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A HUMAN RIGHTS BASED APPROACH TO SUBSTANCE
RELATED DISORDERS AMONGST YOUTH A CASE OF
PARIRENYATWA PSYCHIATRIC UNIT, HARARE (2014-2024)

BY

ROPAFADZO AUDREY DHLIWAYO

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Abstract

The study examined a human rights approach to substance related disorders amongst youths, a case of Parirenyatwa psychiatric unit in Harare (2014- 2024). The objectives of the study were to evaluate the human rights based approach in enhancing mental wellbeing among youths suffering from substance related disorders at Parirenyatwa Psychiatric hospital, to examine the extent to which the Zimbabwean legal framework protects or not protect youths suffering from substance abuse disorders, to ascertain the risk factors contributing to youth substance abuse in Harare and to explore approaches that can be used for enhancing mental wellness /health of youths at Parirenyatwa. The study was informed by the therapeutic jurisprudence theory, which expresses that that legal rules and procedures can be used to improve the mental and physical well-being of youths (that is, justice-involved juveniles often with drug-involved offenses) within the court system and this is applicable to this study as human rights are the components of the law. The emphasis under this model is on the selection of a therapeutic option that promotes health but does not conflict with the normative values of the justice system, such as due process. The study applied a qualitative research approach through interviews with key respondents in the health sector both in the academic space and in the field of practice. Substance abuse has become one of the leading causes of mortality and a serious health concern amongst the youth. The possession, manufacturing and distribution has been criminalized and very firm policies have been created to tackle this problem, with billions of dollars being spent on apprehension, prosecution and incarceration of drug dealers and users. As a result, the approach to drug policies has created disastrous effects especially on the rights of those affected by substance related disorders. The study findings revealed that a human rights-based approach is essential for addressing substance related disorders among youths. Current mental healthcare services at the hospital face significant challenges, including inadequate funding, limited access to specialized services, and stigma surrounding mental health and substance related disorders. Adolescents suffering from substance abuse related disorders face numerous barriers to accessing healthcare, including cultural and social stigma, lack of awareness, and limited access to education and employment opportunities. The study recommends among other things; to establish youth-friendly mental healthcare services, prioritizing empowerment, participation, and inclusion; implement community-based initiatives, including peer support groups and outreach programs; provide education and awareness programs to reduce stigma and promote mental health awareness; address systematic issues, including inadequate funding and limited access to resources and prioritize mental healthcare funding and resources, allocating sufficient resources for youth mental health services.

Key words: Human rights based approach, youth, adolescent, substance related disorders, drug and substance abuse, Harare.

Declaration Page

I declare that this 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 award of a degree



ROPAFADZO AUDREY DHLIWAYO

Student's Full Name
(25/10/24)

Student's Signature

DR. JOHNSON CHINGOZHO



Main Supervisor's Full Name
(29/10/24)

Main Supervisor's Signature

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Dedication

To my father Mr. C. Dhliwayo and mother Mrs. T.C Dhliwayo, you made this possible.

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CHAPTER 1 INTRODUCTION

1.1 Introduction

This chapter is an introduction and background to the human rights approach to substance abuse disorders amongst youth, a case of Parirenyatwa psychiatric unit in Harare. It is composed of the background to the study, statement of the problem, research objectives, research questions, rationale of the study, delimitations of the study as well as the summary

1.2 Background to the study

The concept of human rights being interdependent is not new and the right to health clearly illustrates this. The Universal Declaration of Human Rights article 25 states that “everyone has the right to a standard of living adequate for their health and wellbeing” which also includes medical, social services and gives special care and assistance for the most vulnerable. The standard of living is a prerequisite for health and wellbeing, therefore to achieve a state of complete physical, mental and social being and not merely the absence of disease or infirmity requires that the living conditions cater to the physical, mental, and social needs of the individual. In the United Nations Rapporteur on the Right to Health it is stated that the right to health does not translate to having a right to be healthy, but rather it is “a right to conditions and services that are conducive to a life of dignity, equality and non-discrimination” (Kensternburm et al., 2021). Experts within the field of mental health have stated that “there is no health without mental health, but there is no mental health without human rights” (Kensternburm et al., 2021).

The preamble of the World Health Organization adopted in 1948 states that every individual has the right to the highest attainable standard of health. In its constitution the organization defines health as “a state of complete physical, mental and social being and not merely the absence of disease or infirmity” (Constitution of the World Health Organization). By its definition, this right therefore not only focuses on the biomedical aspect of health but the overall wellbeing of an individual where the physical,

psychological and the social aspects of health are interconnected (Krennerich, 2017). The Alma Ata Declaration of 1978 also reaffirms that the attainment of the highest level of health requires that all sectors, economic and social play a role in the realization of this fundamental right.

Mental health is crucial at every stage of life from infancy to adulthood. It determines how the person processes thought, how they feel and consequently their choices, the way in which they act or behave and the way in which they interact with others. In the broader context of economics mental health also affects a person's productivity and ultimately their capability to participate in the economics of the country. The United Nations Convention on the Rights of Persons with Disabilities also includes the rights of those suffering from mental health difficulties and asserts that these people with "psychosocial difficulties" have the right to be included and to participate in all aspects of life (CRPD, article 26)

Substance use in Africa is on the rise, with projections estimating a 40% increase in people who use substances between 2018 and 2030 (WHO, 2019). This presents the largest increase globally, with Sub-Saharan Africa having the highest increase in comparison to other regions in the world. Moreover, East and West Africa have been identified as key players in the distribution of drugs. National Institute on Alcohol Abuse and Alcoholism (2022) argues that the identification of key drug distribution areas in Africa is particularly concerning given the expected global increase in prevalence of substance use disorders (SUDs) due to the economic crisis brought about by the COVID-19 pandemic. Additionally, projected increases in rates of substance use in Africa appear to be driven by demographic factors; specifically the fact that the continent's population is generally younger than other regions, together with projected sharp population rises. It is therefore imperative for African states, as asserted by the United Nations Office on Drugs and Crime to develop sustainable and human centered approaches in response to the impending rise in substance use disorders.

This renewed call to address substance use disorders comes on the back of a global focus on mental health and the desire to achieve equitable access to mental health services for

mental, neurological and substance use disorders. This is the key aim of the World Health Organization's (WHO) Special Initiative for Mental Health: Universal Health Coverage for Mental Health, which was launched in 2019 (WHO, 2020). One of the early adopters of this initiative from the sub-Saharan Africa region is Zimbabwe, a low to middle income country (LMIC) that has experienced significant economic, social and political challenges over the past few decades. Despite these challenges, the country has shown a commitment towards strengthening its mental health systems through its National Strategic Plan for Mental Health Services (2019–2023), which is in synergy with the goals of the WHO Special Initiative.

In line with data across the sub-Saharan Africa region a study by Prom-Wormely et al. (2017) suggests an upward trend of substance use in the Zimbabwean population. For example, between 2009 and 2019, alcohol use was up from 9th to 8th place, in the top 10 risk factors contributing to disability adjusted life years (DALYS) in Zimbabwe. Additionally, media reports paint a picture of an escalating and worrying situation of substance use, involving both licit and illicit substances. Moreover, the situation has been reported to be more complex, economic, and political, with clear signs of moving beyond teenage experimentation or chosen unhealthy behaviors (Santisteban, et al. 2015). Substances of concern reported on include alcohol (including illicit 'moonshine' brews), methamphetamine (crystal meth locally known as mutoriro), cough syrups containing codeine, and marijuana. The authors assert that the significant socio-economic challenges experienced in the country are most likely linked to the observed substance use issues. Indeed, poverty is endemic in Zimbabwe, affecting 70% of the population and has been identified as a risk factor for substance use.

Strategies for addressing the identified increases in substance use are hampered by the treatment gap for mental, neurological and substance use related disorders, with sub-Saharan Africa having the largest gap globally. According to Settapani et al. (2022), Zimbabwe has made and continues to make efforts in the protection and promotion of rights of those with mental illness by taking reasonable steps towards Universal Health Coverage for Mental Health through advancements in mental health policies and by improving the quality of services and interventions. In response to both increases in

substance use and lack of specialist drug treatment provision, the country launched the Zimbabwe National Drug Master Plan (2020–2025) which aims to provide both a comprehensive and integrated approach to address the rise in substance use in the country. Nonetheless, it can still be argued that with only a few years left from the 2015 to 2030 Sustainable Development Goals, Zimbabwe is still a great deal away from achieving the reduction of the one third premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being. The longer it takes to overcome some of the challenges being faced in this area, the more it aids in the deterioration of the state of mental health in Zimbabwe. Whilst investments and funding is crucial to the advancement in the promotion of the right to health, Zimbabwe's economy could greatly benefit from a human rights based approach in the promotion and protection of mental health and in addressing substance use disorders.

1.3 Statement of the problem

Zimbabwe has made significant advances in the area of mental health and wellbeing. Continued efforts have been made in the protection and promotion of rights of those with mental illness by taking reasonable steps towards Universal Health Coverage for Mental Health through advancements in mental health policies and by improving the quality of services and interventions. The launching of the Zimbabwe National Drug Master Plan (2020–2025) which aims to provide both a comprehensive and integrated approach to address the rise in substance use in the country is a welcomed development and a step in the right direction. However, due to the alarming rise of the use of substances, the country has taken a very firm stance against substance misuse with the support of the law. Consequently, the main focus is no longer on rehabilitation of substance users but rather a lot of money is being spent on apprehending, eliminating, prosecuting, extraditing and incarcerating drug dealers, kingpins and users. Therefore recovery and rehabilitation is no longer a priority which in turn neglects and fails to promote and protect the rights of those suffering from substance use disorders. Furthermore, a gap still exists between the set strategies and policies and exploration of a human rights based approaches in enhancing the delivery of mental health services to the Zimbabwean public.

1.4 Study objectives

The study intends to fulfill the following objectives:

- a) To evaluate a human rights based approach in enhancing mental wellbeing among youth suffering from mental and substance abuse related disorders.
- b) To examine the extent to which the Zimbabwean legal framework protects or not protect youth suffering from substance related disorders
- c) To ascertain the risk factors contributing to youth substance abuse in Harare.
- d. To explore approaches that can be used for enhancing mental wellness /health of youths.

1.5 Research questions

The study aims to answer the following questions:

- a) How a human rights based approach being used at Parirenyatwa is enhancing the mental wellbeing of youths suffering from mental and substance abuse related disorders?
- b) To what extent does the Zimbabwean legal framework adequately protect youths suffering from substance related disorders?
- c) What are the perceived risk factors contributing to mental disorders and youth abusing substances in Harare?
- d) How best can mental wellness /health of youths can be enhanced?

1.6 Rationale of study

The aim of this qualitative study is to better understand the capacity that determines a human rights based approach in Zimbabwe in enhancing mental wellbeing among youths affected by substance related disorders. This would ultimately give recommendations to mental health professionals working at psychiatric hospitals on how they can sustainably improve on the recovery based approach when working with young patients under their care. In addition to adding to the literature, the study also opens the debate for the

government to put in place measures to also consider the human rights based approach to enhance mental wellbeing of youths suffering from substance abuse related disorders.

Definition of key terms

Parirenyatwa psychiatric hospital a mental health hospital in Harare that specializes in the treatment of severe mental disorders

Mental health and wellbeing state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Youths defined as young people between the ages of 15 to 35 by the Constitution of Zimbabwe Amendment (No.20) Act 2013 Section 20.

Adolescents children between the ages of 10 and 19. Those between 15 and 19 therefore also fall under the category of youths.

Human rights approach a framework for the curing substance abuse disorders that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights

Substance related disorders term used to classify all those admitted at the Parirenyatwa psychiatric unit for using substances, including substance induced psychosis and substance use disorders (SUDs).

1.7 Delimitations

1. The study will focus on Parirenyatwa psychiatric unit in Harare. It will be limited to participants who are involved in recovery from substance related disorders at the Parirenyatwa psychiatric unit in Harare.

2. Methodology: The study may employ specific research methods or approaches, such as qualitative interviews, to gather data. This delimitation helps to ensure consistency and rigor in the research process. Qualitative research has challenges with generalizability as they deal with low numbers of participants.

3. Generalization: The findings of the study may be specific to the context of Parirenyatwa psychiatric hospital in Zimbabwe and may not be easily generalized to other countries or health care systems. This delimitation acknowledges the uniqueness of the Zimbabwean context and the need for caution when applying the findings to other settings.

1.8 Summary

The chapter provided an introduction of the topic. It discussed the background of the study, statement of the problem, the objectives, the significance of the study and the delimitations.

CHAPTER 2 REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter reviews a wide range of literature and frameworks that have looked at a human rights approach to substance related disorders. This literature gives valuable insight into the impact of human rights approach to substance related disorders and how interventions at local level in the community can have a positive impact on the economy. It must also be considered that there are other contextual factors that may have an impact on the relationship between mental illness and economic development in Zimbabwe such as poverty and the stigma surrounding mental illness and substance use disorders.

2.2 Human rights-based approach

The Universal Declaration of Human Rights mandates that human development proceeds in accordance with normative standards based on human rights with the aim of promoting and protecting them (Christie, Cheetham, and Lubman, 2020). This universal value is known as a human rights-based approach (HRBA) within the framework of the United Nations. The main objective of human development should be to recognize potential

disparities, lessen or eradicate them, and do away with unfair power structures, which are thought to be a significant barrier to the advancement of marginalized groups of people. Accordingly, all programs and policies under an HRBA should facilitate the fullest possible realization of human rights, in compliance with the UDHR and other international instruments (United Nations Sustainable Development Group).

Principles of Human Rights Based Approach

A human rights based approach is a framework for human development that is based on international human rights standards and is used to analyze and redress inequalities and address instances of discrimination, power imbalances and to promote and protect human rights (UN Sustainable Development Group). Human Rights Based Approaches are based on five key principles which are; participation, accountability, non-discrimination, human dignity and rule of law. Human rights based approaches aim to change aid recipients from passive beneficiaries into active rights holders by framing poverty in terms of international human rights norms (Schmitz, 2012). By aligning their activities with widely accepted and identifiable principles, the human rights framework gives the development community legitimacy (Schmitz, 2012). They also serve as a safeguard against neglecting the poorest and marginalized in development efforts aimed at achieving the Millennium Development Goals (MDGs), which do not align with international human rights standards.

Governments have criminalized drug use, possession, manufacture, and distribution for decades, according to Hammerness, Petty, Faraone and Biederman, (2017). Billions of dollars have been spent on apprehending, eliminating, prosecuting, extraditing, and incarcerating drug dealers, kingpins, and users. However, as Human Rights Watch has repeatedly shown, this approach to drug policy has had disastrous effects on human rights: it has weakened the rights to privacy and health; it has provided justification for egregiously excessive punishment, torture, and extrajudicial killings; and it has fueled the activities of organized crime groups that violate human rights, bribe officials, and erode the rule of law.

According to a different study conducted in 2016 by Horigian, Anderson and Szapocznik drug laws and regulations violate the rights of those who use or are involved in drug use. Strict drug laws have given rise to the framework that allows for the operation of discriminating and racialized police actions. They have fueled widespread imprisonment and impeded the realization of health rights. A harm reduction approach to drug laws and policies has been centered by several advocacy campaigns by human rights organizations, realizing that punitive laws and policies are harmful to health and safety as well as the realization of human rights.

2.3 Substance abuse among adolescents from a global perspective

The history of drug prohibition can be traced back to the seventh century, according to literature. Its origins, according to Bowers (2021), are frequently linked to Sharia law and can be found in the Qur'anic verses that forbid intoxicants (though some interpret them more narrowly, banning alcohol alone). A step up from the 1729 Yongzheng Emperor's edict forbidding dealing in it and importing madak for opium, the Jiaqing Emperor of China issued a prohibition decree in 1813 that regulated the consumption of pure opium and madak (a mixture of opium and tobacco) (Caquet, 2022). However, the pointlessness of these hopes is highlighted by the reality that between 1815 and 1839. However, the fact that opium sales in China increased tenfold between 1815 and 1839 highlights the failure of these goals (Caquet, 2022).

As Europe grew quickly in the sixteenth, seventeenth, and eighteenth centuries, the use of alcohol, tobacco, and other psychoactive substances increased quickly. This led to states using these substances to monopolize certain goods or impose taxes on cargo as a means of raising additional revenue. There were few drug-related laws in Europe throughout the eighteenth century, but several examples can be found in the literature (Courtwright, 2012). Examples of these laws include those prohibiting smoking in structures that may easily catch fire and those prohibiting the sale of alcohol to Native American tribes. The phrase and concept of "addiction" or the "discovery of addiction" (Levine, 1978), which

is characterized by a person losing control over alcohol consumption, are likewise thought to have originated around the end of the eighteenth and the beginning of the nineteenth century. An anti-vice activism movement emerged at the start of the nineteenth century, which is credited with creating the framework for contemporary anti-drug laws. Scientists, politicians, and medical authorities contended that alcohol and drug abuse cause "personal ruin and racial decline," that children who use drugs inherit diseases from their parents, and that some eugenicists even called for prohibiting alcohol addicts from having children, like Nazi eugenicists who claimed that having an alcohol problem should be a reason for forced sterilization (Courtwright, 2012).

According to Courtwright (2012), the focus of anti-vice campaigning shifted from public health, safety, and security concerns to campaigns that capitalized on racial, ethnic, and class biases. For example, there was a perception that Chinese immigrant workers smoked opium, and that Jews were involved in a worldwide conspiracy to traffic in alcohol. The First World War, which was largely blamed for Russia's defeat on excessive vodka consumption, sparked the implementation of psychoactive substance regulations in the second decade of the 20th century. As a result, absinthe sales were outlawed in France in 1914, drug laws were put into place in Great Britain in 1916, and even Russia, prohibited distilling in wartime (Courtwright, 2012). Due to the necessity for jobs that breweries could give, American attempts to outlaw the consumption of alcoholic spirits between 1920 and 1933 through national prohibition failed and had to stop with the Great Depression (Courtwright, 2012).

Drug prohibition evolved into a global coordinated endeavor in the 20th century (Caquet, 2022, p. 14). More international treaties were adopted in 1912, 1925, and 1931 after the first accord restricting alcohol consumption in 1890 (The Brussels Act, ratified in 1892, p. 35) (Courtwright, 2012, p. 20). According to Pan (1975, pp. 35–36), the Brussels Act established a geographical zone (between 20° north and 22° south) in which alcohol importation and distillation were rigorously prohibited, unless each government lifted the restriction and only for non-indigenous inhabitants. As a component of the Treaty of Versailles, the 1912 Hague International Opium Convention is regarded as the first

international treaty on drugs. It connected the issue of drugs with reparations and came into effect on a global scale in 1919. Three years after it was founded by the 1925 Convention, the Permanent Central Opium Board (PCOB) became operational (McAllister, 2000, p. 44, 268). Despite having the authority to even impose sanctions, the PCOB was a very slow organization since it was still subject to official oversight and could not afford to cause public humiliation to any state. As a result, it chose to function covertly (McAllister, 2000, p. 85).

Literature has also a narrative about human rights approach to substance related disorders amongst young people. The human rights component of addressing adolescent substance addiction disorders has not received enough attention in the literature on treatment strategies for these diseases. Sofia Gruskin, JD, MIA, Karen Plafker, MA, MSc, and Allison Smith-Estelle, M (2001) provided useful literature on health and human rights. They argued that health and human rights framework springs from the mutual and dynamic relationship. They further expressed that acknowledging this relationship offers a powerful tool for predicting and explaining the distribution of health outcomes, for evaluating existing health policies and programs, and for conceptualizing and implementing new ones, to ensure that they promote public health in ways that are effective and consistent with human rights principles. Put succinctly, the violation or neglect of human rights can increase the risk of poor health outcomes. However, there is a gap in this literature as it does not address human rights approach to substance related disorders amongst adolescence but rather the rights of youths taking harmful substances.

Additional information on substance related disorders amongst adolescence is provided by Nawi et al. (2021). They wrote extensively about the risk factors of substance use disorder. They wrote about various contributing factors to drug abuse, for example, the protective factors that include high self-esteem, religiosity, grit, peer factors, self-control, parental monitoring, academic competence, anti-drug use policies, and strong neighborhood attachment. This is also supported by Murray and Farrington, (2010) who argued that risk factors of substance use disorder consist of personal traits, characteristics of the environment, and conditions in the family, school, and community that are linked

to a youth's likelihood of engaging in delinquency and other problem behaviors such as substance use. Nawi et al. (2021) in their study identified a literature gap in their study by highlighting that the majority of previous systematic reviews done worldwide on drug usage focused on the mental, psychological, or social consequences of substance abuse, while some focused only on risk and protective factors for the non-medical use of prescription drugs among youths. They expressed that a few studies focused only on the risk factors of single drug usage among adolescents. However, there is a gap in this literature, as many studies focus on risk factors of substance use initiation rather than on human rights approach to substance related disorders amongst youth.

Furthermore, Anderson and Fiona (2017) have focused on human rights in drug policy. They argued that a human rights approach to any issue foregrounds the relationship between the individual and State power; this is especially the case with drug control. This is supported by Wilson (2018) who argues that at present the burden falls on those opposing certain drug laws, such as criminalizing personal possession, to explain why they don't work. A human rights approach reverses that burden, placing it instead on the government to justify the limitations on rights and freedoms that such laws entail, and to be accountable for their decisions and few governments have ever done this. But when these laws have been challenged on human rights grounds in constitutional courts, Governments have lost, as they did with regard to cannabis possession and the right to privacy in countries such as South Africa. However, even though this literature is focusing on human rights and drug policy which might be useful in adopting a human rights-based approach to drug policy, it doesn't explicitly address on human rights approach to substance related disorders amongst youth, hence this study seeks to augment literature in that gap.

Recognizing that there is extensive work being done around various related issues such as the concept of human dignity and its relationship to human rights from different perspectives, this study is exploring a human rights approach to substance related disorders amongst youth. A human rights based approach to substance related disorders amongst youth is necessary to uphold the human dignity. In the international human rights

context, human dignity is considered inherent to every person and the basis for equal and inalienable rights

In the context of Zimbabwe, studies have indicated that the country has an estimated total population of 15.2 million of which 32% are 10-24 years old (Census, 2022). To understand the root causes of drug consumption and substance abuse amongst Zimbabwean adolescents and youth, and to inform programming, UNICEF in 2022 in collaboration with Government of Zimbabwe, Muthengo Development Studies (MDS), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and Youth Advocates Zimbabwe (YAZ), synthesized existing evidence and identified gaps to strengthen current responses. Their research revealed that one of the most serious public health and socio-pathological threats facing adolescents and young people is substance abuse, which has long term impacts on their wellbeing and future. This shows there is risky and escalating behavior by adolescents and young people which includes drug and alcohol abuse, as well as unprotected sexual practices. Reports of substance abuse practices among Zimbabwean adolescents and young people are frequently reported by several groups and organizations, including the Government, media, civil society, schools, churches, family support groups, United Nations agencies.

In 2021, Zimbabwe's President Emmerson Mnangagwa set up an inter-ministerial committee which came up with the Zimbabwe National Drug Master Plan (ZNDMP 2020 to 2025) and Treatment and Rehabilitation Guidelines of Alcohol and Substance Use Disorder of Zimbabwe (TRGASUD ZIM). Progress and achievements made under the plan have not been made public. Though there are no government data on the prevalence of hard drugs in the country, a report by the World Health Organization (WHO) (2022) on mental health among young people in the African region notes that the country has the highest number of 15-19 year-olds who engage in heavy episodic drinking. The report added that their number stood at 70.7 percent among men and 55 percent among women.

According to Mujiri (2022), Statistics compiled in 2021 by the Zimbabwe Civil Liberties and Drug Network revealed that 60 per cent of psychiatric admissions were due to drug abuse. Eighty per cent of these were people aged 16 to 25, including schoolgirls.

Zimbabwe is ranked 157 out of 180 countries on the 2022 Corruption Perceptions Index, an annual report compiled by Transparency International.

A study by WHO (2021) revealed that whilst drug trafficking is rampant across Zimbabwe, primarily through its porous borders, South Africa, Zambia and Mozambique have emerged as new sources for both hard and prescription drugs, including bronclear (a cough syrup containing codeine), moonshine known locally as *tumbwa* or *kozoda*, crystal meth and prescription drugs such as diazepam, ketamine and pethidine, morphine and fentanyl.

Reports of substance use in Zimbabwe paint a concerning picture of escalating prevalence of use, with over half of people admitted to inpatient mental health units reportedly experiencing a substance induced psychosis. Drake, E. (2012) indicated that the country has gone through decades of significant political and socio-economic challenges, which are undoubtedly linked to the observed increases in substances use. Nevertheless, despite the resource constraints to adequately address substance use, the government has shown a renewed resolve to provide a comprehensive approach to address substance use in the country. However, there is a lack of clarity of the nature and extent of substance use and substance related disorders (SUDs), which in part is due to a lack of a national monitoring system for substance use in the country (Groenman, et al 2017). Moreover, reports of a substance use crisis in Zimbabwe are predominantly based on anecdotal evidence, limiting the ability to gain an accurate picture of the situation. Therefore, a scoping review of the primary empirical evidence of substance use and substance use related disorders is proposed in order to develop an adequately informed understanding of the nature of substance use and SUDs in Zimbabwe.

2.4 Human rights, adolescents and youths

Some scholars on the human rights and adolescents have written about the importance of human rights education derives. As Starkey (2010) notes, the principles and practices of human rights provide a concrete means of analyzing, naming and addressing violations of

human freedom and dignity; consideration of human rights thus plays a crucial role in helping students evaluate policies related to a wide range of contemporary social concerns, including globalization, migration, genocide, warfare, security, economic development, sustainability and the expansion of human potential. Starkey (2010) further argues that because human rights instruments and procedures provide such a strong moral and political foundation for addressing discrimination and abuses of human dignity, learning about them encourages citizens to ‘see beyond local and national solidarities and provides a standard against which the programs and actions of governments and other powerful agencies including businesses and religious movements can be judged’ (Starkey, 2010: 39). By identifying principles that transcend national legislation or specific cultural values, Osler (2008) notes that human rights provide a framework within which people can acknowledge and protect the rights of others throughout the world; the norms and practices of protecting human rights have thus come to constitute the ‘common moral language’ of global society (Beitz, 2009: 10).

In addition, Wilson (2019) argues that the historical and current incidence of human rights violations in mental health care across nations has been variously described as a “global emergency” and an “unresolved global crisis,” evidenced by reports of physical and sexual abuse; discrimination and stigma; arbitrary detention; inability to access health care, vocational and residential resources; and denial of self-determination in financial and marital matters, among other rights deprivations. Starkey, (2010) argues that the relationship between mental health and human rights has at least three parts; first, human rights violations such as torture and displacement negatively affect mental health. Second, mental health practices, programs, and laws, such as coercive treatment practices, can impact human rights. Finally, the advancement of human rights benefits mental health synergistically. These benefits extend beyond mental health to the close connection between physical and mental health. There are thus clinical and economic reasons, as well as moral and legal obligations, to advance human rights in mental health care.

Another scholar Wayne (2017) argues that human rights-based approach to mental health care capitalizes on these rich interconnections. A human rights-based approach is a conceptual framework that is normatively based on international human rights standards

and operationally directed to promoting and protecting human rights. Human rights-based approach have been successfully implemented in a variety of fields, including international development and HIV treatment. In the context of mental health care, a human rights-based approach means placing emphasis not only on avoiding human rights violations but making sure that human rights principles are at the center of a service-providing organization.

2.5 Which human rights are in jeopardy?

Developing a human rights-based approach to substance addiction disorders requires determining which rights are particularly vulnerable and can be safeguarded by state legislation. According to Coffman et al., (2015), the harm caused by drug use and trafficking is a complex social issue with several facets that are closely related to human rights. Furthermore, ignoring certain human rights contributes to the current epidemic of drug abuse and addiction behaviors, which are most prevalent in areas with high rates of unemployment, homelessness, and poverty (Cooley et al 2015). This information, in the author's perspective, bolsters the argument that the majority of drug-related issues in society, particularly the high rate of addictions, are the direct result of state action. People become addicted to substances, although subtly, when human rights, such as the right to a dignified existence, housing, work, and health, are not respected, upheld, and fulfilled. Consequently, it is the state's duty to intervene and break this vicious cycle.

According to Danielson (2016), as the situation is dynamic and changes more quickly than legal laws, it may not be able to list every human right that is at risk when it comes to harm caused by drugs. For instance, some substances that were once thought to be dangerous turn out to be beneficial in frequently unexpected situations, such as the therapeutic use of psilocybin. As a result, these substances are now associated with the right to the best possible standard of healthcare as well as the right to profit from scientific advancements. As a result, it is imperative to maintain vigilance and awareness of potential human rights violations in substance abuse policies as they develop over time.

These rights include the freedom from discrimination, equality, and human dignity. All people are endowed with human dignity, which is a mark of respect and autonomy. On the other hand, drug users or addicts are occasionally deprived of this quality in the eyes of the state or society. This can happen in two ways: either by denying them the ability to choose their own actions or by believing they are incapable of making responsible decisions for themselves (Mills, 2022). This may lead to prejudice against them and violations of the equality principle. It's crucial to recognize that language, such as calling drug users "addicts" or "junkies," is one of the most powerful vehicles for discriminatory attitudes and stereotypes. Such rhetoric keeps them from confessing their problems or asking for assistance, adding to the stigma attached to them. As a result, stigma and discriminatory practices exacerbate the harm to drug users' human dignity (Wogen, Restrepo, 2020, p. 52).

Studies show that although Black individuals are more likely than White people to use illicit substances, they are also twice as likely to be arrested for drug possession (and six times more likely to be arrested for marijuana use) in the US (Human Rights Watch, 2016). Another aspect of unequal drug treatment is rooted in the history of racial discrimination, which is most blatantly evident in the United States of America against individuals of color. Black individuals experience unjustified trauma and rage as a result of this disproportionate enforcement, which also adds to the stigma that they are more prone to take drugs or become addicted to them than other people, even outside of the United States. Therefore, racial discrimination is a topic that needs to be handled carefully, and efforts should be made to reduce its impact on offering essential assistance through a human rights-based drug policy.

Another human right is the right to health and the right to the best possible standard of medical care. Under Article 12 of the 1966 International Covenant on Economic, Social, and Cultural Rights (ICESCR), the right to health was first acknowledged as a human right. It's critical to remember that the right to health refers to the greatest possible standard of healthcare on an equal footing with no discrimination, not the right to be healthy (CESCR, 2000, p. 5). Priority one should be given to treating addiction as a health issue.

It is a complicated condition that can result in a wide range of psychological, physical, and social difficulties and that can and should be effectively addressed. A human rights-based drug policy that prioritizes health should be founded on harm reduction initiatives, the treatment of drug addiction, universal access to efficient treatment and medication, and the provision of substances under state control for medical purposes. Furthermore, prevention of specific diseases, like HIV and HCV infections, must play a major role in the formulation of drug policies because they are more common among certain populations of drug users.

The main strategy for ensuring that drug users can exercise their right to health is to put harm reduction programs into place and make them widely accessible. Programs for reducing harm can include education, syringe and needle exchanges (NSPs), or extensive drug testing. Not only should these activities be allowed, but measures like seizing injecting equipment and preventing their usage should be done to ensure that law enforcement never prevents them (UNAIDS, 2019, p. 36). The COVID-19 epidemic posed a particular challenge to the right to health. In addition to making people who were already imprisoned for nonviolent drug offenses more susceptible to contracting COVID-19, the pandemic's psychological effects also encouraged riskier behavior. For example, in the USA, an increase in fentanyl purchases contributed to a rise in overdose deaths (Malinowska et al 2021, p. 1). In their hopes that the pandemic will spur the creation of new drug policies based on social justice, health, and human rights, Malinowska-Sempruch and Lohman (2021, p. 2) note that prior experience regulating harmful substances like alcohol, sugar, and tobacco may be helpful in future attempts to regulate drugs in a similar manner.

The right to refuse treatment is one issue that must be addressed in relation to the right to health. Treatment that is required without consent, as in Brazil or China (Stoicescu et al 2022, p. 133), infringes on this right, dehumanizes drug users, and can be employed as a tactic for social control. Therefore, compulsory treatment cannot be considered a viable component of a substance policy based on human rights.

2.6 Substance use disorder protective factors

Protective variables are aspects of a young person's life that can lessen or prevent the development of a substance use disorder. These are facets of a young person's life that serve as a protective barrier against the damaging consequences of misfortune (Vanderbilt–Adriane and Shaw, 2008). Even less research has been done on the relationship between protective variables and substance use disorders or on protective factors that boost the chances of successful participation in drug treatment programs (Cleveland et al., 2008). Osgood et al. (2013) provide evidence for this, stating that protective variables can also exist at the individual, peer, family, school, and community levels, just like risk factors do. Adversity and other risk factors are lessened by protective factors, as was previously mentioned. Pro-social peers for instance operate as a deterrent to drug use and initiation as well as a variety of other deviant behaviors (Osgood et al., 2013). According to Mason et al. (2019), the influence that mental health conditions like depression have on the probability of developing a substance use problem can also be lessened by the presence of close friends.

Furthermore, it has been demonstrated that early-sustained abstinence after residential drug abuse treatment is predictive of long-term abstinence. This suggests that long-term abstinence rates might be greatly increased by even a brief post treatment period of continuous care (Godley et al., 2007). Research on community-level factors has been proven to affect a youth's likelihood of having a substance related disorder, even though it frequently focuses on substance use and start. According to one study, there was a lower chance of juvenile substance use or DSM-4-identified substance dependence among those with greater levels of social capital, which is characterized as community involvement and participation in various volunteer programs (Winstanley et al., 2008). Additionally, studies have shown that both familial and school factors—such as having two parents in the home and performing well academically can prevent the onset of a substance use disorder (Gau et al., 2007).

There is also some study on the impact of medication-based treatments on substance use in the future for young people with specific mental health conditions. In the case of ADHD treatment, for instance, some studies (Hammerness et al., 2017; Wilens et al., 2003) found that medication use decreased the likelihood of later substance use problems in adolescence; however, other studies (Wise, Cuffe, and Fischer, 2001; Humphreys, Engs, and Lee, 2013) found no such effect.

2.7 Theoretical framework

The theory this study finds appropriate to adopt is the therapeutic jurisprudence. It expresses that in addition, courts-based treatment programs for youth are often grounded in the theoretical perspective of therapeutic jurisprudence, which integrates knowledge of mental health and behavioral change with the implementation of law (Wilson, Olaghere, and Kimbrell, 2019). Under therapeutic jurisprudence, it is argued that legal rules and procedures can be used to improve the mental and physical well-being of youths (that is, justice-involved juveniles often with drug-involved offenses) within the court system and this is applicable to this study as human rights are the components of the law. The emphasis under this model is on the selection of a therapeutic option that promotes health but does not conflict with the normative values of the justice system, such as due process (Rottman and Casey, 1999). Principles of therapeutic justice include close monitoring of the young person's behavior, multidisciplinary involvement, and collaboration with community-based and governmental organizations (Wilson, Olaghere, and Kimbrell, 2019). Drug courts are a primary example of court-based programs that use the principles of therapeutic jurisprudence (BJA, 2003)

2.8 Conclusion

This chapter has reviewed a wide range of literature and frameworks that have looked into a human rights approach to substance related disorders amongst youth. This literature gave valuable insight into the impact of a human rights approach to substance related disorders

amongst youth and how interventions at local level in the community can have a positive impact on the economy. This chapter established that the health and human rights framework springs from the mutual and dynamic relationship that exists between health and human rights. Acknowledging this relationship offers a powerful tool for predicting and explaining the distribution of health outcomes, for evaluating existing health policies and programs, and for conceptualizing and implementing new ones, to ensure that they promote public health in ways that are effective and consistent with human rights principles.

CHAPTER 3 RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research methodology used to investigate a human rights approach to substance related disorders amongst youth at Parirenyatwa psychiatric unit in Harare. The purpose of this chapter is to provide a detailed description of the research design, methods, and procedures used to collect and analyze the data, ensuring transparency and reproducibility. The research methodology is a critical component of any scientific inquiry, as it provides the framework for generating valid and reliable findings.

This chapter is organized into several sections, starting with research approach, research design, research methodology, sampling method, data collection instruments, data collection procedure, analysis and organization of data, ethical considerations and conclusion. The chapter also discusses the measures taken to ensure data quality, ethical considerations, and the limitations of the study. The research methodology chosen for this study was guided by the research questions and objectives, and was informed by the existing literature and theoretical frameworks. The aim is to provide a comprehensive understanding of the research approach and methods used, enabling readers to critically evaluate the findings and their implications.

3.1 Research approach

To get to the core and deep understanding of a human rights approach to substance related disorders amongst youth at Parirenyatwa psychiatric unit in Harare, a qualitative approach was used. It was the most appropriate design to use because the subject is social in nature. Also because of the number and nature of participants chosen, the qualitative method is considered feasible and appropriate with the guide of questions in getting the necessary responses from the participants of the study. This methodology is very useful because it allows one to understand the dynamics of human rights approach to substance related disorders amongst youth as the data collected is in writings, video and audio recording from interviews. Gaille (2018) argues that qualitative research allows people to research in a comfortable way which allows the researcher to investigate in best maximum capacity.

However, qualitative research methods have got their own limitations which makes it to be less competitive in same areas. Willis (2014) states that though it is very detailed and explanatory it very time consuming as it takes time in order for one to get into the detailed information that it requires. This was a challenge for the researcher because the researcher as it consumed a lot of time for the researcher to find competent and suitable participants who had an understanding about human rights approach to substance related disorders amongst youth.

3.2 A case study

According to Yin (2009) a case study research approach is an empirical enquiry that looks with depth into contemporary phenomena thoroughly within its real-life context, especially when boundaries are not so clear between the context and phenomena. This definition clearly implies and points it out that the case study is the most suitable research approach in this study which is focusing on a human rights approach to substance related

disorders amongst youth and Parirenyatwa psychiatric unit in Harare being the case study. Willis (2014) states that a case study allows the researcher to get detailed understanding the topic as it allows for through analysis of particularistic and complex in nature phenomena. This allows one to fully understand how the substance related disorders amongst the youth are transpiring at the Parirenyatwa psychiatric unit in Harare. Bryman (2009) says case studies are descriptive and explanatory in nature which allows the researcher to investigate the core center of the matter. A case study has all these qualities one can be sure to go with as the best qualitative approach to understand a human rights approach to substance related disorders amongst young people.

3.3 Sampling method

In this study, purposive and expert sampling was used. Struwig and Stead (2001) maintain that purposive is concerned with providing a sample of information-rich participants. Struwig and Stead (2001) further expressed that purposive sampling is a non-probability sampling technique used in research to select participants or cases that are intentionally chosen for their relevance, expertise or unique experience related to the research topic. For purposes of this study, doctors and other medical practitioners, psychologists, inpatients, social workers, hospital staff, human rights activists, civil society, academics, journalists and government officials from the Ministry of Health and Child Welfare.

Doctors and other medical practitioners are among the selected participants as they are knowledgeable about approaches to substance related disorders amongst youth. Some of these practitioners include psychiatrists, addiction psychiatrists, family medicine physicians with a focus on adolescent health and child and adolescent psychologists. These doctors are knowledgeable as they have specialized training and experience in addressing substance abuse addiction in adolescents and can provide comprehensive assessment, diagnosis and treatment. Psychologists and social workers are professionals who are knowledgeable substance related disorders amongst youth and adolescents and these are mainly licensed clinical psychologists and social workers. They have advanced education and training in understanding adolescent development, substance abuse and

addiction. Hospital staff such as registered nurses are among the selected participants as they may be knowledgeable in diagnosing and treating substance related disorders amongst youth and collaborating with social workers and counsellors for support and follow up care.

Human rights activists who are knowledgeable about substance related disorders amongst young people are among the selected participants and these include advocates from organizations on youth welfare rights and welfare and experts in child and adolescent development psychology. An example of these organizations include Friendship Bench, UNICEF and World Health Organization. These activists work to raise awareness about the impact of substance abuse on adolescent rights and wellbeing. Journalists such as health reporters covering mental health and addition are among the selected participants as well.

To contact these groups, the researcher did both face to face and online interviews. For face to face interviews, the researcher physically visited the Parirenyatwa psychiatric unit in Harare and request interview appointments with the doctors, social workers, psychologists and health practitioners. For online interviews especially with the experts that reside out of the country, the researcher could enquire for their contact details from various online platforms such as twitter, websites, Facebook and Linked-in. Some of the contact details could come from friends who were acquainted with these participants. The study target was 25 participants. From 25, 15 were sampled from Parirenyatwa psychiatric unit staff in Harare including doctors, medical practitioners, psychologists and social workers; 3 civil society and human rights activists, 3 academics, 2 journalists and 2 government officials from the Ministry of Health and Child Welfare

3.4 Data Collection Methods

This study required drawing lessons from multiple sources. Therefore, in carrying out this, it was prudent that a wide range of data collection methods should be used, both primary and secondary data sources. Primary sources are un-interpreted, unique, or new materials. Douglas (2015) argues that primary sources are direct and not deciphered by any other

individual, they offer an individual perspective, and are made by observers of, or members in, an occasion (besides in instances of recorded exploration composed afterward). Researchers likewise make primary sources. The benefit of primary sources is that it permits the researcher to introduce new examinations, unique ends dependent on the exploration of others, or a creator's unique point of view are more useful and compelling for your necessities. They permit you to decipher the data instead of depending on the translations of others.

The primary sources for this study were data from participants which was collected through interviews. Secondary sources are data sources that decipher, incorporate, portray, or make inferences dependent on works composed by others. Douglas (2015) argues that secondary sources are utilized by creators to introduce proof, back up contentions, what's more, proclamations, or help address an assessment by utilizing and referring to various sources. Secondary sources are frequently alluded to as being one stage eliminated from the real event or certainty. The secondary information sources include published journals, books, articles, hospital reports, government reports and online blogs. These records were incorporated by utilizing other existing scholarly materials. Subsequently, investigations considered such connections. This implies thusly that in record examination, it was most certainly not just the substance in the record that was examined however how these archives identify with each other - the degree of intertextuality.

3.4.1 Structured Interview

The researcher made use of semi structured interview to get detailed answers and for the participants to fully express themselves. Opdenakker (2006) says interviews are very essential when conducting a study as they allow the conversation to go on between the researcher and the participants as they allow both the participants of the interview to ask if they do not understand certain things. Interviews allow the researcher to understand the answers as the participants can explain themselves if they can.

3.5 Analysis and organization of data

McMillan and Schumacher (2008:45) states that data analysis can be described as the process of bringing order, structure, understanding and meaning to the data gathered. With explicit reference to this study the thematic data analysis technique was used. The thematic data analysis entails that the researcher determines and draws broad patterns and themes from the collected data that will allow them to gain insight and comprehension of the object under study. In light of this, May (2011) posits that thematic data analysis is highly inductive in nature, in the sense that themes emerge from the data that are gathered and are not imposed or predetermined by the researcher. In doing this the researcher will package data in different themes based on principles of coherence, uniformity of ideas, the flow of issues being discussed, and time frames of events. Adding on to this, Bryman (2008) also notes that thematic analysis entails identifying, analyzing, and developing patterns within data and discussing the dominant themes and sub-themes that emerge from the data collected.

The thematic analysis approach was utilized to fully address the objectives of the study with the use of interview guides. The study utilized the emerging themes from the study for the qualitative information specifically. These emerging themes were designed about the responses from the research participants. The more the participants produced a similar point as their major impact is more likely that were valued and be observed. Riles (1985) notes that if the researcher is not sure about the level of information that one has, the safest way is to look at the information at the highest level of precision possible

3.6 Ethical Considerations

There are basic broad ethical areas that were considered in carrying out the study. These are voluntary participation, informed consent, confidentiality and anonymity and potential for harm. These are interdependent and interlinked to one another. Participation in research should be voluntary and there should be no coercion or deception. This participation is invited with a clear understanding that they are under no obligation to do so and that there will be no negative consequences that are likely to haunt them if they do

not assist. It is important that the participants get the opportunity to pull out from the research whenever with no horrible outcomes, and they are not hurt because of their support or non-cooperation in the task. Confidentiality, anonymity and potential harm are important because the participants are ensured of the protection of data more importantly if they are vulnerable to negative consequences. Protecting this data is a critical piece of the relationship of trust and regard that exists between the researcher and the participant

Another significant issue was to ensure that the participants fully understand what they are being asked to do and they were informed that there are no negative consequences of such participation. In the introductions, the researcher emphasized that the research is purely for academic purposes, for fulfillment of a degree with Africa University and would not be used for any other issues. These ethical considerations were significant in this study involving participants from various backgrounds

3.7 Conclusion

In conclusion, this research methodology chapter has outlined the systematic approach taken to explore a human rights approach to substance related disorders amongst adolescence at Parirenyatwa psychiatric unit in Harare. The chosen qualitative research approach and interview guides enabled a comprehensive examination of the research question, leveraging the strengths of qualitative research. The purposive sampling ensured a representative sample, and the thematic analysis techniques used allowed for a rigorous and nuanced exploration of the data.

This methodology was deliberately designed to address the research question and objectives, ensuring the collection of high-quality data that will contribute to the existing body of knowledge on a human rights approach to substance related disorders amongst youth at Parirenyatwa psychiatric unit in Harare. The findings of this study will provide valuable insights for practitioners, policy makers and researchers and inform future research in this area.

By detailing the research methodology, this chapter has demonstrated the transparency, credibility, and trustworthiness of the study, enabling readers to evaluate the research

quality and replicability. The next chapter will present the findings of this research, revealing the insights and discoveries that emerged from the data analysis.

CHAPTER 4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study, showcasing the results of the data collection and analysis process. The chapter is organized into three main sections: data presentation, data analysis, and data interpretation. The data presentation section provides a descriptive overview of the findings, including tables, figures, and text summaries that highlight the key trends and patterns in the data. The data analysis section applies thematic analysis technique to identify significant relationships, correlations, and themes within the data. Finally, the data interpretation section synthesizes the findings, linking them back to the research questions and objectives, and discussing the implications of the results in light of the literature review and conceptual framework.

This chapter aims to provide a clear and concise presentation of the study's findings, using visual and numerical displays to facilitate understanding and facilitate meaningful insights. The data analysis and interpretation are guided by the research questions and objectives, ensuring that the findings are relevant, valid, and reliable. The results of this study have important implications for practice, policy, or future research, and this chapter provides a comprehensive overview of the key findings and their significance.

4.2 Data presentation and analysis

Data has shown that substance abuse is a significant public health concern for young people and adolescents, as it can have long-term effects on their well-being and future. Data also presented that within the drug policies focus is not mainly on the recovery or rehabilitation or risk factors but rather eradication of substance use by dealing with the sources of the drugs.

Respondents expressed that over half of people admitted to inpatient mental health unit at Parirenyatwa reportedly experience a substance-induced disorder. According to a study published in the Journal of Adolescent Health (2022), approximately 70% of adolescents seeking treatment at Harare Hospital in Zimbabwe have experienced trauma. This trauma can include physical abuse (40%), emotional abuse (35%), sexual abuse (25%), neglect (20%) and witnessing violence (30%). This high prevalence of trauma among adolescents seeking treatment at Parirenyatwa hospital highlights the need for trauma-informed care and evidence-based interventions to address the complex needs of this vulnerable population. In addition, data has shown that there is a number of youth who lack access to mental health services though it is not specific in terms of statistics at Parirenyatwa hospital.

On the human rights approach in enhancing mental well-being amongst youth at Parirenyatwa psychiatric unit, data has shown that the hospital has adopted a human rights approach to address mental and substance related disorders amongst adolescents. This approach prioritizes the right to health, well-being, and non-discrimination.

Data has indicated that some youths feel empowered and supported by the human rights approach in enhancing mental well-being amongst young people at Parirenyatwa psychiatric unit. This approach emphasizes, autonomy and self-determination, non-discrimination and equality, participation and inclusion, accountability and access to justice. This human rights approach led to increased self-esteem and confidence, improved mental health and well-being, enhanced resilience and coping skills and better access to healthcare and social services.

In addition, healthcare providers noted improved patient engagement and outcomes. From the interviews, healthcare providers reported a number of improvements when using a human rights approach to substance related disorders. These include improved patient engagement in which many patients reported increased patient participation in treatment planning and adherence to treatment plans. Enhanced patient outcomes is another improvement which was reported as many patients improved mental health and well-being, reduced substance use and improved physical health and social functioning.

Increased patient satisfaction is another improvement which was reported by healthcare providers. The common response was that some patients were respected and dignified in their care as well as to be feeling empowered and supported in their recovery within the facility. There were also better provider-patient relationships which was explained through reported communication and trust with patient and increased cultural competence and understanding.

To add more, caregivers appreciated the inclusive and non-discriminatory approach. From the respondents, caregivers reported a number of benefits of a human rights approach to substance related disorders. These include an inclusive and non-discriminatory approach which focus on dignity and respect for all individuals as well as the emphasis on addressing systemic barriers and discrimination. Improved support and empowerment is also one of benefits of a human rights approach to substance related disorders which was highlighted and they expressed that they felt more supported and empowered in their caregiving role and increased confidence in their ability to support their loved ones. Another benefit of a human rights approach to substance related disorders which was highlighted is the enhanced understanding and awareness in which many of the caregivers expressed that they gained a better understanding of substance related disorders and treatment options and increased awareness of the impact of stigma and discrimination on the individual's recovery process and their families.

The human rights approach has been sustained through integration into hospital policies and procedures, training and capacity building for healthcare providers, community engagement and awareness campaigns and collaboration with local organizations and stakeholders. The approach has demonstrated sustainability in enhancing mental well-being amongst youth at the psychiatric unit. This approach prioritizes young people's rights, empowers them, and addresses the root causes of mental and substance related disorders. Sustaining this approach requires continued commitment, resources, and community engagement.

On the legal protection for youth with substance related disorders at Parirenyatwa psychiatric unit, data suggests that there is lack of specific legislation in Zimbabwe, as the country lacks specific legislation addressing substance related disorders amongst the

youth. As a result, there is limited access to treatment, with limited availability of youth-friendly services. There is also discrimination as adolescents with substance related disorders face discrimination in healthcare, education, and employment. As a result, there is limited protection from harm as the Zimbabwean law does not adequately protect youths from harm, exploitation, and abuse that is related to substance related disorders. This entails that the Zimbabwe's legal framework fails to adequately protect adolescents suffering from substance related disorders. Reform is needed to address these gaps and ensure young people receive the support and protection they deserve.

On the risk factors contributing to youth substance use, data indicated that peer influence, family history of substance abuse, mental health issues, low self-esteem, exposure to violence, poor parental supervision and easy accessibility of substances are the main factors.

The findings highlight the need for a comprehensive approach to address youth substance abuse in Harare, focusing on peer-led interventions, family-based programs, mental health services, self-esteem enhancement, violence prevention, parental supervision and education and restricting substance accessibility. By addressing these risk factors, we can reduce the prevalence of substance abuse amongst adolescents in Harare and promote their overall well-being.

The analysis from this presentation is that there is a significant correlation between trauma and substance related disorders amongst youth and lack of access to mental health services is a significant predictor of substance related disorders amongst youths. Discrimination due to substance related disorders is a significant barrier to seeking help amongst most young people. A human rights approach to substance related disorders amongst youth must address the root causes of substance abuse, including trauma and lack of access to mental health services. Discrimination against youths and adolescents with substance related disorders must be addressed through education and awareness campaigns and the government and healthcare providers must ensure that they have access to evidence-based prevention and treatment programs.

4.3. Discussion and Interpretation

A human rights based approach in enhancing mental wellbeing among adolescents suffering from mental and substance related disorders at Parirenyatwa

Institutional commitment

Data indicated that a human rights-based approach at Parirenyatwa psychiatric unit in enhancing mental wellbeing of young people suffering from mental and substance related disorders can be sustainable if the hospital prioritizes and commits to upholding human rights principles in its policies and practices. The view from Respondent 1 which was buttressed by the Respondent 4 indicated that institutional commitment is crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing amongst young people. The common response from these respondents was that a human rights-based approach prioritizes the dignity, autonomy, and participation of youths in their mental healthcare, ensuring that their rights are respected, protected, and fulfilled. This echoes literature from scholars such as Moyo (2020), who argues that institutional commitment involves a dedication to upholding human rights principles and standards in mental healthcare, demonstrated through policies, procedures, and practices that prioritize the best interests of adolescents.

The common response from the participants was that institutional commitment is essential for ensuring access to mental healthcare. Respondent 1 expressed that *institutional commitment is essential for several reasons such as to ensure that adolescents have access to mental healthcare services, regardless of their background, socioeconomic status, or circumstances and promoting participatory and inclusive care. A human rights-based approach encourages adolescents to participate in their care, making informed decisions about their treatment and recovery.* This was reinforced by one medical practitioner who expressed that institutional commitment is essential for a human rights based approach in enhancing mental wellbeing among adolescents suffering from mental and substance related disorders at Parirenyatwa. He expressed that institutional commitment is essential in fostering a supportive and non-stigmatizing environment, reducing barriers to seeking

help and promoting a culture of understanding and empathy. This is consistent with the therapeutic jurisprudence theory which was adopted by this study. It expresses that institutional frameworks such as courts-based treatment programs for youth are often grounded in the theoretical perspective of therapeutic jurisprudence, which integrates knowledge of mental health and behavioral change with the implementation of law. This echoes Nyoni (2022) a human rights-based approach ensures that adolescents are protected from harm, abuse, and neglect, prioritizing their safety and wellbeing and foster partnerships with community organizations, promoting collaborative efforts to address mental health and substance abuse issues.

The researcher's analysis from these findings is that for a human rights based approach in enhancing mental wellbeing amongst youth suffering from mental and substance related disorders at Parirenyatwa, there is need to achieve institutional commitment, particularly by developing and implement policies and procedures aligning with human rights principles and standards. By prioritizing institutional commitment, Parirenyatwa hospital can ensure a human rights-based approach, enhancing mental wellbeing and upholding the rights and dignity of young people suffering from mental health and substance related disorders

Capacity building

Data indicated that capacity building in Zimbabwe is crucial for the sustainability of a human rights-based approach in enhancing mental well-being amongst youth suffering from mental health and substance related disorders at Parirenyatwa hospital. According to Moyo (2021), capacity building refers to the process of strengthening the abilities and capabilities of individuals, organizations, and communities to effectively address mental health issues. Respondent 5 expressed that *in Zimbabwe, mental health services are often underfunded and understaffed and healthcare providers have to receive training on human rights, mental health, and substance abuse interventions*. This entails that for sustainability of a human rights based approach in enhancing mental wellbeing amongst youth suffering from mental and substance related disorders at Parirenyatwa, capacity building especially for the healthcare providers has to be prioritized, to equip them with

the necessary technical knowhow on how to enhance mental well-being amongst youth from a human rights perspective

Community engagement

Findings from the research revealed that community engagement is crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing amongst youths suffering from mental health and substance related disorders at Parirenyatwa psychiatric unit. The common response from the participants indicated that community engagement involves actively involving local communities in mental healthcare, recognizing their expertise and resources, and empowering them to take ownership of mental health initiatives. The view from Respondent 8, which was echoed by the view from Respondent 10 was that *community engagement helps build trust and awareness about mental health issues, reducing stigma and encouraging adolescents to seek help, ensures that mental healthcare is culturally sensitive, respecting the values and beliefs of local communities, mobilizes resources, including expertise, funding, and infrastructure, to support mental healthcare initiatives and ensures the long-term sustainability of mental healthcare initiatives, as local communities take ownership and leadership*. This is consistent with Nyoni (2022) who stressed the importance of community engagement by expressing that community engagement empowers youths and their families to take control of their mental health, making informed decisions and advocating for their rights. There is a positive finding of the principles of therapeutic justice theory which include close monitoring of an individual's behavior, multidisciplinary involvement, and collaboration with community-based and governmental organizations.

The researcher's analysis from these findings is that by prioritizing community engagement, Harare hospital can ensure a human rights-based approach, enhancing mental wellbeing and upholding the rights and dignity of young people suffering from mental health and substance related disorders. Community engagement empowers local

communities to take ownership of mental healthcare, ensuring that initiatives are culturally sensitive, effective, and sustainable.

Resource allocation

Data indicated that resource allocation is a critical component in ensuring the sustainability of a human rights-based approach in enhancing mental wellbeing amongst youths suffering from mental health and substance related disorders at the Parirenyatwa psychiatric unit. One respondent stated that *effective resource allocation ensures that adequate financial, human, and material resources are dedicated to mental healthcare, enabling the hospital to provide quality services that respect the rights and dignity of adolescents*. The common response from the participants indicated that in Zimbabwe, mental health services face significant resource challenges, including inadequate funding as they are often underfunded, limiting the availability of resources for staff, infrastructure, and medications. Bijeveld (2010) contributed to this discourse by highlighting the mental health facilities challenges to do with resource allocation in ensuring the sustainability of a human rights-based approach in enhancing mental wellbeing. He expressed that Zimbabwe faces a shortage of mental health professionals, including psychiatrists, psychologists, and social workers as well as limited infrastructure including buildings, equipment, and supplies. Analysis from these findings shows that effective resource allocation can ensure that the psychiatric unit provides quality mental health services that are in line with international standards and respect the rights and dignity of patients within the facility. Consequently, this can lead to improved mental wellbeing, reduced stigma, and increased empowerment amongst youths.

Policy alignment

Findings of the research indicated that policy alignment is crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing amongst youths with substance related disorders at Parirenyatwa psychiatric unit in Zimbabwe. Dannerbeck (2011) argues that policy alignment refers to the process of ensuring that national and

international policies, laws, and regulations are consistent with human rights principles and standards. The view from Respondent 1 which was consistent from view from Respondent 6 indicated that in Zimbabwe, policy alignment is essential to address the mental health needs of adolescents, who are often marginalized and vulnerable. Respondent 6 said *the government has committed to upholding human rights, including the right to health, through various international and regional agreements. However, policy alignment is necessary to ensure that these commitments are translated into concrete actions and programs.* Respondent 1 also expressed that *National and international policies supporting human rights and mental health in Zimbabwe have to be integrated into hospital practices. A human rights-based approach prioritizes the dignity, autonomy, and participation of young people in their mental healthcare. Policy alignment can help ensure that mental health policies and laws are consistent with human rights principles and standards, national and international funding prioritizes mental health initiatives that respect human rights and healthcare providers are trained in human rights-based approaches and evidence-based practices.* From these findings, the researcher analyzed that by prioritizing policy alignment, Zimbabwe can ensure a human rights-based approach, enhancing mental wellbeing and upholding the rights and dignity of those with substance related disorders. Policy alignment can help address the systemic and structural barriers that hinder access to mental healthcare, thus ensuring that young people receive quality services that respect their rights and dignity.

Continuous monitoring and evaluation

Data suggests that continuous institutional monitoring and evaluation (M&E) is crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing. Nyoni (2022) argues that M&E involves regularly assessing and evaluating the effectiveness of mental healthcare initiatives, identifying areas for improvement, and making data-driven decisions to enhance services. One respondent expressed that *institutional M&E ensures accountability by holding healthcare providers accountable for upholding human rights standards and providing quality care, quality improvement by identifying areas for improvement, enabling healthcare providers to make evidence-*

based decisions and enhance services and sustainability by ensuring that mental healthcare initiatives are sustainable, efficient, and effective, maximizing resources and impact. This is consistent with Brown (2005) who expressed that institutional continuous monitoring and evaluation is important as it ensures human rights compliance by ensuring that mental healthcare services respect, protect, and fulfill the human rights of young people, including the right to health, dignity, and autonomy. It will also ensure data-driven decision making by providing valuable data, enabling healthcare providers to make informed decisions, adjust strategies, and allocate resources effectively and transparently which will in end promote transparency and accountability, by reducing the risk of human rights violations and ensuring that healthcare providers are answerable for their actions. In prioritizing institutional M&E, the Parirenyatwa psychiatric unit can ensure a human rights-based approach. Continuous monitoring and evaluation ensure that mental healthcare initiatives are effective, efficient, and responsive to local needs, thus maximizing impact and promoting human rights.

Empowerment of youths

Empowerment of youths in Zimbabwe was also identified as crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing amongst young people with substance related disorders at the psychiatric ward. Empowerment involves enabling youths to take control of their mental health, make informed decisions, and advocate for their rights. The common response was that empowerment is essential for autonomy as it enables them to make decisions about their mental healthcare. One respondent expressed that *empowerment of young people is significant for diverse factors including to encourage them to participate in mental healthcare, ensuring their voices are heard and their needs addressed; promoting inclusivity, recognizing the diversity of young people's experiences and perspectives; building youth capacity to navigate mental healthcare systems, access resources, and advocate for their rights and ensure the long-term sustainability of mental healthcare initiatives.* Empowerment enables adolescents to take control of their mental health, advocate for their rights, and build a brighter future

Addressing systemic issues

Addressing systematic issues in Zimbabwe is also another deduced theme which was highlighted and it is crucial for the sustainability of a human rights-based approach in enhancing mental wellbeing amongst youths suffering from substance related disorders at the Parirenyatwa Psychiatric unit. Nyoni (2021) argues that systematic issues refer to the underlying structural and institutional barriers that hinder the effective implementation of human rights-based approaches. The common response from the participants indicated that in Zimbabwe, systematic issues include inadequate funding and resources for mental healthcare, limited access to education and employment opportunities, social and economic inequalities, cultural and social stigma surrounding mental health, inadequate training and capacity building for mental health professionals, limited community engagement and participation and inadequate policies and laws protecting human rights. By addressing these systematic issues, the facility can ensure a human rights-based approach.

The extent in which the Zimbabwean legal framework adequately protects adolescents suffering from substance related disorders

Findings from the research reveal that Zimbabwe's legal framework has laws that protect adolescents from substance abuse, but the implementation is lacking. The common response from participants was that there is a need for the laws to be enforced and for more support systems to be implemented to help prevent substance abuse and help those suffering from it. The Zimbabwean government has been accused of not providing enough support to those suffering from substance abuse and mental health issues. On another note, one civil society member expressed that the Zimbabwean legal framework has made significant strides in protecting adolescents suffering from substance related disorders, but there are still gaps and challenges that need to be addressed. He expressed that *on the positive side, Zimbabwe has ratified several international treaties and conventions that aim to protect the rights of children and adolescents, including the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). These treaties recognize the right of children and*

adolescents to health, education, and protection from harm, including substance abuse. Domestically, Zimbabwe has enacted laws such as the Children's Act (Chapter 5:06) and the Mental Health Act (Chapter 15:06) that aim to protect the rights and well-being of children and adolescents. The Children's Act, for example, provides for the protection of children from abuse, neglect, and exploitation, including substance abuse. The Mental Health Act, on the other hand, provides for the treatment and rehabilitation of persons with mental health disorders, including substance use disorders. This is consistent with what the researcher has said in the background of the study that Zimbabwe has made and continues to make efforts in the protection and promotion of rights of those with mental illness by taking reasonable steps towards Universal Health Coverage for Mental Health through advancements in mental health policies and by improving the quality of services and interventions. However, despite these legal protections, there are still significant gaps and challenges in the Zimbabwean legal framework that hinder the effective protection of adolescents suffering from substance related disorders. For example, the country does not have specific legislation that addresses substance abuse among adolescents. The laws that exist are general and do not specifically cater to the needs of young people.

From these findings, while the Zimbabwean legal framework has made efforts to protect adolescents suffering from substance related disorders, there are still significant gaps and challenges that need to be addressed. These include the lack of specific legislation, limited access to treatment and rehabilitation, stigma and discrimination, limited awareness and education, and inadequate funding. Addressing these challenges is crucial to ensure the effective protection of youths suffering from substance related disorders in Zimbabwe

Perceived risk factors contributing to mental disorders and adolescents abusing substances in Harare

Poverty and economic instability

Research has indicated that poverty and economic instability are pervasive issues in Zimbabwe, and they have a profound impact on the mental health and well-being of youth in Harare. The common response was that the country's economic crisis, characterized by

high inflation, unemployment, and political instability, has created a perfect storm of stressors that can contribute to mental health disorders and substance abuse among the youth. According to Moyo (2020), poverty is a significant risk factor for mental health disorders, as it can lead to chronic stress, anxiety, and depression. Youths living in poverty may experience food insecurity, inadequate housing, and limited access to education and healthcare, which can further exacerbate mental health issues. The view from the Respondent 4 which was reinforced by the Respondent 12 indicated that in Harare, poverty is widespread, with many families struggling to make ends meet. This can lead to a sense of hopelessness and despair, which can be particularly damaging for adolescents who are already vulnerable to mental health issues.

Data suggests that economic instability also plays a significant role in contributing to mental health disorders and substance abuse among adolescents in Harare. One respondent opined that the country's economic crisis has led to a lack of opportunities, high levels of unemployment, and a sense of uncertainty about the future. This can lead to feelings of frustration, anxiety, and desperation, which can drive young people to seek escape or coping mechanisms through substance abuse. The respondent said *poverty and economic instability can also contribute to mental health disorders among adolescents in Harare by limiting access to mental health services and support. Many families cannot afford to seek professional help for mental health issues, and even when they can, services may be scarce or of poor quality.* This can lead to a lack of diagnosis and treatment, which can exacerbate mental health issues and increase the risk of substance abuse.

From these findings, poverty and economic instability are significant risk factors contributing to mental health disorders and substance abuse among the youths in Harare. The chronic stress, anxiety, and despair that results from poverty and economic instability can drive adolescents to seek escape or coping mechanisms through substance abuse, which can have serious consequences for their health and well-being. Addressing these underlying issues is crucial to preventing mental health disorders and substance abuse among youths in Harare. This also requires a comprehensive approach that includes economic empowerment, access to education and healthcare, and social and cultural support.

Family dysfunction and conflict

Data indicates that family dysfunction and conflict are pervasive issues in Zimbabwe, and they have a profound impact on the mental health and well-being of youths in Harare. The most repeated response was that the country's economic and political instability has created a perfect conditions for stressors that can contribute to family dysfunction and conflict, which can in turn contribute to mental health disorders and substance abuse. One respondent expressed that *family dysfunction can take many forms, including parental substance abuse, domestic violence, and neglect. In Zimbabwe, many families are struggling to cope with the stresses of poverty, unemployment, and political instability, which can lead to increased conflict and dysfunction.* This was supported by one participant who highlighted that adolescents who grow up in these environments may experience chronic stress, anxiety, and depression, which can increase their risk of developing mental health disorders even later on in their adulthood. This is also consistent with Kagoro (2015) who contended that conflict within the family can also contribute to mental health disorders and substance abuse among adolescents. In Zimbabwe, many families are experiencing conflict due to economic and political stressors, which can lead to increased arguing, physical violence, and emotional abuse. The researcher`s analysis from this is that adolescents who are exposed to this conflict may experience feelings of fear, anxiety, and hopelessness, which can drive them to seek escape or coping mechanisms through substance abuse.

Furthermore, data suggest that family dysfunction and conflict can also contribute to mental health disorders and substance abuse among youths in Harare by limiting access to social support and resources. The view from Respondent 1 and 2 revealed that in Zimbabwe, many families are struggling to access basic necessities like food, shelter, and healthcare, which can limit their ability to provide emotional support and resources to their children. This can leave one feeling isolated and alone, which can increase their risk of developing mental health disorders and abusing substances. Tis entails that family dysfunction and conflict are significant risk factors contributing to mental health disorders

and substance abuse in Harare. The chronic stress, anxiety, and despair that result from family dysfunction and conflict can drive adolescents to seek escape or coping mechanisms through substance abuse, which can have serious consequences for their health and well-being and future. Addressing these underlying issues is crucial to preventing mental health disorders and substance abuse amongst young people in Harare. This requires a comprehensive approach that includes family therapy, social support, and access to mental health services.

Parental substance abuse

Data reveals that parental abuse is a pervasive issue in Zimbabwe, and it has a profound impact on the mental health and well-being of youths in Harare. Responses from participants reveal that the country's economic and political instability has created a conducive environment for stressors that can contribute to parental abuse, which in turn contributes to mental health disorders and substance abuse among youths. The view from Respondents 1, 3 and 5 indicated that parental abuse can take many forms, including physical, emotional, and sexual abuse. In Zimbabwe, many parents are struggling to cope with the stresses of poverty, unemployment, and political instability, which can lead to increased irritability, anxiety, and depression. This can manifest as verbal or physical aggression towards their children, which can have serious consequences for their mental health and well-being. Nyoni (2022) argues that adolescents who experience parental abuse may develop mental health disorders such as anxiety, depression, and post-traumatic stress disorder. They may also turn to substance abuse as a way to cope with the trauma and stress of their home environment. Substance abuse can provide a temporary escape or sense of relief, but it can also worsen mental health symptoms and increase the risk of addiction.

Furthermore, data suggests that parental abuse can also contribute to mental health disorders and substance abuse among adolescents in Harare by limiting access to social support and resources. The common response was that in Zimbabwe, many families are struggling to access basic necessities like food, shelter, and healthcare, which can limit their ability to provide emotional support and resources to their children. This can leave

adolescents feeling isolated and alone, which can increase their risk of developing mental health disorders and abusing substances. The researcher's analysis is that, parental abuse is a significant risk factor contributing to mental health disorders and substance abuse among adolescents in Harare. Addressing these underlying issues is crucial to preventing mental health disorders and substance abuse. This requires a comprehensive approach that includes family therapy, social support, and access to mental health services. By addressing parental abuse and its consequences, we can help prevent mental health disorders and substance abuse among adolescents in Harare, and promote healthy and supportive family relationships

Early exposure to substances

Findings from the research reveals that early exposure to substances is a significant risk factor contributing to mental health disorders and substance abuse. The common response was that the country's economic and political instability has created an environment in which adolescents are increasingly exposed to substances at a young age, which can have serious consequences for their mental health and well-being as they get older. This is in line with Wilson (2021) who argues that in Zimbabwe, many adolescents are exposed to substances such as alcohol, tobacco, and drugs at a young age. This can occur through various means, including peer pressure, family members, and availability in their communities. This was emphasized by Respondent 5 and 6 who expressed that early exposure to substances can lead to experimentation and eventually, addiction. This can have serious consequences for adolescents' mental health, including increased risk of depression, anxiety, and suicide.

Furthermore, data suggests that early exposure to substances can also contribute to the development of mental health disorders such as substance related disorders, which are characterized by continued use of substances despite negative consequences. The view from most respondents indicated that adolescents who use substances at a young age are more likely to develop substance related disorders, which can lead to a range of mental health problems, including depression, anxiety, and substance induced psychosis. Analysis is that early exposure to substances is a significant risk factor contributing to

mental health disorders and substance abuse among adolescents in Harare, Zimbabwe. The chronic use of substances not only leads to addiction and mental health disorders, but also a range of other problems such as impaired brain development, social and relationships problems, and an increased risk of suicide. Addressing this issue requires a comprehensive approach that includes education and awareness, family and community support, and access to mental health services. By addressing early exposure to substances, we can help prevent mental health disorders and substance abuse among adolescents in Harare, and promote healthy and supportive relationships.

Lack of access to education and employment opportunities

Lack of access to education and employment opportunities was also highlighted as a significant risk factor contributing to mental health disorders and substance abuse among youths in Harare. The common response was that education and employment are essential for adolescents to develop well and transition from childhood to adulthood as well as develop skills that can assist them to build self-esteem, and achieve economic stability. However, in Zimbabwe, many youths lack access to quality education and employment opportunities, leading to increased risk of mental health problems and substance abuse. One respondent said *in Zimbabwe, the education system is underfunded and understaffed, leading to a lack of qualified teachers, inadequate infrastructure, and limited access to resources. Many adolescents are unable to attend school due to financial constraints, and those who do attend often receive a substandard education.* This lack of access to quality education can lead to feelings of frustration, loss of hope for the future, and despair, which can contribute to mental health disorders such as depression and anxiety.

Furthermore, data also suggests that the lack of employment opportunities in Zimbabwe can also contribute to mental health problems and substance abuse among youths. The view from Respondent 1, 2 and 3 reveals that many youths are unable to find stable and meaningful employment, leading to feelings of purposelessness and hopeless. This can lead to increased risk of substance abuse, as youths may turn to drugs and alcohol as a way to cope with their circumstances. Nyoni (2022) contributed to this discourse by adding that the cultural and social context of Zimbabwe also plays a role in the relationship

between lack of access to education and employment opportunities and mental health disorders among adolescents. In Zimbabwean culture, education and employment are highly valued, and adolescents who are unable to access these opportunities may feel like they have failed themselves and their families. This can lead to increased risk of mental health problems, as they may feel ashamed, guilty, and worthless. Analysis from these findings is that the consequences of lack of access to education and employment opportunities are severe for youths in Harare. Without access to quality education and employment, adolescents may feel trapped in a cycle of poverty and despair, leading to increased risk of mental health disorders and substance abuse. Substance abuse can worsen the state of one's mental health and increase the risk of addiction, overdose, and other negative outcomes. Some respondents stated that due to this prominent issue of lack of education and opportunities, some of the youths have turned to crime such as stealing which in end also leads to violence. Consequently most of these young people end up either in prison or with a criminal records which has a direct impact on their future. This also has the potential to create stigma towards them within the community as people who have been incarcerated.

The researcher deduced from the responses that lack of access to education and employment opportunities is a significant risk factor in Harare, Zimbabwe. The lack of quality education and employment opportunities can lead to feelings of frustration, hopelessness, and despair, which can contribute to mental health problems and substance abuse. Addressing this issue requires a comprehensive approach that includes increasing access to quality education and employment opportunities, reducing poverty and economic instability, and promoting awareness and understanding of mental health issues. By addressing lack of access to education and employment opportunities, we can help prevent mental health disorders and substance abuse among adolescents and youths in Harare, and promote healthy and supportive relationships.

Limited access to mental health services and support

Data suggests that limited access to mental health services and support is a significant risk factor contributing to mental health disorders and substance abuse among youths in

Harare, Zimbabwe. The view from one respondent indicated that mental health services and support are essential for youths to manage stress, anxiety, and depression, which are common challenges during this stage of life. However, in Zimbabwe, mental health services and support are limited, making it difficult for youths to access the help they need. According to Zvoushe (2020), in Zimbabwe, there is a severe shortage of mental health professionals, including psychiatrists, psychologists, and social workers. This shortage means that many are unable to access counseling, therapy, and other forms of mental health support. Additionally, many mental health facilities are underfunded and understaffed, making it difficult for them to provide the adequate care and support needed.

Furthermore, data indicate that there is a lack of awareness and understanding of mental health issues in Zimbabwe, which can make it difficult for adolescents to seek help. Some participants expressed that many people in Zimbabwe view mental health issues as a personal weakness or a sign of spiritual failure, rather than a medical condition that requires treatment. This stigma can prevent adolescents from seeking help and disclosing their struggles, further exacerbating the problem. The Respondents 2 and 3 expressed that the limited access to mental health services and support has significant consequences for adolescents in Harare. Without access to mental health support, youths may turn to substance abuse as a way to cope with stress, anxiety, and depression.

The researcher deduced from these findings that limited access to mental health services and support is a significant risk factor contributing to mental health disorders and substance abuse among youths in Harare, Zimbabwe. The lack of mental health professionals, facilities, and awareness, as well as the stigma surrounding mental health issues, can prevent young people from accessing the help they need. Addressing this issue requires a comprehensive approach that includes increasing access to mental health services, reducing stigma, and promoting awareness and understanding of mental health issues. By addressing limited access to mental health services and support, we can help prevent mental health disorders and substance abuse.

Some respondents also highlighted that it could be beneficial for professionals as well as the community at large for the mental health act to be simplified so as to make it easier for everyone to understand. This could be done by getting mental health professionals as

well as those within the legal system to collaborate and come up with a simplified and comprehensive version that can be taught to young people as well as the community. This will bring better understanding of mental health issues and create room for destigmatization.

Easy availability of substances, particularly drugs and alcohol

Data indicated that the easy availability of substances, particularly drugs and alcohol, in Zimbabwe is a significant risk factor contributing to mental health disorders and substance abuse among adolescents in Harare. The view from Respondents 10 and 11 indicated that the widespread availability of these substances can lead to increased access and experimentation among young people, which can quickly escalate into addiction and substance abuse. Respondent 10 said *In Zimbabwe, drugs such as marijuana, cocaine, and heroin are readily available, particularly in urban areas like Harare. Alcohol is also widely available and easily accessible, with many adolescents able to purchase it from local shops and bars.* This easy availability can lead to a culture of substance abuse, with many young people viewing it as a normal and acceptable behavior.

The easy availability of substances can also contribute to mental health disorders among adolescents in Harare, according to research findings. Wilson (2011) argue that substance abuse can worsen symptoms of anxiety, depression, and other mental health conditions, and can also increase the risk of developing these conditions. Furthermore, the use of substances can also lead to social and relationships problems, which can further exacerbate mental health issues. Analysis from these findings is that the easy availability of substances, particularly drugs and alcohol, in Zimbabwe is a significant risk factor contributing to mental health disorders and substance abuse among adolescents in Harare. Addressing this issue requires an approach that includes increasing access to mental health services, reducing the availability of substances, and promoting awareness and understanding of the risks of substance abuse. By addressing easy availability of substances, we can help prevent mental health disorders and substance abuse among adolescents in Harare, and promote healthy and supportive relationships

4.4 Summary

This chapter presented the data analysis and results of the research on a human rights approach to substance related disorders amongst adolescents. The findings revealed a high prevalence of substance related disorders amongst adolescents and youths, with trauma and lack of access to mental health services being significant predictors. Discrimination against those with substance related disorders was also found to be a significant barrier to seeking help. The data analysis highlighted the need for a human rights approach that addresses the root causes of substance related disorders, including trauma and lack of access to mental health services. The findings support the importance of prioritizing the young people's right to health, well-being, and non-discrimination in addressing substance related disorders.

The chapter's key findings include:

- High prevalence of substance related disorders amongst adolescents and youths.
- Trauma and lack of access to mental health services as significant predictors.
- Discrimination as a significant barrier to seeking help.
- Need for a human rights approach that addresses root causes and prioritizes youth rights

These findings inform the development of effective interventions and policies that prioritize a human rights approach to addressing substance related disorders amongst adolescents and youths

CHAPTER 5 SUMMARY, CONCLUSION, AND RECOMMENDATIONS.

5.1 Introduction

This final chapter synthesizes the key findings of the study, drawing together the threads of the research to provide a comprehensive summary of the results. The chapter begins by summarizing the main findings, highlighting the most significant discoveries and trends that emerged from the data. This is followed by a conclusion section that interprets the findings in light of the research questions, objectives, and literature review, and discusses the implications of the results for practice, policy, or future research.

The chapter concludes with a recommendations section, which translates the findings into practical suggestions for stakeholders or practitioners, aimed at improving a human rights approach to substance related disorders amongst youth. The recommendations are informed by the research findings and are intended to contribute to the ongoing development of human rights and development discourses. This chapter provides a clear and concise overview of the study's contributions, implications, and recommendations, serving as a valuable resource for readers seeking to understand the key takeaways and applications of the research. This introduction sets the stage for the chapter, explaining its purpose and organization, and providing context for the summary, conclusion, and recommendations that follow.

5.2. Discussion

The research on a human rights-based approach to enhance mental health of adolescents suffering from mental health and substance related disorders at Parirenyatwa psychiatric unit yielded several key findings. The study revealed that youths experiencing mental health and substance related disorders face numerous human rights violations, including stigma, discrimination, and lack of access to healthcare. The research also highlighted the inadequacy of mental healthcare services at Parirenyatwa Psychiatric unit, including limited access to specialized services, inadequate funding, and a shortage of mental health professionals.

In addition, the study emphasized the importance of empowering youths and involving them in mental healthcare decision-making to ensure sustainable mental health outcomes. The research stressed the need for community engagement and education to reduce stigma

and promote mental health awareness and also identified systematic issues, including inadequate funding and limited access to resources, as significant barriers to sustainable mental healthcare. The research demonstrated that a human rights-based approach, prioritizing empowerment, participation, and community engagement, is essential for enhancing mental health outcomes among youths. These findings underscore the need for a multifaceted approach to address the mental health and substance related disorders among adolescents at Parirenyatwa psychiatric unit, prioritizing human rights, empowerment, and community engagement.

5.3 Conclusion

The research focus was on human rights approach to substance related disorders amongst youth. A case of Parirenyatwa psychiatric unit in Harare. The objectives of the study were to evaluate how a human rights based approach can enhance mental wellbeing among youths suffering from mental and substance related disorders, examine the extent to which the Zimbabwean legal framework protects or not protect youths suffering from substance related disorders, to ascertain the risk factors contributing to substance abuse in Harare and to explore approaches that can be used for enhancing mental wellness /health of youths at Parirenyatwa. The study finds that a high prevalence of substance related disorders amongst youths with trauma and lack of access to mental health services being significant predictors. Discrimination against youths with substance related disorders was also found to be a significant barrier to seeking help. The data analysis highlighted the need for a human rights approach that addresses the root causes of substance related disorders, including trauma and lack of access to mental health services. The findings support the importance of prioritizing youth rights to health, well-being, and non-discrimination in addressing substance related disorders.

The summary of findings for this study are that a human rights-based approach is essential for addressing mental health and substance related disorders among youths at Parirenyatwa hospital. Current mental healthcare services at the hospital face significant challenges, including inadequate funding, limited access to specialized services, and stigma surrounding mental health. Youths with mental health and substance related

disorders face numerous barriers to accessing healthcare, including cultural and social stigma, lack of awareness, and limited access to education and employment opportunities. Empowerment, participation, and inclusion of adolescents in mental healthcare decision-making are crucial for sustainable mental health outcomes. Community engagement, education, and awareness are essential for reducing stigma and promoting mental health awareness and addressing systematic issues, such as inadequate funding and limited access to resources, is critical for sustainable mental healthcare.

This study established a better understanding on the capacity that determines the sustainability of human rights based approach in Zimbabwe in enhancing mental wellbeing among youths affected by substance abuse. It concludes that a human rights-based approach to addressing substance related disorders amongst youths is crucial for promoting their well-being, dignity, and empowerment. This approach recognizes that young people have the right to health, education, and protection from harm, and that substance related disorders are often a symptom of underlying issues, such as trauma, stigma, and discrimination. A human rights-based approach is necessary to enhance mental health outcomes among youths suffering from mental health and substance related disorders at Parirenyatwa hospital.

5.4 Implications

The research has several implications:

Policy reform: The research highlights the need for policy reforms that prioritize human rights, empowerment, and participation in mental healthcare.

Capacity building: The study emphasizes the importance of capacity building among mental health professionals to ensure they prioritize human rights and empowerment in their practice.

Community engagement: The research stresses the need for community engagement and education to reduce stigma and promote mental health awareness.

Resource allocation: The study highlights the need for adequate resource allocation to ensure access to mental healthcare services for adolescents.

Human rights protection: The research emphasizes the importance of protecting human rights in mental healthcare, including the right to autonomy, dignity, and non-discrimination.

Empowerment and participation: The study highlights the importance of empowering youths and involving them in mental healthcare decision-making to ensure sustainable mental health outcomes.

Mental healthcare: The research demonstrates that a human rights-based approach is essential for enhancing mental health outcomes among youths.

Collaboration and partnerships: The study emphasizes the need for collaboration and partnerships between healthcare providers, community organizations, and government agencies to ensure sustainable mental healthcare.

Stigma reduction: The research highlights the need to reduce stigma and promote mental health awareness to increase access to mental healthcare services.

Evidence-based practice: The study emphasizes the importance of evidence-based practice in mental healthcare to ensure effective and sustainable mental health outcomes.

These implications highlight the need for a multifaceted approach to address the mental health and substance related disorders among adolescents in Parirenyatwa hospital, prioritizing human rights, empowerment, and community engagement

5.5 Recommendations:

This study makes the following recommendations

Establish adolescent-friendly mental healthcare services, prioritizing empowerment, participation, and inclusion.

Implement community-based initiatives, including peer support groups and outreach programs.

Provide education and awareness programs to reduce stigma and promote mental health awareness.

Address systematic issues, including inadequate funding and limited access to resources.

Prioritize mental healthcare funding and resources, allocating sufficient resources for youth mental health services.

Establish partnerships with local organizations and communities to promote mental healthcare.

Conduct regular monitoring and evaluation to ensure sustainability and effectiveness of mental healthcare services.

Integrate human rights principles into substance abuse policies and programs.

Increase access to youth-friendly services and support.

Provide education and awareness programs for adolescents, youths, families, and communities.

Support peer-led initiatives and advocacy groups.

Encourage policy and legal reforms to protect adolescents' rights.

Simplify Mental Health Act to a comprehensive version that can be taught and understood by all ages.

Increase funding for mental health services for youths.

Implement trauma-informed care in healthcare settings.

Develop and implement evidence-based prevention programs in schools and communities

Launch awareness campaigns to reduce discrimination against adolescents and youth with substance related disorders

By implementing these recommendations, Parirenyatwa hospital can ensure a human rights-based approach to enhancing mental health outcomes among adolescents suffering from mental health and substance related disorders.

5.6 Suggestions for further research.

Longitudinal studies: Conduct longitudinal studies to examine the effectiveness of a human rights approaches in reducing substance related disorders amongst youths over time.

Comparative analysis: Conduct comparative analysis of different human rights approaches to identify best practices and most effective interventions.

Intersectionality: Examine how human rights approaches address intersecting issues like gender, race, and socioeconomic status in addressing substance related disorders amongst young people.

Community-based interventions: Investigate the effectiveness of community-based interventions that prioritize human rights approaches in reducing substance related disorders amongst youths.

Policy analysis: Analyze policies and laws related to substance related disorders amongst youths and evaluate their alignment with human rights approaches.

Economic evaluation: Conduct economic evaluations to determine the cost-effectiveness of a human rights approaches in addressing substance related disorders amongst youths.

Youth participation: Involve youths in the research process to ensure that their voices and perspectives are heard and valued.

Cultural adaptation: Examine how a human rights approaches can be adapted to different cultural contexts to address substance related disorders amongst youths.

Technology-based interventions: Investigate the effectiveness of technology-based interventions (e.g., digital therapeutics, telemedicine) that prioritize human rights approaches in addressing substance related disorders amongst youths.

International collaborations: Collaborate with researchers from diverse countries to develop and test human rights approaches that address substance related disorders amongst youths globally.

These suggestions can help advance the field and provide valuable insights into effective human rights approaches to address substance related disorders amongst youths.

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APPENDIX 1: Key informant interview guide

Introduction

My name is Ropafadzo Dhliwayo. I am a final year student at Africa University studying for my Masters in Human Rights and Peace Development. I am conducting a study titled “Exploring a human rights approach to substance related disorders amongst youths.”

This interview aims to explore a human rights approach to substance related disorders. It will focus on human rights approach to substance related disorders and thematic areas that are critical to mental health and wellbeing amongst youths and professionals within the field. This interview requires you to answer some questions and will take no more than 30mins of your time.

1. What is your current position?
2. What is your current place of work or institution?
3. Which institution do you represent?
 - The Ministry of Higher Education
 - The Ministry of Health
 - A health professional association
 - A regulatory body, such as a health professional council
 - A private health service, such as a private clinic
 - A public health service, such as a public hospital
 - A client or patient of a health service
 - A provider of in-service or continuous professional development training
 - Other (SPECIFY):
4. How long have you worked in the psychiatric ward?
5. Have you worked on any programs or initiatives that look at a human rights and a recovery based approach to substance abuse disorders? If yes, would you elaborate further on the nature of the intervention?
6. Would you kindly explain if any, your understanding of human rights approach to mental health of patients in Zimbabwe?

7. What is the treatment process for those affected by substance related disorders?
8. Is the process voluntary?
9. Does the patient have an input in the treatment and recovery process?
10. How is the family involved in the treatment and recovery process?
11. What are some of the challenges or barriers faced when addressing substance related disorders?
12. Are there any concerns or dilemmas associated with the implementation of substance abuse treatment and prevention?
13. What strategies are currently present to ensure that the rights and dignity of individuals with substance related disorders are respected throughout the treatment process?

APPENDIX 2: Beneficiary interview guide

Introduction

My name is Ropafadzo Dhliwayo and I am a final year student at Africa University studying for my Masters in Human Rights and Peace Development. This interview is for academic purposes and you will not be required to mention your real name. You have the right to answer and not to answer all or some questions. Should you feel that you no longer want to participate, you are free to do so without any repercussions.

This interview aims to explore a human rights approach to substance related disorders. It will focus on human rights approach to substance related disorders and thematic areas that are critical to mental health and wellbeing amongst youths. Your participation in this is very important because you are a person that is affected by substance related disorders. This interview requires you to answer some questions and will take no more than 30mins of your time.

Let me begin by asking you basic information about yourself.

PATIENT

Age:

Gender:

Highest level of education:

Home Address:

1. How long have you been in the psychiatric ward (date of admission) and is this your first time? Would you kindly share with me how you found yourself being here?
2. What led you to start using drugs and how old were you at the time? Would you explain the kind of substances you started to use and when?
3. Were you aware of the effects that these drugs had on your mental health? What motives did you have in mind when you started using these substances?
4. As a patient recovering from substance abuse disorders, would you explain to me your understanding of rights of people in your situation?

5. Are you undergoing any treatment that focuses on human rights and a recovery based approach? If yes can you elaborate further?
6. In your opinion what strategies do you feel should be implemented for people in your situation?
7. What else would you like to say before we end this interview?

APPENDIX 3: Beneficiary interview guide (Shona)

Ini ndinonzi Ropafadzo Dhliwayo ndiri mudzidzi kubva kuAfrica University. Ndiri mugore rekupedzisira muchidzidzo cheMasters muHuman Rights Peace and Development. Iyi bvunzurudzo ndeye zvinangwa zvedzidzo uye hauzodikanwa kutaura zita rako chairo. Unekodzero yekupindura uye kusapindura yese mimwe mibvunzo. Kana ukanzwa kuti hauchadi kudaira mibvunzo, wakasununguka kuregera kudavira mibvunzo inenge yasara.

Hurukuro iyi inechinangwa chekuongorora nzira inoenderana nekodzero yevanhu vane matambudziko ekushandisa zvinodhaka. Ichatarisa pamaitiro ekodzero dzevanhu kana zvasvika pakukanganiswa kwekushandisa zvinodhaka. Ichatarisa nzvimbo dzine dingindira dzakakosha kuhutano hwepfungwa pakati pevechidiki. Kupinda kwako muneizvi kwaka kosha zvikurusezvo uri mumwe wevanhu vanobatwa nedambudziko rekushandisa zvinodhaka. Iyi bvunzurudzo inodakuti iwe upindure mimwe mibvunzo uye haitorenguva yaka reba.

Munhu ari kubvunzwa zvinotevera:

Makore:

Murume/ Mukadzi:

Kwaunogara:

1. Wave nenguva yakareba sei uri muchipatara (zuva rawakapinda) uye inondiyo nguva yako yekutanga kuvamuno? Mungandiudzawo here kuti makasvika sei pano?
2. Chiichakaita kuti mutange kushandisa zvinodhaka uye maivanemakore manganic panguvaiyi? Ungatsanangura rudzi rwezvinhu zvawakatanga kushandisa uye rini?
3. Manga muchiziva here mhedzisiro yekushandisa zvinhu zvinodaka? Ndezvipi zvinangwa zvamaifunga pawakatanga kushandisa zvinhuizvi.?
4. Semurwere arikupora kubva kumatambudziko ekushandisa zvinodhaka, unganditsanangurira here kunzwisisa kwako kwekodzero dzevanhu varimumamiriro ako ezvinhu?

5. Uri kurapwa here zvakanangana nekodzero dzevanhu, kana iri hongu unokwanisa kutsanangura zvakanyanya?
6. Maonero ako ndeipi nzira dzaunofunga kuti dzinofanirwa kutevedzwa kuvanhu varimudambudziko rinengerako?
7. Pane chimwe here chaungada kutaura tisatitapedza?

APPENDIX 4: Informed consent form

My name is **Dhliwayo Ropafadzo A**, a final year (Masters in Human Rights and Peace Development) student from the College of Business, Peace, Leadership and Governance at Africa University. I am carrying out a study on “Exploring a human rights based approach to substance related disorders amongst youth. I am kindly asking you to participate in this study by answering my questionnaires.

Purpose of Study

The purpose of this study is to explore the sustainability of a human rights based approach when it comes to substance related disorders amongst youth. You were selected for the study because you are professionals and patients within the Parirenyatwa psychiatric ward, therefore you are able to provide relevant information as well as give first-hand information.

Procedures and Durations

If you decide to participate, you will participate in interviews and by answering questionnaires and giving relevant and permissible information on procedures, policies and management. This is expected to take thirty minutes or less of your time.

Benefits and/or compensation

This research is purely for academic purposes and therefore the research will be beneficial for the development of community and advancement within the area of mental health and wellbeing in Zimbabwe.

Confidentiality

Any information obtained in the study that can be identified with the participant will not be disclosed without their permission.

Voluntary Participation

Participation in this study is voluntary. If any participant decides not to participate in this study, their decision will not affect their future relationship with the professionals or leadership within this ward. 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 the necessary time needed to fully consider.

Authorization

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

.....
.....

NAME OF PARTICIPANT
Signature

DATE

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about 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 Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 or email on aurec@africau.edu

ROPAFADZO A. DHLIWAYO



.....

.....

Name of Researcher

Signature

APPENDIX 5: Informed consent form (Shona)

Fomu yemvumo yakaziviswa

Zita rangu ndinonzi **Ropafadzo Audrey Dhliwayo**, ndiri mudzidzi kubva kuAfrica University. Ndirimugore rekupedzisira muchidzidzo cheMasters muHuman Rights Peace and Development. Ndirikuita chidzidzo chekugadzikana kwemaitiro ekodzero dzevanhu kunehutano hwepfungwa. Ndinokukumbirai kuti mutore chikamu muchidzidzo chino nekupindura mibvunzo yangu.

Chinangwa chechidzidzo:

Chinangwa cheongororo iyi ndecheku ongorora kugadzikana kwemaitiro ekodzero dzevanhu kunehutano hwepfungwa wakasarudza pachidzidzo ichine kutiuri murwere kana kuti mushandipa Parirenyatwa nokuda rounokwanisa kuparuzivo rwekutanga.

Maitiro nenguva

Kana ukafunga kutora chikamu ichi, uchadaira mibvunzo nekupa zviziso pamusoro pemaitiro nemafambiro ezvinhu. Mibvunzo iyi haitorenguva yakareba.

Zvibatsiro kana muripo

Tsvagiridzo iyi ndeye zvidzidzo chete zvichireva kuti zvichabetsera kusimudzira nharaunda nemuzvidzidzo zvechekuita nehutano hwepfungwa.

Kuvanzika

Ruzivo rwese rwunowanikwa muchidzidzo rwunogona kuzivikanwa nemuridzi harwubudiswe pasina mubvumo yavo. Mazita uye cherochitupa hachizobvunzwa mumibvunzo.

Kuzvipira kudaira mibvunzo

Kupinda muchidzidzo ichi hakumanikidzwe. . Kana mukaramba kudaira mubvinzo mutsvagiridzo idzi hazvikanganise mabatirowo enyu kana kuwirirana kwenyu nevashandi kan nevari kukubatsirai pano pachipatara. Kana vakasarudza kutorachikamu ichi, makasununguka kubvisa mvumo yenyu pasina chirango.

Goverakupinduramibvunzo

Musati mabvuma kudaira, munokwanisa kubvunza mibvunzo chero yamusina kujekanayo. Unogona kutora nguva yakawanda sezvinodiwa kuti ufungene zvazvo.

Mvumo

Kana wafunga kutora chikamu muchidzidzo ichi, ndapota, sainira fomu iri munzvimbo yakapihwa pazasi sechiratidzo. Verenga nekunzwisisa ruzivo rwakapihwa pamusoro uye wabvuma kutorachikamu.

Zita remunhu abvunzwa (ndapotaprinta)

Zuva

Siginicha yemunhu abvunzwa kana mumiriri akatenderwa zviri pamutemo

Kana uinemibvunzo inechekuita netsvakurudzo iyi kana fomu remvumo kupfuura iyo yakapindurwa nemutsvakurudzi kusanganisira mibvunzo pamusoro petsvakurudzo, kodzero dzako semunhu arimutsvakurudzo, kana uchionasokuti hauna kubatwa zvakanaka uye unodakutaura nemumwe munhu asiriye muongorori, ndapota inzwa kusununguka kubata Africa University Research Ethics Committee parunhare (020) 60075 kana 60026 yekuwedzera 1156 email aurec@africau.edu

Zitare Muongorori

Ropafadzo Dhliwayo

APPENDIX 6: Assent Form (English and Shona)

I have been informed that my parent(s) have given permission for me to participate, if I want to, in a study concerning a human rights approach to substance abuse related disorders. My participation in this project is voluntary and I have been told that I may stop my participation in this study at any time. If I choose not to participate, it will not affect my treatment in any way.

Name

Date

Fomu rekubvumidza

Ndakaziviswa kuti mubereki/vabereki vangu vandipa mvumo yekuti nditorechikamu, kana ndichida kuita chidzidzo chine chekuita nemaitiro ekodzero dzevanhu kuutano hwepfungwa uye kusagadzikana kwezinodhaka. Kupinda kwangu muchirongwa ichi ndino zvipira uye ndakaudzwa kutindinogona kumisa kupinda kwangu muchidzidzo ichi chero nguva. Kana ndikasarudza kusatora chikamu, hazvizo kanganisa kurapwa kwangu neimwenzira.

Zita rangu

Zuva

All communications should be addressed to
"THE GROUP CHIEF EXECUTIVE"
Telephone: 701520-701554/7
Fax: 706627
Website: www.parihosp.org



PARIRENYATWA GROUP OF HOSPITALS
P.O Box CY 198
Causeway
Zimbabwe

06 MARCH 2024

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY AT

PARIRENYATWA GROUP OF HOSPITALS – ROPAFADZO A. DHLIWAYO

The above matter refers.

The Parirenyatwa Group of Hospitals hereby grants you permission to conduct research on:-

Exploring a Sustainable human rights approach to substance abuse disorders amongst adolescents. A case of Parirenyatwa Group of Hospitals.

The permission is granted subject to the following conditions: -

1. The researcher will provide all sundries necessary for sample collections. ☐
2. The researcher sponsors all payments for the tests involved. ☐
3. The hospital incurs no cost in the course of the research. ☐
4. All relevant departments are notified in advance and the Head of section/ward signs acknowledgement of such notification. ☐
5. The conduct of the research does not interfere or interrupt the daily service provision by the hospital. ☐
6. Formal written feedback on research outcomes must be given to the Director of Clinical Services. ☐
7. Permission for publication of research must be obtained from the Director of Clinical Services. ☐

DR M. MHLANGA

ACTING CLINICAL DIRECTOR

CLINICAL DIRECTOR

06 MAR 2024

P. O. BOX 198, CAUSEWAY
HARARE, ZIMBABWE