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**INVESTIGATING THE CRIMINALISATION OF DRUG AND
SUBSTANCE ABUSE TOWARDS THE YOUTH IN PENHALONGA:
GOING BEYOND PUNITIVE INTERVENTIONS**

BY

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
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Abstract

Drug/substance abuse in low-income contexts such as rural set-ups of Penhalonga is on the rise. There are multiple reasons accounting for this increase in drug/substance use particularly among the youth including curiosity, peer pressure, performance enhancement, cope with emotions, frustration, depression and psychological distress, elder influence, academic failure, disciplinary problems and family responsibilities among others. The consequences of drug/substance abuse with long-term use and larger doses result in serious harm to one's health, high risk of diseases and infections, permanent brain damage, damage to other organs and causing death in some cases. This research explored the causes of drug/substance abuse by the youth in Penhalonga, focusing on the adoption of the best approaches to address this problem rather than criminalization and punitive methods. The study utilized a qualitative, exploratory and descriptive research design to provide a clear understanding of what influences the youth and how this relates to their decision to use harmful substances by employing in depth interviews with the drug users, medical personnel key informants and law enforcement key informants. Research findings highlighted that drug/substance use is on the rise in Penhalonga. The National Drug Masterplan (2021-2025) and Multisectoral Drug and Substance Abuse Plan policies (2025-2030) among other laws and enforcement strategies were implemented to try and control the problem of drug/substance abuse to which poor implementation, funding and adherence have led to failed efforts in yielding positive results. Information on drug/substance abuse in Mutasa is scarce, resulting in neglected health needs and support for people who use drugs/substances. Availability of help services for people who use drugs is limited, with no visible harm reduction interventions such as distant rehabilitation centers, no access to needle and syringe programs or opioid substitution therapy. The study discovered that the willingness to seek treatment is usually low from addicts due to fear of legal consequences and discrimination, while rehabilitation largely depends on the user's willingness to seek treatment. Due to mining activities in Penhalonga, many of the youth flock into the area seeking work opportunities leading to a lot of them in the same area competing for the same scarce resources, this competition also increases drug/substance use within the area. Holistic approaches should be prioritized through everyone's involvement, including the government, private sectors, organisations, the users themselves, law enforcement, parents, guardians and the community. Their engagement by providing support, solutions and sharing ideas will help in stabilizing the drug/substance issue. Policies that are clear, well-funded, well-structured and properly implemented are vital in dealing with the problem of drug/substance abuse. If drugs/substance abuse among the youth is not curbed, then the future of the youth destroyed. There is need for educational programmes on drug/substance abuse and the effects it has on an individual and the nation at large.

Keywords: abuse; mental health; criminalization; rehabilitation; Harm Reduction

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 ever be submitted to another university for the award of a degree.

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Dedication

This dissertation is dedicated to my mother and father who assist me with everything I do academically.

List of Abbreviations and Acronyms

ADAAZ	Anti- Drug Abuse Association of Zimbabwe
AIDS	Acute Immune-Deficiency Syndrome
SUD	Substance Use Disorder
AOD	Alcohol and Other drug
UNODC	United Nations Office on Drugs and Crime
AUREC	Africa University Research, Ethics Committee
CIOMS	Council for International Organizations of Medical Sciences
COVID 19	Corona Virus Diseases 2019
ZMDSAP	Zimbabwe Multisectoral Drug and Substance Abuse Plan
ZCLDN	The Zimbabwe Civil Liberties and Drug Network
MCDRP	Multi-Country Demobilization and Reintegration Programme
MNS	Mental, Neurological and Substance use disorders
NGO	non-governmental organisation
UNDCP	United Nations International Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
SADC	Southern African Development Community
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation
ZNDMP	Zimbabwe National Drug Masterplan
ZIMSTAT	Zimbabwe National Statistical Agency
ZRP	Zimbabwe Republic Police
ZACRO	Zimbabwe Association for Crime Prevention and Rehabilitation Of The Offender.

Definition of key terms.

Drugs – According to Medicine Line (2019), drugs are substances that alter the normal functioning of the body or mind when consumed, either by affecting the central nervous system or by interacting with biological processes.

Substance – According to Krenn (2023), in discussions related to health, addiction, or drug policy, it typically refers to chemical substances that can alter physiological or psychological functions, including drugs, alcohol, and other psychoactive agents.

Drug/substance abuse – According to Mandal (2023), it is the use of drugs/substances for the purpose other than medical reason. It refers to misuse of any psychotropic substances resulting in bodily functions.

Illegal drugs – According to Krenn (2023), 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.

Criminalization – According to Vocabulary Dictionary (2024), it is the process of making certain actions, behaviors, or activities illegal by enacting laws that impose penalties or sanctions on those who engage in them.

Rehabilitation – According to Webster (2024), it is a structured program designed to help individuals recover from addiction, substance abuse, or other behavioral issues.

Public health – According to Vocabulary Dictionary (2024), it is a field dedicated to protecting and improving the health of populations through organized efforts, policies, and programs.

Criminal justice – According to Webster (2024), it is a system of practices and institutions aimed at upholding social order, maintaining public safety, and ensuring justice for individuals accused of committing crimes.

Table of Contents

CHAPTER 1: INTRODUCTION	1
1.1 Introduction	1
1.2 Background to the Study	1
1.3 Statement of the Problem	4
1.4 Research Aims	6
1.5 Research Objectives	6
1.6 Research Questions	6
1.7 Assumptions of the Study	7
1.8 Significance of the Study	7
1.8.1 To Public Health Sector	7
1.8.2 To Government	8
1.8.3 To Researchers	8
1.9 Delimitations of the Study	8
1.10 Limitations of the Study	8
CHAPTER 2: REVIEW OF RELATED LITERATURE	9
2.1 Introduction	9
2.2 Theoretical Framework	9
2.3 Relevance of Theoretical Framework to the Study	11
2.4 Global Perspectives on Criminalization of Drugs/substances	12
2.5 Criminal Justice Responses to Drug Use in Africa	15
2.6 Regulations of Drug Use in Zimbabwe	19
2.6.1 Indigenous Drug Use in Zimbabwean Pre-colonial History	20
2.6.2 The Dynamics of Drug use in Post-colonial Zimbabwe	21
2.6.3 Current Trends in Drug and Substances Abuse in Zimbabwe	22
2.7 Chapter Summary	24
CHAPTER 3: RESEARCH METHODOLOGY	25
3.1 Introduction	25
3.2 Research Design	25
3.3 Population and Sampling	25
3.3.1 Population and Eligibility Criteria	26
3.3.2 Sampling Size and Sampling Procedure	27
3.4 Data Collection Instruments	27
3.4.1 In-depth Interviews	27

3.4.2 Observations	28
3.4.3 Secondary Data.....	28
3.5 Data collection procedures	28
3.6 Analysis and Organization.	29
3.7 Ethical Considerations.....	29
3.7.1 Permission to Conduct Study	30
3.7.2 Informed Consent	30
3.7.3 Confidentiality and Anonymity	30
3.7.4 Protection from Harm.....	31
3.8 Chapter Summary.....	31
CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION	32
4.1 Introduction	32
4.2 Demographic Characteristics of the Study Participants.....	32
4.3 Frequency of Drug and Substance Abuse.	34
4.3.1 Types, Patterns and Reasons of Drugs and Substances Use.....	35
4.4 Factors Influencing Drug and Substance Abuse	37
4.4.1 Social and Environmental Factors Influencing Drug and Substance Abuse	38
4.4.2 Psychological Factors Influencing Drug and Substance Abuse	39
4.5 Impact of Drug and Substance Abuse on the Youth.....	39
4.5.1 Health Consequences of Drug and Substance Abuse	41
4.5.2 Criminalization Consequences of Drug and Substance Abuse.....	41
4.5.3 Academic and Social Implications of Drug and Substance abuse.....	44
4.6 Perceptions on Criminalization of Drug and Substance Use	45
4.6.1 Law Enforcement Perceptions on Criminalization of Drug and Substance Use.....	45
4.6.2 Medical Professionals' Perceptions on Criminalization of Drug and Substance Use	46
4.6.3 Users' Perceptions on Criminalization of Drug and Substance Abuse.....	47
4.7 Long-Term Strategic Suggestions for Curbing Criminalization	49
4.7.1 Non-Criminal Approaches and their Perceived Outcomes.....	50
4.7.2 Holistic Approaches Beyond Criminalization	51
4.7.3 Community Based Initiatives	52
4.8 Chapter Summary.....	53
CHAPTER 5: DISCUSSION, CONCLUSION AND RECOMMENDATIONS	54
5.1 Introduction	54
5.2 Discussion	54

5.3 Conclusion.....	55
5.4 Implications of Drug and Substance Abuse	55
5.4.1 Implications for Law Enforcement.....	56
5.4.2 Implications for Public Health.....	56
5.5 Recommendations	57
5.6 Suggestions for Further Research	57
REFERENCES	58
APPENDICES.....	65

List of Tables

1. Table 4.2.....	32
2. Table 4.3.1.....	35

List of Figures

1. Figure 4.3.....	34
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Appendices

1. Appendix 1: Informed Consent Form.....	65
2. Appendix 2: Interview guide questions with participants.....	68
3. Appendix 3: Interview questions for medical personnel key informants.....	69
4. Appendix 4: Interview questions for law enforcement key informants.....	70
5. Appendix 5: AUREC Approval letter.....	71
6. Appendix 6: Approval letter (Ministry of Health and Child Care).....	72
7. Appendix 7: Approval letter (ZRP Penhalonga)	73

CHAPTER 1: INTRODUCTION

1.1 Introduction

Drug/substance abuse is a pandemic that has been ongoing for a very long period of time. it can also be referred to as the use of drugs or other substances in amounts or methods that are hazardous to the user or others. Countries all over the world have adopted different measures, laws, policies and strategies to try and fight this rapidly growing crisis. Criminalization has emerged as a significant public health and legal challenge with profound implications. In many parts of the world, including Zimbabwe, young people are affected by drug-related laws and policies, leading to increased rates of incarceration, stigmatization, and social marginalization. Penhalonga has not been immune to these trends, as there has been a noticeable rise in drug/substance abuse among the youth in recent years. The criminal justice system's response to this problem has largely been punitive, focusing on arrests and prosecutions rather than addressing the core factors driving drug/substance abuse.

This research sought to explore the criminalization of drug/substance abuse among the youth in Penhalonga, examining the extent of the problem and responses towards the problem paying particular attention to how criminalization has been the primary approach, often escalating the challenges faced by the youth. The research assessed the effectiveness of current legal frameworks and the potential benefits of shifting towards more rehabilitative and preventative approaches to curbing drug/substance use among the youth.

1.2 Background to the Study

According to the World Drug Report released by the United Nations Office on Drugs and Crime (UNODC, 2024), “Around 35 million people suffer from drug and substance use disorders requiring treatment services. Opioids in particular have been responsible for a significant number of drug-related deaths, with an estimated 585,000 people dying as a result of

drug/substance use in 2017. Two-thirds of these deaths were attributed to opioids”. Drug/substance abuse contributes to problems that transcend borders, including increased drug trafficking, access to unregulated drugs, and the spread of infectious diseases like bacterial and fungal infections, hepatitis and HIV. The report by UNODC (2024), went on to state that “An estimated 271 million people aged between 15-64 used drugs in the previous year, indicating a concerning prevalence of drug use globally. The global production of drugs/substances such as cocaine and heroin has been on the rise, posing additional challenges for law enforcement and public health efforts”.

According to ZHRC (2015), due to Zimbabwe being a quite youthful country with approximately 67.7 per cent of its 16.32 million total population under the age of 35, we find that the issue of drug/substance abuse highly affects the majority of the population group. Everyday new drugs/substances are being created and discovered and as of this moment, there is an unaccountable range of them being used by the youth. The COVID-19 pandemic was a significant period in the increase of drug/substance abuse among the youth in Zimbabwe. Reports like the one by Nhunzvi (2020), highlighted instances of young individuals being found in a state of intoxication, commonly referred to as ‘*-ku sticker-*’.¹ The situation was already complex and worrisome before the pandemic emerged. With the onset of the COVID-19 pandemic and subsequent lockdown, there has been a significant increase in drug/substance use among the youth in Zimbabwe and the discovery of newer drugs/substances that are currently being used more in the streets such as Crystal methamphetamine² locally referred to as ‘*-mutoriro-*’, ‘*-guka-*’ or ‘*-dombo-*’ illicit diluted ethanol/methanol alcohol locally known as ‘*-musombodia-*’ or ‘*-tumbwa-*’ and inhaling phosphor.

¹ ‘*-Ku-sicker-*’, when literally translated, implies ‘being stuck’. This is a slang phrase describing a user’s intoxicated state caused by using drugs or substances. When someone is stuck, they are unable to move; hence the reference to a drug user’s passivity after using drugs or substances.

² Crystal methamphetamine is a colorless, odorless form of d-methamphetamine, a powerful and highly addictive synthetic stimulant. Crystal methamphetamine typically resembles small fragments of glass or shiny blue-white “rocks” of various sizes.

According to the World Health Organisation (WHO), the history of drug abuse in Africa has evolved from cannabis abuse to more dangerous drugs, affecting a wider range of people. Apart from alcohol and cigarettes, cannabis is one of the most commonly abused drug/substance in Africa. Recent developments have also seen the trafficking and abuse of drugs such as cocaine and heroin in countries that previously had no experience with these drugs/substances. According to Saxena (2014), efforts such as The Global Initiative on Primary Prevention of Substance Abuse, a project jointly executed by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO) with the aim to prevent the use of psychoactive substances by young people is implemented in selected communities in eight countries in three regions of the world where rapid/dramatic social change is in progress. Challenges such as limited funds, corruption and lack of trained personnel hinder effective drug and substance abuse control programs such as the Global Initiative in Africa.

In the early 20th century, many countries began formalizing drug laws. The Harrison Narcotics Tax Act (1914), marked the start of federal drug regulation in the U.S, effectively criminalizing the use and distribution of opiates and coca products. This law was motivated by concerns about addiction and moral panic but was also heavily influenced by racial prejudices against Chinese immigrants who were associated with opium smoking, and Black Americans linked to cocaine use. Similarly, in the global context, the (International Opium Convention, 1912) was the first international drug control treaty, aimed to limit opium use, setting a precedent for future drug prohibition policies. The War On Drugs (1971) initiated under U.S. President Richard Nixon, further escalated the criminalization of drug use. Framed as a public health issue, it became a tool for political control and it targeted marginalized communities, particularly Black and Latino populations. According to Mutso (1973), the criminalization of drug use, therefore, is deeply intertwined with racial discrimination, political agendas, and the

punitive approach of many legal systems, contributing to mass incarceration and broader social inequalities across the globe.

According to Jekemu (2021), The name ‘Penhalonga’ means ‘the place that shines,’ reflecting the abundance of gold in the area. Currently, there is a new gold rush happening in Penhalonga attracting mining activity in the area. This resurgence in mining activity has attracted a lot of young people to settle in the district, seeking opportunities for employment and wealth creation within the mining industry. Munongerwa (2024) stated that, “With a high unemployment rate estimated at a staggering 61.8%, young people in Penhalonga are vulnerable to various issues such as drug and substance abuse.” The government tends to rely on criminalizing the hopeless youth using punitive measures such as brutal force and imprisonment of the victims who are actually in need of help for their health and well-being. We need to revisit the criteria’s outlined in our policies towards drug and substance abuse to try and come up with effective methods to deal with the problem rather than criminalizing the users. Our current policies (ZNDMP & ZMDSAP) have very advanced mandates and goals that if properly supported, implemented and funded, can help in dealing with the problem of drug and substance abuse in the country.

1.3 Statement of the Problem

According to (UNODC, 2024), an estimated 7 million people were in formal contact with the police (arrests, cautions and warnings) for drug offences at the global level, with about two thirds of this total being due to drug use or possession for use. In addition, 2.7 million people were prosecuted for drug offences during the year 2023 and over 1.6 million were convicted globally, with slightly more people prosecuted and convicted for drug use or possession offences than for drug trafficking. According to the National Institutes of Health (Exchange, 2023), Reports of substance use in Zimbabwe paint a concerning picture of escalating prevalence of use, with over half of people admitted to mental health units reportedly experiencing a substance induced disorder. The War On Drugs (1971) marked a turning point,

where drug use, particularly among marginalized populations, was framed as a criminal issue rather than a public health problem. This approach led to the establishment of strict anti-drug operations aimed at curbing drug-related activities.

In Zimbabwe, crackdowns on drug/substance abuse, such as Operation No to Drugs (2022), target the youth particularly in semi-urban areas. These operations have often led to mass arrests and imprisonment, with little focus on rehabilitation. However, the unintended outcomes of criminalization are significant. Instead of solving the problem, criminalizing drug use among youth has escalated it, pushing users further away from necessary help in fear of legal consequences. Punitive approaches fail to address the root causes of substance abuse. These operations have not resolved the problem but have contributed to the stigmatization and marginalization of the youth.

According to Mutanana (2011), Penhalonga is a mining town characterized by high unemployment rates, environmental degradation, and limited social infrastructure. The youth in this region face significant challenges, including limited access to education and employment opportunities, which drive them toward substance abuse. Mining activities, both legal and illegal, have also contributed to the proliferation of drug markets in the area. Efforts to combat drug abuse are often complicated by inadequate law enforcement resources and corruption within the justice system.

While studies have explored the dynamics of drug abuse in Zimbabwe's urban centers, there is limited research on semi-urban areas like Penhalonga, where socio-economic conditions and law enforcement practices differ significantly. This study aims to explore how criminalization impacts youth in Penhalonga, offering insights to inform balanced strategies that integrate public health and justice approaches. The study sought to investigate the prevalence of drug/substance abuse among the youth, while exploring alternative interventions beyond

criminalization. The goal was to recommend effective strategies and approaches that address drug/substance abuse and promote healthy development among the youth in Penhalonga rather than criminalization and punitive measures.

1.4 Research Aims

The research aimed to analyze the conditions leading to drug/substance abuse among the youth in Penhalonga, identify strategies to reduce drug/substance abuse conditions without resorting to criminalization, force, brutality or other punitive interventions? Lastly, how to improve help facilities for individuals suffering from drug/substance abuse?

1.5 Research Objectives

This research sought to:

- I. Examine the socio-economic factors contributing to drug and substance abuse among the youth in Penhalonga.
- II. Analyze the experiences of youth with criminalization of drug/substance abuse in Penhalonga.
- III. Assess healthcare facilities' forms of assistance towards drug and substance users.
- IV. Examine policy interventions on drug and substance abuse.

1.6 Research Questions

- I. What are the socio-economic factors leading to the increase in drug and substance abuse rates in Penhalonga?
- II. What are the views of the affected youth on criminalization of drug/substances?
- III. What forms of assistance do healthcare facilities offer to drug and substance users?
- IV. What recommendations can be suggested to improve drug and substance abuse among the youth in Penhalonga?

1.7 Assumptions of the Study

The study assumes that:

- I. Penhalonga is a hotspot for drug/substance abuse among the youth.
- II. Many youths in Penhalonga have experimented or are still experimenting with drugs/substances for recreational purposes.
- III. Criminalization is not effective enough to tackle the challenge of drug and substance abuse among the youth.
- IV. Drug/Substance abuse has serious health, social and economic effects on the users.
- V. Zimbabwean laws and policies on drug/substance abuse are not being effectively implemented in Penhalonga.
- VI. Many youths in Penhalonga are addicted to drugs and other substances.

1.8 Significance of the Study

This study will provide an analysis on the criminalization of drugs/substances in Penhalonga expressing the experiences of the youth involved. The research took into account the major issues faced by national policies, suggest effective approaches in promoting decriminalization policies, and examine the struggles that strict policies face in addressing drug/substance use among the youth in Penhalonga. This study will further serve as a literature source in the field of policy analysis alongside drug/substance abuse in Zimbabwe.

1.8.1 To Public Health Sector

The research will help the healthcare sector in getting a better understanding of recent drug/substance use trends. The research would be useful to the public health practitioners who may be interested in knowing certain types of drugs/substances, why and how the Zimbabwean youth use drugs/substances. This knowledge will go a long way in facilitating preventive and assistance programmes for drug and substance use in the country that focus on the users' wellbeing and health.

1.8.2 To Government

The study sought to identify challenges and weaknesses ingrained in criminalization and punitive approaches towards drug/substance use among the youth and provide solutions which may be adopted by the government in this respect. Findings from this study may be used to enhance other strategic policies to help further improve public policy.

1.8.3 To Researchers

The study was targeted at adding knowledge to Human Rights, peace and development and also to public policy as areas of academic pursuance by drawing experiences and recommendations which can aid in future applications of factors affecting criminalization policies' implementation towards drug/substance abuse, drug rehabilitation strategies and processes, and thus involving public health policy practitioners' support in taking care of the users.

1.9 Delimitations of the Study

The study was limited to evaluating the main causes and factors leading to poor implementation of the current policies towards drug/substance abuse among the youth in Penhalonga. The study focused on a 10-year period (2014 - 2024) and was limited to Penhalonga being the study area. The study also focused on individuals between the ages 18-35 years, as guided by USAID definition of the youth. The study aimed to get respondents from both sexes in order to analyse gendered influences and impact of drug/substance abuse.

1.10 Limitations of the Study

The major limitation to this study was negotiating with community gatekeepers and earning the trust of the respondents considering the sensitive nature of the subject. Another limitation was the lack of literature specifically targeting the study area and there is not a lot of documentation on drug/substance abuse policies.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter builds on the background to the study that was presented in chapter one. This chapter provides an assessment of the criminalization approach and policy implementations that are aimed at addressing drug/substance abuse, from basic prevalence statistics globally, regionally and within Zimbabwe. It explains the social learning theory by Albert Bandura as the theoretical frameworks related to the study and articulates its relevance. Related literature to the study specifically the nature, characteristics, effects of criminalization alongside other interventions to drug/substance abuse will be reviewed. This chapter also examines the documented factors that attract the youth to gravitate towards drug/substance use.

2.2 Theoretical Framework

According to McLeod (2024), The social learning theory was proposed by Albert Bandura in 1963. It posits that individuals learn through observing others' behaviors, attitudes, and outcomes of those behaviors. Bandura emphasized the importance of cognitive processes in learning, suggesting that individuals actively process information from their environment and make decisions based on their observations. According to this theory, people are more likely to imitate behaviors they perceive as rewarded or reinforced, while they are less likely to imitate behaviors that result in punishment or negative consequences. According to (McLeod, 2024),³Bandura's research on observational learning, particularly his famous Bobo doll experiment provided empirical evidence supporting the principles of Social Learning Theory. The bobo doll experiment aimed to demonstrate how children can learn aggressive behavior through observation and imitation of adults.

³ In the Bobo doll experiment, children observed an adult behaving aggressively towards an inflatable Bobo doll. Later, when given the opportunity to play with the doll themselves, children who had witnessed the aggressive behavior were more likely to replicate it compared to those who had not.

In addition to Bandura's contributions, another scholar known for his work in rational emotive behavior therapy is Albert Ellis. According to Ellis (2000), the role of cognitive processes, particularly irrational beliefs, in influencing behavior is crucial for understanding social learning and behaviour. He argued that individuals' perceptions of events and their interpretations of these events shape their behavioral responses. Ellis's perspective aligns with Social Learning Theory in highlighting the cognitive processes involved in learning and behaviour.

Albert Bandura's Social Learning Theory can be effectively contextualized to explain that this theoretical lens sheds light on how youth in Penhalonga might adopt or resist substance abuse and related criminal behaviors. Youth in Penhalonga observe behaviors from family members, peers, or community figures who abuse drugs or engage in related criminal activities. The community may normalize substance use as part of its culture, making drugs readily available and abuse more socially acceptable in certain circles. Miners or older peers using substances can model drug abuse behaviors that younger individuals replicate, associating such actions with status or coping mechanisms. The social learning theory highlights how external factors contribute to the normalization of criminal behaviour.

The criminalization of drug/substance use in Penhalonga has unintended effects, such as stigmatizing users rather than addressing the root causes of abuse. Criminalization reinforces negative social learning as youth are exposed to criminal behaviour and activities. By understanding and applying the principles of social learning theory, stakeholders in Penhalonga can design interventions that address the underlying dynamics contributing to youth drug/substance abuse and its criminalization.

2.3 Relevance of Theoretical Framework to the Study

The social learning theory is relevant to this research because it shows the influence that the elder companions can have on the youth deeming a much more relaxed perception attitude and stance in response from the youth towards dangerous habits such as indulging in drug/substance use. It also shows how environmental factors increase numbers of the youth taking part in harmful practices such as drug/substance abuse. Children who grow up seeing their elders' committing crimes like robberies and theft to feed their drug/substance addictions are most likely going to end up imitating and normalizing such behaviors with little to no regard of the consequences of such actions. These crimes can turn out violent with victims being beaten, stabbed, shot or killed because the culprits can be intoxicated or under the influence of drugs/substances clouding their reasoning capacity.

A study by Brook (1990), found that youth whose parents used drugs/substances were more likely to adopt similar habits, demonstrating the modeling effect described by the social learning theory. According to Maraire (2020), this generation anchors the future of society through both productive and reproductive roles. Accordingly, the decimating effect on this generation is a direct threat to society. Signifying the importance of abating drug/substance abuse among the young generation in Zimbabwe by the use of non-violent methods. Its relevance to the criminalization of drug and substance abuse among youth in Penhalonga is significant, as it provides insights into how social and environmental factors influence such behaviors. Youth often model their actions after peers, family members, or influential figures in their communities who engage in drug use or substance abuse.

In Penhalonga, where socio-economic challenges and limited recreational opportunities may exacerbate exposure to negative role models, the normalization of drug-related behavior can lead to increased prevalence among the youth. Criminalization, instead of addressing these root causes, may inadvertently reinforce these behaviors by fostering a subculture of resistance and

marginalization. Social learning theory suggests that interventions focusing on positive reinforcement, mentorship, and exposure to constructive role models are more effective. Programs emphasizing skill development, community support, and awareness can disrupt cycles of imitation and provide youth with healthier alternatives, reducing both drug abuse and its criminal consequences.

2.4 Global Perspectives on Criminalization of Drugs/substances

According to Byanyima (2022), 115 of 128 included countries still criminalize drug use, and only 105 countries support harm reduction as an official policy. Criminalizing a person for drug/substance use can affect their whole future and can negatively impact many aspects of their lives, including employment, housing, training, future travel and insurance. According to Pike (2024), “Decriminalization is not a panacea for problematic drug use, and it will require resources and investment, however, it is clear that the consequences of drug use are made worse by addressing them through the criminal justice system rather than the health system.”

Mexico’s 2009 decriminalization law is mostly symbolic. The threshold limits for “possession” were set very low, whereas “trafficking” penalties were increased. Mexico did not make investments in treatment and harm reduction, thus there was evidence that this law actually increased the number of people arrested and sanctioned for drug law violations.” According to the Drug Policy Alliance (2015), In the U.S. today, roughly 50,000 people are incarcerated in state prison for nothing more than possession of small quantities of drugs. More than 1.5 million drug arrests are made every year in the U.S. with the overwhelming majority being for possession only. Since the 1970s, the drug war has led to unprecedented levels of incarceration and the marginalization of tens of millions of Americans (disproportionately poor people and people of color), while utterly failing to reduce problematic drug use and drug-related harms.

According to Walcott (2023), “In the United Kingdom, £1.4 billion is spent on drug related police enforcement and criminal justice system costs per year. A further £5.5 billion is spent on drug related crime. It is resource-intensive and ineffective. For example, despite being justified as a power to tackle serious violence, 69% of the stops and searches are for drugs. A majority of these are for possession rather than supply.” Walcott (2023), also stated that “The policing of drugs is socially and racially disproportionate, which sits uncomfortably alongside the depressing historical “racism” context within which the ‘war on drugs’ was enacted. In London, black people are eight times more likely to be subject to a drug search.” This brings back racial profiling and discrimination as major grounds of criminalization into the picture extending to the use of force and criminal justice outcomes, leading to the suggestion that the policing of drugs is rarely about the drugs, but is instead used for social control purposes and marginalization. Walcott (2023), ended by saying “Our drug laws and how they are enforced are increasing social and racial inequality. They are making drug related harm worse, not better.”

According to Daniels (2021), Portugal passed one of the most comprehensive drug laws in 2001, decriminalizing the use and possession of all illegal substances for personal use but keeping criminal penalties for trafficking and other related offences. The Portuguese government concentrated its efforts on damage reduction and therapy. There was a decrease in the number of new HIV infections among drug injectors (from 1,575 in 2000 to 78 in 2013) and drug-induced mortality (from 80 in 2001 to 16 in 2012). Portuguese reforms permit the treatment of drugs as a public health issue, as opposed to a criminal justice issue. Therefore, the benefits of these reforms come from the decriminalization process itself as well as the development of a more comprehensive health-based approach to drug problems. Portugal is in a much better position than it was in 2001 and recorded drug use and deaths among the general population as both being well below the European average.

According to Lerner (2017), Iran's Parliament (Majlis) approved a bill that amends its drug-trafficking laws to curtail the application of the death penalty to drug offenders. The Amendment would increase the minimum amounts of illegal drugs that would subject convicted producers and distributors to a death sentence, raising the level of synthetic substances, such as heroin, cocaine, and amphetamines. With regard to sentencing, the punishment for those already sentenced to death or life in prison for drug related offenses would be commuted up to 30 years in jail and a fine. In 2016, Iran carried out at least 567 executions and most of those were for drug crimes. According to Norouzi (2017), "It is crystal clear that the laws in place have had no effect on curbing drug crime. Critics only know how to say 'execute them!' Well, that's fine; but who exactly do they want to execute? Both drug lords and consumers alike?" Jahanabadi (2017) concurred, stating that "four decades of the war on drugs has yielded very little. Our laws clearly failed to have the desired deterrence effect. There is a need for an overhaul and this is it."

According to Norouzi (2017), There are around 5 300 drug dealers on death row, 90% are first time offenders and in the 20–30-year age bracket. Officials say the battle against drug addiction and trafficking costs Iran approximately \$1 billion annually. Some Iranian officials have demanded a review of the death penalty for all drug related crimes, citing the failure of the country's increased execution rate to deter or lessen drug related crime. Studies, investigations indicate that the majority of drug dealers are not the real smugglers or ringleaders, rather they are persuaded to commit crimes by their conditions. According to Giada Girelli (2022), "At least 285 executions were for drug offences globally during the year 2022, a 118% increase from 2021, and an 850% increase from 2020. Confirmed death sentences for drug offences were also on the rise with at least 303 people sentenced to death in 18 countries. This marks a 28% increase from 2021." Like Iran, six other countries namely; Saudi Arabia, Singapore, China, North Korea, Kuwait and Vietnam have been known to carry out executions for drug

charges. The precise number of these executions is impossible to ascertain due to severe opacity and censorship from state authorities. As a result, this number probably only represents a fraction of all drug related executions that occur globally.

The Philippines launched one of the most aggressive drug crackdowns in recent history. According to LaVina (2016), President Rodrigo Duterte's "War on Drugs" has focused on eliminating illegal drugs through harsh measures, including the extrajudicial killings of suspected drug users and dealers. Thousands of people have been killed, and many more have been arrested under this campaign. While the crackdown has reduced some street-level drug dealing, human rights organizations have widely criticized the policy for violating civil rights, and it has not eliminated the country's drug problems. The punitive approach has also displaced many users into hiding, hindering rehabilitation efforts.

2.5 Criminal Justice Responses to Drug Use in Africa

Africa has a long history with drug cultivation, production, consumption and trade.⁴ According to (Wabe, National Institute of health, 2015), Khat has been used as a recreational stimulant in Ethiopia, Yemen and Tanzania since the 12th century. In Tanzania, The Enforcement Act (2012) criminalizes drug use and establishes harsh penalties for offenders. According to a study in Dar es Salaam by (Amiri, 2022) young users avoid seeking help due to fear of arrest, leading to untreated health issues, including HIV/AIDS and mental health disorders. Efforts to implement harm reduction strategies face significant barriers due to the prevailing criminalization narrative, making it difficult to engage youth in treatment programs.

Cannabis has a history of at least several hundred years of production and use. Alcohol, tobacco and caffeine have been produced, consumed and traded throughout the sociocultural history of

⁴ According to (Wabe, National Library of Medicine, 2011) *Catha edulis* (khat) is a plant grown commonly in the horn of Africa. Its young buds and tender leaves are chewed to attain a state of euphoria and stimulation.

drug/substance use on the continent. While the presence of small amounts of opium and heroin was not uncommon in the past, the African drug trade began to expand its boundaries around 1952. At that time, Lebanese traders were using West Africa as a staging point for the shipment of large heroin consignments to the American markets. Around the same time, organized Nigerian criminal groups began smuggling African cannabis to consumers in expanding European markets. Intra-continental trade in cannabis exploited traditional precolonial networks and routes that had supported the trade in commodities such as gold and ivory, and connected coastal markets with those in the continental interior. Shortly thereafter the continental relationship with drugs/substances began to transform rapidly.

According to a report by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), youth drug abuse in Kenya is rising, with studies indicating that about 11.7% of Kenyans between the ages of 15-65 are regular users of drugs or alcohol. Kenya's Narcotic Drugs and Psychotropic Substances Control Act (1994), criminalizes possession, trafficking, and use of drugs. Offenders, including low-level users, are subject to arrest, fines, and long-term imprisonment. Youth caught using drugs are often incarcerated without access to rehabilitation or help services.

According to (Lemahieu, 2024), Public health concerns are growing in Africa, where drug markets are rapidly diversifying from large markets of domestically sourced cannabis to markets that now include a multitude of transiting drugs like illicitly manufactured pharmaceuticals and new domestic harmful combinations with unclear content. The report states that while cannabis remains the main drug sourced, trafficked and used in Africa, in the past decade, the continent has been increasingly used as a transit area for drug/substance smuggling. Drugs transiting through Africa have now penetrated the local markets. Another typical pattern of use found in North, West and Central Africa is the non-medical use of

⁵tramadol, a pharmaceutical opioid not under international control. Tramadol used non-medically is typically illicitly manufactured and marketed in packages of higher doses than normally found in medical supplies. According to the UNODC, more than 90% of the total amount of tramadol seized by law enforcement authorities worldwide in the past five years has been seized in Africa.

There is an emergence of mixtures and concoctions in Africa, such as ⁶“-*nyaope*-”, ⁷“-*Karkoubi*-” and ⁸“-*Kush*-”, among many others. Such mixtures are sometimes home-made, and the actual composition of these mixtures may or may not be known to users. According to the limited evidence available, the mixtures often contain a number of harmful substances. The UNODC made an observation that men are in general more likely to use drugs than women; they make up more than three quarters of people who use drugs at the global level. Africa has the largest proportions of young people in drug treatment. Vaping devices have also become popular among the youth in some African regions. Vaping products typically contain flavorings and other chemicals which can be quite harmful to the health of the consumers. The popularity of vaping is driven by the wider accessibility and affordability of vaping devices as well as the promotion of their use on social media platforms.

The criminalization of all minor drug related offences not only places users at greater risk, but also fuels corruption and places an unnecessary burden on already overwhelmed criminal

⁵ According to (HealthDirect, 2022), Tramadol is an opioid medicine used for the short-term relief of moderate to severe pain. It is not usually recommended for the treatment of long-term pain. Tramadol has a risk for abuse and addiction, which can lead to overdose and death.

⁶ According to (Mthembi, 2018), Nyaope is a street drug commonly found in Southern Africa. It is a mixture of low-grade heroin, cannabis products, antiretroviral drugs and other materials added as cutting agents. It is one of the cheapest, most widespread and dangerous addictive substances.

⁷ According to (Alchimiaweb, 2023), Karkoubi is often called the "drug of the poor", it is a mixture of antidepressant, anxiolytic, and antiepileptic drugs, alcohol and/or glue.

⁸ According to (Cole, 2024) Kush in Sierra Leone is a mixture of cannabis, fentanyl, tramadol, formaldehyde and – according to some – ground down human bones. It causes people to fall asleep while walking, to fall over, to bang their heads against hard surfaces and to walk into moving traffic. It is estimated to kill around a dozen people each week and hospitalize thousands.

justice systems by diverting the focus from high-level targets towards low-level users. According to Annan (2024), the UN Secretary General estimated the yearly value of cocaine transiting through West Africa to be approximately US\$ 1.25 billion, which is significantly more than the annual national budgets of several countries in the region. Parties to the 1961 Convention undertook to limit the production, manufacture, export, import, distribution, trade, use and possession of these substances, except for medical and scientific uses, for which governments would estimate the quantities to be set aside. The Council (1961), consolidated all previous relevant treaties and established a mechanism for coordinated international control of narcotic drugs."

President Richard Nixon's 1971 declaration of the "war on drugs" was the result of a prohibitionist approach towards drug/substance abuse. Numerous assessments have concluded that this "war" has failed, with disastrous effects on people's lives. To be more precise, the main strategies of the so-called "war on drugs" were aimed at imposing harsh punishments for drug users and dealers as well as using armed or unarmed state security agents to destroy drug crops in countries that produce them and seize drugs that are being trafficked which have not stopped the drugs from becoming available or reduced their use anywhere. According to AfricanUnion (2013), African Union member states are urged to make sure that drug control policies take public health and human rights into account. Africa has become a major consumer and supplier of drugs, as well as a major transit route in the global drug trade. Trafficking has been redirected to Africa as the path of least resistance. According to Ndlovu (2020), in discussions with youth in Uganda, there was a strong call for the government to adopt harm reduction strategies, such as safe consumption spaces and education programs, instead of solely focusing on law enforcement.

2.6 Regulations of Drug Use in Zimbabwe

According to Box (2023), “Zimbabwean laws criminalize people who use and inject drugs. The Dangerous Drugs Act and the Criminal Code makes it a criminal offence to use substances even in small quantities for personal use. In 2020, the government and civil society collaborated to establish the National Drug Master Plan, which aimed to provide harm reduction services to individuals who use drugs/substances.” However, the master plan has not had visible implementations to date. According to Verita (2013), the provision of health care for everybody is mentioned in the Zimbabwean constitution.

According to Manyinyire (2023), “We have captured a number of drug lords who were actually transporting drugs using passenger vehicles. The government raised its concern over the increasing involvement of schoolchildren in drug and substance abuse and implored school heads to treat drug offences as criminal offences, not as disciplinary offences.” In 2021, President Emmerson Mnangagwa set up an inter-ministerial committee which came up with the Zimbabwe National Drug Master Plan (2021) aimed at the treatment and rehabilitation guidelines of Alcohol and Substance use in Zimbabwe. Progress and achievements made under the plan have not been made public.

According to a study by Mataruse (2020), drug-related arrests in urban areas, particularly Harare, had surged by 35% between 2015 and 2019. Most of those arrested were young males aged between 18 - 25, primarily for possession of small amounts of marijuana or cough syrups like broncleer. While the government’s efforts such as “Operation no to Drugs” were aimed at curbing the drug problem, they focused on punishing users rather than addressing the root causes of drug use. This resulted in overcrowded prisons, where low-level users were held alongside more hardened criminals.

2.6.1 Indigenous Drug Use in Zimbabwean Pre-colonial History

According to Duvall (2017), Cannabis and tobacco have longstanding roles in African societies. Cannabis was introduced to eastern Africa from southern Asia, and dispersed widely within Africa mostly after 1500. In sub-Saharan Africa, cannabis was taken into ethnobotanics that included pipe smoking, a practice invented in Africa. Both plants have been significant subsistence crops for centuries. In the 1600s, trading in tobacco spread over the continent and by the same century, cannabis had become less profitable but was nevertheless trafficked worldwide. During colonial administrations, both plants were turned as cash crops. Tobacco also served as a lifeline for slave trade and mercantilist economies. It also grew in importance during the colonial and postcolonial periods.

The Brussels Convention (1890), aimed to stop the West African spirits trafficking which emerged in the late nineteenth century. Medicinal goods were subject to a growing contemporary pharmaceutical regime and competed with traditional items in the late nineteenth century, when they became part of a market revolution. Drug control was implemented in tandem with the greater goal of colonial dominance. According to Nyazema (1981), although an essential drugs list for Zimbabwe was launched as far back as 1981, it was not until 1987 that a comprehensive national drug policy was introduced. The policy aimed to ensure that only the selected essential drugs would be imported by the public sector and that such purchases would be made by government medical stores. By 1920, cannabis had become illegal throughout most of the continent. There is strong evidence that psychoactive cannabis crossed the Atlantic with Africans. Cannabis travelled as an element of exploitative Labour relationships that carried people around the world, including chattel slavery, indentured service and wage slavery.⁹ Methaqualone, or Mandrax, was a popular narcotic among the cannabis

⁹ According to (Dasgupta, 2017) Methaqualone is a sedative hypnotic drug with pharmacological effects similar to barbiturates. Methaqualone was clinically introduced in the US market in 1954 but due to high abuse potential it was discontinued in 1984.

smugglers who supplied the gold mining camps and surrounding settlements in the late 1960s and early 1970s. These smugglers also started to diversify into pharmaceuticals.

According to Wikipedia (2015), Chibuku was first brewed in Zimbabwe in 1962 by Delta Beverages Breweries. It is the traditional opaque beer brewed with the selected variety of sorghum locally grown in Zambia. Alcohol is a fundamental aspect of Zimbabwean culture, said to bring people together and connects them to their ancestors and close relatives who have passed on. According to National Alcohol Policy (2009), alcohol dependence is a cluster of physiological, behavioral, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviors that once had greater value. It is not interchangeable with "misuse"; not all those who misuse alcohol are or become dependent. The types of alcoholic beverages consumed differ, ranging from licensed commercially produced beverages of known quality, illicitly produced beverages to possibly toxic and adulterated drinks.

2.6.2 The Dynamics of Drug use in Post-colonial Zimbabwe

18 April 1980 marked the Independence Day for Zimbabwe. According to Harm Reduction Journal (2021), Some colonial concepts, nevertheless, had been "made local" and avoided examination. Accepting the colonists' conviction that drugs are "evil" is one of the inherited narratives. The war on drugs has justified laws and practices that were previously justified by colonization, diverting resources from the police of colonization and oppression to the police of drugs. A new phase of colonization began in Zimbabwe when foreign agencies like the US Drug Enforcement Agency and the countries of China and Russia committed substantial resources to drug control. People living in transit and producing regions have been affected by the counter narcotics programmes and violence that erupted during the 20th and early 21st centuries. There is a racial hierarchy in consumer countries about who is most affected by the global drug criminalization.

Drug policy has always been a tool of oppression and repression that is closely linked to xenophobia and racism. The (ZimbabweLegalInformationInstitute, 2016) documented that, Zimbabwe adopted The Dangerous Drugs Act and the Criminal Code which makes it a criminal offence to use drugs/substances even in small quantities for personal use. According to the World Health Organisation, there is no provision for treatment programmes such as for opioid substitution therapy and needle and syringe programmes to treat drug/substance users in Zimbabwe.

According to Government of Zimbabwe (2010), Zimbabwe adopted the Zimbabwe National Alcohol Policy in 2010 aimed at regulating and reducing the harmful use of alcohol in the country. According to Wilson Box (2014), “The 2013-14 national budget, gave a mere US\$500 000.00 dollars for the treatment of mental health without giving specific interventions for drug users and other key populations. Specific and government-initiated programmes for treatment, rehabilitation and general support to people who use drugs are next to nil. Drug users are simply viewed as criminals, social misfits and people who have failed in life.” It is difficult for nations to formulate new policies without taking elements from previous documents which makes for strong ties to new policies and older ones especially to a topic as sensitive as drugs and substance abuse, many nations just seem to develop their policies based on the blueprint provided by previous policies and conventions. Using methods that were effective in the older days may not be as effective in dealing with modern day problems.

2.6.3 Current Trends in Drug and Substances Abuse in Zimbabwe

According to a report by Staff Report (2024), during a post-Cabinet media briefing in Harare, Dr Jenfan Muswere detailed the outcomes of recent police operations targeting illegal alcohol sales. “Joint operations involving the Liquor Licensing Board and the Zimbabwe Republic Police (ZRP) led to the inspection of 724 liquor premises, with 124 outlet owners arrested for violating license conditions,” Muswere stated. In response to these findings, the Cabinet

approved a substantial increase in fines for violators. The penalty for flouting liquor licensing laws has been raised from US\$30 to US\$400 or the equivalent. Additionally, offenders could face imprisonment for up to two years.

The diversified drug market is currently growing due to "new drug combinations," which are primarily mixes of controlled substances. These combinations can include pretty much anything including substances intended for industrial use. Data on drug/substance use in Zimbabwe is scarce, resulting in neglected health needs for users. Mental health admissions related to drug/substance use are increasing. Availability of services for people who use drugs is limited, with no harm reduction interventions available. According to Mainline (2022), drug possession and trafficking are illegal under Zimbabwe's zero-tolerance national drug-use policies and regulations. The poor implementation of the preventive, harm reduction, and treatment components of the Zimbabwe National Drug Master Plan may be attributable to a lack of funds. Although the precise number of drug/substance users in Zimbabwe is unknown, estimates point to a sizable population, especially among the youth.

Addiction among the youth is rising as a result of multiple factors. Because there is a dearth of information on drug/substance usage in Zimbabwe, drug users' health needs are often disregarded. According to UNAIDS (2021), the knowledge of drug users regarding infectious diseases like TB, HIV, and hepatitis is low. There is a lack of information regarding drug use among Zimbabwe's jail population. Drug/substance users frequently remain behind bars without access to medical care or drug treatment. Despite high rates of TB infection (0.4%) and HIV prevalence (28%) among prisoners, especially female inmates (39% HIV prevalence), condoms are not offered in prisons.

On April 23 2024, Zimbabwe adopted a new policy called the Zimbabwe Multisectoral Drug and Substance Abuse Plan. According to Mahomva (2024), the Multisectoral Drug and

Substance Abuse Plan is a comprehensive strategic plan that addresses drug/substance abuse effectively. The Masterplan and Multisectoral plan both have similar mandates and dimensions along with identical courses of action towards combating drug/substance abuse, considering issues like harm reduction, treatment and rehabilitation and reintegration of the victims. According to ZACRO (2024), an average of 20 prisoners were dying daily in 2009 due to malnutrition. A report by the US Embassy (2012), noted that prisoners were being denied access to ARVs and not being tested for HIV/AIDS. Lack of provision for adequate help for victims usually leads to illnesses and diseases such as HIV/AIDS, Tuberculosis and Hepatitis. According to Ndlovu (2020), A survey of young drug users in Zimbabwe found that a significant majority preferred community-based rehabilitation programs instead of incarceration. They emphasized that addressing the underlying socio-economic factors contributing to drug use should be a priority.

2.7 Chapter Summary

In conclusion, drug/substance abuse is a very serious public health issue that is affecting the youth. Criminalizing the victims does nothing to deal with the problem. It would be best if users are provided with adequate healthcare and rehabilitation services based on their addictions without criminalizing them. This work seeks not to criticize policing efforts towards drug/substance use, rather to provide alternative solutions to help improve the situation. There is need for laws that decriminalize drug/substance use especially for low level, non-violent and tolerant users.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter begins with the research design selected which deployed qualitative research. It moved on to population and sampling which involved respondent's eligibility to participate in the study through the inclusion and exclusion criterias. Sample size and techniques were also outlined in this section. It went on to data collection instruments which involved in depth interviews, observations and secondary data. This section is followed by data collection procedures which shows the steps taken to gather data. After that comes data analysis and organisation showing the procedures that were followed to produce the empirical findings. The preceding section was ethical considerations, showing principles that researcher had to adhere to in order to conduct the study responsibly and with respect for the rights and welfare of participants. The last section was the chapter summary which concluded the chapter.

3.2 Research Design.

This research study utilized a qualitative and descriptive research design. A qualitative approach seeks to provide an in depth understanding of the situation from the perspective of the drug/substance users. The qualitative approach was suitable for capturing individual's views, experiences, opinions, ideas and perceptions. Through the use of in-depth interviews, observations and secondary data, the researcher was able to compile an analysis of the situations surrounding the problem of drug/substance abuse among the youth in Mutasa district.

3.3 Population and Sampling

In this study, the population included all young individuals in that district. However, studying an entire population is impractical due to time, cost, or logistical constraints. This is where sampling comes into play. Sampling involves selecting a subset of individuals from the larger population to represent it, allowing the researcher to draw conclusions about the whole group without needing to study every member. Purposive sampling ensured that the selected

individuals had specific knowledge, experience and relevant characteristics to the research problem. Attention to population and sampling was crucial for ensuring that research outcomes were valid and applicable to the subject being studied.

3.3.1 Population and Eligibility Criteria

Population

The targeted study population consisted of youth aged 18 to 35 years residing in Penhalonga who are drug and substance users. This included both male and female individuals from diverse socioeconomic, educational, and occupational backgrounds. The population encompassed youths enrolled in rehabilitation centers, schools and higher learning institutions, as well as those who are out of school, employed, or unemployed. The study focused on the youth involved in drug/substance abuse taking their perspectives on criminalization into consideration.

Inclusion and Exclusion criteria.

Inclusion and exclusion criteria determine which members of the target population can or can't participate in a research study. This allowed the researcher to study the needs of a relatively homogeneous group with precision. Examples of common inclusion and exclusion criteria are Demographic characteristics, specific variables and Controlled variables. Inclusion criteria comprise the characteristics or attributes that prospective research participants must have in order to be included in the study. Exclusion criteria comprise characteristics used to identify potential research participants who should not be included in a study. To be eligible for this study, participants had to be:

- I. Residence of Penhalonga
- II. Between the ages of 18 and 35

Exclusion Criteria

I. Below the age of 18 and above 35

3.3.2 Sampling Size and Sampling Procedure.

The sample size for research was 20 individuals encompassing of youths enrolled in schools and higher learning institutions, as well as those who are out of school, employed, or unemployed. The research utilized a purposive sampling technique. This technique was preferred due to its ability in producing focused data, efficiency in time and resources, flexibility, Access to expertise, enhanced depth of understanding, useful in hard-to-reach population, supports case study and cost effectiveness. The researcher also allowed the inclusion of homeless people who live within the study area paying respectable ethical consideration for their privacy to be thoroughly kept confidential.

3.4 Data Collection Instruments

The study adopted three methods of data collection in order to improve the trustworthiness of the findings. A triangulation of in-depth interviews, Observations and secondary data were preferably used as explained in the succeeding paragraphs below.

3.4.1 In-depth Interviews

The primary advantage of the In-depth interviews approach is that they provide much more detailed information than what is available through other data collection methods, such as surveys. They provide a more relaxed atmosphere in which to collect information, people may feel more comfortable having a conversation with the researcher about their issues in person opposed to a survey or a group setting where others may not feel comfortable to share their feelings and experiences openly. This research conducted face-to-face in-depth interviews with the participants (20), with medical personnel key informants (4) and law enforcement key informants (2) as well. The researcher paid close attention to participants' behaviours during

interviews and also took note of gestures and signals they exhibited to get a better understanding of what they were trying to explain non verbally.

3.4.2 Observations

Observations are a key method in collecting qualitative data, especially when the researcher aims to gain a deeper understanding of human behavior, interactions, and social phenomena in their natural settings. It involves systematically watching, listening, and recording behaviors and events as they occur, without manipulating or altering the environment. It allows researchers to gather data in contexts where behaviors naturally occur. The researcher also took ethical issues into consideration such as privacy, consent, and the potential for harm. Unlike interviews or surveys, where responses may be filtered or influenced by social desirability, observations captured real-time, authentic actions and interactions.

3.4.3 Secondary Data

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

3.5 Data collection procedures

The section on data collection procedure deals with the processes that were involved in the carrying out of this research. This entails all activities from the time the researcher identified research respondents, made contact, negotiated entry, sought consent, conducted interviews up to the point when they documented their findings. The researcher sought clearance from the university and authorities from research area to carry out the study. Once permission was granted, the researcher proceeded to gather participants within the targeted study population

bracket. These participants helped provide the researcher with helpful information towards the research study. The researcher visited the research site a number of times for interviews and observations. At each interview session the researcher sought the respondents' consent through going over the consent forms and having respondents individually agree to participate.

3.6 Analysis and Organization.

The research presented data in themes and also discussed the findings using the inductive thematic analysis approach. According to Dovetail Editorial Team (2023), inductive thematic analysis is a qualitative research approach that allows themes to emerge naturally from the data rather than relying on pre-existing theories or frameworks. The thematic approach helps capture the full richness of the data, reflecting participants' voices and experiences. It is especially useful when the research topic is new or under-explored, making it a valuable tool for generating hypotheses or guiding future research.

3.7 Ethical Considerations

This research thrived to strictly adhere to research ethics such as no harm in any way, shape or form was to be done to the participants, confidentiality and freedom. Participants were fully informed both verbally and in writing the nature of the study, its aims and objectives, and their anticipated part in this study. Voluntary and informed written consent were obtained and the participants had to sign consent forms. The participants' right to anonymity and confidentiality were respected. All documented information was stored safely and was not to be shared with anyone else. At the conclusion of the research, all documented reports will be safely discarded to promote privacy and confidentiality. Participant were also notified that they were not held under any obligation to participate.

3.7.1 Permission to Conduct Study

The researcher sought approval to conduct research from Africa University Research Ethics Committee (see appendix 2), the Ministry of Health and Child care (see appendix 3) and ZRP Penhalonga (see appendix 4) as the authoritative institutions involved in the study. These approvals ensured that the study adhered to ethical standards. They are critical to maintaining the integrity of the research and protecting the interests of both the participants and the broader community by ensuring that the study meets legal and ethical standards, safeguarding both the participants and the researchers.

3.7.2 Informed Consent

Informed consent is designed to protect the autonomy and rights of participants by giving them all the information they need to make an informed decision about their involvement. The language that was used was clear, and the researcher ensured that participants fully understood what they are consenting to. According to Research Support (2018), informed consent is not just a formality, it's an ongoing, interactive process where participants are treated as active partners in the research. It also requires that consent is given voluntarily, without any coercion or undue influence, and that participants have the opportunity to ask questions before, during or after the study is completed.

3.7.3 Confidentiality and Anonymity

In this research, confidentiality was observed by protecting the privacy of participants ensuring that the information they provide is not shared with unauthorized individuals. Even when data is published, confidentiality will be maintained ensuring that participants' privacy is respected and their information is not exposed. According to Kang (2023), Anonymity means that participants' identities are completely unknown, even to the researchers. In anonymous

research, no personally identifying information is collected or linked to the data, ensuring that no one can trace the responses or outcomes back to an individual participant. With some participants, anonymity was observed providing a higher level of privacy.

3.7.4 Protection from Harm

The Researcher provided clear information about any risks to the participants during the informed consent process. The researcher made emphasis on the aspect that no harm will be done towards the participants in any way, shape or form either, physically, emotionally socially or psychologically as a result of their participation. The researcher maintained confidentiality, avoided coercion, and ensured that participants were given special consideration. According to Knight (2022), the principle of "do no harm" underpins all ethical research, prioritizing the safety and dignity of participants throughout the study.

3.8 Chapter Summary

This chapter, as indicated in the introduction highlighted the research design, sample size and techniques and data collection procedures that were utilized for this study. It also discussed the various data collection and analysis methods used as well as ethical consideration that were applied. The research used interviews, secondary data and observational methods as the primary tools for data collection. Data analysis was conducted using inductive thematic analysis to identify patterns and themes that emerge organically from the data. Ethical considerations, such as informed consent and the confidentiality of participants, were emphasized throughout the research process. This methodology aimed to provide a nuanced understanding of the criminalization of drugs/substances among the youth in Penhalonga.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter highlights the demographic characteristics of the respondents. The researcher conducted 3 different in-depth interviews. One was designed for key informants in law enforcement (2 police officers), the other one for key informants in healthcare facilities (4 medical personnel) and the last one was an interview with the individuals who use drugs/substances (20 users). This chapter also makes a presentation and analysis of the data collected during research. The perspectives of the drug/substance abuse situation were also captured from a law enforcement and a medical healthcare stand point. Common themes and conclusive judgements were identified, while variances were also noted. This chapter focuses on the presentation, interpretation and discussion of findings on the study of drug/substance abuse among the youth in Penhalonga.

4.2 Demographic Characteristics of the Study Participants

The table presented below shows the demographic characteristics of the study participants.

PARTICIPANT	SEX	AGE	LEVEL OF EDUCATION	MARITAL STATUS	LIVING SETUP	DURATION	DATE
#1	MALE	20	DROPPED IN FORM 2	SINGLE	SINGLE PARENT	28 MIN	25/09/2024
#2	MALE	22	DROPPED IN GRADE 4	SINGLE	BOTH PARENTS	30 MIN	25/09/2024
#3	MALE	19	DROPPED IN GRADE 3	SINGLE	BOTH PARENTS	29 MIN	27/09/2024
#4	MALE	24	DROPPED IN FORM 1	SINGLE	BOTH PARENTS	32 MIN	27/09/2024
#5	MALE	30	DROPPED IN FORM 3	SINGLE WITH A CHILD	RELATIVES	25 MIN	27/09/2024

#6	MALE	18	DROPPED IN GRADE 6	SINGLE	SINGLE PARENT	28 MIN	30/09/2024
#7	MALE	27	NEVER ATTENDED	SINGLE WITH A CHILD	RELATIVES	26 MIN	01/10/2024
#8	MALE	25	DROPPED IN GRADE 3	SINGLE	SINGLE PARENT	30 MIN	01/10/2024
#9	FEMALE	22	DROPPED IN GRADE 5	SINGLE	BOTH PARENTS	27 MIN	05/10/2024
#10	FEMALE	21	DROPPED IN GRADE 4	SINGLE	BOTH PARENTS	28 MIN	05/10/2024
#11	MALE	25	NEVER ATTENDED	SINGLE	RELATIVES	26 MIN	05/10/2024
#12	MALE	23	DROPPED IN FROM 2	SINGLE	SINGLE PARENT	30 MIN	09/10/2024
#13	FEMALE	30	DROPPED IN FORM 4	SINGLE WITH 2 CHILDREN	ALONE	28 MIN	09/10/2024
#14	MALE	22	NEVER ATTENDED	SINGLE	BOTH PARENTS	26 MIN	10/10/2024
#15	FEMALE	24	DROPPED IN GRADE 5	SINGLE	BOTH PARENTS	29 MIN	10/10/2024
#16	MALE	26	DROPPED IN GRADE 3	SINGLE	SINGLE PARENT	26 MIN	11/10/2024
#17	MALE	20	DROPPED IN GRADE 6	SINGLE	BOTH PARENTS	28 MIN	13/10/2024
#18	MALE	23	DROPPED IN GRADE 4	SINGLE	SINGLE PARENT	27 MIN	13/10/2024
#19	MALE	27	DROPPED IN GRADE 4	SINGLE	BOTH PARENTS	30 MIN	15/10/2024
#20	MALE	25	DROPPED IN GRADE 6	SINGLE WITH A CHILD	RELATIVES	32 MIN	19/10/2024

Table 4.2: Demographic characteristics of study participants.

Source: Author (2024)

4.3 Frequency of Drug and Substance Abuse.

The prevalence and frequency of drug/substance abuse among the youth in Penhalonga have become increasingly alarming, reflecting broader national and global trends. Majority of the participants began experimenting with drugs/substances in their early teens, with frequency of use often escalating as they grew older and also seek to cope with stressors or fit in socially. Below is a figure showing respondents feelings towards their usage of drugs/substances.

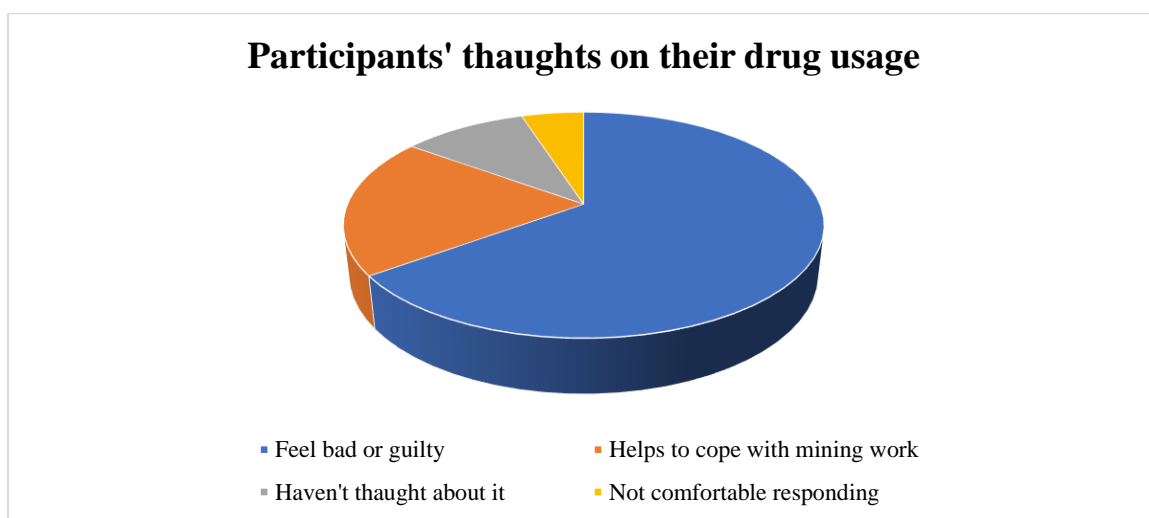


Figure 4.3: Participants' thoughts on their drug and substance use

Source: Author (2024)

The representation above shows that the majority of the participants feel guilty for their drug/substance use and if properly assisted, chances are high that they can consider abandoning their drug/substance habits in order to make peace with families and friends. It is important to consider effective methods and interventions that do not present discrimination and marginalization of the users to effectively persuade such individuals to divert from using drugs/substances.

4.3.1 Types, Patterns and Reasons of Drugs and Substances Use

The types, patterns and reasons of drugs/substances used by the youth in Penhalonga vary. The table presented below shows the results of these findings from the participants.

PARTICIPANTS	DRUG/SUBSTANCE USED	FREQUENCY OF USE	REASONS FOR USE
#1	ALCOHOL, MARIJUANA, GLUE, FUEL, PILLS, VAPE	DEPENDING ON AVIALABILITY	IT HELPS TO FORGET MY PROBLEMS
#2	ALCOHOL, MARIJUANA, TOBACCO, GUKA	MULTIPLE TIMES A DAY	PEER INFLUENCE
#3	ALCOHOL, MARIJUANA, CODINE, PILLS	TWICE A DAY	IT HELPS TO FORGET MY PROMLEMS
#4	ALCOHOL, MARIJUANA, TOBACCO, GLUE, FUEL	MULTIPLE TIMES A DAY	IT MAKES MINING EASIER
#5	ALCOHOL, MARIJUANA, TOBACCO, PILLS, GUKA	ONCE A DAY	IT HELPS TO FORGET MY PROBLEMS
#6	ALCOHOL, MARIJUANA, TOBACCO, GLUE	TWICE A WEEK	IT HELPS TO FORGET MY PROBLEMS
#7	ALCOHOL, MARIJUANA, CODINE, FUEL	ONCE A DAY	IT MAKES MINING EASIER
#8	ALCOHOL, MARIJUANA, GLUE, CRYSTAL METH	TWICE A WEEK	IT HELPS TO FORGET MY PROBLEMS
#9	ALCOHOL, TOBACCO	EVERY WEEKEND	LOOKS COOL
#10	ALCOHOL, MARIJUANA, GLUE, CODINE, GUKA	TWICE A DAY	PEER INFLUENCE
#11	ALCOHOL, MARIJUANA, PILLS	DEPENDING ON AVIALABILITY	IT MAKES MINING EASIER
#12	ALCOHOL, MARIJUANA, TOBACCO, CODINE, VAPE	ON WEEKENDS	IT HELPS TO FORGET MY PROBLEMS
#13	ALCOHOL, MARIJUANA, CRYSTAL METH, PILLS	EVERYDAY	IT HELPS TO FORGET MY PROBLEMS
#14	ALCOHOL, MARIJUANA, GLUE	MULTIPLE TIMES A WEEK	FOR RECREATIONAL PURPOSES
#15	ALCOHOL, TOBACCO, FUEL, PILLS, GUKA	ONCE A DAY	PEER INFLUENCE

#16	ALCOHOL, MARIJUANA, CODINE, CRYSTAL METH	TWICE A DAY	IT MAKES MINING EASIER
#17	ALCOHOL, TOBACCO	ONCE A WEEK	IT MAKES MINING EASIER
#18	ALCOHOL, TOBACCO, GLUE, GUKA, VAPE	DEPENDING ON AVIALABILITY	FOR RECREATIONAL PURPOSES
#19	ALCOHOL, MARIJUANA, TOBACCO,	ONCE EVERYDAY	IT HELPS TO FORGET MY PROBLEMS
#20	ALCOHOL, MARIJUANA, CRYSTAL METH	ONCE A WEEK	IT HELPS TO FORGET MY PROBLEMS

Table 4.3.1: Types patterns and reasons for drug/substance use by participants

Source: Author (2024)

This variety of drugs/substances highlights the seriousness of the problem therefore indicating the desperate need for comprehensive interventions prevention and protection strategies that target the diverse range of drugs/substances. An interview with one medical personnel key informant reviewed that:

“The most common drugs that youthful individuals seek help from are marijuana, alcohol and glue. In rare cases we get issues like crystal meth since it is a drug commonly associated with suburban areas. The situation is so intense for those that come to seek help to an extent that others become hysterical to avoid being questioned about their drug and substance habits.”

(Interview conducted September 2024).

Majority of the participants began experimenting with drugs/substances during their early teenage years (between the ages of 13 and 15). Initial experiments started with alcohol consumption and marijuana usage for the majority which according to researcher’s observations are readily available and seem socially acceptable within the community. Observations revealed common drugs or substances being abused to be alcohol, cannabis,

tobacco and glue. The Social spaces where youth gather and engage in drug and substance abuse include streets, schools, clubs and homes

4.4 Factors Influencing Drug and Substance Abuse

Several factors influence drug/substance abuse among the youth in Penhalonga, creating a complex web of challenges that contribute to the prevalence of drug/substance use, abuse and addiction. These include social influences, familial factors, economic conditions, mental health cultural perceptions and societal norms surrounding drug/substance use. An interview with one participant indicated that:

“I started using because everyone around me was doing it. It felt easier to say yes than to feel like an outsider.”

(Interview conducted October 2024).

Another participant indicated that:

“Life gets overwhelming, and drugs became my escape when reality was too much to handle.”

(Interview conducted October 2024).

Another participant stated that:

“I just wanted to taste what it felt like, then all of a sudden, I found myself chasing that feeling over and over again.”

(Interview conducted October 2024).

Another participant said:

“I battled depression for years, and drugs seemed like the only thing that numbed the pain when nothing else worked.”

(Interview conducted October 2024).

Different factors were identified from these responses such as peer pressure, stress, curiosity and mental health struggles. Understanding these factors is essential when it comes to developing effective interventions, policies and strategies that go beyond criminalization and address the root causes of drug/substance abuse.

4.4.1 Social and Environmental Factors Influencing Drug and Substance Abuse

Peer relationships are crucial, as young individuals often seek acceptance and belonging, leading them to experiment with drugs/substances to fit in or impress their friends. Additionally, the presence of drug/substance-using peers normalizes drug/substance abuse, making it seem more socially acceptable. Family dynamics also play a critical role; youth from homes with poor communication, lack of supervision, or histories of substance abuse may be more susceptible to engaging in drug use. Environmental factors, such as socio-economic conditions and community resources, further impact youth choices. Furthermore, the availability of drugs in the community creates a context in which experimentation is more likely. An interview with one participant reflected that:

“I used to be a brilliant student in school. My father passed on, forcing me and my 2 younger siblings to drop out of school. I had to find a job to support the family since my mom is disabled. I started working in the mines with my friends. when get something, we have to sell it and share the money equally amongst all of us, which will leave me with just enough to buy the most basic things in the house. This is quite tiresome, demanding and stressful hence I resort to using drugs/substances so that I don't think a lot about my situation. The moment I take drugs I forget about these problems.”

(Interview conducted September 2024).

This was quite a worrisome situation to think about and reflect on the type of challenges and struggles that some of the youthful drug/substance users have to deal with. These social and environmental influences indicate the need for urgent responses towards strategic approaches that address drug and substance abuse.

4.4.2 Psychological Factors Influencing Drug and Substance Abuse

The desire for instant gratification and the thrill-seeking behavior is quite common among youthful individuals which drives the urge to experiment with drugs and substances, as participants perceived drug /substance use as a way to enhance social experiences or cope with life's challenges. Additionally, low self-esteem and feelings of inadequacy also push young people towards drug/substance use as a means to cope with negative emotions. An interview with one respondent who was referring to their marijuana use indicated that:

"I always feel sad, angry and depressed when I am not intoxicated. I don't know how else I can explain it, but something just happens inside me that makes me feel that way. I constantly use (marijuana) to avoid dealing with the sad and angry side of me. Once the feeling of intoxication wears off, I take some more to revive the sensation of intoxication."

(Interview conducted September 2024).

This interplay between psychological struggles and drug/substance abuse shows the importance of addressing mental health as a critical intervention strategy. By providing support for mental well-being and fostering resilience, communities like Penhalonga can better equip the youth to efficiently navigate around challenges without resorting to drugs, ultimately reducing the incidence of substance abuse in the area.

4.5 Impact of Drug and Substance Abuse on the Youth

Drug/substance abuse has profound and far-reaching impacts on the youth, affecting their physical, mental, and social well-being. Physically, prolonged substance abuse can lead to serious health issues such as addiction, organ damage, weakened immune systems, and even premature death. Mentally, it increases conditions like anxiety, depression, and other psychological disorders, often trapping young people in cycles of dependency and emotional instability. Socially, drug abuse alienates youth from their families and communities, leading to broken relationships, stigmatization, and reduced opportunities for education and employment. This in turn perpetuates poverty, crime, and social unrest, creating a ripple effect that affects not only the individuals involved but also the community at large. An interview with a medical personnel key informant identified that:

“Physically, drug/substance users are often not well kept/presented (usually dirty looking in appearance), mentally there is usually lack of environmental orientation, emotionally they are not violent due to their intoxicated state that they come for, the ones who are emotionally affected usually are the caregivers who take care of the patients.”

(Interview conducted October 2024).

Another interview with another medical personnel key informant stated that:

“The clients we receive seeking help from drug/substance abuse usually act like they are having mental problems, they are not coordinated and you can tell that something is wrong with their behavior, sometimes it can be random screams and sometimes they laugh uncontrollably. It is quite disturbing to see if you are not used to it but we always have to be professional and stabilize them because they are capable of harming themselves in that state.”

(Interview conducted September 2024).

This is quite disturbing to hear that some of the youths are so invested into drugs/substances that they lose their sense of orientation and self-care. The negative impact of substance abuse

on youth shows the desperate need for policies and strategies that go beyond criminal responses, focusing instead on prevention and rehabilitation.

4.5.1 Health Consequences of Drug and Substance Abuse

Physically, drug/substance abuse can lead to life-threatening conditions such as liver and kidney damage, respiratory issues, heart problems, and a weakened immune system, making young people more susceptible to infections and chronic diseases. Long-term drug/substance use can result in malnutrition and physical deterioration due to neglect of personal health and hygiene. Mentally, drug/substance abuse is often associated with increased rates of depression, anxiety, psychosis, and suicidal tendencies.

An interview with another medical personnel key informant reviewed that:

“Drug and substance abuse can lead to severe health consequences like damage the heart, liver, kidneys, and brain, leading to conditions such as heart disease, liver failure, kidney damage, and cognitive impairments. Mental health disorders are common among users, as drugs often disrupt the brain’s natural chemistry.”

(Interview conducted October 2024).

From this we can see that there are quite a lot of negative health impacts attributed by the usage of drugs/substances. These health impacts not only lower the quality of life for affected individuals but also strain families and relatives of the affected in the community.

4.5.2 Criminalization Consequences of Drug and Substance Abuse

Young individuals who face arrest and prosecution for drug-related offenses often endure severe legal repercussions which can follow them for life. This criminal history not only stigmatizes them but also severely limits their employment opportunities. As a result, these young people may struggle to secure stable jobs and financial independence, perpetuating cycles of poverty and dependency and drug/substance use.

An interview with a law enforcement key informant suggested that:

“Those caught in possession, distribution, or trafficking of illegal drugs can face arrests, imprisonment and a permanent criminal record. Drug-related offenses are often countered with harsh penalties, and repeat offenders face longer sentences under “three strikes” or similar laws. Drug-related incidences contribute to higher rates of violent crimes and organized criminal activity. Our efforts to combat drug abuse also strain resources.”

(Interview conducted October 2024).

From this statement we can see that law enforcement still practices a zero-tolerance policy towards drugs/substances abuse. According to Wilson (1995), the "Three Strikes" law is a sentencing policy that imposes harsher penalties on repeat offenders. Under this law, individuals who have been convicted of two prior felony offenses face significantly increased prison sentences if they are convicted of a third felony (third strike). Critics argue that it can lead to excessively long sentences for relatively minor third offenses, overcrowd prisons, and disproportionately affect marginalized communities.

From the information gathered not many participants had been previously arrested for their drug/substance use. From those that had been arrested before, they were further asked to shed more light on the way they were treated. This is what they had to say in response:

“One of the most negative treatment methods I experienced was the harsh interrogation tactics employed by the police. Instead of treating me with understanding or compassion, they resorted to aggressive questioning and intimidation. I felt pressured to provide information about my drug use and my associates, which only heightened my anxiety and fear.”

(Interview conducted October 2024).

Another respondent stated that:

“I faced stigmatization and humiliation by law enforcement. They made humiliating comments about my drug use, treating me as less than human. This experience shattered my self-esteem and also created a sense of shame that lasted even long after my arrest.”

(Interview conducted September 2024)

The other respondent also said:

“While in police custody, I experienced a lack of access to necessary medical care for my withdrawal symptoms. I had been using opioids at that time, and when I was arrested, the officers dismissed my requests for medical attention, claiming it was not a priority.”

(Interview conducted September 2024).

The last respondent indicated that:

“The treatment that I received was the criminalization of my addiction rather than providing support and help. Instead of being seen as a person struggling with a disease, I was treated as a criminal deserving of punishment.”

(Interview conducted October 2024).

These experiences reflect some of the challenges faced by individuals arrested for drug/substance use, particularly in terms of the treatment methods that they received. These methods, including harsh interrogation tactics, stigmatization, lack of access to medical care, and an overarching focus on criminalization, illustrating the need for more balanced approaches moving forward.

4.5.3 Academic and Social Implications of Drug and Substance abuse

Academically, drug/substance abuse often leads to poor concentration, decreased motivation, and lower academic performance, resulting in high dropout rates and limited educational attainment. This educational disruption reduces future opportunities for gainful employment, perpetuating cycles of poverty and dependency.

An interview with one participant indicated that:

“I used to be able to focus on lectures and assignments, but as my drug use increased, I found it harder to stay attentive. Following along with a lesson, became quite difficult. My grades dropped, and I realized how much my drug use was affecting my ability to function in school. So, I decide to drop out in form 3 and look for work in the mines.”

(interview conducted October 2024).

Socially, drug/substance abuse can lead to strained relationships with family and peers, as users may become isolated or engage in behavior that alienates them from their support networks. The stigma associated with drug and substance abuse further increases this isolation, hindering individuals from seeking help or reintegration into their communities.

An interview with another participant indicated that:

“I got so caught up with drugs that I started to take money from my mom’s purse. It started with small amounts but I gradually increased to bigger amounts. My mother started noticing and she confronted me about it. Ever since then, she no longer trusts me and she told me if I ever do it again, she will call the police on me.”

(Interview conducted September 2024).

Academic and social challenges not only impact the youth directly involved but also have broader consequences for the community, contributing to increased crime rates, social unrest,

and a diminished sense of responsibility. Academic and social ties need to be considered quite seriously because they are crucial for fostering healthier, more resilient youth and strengthening community ties.

4.6 Perceptions on Criminalization of Drug and Substance Use

Perceptions of drug/substance abuse among the youth in Penhalonga vary from one individual to another. Many in the community view drug/substance use as a moral failing. There is often a strong stigma associated with drug/substance users, who are seen as criminals or social deviants rather than individuals in need of help. However, others recognize that drug and substance abuse is often driven by other deeper issues, leading to a growing awareness of the need for more compassionate approaches.

4.6.1 Law Enforcement Perceptions on Criminalization of Drug and Substance Use

Law enforcement perceptions of drug/substance abuse primarily view it as a legal problem that requires strict enforcement. Law enforcement sees drug/substance users, particularly the youth, as both victims and perpetrators caught up in illegal activities but also contributing to the rise crime rates. However, some within law enforcement are also beginning to recognize the limitations of these approaches by realizing that criminalizing drug/substance use does little to address its root causes. An interview with a law enforcement key informant indicated that:

“As officers, we're here to uphold the law, but we also recognize that addiction is a disease, not a moral failing. Compassion must be part of our response.”

(Interview conducted October 2024).

Another interview with a law enforcement key informant indicated that:

“We see both sides of the spectrum, criminalization helps curb illegal distribution and protect communities, but we also recognize that addiction is a health issue. True progress lies in finding

a balance between enforcement and support for rehabilitation. The laws that we abide criminalize drug and substance abuse, all we can do is follow orders.”

(Interview conducted October 2024).

It is quite important that law enforcement personnel view the problem from both aspects with appreciation for the health care approach towards drug/substance abuse. Changes towards decriminalizing drug/substance use will need to come from the higher-ranking officers as they are the ones who control how the acting officers should respond to certain issues. It will be an effort of everyone in the department that will foresee this change in approaches towards criminalization of drugs/substances

4.6.2 Medical Professionals' Perceptions on Criminalization of Drug and Substance Use

On the other hand, from all interviews conducted with medical personnel, they all perceived drug/substance abuse among the youth as a public health crisis rather than a criminal issue. They viewed addiction as a medical condition linked to mental health challenges, socio-economic hardships, and environmental stressors. An interview with one medical personnel key informant:

“Drug/substance use is primarily a public health issue rather than a legal problem. We see addiction as a complex condition that often stems from underlying physical, emotional, or psychological factors. From a medical perspective, drug/substance use impacts health in profound ways, leading to chronic diseases, mental health disorders, and sometimes irreversible damage to the body.”

(Interview conducted September 2024).

Another interview with a medical personnel key informant indicated that:

“Criminalization of drug/substance use raises concerns because it punishes individuals struggling with addiction rather than addressing the main causes of their behavior. Criminalizing drug use deters people from seeking necessary medical treatment or rehabilitation out of fear of the legal consequences, escalating health issues and influencing the cycle of addiction. From a healthcare perspective, addiction is a disease that requires treatment, not punishment.”

(Interview conducted September 2024).

From their perspectives, substance abuse is often a symptom of deeper psychological or emotional problems that requires treatment, counseling, and rehabilitation. Medical professionals are concerned that the criminalization of drug use does not address the root causes and may even worsen the situation by stigmatizing users and deterring them from seeking help.

4.6.3 Users’ Perceptions on Criminalization of Drug and Substance Abuse

Most drug/substance users view the criminalization of drug/substance use as punitive rather than rehabilitative. They feel that laws and policies for controlling drug/substance use treat them as criminals rather than individuals struggling with a health issue. This perception discourages them from seeking help in fear of legal consequences, discrimination and stigma. Rather than feeling protected, many see criminalization as a barrier to recovery and a force that deepens social and economic inequalities. An interview with one participant indicated that:

“When you're using, the last thing you want is to be treated like a criminal. I've seen friends go to prison for possession, only to come out worse than before. We need treatment, not jail time. Criminalization only adds to the problem and makes it harder to ask for help.”

(Interview conducted October 2024).

Another participant referring to their use of glue stated that:

“I would like to get help, but the fear ending up in a police record holds me back. If I reach out for help, there's always a chance they can come back after me. The system treats us like criminals, and that makes it dangerous to even try and get clean. It feels like the law is working against us, not for us.”

(Interview conducted October 2024).

Another participant said this in reference to their ethanol-alcohol and cigarettes use:

“The laws against drug target us because we are poor. Instead of getting care or support, we get cuffs and court dates. It's like the system is designed to keep us trapped, punishing us for our struggles instead of offering real solutions. Criminalization isn't helping anyone beat addiction; it's just punishing those already down.”

(Interview conducted October 2024).

Another participant said that:

“I've been arrested multiple times, and each time, it just made things worse. The criminal record makes it impossible to find a job or get back on track, and that just pushes me deeper into addiction. Criminalization doesn't stop the drug use, it just makes our lives harder. We need compassion and treatment, not handcuffs and jail cells.”

(Interview conducted September 2024).

One participant indicated that:

“I feel that criminalizing drug and substance use only increases the stigma surrounding addiction. Instead of receiving support, people like me are treated like criminals, which makes

it difficult to seek help. I often feel isolated, fearing judgment from society and even my friends and family.”

(Interview conducted October 2024).

Another responded said:

“I understand that drug use can lead to harmful behaviors, but I believe criminalization is not the answer. It leads to overcrowded prisons and doesn’t address the causes of drug and substance use in our community.”

(Interview conducted October 2024).

From these responses, we see that there are multiple perspectives towards criminalization of drug/substance use by the users themselves. These include marginalization by the system, fear of seeking help, targeting the vulnerable and reinforcing addiction cycles among others. A holistic approach is necessary, one that goes beyond criminalization. These concepts need to be considered when designing policies that are non-criminal towards combating drug/substance use.

4.7 Long-Term Strategic Suggestions for Curbing Criminalization

To effectively address drug/substance abuse among the youth in Penhalonga, future strategies should prioritize inclusive, multi-dimensional approaches that extend beyond criminal interventions. Firstly, raising awareness about the dangers of drug/substance use and provides the youth with the knowledge and skills they need to be able to resist the temptations. Furthermore, encouraging community engagement through youth-led initiatives can aid in empowering the youth to take ownership of their well-being and promote healthier lifestyles. Profoundly, the expansion of access to rehabilitation services and support groups for those

struggling with addiction is also essential, ensuring that treatment options are readily available and stigma-free.

Collaboration with local stakeholders including health professionals, educators, social workers and law enforcement, can assist in creating a coordinated response to drug/substance abuse by addressing both prevention and intervention strategies. Observations reviewed that there weren't any visible support systems such as NGOs or government programs addressing drug and substance abuse during the period when the research was conducted. Community attitudes towards drug abuse vary with some viewing it as a healthcare issue, while others view it as a criminal justice issue while others do not seem to be concerned about the issue.

4.7.1 Non-Criminal Approaches and their Perceived Outcomes

Non-criminal approaches to addressing drug/substance abuse among the youth in Penhalonga focus on health care centred rather than punitive measures. These approaches include educational programs aimed at raising awareness about the dangers of drug/substance abuse, counseling and mental health services to address underlying issues such as trauma or peer pressure, and rehabilitation centers that offer treatment for addiction. An interview with a medical personnel key informant stated that:

“non-criminal approaches to addressing drug abuse among youth are crucial for pioneering healthier outcomes and promoting recovery. These strategies create supportive environments where young people can seek help without fear of legal repercussions. By focusing on understanding the issues of addiction, we can provide appropriate interventions that resonate with the youth.”

(Interview conducted September 2024).

Community-based interventions, also play a vital role in reducing the attraction to drugs/substances of the youth. The perceived outcomes of these approaches are more positive

and sustainable compared to criminal interventions. Low-level, non-violent drug/substance users are increasingly being viewed as a public health issue rather than a criminal justice issue. Treating these individuals through the criminal justice system often leads to cycles of incarceration and marginalization, without addressing the underlying causes.

An interview with one participant indicated that:

“I was arrested one when I was caught with a bankie (very small amounts), I was booked and now it is very difficult for me to get a geed job because I have a criminal police record. Noone is willing to employ me anymore.”

(Interview conducted October 2024).

A public health approach suitable for dealing with the drug/substance problem is one that focuses on harm reduction, rehabilitation, and prevention, aiming to provide support and treatment that can help individuals recover and reintegrate into society. This method shows promising results in areas where it is implemented as it prioritizes the well-being of individuals and communities over punishment.

4.7.2 Holistic Approaches Beyond Criminalization

Holistic approaches prioritize the wellbeing of the victim which in turn create an extensive system that addresses the core factors contributing to drug/substance misuse. By encouraging a positive and supportive environment. The community can effectively empower its youth to make better choices when it comes to drug/substance use. An interview with a medical personnel key informant indicated that:

“Approaches beyond criminalization should focus on treating addiction as a health issue, not just a legal one. By combining medical interventions, such as counseling, with education and social support, we can address the root causes of addiction. Collaborating with families,

schools, and communities also makes for a conducive environment where the youth will feel supported in seeking help without fear of punishment.”

(Interview conducted September 2024)

The Integration of public health initiatives that promote awareness and allocation of resources can lead to more sustainable outcomes, ultimately reducing the discrimination and stigma surrounding drug/substance addiction, reintegration into society of once rehabilitated individuals and encouraging proactive, compassionate responses to drug/substance use among the youth and any other individual suffering from the same predicament.

4.7.3 Community Based Initiatives

Community based initiatives perform a crucial role in addressing drug and substance abuse among the youth in Penhalonga by involving local engagement and developing suitable solutions to the problem. These initiatives often include starting small businesses for the youth e.g. farming and product sales, peer-led support groups, educational workshops and recreational activities that engage the youth and keep them constantly occupied. An interview with a law enforcement key informant indicated that:

“These initiatives focus on prevention and support by engaging local organizations, schools, families, and healthcare providers. Programs such as youth outreach, mentorship, and education campaigns help raise awareness about the dangers of drug/substance abuse and offer positive alternatives. By working closely with the community, we can build trust, reduce crimes associated with drug use, and support the youth in overcoming addiction.”

(Interview conducted October 2024).

An interview with one participant indicated that

“We need more community centers offering free counseling and education on addiction.

When people have a safe space to talk about their struggles without judgment, it can make a huge difference in preventing drug abuse before it starts.”

(Interview conducted October 2024)

Another participant indicated that:

“If there were more programs that help people like me gain skills and find stable jobs, we'd have a reason to stay clean. Giving people purpose and hope is one of the best ways to fight addiction in the long run.”

(Interview conducted September 2024)

In addition, involving families, social workers and caregivers in preventive initiatives encourages the development of a supportive network that promotes open dialogue and a deeper understanding of drug/substance abuse.

4.8 Chapter Summary

This chapter highlighted major concepts of research findings starting off with the demographic characteristics of the participants. It went on to discuss types of drugs/substances, the frequency and reasons for use. The next section discussed criminalization from the law enforcement perspective, from medical healthcare perspective and the users' own perspectives. The preceding section discussed long term strategic approaches to curb criminalization involving holistic approaches and community-based initiatives. Participant observation allowed researcher to immerse themselves in the environment, gaining first-hand experiences and a more nuanced understanding of the problem. Finally, the chapter highlights data recording outlining practices for ensuring accuracy in capturing and documenting the data.

CHAPTER 5: DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses and concludes the important concerns of this study. It discusses themes on drug/substance abuse, gives a summary of the study and concludes the findings by highlighting the researcher's own views and proffers recommendations. It also discusses what will be done with the results and findings of this research.

5.2 Discussion

The study found a significant prevalence of drug/substances abuse. All of the surveyed youth reported to having used at least one drug/substance. In line with objective 1; The research identified that drug and substance abuse is mostly common among younger males and it is closely linked to factors such as poverty, unemployment, lack of education, peer pressure and family influences amongst other factors as supported by a study conducted by the World Health Organisation in 2016. In line with objective 2; The researcher found that participants who had come in contact with law enforcement were not pleased by the treatment they received, and the encounter did little to deter them from using drugs/substances. Many youthful members felt targeted, stigmatized by law enforcement and feared legal consequences, hindering their willingness to seek help. In line with objective 3; The researcher discovered that rehabilitation is not offered at local hospitals in Penhalonga and most clinics and hospitals can only refer users to the hospitals that do offer rehabilitation located outside the perimeters of Penhalonga. The cost of medication is quite costly and rehabilitation can only be offered according to the willingness of the victims. In line with objective 4; Participants emphasized the importance of comprehensive prevention and intervention rather than solely relying on criminal interventions and punitive measures. The youth reported that society often normalized drug/ substance use,

making it difficult to resist participation. The study highlighted the ineffectiveness of purely criminal interventions in reducing drug/substance abuse.

5.3 Conclusion

The researcher found out that due to the rural setup of Penhalonga and the majority of locals dwellers struggling, there aren't many opportunities for employment, education or alternative means of survival other than mining. Youthful individuals spend their time in mines, working hard for a minimum wage whilst others just sit around the street corners with nothing to do. These conditions fuel drug/substance use among the youth. Policies that are being developed to tackle the problem have to be precise in order to understand when to deal with it as a healthcare issue or as a criminal justice issue. The research found out that drug/substance abuse can be reduced, rehabilitation and detoxification, cutting the chain supply of drugs by arresting the drug lords and kingpins instead of the low-level non-violent users, therapy, leniency from law enforcement for low level non-violent users, development of precise and well-funded policies and development of national holistic plans of action involving everyone in the war against drugs/substance abuse. The use of drugs/substances leads to social, psychological and physiological health problems among others. The challenge cannot be left to the government of Zimbabwe to fight the war against drugs alone, but through everyone's contribution and involvement.

5.4 Implications of Drug and Substance Abuse

The implications of drug/substance abuse among the youth in Penhalonga are far-reaching affecting not only the individuals involved, but also their families and the community at large. The youth engaging in drug and substance abuse often experience deteriorating health, declining academic performance, and strained relationships leading to increased vulnerability to mental health issues and social isolation. These individual consequences can contribute to

broader societal problems, such as increased crime rates, economic instability and a repetitive of cycle of poverty and dependency.

5.4.1 Implications for Law Enforcement

Zimbabwean policies are shifting from a zero tolerance to a rights-based, health centered approach towards drug/substance abuse. With reference to the current ZNDMP and ZMDSAP, it is important that once policies are launched, every department is fully informed about the policies and they are told how best to implement them effectively. If law enforcement abides by such policies, then it is crucial for them to evaluate the people they capture for drug/substance abuse offences. leniency towards low-level, non-violent drug/substance users should be considered and have them rehabilitated and at least be given a second chance. if that fails, then maybe the criminal justice can be involved.

5.4.2 Implications for Public Health

Social workers are encouraged to use counselling to help these young individuals affected by the problem of drug/substances abuse. It is crucial for the development of a working relationship between healthcare and law enforcement to be able to rehabilitate low-level non-violent and tolerant drug/substance users that have been arrested. Counselling is fundamental in making drug/substance users understand their situation, the consequences of their actions, how to cope with the challenges and problems they face and how to develop a sense of self sufficiency and positive living. Social workers are encouraged to organize discussion sessions and life skill training sessions with youthful drug/substance users to develop strong personalities capable of resisting external influences such as peer pressure and by so doing, improving on their mental health abilities.

5.5 Recommendations

A clearly defined working relationship between the healthcare and law enforcement is a crucial component. There is need for both these departments to work together so that not all drug/substance users are criminalized, rather non-violent drug users deserve to be rehabilitated and given a second chance. Funding towards rehabilitation centers and programmes in isolated rural district areas is vital. Introducing needle and syringe program (NSP) and opioid substitution therapy (OST) to Zimbabwe is a crucial recommendation. There is also need for cheaper and vast availability of medication because medication for drug/substance use is quite costly. The users themselves need to partake in initiatives such as starting their own projects like farming selling and trading so that they stay occupied. Alongside rehabilitation, education and awareness campaigns are important for the individuals so that they learn about how much harm drugs/substances can cause to their health and bodies and in an ideal scenario, this individual will also help the next person suffering from drug/substance abuse. Lastly, there is need for well-funded policies that clearly draw the line between an individual who should be arrested and one who deserves a second chance and be considered for rehabilitation.

5.6 Suggestions for Further Research

For further research on drug/substance abuse among the youth, I would suggest that researchers investigate the long-term effects of early drug/substance use on mental health and academic performance. It is also important to look at how cultural attitudes towards drugs/substances affect the youth's behaviour and drug/substance use patterns. The impact of technology and social media should also be critically analyzed on how it influences drug/substance use perceptions and peer pressure among the youth. Each of these areas can contribute to a deeper understanding of the issue and give birth to more effective prevention and intervention strategies.

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APPENDIX 1: CONSENT FORM

My name is Octavius Munyaradzi Dhemba, a final year Human Rights Peace and Development Master's student from Africa University. I am carrying out a study on Drug and Substance abuse among the youth in Mutasa district. I am kindly asking you to participate in this study by answering /filling in the interview guide form.

What you should know about the study:

Purpose of the study:

The purpose of the study is to provide effective alternatives for drug and substance users without criminalizing them. You were selected for the study because you live in a community where these cases keep happening and you are knowledgeable enough to provide helpful answers to this research.

Procedures and duration

If you decide to participate you will answer asked questions or fill in the interview guide. It is expected that this will take about 15 minutes.

Risks and discomforts

Potential risks include psychological distress and breach of confidentiality.

Benefits and/or compensation

Participants will benefit from increased awareness of modern-day drug and substance abuse among the youth.

Confidentiality

Sensitive information gathered: Personal experiences related to drug and substance abuse and any other sensitive information obtained in the study that can be identified with the participant will not be disclosed without their permission.

Data location, access and security: Data will be stored in a password-protected laptop accessible only by the researcher.

Responsible person: Data security will be the responsibility of the researcher, who can be reached on 0771658921.

Data disposal: Upon completion of the research, all physical documents containing sensitive data will be securely shredded to maintain confidentiality. Additionally, all electronic data stored on the password-protected laptop will be permanently deleted, while anonymous data maybe be archived for future research purposes.

Voluntary participation

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

Offer to answer questions

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

Authorization

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

Name of Research Participant _____ Date _____

Signature of research Participant or legally authorized representative _____

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 2156 emailarec@africau.edu.

Name of Researcher: Octavius M. Dhemba

APPENDIX 2: INTERVIEW GUIDE WITH PARTICIPANTS

1. How old are you?
2. What is your level of education?
3. What is your marital status?
4. Do you have any children? If yes, how many are they?
5. Are you originally from Penhalonga?
6. When did you start using drugs/substances?
7. What made you to start using drugs/substances?
8. How often do you use drugs/substances?
9. What types of drugs/substances do you take?
10. How do you feel after taking these drugs/substances?
11. Do you take more than one drug/substance at once?
12. Has taking drugs affected you? If yes how?
13. How easy or difficult is it for you to get these drugs/substances?
14. Have you engaged in any illegal activities in order to obtain drugs?
15. Do you ever feel guilty or bad for your drug/substance use?
16. Do you wish to be rehabilitated/seek medical help?
17. Have you been arrested for drugs/substances before?
18. If yes to question 17, how were you treated?
19. If yes to question 17, how has this affected your life?
20. Have you looked for help before to stop taking drugs/substances?
21. What advice would you give to fellow drug/substance users?
22. Is there anything else that you would wish to say in conclusion?

APPENDIX 3: INTERVIEW GUIDE WITH MEDICAL PERSONNEL KEY INFORMANTS

1. How big is the issue of drug/substance abuse in Penhalonga? Statistics within 5 years could be helpful in answering.
2. What are the most common drugs/substances that most patients seek help from?
3. What is the most common age of patients who suffer from drug/substance abuse?
4. How often do you come in contact with young people who use drugs/substances?
5. How does taking drugs/substances affect them physically, mentally, emotionally and socially?
6. Do you offer rehabilitation programmes in this institution? If yes, take me through the programme.
7. What percentage of patients willingly seek rehabilitation?
8. Have you had patients who relapse and keep coming back for treatment because of their drug/substance issue. If yes, how do you deal with these cases?
9. Should drug/substance abuse be treated as a public health issue or a criminal justice issue?
10. What do you suggest can be done to help young individuals restrain from using drugs/substances.
11. What advice do you have for the youth who are using drugs/substances.
12. Is there anything else you would wish to say in conclusion?

APPENDIX 4: INTERVIEW GUIDE WITH LAW ENFORCEMENT KEY INFORMANTS

1. How serious is the issue of drug/substance abuse in Penhalonga?
2. How many people have been arrested due to drug/substance abuse? A statistical Comparison of a 5-year range can help answer the question.
3. What do you think is the main reason for this rise/decline in numbers?
4. What is the most common age range of drug/substance users?
5. Should drug/substance abuse be treated as a public health issue or a criminal justice issue?
6. Is there any sort of difference in treatment between low-level non-violent drug dealers and drug lords/kingpins or paddlers? If any please explain?
7. What do you think can be done to help improve the situation in Penhalonga?
8. Is there anything else you may wish to say in conclusion?

APPENDIX 5: AUREC APPROVAL LETTER



AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE (AUREC)

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

Ref: AU 3447/24

23 September 2024

OCTAVIUS MUNYARADZI DHEMBA

C/O Africa University

Box 1320

MUTARE

RE: INVESTIGATING DRUG AND SUBSTANCE ABUSE AMONG THE YOUTH IN MUTASA DISTRICT: GOING BEYOND CRIMINAL INTERVENTIONS

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

- **APPROVAL NUMBER** AUREC 3447/24
This number should be used on all correspondences, consent forms, and appropriate document
- **AUREC MEETING DATE** NA
- **APPROVAL DATE** September 23, 2024
- **EXPIRATION DATE** September 23, 2025
- **TYPE OF MEETING:** Expedited
After the expiration date, this research may only continue upon renewal. A progress report on a standard AUREC form should be submitted a month before the expiration date for renewal purposes.
- **SERIOUS ADVERSE EVENTS** All serious problems concerning subject safety must be reported to AUREC within 3 working days on the standard AUREC form.
- **MODIFICATIONS** Prior AUREC approval is required before implementing any changes in the proposal (including changes in the consent documents)
- **TERMINATION OF STUDY** Upon termination of the study a report has to be submitted to AUREC.



Yours Faithfully

MARY CHINZOU

ASSISTANT RESEARCH OFFICER: FOR CHAIRPERSON

AFRICA UNIVERSITY RESEARCH ETHICS COMMITTEE

APPENDIX 6: MINISTRY OF HEALTH APPROVAL LETTER

Telephone : 020-60655,60624
64401



Reference:

PROVINCIAL MEDICAL DIRECTOR
P O BOX 323
MUTARE

25th September 2024

The District Medical Officer
Mutasa DMO's Office
Mutasa

Attention: Dr. A. Kapfunde

Dear Sir

**RE: APPROVAL TO CONDUCT AN INVESTIGATION IN DRUG AND
SUBSTANCE ABUSE AMONG THE YOUTH IN MUTASA DISTRICT: GOING
BEYOND CRIMINAL INTERVENTIONS: OCTAVIUS MUNYARADZI DHEMBA:
APPROVAL NUMBER – AUREC 3447/24: STUDENT NUMBER 230394**

The Office of the PMD is in receipt of an application seeking permission to conduct a survey in Mutasa District from Octavius M Dhemba who is undertaking a Masters' degree in Human Rights, Peace building and Development College of Business, Peace Leadership and Governance at Africa University.

The PMD has approved that Mr. Octavius M Dhemba conducts the investigation in your District.

May you please bring to his attention the contents of the Official Secrecy Act. Also he should be reminded to share his results or findings obtained from the investigation with the District.

Thank you.

Yours faithfully.

A handwritten signature in blue ink, appearing to read 'M. Mukuzunga', is written over a circular official stamp.
Dr. M. Mukuzunga

A/PROVINCIAL MEDICAL DIRECTOR – MANICALAND

PROVINCIAL MEDICAL DIRECTOR
MANICALAND

11 OCT 2024

P.O. BOX 323, MUTARE
TEL: 02020-64101

APPENDIX 7: POLICE APPROVAL LETTER

ZRP PENHALONGA

BOX 88

PENHALONGA

September 18, 2024

Dear Mr. Dhemba,

Re: Approval to Conduct Research in Penhalonga

We are pleased to inform you that your request to conduct research titled "*Addressing drug and substance abuse among the youth in Penhalonga: Going beyond criminal interventions*" has been approved. After reviewing the details of your research proposal, we have determined that it aligns with the necessary legal and security requirements of the area. You are hereby granted permission to proceed with your research, provided that you adhere to the following conditions:

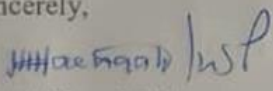
1. You must ensure that your activities do not disrupt public peace and order.
2. You are required to cooperate with local authorities and law enforcement during the course of your research.
3. All research-related activities must respect the rights of local residents and the community.
4. You must provide regular updates on your research activities to the Penhalonga Police Station, as requested.

Furthermore, the Penhalonga Police Station will assist by providing any relevant data within our jurisdiction that may be useful for the success of your research. Should you require specific information, please direct your requests to our office, and we will facilitate the provision of data in accordance with legal and procedural guidelines.

Please ensure you have this letter with you at all times while conducting your research, as it serves as formal authorization from the police. If you have any questions or require further assistance, do not hesitate to contact us at the Penhalonga Police Station.

We wish you the best of luck with your research.

Sincerely,


The Officer in Charge
Penhalonga Police Station

OFFICER-IN-CHARGE
Zimbabwe Republic Police
18/09/24
P.O. Box 8, Penhalonga
Tel. 02230 & 02210, Mzimba