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DRUG AND SUBSTANCE ABUSE PROBLEM BY THE ZIMBABWEAN YOUTH: A PSYCHOLOGICAL PERSPECTIVE

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ABSTRACT

Drug abuse has become a problem among youths in Zimbabwe, so dire is the situation that more than half of the youths' population, approximately 57% in Zimbabwe are involved in drug abuse. The statistics on youth drug abuse in Zimbabwe increase yearly despite measures implemented by various stakeholders to fight the pandemic. The study seeks to understand the problem of drug abuse within the Zimbabwean context from a psychological perspective. The current study takes a desk research approach to understand the problem of drug abuse by the youth in Zimbabwe. The study unearths the most affected age group by drug abuse, the causes of drug abuse, the types of drug abuse and the effects of drug abuse to that age group. The study reviewed relevant literature, using key terms in the study, which are youth, drug abuse and problem. Literature was systematically categorised into categories of causes of drug abuse, types of drug abuse and the effects of drug abuse among the youth. Findings from the study are that, the youth are the most affected age group by drug abuse in Zimbabwe and the problem stems from lack of self-control and negative self-concept on the youth drug abusers. The study also established that cannabis is the most abused drug in Zimbabwe and that the problem of drug abuse has negative effects to the drug abuser; family, community and nation at large. The current study recommends for

future studies to establish intervention programs in Zimbabwe that aim to enhance self-control and self-concept in youth drug abusers.

Keywords: *youth, drug abuse, problem, self-control, self-concept*

INTRODUCTION

Drug and substance abuse has become a global pandemic that has cut across almost all races, religions and nationalities (Anderson et al., 2020). So devastating is the issue of drug and substance abuse that it does not affect the individual alone who decides to take that dangerous root, (Padilla, 2020), rather, the negative effects of drug and substance abuse are even felt by the families, community and nations at large. Currently, approximately 31 million persons have drug use disorders, throughout the world and about 11 million are on opiate drugs, of which 1.3 million are living with HIV, 5.5 million with hepatitis C, and 1 million with both HIV and hepatitis C (World Health Organisation, 2019).

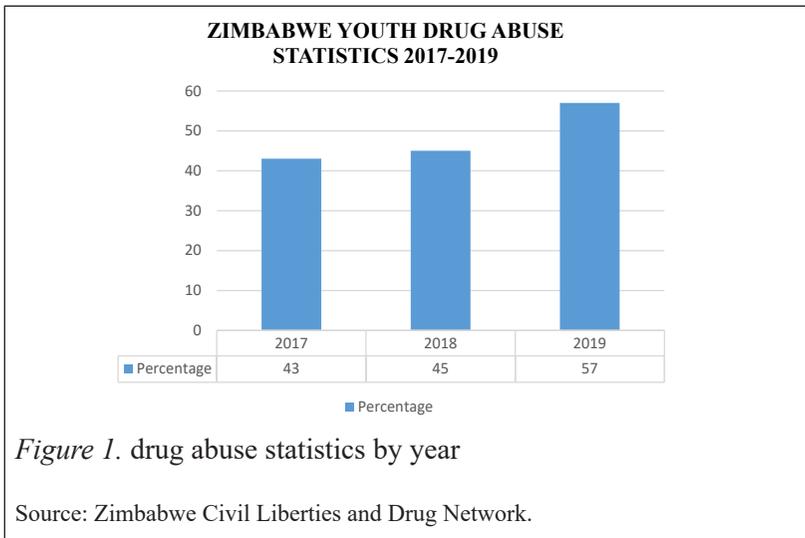
In the African continent, drug and substance abuse is also a worrisome pandemic where the prevalence rate is 5.2% to 13.5% of the total population (WHO, 2018). Cannabis is the most abused illicit substance in Africa followed by amphetamine-type stimulants such as “ecstasy” (WHO, Africa, 2018). Other substances abused across the African continent include benzodiazepines such as diazepam, chlorpromazine and different inhalants, while 3.7% use injection drugs (Ndasuka & Kayange, 2019). The abuse of these illicit drugs has a notable impact to the African continent, in terms of negative health consequences to the abusers themselves, emotional stress to abusers’ beloved ones, heavy financial burden on individuals, families and society (Ndasuka & Kayange, 2019).

Like some other country in Africa, Zimbabwe experiences drug abuse problems. The negative effects of this problem have been felt by the drug abusers, their families, communities and nation at large (Chikoko, 2019). Zimbabwean youth (10-35 years) are the most affected age group by drug abuse (Nhunzvi et al, 2019; Rwafa, 2019; Nhapi, 2019) and this age group constitutes 67.7% of the total population (Zimbabwe Human Rights Commission, 2018). Zimbabwe’s population is generally young (Zimstat, 2012). In the 2012 Census, 41% of the Zimbabwean population was below the age

of 15, 55 per cent was between the ages of 15 and 64 whilst only 4% was aged 65 and above (Zimstat, 2012).

Of concern is that, the situation of drug abuse by the Zimbabwean youth is not getting any better, rather it is worsening by the day (Jakaza & Nyoni, 2018). The statistics on youth drug abuse in Zimbabwe increase yearly despite measures implemented by various stakeholders to fight the pandemic (Chikoko et al., 2016; Matutu & Mususa, 2019). In commenting about drug and substances abuse statistics in Zimbabwe, Makande (2017) highlights that there is no accurate information on the magnitude of drug abuse by the youth in Zimbabwe, hence the country relays on calculated estimates. Manayiti (2016) citing Deputy Director of mental health services and substance abuse in the Ministry of Health of Zimbabwe highlights that, it is a mammoth task to establish the exact figure of drug abusers in Zimbabwe.

Though there may be a short of exact statistics, this does not negate the existence of the problem of drug abuse by the youth in Zimbabwe (Mazuru, 2018). There is a notable increase in youth drug abuse statistics in Zimbabwe from approximately 43% youths engaging in drug abuse in Zimbabwe in 2017 (Zimbabwe Civil Liberties and Drug Network, ZCLDN, 2018), to approximately 45% in 2018 (ZCLDN, 2019) and further increased to approximately 57% in 2019 (ZCLDN, 2020). The graph below shows the drug abuse (youth) statistics in Zimbabwe from 2017-2019:



Statistics derived from the Ministry of Health and Child Care Zimbabwe, also show that, 57% of admitted cases in Zimbabwe's mental health institutions in 2017, were drug abuse related cases, and, the majority of these, 45% were youth drug abusers (ZCLDN, 2018). In 2018, 57% of all admissions in mental health institutions were drug abuse related mental illnesses, of which, the majority, 80% fell in the youth category (ZCLDN, 2019). In 2019, 45% of admitted patients in mental health institutions across the country were youths who test positive for drug use and 60% of all in patients in 2019 for drug abuse were secondary cases, relapses (ZCLDN, 2019). The fewer admissions in 2019 for drug abuse related mental health cases as compared to 2018 could be attributed to the high inflation rate in Zimbabwe (ZCLDN, 2019) as such, the youth could not be affording admission fees into these public mental health institutions (Frontline aids, 2020). The country is going under sky rocketing inflation rate, where the consumer price index amplified from 2.2% in January 2020 to 26.6% in April 2020 (Zimbabwe Inflation Rate MoM, p.1, 2020).

The youths are the most productive and active part of the community and nation (Perckins, 2001) and problems faced by that age group require attention. The youths are the productive age group as such they pay a pivotal role in building the economy (Driskell, 2017). Any responsible citizen cannot be a bystander of such a grave situation, the problem of drug abuse, a cancer that is slowly but dangerously destroying the country to the core (Rugobo, 2019). The drug abuse problem needs responsiveness, so that relevant stakeholders and the nation at large can come up with workable solutions to mitigate this problem (Nhapi 2019). Therefore, the current study seeks to understand the problem of drug abuse by Zimbabwean youths, a move that can enable future researchers to reach a workable solution to the problem.

PROBLEM STATEMENT

There is a problem of drug abuse by the youths in Zimbabwe, and despite efforts by the Government of Zimbabwe and relevant stakeholders to curb the problem, the cases are still on the increase. It is important that the problem of drug abuse be analysed and understood from

different angles so that intervention strategies employed will directly address the problem (Siegel, 2012). As such, the current study seeks to comprehend and analyse the problem of drug abuse in Zimbabwe from a psychological perspective.

Aim

The study aims to understand the problem of drug abuse by the youth in the Zimbabwe through discussing the causes, types and effects of drug abuse to the youth in the Zimbabwean context.

Significance of the study

The study is of importance to researchers in the field of psychology, by providing an analysis of the drug and substance abuse problem by the youths in Zimbabwe, from a psychological perspective. The findings will be significant to future studies as they can be able to establish suitable intervention strategies specifically for youth drug abusers derived from the established youth challenges by this study.

METHODOLOGY

The current study used a qualitative study using secondary data in the form of an online desk research study. Desk research study is appropriate in gathering facts and existing data that can help explore a study, inform, and provide the need to proffer foundation or recommendations for ground research (Maxwell, 2008). The study was with the motive to gain an understanding of drugs and substances abuse by the Zimbabwean youth. Relevant peer reviewed literature, books and newspaper articles to do with drug abuse and rehabilitation in Zimbabwe, looked into. The desk research, carried out in a structured manner according to Mallat (2007) whereby, key words and terms, selected, these being drug abuse, problem and youth. After that a search for relevant sources with useful information, done. Relevant information that best suits the scope of work, selected then the study proceeded to analyse and compile the findings. Existing data was analysed and collated to come up with the understanding of drug abuse by the youth from a psychological perspective. Secondary data

is low cost and is a research method that can be effective when one is far from the research area (Johnson, 2019). Technology advancement has made it possible to collate a comprehensive study online (Johnson, 2019).

Definition of youth in Zimbabwe

For the United Nations, the category of youths ranges between 18 and 24 years of age while the Commonwealth places the maximum age at 29 (Berihun, 2015). The African Union (2009) as cited by Batsell (2018) defines youth as anyone between 15 and 35 years old. Zimbabwe's revised National Youth Policy (2013) defines youths as persons between 10 and 35 years of age. According to the revised National Youth Policy (ibid), the age range is a combination of age definitions of the World Health Organization (10 to 24) and the African Youth Charter (15 to 35).

Causes of drug abuse by the youth in Zimbabwe

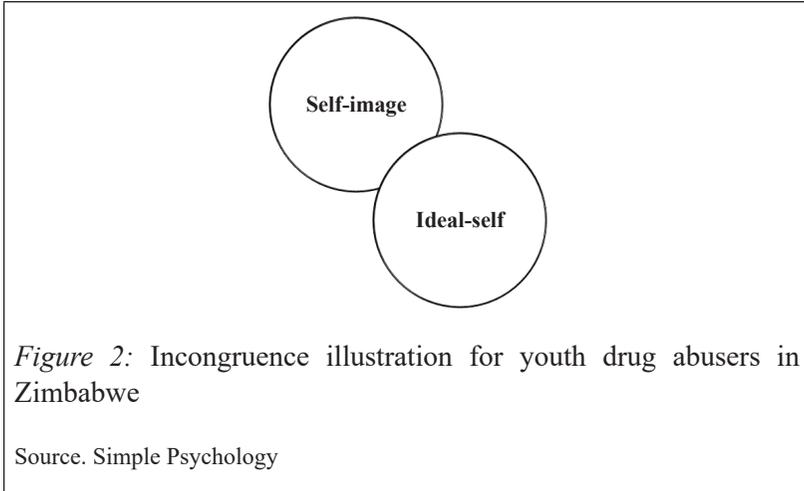
This study argues that drug abuse by the youth in Zimbabwe emanates from lack of self-control and self-concept by the youth. Various studies (Barry & Harris, 2017; Gebauer, 2017; Mantilla et al., 2019) agree that lack of self-concept can result in drug abuse by youths. Similarly, (Love, 2019; Francis et al., 2019; Mushanyu et al., (2016) concur that lack of self-control can cause drug abuse in youths. Self-control and self-concept are protective factors from drug abuse as well as supportive to recovery and quitting (Love, 2019). The causal factors of drug abuse can be individualistic and personal, however, at times these causal factors could be caused by a common, social, economic or general problem in a given setting (Siegel, 2012).

Self-concept theory

The self-concept theory by Carl Rogers (1951) proposes that if there is no congruence between the ideal self and the self-image it can negatively affect self-esteem. Rogers (1951) describes the ideal self as what we would like to be, and if what one wants to be does not match with the self-image, it results in low self-esteem (Rogers 1951). If there is also congruence between self-image and ideal-self then

congruence can be reached and self-actualisation achievable (Rogers, 1951). The diagram below illustrates the incongruence by the youth drug abusers in Zimbabwe through a very thin overlap between the between the self-image & ideal self:

INCONGRUENCE DIAGRAM



Looking into youth drug abusers in Zimbabwe, they face numerous life stressors (Pitfull, 2017). One of the causes of drug abuse by the youth in Zimbabwe is the feeling of self-worthlessness (Jerie, 2015). Most of youth drug abusers in Zimbabwe are those with crushed hopes (Mahiya, 2016). The youth graduate from tertiary education with the hope of getting employment, only then, do they face the harsh reality that there are no jobs. Where the youth unemployment rate is at 66.7% (Mtemeri & Nhamo, 2019). With the harsh economy, very few youths in Zimbabwe manage to engage in income generating projects (Macheka & Masuku, 2019). When these youths look at what they perceived their lives to be after graduating from college, having good jobs uplifting their lives and families, the reality of where they really are, jobless and still dependent on parents in adulthood strikes. Such incongruence is viewed by the study as a reason they end up burying their sorrows in drug abuse, to avoid the harsh reality of their situation.

One of the causes of drug abuse by the youths in Zimbabwe is that they lack of empathy, understanding and unconditional positive regard from parents and family being structures where youth expect care, understanding and kindness (Nhapi, 2019). Due to unemployment and having no income for entrepreneur projects, these youths leave the country to be expatriates providing menial labour to neighbouring countries (Nhunzvi et al., 2019; Nhapi, 2019). After enduring these endeavours, families fail to understand what the youth are going through and they do not share the same frustration with the youth or put themselves in the youths' shoes (Nhunzvi et al., 2019; Nhapi, 2019). Instead, families become impatient, unsupportive and disrespectful to youth who spend a prolonged period without a meaningful livelihood after school (Nhunzvi et al., 2019; Nhapi, 2019). Rogers (1959) highlights that for a person to "grow", they require a genuine, open to share true feelings environment, acceptance, unconditional positive regard and empathy from their beloved ones.

The youth in Zimbabwe also expressed low self-esteem as one of the factors leading to drug abuse (Mahiya, 2016; Nhunzvi et al., 2019). The youth highlighted that due to forced mobility (migration) because of limited opportunities in the country, they end up lacking confidence and incompleteness, by getting menial jobs they did not train for in college (Mahiya, 2016; Nhunzvi et al., 2019). Another avenue of low self-esteem was pinned to the HIV/AIDS pandemic as most youth in Zimbabwe are orphans and or infected by the disease and due to stigma; they feel unlovable and unaccepted around peers (Mahiya, 2016; Nhunzvi et al., 2019). UNAIDS Report (2018) Sixty six thousand eight hundred and eighty eight (66,888) adolescence between the ages of 10-19 years are on Anti- Retro Viral Treatment (ART) and approximately 1.2 million persons out of a population of 14.4 million, which is a high rate according to Cowarn et al., (2018). Other factors leading to drug abuse by these youth are peer pressure, limited knowledge about drug abuse and breakdown of the family system (Rugoho, 2018). Most families are child headed, as either parents pass away due to the HIV/AIDS pandemic or parents move to other countries to seek employment (Rurukwa, 2019). However, (Crocker, 1993) postulates that people with low self-esteem are easily swayed by peers, drift from their known beliefs just to please others (Jones, 1973).

Self-control theory

The study also views the problem of drug abuse by the youth in Zimbabwe from self-control theory lenses. Hirschi & Gottfredson, (2000) in self-control theory links criminal behaviour and drug abuse to lack of self-control and weakening of bonds and ties of people to the society. The self-control theory proposes that weak ties to commitment, religion, attachment and involvement can lead to drug abuse and crime (Hirschi & Gottfredson, 2000). The current study views drug abuse by the Zimbabwean youths to emanate from loose bonds with the society.

The youth in Zimbabwe face problems of unemployment and in often times have no income to start income generating programs (Rugoho, 2018). This results in the youth with a lot of time at their disposal and virtually nothing to do (Nhapi, 2019). The youths' future plans and what they would have envisaged their lives to be is simply shattered by the harsh economic environment in the country (Zvira, 2016). The youth see no hope, faced with an unemployment rate of 66.7%, and a sky rocketing inflation rate (Mahiya, 2016). As such, this leaves the youth with no commitment. Hirschi & Gottfredson, (2000) highlights that a person with no commitment to career, future, success and personal goals is prone to committing crime including drug abuse. The current study therefore views drug abuse by the youth as caused by lack of commitment.

Youth drug abusers in Zimbabwe in narrative studies by Nhunzvi et al (2019) highlight that at times they find themselves in conflict with families, community and friends. This is because these people fail to understand them, do not empathise with them and do not have unconditional positive regard (Nhapi, 2019). Families and communities have high expectations for the youth, take up the roles in supporting the family, as such the youth are left estranged from their beloved ones because of the pressure exerted to them (Nhapi, 2019). Hirschi & Gottfredson, (2000) self-control theory states that weak attachments to family, friends and community can result in one engaging in criminal activities and or drug abuse. As such, the study views lack of self-control as a cause of drug abuse by the youth in Zimbabwe.

Hirschi & Gottfredson, (2000) in their study highlights that a person who has a weak belief system, who does not diligently practise his or her religious beliefs and is less involved in such activities is likely to be involved in drug abuse. Cubbins et al., (2012) in their study discovered that Zimbabwean citizens without or who have weak religion and spiritual orientation are significantly more engaged in drug abuse than those with a stronger religious and spiritual bearing. With a similar view, Nhunzvi et al., (2019) affirms that the recovery of youth drug abusers who turn to the church for pastoral care and get involved in church activities is more than those who are not involved in church activities.

Types of drug abuse by the Zimbabwean youth

Cannabis (marijuana) is a commonly used drug in Zimbabwe, locally known as “mbanje” (Nhunzvi, 2019). The ZCLDN reckons that an average of 20 % of the youth in Zimbabwe use it. Cannabis is affordable to the youth and is readily available as some youth grow it in their back yards (Zvira, 2016). Cannabis usually gives ‘the high’, to feel good (Batsell, 2018). It is reported that, the youths bury their sorrows of the socio-economic challenges and other day to day problems they face, by continuously abusing cannabinoids to avoid realities in their lives (Kabugi, 2019). Cannabis is a recreational drug, it enhances pleasure and excitement among the youth, the drug is smoked, inhaled or ingested (Giordano et al., 2015). Cannabis contains chemicals called cannabinoids that work by binding the central nervous system that is the brain and related nerves (Charilaou et al., 2017). Majority of the Zimbabwean youths suffer from the long and short-term effects of cannabis (Nhapi & Mathede, 2016); these include headaches, sweating, depressed mood, decreased appetite, trouble sleeping, nervousness, shaking, nausea, dependence and addiction (Zehra et al., 2018).

The Zimbabwean youths overdose anti-depressants drugs (Jakaza & Nyoni, 2018). Zoloft is one of the most prescribed anti-depression drug and it somehow ends up in the streets with the youth (Zvira, 2016). Anti-depressants are not harmful (minus their manufactured side effects) when used as per correct prescribed dosage. Abuse or overdose of anti-depressants can damage the abuser through common side effects, which include dry mouth, muscle cramps, seizures among

other side effects. (Baler & Volkow, 2006). The Zimbabwean youth complain of being 'sticken', a common street name in Zimbabwe among drug abusers where by the youth pause, failing to coordinate their physical activity (Makande, 2017). The anti-depressants drugs, crushed and mixed with a juice or snorted become a concentrated overdose of antidepressants (Berihun, 2015). These anti-depressants are sold usually using colour codes; as such the youth scramble for the stronger ones in order to get a quicker high (Bowling, 2014). The youth in Zimbabwe who abuse antidepressant drugs develop an addiction to sweets as a counter measure to address the dry mouth effects of the drug (Zvira, 2016).

The Zimbabwean youth also abuse cough syrups like BronCleer and Histalix (Rugoho, 2019). These cough mix contains alcohol, ephedrine and codeine. Codeine is an opiate, and contains morphine like substances (Matunhu and Matunhu, 2016). Because they contain alcohol and codeine, BronCleer and Histalics are central nervous system stimulants and causes drowsiness, apathy and euphoria to the youth who take them in large quantities than the prescribed quantities. These cough mix are also highly addictive (Zvira, 2016). Histalix and Broncleer are some of the most discovered drugs by police drug raids among the youth in Zimbabwe (Makande, 2017). Histalix is a registered medicine in Zimbabwe for cough whilst Broncleer is an illegal drug according to the Medicines Control Authority of Zimbabwe (Matunhu & Matunhu, 2016). However, affordable and easily accessed and smuggled by the youth into Zimbabwe from neighbouring South Africa (Zvira, 2016).

Other drugs abused by the youth in Zimbabwe include diazepam, which is a prescription drug, locally known as "mangemba" (Mazuru, 2018). Diazepam is a medicinal drug in the anxiolytic class and is a prescription drug according to the Medicines Control Authority of Zimbabwe (Matunhu and Matunhu, 2016). Diazepam addresses anxiety, seizures and alcohol withdrawal. (Mazuru, 2018). This drug somehow finds its way into the streets of Zimbabwe and this drug is taken in excess resulting in the youth being less active and drowsy (Mazuru, 2018). Diazepam is also highly addictive (Laitselfart, 2018). Chlorpromazine is also another prescription drug abused by the youth in Zimbabwe to get high (Matunhu & Matunhu, 2018). Chlorpromazine

(CPZ) is an antipsychotic prescription medicinal drug used in mentally ill patients (Schifano et al., 2018). The drug somehow finds its way into the streets, abused by the youth in Zimbabwe. The side effects of the drug include anxiety, drowsiness, anxiety, and insomnia, swelling of hands and feet and many more (Schoedel et al., 2018).

The youths also abuse a concoction of ethanol and emblems powders used in funeral parlours to preserve dead bodies (Zvira, 2016). This highly intoxicating concoction popularly known as “musombodhia” in the streets in Zimbabwe (Zvira, 2016). Ethanol fuel creates a highly concentrated alcohol content that can reach up to 95% (Miranda et al., 2010). This concentrated ethanol is very poisonous especially to the central nervous system causing seizures and comma, blindness and or even death if consumed in large quantities (de Oliveira et al., 2016). However, the youth drug abusers in Zimbabwe take this blend because it is cheap and one can go for a long time before you reach sobriety after taking the blend (Miranda et al., 2010). Drinking water leads to further intoxication; therefore, it becomes more desirable by the youth drug abusers (Makande, 2017). Drugs like cocaine and heroin are expensive and uncommon in Zimbabwe (Matunhu & Matunhu, 2018).

Effects of drug abuse by the Zimbabwean youth

Drug abuse has destroyed and devastated the Zimbabwean youths’ lives as well as negatively affecting their families, community and nation at large (Nhapi & Mathede, 2016). The youth drug abusers in Zimbabwe exhibit both physical and mental negative effects of drug abuse (Nhunzvi & Mavindidze, 2016). Some of these youths face common short –term effects of drug abuse that include panic attacks, anxiety, hangovers, getting irritable, mood swings, hallucinating, withdrawals, paranoia and feeling a crash (Pufall, 2017). Some in this age group suffer the long term effects of drug abuse, which include stomach pains, early –onset Alzheimer’s, paranoia, major depression and much more (Pufall, 2017).

The other negative effects of drug abuse experienced by the Zimbabwean youth include lack of production, employability, crime, deteriorating quality of life and increased violence (Rwafa et al., 2019). Makande (2017) highlights that a substantial number of youth drug abusers in

Zimbabwe become school dropouts and become a menace to society, becoming violent and engaging in criminal activities to sustain their livelihoods. Peace in the communities is also compromised as youth drug abusers tend to be aggressive (Maraire & Chethiyar, 2019). Drug and substance abuse by the Zimbabwean youth is also costly to the Government of Zimbabwe in terms of revenue spent in the enforcing, prosecution, incarceration and rehabilitation of youth drug abusers (Nhapi & Mathede, 2016).

FINDINGS AND RECOMMENDATIONS

The study established that there is indeed a problem of drug abuse in Zimbabwe and statistics are increasing yearly. The youth being the mostly affected age group by drug abuse in Zimbabwe, and this age group constitutes the highest population in Zimbabwe (Chikoko, 2016). The youths face problems that include unemployment, poverty, diseases, forced migration, disrupted homes (Nhapi, 2019). All these factors resulted in the youth feeling sad, angry, stigmatised, unloved, un-empathised, low self-esteem misunderstood (Nhunzvi et al., 2019). The study viewed the problems by the youth drug abusers in Zimbabwe to emanate from two worldviews, lack of self-control and negative self-concept. The study also established that cannabis is the most abused drug in Zimbabwe. Other abused drugs by this age group include prescription drugs like anti-depressants, anti-psychotics, anti-anxiolytics and cough mix and other backyard-manufactured concoctions (Zvira, 2016). The study gathered that the problem of drug abuse has negative effects to the drug abuser, family, community and nation at large. The current study recommends for future studies in the field of psychology to establish intervention programs for drug abusers in Zimbabwe that are aimed to enhance self-control and self-concept in youth drug abusers.

REFLECTION

The study reflects that, there is indeed a problem of drug abuse by the youth in Zimbabwe and worrisome due to the increase in drug abuse statistics. While several studies on drug abuse in Zimbabwe simply

underpin youth, drug abuse problem to the collapsing economy, the study established that, lack of self-control and negative self-concept, being the major causes of drug abuse among this age group. Self-control and self- concept act as protective factors from drug abuse as well as supportive factors for quitting and recovery of youth drug abusers (Love, 2019). Enhanced self-control and positive self-concept, used in the rehabilitation process of youth drug abusers in the Western countries successfully, (Makande, 2017) as such, a rehabilitation method that directly intervenes to robust self-control and self-concept in youth drug abusers can go a long way to mitigate to this problem. Drug abuse has destroyed and devastated these youths' lives as well as negatively affecting their families, community and nation at large. A sad revelation being most of these youth are unaware of the long term and short-term effects of drug abuse (Nhunzvi et al., 2019). It is important to raise awareness on drug abuse to this age group; awareness programs are significant in supporting the youth to make informed decisions consciously about their lives.

CONCLUSION

Drug abuse is a global pandemic, and Zimbabwe, spared from this problem. Ideally, youths are the most productive and active part of the community and nation and contribute in the building of the economy, as they are the productive age group. The psychological wellbeing of this age group is therefore important, to ensure that positive behavioural change and positive thinking, exhibited in these future leaders. The magnitude of drug and substance abuse by the youth in Zimbabwe requires collective efforts of all relevant stakeholders and the nation at large to come up with workable solutions to mitigate to this problem through programs that can directly address the established problems by the youth.

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