had a fair share effects on the livelihoods of these street children such that they engage in risky behaviours which include violence, stealing, failure to relate well with colleagues and adults resulting in aggressive behaviour. In addition the researcher also found out that drug and substance abuse among these street children has led to the development of HIV virus drug resistant strains as well as STIs resistant strains which get to be transmitted into the society as these street children engage into prostitution

Substance and drug abuse is also causing mental illness among street children resulting in almost 60% of patients admitted into psychotic institutions in the country. Furthermore drug and substance abuse is causing respiratory problems which is mainly attributable to sniffing of glue, this glue punches holes in their lungs.

Addressing challenges associated with drug and substance abuse among street children is a mammoth task considering the nature of livelihoods led by these children. The responsible authorities are not doing more on policy leaving so much to be done. Policies are on paper regarding drug and substance abuse but practically the nothing is being implemented on the streets to reduce the abuse. Substance and drug abuse can also be reduced through re-unifying street children with their families, rehabilitation and detoxification of the children. Demand of drugs

reduction, occupational therapy, supply of drugs reduction, strict law enforcement and development of a National Plan of action for ending the problem of substance use and drugs.

5.2 Conclusions

The aim of the study was to assess the emerging trends, associated with drug and substance abuse among street children in Zimbabwe and to identify the strategies that can be implemented to mitigate the problem of substance abuse among them.

The researcher found out that street children are mostly affected by substance abuse than any other societal group and they develop social, psychological and physiological health problems. However little is being done to reduce the problem hence the need to initiate programmes aimed at reducing substance abuse among street children. The research found out that substance abuse can be reduced through reunifying street children with their families, rehabilitation and detoxification, cut the chain supply of drugs, occupational therapy, strict law enforcement and development of a national holistic plan of action that involves everyone in the fight of drugs and substance abuse by street children in ending the problem. The challenge cannot be left alone to the government of Zimbabwe to end the challenge but through involving everyone.

5.3 Implications for Public Health

A number of social factors influence and pull street children into substance abuse. Study conducted by Ethiopian public health initiative indicates that the availability or cost of drug social setting and community attitude that is mainly attributed to peer pressure, low employment and education opportunity, genetic predisposition and

psychiatric disorder are the major factors associated with substance among street children. Therefore, understanding the complex link between the above stated factors and developing consistent and interconnected methods in controlling and preventing substance abuse is central to the intervention process in social work practice.

Social workers should use counselling, helping street children affected by the problem of substances use. Counselling is instrumental in making substance users understand their situation; cope with the challenges and problems they faces and to develop a sense of self and positive living. It also help users to regain hope, feel empowered and make them to take decision to get out of this problem. Since counselling is one aspect from strength perspectives. Social workers should organize peer-to-peer discussion sessions and life skill training sessions between street children to develop a strong personality of resisting peer pressure. Social workers should also facilitate discussion and dialogue sessions with street children to enable them to identify the causes and get a bigger picture of the reality concerning addiction and its perceived effect, which it brings.

5.4 Recommendations

The fight of drug and substance abuse is a national catastrophe requiring a concerted effort from all the players in the community exerting maximum level of commitment to the problem. Serious commitment from the government departments through enacting effective policy that are implemented with a proper budget allocation. With this in mind holistic approach to the problem becomes inevitable with all players, non-governmental organisations, civic society groups, private companies, law enforcement agents, parents and the street children themselves partake initiatives

such as rehabilitation, re-submission into families, empower those adults with skills for self-sustenance and educate those willing to be educated.

Another key strategy in the fight of drug abuse would be the re-integration of street children with their families. At least this way street children will have a normal life they can rely on for survival. Strict law enforcement of policy is of paramount importance as this will aid controlling drug and substance movement. Finally a proper law enforcement can aid in cutting the supply chain of the drugs and substances.

5.5 Dissemination of results and any action taken in response to the findings

Results to be shared among key influential ministries that have a role in policy formulation and implementation such as Department of Child and Welfare and Protection Services, CID drug section ZRP, NGOs ~~organisation~~ responsible for the welfare and support of affected and street destitute in the country.

REFERENCES

- Babbie, E. (2011). *Survey Research Methods*. New York: Free Press.
- Becker, S. H. (1953). Becoming a Marijuana User. *American Journal of Sociology*, 59(3), 235-252.
- Berihun, H. A. (2015). *Exploring trends and challenges of substance abuse among Ayer Tena Secondary School Students in Addis Abba*. Addis Ababa: University of Addis Ababa.
- Botvin, G. J. (2000). *Preventing Drug Abuse in Schools: Social and Competence Enhancement Approaches Targeting Individual-Level Etiological Factors*.
- Bourdillon, M. (2009). Street Children in Harare Africa. *Journal of the International African*, 64(4), 516-32.
- Carson, E. A. (2014). *Office of Justice Programs-Prisoners*.
- Chikoko, W., Ruparanganda, W., Chikoko, E., & Muzvidziwa, V. N. (2016). Commercial Sex Work and Substance Abuse among Adolescents Street Children of Harare Central Business District. *Journal of Social Development in Africa*, 29(2), 57-80.
- Chikoko, W., & Ruparanganda, W. (2018). The unprotected sex and substance abuse. *Journal of glanings of academic outliers fall*, 7(1), 41-55.

- Chowdhury, S., Chowdhury, A. S., Huq, K. E., Jahan, Y., Chowdhury, R., Ahmed, T., & Rahman, M. M. (2017). Life style and risk behaviour of street children in Bangladesh. *Health*, 9(4), 577-591.
- Cooley, C. H. (1902). African Journal of Social Work. *NON-Governmental Organisations Response to Substance abuse and Sexual Behaviours*, 6(2), 58-64.
- Coomber, R. (2007). *Key Concepts in Drugs and Society*. London: Sage 2013.
- Coren, Hossain, E., Pardo, R., Pardo, J., Veras, Chakraborty, K., Martin, A. J. (2013). *Interventions for promoting re-integration and reducing harmful behaviour and lifestyles in street connected children and young people*. Canterbury: The Campbell Collaboration.
- Dejman, M., Vameghi, M., Dejman, F., Rafiey, H., Assari, S., Bass, J., & Renee, M. J. (2015). Drug use among street children in Tehran. *Frontiers in Public Health*, 3(279), 1-9.
- Dell, C. A. (2006). *Drug Use among Street Children in Tehran*. Bethesda: National Centre for Biotechnology Information.
- Dube, L. (1997). *Youth Volatile Solvent Abuse frequently asked Questions*. Ottawa: Canada Centre for Substance abuse.
- Embleton, L., Mwangi, A., Vreeman, R., Ayuku, D., & Braitstein, P. (2011). AIDS risk patterns and knowledge of disease among street children in Harare. *Journal of Social Development in Africa*, 12(2), 61-73.

- Engel, R. J., & Schutt, R. K. (2013). A review of fundamentals of social work research. *Journal of social service research*, 39(4), 585-586.
- Gaidhane, A. M., Zahiruddin, Q. S., Waghmare, L., Shanbhag, S., Zodpey, S., & Joharapurkar, S. R. (2008). *SAGE*. Retrieved from <http://www.uniccf.org/cvaldatabase/index23256.html>.
- Idemudia, E. S., Kgokong, K., & Kolobe, P. (2013). *Concepts of Chemical Dependency*. California: Cole-Thomson Learning.
- Jakaza, T. N., Nyoni, C., & Muzingili, T. (2018). Emerging dynamics of substance abuse among street children in Zimbabwe. *African journal of social work*, 8(2), 64-67.
- Jennifer, P., Ganim, Z., Scott, J., Hunter, Niranjana, S., & Karnik. (2012). The Mental and Physical Health of Homeless Youth. *Child Psychiatry Hum Dev*, 43(3), 354-375.
- Jorge, K. O., Ferreira, E. F., Ferreira, R. F., Kawachi, I., Zarzar, P. M., & Pordeus, I. A. (2018). Peer group influence and illicit drug use among adolescent students in Brazil. *Reports in Public Health*, 34(3), 2-14.
- Kamenderi, M., Muteti, J., Okioma, V., Kimani, S., Kanana, F., & Kahiu, C. (2016). Status of Drugs and Substance abuse the general population in Kenya. *African Journal of Alcohol and Drug abuse*, 1(1), 54-58.
- Kayembe, P. K., Mapatano, M. A., Fatuma, A. B., Nyandwe, J. K., Mayala, G. M., & Kokolomami, J. (2008). Knowledge of HIV, Sexual Behaviour and Correlates

- of Risky Sex among Street children in Kinshasa. *World Journal of AIDS*, 7(3), 186-192.
- King, C. (2004). Knowledge of HIV Sexual behaviour and Correlates of risky sex among street children in Kinshasa. *East Africa Journal Public Health*, 5(3), 186-92.
- Kothari, C. R. (2004). *Substance abuse and behavioural correlates of sexual assault among South African adolescents*. South Africa: Child Abuse and Neglect.
- Lester, K. (2010). Theories of Mathematics Education. *On the theoretical, conceptual, and philosophical foundations for research in mathematics education*, 37(6), 457-465.
- Makope, V. (2006). *A Zimbabwean Street Story*. Harare: Dewers.
- Manjengwa, J., Matema, C., Tirivanhu, D., & Tizora, R. (2016). Deprivation among children living and working on the streets of Harare. *Development Southern Africa*, 33(1), 53-66.
- Maraire, T., & Chethiyar, S. D. (2020, July). Drug and Substance abuse problem by the Zimbabwean youth: A psychological perspective. *Practitioner Research*, 2(1), 41-59.
- Mella, P. (2017, December). Intelligence and Stupidity-The Educational Power of Cipolla's Test and of the Social Wheel. *Creative Education*, 8(15), 978-988.
- Merton, R., & Nisbert, R. (2009). *Contemporary Social Problems*. London: Cambridge University Press.

- Miller, P., & Plant, M. (1996). Drinking, smoking and illicit drug use among 15 and 16 year olds in the United Kingdom. *BMJ Clinical Research*, 313(7054), 394-397.
- MoHCW. (2017). *Mental Health*. Harare: Ministry of Health and Childcare.
- Morgan, D. (1996). Focus Groups. *Focus groups*, 22(1), 129-152.
- Muchini, B., & Nyandiya-Bundy, S. (1991). *Focus Group as a Qualitative Research*. Newbury Park: Sage.
- Muchini, B., & Backson. (2001). *A study on street children in Zimbabwe*. Harare: safaid.
- Mugenda, O. M., & Mugenda, A. G. (2003). *Research Methods qualitative and quantitative approaches* (Vol. 3). Nairobi: Act Press.
- Neuman, W. L. (2011). *Working for Survival: Children engaged in economic activities on the streets of Harare*. Harare: University of Zimbabwe.
- Ngulube, L. (2010). *Social Research Methods, Qualitative and Quantitative Approaches*. New York: Pearson.
- Poonam, R. N., Seema, S., Gokhe, b., Shinde, R. R., & Abhay, S. N. (2011). Street children of Mumbai: Demographic profile and substance abuse. *Street children of Mumbai*, 22(4), 1-7.
- Punch, K. (2003). *Risk factors of Substance abuse among Street Children from Delhi*. New Delhi: Maulana Azad Medical College.

- Ruparanganda, W. (2008). *Qualitative Research: Bridging the Conceptual, Theoretical and Methodological*. New Delhi: Sage.
- Rurevo, R., & Bourdillon, M. (2003). Girls: The less Visible street children of Zimbabwe. *Children, Youth and Environments*, 13(1), 150-166.
- Savarkar, T. (2018). Psychosocial Distress among street children living on the street in Mumbai City, India. *Journal of depression and anxiety*, 7(2), 1-5.
- Simon, M. K., & Goes, J. (2013). *Assumptions, Limitations, Delimitations and Scope of the study*. Seattle: Dissertation Success LLC.
- Swahn, M. H., Culbreth, R., Tumwesigye, N. M., Topalli, V., Wright, E., & Kasirye, R. (2018). Problem Drinking, Alcohol-related violence and Homelessness among youth in Slumps of Kampala. *International Journal of Environmental Research and Public Health*, 1061 -1134.
- Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), 155-163.
- United Nations. (2014). *United Nations Office on Drugs and Crime-UNODC*. Brussels: United Nations.
- United Nations Children's Fund, U. (2001). Effectiveness of School Based Drug Prevention Programs. *A Meta-Analysis of the research. Journal of Primary Prevention*, 18, 71-128.
- United Nations Drugs and Crime, U. (2005). *World Drug Report-Executive Summary*. United Nations Publication.

Wakatama, W. (2021). *The Situation of Street Children in Zimbabwe*. Retrieved from
<https://hdl.handle.net/2381/7449>: <https://hdl.handle.net/2381/7449>

Whitbeck, L. B. (2009). *Mental Health and emerging adulthood among homeless young people*. Washington: Psychology Press.

Wiersma, W., & Stephen, G. (2005). *Research Methods in Education-An Introduction* (8th e.d.). Virginia: Pearson.

APPENDIX 1 INTERVIEW CONSENT FORM

Faculty of health sciences

Introduction

My name is Tendai Mujakachi an Africa University Master of Public Health student. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research you are free to talk to anyone you feel comfortable about the research. Should they be some words you do not understand you are free to ask and I will explain?

Title of the study

Designing a framework to address the problem of drug abuse and substance abuse by street children in Harare.

Purpose of the study

To assess the emerging trends of drugs and substance among street dwelling children in the streets of Harare, Zimbabwe.

Ethical considerations: privacy and confidentiality

The information obtained from the interview will be kept confidential. Information about you that will be collected during the research will not be directly linked back to you. Let you be assured that all your responses shall be strictly accorded the due recognition and confidentiality. Reports are to be written in a way that no individual comment can be attributed to a particular individual. Participation in this study is

voluntary, if you decide to participate now you can change your decision any time and can withdraw from the study at any time without any consequences.

Contact details

If you have any questions to ask or for more details you can contact me on 0772 904 851 or email me @ mujakachit@afriau.edu

Consent

If you are in agreement with the conditions of the study and you are willing to participant in the study you kindly sign below

Signature of participant..... Date.....

Signature of researcher.....Date.....

APPENDIX 2: INTERVIEW GUIDE AND FOCUS GROUP DISCUSSION GUIDE WITH THE STREET CHILDREN

Introduction

My name is Tendai Mujakachi I am carrying out a research entitled designing a framework to address the problem of drug and substance abuse by street children in Harare Zimbabwe an implication for initial work and I invite you to participate in the research study. The purpose of the research is to assess the emerging trend of drug abuse among street children in Zimbabwe. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. Your participation in this research project is completely voluntary. There are no known risks to participation. Your responses will remain confidential and anonymous. You may choose to excuse yourself at any time during the interview.

PART a Demographics

Respondent.....

Age.....

Sex.....

Religious affiliation.....

Parental status.....

Economic activity.....

Level of education reached.....

PART B Reasons for being in the streets.

1. When did you leave home?
2. Why did you leave home?
3. From which area do you come from?
4. Do you stay in the street permanently?

PART C Trends of drug abuse among street

5. Have you tried or experimented using drugs? If no Skip section
6. If yes and currently using for how long have used the drugs
7. Which substance have u used between *mbanje*, glue, *musombodia*, cocaine, cigarettes and alcohol or other
8. At what age did you start substance use?
9. Can u explain how the substances are being used?
10. How often do you take drugs, is it (daily, weekly, twice a day, three times a day or as need)?
11. Whom do you take the drugs with?
12. Why do you use the substances use?
13. Are the drugs easily accessible?
14. Where do u access these substances?

15. Are you also involved in selling drugs?
16. What is the source of income for you to buy the drugs?
17. Do you like to continue taking drugs, if yes why?
18. Where do you usually use these substances?

Part D Associated effects of drug abuse among street children

19. Which problems have you encountered as a result of substance abuse?
20. How do you feel when they abuse drugs?
21. What do u usually do under the influence of drugs?
22. What problems have drugs caused on your friends?

Part E Strategies for ending the problem of drug abuse among street children

23. What do you think should be done to curb the problem of drug abuse among street children?

APPENDIX 3 INTERVIEW GUIDES WITH THE KEY INFORMANTS.

Introduction

My name is Tendai Mujakachi I am carrying out a research entitled designing a framework to address the problem of drug and substance abuse by street children in the streets of Harare, Zimbabwe. I invite you to participate in the research study. The purpose of the research is to assess the emerging trend of drug abuse among street children in Zimbabwe. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. Your participation in this research project is voluntary. There are no known risks to participation. Your responses will remain confidential and anonymous. You may choose to excuse yourself at any part during the interview.

DEMOGRAPHICS

Respondent.....

Institution

Job title.....

Age

Marital Status

Religious Affiliation.....

Work on Children.....

Educational

Level.....

Questions

1. What is your understanding of drug abuse?
2. Are you aware of any of the street children who are abusing drugs?
3. Which substances are the street children abusing?
4. Are these substances harmful?
5. Which behaviour is usually displayed by street children under the influence of drugs?
6. What could be the possible dangers of drug abuse among street children?
7. In your own view can you describe the trends of drug abuse among street children in Zimbabwe over the past 5 years?
8. What may be the reason of the continued substance use among street children in Zimbabwe?
9. What could be the social effect of substance abuse among street children?
10. What are the mechanisms being employed by the government and key stakeholders in an effort of reducing the problem of substance use among street children in Zimbabwe?
11. How successful are these mechanisms?

12. What should be done to halt the problem of substance abuse among street children in Zimbabwe?

APPENDIX 4 AUREC APPROVAL LETTER

AFRICA UNIVERSITY
RESEARCH ETHICS
COMMITTEE (AUREC)

23 February, 2021

Ref: AU1912/21

TIENDAI MUJAKACHI
C/O CHANS
Africa University
Box 1320
Mutare.

**RE: DESIGNING A FRAMEWORK TO ADDRESS THE PROBLEM OF DRUG AND
SUBSTANCE ABUSE BY STREET CHILDREN IN HARARE**

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 AU1912/20
- AUREC MEETING DATE NA
- APPROVAL DATE February 23, 2021
- EXPIRATION DATE February 23, 2021
- 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 – A/AUREC ADMINISTRATOR FOR CHAIRPERSON, AFRICA UNIVERSITY
RESEARCH ETHICS COMMITTEE

**APPENDIX 5: DEPARTMENT OF CHILD WELFARE AND PROTECTION
SERVICES APPROVAL LETTER**

Official communications should
Not be addressed to individuals

Telephone: Harare 790871-6
Telegraphic Address: 'WELMIN
Fax: 796080/



**Department of Child Welfare and
Protection Services**
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 429
Causeway
Zimbabwe

13 March 2021

Tendai Mujakachi

Africa University

P. O Box 1320

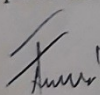
Mutare

**RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT ON THE TOPIC
ENTITLED: DESIGNING A FRAMEWORK TO ADDRESS THE PROBLEM OF
DRUG AND SUBSTANCE ABUSE BY STREET CHILDREN IN THE STREETS OF
HARARE CENTRAL BUSINESS DISTRICT.**

Receipt of your letter dated 05 February 2021 with reference to the above mentioned is acknowledged.

Please take note that permission is granted STRICTLY on condition that the research is for academic purposes only in pursuit of the Master's in Public Health degree at Africa University and that the identity of participating children will be protected.

You are kindly requested to Submit a copy of your final research document to the Department of Child Welfare and Protection Services upon your completion as your research topic on the Department's mandate.

A handwritten signature in dark ink, appearing to read 'Tirivavi'.

T. Tirivavi.

COMMISSIONER FOR REFUGEES

PLAGARISM REPORT