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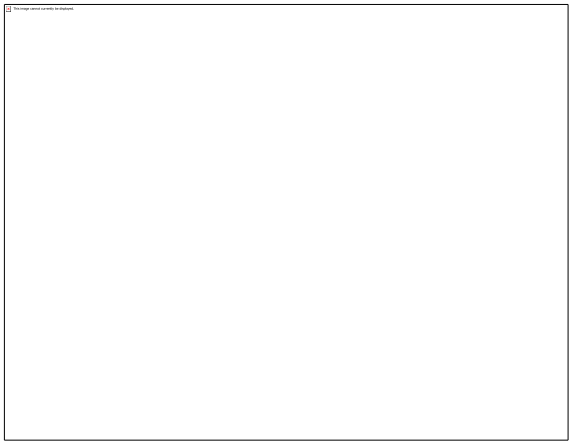
DEPARTMENT OF SUSTAINABLE DEVELOPMENT

BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES



EMERGING TRENDS OF DRUG ABUSE IN BINDURA, CHIPADZE AREA

BY

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THIS DISSERTATION IS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUAREMENTS OF BACHELOR OF SCIENCE HONOURS DEGREE IN DEVELOPMENT STUDIES AT BINDURA UNIVERSITY OF SCIENCE EDUCATION

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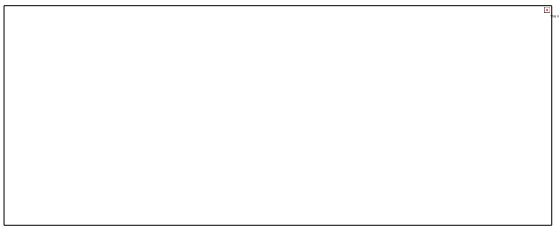
DECLARATION

I hereby declare that this dissertation is my original work, and has been carried out by me in the Department. The information derived from the literature has been duly acknowledged in the text and list of references has been provided. No material in this dissertation was previously presented for another degree or diploma at this or any other college

Signature  Date 07/07/25

ABSTRACT

Drug abuse among elderly populations in Zimbabwe has emerged as a critical public health concern, yet remains largely understudied in academic literature. This study investigated the emerging trends of drug abuse among elderly individuals in Bindura, Chipadze area, with the aim of understanding the most abused substances, underlying causes, and potential interventions. The research was prompted by increasing reports of unconventional substance use among elderly populations and the breakdown of traditional community support systems in the study area.

The study employed a qualitative research approach guided by an interprevist paradigm, utilizing a descriptive case study design. A purposive sample of 30 elderly participants aged 60 years and above was selected through a combination of purposive, snowball, and convenience sampling strategies. Data collection was conducted through semi-structured interviews, participant observation, and document analysis. Thematic analysis was employed to identify patterns and themes within the qualitative data, ensuring comprehensive understanding of participant's lived experiences.

Key findings revealed that alcohol emerged as the most abused substance, followed by crystal meth (mutoriro) and marijuana(mbanje). The study identified seven primary substances being abused, including abused, including unconventional substances such as mutowemapamba. Economic hardships and poverty, social isolation and loneliness, physical and emotional pain management, peer influence, and community normalization were identified as primary factors driving substance abuse. The breakdown of traditional community support systems and family migration patterns created vulnerable populations seeking chemical solutions to emotional and physical pain.

The study concludes that elderly substance abuse in Chipadze area results from complex interactions between individual vulnerabilities and systemic failures. Five key intervention areas were identified: community-based support systems. Specialized healthcare services, economic support programs, education and awareness campaigns, and family reintegration support. The research recommends comprehensive pension reform, targeted economic empowerment programs, healthcare subsidies for elderly populations, and the development of national policies specifically addressing elderly substance abuse. These findings contribute significantly to understanding substance abuse patterns in resource-constrained environments and provide evidence-based recommendations for policy makers and practitioners working with vulnerable elderly populations.

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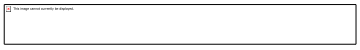
I would like to register my utmost gratitude to the Almighty God for his guidance and grace throughout my life. Special thanks are due to Bindura University of science Education and the department of Sustainable development for this opportunity to acquire lifelong academic knowledge and skills. l extends my profound appreciation to my supervisor for his unwavering support and other lectures from the department, would also like to thank my friends for their amazing support throughout the dissertation. Finally, l would like to thank my brothers and sisters for inspiring and motivating me.

APPROVAL

The undersigned certify that they have supervised the student Cathrine Charity Mavhenge dissertation entitled **The Emerging Trends of Drug Abuse in Bindura.** Submitted in partial fulfillment of Bachelor of Science Honours Degree in Development Studies.



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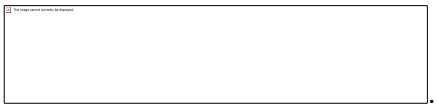

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ACRONMS

WHO - World Health Organization

WDR - World Drug Report

UNODC - United Nations Office on Drugs and Crime

AOCI - Africa Organized Crime Index

DA- Drug Abuse

SUD - Substance Use Disorder

CHAPTER 1 GENERAL OVERVIEW OF THE STUDY

1.0 Introduction

This chapter provides an overview of the research project beginning with the background of the study, including recent trends of drug abuse locally, regionally, and globally. Following the background of the study is the problem statement outlining the primary issues that drove the researcher to investigate new trends in drug and substance abuse of the elderly. The chapter also highlights the overall significance of the study, purpose of the study and the research objectives and questions.

1.1Background to the study

The international drug market is inundated with a disproportionately high number of newly created illegal drugs (Essack et al, 2020). Synthetic opioid and synthetic cannabinoid are examples of New Psychoactive Substances produced and trafficked, not only in America but in other countries as well, as the report of the National and Alcohol Research Centre in 2021. The COVID-19 pandemic, the increase of drug trafficking through porous borders, increased use of social media, and high levels of unemployment, have all contributed to devastating and miserable state of drug and substance use (Keenan and Killeen, 2021). A report from the World Health Organization (WHO) in 2017 reported that drug-related deaths were also rising. The report indicated there were 350,000 male deaths linked to drug use, and approximately 500, 000 deaths annually.

These incidents, however, occur within the confines of international drug use law. In other words, these incidents flout international legal obligations. For example, the 1988 Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances was designed for the express purpose of prohibiting the illegal trafficking of drugs and other substances. Furthermore, even the United Nations Office on Drugs and Crime (UNODC) has an explicit mandate to ensure the implementation and enforcement of international drug laws. Despite some of these international efforts, the incidence of drug and substance use is increasing among the elderly with indications that new drug uses are emerging. Additionally, illicit drugs are increasingly being produced and

trafficked around the world. Teferra (2018) argues that all though the sub-Saharan African continent has a history of substance use - primarily alcohol, tobacco and marijuana - the use of hard drugs like cocaine is currently becoming more prevalent.

Concerning Zimbabwe, Gera et al. (2022) stated that the non-traditional new psychoactive substances used by older adults are extensive and consist of toxins such as sniffing glue and drinking boiled used diapers and pads. According to Chinaka (2021), the World Health Organization (WHO) Africa (2020), reported that Zimbabwe had the highest proportion of elderly drug users in Africa. Mukwenha (2021) stated the main drugs used in Zimbabwe are crystal meth, broncleer, spirits in cans, marijuana, cough syrups, and codeine. Gera et al. (2022) mentioned that non-classical new psychoactive substances such as sniffing glue and drinking boiled used diapers and pads have been increasingly common among the elderly in Zimbabwe. The 2020 Africa Organized Crime Index, noted that Zimbabwe is emerging as one of the major drug trafficking countries in Sub-Saharan Africa.

1.**2Problem Statement**

Drug abuse remains a major problem in Zimbabwe, and despite efforts by public and private health sectors to assist older drug users in stopping and becoming well, older drug abusers remain the focus of Chipadze's drug abuse research. The research on drugs and substance abuse among the elderly indicates that drug and substance abuse among the elderly continues to rise for various reasons despite its illegality and negative effects. The high drug and substance abuse rates have been attributed to numerous factors, including the COVID-19 pandemic, porous boarders, artisanal mining, greater social media exposure, and high unemployment rates. Drug and substance abuse among the elderly has been shown to increase psychological disorders, mortality, and death among the elderly population.

1.3 Aim

The aim of the study is to examine the new trends in the Bindura, Chipadze area in order to comprehend their causes and consequences which is the goal of this study.

1.3.1 Objectives

i. To identify which drugs are most frequently abused by elderly people in the Bindura, Chipadze area.

ii. To investigate the factors causing drug abuse amongst the elderly in Bindura, Chipadze area.

iii. To propose interventions that can be implemented towards mitigating drug abuse by the elderly.

1.3.2 Research questions

i. What are the most abused substances by the elderly people in Chipadze area of Bindura?
ii. What are the factors causing drug abuse by the elderly in Bindura, Chipadze area?
iii. What interventions can be implemented towards mitigating drug abuse?

1.4 Significance of the study

The research is extremely important to the various people and stakeholders. The government, Zimbabwe in general, the Bindura University of Science Education, and the elderly residents of Bindura they all benefit from it.

1.4.1 To the elderly in Bindura, Chipadze area

The study is important to the elderly population in Bindura because it has identified the most abused drugs as well as the found and demographic factors that contributed to the increase in drug and substance abuse. This is significant because the relevant authorities can know how to mitigate drug abuse among the elderly by identifying the new drugs and factors leading to the increasing drug abuse among the elderly in their community. Moreover, the result of this study will provide an overview of the most abused drugs in Bindura and the main contributors to increased drug abuse among the elderly as well as options for improvement.

1.4.2 To the government

The study is essential to the Zimbabwe government, since it identified the gaps in the laws, regulations, and intervention techniques aimed at ending drug and substance abuse. As a result, the government will be able to identify areas for improvement and make necessary changes to eradicate drug and substance abuse. Additionally, this study will assist the government in prioritizing issues that older people face, which if not unaddressed, could encourage drug and substance abuse.

1.4.3 To the University

This study will be beneficial to other university students who are interested in studying drug and substance abuse issues because it will inform them about the most popular illegal drugs, the factors that contribute to the rise in drug abuse among the elderly, the gaps in the legal frameworks that the government has put in place to prevent drug abuse, and any changes or improvements that the government should make.

1.5 Definition of terms

Drug Abuse – Refers to the repeated use of psychoactive substances, most notably alcohol and illegal drugs, that endangers personal health, physical safety, social structure or leads to addiction. (WHO,2011). This refers to a use of a substance for a reason other than that for which it is authorized by a legal legislation or performing for medical practices.

Emerging Trends – Refers to the new patterns or noticeable shifts in behavior, practice or occurrence over time. Rogers (2003) defines a trend as a general direction in which something is developing or changing, especially with relation to social behaviour.

Elderly People – Older adults which are individuals typically aged 60 years and above. According to United Nations (2017) the elderly are defined as persons aged 60 years and over often facing age-related vulnerabilities.

Substance Use Disorder (USD) – It is a condition where using of one or more substances causes distress or impairment that is clinically significant. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) states that a substance use disorder encompasses a variety of issues brought on by recurrent alcohol or drug use.

1.6 Organization of the study

This study is structured into six chapters, each focusing on a specific aspect of the research process, from conceptualization to conclusion and recommendations.

Chapter One: Introduction

This chapter introduces the study's background, problem statement, objectives, research questions, significance, delimitations, and limitations. It establishes the framework for the entire study.

Chapter Two: Literature Review

This chapter provides an overview of pertinent research on drug abuse in the elderly. It looks at prior research, theoretical frameworks, the causes and consequences of drug abuse, and intervention techniques. Additionally, the chapter points out gaps in the literature that the current study aims to fill.

Chapter Three: Research Methodology

This chapter describes the research design, philosophical orientation, sampling techniques, data collection protocols, and ethical considerations. It describes how the data was collected and examined and offers support for the chosen methodologies.

Chapter Four: Data Presentation and Analysis

This chapter discusses the results of the fieldwork in light of the research questions. To give voice to the experiences and insights of the respondents, the data is subjected to a thematic analysis and bolstered by direct quotes from the participants.

Chapter Five: Discussion

This chapter discusses the research findings along with other discussions and the reviewed literature.

Chapter Six: Summary and Conclusion

This is the last chapter that offers conclusions and useful suggestions. It also identifies areas that need further research.

1.7 Chapter summary

This chapter has provided the background, the primary goal of the study, the problem statement, the objectives, the research questions, and the study's importance to the academic community, the government, and the elderly. As a result, the chapter gave the research's primary context.

CHAPTER 2 : LITERATURE REVIEW

2.1 Introduction

This chapter mainly focuses on the literature that is currently available on the new trends in drug abuse among the elderly. The goals and objectives of the study were taken into consideration when examining the literature. This chapter covers a number of topics, including the theoretical framework, newly developed drugs used by older adults, factors that contribute to the increase in drug and substance abuse among older adults, and the effectiveness of government interventions for drug abuse. Knowledge gaps, consensus, and disagreements from different scholars will also be reviewed there.

2.2 Theoretical framework

2.2.1 Problem behavior theory

Problem behavior theory (PBT) is a social-psychological perspective that explains the causes and development of particular behaviors, like risky drug and substance use (Jessor & Jessor, 1977; Jessor, 2001), according to McKellar and Silence (2020). The theory states that a person's personality, expectations, and values, as well as their surroundings, can all have an impact on certain behaviors. Therefore, factors like peer pressure, stress, family issues, and unemployment raise a person's risk of engaging in problem behaviors like problem drinking. The Problem Behavior Theory states that committing one problematic behavior, such as drug abuse, may increase the likelihood of committing other problematic behaviors, such as domestic violence, rape, murder, and theft. Jessor (1987) defined problem behavior as any conduct that deviates from social norms and legal.

Therefore, the theory is relevant to the study because it enables social workers to understand how a range of life issues, such as failures, unemployment, depression, and family chaos, as well as boring and hazardous life circumstances and socioeconomic anxiety, can lead to drug abuse. Drug users thus need counseling, therapy, and

rehabilitation. Social workers are also taught how drug use can represent behaviors that are socially unacceptable, such as theft and domestic violence. Therefore, in addition to implementing new strategies, the government should also improve and modify existing ones in order to combat drug and substance abuse.

2.3 Overview of drug abuse

Drug abuse is increasing everywhere, (NACADA, 2021). A remarkably large number of New Psychoactive Substances (NPS) are manufactured, trafficked, and sold, as covered in Chapter 1. Cocaine, heroin, cannabis, and other drugs and substances covered by international conventions have effects similar to those of newly manufactured psychoactive substances (UNODC, 2019). Medical problems such as acute psychosis and intoxication are often linked to the consequences. According to WHO (2021), 36.3 million people suffered from drug use disorders in 2019. Substance abuse was the cause of 11.8 million deaths globally in 2017 (Ritchie and Roser, 2019). Drug and substance abuse is also associated with a rise in crime rates globally. The British Crime Survey (2022) has revealed that there is an increase in drug related crime over the past years. America has been recorded as the most murder capital globally with an exceptionally large number of drugs related violent death (Andreas, 2019).

Substance use in sub-Saharan Africa has a long history, but it was primarily restricted to alcohol, tobacco, and marijuana. More recently, however, hard drugs like cocaine have become widely used. (2018, Teferra). According to the United Nations Drug Abuse Report (2020), 37,000 Africans die each year from diseases linked to drug abuse, indicating a sharp rise in drug abuse-related deaths in the continent. According to the report, approximately 28 million people in Africa use drugs. Infectious diseases like HIV/AIDS and TB, as well as non-communicable diseases like cancer brought on by drug and substance abuse, are common in Sub-Saharan Africa (Angkurawaranon et al., 2016; MisgaNaw et al., 2017). It would be more accurate to characterize substance-related disorders (SRDs) services in Ethiopia as nonexistent; the nation does not have alcohol and drug policy, or strategy which results in an increase in drug and substance (Teferra,2018). There is also poor implementation of The Five-Year National Drug Master Plan in Ethiopia, the plan is only limited to training and awareness raisin

activities. This therefore brings to light the fact that most African countries like Zimbabwe poorly implement drug abuse related policies which bring about an escalation on the causes of elderly people drug abuse.

Zimbabwe has the largest percentage of drug-abusing elderly people in Africa, with 70.7 percent of males and 55.5 percent of females abusing drugs, according to the World Health Organization (WHO) Africa (2020), as reported in Chinaka (2021). According to Belete et al. (2018), between 76 and 85% of elderly patients with drug-related neuropsychiatric disorders in low-income countries like Zimbabwe lack access to treatment, making this a growing public health concern. Senior drug and substance abuse in Zimbabwe has been made worse by high unemployment rates, the artisanal mining industry, the economic collapse, and social media exposure (Chinaka, 2021).

2.4 Most drugs amongst elderly people

2.4.1 Crystal meth/dombo/gukamakafela/mutoriro

Abuse of crystal meth has become a serious problem worldwide. According to the UNODC (2021), there are approximately 24.7 million crystal meth abusers worldwide, which is a startling rate. According to the European Drug Report (2021), between 2019 and December, approximately 9.5 million adults in Europe experimented with crystal meth. African communities are seeing a sharp rise in the use of crystal meth. In most South African provinces, where it is commonly referred to as "tik," it has emerged as the first or second most popular drug (Dada et al., 2020). Private labs are producing the medication without the required legal authorization from the relevant authorities (Olecka, 2022). Crystal meth abuse, also referred to as "mutoriro," "guka," or "dombo," has become a major problem in Zimbabwe.

2.4.2 Cough syrup – codeine/ bronco

Cough syrup, an over-the-counter cough remedy, is a drug of abuse worldwide due to its high alcohol and codeine content (Ritchie and Roser, 2019). Since elderly people

can legally buy cough syrups from pharmacies and clinics, they are widely accessible in America, which contributes to their growing use and abuse (Essack et al, 2020). The usage of cough syrups containing codeine has become a concerning problem in Africa. In the majority of African nations, including South Africa, Malawi, Nigeria, and Zimbabwe, young people have been caught up in the addiction to codeine (Olecka, 2022). Globally, there are 11.2 million cases of cough syrup-codeine abuse, according to the United Nations Office for Drugs Center (2019).

2.4.3 Cannabis / Marijuana

The World Health Organization (2023) states that marijuana is by far the most widely grown, trafficked, and abused illegal substance worldwide. Approximately 147 million individuals worldwide use cannabis (WHO, 2023). Synthetic cannabinoids, which are made from marijuana and then vaporized and inhaled through e-cigarettes and other devices, are becoming a popular substitute for marijuana in America (Savin, 2020). Nearly 38 million Africans abuse marijuana, making it the most commonly used drug in the continent (Africa Organized Crime Index, 2022). Though it is primarily abused in the Kwa-Zulu Natal, Northern, and Eastern Cape regions, cannabis remains the most commonly abused illegal substance in South Africa (Dada et al, 2016). Skunk, a new hybrid marijuana that Malawi has found, is thought to be more potent than regular marijuana (Chinaka, 2020). Zimbabwe is one of the neighboring countries that import skunk. Jena (2022) claims that because marijuana is illegally grown in the majority of Zimbabwe, the country has a sharply rising number of marijuana abusers. The president of Zimbabwe legalized marijuana cultivation in 2019 for export to other nations for the production of medicines, but most Zimbabweans, particularly those living in rural areas, mistook this for legalizing marijuana smoking, which increased the country's rate of illegal marijuana cultivation and abuse, according to Jena (2022). Cannabis use has been linked to serious health issues, including signs of dependency and respiratory-related infections, deficiet psychosocial development and road traffic deaths (Shi et al 2015).

2.4.5 Cocaine

Abuse of cocaine has grown to be a serious problem worldwide. Because it is costly, cocaine is widely used in developed nations. According to the National Survey on Drug Use and Health (2020), approximately 5.2 million Americans used cocaine in 2020. It also reports that 19,447 people lost their lives to diseases linked to cocaine use, and nearly 1.5 million users suffer from cocaine use disorders. Teferra (2018) states that although substance use in sub-Saharan Africa has long existed, it was primarily restricted to alcohol, tobacco, and marijuana. More recently, however, the use of hard drugs like cocaine has become common. According to the UNODC (2015), cocaine is the second most trafficked illegal substance in the world. Coke, snow flake, blow hardy, and nose candy are some of the names for cocaine (Ondieki & Mokua, 2012). It comes in two different forms: powdered drug and other cocaine products called "crack." Cocaine can be taken orally or inhaled; it can be rubbed into the gums, dissolved in water, and then injected into the bloodstream; it can even be smoked, with the smoke being inhaled into the lungs (Mukwenha et al 2021). Cocaine consumption of any kind causes intoxication, which can lead to heart attacks and strokes, which can cause unexpected death (WHO, 2019). Due to the drug's effects on the nervous system, which result in irreversible and permanent harm, many elderly people develop an addiction problem (Hulisani 2018). One of the African nations that imports is Zimbabwe.

2.4.6 Heroin

Due to its high production rate in North America, heroin is said to be the most abused drug in the continent. UNODC, 2019). Elderly heroin use has become a problem in South Africa. In South Africa, heroin, also known as nyaope, is commonly used as a powder, inhaled, or combined with marijuana juice. The 2020 Africa Organized Crime Index states that Zimbabwe is becoming one of the major Sub-Saharan nations involved in the trafficking of heroin from Tanzania and Mozambique. According to reports, heroin is widely used in Zimbabwe as powder (Marandure et al, 2023). Trafficking heroin into Zimbabwe can be done through a variety of channels, including criminal and illegal networks and smuggling by returning Zimbabwean foreign workers.

2.4.7 Alcohol

Alcohol is one of the most legal drugs and continues to be the most abused drug globally. Compared to previous decades, the majority of elderly people worldwide are now consuming alcohol in unlimited quantities (Onder and Nyadera, 2019). In the world, alcohol abuse is a contributing factor to over 200 diseases and injuries, and it causes 3 million deaths annually (WHO 2022). There are several types of alcohol, some of which are more potent and harmful to health. As stated in (Hulisani 2018), alcohol misuse is linked to diseases like diabetes and cardiovascular disease (Dada et al., 2016). Accidents involving alcohol had become frequent (Onder and Nyadera, 2019), and the use alcohol also promote socially unacceptable behavior like domestic violence.

2.4.8 Tobacco

One of the most abused substances in the world is tobacco. The use of tobacco by older adults has increased due to legal tobacco cultivation and processing worldwide (Onder and Nyadera, 2019). Senior citizens around the world have found a more contemporary method of smoking tobacco: using a shisha pipe (Gandini et al, 2018). Gandini et al. (2018) add that it is now common for older adults to put tobacco in a shisha pipe with flavors of strawberries, apples, or bananas, light a charcoal or coal to heat the tobacco, and then smoke the drug through the shisha pipe. Abuse of other substances, such as alcohol and marijuana, is typically associated with tobacco use. People who smoke tobacco are at risk for developing emphysema, chronic bronchitis, and lung cancer (Gandini et al., 2018). In addition to the numerous other potentially hazardous chemicals that are either produced by burning tobacco or found in it, nicotine, an ingredient that can cause addiction, is the reason why so many tobacco users struggle to stop (NIDA, 2020).

2.5 Factors escalating elderly people drug and substance abuse

Drug abuse among the elderly is being made worse by new factors. These include the COVID-19 outbreak, increased social media use, mining activity, unemployment rates, and the economic collapse.

2.5.1 Outbreak of COVID 19

The COVID-19 pandemic has caused significant disruptions to the daily lives of older adults worldwide, including increased social isolation and depression, which are risk factors for drug abuse among the elderly (Keenan and Killeen, 2021). The most common reason given by those who reported increases in drug abuse during the pandemic was "boredom" (79.7%), followed by older adults who reported using drugs to deal with anxiety (53.4%) (Mongan, 2020). A number of limitations and regulations were put in place during the pandemic to try to stop the spread of COVID 19. Lockdowns and curfews were among the more drastic mitigation measures, as were restrictions on social gatherings (for example, the church restricted access to workplaces and leisure activities, for example, by banning athletic events and closing services) (Marandure et al, 2023). The EMCDDA (2020b), as referenced by Keenan and Killeen (2021), states that during the lockdowns, there were media reports of "illegal raves" and unapproved home gatherings in several European countries, along with reports of drug abuse by elderly individuals living alone at home. Because of this information, the majority of elderly people had nothing to do and instead turned to abusing drugs.

2.5.2 An increase in drug trafficking

Nearly 90% of cocaine that was seized globally in 2021 was trafficked in containers, according to trafficking data, which also shows that cocaine trafficking is spreading to areas outside of North America and Europe's major markets, including Africa and Asia (UNODC, 2022). As per the 2020 Africa Organized Crime Index, Zimbabwe is becoming a prominent destination for criminal activity in Sub-Saharan Africa. This

drug is being trafficked from Mozambique and Tanzania. In Zimbabwe, heroin is allegedly widely used in two forms: powder and nyaope, or smoke (Marandure et al, 2023). Criminal and illegal networks that use cargo shipments for drug transportation are among the methods used to traffic heroin into Zimbabwe, as is smuggling by returning foreign workers from Zimbabwe (Africa Organized Crime Index 2020). Therefore, it would seem likely that cocaine and other drugs are being illegally shipped into Zimbabwe due to the country's worsening legal situation against drug trafficking through cargo shipment. Zimbabwe is becoming a destination for cannabis coming from Malawi and Mozambique, despite the fact that the drug is frequently produced there (Jena, 2022).

2.5.3 Increase mining activities /Artisanal mining

Around the world, artisanal mining is growing quickly and frequently out of control, particularly in developing nations where there is little to no equipment (International Labour Office 2021). Diggers spend extended periods of time in uncomfortable positions and with improper equipment (Irenge et al., 2021). Because workers must deal with severe physical pain and mental stress, the mining industry can put a lot of strain on them through heavy workloads and dangerous working conditions, which can lead to drug abuse (Kaliszewski,2023). The Substance Abuse and Mental Health Services Administration (2021) released a report that highlights the prevalence of drug abuse among mine workers. The report compared the prevalence of illegal drug use in several US industries.

A National Safety Council report from 2020 states that approximately 1 in 100 mining industry workers have an opioid use disorder, which is linked to increased mortality rates. The Pan American Health Organization (PAHO) (2019) reports that drug and substance abuse disorders in the mining industry caused 85,984 deaths in 2019—a 296% increase from 21,719 deaths in 2014—for both males and females. Although it is true that nearly half of the millions of people who work in the mining industry abuse drugs, employment in the mining industry does not necessarily mean that a person will abuse drugs.

2.5.4 Prevalence of elderly people unemployment

In terms of work prospects, older individuals have been disproportionately disadvantaged, particularly in developing nations (Maulani and Agwanda, 2020). The unemployment of the elderly has become a damaging legacy in the majority of developing nations, discouraging their integration into socioeconomic life patterns like earning money and saving for future generations (Chinaka, 2021). Many older people end up abusing drugs because most governments are not taking drastic steps to reduce unemployment (Onder and Nyadera, 2019). Unemployment among the elderly is still a contentious topic at home and a significant global development issue (International Labour Office, 2021). In Zimbabwe, the sharp rise in unemployment rates appears to be correlated with a rise in drug users. Older adults who are unemployed or retired have nothing to do, so they turn to drugs. They also need to pay for living expenses, but they have no money, so they are stressed out by their current circumstances and turn to drugs to relieve their stress (Maulani and Agwanda 2020). According to some empirical research, tertiary education may lead to unemployment due to a mismatch between training and labor market demands, even though it is anticipated that graduates will be employable and competent for the workforce (Ebaidalla, 2016). Therefore, inadequate education policies are the cause of the high unemployment rate in the majority of African nations, including Zimbabwe. Zimbabwe's economic collapse also makes it difficult to accommodate the elderly.

2.5.5 Social media

Social networking sites are giving elderly people new, risky ways to get exposed to drugs. Social media is becoming a bigger factor in America's growing drug abuse problem. This is due to the fact that it is glamorizing drug abuse by showing appealing videos of celebrities and well-known people abusing drugs, which encourages older people to use drugs (Karunaratne 2018). Social media is more frequently used to promote common drugs like cannabis in Africa than traditional media (Krauss et al., 2017). Young people post about cannabis on social media more frequently than older adults do, and their posts are also generally positive (Onder and Nyadera, 2019). Most

social networking sites have some sort of anti-drug policy, but they are not always strictly enforced, so leaving a vast of chances of drug abuse related activities.

2.5.6 Economic melt down

The majority of underdeveloped nations have poor economic performance due to a combination of low investment, resource misallocation, rising national debt, and diminished incentives for productivity (Moyo, 2018). Over the last ten years, economic growth in African nations has been sporadic. Both foreign direct investment and international trade remain low, which restricts the ability to import new technologies and modernize the economy (World Bank, 2021). Because of the high rates of job loss and unemployment, an economic downturn may result in a lack of employment, which causes distress and may lead to substance abuse as a coping mechanism (Ebaidalla, 2016). Due to poverty and as a coping mechanism for unemployment, it has been noted that a large number of elderly people are involved in the drug supply chain (World Drug Report, 2018). Price increases and exchange rate volatility are impeding Zimbabwe's economic growth (Jena, 2021).

2.6 Effectiveness of interventions implemented against drug abuse

The effectiveness of current interventions against drug abuse in communities such as Bindura, Chipadze has been limited and unstable. Most interventions are youth-focused, such as school awareness campaigns, police raids, and community outreach programs, often excluding elderly populations.

Health education efforts, while useful, are not consistently delivered or tailored for different age groups. Clinics rarely have specialized services for elderly substance users, and there is no formal screening or treatment protocol for age-related substance misuse. Additionally, law enforcement crackdowns often address symptoms rather than root causes, and tend to push the problem underground.

Community-led interventions such as church programs and neighborhood watch groups show some promise in raising awareness but lack funding and sustainability. The

absence of comprehensive data, follow-up support, and policy integration weakens the long-term impact of these efforts.

2.6.1 Awareness campaigns

Governments and their allies around the world are focusing on implementing awareness campaigns to end the use of illegal drugs. Due to its detrimental effects on health and social burden, drug-related issues have garnered a lot of public attention in Britain (Ruolan and Aslam, 2020). UNODC is in charge of global awareness campaigns and advises member nations to conduct them on a regular basis (UNODC, 2020). Educating people about drug abuse, drug production, and drug trafficking is the goal of these awareness campaigns (LPO, 2023). Elderly people are to be educated and empowered to refuse the use of illegal drugs by the American National Youth Anti-drug Campaign (UNODC, 2020). The Kenyan government launched the National Campaign against Drug Abuse (NACADA) in 2001 after realizing how serious the drug problem was (Chesang, 2013). In order to combat drug abuse, the NACADA committee coordinates the efforts of governments, individuals, and partners. Zimbabwe started educating the elderly about drug abuse, trafficking, and production through awareness campaigns run by responsible authorities in collaboration with the Christian Community Policy Network (Manyau et al., 2022). These campaigns align with the president of Zimbabwe's efforts, who recognized the significant impact of drug abuse on society and established an interministerial committee to specifically address (The Herald, 29 August 2022).

However, the implementation of drug abuse awareness campaigns is challenging due to the high cost and human resources required to set up the entire plan (Chesang, 2013). According to Jack's (2018) study, awareness campaigns were insufficiently successful in combating drug abuse because they primarily served as money laundering schemes, with little effort being made to address the underlying causes of drug abuse. Accordingly, most governments and partners find it challenging to carry out frequent awareness campaigns because of their high cost (Chesang, 2013).

The strategy is also ineffectual due to the absence of monitoring and evaluation of awareness campaigns. Even though awareness campaigns are run all over the world and

educate young people and the elderly about drug abuse, trafficking, and production, these campaigns are not adequately monitored or evaluated (Mbuthia et al, 2017). Effective execution, progress tracking, and awareness campaign results are ensured by monitoring and evaluation. Nevertheless, responsible authorities are unable to follow up on the effectiveness of awareness campaigns due to a lack of resources (Ruolan and Aslam, 2020). Although the United Nations Office for Drug Control mandates that programs aimed at combating drug abuse be monitored and evaluated, member states do not follow this requirement.

2.6.2 Implementation of legal instruments

International drug treaties have not stopped the illegal production and non-medical use of these drugs from spreading around the world over the past 50 years, nor have they stopped drug trafficking (Room and Reuter 2012). The rise in the production of new substances that are not subject to international drug control conventions, meaning they are legal, is a new phenomenon in the drug market brought about by the emergence of new illicit drugs (Ziavrou 2018). Therefore, it follows that anyone found in possession of these new drugs is innocent of any crime. Because of this, law enforcement organizations find it extremely challenging to respond to these problems. Additionally, by increasing the number of drug users incarcerated, discouraging effective countermeasures to HIV spread by injecting drug users, and fostering an environment that encourages human rights violations, the system has arguably worsened the health and wellbeing of drug users (Room and Reuter 2012). Because they concentrate more on conventional drugs like alcohol, marijuana, and tobacco, the United Nations international conventions against drug abuse—the Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Drugs of 1971, and the Convention against Illicit Traffic in Narcotic Drugs of 1988—are ineffective in addressing the new trends in drug abuse. Since then, numerous nations have questioned their national and international drug control systems, plans, and regulations.

The problem of illicit drug trafficking is not adequately addressed by the 1988 Convention against Illicit Traffic in Narcotic Drugs, which places a strong emphasis on preventing drug trafficking. Despite national and international legislation prohibiting

drug trafficking, illicit drug trafficking has grown to be a serious problem worldwide (Africa Organized Crime Index 2020). The trafficking data shows that cocaine trafficking is spreading to areas outside of the major markets of North America and Europe, with trafficking levels reaching Africa and Asia. Nearly 90% of cocaine seized globally in 2021 was trafficked in containers (UNODC 2022). Smuggling by returning foreign workers from Zimbabwe to criminal and illegal networks where cargo is transported are some of the ways that heroin is trafficked to Zimbabwe. Therefore, it would seem likely that cocaine and other drugs are being illegally shipped into Zimbabwe due to the country's worsening legal situation against drug trafficking through cargo shipment. Zimbabwe is becoming a destination for cannabis coming from Malawi and Mozambique, despite the fact that the drug is frequently produced there.

To combat drug abuse, Zimbabwe's government has put in place a number of laws. The purpose of the Criminal Investigating Department's Drugs and Narcotics department is to combat drug abuse by conducting drug raids and apprehending drug dealers. The ZRP, a government agency, uses this department to set up roadblocks and carry out drug raids. Similar actions have been taken by ZRP Bindura in an effort to combat drug abuse and apprehend drug dealers.

However, corruption has hindered the effectiveness of legislation as an intervention strategy in combating or addressing the problem of drug abuse. Furthermore, Zimbabwe's government has not yet drafted legislation to penalize drug dealers, which restricts the ability of law enforcement to apprehend them (Ziavrou 2018).

2.6.3 Police Drug patrols

Police forces all across the world start patrols to combat drug abuse. The number of drug abuse cases worldwide is rising, which is attracting the attention of law enforcement (Petrocelli et al, 2014). According to Machethe and Obioha (2018), police raids against drug abuse guarantee the arrest of those engaged in drug abuse, production, trafficking, and illegal dealing. Police in the US conduct drug raids and roadblocks, apprehending both drug manufacturers and drug users (UNODC 2021).

The United Nations Office for Drug Control urges governments to support frequent drug-abuse raids.

Through the implementation of drug prevention and deterrence initiatives, the South African Police Service (SAPS) has demonstrated their commitment (Machethe and Obioha, 2018). The police department in Zimbabwe is concerned about the high number of drug abuse and illegal drug dealer cases that the country has. The Zimbabwe Republic Police and the CID Drug Section collaborate to conduct investigations into drug abuse, illegal drug production, and sale, as well as to apprehend offenders. Additionally, they conduct patrols and raids to combat drug trafficking and abuse.

Drug abuse has not yet been significantly reduced despite government and police department partnerships (SAPS, 2018). Since the ZRP has been accused of using bribes to apprehend drug dealers, these interventions have been less successful due to corruption; drug dealers now deal with the police to avoid punishment (Africa Organized Crime Index 2022).

The absence of collaboration between law enforcement and community stakeholders is concerning as it could impede efforts at prevention and combat (Machethe and Obioha, 2018). Maintaining positive relationships with drug dealers and abusers tends to make community stakeholders less interested in reporting drug abuse and production cases, despite the fact that they are considered important investigators in these issues (UNODC, 2022). Drug abuse cases have dramatically increased in African communities due to the prevalence of unreported drug production and abuse cases.

2.6.4 Creation of the International Day against Drug Abuse

Since the United Nations General Assembly declared June 26, 1987, to be the first International Day against Drug Abuse and Illicit Trafficking, this day has been used annually to symbolize the coherence and smoothness of international collaboration in the pursuit of a drug-free society (Avasthi and Ghosh, 2019). In order to raise awareness of the issues related to drug abuse, the day is celebrated globally each year with a theme, motto, and vision. The theme for 2022 was "Addressing drug challenges in health and humanitarian crises" (UNODC, 2022). Thus, by identifying strategies to enhance the

healthcare system, the global observance of the International Day against Drug Abuse guarantees the realization of drug-related illnesses and disorders. All governments are encouraged to organize events in advance of the International Day against Drug Abuse, which is observed by the United Nations Office for Drugs Center (World Drug Report, 2021). Drug abuse is still a major problem in Zimbabwe and around the world, despite the fact that this day was established to combat it.

2.6.5 Establishment of Youth Friendly Centre

The creation of youth-friendly facilities has been crucial in reducing the serious problem of drug abuse. A youth center, according to Peterson (2010), is a facility designed to provide both indoor and outdoor space for young people to interact. Youth programs give kids and seniors access to other services and programs as well as a variety of recreational activities like sports, watching television, and other pastimes. According to a study on the value of youth centers in Japan, Clara (2020) claims that these places are safe spaces where young people can socialize, exchange ideas, have fun, and even discover hidden talents in one another and older people through sports that can help them succeed in life.

There are no barriers to entry because youth center programs and activities are freely available and cost nothing. Both young and old are free to come and go and occupy their time with various activities, which diverts the zeal of drug abuse caused by inactivity. In his research on the effectiveness of youth centers in combating drug abuse, Kraft (2014) made the case that by lowering the idleness of senior citizens, youth centers were significantly contributing to the fight against drug abuse. Youth centers take great pride in being drug-, alcohol-, and smoke-free places where young and old can socialize in a secure and accepting setting. Additionally, they allow senior citizens to engage with the community by volunteering for anti-drug campaigns.

2.6 Legal instruments guiding the study

The United Conventions against Drug Abuse served as the guidelines for conducting the study. These include the Convention against Illicit Traffic in Narcotic Drugs and

Psychotropic Substances (1988), the Convention on Psychotropic Substances (1971), and the Single Convention on Narcotic Drugs (1961). The Dangerous Drugs Act, the Criminal Law (Codification and Reform) Act, and Zimbabwe's anti-drug abuse laws also served as guidelines.

2.7.1 United Nations Conventions against drug abuse

Three conventions prohibit drug abuse, drug trafficking, and illicit production and manufacturing. According to Jelsma (2016), these conventions provide member nations with guidelines for combating illegal drugs and guaranteeing the availability of legal drugs. These consist of the Convention on Psychotropic Substances (1971), the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), and the Single Convention on Narcotic Drugs (1961). To ensure the supply of legal drugs for medical purposes while simultaneously preventing their abuse, the Single Convention on Narcotic Drugs (1961) and the Convention on Psychotropic Substances (1971) were established. In an effort to stop the increase in drug abuse and trafficking, the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was established in 1988. Trafficking, manufacturing, exporting, and importing traditional drugs of abuse, such as cocaine and cannabis, are regulated by the 1961 Single Convention on Narcotic Drugs. Psychotropic drugs were specifically covered by the 1971 Convention on Psychotropic Substances.

2.7.2 Dangerous Drug Act (Chapter 15:02)

Controlling the importation, exportation, production, possession, sale, distribution, and use of dangerous drugs was the goal of the Dangerous Drugs Act (Manyau et al., 2022). The United Nations Office for Drugs Center, which encourages member states to create laws against drug abuse, was consulted by Zimbabwe when it created this act (UNODC, 2015). Regardless of the amount and purity of the drug in question, the act defines offenses and punishments based on the type of dangerous drug. This act contains provisions on the criminalization of drugs under the Criminal Law (Codification and Reform) Act. As a result, the CID Drug Section and the Zimbabwe Republic Police work together in accordance with this law.

2.7 Knowledge gap

The literature on the new developments in drug abuse is lacking in information. Some of the reviewed studies are intended to provide information on the most commonly abused drugs, the effects of drug abuse, and disorders related to drug abuse. There hasn't been much written about the new drug abuse trends. It should be mentioned that the study aims to close this gap by examining the new patterns of drug abuse among the elderly.

2.9 Chapter Summary

The chapter primarily reviewed the literature, with a focus on the theoretical framework supporting the study, a global, regional, and local overview of drug abuse, the most commonly abused drugs, the factors contributing to the rise in drug abuse among the elderly, and an assessment of the efficacy of strategies put in place to eradicate drug abuse. The chapter also identified knowledge gaps in the literature on the new trends in drug abuse and the laws that govern the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the research methodology adopted for studying emerging drug abuse trends among elderly citizens in Bindura, Chipadze ward 7. In the words of Creswell and Creswell (2018), research methodology "provides a framework for the planning and conduct of research study and enables researchers to consider issues such as how data will be collected and analyzed." The methodology explains the systematic process employed to collect, analyze and interpret the data in order to meet the objective of the research. Therefore, this chapter articulates the research approach, research design, target population, sampling strategies, research instrument, data collection process, data analysis process, validity and reliability measures used and ethical issues related to the research.

3.1 Research Approach

Chipadze area is located in Bindura district, in the Province of Mashonaland Central, in Zimbabwe. It is a mixed space that is part rural and part urban, with both commercial and subsistence farming practices. The population is multi-generational, with a portion of aged individuals that is pertinent to this study. The Chipadze area has experienced a range of socio-economic issues which include high unemployment, poor accessibility to healthcare services and heightened exposure of drug trafficking and routes because of the location and proximity of transport corridors to Zimbabwe and other countries (Gera et al., 2022). The area was selected based on reported high levels of drug taking among aged people, as well as seeing new psychoactive substances emerging in practice

based on preliminary observation.

Fig3. 1: Chipadze area, Bindura Zimbabwe

3.1.1Research Philosophy and Paradigm

This chapter describes the methodology which was used to study the changing drug abuse trend amongst older people in Bindura, Chipadze ward 7. According to Creswell & Creswell (2018), research methodology is the 'roadmap for the planning and execution of a research study and allows the researcher to think about the collection and analysis of data'. The methodology will offer a description of the systematic procedure used to collect, analyze and interpret the data in order to fulfill the research objectives. Thus, in this chapter, the researched approach and design, the population and sampling procedures, the research instrument, data collection procedures, the data analysis procedures, validity and reliability procedures and ethical considerations will be elaborated on.

The qualitative approach is the most suitable choice for this study because it allows the researcher to get at the meanings, experiences, and perceptions that elderly individuals attribute to drug use behaviors. The qualitative methods allow for flexibility in the data collection process and providing rich and detailed information about complicated social phenomena that should not be limited to quantifying by numbers (Patton, 2015). Calling upon qualitative methods helps more than other methods when researchers engage with

sensitive topics such as drug abuse, as it allows elderly persons to describe their experiences in a safe space, free of judgment.

3.2 Research Design

According to Yin (2018), this study employs a case study design that is descriptive in nature. According to Yin (2018), a case study design is an empirical investigation that looks at a current occurrence in its actual setting, especially when neither the phenomenon nor the setting is immediately apparent. A case study design was chosen in this instance for several reasons, which makes it especially suitable for the research.

First, case study design facilitates extensive exploration of the increasing trends in drug abuse in a specified geographical location, which provides rich accounts of the immediate and conditions behind such occurrences. According to Stake (1995), case studies are appropriate when the researcher is interested in understanding the character of a single case in its normal context. Secondly, case studies provide the opportunity to use various sources of evidence like interviews, observations, and document analysis that enhance comprehensiveness and reliability of findings (Merriam and Tisdell, 2016).

The strengths of case study design include its ability to uncover rich, detailed descriptions of complex phenomena; its ability to accommodate emergent findings during the course of data collection; and its capacity to generate insightful knowledge of the research problem in its context of origin (Creswell and Poth, 2018). Additionally, case study is best employed to explore "how" and "why" questions, most crucial in comprehending the etiology of elderly drug abuse. Design is also effective in exploring a number of perspectives from different stakeholders, including the elderly individuals themselves, their families, community leaders, and healthcare providers.

However, there are limitations to case study design, including potential issues of generalizability and researcher bias. These are controlled by good participant selection, triangulation of the data source, and good documentation of the research process (Yin, 2018).

3.3 Target Population

The target population for this study consists of elderly individuals aged 60 years and above residing in Chipadze area of Bindura district who have experience with drug and substance abuse, either personally or through close family members. The choice of 30 participants is justified based on the principle of data saturation in qualitative research, where the number of participants is determined by the point at which no new themes or insights emerge from additional interviews (Guest et al., 2006). According to Mason (2010), qualitative studies typically require between 15-50 participants to achieve data saturation, depending on the complexity of the research topic and the homogeneity of the population.

The selection of 30 participants allows for adequate representation of diverse experiences while maintaining the depth of analysis characteristic of qualitative research. This sample size is also consistent with recommendations by Creswell and Poth (2018) for phenomenological studies, which suggest 20-30 participants as optimal for capturing the essence of lived experiences. The target population includes both male and female elderly individuals to ensure gender representation and capture potential differences in drug abuse patterns and experiences between genders.

3.3.1 Sampling Techniques

Sampling refers to the process of selecting a subset of individuals from a larger population to participate in a research study, with the aim of making inferences about the entire population based on the characteristics of the selected sample (Bryman, 2016).In qualitative research, sampling strategies are usually purposeful rather than random, which means that the researcher ensures there is plenty of rich and relevant in-depth cases that are contextually relevant to the phenomenon of study (Patton, 2015).There are two broad types of sampling: Probabilistic and Non-Probabilistic. In probabilistic sampling, there are numerous methods, such as simple random sampling, systematic sampling, stratified sampling, and cluster sampling where each member of the population has an equal or known probability of selection (Saunders et al., 2019). Non-Probabilistic sampling includes purposive sampling, convenience sampling, snowball sampling, and quota sampling where some or all participants are selected by

some prior criteria or by availability as opposed to through random selection (Neuman, 2014).A combination of non-probabilistic sampling strategy for this study will be planned to ensure the target population is adequately covered while ensuring the depth of inquiry that is inherently present in qualitative research is retained.

Table 3. 1: The sampling matrix below illustrates the different sampling strategies employed

Sampling Strategy	**Number of Participants**	**Selection Criteria**	**Justification**
Purposive Sampling	15	Elderly individuals with direct experience of drug abuse	Provides in-depth insights from those with lived experience
Snowball Sampling	10	Participants referred by initial participants	Accesses hard-to-reach populations and builds trust
Convenience Sampling	5	Elderly individuals available and willing to participate	Ensures practical feasibility of data collection

Purposive sampling is employed to select participants who have direct experience with drug abuse or who are knowledgeable about the phenomenon in their community. This strategy ensures that participants can provide rich, detailed information relevant to the research objectives (Palinkas et al., 2015). The selection criteria include elderly individuals who have used drugs or substances, family members of drug users, and community leaders who have observed or dealt with drug abuse issues.

Snowball sampling is utilized to identify additional participants through referrals from initial participants. This technique is particularly valuable when studying sensitive topics or hard-to-reach populations, as it relies on established trust relationships to facilitate access to potential participants (Atkinson and Flint, 2001). Given the stigmatized nature of drug abuse, snowball sampling helps overcome barriers to participation by leveraging social networks and peer recommendations.

Convenience sampling is incorporated to include participants who are readily available and willing to participate in the study. While this method may introduce some bias, it ensures the practical feasibility of data collection within the constraints of time and resources (Etikan et al., 2016). The combination of these three sampling strategies enhances comprehensiveness of the sample while maintaining the depth of inquiry characteristic of qualitative research.

3.4 Research Instruments

The primary research instrument for this study is a semi-structured interview guide, which allows for flexibility in exploring participants' experiences while ensuring coverage of key research topics. Semi-structured interviews are particularly suitable for qualitative research as they enable researchers to ask follow-up questions, probe for deeper understanding, and adapt to unexpected insights that emerge during the interview process (Bryman, 2016). The interview schedule is made up of open questions based around the main research objectives and includes topics on drug use types, drug abuse causes, effects of drug use, and potential interventions.

In addition to the interview guide, an observation checklist is developed to capture the non-verbal communication, environmental surroundings, and background information which may not be stated verbally in interviews. Participant observation provides rich complementary data that illuminate the phenomenon under investigation (Kawulich, 2005). A demographic data sheet is also employed to obtain basic information on participants including age, gender, education level, work, and family size.

3.5 Data Collection Procedure

3.5.1 Data Collection Methods

Data collection in a research study is the gathering of relevant evidence to answer research questions and complete the objectives of the research study. Generally, research is available in 2 approaches to collecting data: primary data collection, and secondary data collection (Saunders et al., 2019). Primary data is data that have been collected from a primary source (therefore original) in order to meet the specific aims of the current research study. Primary data is data that is collected using a range of

methods including interviews, surveys, observations, focus groups, and experiments that have been directly performed by the researcher. Primary data is original data that is specific to the aims of the research, and data that has been collected from the immediate point of view, but is often the most time consuming and expensive (Bryman, 2016). Secondary data is data that has been previously collected by a researcher or organisation for purpose other than the current research, but is available to be useful to the special investigation being conducted. This includes published research articles, government reports, organizational documents, statistical databases, and archival materials. Secondary data is often more readily available and cost-effective to obtain, but it may not be specifically tailored to the current research needs and may be outdated (Neuman, 2014).

The researcher will get ethical approval from the relevant institutional review board or ethics committee to ensure the compliance of the study with ethical standards of human subjects research. This is followed by seeking necessary permissions from local authorities, community leaders, as well as gatekeepers in the research. The researcher will write and pilot-test research tools as well to test their appropriateness and usefulness for scientific application.

The process of data collection in this study will begin with community outreach to build rapport and trust among potential participants and community leaders. This involves initial meetings with local leaders, traditional leaders, and community groups to introduce the purpose of the study and secure their support. Following community outreach, potential participants are identified using the sampled strategies indicated above, and informed consent is initially obtained from all the participants prior to the commencement of data collection.

Data will be collected predominantly by in-depth semi-structured interviews with participants individually in private, comfortable settings of their choice. Interviews will last between 45-60 minutes and are audio-recorded with participants' permission to ensure accuracy of the data. Field notes will also gather during the interview to record observations, non-verbal cues, and contextual information not picked up in recordings. Secondary data collection will involve the reading of relevant documents, reports, and

literature on drug abuse in the research location for additional information and to triangulate primary data findings.

3.6 Data Analysis

Collecting data as a part of a research project is the action of gathering relevant evidence as a means for the purpose of answering the research questions, and achieving the aims of the research project. In broad terms, there are usually 2 forms of data collection in research. Primary data collection, and secondary data collection (Saunders et al., 2019). Primary data is data that is collected from a primary source (therefore original) for the intention of fulfilling the aims of a current research project. Primary data is data that has been collected, from one of many methods including interviews, surveys, observations, focus groups, and experiments the researcher personally has conducted. Primary data is original in the aims of the study, and collected at that direct level of influence, but is normally the most resource intense with time and cost (Bryman, 2016). Secondary data has data that has already been collected by a researcher or an organization for purposes other than the current research, but is able to be utilized for the special investigation that the researcher is currently involved in.

3.7 Validity and Reliability

3.7.1 Validity

Validity is an important concept for instrument development that pertains to whether an instrument indeed measures what it indicates it measures (De Vaus, 2002). In this research, validity is ensuring that the instruments employed are suitable for emerging trends of drug abuse in Bindura, Chipadze area. There are three forms of validity; criterion, content and construct.

In this study, the validity focused on content validity, which assesses whether or not the measurement tool and its items were representative of the experiences of the target population. To address content validity, the researcher consulted with elderly communities and qualitative research. This expert input ensured that the questions were relevant and comprehensive, effectively capturing the multifaceted challenges faced by the participants.

3.7.2 Reliability

To address the reliability of the data collection instruments, the researcher employed the test-retest method. This involved distributing five pre-questionnaires to a small group of participants to evaluate the consistency and reliability of the instrument. The responses were assessed for stability over time, and adjustments were made based on the feedback received.

During this preliminary testing, only one participant expressed concerns that affected their continued involvement. The majority of participants indicated that the questionnaire was clear and relevant, demonstrating that the tool produced reliable information. This reliability is essential for ensuring that the findings accurately to explore emerging trends of drug abuse in Bindura, Chipadze area.

3.7.3 Research Ethics

The researcher adhered to several ethical principles throughout the research process. Ethics are fundamental guidelines that govern the conduct of research involving human participants (Rakotsoane, 2012). Conducting research ethically is vital for maintaining public trust and ensuring that the findings are socially responsible and valuable.

3.8 Informed Consent

Prior to the interviews, the researcher utilized informed consent from all participants. Informed consent is described as the prospective participant's voluntary agreement to participate in a research study after having been informed of its purpose, procedures, and potential risks (Burns & Grove, 2002). Participants were also informed that they would have the right to decline or withdraw from the study at any time, without any penalty. Additionally, they were informed that there would be no costs involved in their participation.

3.8.1 No Harm to Participants

Research involving sensitive topics poses inherent risks, including the potential for emotional distress (Babbie & Mouton, 2008). Recognizing that participants might need to discuss painful experiences, the researcher took care to formulate questions

sensitively and respectfully. This approach aimed to minimize any discomfort and ensure that participants felt safe while sharing their experiences.

3.8.2 Confidentiality

Participants were assured that their responses would be recorded, stored, and reported confidentially. To ensure confidentiality, the researcher committed to protecting the identities of participants by not disclosing their personal information in public (Babbie & Mouton, 2008). The researcher maintained a neutral and non-judgmental demeanor during data collection, respecting the opinions and experiences of all respondents.

3.8.3 Anonymity

The right to anonymity is a critical ethical consideration in research (Creswell, 2014). The researcher ensured that participants' real names would not be used in any reports or publications. By anonymizing data, the researcher protected participants from potential identification, reinforcing their right to privacy throughout the research process. In view of this, the researcher has been responsible and has respected the respondents' rights in conducting the study, which has prioritized trends of drug abuse in Bindura, Chipadze area.

3.9 Chapter Summary

This chapter has presented the general methodology of approach towards studying the new trends in drug abuse among the elderly population in Bindura, Chipadze suburb. The study utilizes a qualitative research framework guided by an interpretivist research paradigm and a descriptive case study design in order to deconstruct this complex social phenomenon in detail. The study employs a multi-strategy sampling approach that combines purposive, snowball, and convenience sampling strategies with the aim of recruiting 30 individuals with detailed, elaborate descriptions of their drug abuse histories.

Data collection involves semi-structured interviews as the central method, backed by participant observation and document analysis to achieve sufficient coverage of the research goals. Thematic analysis will be employed in examining patterns and themes in the qualitative data. The research methodology has a robust framework to conduct

ethical, rigorous qualitative research that will contribute meaningful insights into drug abuse emerging trends among elderly people in the study area ultimately contributing to evidence-based intervention and policy recommendations.

CHAPTER 4: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This study set out to investigate the present drug abuse tendencies in the Bindura, Chipadze area. The study's introduction, literature review, and methodology were covered in the dissertation's earlier chapters. The response rate and demographic details of the study participants will be covered first in this chapter. After providing this information, we outline the primary research findings in accordance with the goals stated in Chapter 1.

4.1: Response Rate

Table 4. 1: Response rate

Table 4.1 below shows the response rate of the data gathered on the emerging trends of drug abuse among the elderly in Bindura, Chipadze area. The response rate is based on the data collected through focus group discussions and in-depth interviews.

Category	**Target Number**	**Actual Participants**	**Percentage (%)**
Focus Group participants	18	15	60
In-depth interview participants	12	10	40
Response Rate	-	-	83.3%

Out of the 30 targeted participants, 25 elderly individuals fully participated in the study, yielded an overall response rate of 83.3%. This response rate is considered excellent for this drug abuse populations. According to Creswell (2021), response rates above 70 % in qualitative studies are considered satisfactory to draw meaningful conclusions.

4.2 Demographic characteristics

This section provides the demographic characteristics in terms of age, marital status, education level and economic status. Ages of the participants are shown in Figure 4.1

4.2.1 Age Distribution

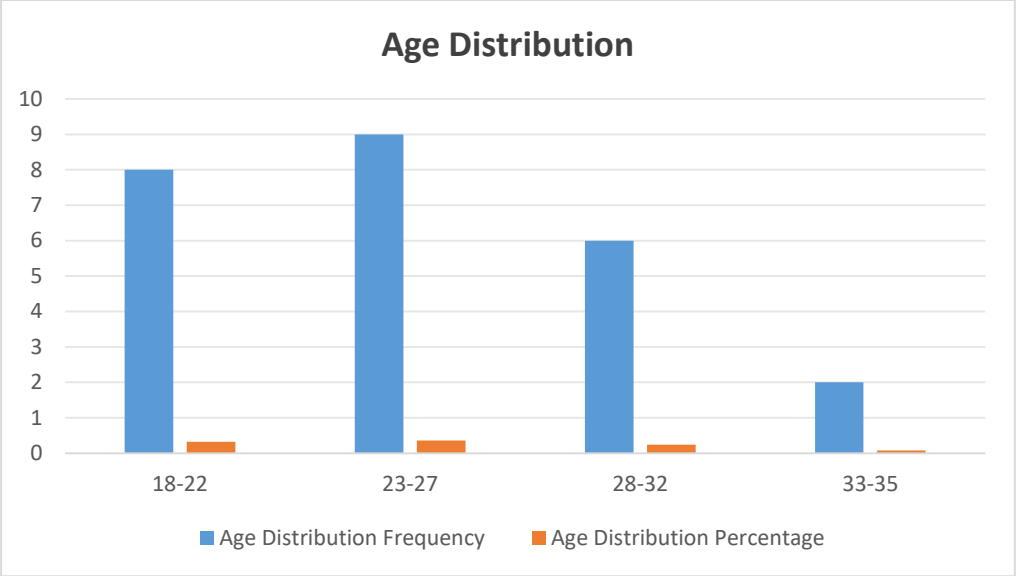

Figure 4. 1: Age Distribution

In terms of age, Fig 4.1 shows that most of the participants (9) were aged 23-27 years, followed by 8 who were aged between 18-22years, then 6 who were aged between 28-32years, followed few participants (2) were aged between 33-35years. Age populations (fewer participants) and possibly in recruitment efforts of very elderly persons, who may have mobility or ill health issues that would preclude participation.

4.2.2 Marital Status

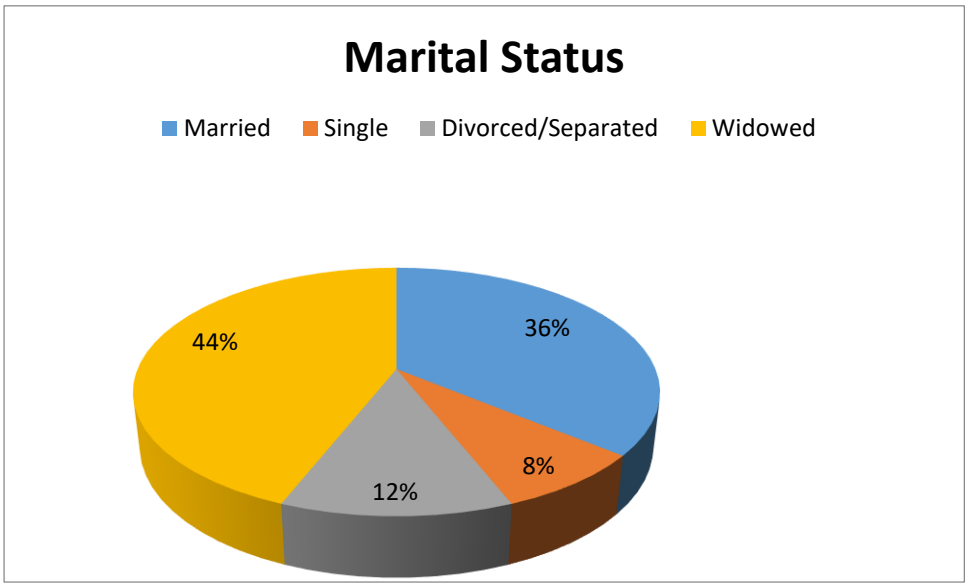

Figure 4. 2 : Marital Status

Fig 4.2 reveals that in terms of marital status,11 among participants reveals that they were widowed, 9 participants were married, while 3 reported being divorced or separated, and 2 identified as single making it the most common status. This pattern suggests a significant prevalence of widowhood, which is consistent with trends observed in older populations.

4.2.3 Educational Level

Educational background influences health literacy, awareness of substance abuse risks, and access to information about available support services in Fig 4.3.

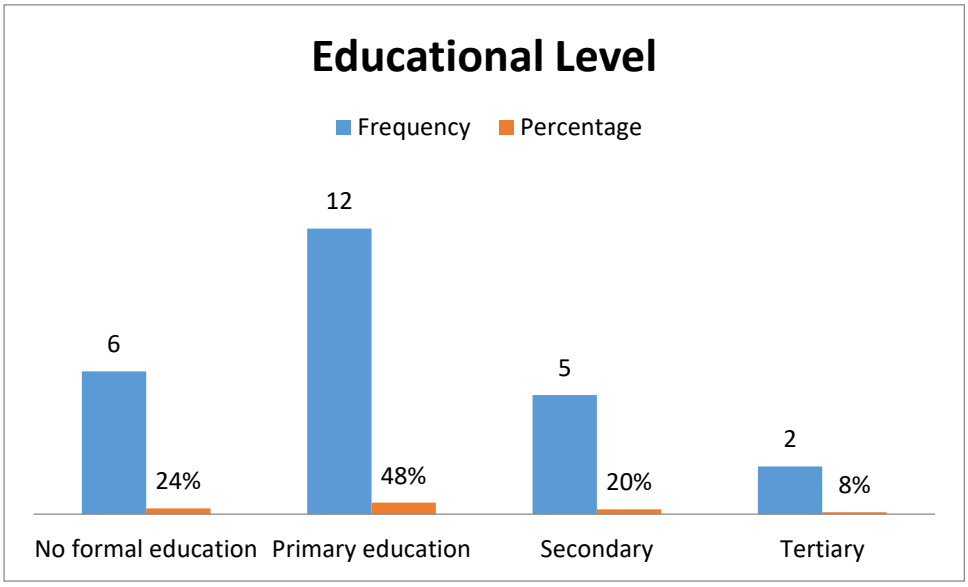

Figure 4. 3: Educational Level s of Participants

As shown in Figure 4.3 in terms of the educational profile, 6 participants had no formal education, 12 reported to have completed primary education, 5 participants achieved secondary education, and 2 reached the tertiary level. This educational background influences health literacy, awareness of substance abuse risks, and access to information about available support services.

4.2.4 Economic Activity

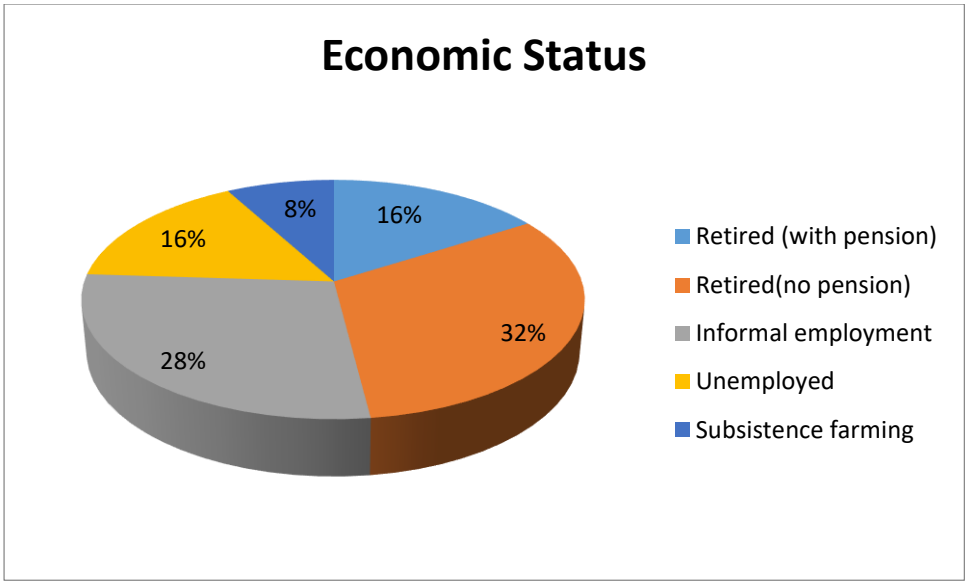

Figure 4. 4: Economic Activity of Participants

The economic activity data indicates significant economic vulnerability among participants. Specifically, 4 individuals are retired with pensions, while 8 are retired without pensions in Fig 4.3. Additionally, 7 participants engage in informal employment, 4 are unemployed, and 2 are involved in subsistence farming. This distribution underscores the precarious economic situation faced by many participants, which is crucial for understanding potential substance abuse patterns. Financial stress and limited access to healthcare may drive individuals toward cheaper, readily available substances as coping mechanisms for their physical and emotional challenges.

4.2: Objective 1: Identification of the most abused drugs

Table 4.2 below presents findings of objective 1 which sought to identify the most abused drugs by the elderly in Bindura, Chip adze area. Data was collected from the elderly participants through focus group discussions and in-depth interviews.

Table 4. 2: Commonly abused drug Abuse by the elderly Respondents.

Drug Type	**Local Name**	**Usage Method**	**Reported Cases**
Alcohol	**Beer, Whiskey**	**Consumed directly**	**18**

Crystal meth	**Mutoriro**	**Smoked, injected snorted**	**15**
Marijuana	**Mbanje**	**Smoked, baked into edibles**	**12**
Tobacco cigarettes	**Shisha**	**Smoked via pipes**	**11**
Cane spirits	**Tumbwa**	**Consumed directly**	**10**
Cough syrup	**Bronco**	**Mixed into drug cocktails**	**9**
Used diapers or pads	**mutowemapamba**	**Boiled and consumed**	**8**

Table 4.2 highlights both the prevalence and diversity of substances abused. It reveals that alcohol has been, the most abused substance among the elderly in Chipadze, with 18 respondents reporting its use. Crystal meth follows closely, with 15 indicating usage. Additionally, 12 participants reported using marijuana, while 11 mentioned tobacco cigarettes. Cane spirits were consumed by 10 respondents, and 9 individuals reported using cough syrup. Lastly, 8 participants indicated they used boiled used diapers or pads.

In focus group discussions held at Chipadze on March 2025, ward 4, a 68-year-old male participant explained the progression of substance use: *"I started by just drinking beer on weekends, but after my wife passed away, I found myself drinking every day. Nowadays, I mix whatever I can find based on what is available and my little money."*

Regarding crystal meth, a 72-year-old female participant shared: *"Crystal meth started coming into our area five years ago. Many of us tried it, thinking it would relieve joint pain. We didn't know it was harmful. Now some of my friends can't get through the day without using it."*

4.3: Objective 2: Factors Causing Drug Abuse Amongst the Elderly in Bindura, Chipadze Area

Objective 2 investigated factors causing drug abuse amongst the elderly in Bindura, Chipadze area. Participants cited the following factors as contributing to drug and substance abuse, economic hardships and poverty, social isolation and loneliness, physical and emotional pain management and peer influence and community normalization.

4.3.1 Economic Hardship and Poverty

Participants shared poignant stories about how economic challenges drove them toward substance use. One 70-year-old former school teacher stated: *"After thirty years of teaching, my pension is barely enough for a few days of food each month. When the money runs out, the stress begins. Alcohol helps me forget that I haven't eaten properly."* (After thirty years of teaching, my pension is barely enough for a few days of food each month. When the money runs out, the stress begins. Alcohol helps me forget that I haven't eaten properly.)

Several participants described how economic constraints influenced their choice of substances. A 65-year-old participant explained: *"We know that some substances are embarrassing, but when you have fifty cents and want something to ease your stress, you go for what you can afford. Real medication at the clinic is too expensive for us."* (We know that some substances are embarrassing, but when you have fifty cents and want something to ease your stress, you go for what you can afford. Real medication at the clinic is too expensive for us.)

Another participant, a 67-year-old widow, explained: *"When my husband died, I lost our home. Now I live with my daughter's family, who have very little. I feel like a burden. Marijuana helps me carry the shame of relying on my children, who are also struggling."* (When my husband died, I lost our home. Now I live with my daughter's family, who have very little. I feel like a burden. Marijuana helps me carry the shame of relying on my children, who are also struggling.)

4.3.2 Social Isolation and Loneliness

The psychological impact of isolation emerged strongly in participant narratives. A 73-year-old male participant shared: *"All my friends have died or moved to Harare or South Africa. My children no longer call me. The bottle has become my friend – it's the only thing that stays with me through long nights."* (All my friends have died or moved to Harare or South Africa. My children no longer call me. The bottle has become my friend – it's the only thing that stays with me through long nights.)

A 69-year-old female participant added: *"We used to gather as women to discuss our problems, but those traditions are fading. Now, people live alone in their homes suffering. When I smoke marijuana, I can sleep without thinking about being alone."* (We used to gather as women to discuss our problems, but those traditions are fading. Now, people live alone in their homes suffering. When I smoke marijuana, I can sleep without thinking about being alone.)

4.3.3 Physical and Emotional Pain Management

Many participants described turning to substances initially for physical pain relief. A 75-year-old participant with arthritis explained: *"The joint pain worsens during the rainy season. I can't afford to buy pills from the pharmacy. My neighbor showed me how to use crystal meth, and for the first time in years, I could walk without crying from the pain."* (The joint pain worsens during the rainy season. I can't afford to buy pills from the pharmacy. My neighbor showed me how to use crystal meth, and for the first time in years, I could walk without crying from the pain.)

Another participant, aged 68, shared: *"My son died of AIDS, and I couldn't sleep for many months. The doctor gave me pills, but they ran out quickly. A mix of Bronco and Coca-Cola helps me sleep when I think too much."* (My son died of AIDS, and I couldn't sleep for many months. The doctor gave me pills, but they ran out quickly. A mix of Bronco and Coca-Cola helps me sleep when I think too much.)

4.3.4 Peer Influence and Community Normalization

Several participants described how substance use had become normalized among their peer groups. A 66-year-old male stated: *"In our age group here in Chipadze, if you*

don't drink or smoke, others think you are being proud. Sometimes I use these substances just to stay with my friends, because if I don't, I'll be left alone." (In our age group here in Chipadze, if you don't drink or smoke, others think you are being proud. Sometimes I use these substances just to stay with my friends, because if I don't, I'll be left alone.)

A 71-year-old female participant added: *"We gather under the mango tree near the shopping center every afternoon. Everyone comes with what they have – alcohol, marijuana, sometimes crystal meth. It has become our daily norm. If you're not included, you feel left out."* (We gather under the mango tree near the shopping center every afternoon. Everyone comes with what they have – alcohol, marijuana, sometimes crystal meth. It has become our daily norm. If you're not included, you feel left out.)

4.4. Objective 3: Ways to mitigate Drug Abuse by the Elderly

In relation to objective 3 which sought to find ways on mitigating drug abuse by the elderly, the study found 5 following interventions as key: community-based support systems, specialized healthcare services, economic support programs, education and awareness campaigns and family reintegration and support. Each of these factors is explained in the subsequent sections.

4.4.1 Community-Based Support Systems

Participants were enthusiastic about potential community interventions. A 68-year-old former community leader suggested: *"We need a space for us as elders, a place where we can gather, share stories, and support each other. If I had a place to go in the afternoons where I felt valued, I wouldn't need to use drugs."* (We need a space for us as elders, a place where we can gather, share stories, and support each other. If I had a place to go in the afternoons where I felt valued, I wouldn't need to use drugs.)

Another participant, aged 74, proposed: *"There used to be leaders who opened discussions and provided guidance to the youth. Restoring our traditional roles could give us purpose again. Many of us drink because we feel like we have no place in today's world."* (There used to be leaders who opened discussions and provided guidance to the youth. Restoring our traditional roles could give us purpose again. Many of us drink because we feel like we have no place in today's world.)

4.4.2 Specialized Healthcare Services

Healthcare concerns featured prominently in discussions. A 70-year-old participant with chronic back pain stated: *"If the clinic had days specifically for the elderly, with doctors who understand our bodies, many of us wouldn't turn to crystal meth or marijuana. We need doctors who don't just give us paracetamol."* (If the clinic had days specifically for the elderly, with doctors who understand our bodies, many of us wouldn't turn to crystal meth or marijuana. We need doctors who don't just give us paracetamol.)

A 67-year-old female participant added: *"Many of us don't know the difference between everyday sadness and depression. We need counselors who speak our language and understand what it means to grow old in Chipadze."* (Many of us don't know the difference between everyday sadness and depression. We need counselors who speak our language and understand what it means to grow old in Chipadze.)

4.4.3 Economic Support Programs

Participants had specific suggestions regarding economic interventions. A 72-year-old former farmer shared: *"Even though we are elderly, many of us can still work if given the opportunity. I would prefer to grow vegetables or start raising chickens rather than spend my days just drinking."* (Even though we are elderly, many of us can still work if given the opportunity. I would prefer to grow vegetables or start raising chickens rather than spend my days just drinking.)

A 69-year-old widow suggested: *"We need a pension scheme that is fair with the cost of living. If I could buy food and my medicines, I wouldn't spend money on things that further harm me."* (We need a pension scheme that is fair with the cost of living. If I could buy food and my medicines, I wouldn't spend money on things that further harm me.)

4.4.4 Education and Awareness Campaigns

Participants acknowledged the importance of education but emphasized the need for appropriate approaches. A 73-year-old respected community elder stated: *"Don't send young people to teach us about drugs. We need information from people of our age who*

understand our problems. Those who have lived in our community are the best teachers." (Don't send young people to teach us about drugs. We need information from people of our age who understand our problems. Those who have lived in our community are the best teachers.)

Another participant, aged 68, suggested: *"Use our local radio to broadcast programs in Shona about these issues that affect the health of the elderly. Many of us don't realize that things accepted by the youth can be deadly for us older people."* (Use our local radio to broadcast programs in Shona about these issues that affect the health of the elderly. Many of us don't realize that things accepted by the youth can be deadly for us older people.)

4.4.5 Family Reintegration and Support

Family relationships emerged as a critical intervention area. A 75-year-old participant emotionally shared: *"My daughter took me to rehab, but when I returned home, nothing had changed. Families need to learn how to support us after treatment. They think just stopping drugs is enough, but we need ongoing understanding."* (My daughter took me to rehab, but when I returned home, nothing had changed. Families need to learn how to support us after treatment. They think just stopping drugs is enough, but we need ongoing understanding.)

A 70-year-old participant added: *"Today's children are taught to value Western lifestyles and forget our traditions. They should be reminded that in our culture, elders are valued, not abandoned. Many of us turn to drugs because we feel like our families have forgotten us."* (Today's children are taught to value Western lifestyles and forget our traditions. They should be reminded that in our culture, elders are valued, not abandoned. Many of us turn to drugs because we feel like our families have forgotten us.)

4.4.5 Overall interpretation

Participants expressed a strong desire for community spaces where they could gather, share experiences, and support one another. This highlights social support as being central to fighting feelings of isolation and worthlessness. The fact that such spaces were created shows that providing communal support can be a powerful intervention,

reducing the abuse of substances as coping behaviors. The discussions reveal an important gap in healthcare services tailored for the elderly. Respondents emphasized the fact that they require healthcare workers who are sensitive to their unique physical and emotional requirements. This implies that specialized healthcare services could enhance health recovery and reduce the use of drugs by remedying underlying health issues. Economic hardship was identified by the respondents as the leading reason for drug use. Many respondents yearned to work and contribute, and thus economic empowerment projects can potentially alleviate financial stress. This implies that skills training or employment opportunity among the elderly can be a preventive measure against drug abuse. The participants recognized the importance of education but insisted on age and culture-based approaches. This implies the need for tailored education packages that would be appealing to the elderly, with local community members providing instruction. Such interventions can raise the awareness of drug risks and lead to improved choices. Family support was highlighted in the stories as crucial to recovery. The subjects noted that they would have liked to continue to be understood by their families after treatment had been received. This suggests that education and involvement of the family in the struggles of recovering persons can strengthen support systems and reduce the relapse rate to substance use. Qualitative data identifies the multifaceted processes of drug abuse among the aged that are precipitated by economic hardship, isolation, lack of proper healthcare, and family dynamics. Effective intervention programs must tackle these factors in combination by encouraging community support, promoting accessibility to healthcare, providing economic opportunities, and enhancing family involvement in recovery.

4.6 CONCLUSION

This study has provided valuable insights into the emerging trends of drug abuse among the elderly in Bindura, Chipadze area. The research achieved its objectives through the identification of the most abused drugs, investigating precipitating factors, and proposing evidence-based interventions.

The study reveals a complex array of interconnected factors driving substance abuse among older adults, with alcohol being the most significant substance of abuse, followed by alarming trends of crystal meth abuse and the tragic resort to

unconventional substances like used diapers. The study demonstrates that older adult substance abuse in this cohort is not merely an issue of behavioral choice but a response to structural failures in social support, health care delivery, and economic safeguard.

Economic hardship emerged as the most predictive factor, compounded by weak pension systems and rising living costs. Social isolation and loneliness contribute to these misfortunes, creating a vulnerable population seeking solace in readily available drugs. The normalization of drug use within peer groups creates additional challenges for recovery, while limited access to healthcare drives older adults toward dangerous self-medication habits.

The recommended interventions are both global best practice and locally culturally sensitive. Community-based support networks, specialized health care, economic empowerment, culturally appropriate education campaigns, and family reintegration programs offer a comprehensive approach to this new public health challenge. The emphasis on peer-led initiatives and culturally sensitive programs honours the inherent dignity and wisdom of ageing populations while addressing their specific vulnerabilities.

This research adds to the small literature on substance abuse among older adults in sub-Saharan Africa and provides data to help inform policies and interventions. The urgency of the findings is clear, and in attempting to establish age-friendly substance abuse interventions, the research underscores the importance of developing evidence-informed approaches that capture the complex nature of older adult drug abuse in a culturally relevant and dignified manner.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The main conclusions of the study on the new drug abuse patterns among the elderly in the Bindura, Chipadze area, are covered in this chapter. Interpreting the findings in light of the study's goals and inquiries and connecting them to previously published works is the goal. The discussion is organized around key themes during data collection, commonly abused substances, factors escalating drug abuse, and the effectiveness of interventions. The findings offer new insight into the growing vulnerability of elderly population to substance abuse, an often overlooked in policy and community responses.

5.2 Discussion of Findings

5.2.1 To identify the most abused drugs by the elderly in Bindura, Chipadze area.

The results of this study provide important light on the patterns of drug usage among senior citizens in the Bindura, Chipadze region. Eighteen participants said that alcohol was the most commonly overused substance, followed by crystal meth and marijuana.

The results have also shown an alarming increase in crystal meth usage, as reported by 15 respondents. The high rates of alcohol consumption among the elderly can be attributed to its widespread availability and social norms that often normalize drinking. These findings seem to align with the Problem Behavior Theory (Jessor & Jessor,1977), which suggest that environmental factors, such as social acceptability and accessibility, significantly influence substance use behaviors.

Literature noted a concerning trend to the increased use of hard drugs in Sub-Saharan Africa (Teferra, 2018) and the increased use of crystal meth is troubling to consider since crystal meth has significant health risks, including mental illness (WHO, 2020),

which might necessitate a special intervention. The reported instances of marijuana usage (12 participants) related to the literature showing a trend of more people in Zimbabwe using cannabis legally after recent legislation (Jena, 2022). This widespread use of marijuana, may indicate a misinterpretation of legalization, which many older persons seem compelled to use. Lastly, this data aligns with previous research that identified socio-economic determinants, such as unemployment and social isolation to the increased use of substances and abuse among older adults (Chinaka, 2021).

5.3 To investigate the factors causing drug abuse amongst the elderly in Bindura, Chipadze area.

The study's findings highlight several interconnected factors driving substance abuse among the elderly in Chipadze. As stated in Chapter 4, section 4.3.1 the study found economic hardship as a significant driver. Participants' narratives underscore how inadequate pensions lead to stress and substance use, exacerbated these issues (Keenan and Killeen ,2021). These authors have noted, COVID-19, led to increased depression and isolation due to disrupted daily life.

However, there are also findings that support the emphasis on environmental stressors influencing behaviour. Social isolation emerged as a critical factor. Participants expressed that experiences of losing friends and family, contribute to lack of social support can lead to problem behaviors. They also cited the restrictions imposed during the COVID-19 pandemic which they said further intensified social isolation. These findings resonate with the findings of a study by (Cacioppo et ,2015), which concluded that it contributed to increased substance abuse among the elderly. The focus on how environmental stressors affect behavior is also consistent with the findings about the usage of drugs to treat pain. It makes the case that people may use drugs as a coping strategy for mental and physical pain. Additionally, this finding is indicative of more general problems with access to healthcare for the elderly (Brennan et al. 2013, Lau et al. 2015).

Community-centered initiatives were strongly needed, according to the participants. This proposal is in line with those made by Kelly (2017) and the Substance misuse and Mental Health Services Administration (2020), who contend that social isolation is a

significant risk factor for substance misuse and that this intervention can help address it.

Establishing community spaces for elderly fosters social connections and reduces reliance on drugs as coping mechanisms was also cited.

Also, the call for geriatric-specific healthcare services as strategy to combat substance abuse aligns with (Moore ,2014) and (Bartels ,2013), who emphasize the unique healthcare needs of older adults. Enhanced access to age-appropriate medical care can reduce self-medication with harmful substances, as many elderly individuals currently lack adequate pain management options (Brennan,2013). Also, economic interventions are crucial ways drug and substance abuse can be mitigated upon (Johnson and Lieberman,2007). Addressing the high unemployment rates among the elderly can alleviate financial stress that leads to substance abuse (Maulani & Agwanda, 2020). Providing vocational training and job opportunities tailored for older adults can reintegrate them into the workforce, mitigating economic hardship. The finding on peer led education resonates with findings from (Pringle ,2015). These authors have indicated that family support enhances recovery outcomes. Educating families about their role in post-treatment support can foster understanding and reduce the likelihood of relapse.

Taken together, these proposed interventions are vital for addressing the multifaceted issues surrounding drug abuse among the elderly. They emphasize the need for a comprehensive approach that encompasses social, economic and healthcare dimensions.

In conclusion, the factors above are consistent with PBT, where environmental stressors, social pressures, and an individual's personal coping style create an interaction that may influence substance abuse. The findings establish an urgent need for a systemic intervention tackling economic, social, and healthcare equity biases to reduce drug abuse in Chipadze among older adults.

5.3Chapter summary

The discussion has revealed that, the issue of drug abuses is not limited to the youths. It has revealed drug abuse namely, mutoriro and other harmful substances among the elderly people in Chipadze, Bindura. This is a growing concern driven by emotional, economic and social factors. The findings confirm that elderly individuals are not only victims of neglect but are also active participants in new drug use patterns. While some interventions exist, they are often not tailored to the unique needs. These findings also show need for inclusive, community driven strategies that consider the lived experiences of older adults.

CHAPTER 6: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents summary and conclusions of the findings. It also draws and presents policy recommendations from the findings and points out to areas that need further study.

6.1 Recap of the central question and the study objectives.

This research study investigated the emerging trends of drug abuse among the elderly population in Bindura urban local authority, focusing on Ward 4 of Chipadze. The research question guided this investigation was

- To identify the most abused drugs by the elderly in Bindura, Chipadze area
- To investigate the factors causing drug abuse amongst the elderly in Bindura, Chipadze area
- To propose interventions that can be implemented towards mitigating drug abuse by the elderly.

6.2 Summary of Findings.

The section provides a summary of the results that emerged from each objective.

6.2.1 Objective 1 and objective 2

The research focused on the most abused drugs by the elderly in Bindura, Chipadze area. The study identified seven primary substances being abused. Alcohol emerged as

the most abused substance, followed by crystal meth (mutoriro), then marijuana (mbanje). About objective 2 which focused on the factors causing drug abuse among the elderly, the study revealed economic hardships and poverty, social isolation and loneliness, physical and emotional pain management, peer influence and community normalization. The study found that the breakdown of traditional community support systems and family migration patterns has created, vulnerable populations seeking chemical solutions to emotional pain. This finding aligns with research by Cacioppo et al. (2025), Courtin & Knapp (2021), and Kelly et al. (2021), who established that elderly participants initially turned to substances for physical pain relief, particularly for arthritis and chronic conditions. The self-medication pattern reflects broader issues in geriatric healthcare access and aligns with research by Brennan et al. (2023), Lau et al. (2021) and Moore et al. (2024), who demonstrated that inadequate pain management in elderly populations often leads to dangerous self-medication practices.

Regarding peer influence and community normalization the study found that substance sharing became a social ritual. According to Schonfeld et al. (2023), Holahan et al. (2022), and Pringle et al. (2021), this discovery adds to the body of research by indicating that communal substance use occurs in contexts with limited resources.

It is serving multiple functions including social connection, shared coping and community. Therefore, the study concludes that substance abuse in Chipadze are results from complex interactions between individual vulnerabilities and systematic failures.

6.2.2 Objective 3

On objective 3 which sought to proposed interventions to mitigate drug abuse ,five key intervention areas were identified : community-based support systems ,specialized healthcare services, economic support programs ,education and awareness campaigns ,and family reintegration support .These suggestions are in line with evidence-based strategies that highlight the value of comprehensive, community-centered interventions for senior populations, as reported by Kelly et al. (2021), the Substance Abuse and Mental Health Services Administration (2020), and Rosen et al. (2021). Research by Pringle et al. (2023), Emiliussen et al. (2024), and Bartels et al. (2024) is reflected in the focus on peer-led projects. Demonstrating higher engagement rates with culturally appropriate, age-specific intervention approaches.

6.3 Conclusions

6.3.1 Most Abused Drugs by the Elderly

The study concludes that elderly substance abuse in Chipadze area follows both universal patterns and unique local adaptations. While alcohol serves as the primary gateway substance consistent with global trends, the emergence of crystal meth and unconventional substances like mutowemapamba represents dangerous local innovations driven by economic desperation. These findings support conclusions by Wu & Blazer (2023), Kuerbis et al. (2024), and Han et al. (2020) that elderly substance abuse patterns reflect both biological vulnerabilities and socioeconomic contexts. The diversity of substances used indicates that elderly substance abuse in resource-constrained settings requires specialized understanding that goes beyond traditional addiction models.

6.3.2 Factors Causing Drug Abuse Among the Elderly

The study concludes that elderly substance abuse in Chipadze area results from complex interactions between individual vulnerabilities and systemic failures. Frequent work outs bring many good things to the body. They can help the heart work well and cut down on the chance of many ills. In one work, by Nystoriak et al. (2018), people that work out often did not die from the heart often as others. Also, they did not get that kind of ills that can do harm to the heart as often. Exercise can help you rid of or change many things that put you at risk of having a bad heart, such as high blood pressure and high cholesterol levels. Also, both aerobic and strength work outs can cause body and mind changes that make the blood and body work better in a way that can stop ills.

6.3.3 Interventions to Mitigate Drug Abuse

The study concludes that effective interventions for elderly substance abuse must be comprehensive, culturally appropriate, and address underlying socioeconomic determinants. Community-based approaches show the highest potential for success, particularly when led by peers and integrated with economic support systems. This result bolsters research from the Substance Abuse and Mental Health Services Administration (2020), Kelly et al. (2022), and Rosen et al. (2021), which highlights that older populations react better to age-specific, culturally sensitive treatments than to typical treatment approaches.

The emphasis on family reintegration and specialized healthcare services reflects the unique needs of the elderly populations, supporting conclusions by Fingerhood (2023), Zimberg (2024), and Bartels et al. (2021) that successful elderly substance abuse treatment requires addressing the full spectrum of age-related challenges. The study concludes that sustainable solutions require coordinated efforts across healthcare, social services and economic support systems.

6.3 Relevance/Contributions to the body literature

This study contributes to the existing literature by explore the surge of drug abuse trends in Bindura Chipadze suburb and fills a gap typically overlooked in more general studies. Unlike most studies focused on merely mainstream substances, this study recognizes non-mainstream substances such as mutowemapamba and crystal meth as becoming increasingly prevalent and illustrating how desperation in economic conditions spurs risky innovation in substance abuse trends. The research introduces fresh evidence on the relationship between community support system breakdown and long-standing substance abuse, demonstrating how urbanization and family patterns of migration leave elderly groups at risk in manners overlooked by existing research. Methodologically, the research highlights effective community- grounded research strategies for engaging hard-to-reach older adults through multi-strategy sampling methods. The interpretivist framework with thematic analysis producing replicable framework prioritizing participants' voices challenging Western-dominated research approaches in Africa. The study contributes to policy literature by offering apt intervention measures recognizing unique socio-economic challenges facing elderly citizens in Zimbabwe, complementing Substance Abuse and Mental Health Services Administration (2020) through community-based interventions for environments with scarce resources.

6.4 Recommendations

Based on the identification of diverse substance abuse patterns, the study recommends developing comprehensive substance abuse monitoring systems that track both conventional and unconventional substances used by elderly populations. The study recommends the establishment of prevention programs focused on combating the

vulnerabilities of older adults who are prone to substance misinformation and peer pressure.

The study strongly recommends comprehensive pension reform to provide adequate income security for elderly populations. Governments should implement targeted economic empowerment programs for elderly populations, including skills training, microfinance opportunities, and supported employment programs that recognize the continued productive capacity of older adults.

Healthcare subsidies specifically targeting elderly populations should be implemented to reduce the financial burden of proper medical care and medication. Accessible healthcare reduces self-medication behaviors that often lead to substance abuse. The study also recommends developing national policies specifically addressing elderly substance abuse, recognizing it as a distinct public health challenge requiring specialized approaches. Governments should establish dedicated funding streams for elderly substance abuse prevention and treatment programs, ensuring substainable resource allocation for this vulnerable population.

6.5 Areas for future research.

Comparative studies across different rural and urban settings in Zimbabwe would provide valuable insights into how environmental factors influence elderly substance abuse patterns. Research should investigate the physiological effects of unconventional substances like mutowemapamba on elderly populations, providing critical health information for medical professionals and policy makers. This research direction builds on work by Brennan et al. (2023), Lau et al. (2025), and the World Health Organization (2021), recognizing the need for evidence-based understanding of emerging substances affecting vulnerable populations. Pharmacological studies examining drug interactions between commonly abused substances and medications typically prescribed to elderly populations would inform safer treatment approaches.

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APPENDIX 1: RESPONDENT'S FOCUS GROUP GUIDE FOR YOUTHS INVOLVED IN DRUG AND SUBSTANCE ABUSE

Introduction

My name is Cathrine C Mavhenge. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor's degree in Development Studies. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research study on the topic that says '**Emerging trends of drug abuse in Bindura, Chipadze area.'** You are kindly requested to participate in this study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: …….

Date: ……

Section A: Biographic Information

Respondent……

Age (18_22) (23-27) (28_32) (33-35) (Tick your appropriate age group)

Marital status Married [ ] Single [ ] Divorced [ ] Widowed [ ]

Economic activity…….

Level of education reached……

Section B: The most abused drugs amongst elderly people

1. What is your understanding of drug abuse?

2. What is your understanding of emerging trends of drug abuse?

3. What are the most abused drugs amongst elderly people in Bindura?

4. What is your understanding of News Psychoactive Substances?

Section C: The factors escalating elderly people drug abuse

5. What are the psychological factors escalating elderly people drug abuse in Bindura, Chipadze area?

6. What are the economic factors escalating elderly people drug abuse in Bindura?

7. What are the social factors escalating elderly people drug abuse in Bindura, Chipadze area?

Section D: Strategies implemented towards eliminating drug abuse

8. What are the strategies implemented towards eliminating drug abuse in Zimbabwe?

9. What do you think should be done to curb elderly people drug and substance abuse in Bindura?

APPENDIX 2: KEY INFORMANTS IN-DEPTH INTERVIEW GUIDE FOR ZIMBABWE REPUBLIC POLICE

My name is Cathrine C Mavhenge. I am a fourth-year student at Bindura University of Science Education studying Development Studies. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic '**Emerging trends of drug abuse in Bindura**, **Chipadze area.**' You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: …….

Date: ……

QUESTIONS

Section A: Biographic Information

Respondent……

Job title…….

Age ……

Marital Status ……

Educational Level…….

Section B: The most abused drugs amongst elderly people in Bindura

1. What is your understanding of drug abuse?

2. What is your understanding of emerging trends of drug abuse?

3. What are the most abused drugs amongst elderly people in Bindura, Chipadze area?

4. What is your understanding of News Psychoactive Substances?

Section C: The factors escalating elderly people drug abuse in Bindura

5. What are the psychological factors escalating elderly people drug abuse in Bindura, Chipadze area?

6. What are the economic factors escalating elderly people drug abuse in Bindura?

7. What are the social factors escalating elderly people drug abuse in Bindura, Chipadze area?

Section D: Strategies implemented towards eliminating drug abuse

8. What are the strategies implemented towards eliminating drug abuse in Zimbabwe?

9. What do you think should be done to curb elderly people drug and substance abuse in Bindura?

APPENDIX 3: KEY INFORMANT IN-DEPTH INTERVIEW GUIDE FOR BINDURA HOSPITAL

Introduction

My name is Cathrine C Mavhenge. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor's degree in Deveelopment Studies. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research study on the topic that says **'Emerging trends of drug abuse in Bindura, Chipadze area**. You are kindly requested to participate in this study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: ……

Date: ……

Section A: Biographic Information

Respondent……

Job title……..,…….,……..

Age ……

Educational level……..

Marital status Married [ ] Single [ ] Divorced [ ] Widowed [ ]

Section B: Most abused drugs amongst elderly people in Bindura

1. What is your understanding of drug abuse?

2. What is your understanding of emerging trends of drug abuse?

3. What are the most abused drugs amongst elderly people in Bindura?

4. What is your understanding of News Psychoactive Substances?

Section C: The factors escalating elderly people drug abuse

5. What are the psychological factors escalating elderly people drug abuse in Bindura, Chipadze area?

6. What are the economic factors escalating elderly people drug abuse in Bindura?

7. What are the social factors escalating elderly people drug abuse in Bindura, Chipadze area?

Section D: Intervention strategies

9) What should be done, in your view, to curb the emerging trends of drug abuse in Bindura?

Section E: Challenges

10. What are some of the challenges you are facing in treating of drug related-disorders?

APPENDIX 3: KEY INFORMANTS IN-DEPTH INTERVIEW GUIDE FOR PARENTS REPRESENTATIVES

Introduction

My name is Cathrine C Mavhenge. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor's degree in Development Studies. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research study on the topic that says '**Emerging trends of drug abuse in Bindura, Chipadze area'.** You are kindly requested to participate in this study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: ……

Date: ……

Section A: Biographic Information

Respondent……

Marital status Married [ ] Single [ ] Divorced [ ] Widowed [ ]

Religious affiliation…….
……

Section B: Most abused drugs amongst elderly people in Bindura

1. What is your understanding of drug abuse?

2. What is your understanding of emerging trends of drug abuse?

3. What are the most abused drugs amongst elderly people in Bindura?

4. What is your understanding of News Psychoactive Substances?

Section C: The factors escalating elderly people drug abuse

Section D: solutions

8. What do you think should be done by the government and it's partners to eliminate drug abuse amongst elderly people in Bindura

APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE FOR ZIMBABWE YOUTH FRIENDLY CENTER

My name is Cathrine C Mavhenge. I am a fourth-year student at Bindura University of Science Education studying Social Work. As part of completing the degree programme, students are required to conduct individual research. Therefore, I am conducting a research on the topic '**Emerging trends of drug abuse in Bindura community**. You are kindly requested to be one of the key informants in this research study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview which will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

Start Time: …….

Date: ……

QUESTIONS

Section A: Biographic Information

Respondent……

Economic status…….

Age ……

Marital Status ……

Educational Level…….

Section B: The most abused drugs amongst elderly people Bindura.

1.What is your understanding of drug abuse?

2.What is your understanding of emerging trends of drug abuse?

3.What are the most abused drugs amongst elderly people in Bindura, Chipadze area ?

4.What is your understanding of News Psychoactive Substances?

Section C: The factors escalating elderly people drug abuse

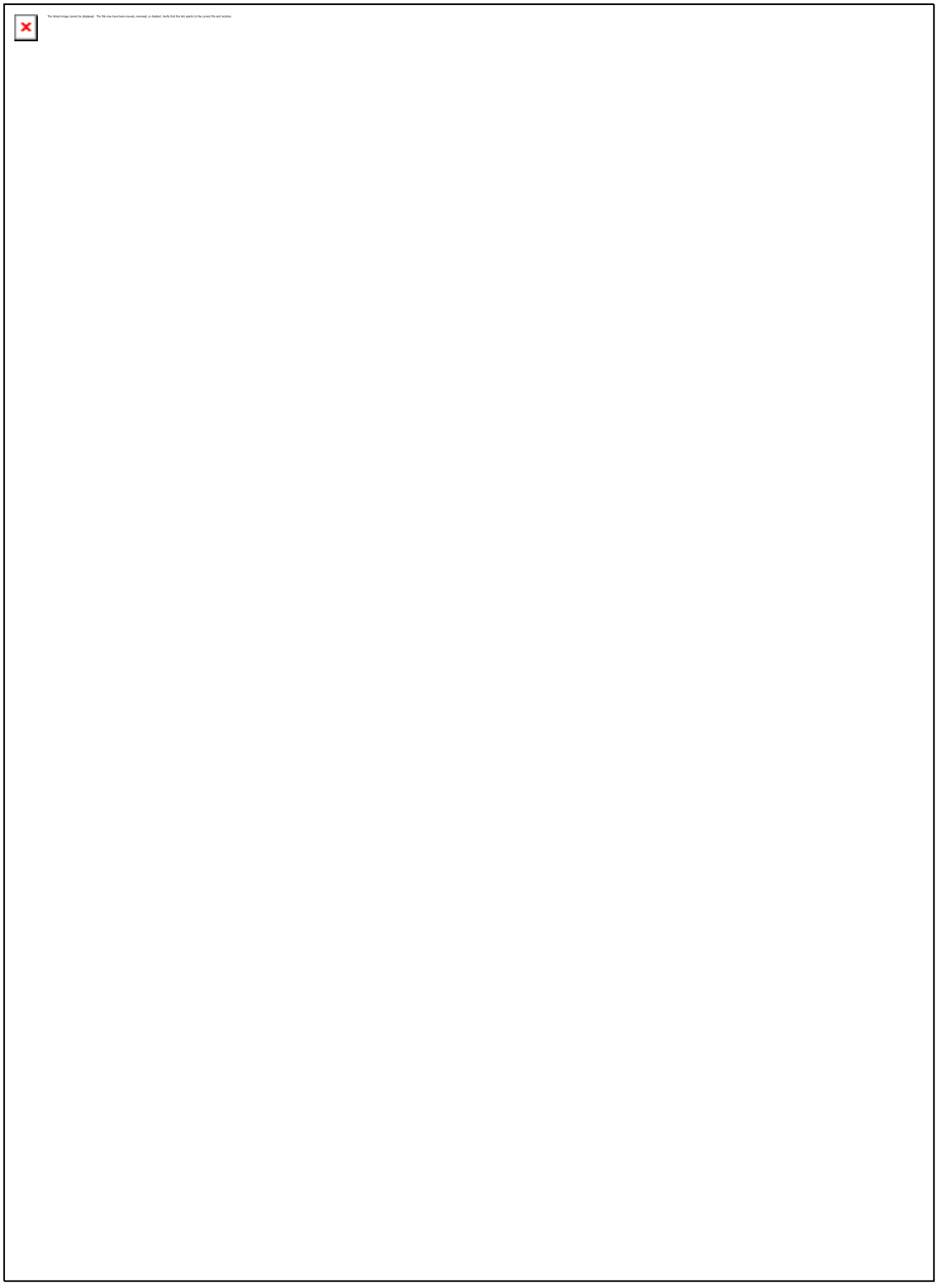
5. What are the psychological factors escalating elderly people drug abuse in Bindura, Chipadze area?

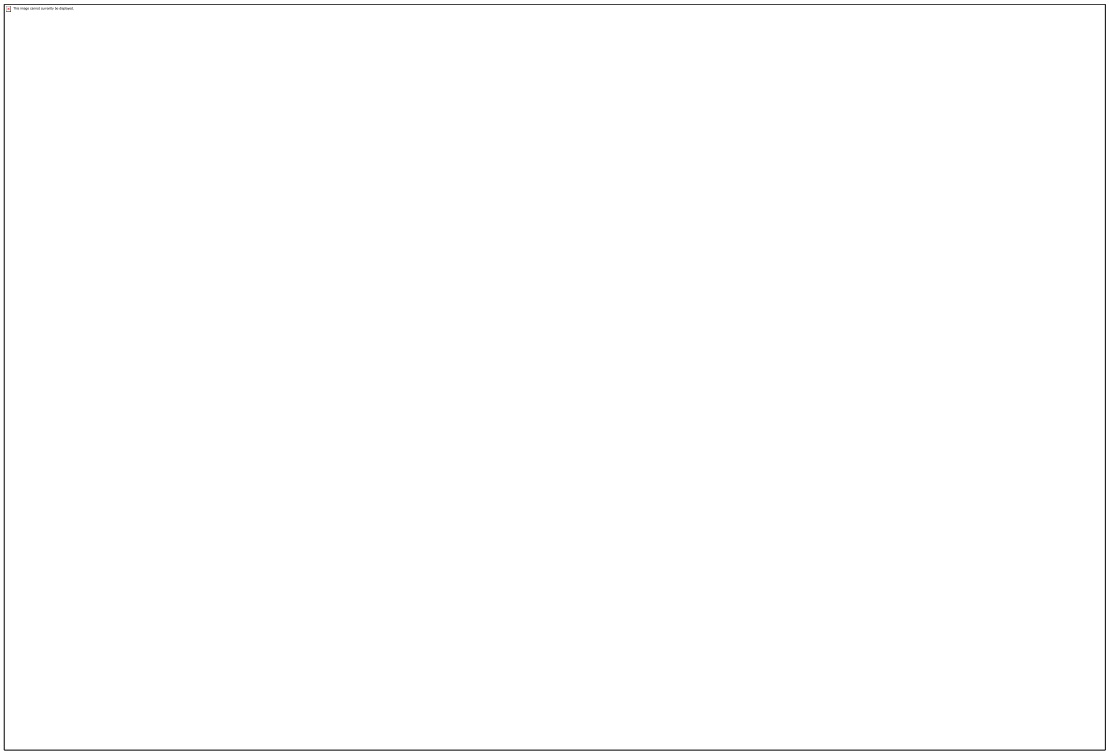
6. What are the economic factors escalating elderly people drug abuse in Bindura?

7. What are the social factors escalating elderly people drug abuse in Bindura, Chipadze area

Section D: Strategies implemented towards eliminating drug abuse

8. What are the strategies implemented towards eliminating drug abuse in Zimbabwe?

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