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JOURNAL PURPOSE

The purpose of the *Ngenani - Zimbabwe Ezekiel Guti University Journal of Community Engagement and Societal Transformation Review and Advancement* is to provide a forum for community engagement and outreach.

CONTRIBUTION AND READERSHIP

Sociologists, demographers, psychologists, development experts, planners, social workers, social engineers, and economists, among others whose focus is on community development.

JOURNAL SPECIFICATIONS

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SCOPE AND FOCUS

The journal is a forum for the discussion of ideas, scholarly opinions and case studies of community outreach and engagement. Communities are both defined in terms of people found in a given locale and defined cohorts, like the children, the youth,

the elderly and those living with a disability. The strongest view is that getting to know each community or subcommunity is a function of their deliberate participation in matters affecting them by the community itself. The journal is produced bi-annually.

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Body: Where the authors are more than three, use *et al.*, Italicise *et al.*, *ibid.*, words that are not English, not names of people or organisations, etc. When you use several authors confirming the same point, state the point and bracket them in one bracket and ascending order of dates and alphabetically separated by semi-colon e.g. (Falkenmark, 1989, 1990; Reddy, 2002; Dagdeviren and Robertson, 2011; Jacobsen *et al.*, 2012).

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THE EMERGING WAR ON DRUG AND SUBSTANCE ABUSE: THE CASE OF HARARE CENTRAL BUSINESS DISTRICT, ZIMBABWE

PRINCE MUZUVA¹, AARAM GWIZA² AND PLACXEDES MUDANGWE²

Abstract

The world over, particularly in the Sub-Saharan Africa region, there have been growing cases of drug and substance abuse that pose a serious threat to concerted efforts aimed at strengthening public health systems in the region. The upsurge in drug and substance abuse has distressing implications on the socio-economic lives of individuals and communities at large. This is epitomised by rampant cases of criminal activities, increasing healthcare needs, rehabilitative services and reduced labour productivity, all of which are detrimental to communities' public health sustainability. This study interrogates the implications of drug and substance abuse with perspectives from Harare, using a qualitative research approach. In-depth interviews and document searches were also conducted. Major findings indicate that the uptake of most drugs being abused is meant to treat particular

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ailments, and prevention and treatment are the major adopted strategies to arrest the scourge, as awareness campaigns on dangers associated with drug abuse have increased. This study suggests the imperative need for punitive measures to be harnessed to deter perpetrators and promoters of drug and substance abuse that will ultimately assist in strengthening public health systems in SubSaharan Africa.

Keywords: *Sub-Saharan Africa, goals, sustainable development, illicit, sex.*

INTRODUCTION

Global surges in issues of illicit drugs both signal and culminate in international tensions. The sources of some of these tensions are evident: rapid transformation in political orientation, declining family and community cohesiveness, growing joblessness and/or underemployment, economic and social segregation, and increased crime (UNDCP, 1995). These factors are among the driving forces behind the growing levels of drug and substance abuse that have become endemic in recent years. (Kim *et al.*, 2017). The challenge with this menace is that it affects the young generation that is still productive and serves as the pivot of the future generation (*ibid.*). The alarming levels of drug and substance abuse have far-reaching effects on the well-being of individuals that remains a major issue of

concern. Issues such as addiction, reduced productivity, mental illness,] and subsequent death are among the undesirable manifestations of drug and substance abuse (Volkow, 2020). International organisations such as the United Nations and its subsidiaries, among others, and the Interpol and the World Health Organisation (WHO) and others, have made considerable strides in raising awareness and enforcing international, regional and local laws against drug and substance abuse. However, the scourge continues unabated (Batsell, 2018; Maraire and Chethiyar, 2020). Particularly in Sub-Saharan Africa, statistical evidence on drug and substance abuse is indicative of an upward trend, defining Africa as the dominant continent compared to other regions across the globe (Donnenfeld *et al.*, 2019.)

Cognisant of the above scenario, Africa is faced with the mammoth task of rehabilitating, educating and preventing further substance and drug abuse in the continent. However, this noble course of action is likely to be compromised by the negative effects of globalisation in the global South. Zimbabwe has ratified and domesticated international programmes on drug and substance abuse. The country, taking a leaf from the WHO, developed the National Strategic Plan for Mental Health Services (2019-2023) (MoHCC, 2019). Despite the availability of this intervention in Zimbabwe, drug and substance abuse continue to increase. Commonly used drugs in Sub-Saharan Africa include, but are not

limited to, illicit alcohol products, methamphetamine (*mutoriro*), cough syrups containing codeine, marijuana and sex-enhancing drugs that flood African streets (Zivira, 2016). This study sought to establish the major drivers of drug and substance abuse cases and suggest better ways to address such illicit activities in Sub-Saharan Africa. Particular attention is paid to the Harare Central Business District (CBD) in Zimbabwe to generalise Sub-Saharan Africa's perspectives. The section below presents a description of the key terms to put this study into perspective.

THE CONCEPT OF DRUG AND SUBSTANCE ABUSE

Drug and substance abuse are terms commonly used interchangeably in contemporary public health and development literature. The extensive use of these concepts reflects the global commitment to understanding their root causes and implications on the lives of people within communities. While there are various definitions of these terms in the extant literature, the WHO (2011) defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The most commonly abused substances are alcohol, marijuana (*ganja*), bhang, hashish (*charas*), various kinds of cough syrups, sedative tablets, brown sugar, heroin, cocaine and tobacco (cigarette, *gutka*, *pan masala*), etc (Sahu and Sahu,

2016). Substance abuse is also appreciated as part of drug abuse. In this case, a drug is defined as a pharmaceutical preparation or a naturally occurring substance principally utilised to affect changes in an existing process or state (physiological, psychological or biochemical) (*ibid.*). In simpler terms, any chemical with the capacity to change the physical or mental functioning of a person is referred to as a drug (*ibid.*). Thus, the use of a drug to cure an illness, prevent disease or improve health is often referred to as ‘drug use’ (*ibid.*).

However, when a drug is taken for purposes outside medication, in any amount, strength, frequency or way that results in damage to the physical or mental functioning of an individual, it then becomes ‘drug abuse’. Any form of a drug is prone to abuse. That is, even drugs designed for medication can be used. Illegal drugs such as brown sugar and *ganja* have no medical value. Thus, if one uses them, drug abuse can occur. Drug abuse was defined as a disease in 1956 by the WHO and the American Psychiatric Association, as the illicit consumption of any naturally occurring or pharmaceutical substance to change the way in which a person feels, thinks or behaves, without understanding or taking into consideration the damaging physical and mental side effects that are caused". (Childline India Foundation, 2012).

The above definitions highlight that substance and drug abuse are a worrisome growing health threat, especially in young populations. If no stern measures are taken, this worsening phenomenon will become a serious threat to the lives of future generations on a global scale.

THEORETICAL FRAMEWORK

This article applies the Broken Windows Theory to explain the phenomena of drug and substance abuse in Sub-Saharan Africa, the case of Harare. The Broken Windows Theory is an approach developed to help understand and analyse the drivers of criminal activities (Childress, 2016). The theory was first put forward by Kelling and Wilson (1982) and is based on the assumption that disorder and crime are linked in a developmental sequence. This contextually entails that drug and substance abuse as disorderly behaviour can be linked to public health concerns that have a huge impact on community development, particularly looking at meeting sustainable development goals generally in Sub-Saharan Africa, and Harare in particular.

The theory further explains that vandalism on a window can occur anywhere once the sense of mutual regard and obligations of civility are lowered by actions that seem to signal a lack of common concern to ensure conformity (Kelling and Coles, 1997). This translates to the

understanding that when drug and substance abuse is left unaddressed, more people continue to be victims of the scourge as a lack of attention to addressing this illicit behaviour signals a wrong message of condoning the behaviour. The theory is relevant in explaining the scourge of drug and substance abuse in Harare as drug abuse is on the rise and everyday people are abusing drugs, some getting addicted, some falling sick and others dying, just like what happens when a window is left broken and no holistic action is taken to correct the anomaly. The problem spreads.

The theory is premised on the understanding that if a window on a building is broken and left unrepaired, the remaining windows will soon be broken as well. Because the unrepaired window is a signal that no one cares, breaking more windows will not result in any official sanction. The above assumption of the theory can be related to the context in which drug traffickers and consumers continue their behaviour because they feel no threat from the law and hence the scourge continues.

LITERATURE REVIEW

Literature related to the study was consulted with the rationale of building a strong case concerning drug and substance abuse in the Harare CBD. The literature reviewed covered focused mainly on the causes of people indulging in drug and substance abuse, the types

of drugs and substances being abused and the subsequent social and health implications related to the abuse of drugs and substances.

THE INSURGENCY OF DRUG AND SUBSTANCE ABUSE IN THE HARARE CBD

This study revealed that illegal drug and substance uptake in

Zimbabwe has dramatically reached crisis levels, especially in the postCOVID-19 era. Of great concern have been the age categories of adolescents and youths involved in these harmful activities. Focusing on the Harare CBD, the study established that commonly abused drugs and substances include glue, bronchoclear, *mangemba*, cane spirit, marijuana, codeine and methamphetamine (crystal meth) (Zimbabwe National Drug Master Plan, 2020; Mukwenha *et al.*, 2021). In this study, researchers investigated the worsening of substance use and abuse during and after the COVID-19 pandemic in Zimbabwe and how the unfolding scenarios pose a serious threat to public health in the country. The study noted that an increase in illegal drug and substance abuse is fuelled by porous national borders that have witnessed drugs such as bronchoclear (containing codeine) finding their way illegally into the country in huge volumes (Mukwenha *et al.*, 2021). The situation is compounded by emerging local production that is now

also rampant with drugs such as *musombodiya*, a colourless, highly intoxicating drink made from ethanol and emblement powder being illegally manufactured and distributed throughout Zimbabwe (Jakaza and Nyoni, 2018).

Over the past years, drug and substance abuse has been a common phenomenon among homeless children involved in this illicit behaviour for different reasons, including relieving themselves from stressful circumstances, boosting courage for involvement in criminal activities and sedating themselves to help them sleep (Mukwenha *et al.*, 2021). However, very high unemployment rates in Zimbabwe, coupled with poverty and despair, have resulted in an increasing number of youthful citizens also turning to using drugs for entertainment (ZIMFACT, 2021). This has been exacerbated by the ready availability and affordability of these substances to adolescents and youth as they interact within their social circles (Mukwenha *et al.*, 2021). In-depth interviews suggested that the COVID-19 lockdowns and subsequent extensions could have worsened the situation given that the youth population, including those of school-going age, were doing nothing in their respective homes, with limited entertainment facilities, particularly in high-density suburban settings such as in Harare. Furthermore, as argued by ZIMFACT (2021), the COVID-19 era has witnessed Zimbabwe experiencing a steep rise in methamphetamine use.

Methamphetamine is a highly addictive stimulant commonly referred to as crystal meth, or locally as *mutoriro* (Mukwenha *et al.*, 2021). This drug affects the central nervous system and can leave users in a deep stupor (*ibid.*). There has been a steep rise in the number of hospital admissions due to methamphetamine use among adolescents and youth compared to other conditions during the COVID-19 pandemic (United Nations Children’s Fund (UNICEF)), (2021).

This scenario is an emerging public health disaster. A documentary search confirmed that some substances are significant factors for risky sexual behaviour and cardiovascular and neurological diseases, and predispose to short- and long-term psychiatric complications, including addiction, stress, depression, anxiety, suicide, and even psychosis (Mukwenha *et al.*, 2021). School-going children who turn to use illicit substances are also at risk of conflict with the law and dropping out of school. Additionally, drug use has serious socioeconomic repercussions and is associated with a higher burden of violent robberies, increased unemployment, and the need for rehabilitation services (Mukwenha *et al.*, 2021).

Addiction is loosely understood as a chronic, usually relapsing, brain disease that leads to compulsive drug-seeking and use, irrespective of negative effects on the addicted person and those people around them.

Even though the first decision to take drugs is voluntary for most individuals, the resultant brain changes over time affect an individual's self-control and capacity to resist huge impulses, forcing them to take drugs. Treatments are readily available to allow individuals to withstand the powerful damaging effects of addiction. Research points to the fact that merging addiction treatment medications with behavioural therapy is necessary to ensure the success of many patients (National Institute of Drug Abuse (NIDA), 2011). In effect, treatment strategies designed specifically for each patient's drug abuse patterns and any co-occurring medical, psychiatric and social problems, will go a long way in sustaining recovery and life without drug abuse. Similar to other chronic relapsing diseases, such as diabetes, asthma or heart disease, it is also possible to successfully manage drug addiction (*ibid.*). As with other chronic diseases, it is common for a person to relapse and begin abusing drugs again. Relapse, however, does not signal treatment failure; rather, it indicates that treatment should be reinstated and adjusted, or that an alternative treatment is needed to help the individual regain control and recovery (*ibid.*).

METHODOLOGY

Researchers have adopted interpretivism in their research philosophy. This paradigm provided participants room to tell their story in their understanding based on their experiences, reflections and perceptions, concerning how drug and substance abuse in Harare is unfolding. The paradigm informed the choice of relevant qualitative research design. Therefore, an exploratory case study was adopted for the research design. The design enabled researchers to explore the nature, architecture and dynamism of the increasing rates of drug and substance abuse in the Harare CBD. Target respondents were selected using purposive non-probability sampling that enabled the researchers to discuss the subject matter under study with well-exposed, experienced and knowledgeable participants. The sample size adopted in this study comprised 14 participants drawn from the target population of 300, an estimated figure that includes government departments, civil society, families and victims within the Harare CBD. In-depth interviews and document searches were used as datacollection instruments. Non-participant observations were equally utilised to complete the data collected using the above-mentioned instruments. In this study, qualitative data were analysed using a thematic analysis approach as propounded by Cohen *et al.* (2007). Thematic approaches are centred on generating natural units of meaning, classifying, categorising and ordering these units of meaning, structuring narratives to describe

the interview contents and interpreting the interview data.

FINDINGS

The study came up with various findings about the scourge of drug and substance abuse in the Harare CBD. Results were centred mainly on public awareness and perceptions towards drugs and substances and the interventions which could be employed by the government to combat the situation.

PUBLIC AWARENESS AND PERCEPTIONS TOWARDS DRUG AND SUBSTANCE ABUSE

Revelations of the study point to the fact that society understands drug and substance abuse is not allowed and that it has reached crisis levels in the country. Drug abuse is a crime in Zimbabwe under the

Dangerous Drugs Act [Chapter 15:02, 1956] (Zimbabwe Legal

Information Institution, 2013). One participant said,

Here, in Zimbabwe, the law is very strict regarding the possession, selling, and consumption of drugs. However, we look at what we can do, considering few economic opportunities. We continue to use them because we can relieve stress and eke out a living through

these illicit deals. We always negotiate with the police caught on the wrong side of the law, as they are human beings as well.

The excerpt above indicates that the country has strong laws for dealing with drug and substance abuse (Nhapi, 2019). However, the lack of economic opportunities has forced some drug abusers to continue as they have no option but to seek stress relief from drugs and substances. It is also indicative that they are no longer afraid of law enforcement agencies because they are ready to negotiate with them. This unfolding scenario sends a strong message to the government regarding the imperative need to further strengthen law enforcement agencies if the fight against drug and substance abuse is to be won. Roles of such agencies can be seen as complementary to government efforts in addressing the crisis levels of drug and substance abuse that grossly undermine national development efforts.

The above suggestion does not discredit current efforts to address the issues of drug and substance abuse. As argued by Maraire *et al.* (2020), law enforcement agents in Zimbabwe have responded to the issue of drug abuse by enforcing various legislative frameworks. For instance, the Voice of America (VOA) Africa confirmed that police in Zimbabwe record more than 100 cases of drug abuse every month in the capital city of Zimbabwe,

Harare, alone (Kundwei and Mbwire, 2020). A substantial number of youths were arrested for drug abuse in Zimbabwe, some of whom, after such an encounter with the law, completely refrained from the crime (Matunhu and Matunhu, 2016). The Zimbabwe Republic Police (ZRP) Departments of Drugs and Narcotics and Community Relations and Crime Prevention Departments regularly conduct awareness programmes on drug abuse and its effects on communities (Magaya, 2017). These police departments have been raising awareness and educating youth drug abusers together with their families. These awareness programmes are usually full-day programmes that offer vibrant teachings to the community, schools and church organisations regarding drug abuse.

The police awareness programmes on drug abuse are very informative and easy to comprehend, as they make fun of the taught concepts through dramatisation, catchy phrases and winning competitions (Nhapi and Mathede, 2016). The police also plays a significant role in addressing drug abuse issues by supporting drug abusers to live in harmony with their families (Matunhu and Matunhu, 2016). Often, families seek support from the police to address a member of the family who has become hostile due to drug abuse (Mafigu, 2018). The police help by advising and warning estranged drug abusers. Some youth drug abusers refrain from drug abuse after only caution and advice from the police,

together with their families (Makande, 2017). The police also help to reintegrate and reconcile youth drug abusers and their families (Matunhu Matunhu, 2016). Some families become impatient and fed-up with a member of the family who has turned to drug abuse. Police and other institutions then play an active role within society to educate the affected families and encourage reconciliation and the reintegration of that member into the family (Mugwenhi, 2017).

GOVERNMENT'S CALL FOR COLLABORATION TOWARDS DRUG AND SUBSTANCE ABUSE

The Government of Zimbabwe is known for taking the lead and underlining a multipronged approach to fight against drug and substance abuse in the country. Zimbabwe responded principally to the issue of drug abuse by working on a drug abuse master plan that ensures that drug abusers receive necessary treatment and rehabilitation at an affordable cost (ZCLDN, 2020). In effect, the President of Zimbabwe, Emmerson Mnangagwa, on February 1, 2019, appealed to all stakeholders and offered recommendations to the Ministry of Health and Child Care in drafting a National Drug Control Master Plan (ZCLDN, 2019). This plan involves various stakeholders and collaborates with the government, non-governmental organisations (NGOs), and the church (*ibid.*). In particular, the rehabilitation

processes and structures of victims of drug and substance abuse were made available by the Zimbabwean government. This proffers a lifeline for victims to free themselves from the clutches of drug and substance abuse. One of the participants said,

I appreciate the Zimbabwean government for coming up with rehabilitation programmes for people suffering from the effects of drug and substance abuse. Some people end up mentally unsound, and some [having] hallucinations, among other undesirable consequences of using drugs. The reintegration of the victim into society appears to be a challenge and needs attention as a successful process and procedure for the rehabilitation process.

Taking a leaf from the sentiments above, one can conceive that personnel in the health sector is well trained, available and ready to assist victims and families of victims of drug and substance abuse through counselling and therapy among other approaches (Nhunzvi *et al.*, 2019). However, it is evident that despite the interventions, taking the victim back into society is a challenge, as communities usually resist and discriminate against recovering or recovered abusers.

The Ministry of Health and Child Care has also shown its commitment to addressing the mental health impact of drug and substance abuse in the Harare CBD through the creation of mental health institutions and capacitating these institutions with human and logistical resources. Those who develop drug abuse-related mental illnesses are admitted to mental health institutions where they undergo detoxification programmes and medical care and receive in-patient rehabilitation such as cognitive behaviour therapy, family counselling if necessary, and occupational therapy (Nhunzvi *et al.*, 2019). The challenge lies with those who require rehabilitation services for drug abuse but have not developed mental health illnesses; the public health system of Zimbabwe does not have such rehabilitation programmes for such (*ibid.*). ZCLDN (2018) affirmed that Zimbabwe does not support People Who Use Drugs (PWUD) and does not have specific treatment facilities for them. There are public hospitals that offer mental health services and detoxification, but no harm reduction services (ZCLDN, 2018). However, Kumuterera (2019) claims that those recovering drug abusers after discharge from public mental health institutions in Zimbabwe seek pastoral care or visit other institutions anonymously for help.

Awareness campaigns on the rise of drug and substance abuse continue to be conducted by law enforcement agents, emphasizing the need to refrain from illicit and health-threatening substances. One participant said,

We can't blame lack of public education on the issues of drug and substance abuse in this country because almost every day different teams from law enforcement agencies are in the streets and other public areas educating and campaigning against drug and substance abuse. The blame is, therefore, on our attitude as community members for not responding positively to the noble call to desist from drug and substance abuse.

Based on the above, one can argue that information has been passed on to the communities on the need to desist and refrain from abuse of drugs and substances. The above comment resonates well with the view that law enforcement agencies play a key role in raising awareness of drug and substance abuse (Magaya, 2017). Therefore, this entails and reflects a true picture of cooperation on the part of the communities to support the plea from these agencies.

Civil society in Zimbabwe, particularly churches, is in the leading pack in terms of contributing to the rehabilitation and revitalisation of victims of drug and substance abuse. The church in Zimbabwe generally has an open-door policy and those repenting are given more care while being counselled to map the way forward in a drug-free way, One of the participants argued;

As the church, we are more than ready to accept people from different social groupings and, in particular, people who are considered social outcasts, such as drug addicts. It is within our hearts to help, such as winning those souls that is critical for the community's safety and development and the kingdom of God. We offer counselling, social outings and prayers to ensure the rehabilitation of such people.

It can be observed that civil society organisations such as the church are readily available to assist in the rehabilitation and re-integration of drug and substance abuse victims in Zimbabwe. This resonates with the view that most drug abusers seek assistance from the church (Zimoyo, 2020). Therefore, civil society's role is critical and is freely available. However, the question remains as to why there has been a rise in cases of drug and substance abuse with detrimental effects on the community, yet there are several private, public and civil organisations ready to assist for free.

To some extent, communities play a key role in the prevention and rehabilitation of drug abusers. Some potential drug abusers avoid indulging in drugs for fear of the responsible community that can reprimand them. In support of this, one of the participants stated:

I have been using sex-enhancing products in the streets of Harare that have been said to have come from India for the past three years. I normally buy the ones that make me last longer and strong in bed, but without these substances, I am no longer able to do it naturally by myself. I was assisted by a community member who was observing my frequency at these dealers to desist from the use of such substances as they affect the natural reproductive system in the long run as I have been experiencing lately.

The above excerpt suggests how communities can provide oversight duties on the behaviour of other community members regarding drug and substance abuse (Mtemeri and Nhamo, 2019). The above, therefore, translates to Ubuntu African Philosophy that is summed as —I am because we are, in describing how communities belong to each other and co-exist as a unit in transforming the communities.

CONCLUSION AND RECOMMENDATIONS

In the foregoing, it emerged that prevention and treatment are the major strategies adopted to arrest the scourge as awareness campaigns focusing on prevention and the effects of drug and substance abuse have increased. The message of educating the general

populace to refrain from drug and substance abuse has reached its peak, and it is now up to society to heed the call. The population currently engaging in drug and substance abuse is doing so out of resistance to the call to abstain from these illicit behaviours, and the law should descend heavily on them. This study suggests the imperative need for punitive measures to be harnessed to deter perpetrators and promoters of drug and substance abuse, ultimately assisting in strengthening public health systems in Sub-Saharan Africa. If fully complied with, concerted efforts aimed at achieving the UN Sustainable Development Goals (SDGs), particularly goal number Three (3) - Well-Being and Good Health by 2030, will bear anticipated fruits.

- The study recommends future studies across various CBDsto conduct interviews with various stakeholders in drug abuse rehabilitation in Zimbabwe and drug abusers, and to establish what works in terms of drug abuse rehabilitation in the Zimbabwean context.
- There is need to establish a psycho-religious module for all drug and substance abusers in Zimbabwe, as religion is widely recognised as a necessary voice with authority, respect and love in the Zimbabwean community.

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