BINDURA UNDIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

TOPIC: FACTORS INFLUENCING THE ACCESSIBILITY OF DRUGS AND SUBSTANCES AMONGST YOUTH IN ZIMBABWE. A CASE STUDY OF WARREN PARK 1.

BY:

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B210685B

A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION, DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

JUNE 2025

APPROVAL FORM

I certify that I supervised Mutongwizo Sharon in carrying out this research titled: Factors influencing the accessibility of drugs and substances amongst youth. A case study of Warren Park 1 in partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor

Name ………………………… Signature…………………… Date……………………

Chairperson of the Department Board of Examiners

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Mutongwizo Sharon titled: Factors influencing the accessibility of drugs and substances amongst youth. A case study of Warren Park 1in partial fulfilment of the Bachelor of Science, Honours Degree in Social work.

Chairperson

Name………………………………. Signature………………… Date………………….

DECLARATION RELEASE FORM

I, MUTONGWIZO SHARON studying for a Bachelor of Science Honours Degree in Social Work, aware of the fact that plagiarism is an academic offense and that falsifying information is a breach of the ethics of Social Work research, I truthfully declare that:

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2. The research was crafted within the confines of the research ethics and the ethics of the profession.

3. Bindura University of Science Education can use this dissertation for academic purposes.

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ACKNOWLEDGEMENTS

I would like to spread my sincere gratitude to my Supervisor, Mr. Sadomba for the guidance, education and help during the course of writing the dissertation. I would not have been able to complete this study without his instructions, corrections and recommendations that enabled me to complete this dissertation.

I also want to spread my heartfelt gratitude to the youths, social workers and healthcare workers who participated in the research study, for without their input this research could not have been completed.

Above all I give thanks to God Almighty for giving me an opportunity to keep on continuing in my academic quest and for the continuous strength He offers me each day alive.

DEDICATION

To my loving parents Kudzai and Farisai Mutongwizo, thank you for your support and your encouragement in my academic journey. I also want to dedicate this research project to my siblings Kudakwashe and Brandon who kept pushing and inspiring me even when the nights were darkest. I love you all. This would have not been possible without your support and prayers.

MARKING GUIDE

BINDURA   UNIVERSITY OF SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK

Name: **MUTONGWIZO SHARON**

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	**10**	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	**20**	
Statement of the problem	**10**	
Research questions	**15**	
Assumptions	**5**	
Significance of the study	**15**	
Limitations of the study	**5**	
Delimitations of the study	**5**	
Definition of terms	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**15**	

Comments……………………………………………………………………………………………
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	**5**	
Conceptual or theoretical framework	**10**	
Identification, interpretations and evaluation of relevant literature and citations	**40**	
Contextualisation of the literature to the problem	**10**	
Establishing gaps in knowledge and how the research will try to bridge these gaps	**10**	
Structuring and logical sequencing of ideas	**10**	
Discursive skills	**10**	

Summary	5	
Total	100	
Weighted Mark	**20**	

Comments…………………………………………………………………………………………

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Chapter 3 RESEARCH METHODOLOGY

Introduction	**5**	
Research design	**10**	
What instruments are you using to collect data?	**30**	
Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	
Data presentation and analysis procedures	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**25**	

Comments…………………………………………………………………………………………

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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

 Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations (should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

Comments ………

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SUMMARY: -

	Actual	**Total**
Chapter 1		
Chapter 2		
Chapter 3		
Chapter 4		
Chapter 5		
Total	_____	_____

ABSTRACT

The study examined factors influencing the accessibility of drugs and substances amongst the youth in Warren Park 1. The study employed a case study research design. The study employed two non-probability sampling techniques which are snowballing sampling and purposive sampling. Snowballing was used to select the primary participants of the study and purposive sampling to select the key informants. A sample size of 14 participants was drawn from the target population and was utilised to collect relevant information to the study. Twelve were primary participants and 2 were key informants. The research was qualitative in nature and employed interviews and a focus group discussion for the purpose of data collection. The study utilised focus group discussions to collect data from the primary participants. It also utilised key informant interviews to collect data from key informants. Focus group discussion guide and key informant interview guide were tools used for the research. The study employed the social learning and systems ecological theories in understanding factors influencing the accessibility of drugs and substances among the youth. The study revealed that the youths are abusing different types of drugs which include cannabis, crystal meth, inhalants such as ethanol, petrol and glue, cough syrups such as Broncleer and alcohol. The study found out that factors such as peer influence and social networks, family dynamics, urbanization and migration, changing lifestyles and globalization, unemployment and weak regulatory framework are causing the accessibility of drugs and substances among the youths in Warren Park 1. Moreover, the study found out that the youths are facing many effects due to drug and substance abuse which includes physical health challenges, mental disorders, family disintegration, loss of status and isolation, addiction and dependence as well as increased healthcare costs. The study also puts across some recommendations. It recommends that the government also need to consider revising the drug Acts and statutory instruments currently in place and The Ministry of Health and Child Care, in collaboration with relevant stakeholders, should develop a comprehensive national strategy to prevent substance abuse, focusing on evidence-based interventions and community-based programs. Moreover, Peer support groups should be established to provide support and guidance to individuals struggling with substance abuse. There is need for inclusion of youths who have come out of drug use in community drug campaigns.

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LIST OF ABBREVIATIONS AND ACRONYMS.

ADS   Alcohol Drugs and Substance Abuse

AIDS   Acquired Immune Deficiency Syndromes

FGD   Focus Group Discussion

GBV   Gender Based Violence

HIV   Human Immune Virus

IDU   Injection Drug Use

IPV   Intimate Partner Violence

NGOs   Non-Governmental Organisations

NIDA   National Institute on Drug Abuse

ONDCP   Office of National Drug Control Policy

SLT   Social Learning Theory

LTAZ   Liquor Traders Association of Zimbabwe

STI   Sexually Transmitted Infections

UNICEF   United Nations International Children's Emergence Fund

UNODC   United Nations Office on Drugs and Crime

WHO   World Health Organisation

ZCLDN   Zimbabwe Civil Liberties and Drug Network

ZIMSTAT   Zimbabwe National Statistics Agency

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION.

This chapter serves as an introduction to the study on drug and substance abuse in Warren Park 1, Zimbabwe. It comprises of the background of the study, the statement of the problem, study objectives, research questions, and justification of the study, definition of key terms, dissertation outline and the chapter summary.

1.2 BACKGROUND OF THE STUDY

At the global level, drug and substance abuse is a pervasive crisis affecting millions. Drug and substance abuse has become a global pandemic that has cut across almost all races, religions and nationalities (Anderson et al., 2020). Drug abuse is a problem in many countries; globally, the number of illicit drug users was estimated at 296 million in 2021 (Statista, 2024). So devastating is the issue of drug and substance abuse that it does not affect the individual alone who decides to take that dangerous root, (Padilla, 2020), rather, the negative effects of drug and substance abuse are even felt by the families, community and nations at large. Currently, approximately 31 million persons have drug use disorders, throughout the world and about 11 million are on opiate drugs, of which 1.3 million are living with HIV, 5.5 million with hepatitis C, and 1 million with both HIV and hepatitis C (World Health Organisation, 2019). The United Nations Office on Drugs and Crime (UNODC, 2023) reported approximately 297 million people worldwide using drugs, with a notable increase in opioid and synthetic drug use. The COVID-19 pandemic has further exacerbated these challenges, leading to heightened vulnerability among populations already susceptible to addiction and illicit drug use (UNODC, 2022). In the United States of America, despite having an Office of National Drug Control Policy (ONDCP) instituted in 1988, Madras (2010) highly notes that the United States continues to rank highest on drug abuse among nations of the world. This increase underscores the urgency for targeted interventions and policies to combat drug abuse on an international scale.

Focusing on the African continent, the issue of drug abuse is markedly alarming the African continent, drug and substance abuse is also a worrisome pandemic where the prevalence rate is 5.2% to 13.5% of the total population (WHO, 2018). Cannabis is the most abused illicit substance in Africa followed by amphetamine-type stimulants such as "ecstasy" (WHO, Africa, 2018). A study in Kenya found out significant prevalence of cannabis as the commonly abused drug among

the youth (NACADA 2021). The African Union (2021) reported that drug trafficking and abuse have intensified, driven by socio-economic instability, which is prevalent in several regions. A report by the Southern African region's Interpol office (2023) indicated a surge in the smuggling of synthetic drugs through ports and borders in surrounding countries. A study in South Africa revealed an increase in recent drug use from 1, 5 % to 10,0 % between 2002 and 2017 primarily driven by the use of cannabis, cocaine and opioids (Mutai, 2014). Nigeria is a significant of concern regarding drug use. A 2017 drug use survey in Nigeria showed that pharmaceutical opioids affect 4.7% of the yours with the non-medical use of tramadol being a major contributor (UNODOC, 2020). The abuse of these illicit drugs has a notable impact to the African continent, in terms of negative health consequences to the abusers themselves, emotional stress to abusers' beloved ones, heavy financial burden on individuals, families and society (Ndasauka & Kayange, 2019). The rise in availability of drugs in urban areas has prompted various countries, including Zimbabwe, to confront the challenge of substance abuse more aggressively (African Union, 2021).

On the domestic front, Zimbabwe faces mounting challenges related to substance abuse, particularly in urban settings such as Warren Park 1. Zimbabwean youth (10-35 years) are the most affected age group by drug abuse (Nhunzvi et al, 2019; Rwafa, 2019; Nhapi, 2019) and this age group constitutes 67.7% of the total population (Zimbabwe Human Rights Commission, 2018). High unemployment rates contribute to social instability and desperation among the youth, leading many to engage in drug trafficking as a means of livelihood (Mataranyika, 2019). Reports indicate that around 40% of Zimbabwe's youth are unemployed, which significantly increases their vulnerability to drug use (Zimbabwe National Statistics Agency, 2022). Harare Central Psychiatric Hospital recorded a sharp increase in drug-related admissions, from 150 cases in 2019 to 825 (Africanews, 2022). By 2021, the Zimbabwe Civil Liberties and Drug Network reported that drug abuse accounted for 60% of psychiatric admissions, with 80% of these involving young people aged 16-25 (Mandura, 2023). The Ministry of Health and Child Care (2023) also underscored the burden on the health system, attributing a significant proportion of recent mental health hospitalisations to drug abuse. In the study, skunk, cannabis, illegal alcohol, cough medicines, and liquors approved by the Liquor Traders Association of Zimbabwe (LTAZ) were used by more than 50% of the ADS abusers. Daily consumption was measured in the 30 days preceding the ZCLDN study. 76.5% skunk; 75.1% cannabis; 57.3% illegal alcohol; 56.0% cough medicines; and 50.6% legal alcohol. In 2023, the drug- and substance-abuse problem was declared a state of national

disaster, with the government noting that the problem had reached alarming levels, jeopardising not only the present but also the future (Moyo and Mpofu 2023).

Zimbabwe has implemented various measures to combat the issue of drugs and substances. The government developed a National Drug Master Plan (2014-2018) and enacted the Drug Abuse Prevention and Rehabilitation Act (2012) to provide a comprehensive framework for addressing drug abuse. Additionally, the Zimbabwe National Drug Authority was established to oversee national efforts. Community-based rehabilitation centers and support groups have also been established to provide treatment and support, while civil society organisations have been working to promote human rights and address drug abuse. Law enforcement agencies have also taken steps to combat drug trafficking and abuse, including the establishment of anti-drug units and implementation of border control measures. Despite these measures the problem still exists hence the need to carry out the research.

1.3 STATEMENT OF THE PROBLEM

Despite the need for a safe and healthy environment, the youth of Warren Park 1 are facing a critical issue of drugs and substance abuse. This problem disproportionately affects the youth aged 15-35 who are vulnerable to substance abuse due to their stage of development and socio-economic circumstances. Drug accessibility in Zimbabwe's high-density areas like Warren Park 1 has become a serious social and public health issue, driven by socio-economic, cultural, and regulatory factors. The causes of this problem are multifaceted, including poverty, unemployment, and limited access to education and recreational facilities. High unemployment, poverty, and limited opportunities have normalised drug use among youth (Mataranyika, 2019). The unchecked accessibility of drugs and substances is a problem because it leads to substance abuse, delinquency, health risks, and diminished future prospects, ultimately undermining the well-being and potential of Warren Park 1 youth.

1.4 RESEARCH AIM

The primary aim of this research is to examine the factors influencing the accessibility of drugs and substances in Zimbabwe and assess the effects on the youth.

1.5 RESEARCH OBJECTIVES

1. To identify and the types of drugs and substances available in the market abused by the youths in Warren Park 1.
2. To examine the factors influencing the accessibility of drugs and substances by the youths in Warren Park 1.
3. To assess the effects of drug and substance use on the youth in Warren Park 1.

1.6 RESEARCH QUESTIONS

1. What types of drugs are available in the market abused by the youth in Warren Park 1?
2. What factors influence the accessibility of drugs and substances by the youth in Warren Park 1?
3. What are the effects of drug and substance use on the youth in Warren Park 1?

1.7 JUSTIFICATION OF THE STUDY

This study is justified by the urgent need to address rising drug abuse in Zimbabwe's urban areas, such as Warren Park 1, where drug accessibility is high, and socio-economic challenges have led to increased addiction, health issues, and social instability. Despite law enforcement and public health efforts, drug availability persists. By examining drug types, socio-economic and cultural factors driving distribution, and impacts on the community, this research seeks to identify targeted interventions. This study sought to generate useful data on the causes and impact of drugs abuse on education in Zimbabwe. Therefore, the findings of this study may be useful in several, ways. The research also seeks to inform policy makers on the importance of devising new drug laws in combating the rampant spread of drug abuse among the youths in Zimbabwe to complement the already existing laws. Findings will support local authorities, health professionals, and organisations in developing strategies to curb drug abuse, improve public health, and strengthen community resilience. Understanding these aspects not only contributes to the academic discourse but also lays the groundwork for potential policy and intervention strategies to address the escalating drug issue. Furthermore, this research will enhance Education 5.0 by integrating its outcomes into university curricula and teaching pedagogies, ensuring that future generations of scholars and practitioners are equipped to address this pressing issue.

1.8 ASSUMPTIONS

1. Drugs and substances are readily available and accessible to youth in warren park 1, Zimbabwe.

2. Socioeconomic factors, such as unemployment and peer pressure contribute to the accessibility of drugs and services among the youth.

3. Drug and substance use has negative effects on the physical, mental and social wellbeing of the youth.

1.9 DEFINITION OF KEY TERMS

1.9.1 Drug - A drug is any substance which when taken into the living organism that may alter one or more of its functions (Njeri and Ngesu, 2014). According to Ghodse (2003), the World Health Organisation (WHO), "defines a drug as any substance other than those required for maintenance of normal health, which when taken into the living organism, may modify one or more of its functions."

1.9.2 Substance- Kalivas and Volkow (2005) define substance as "a chemical or drug that can be ingested, inhaled, or injected to produce a psychoactive effect."

1.9.3 Youth - The African Union (2009) as cited by Batsell (2018) defines youth as anyone between 15 and 35 years old. Zimbabwe's revised National Youth Policy (2013) defines youths as persons between 10 and 35 years of age. The age range stipulated in the Constitution of Zimbabwe is also in line with the continental definition of youth as defined in the African Youth Charter

1.10 DISSERTATION OUTLINE

Chapter one

This chapter serves as an introduction to the study on drug and substance abuse in Warren Park 1, Zimbabwe. It provides the background information of the study, aim, objectives, problem statement and justification of the study.

Chapter two

This chapter presents a comprehensive review of theoretical propositions and discusses empirical study findings related to the topic under study.

Chapter 3

This chapter focuses on how the study was carried out. The chapter describes the research methodology that was employed. The chapter addresses; the research design, the study population, sample, sampling techniques, data collection techniques, data presentation and analysis and ethical issues that were upheld.

Chapter 4

Is premised on presentation of the study's findings, analysis and discussion of the findings in line with the qualitative method.

Chapter 5

This is the last chapter of the dissertation it details the summary, conclusions and proffers recommendations

1.11 CHAPTER SUMMARY

This chapter looked at the introduction, background of the study, statement of the problem, aim of the study, objectives, research questions, justification of the study, and definition of key terms. The next chapter reviews related literature on the topic.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

The issue of drug and substance abuse is a pressing challenge in Zimbabwe, necessitating a comprehensive examination of its multifaceted nature. This literature review delves into the various dimensions of the drug landscape in Zimbabwe, focusing on the types of drugs available, factors influencing their accessibility, and the resulting impacts on health, society, and the economy. By categorising the discourse into specific themes and sub-research themes, this review presents a structured overview of existing knowledge and empirical findings, drawing from various sources to illuminate the complexities surrounding drug use amongst youth in Zimbabwe, particularly in urban areas like Warren Park 1.

2.1 THEORETICAL FRAMEWORK.

According to Barbour (2014) a theoretical framework is a model or set of approaches that is used in explaining and analysing collected data in a research study. In the theoretical framework, a theory is used because it helps in providing a contextual explanation and understanding of the findings in the research. This study employs two theoretical frameworks: Social Learning Theory (SLT) and Systems ecological theory.

2.1.2 Social Learning Theory (SLT)

Social Learning Theory explains how behaviors are learned and maintained through social interactions, particularly emphasising the influence of peers and social networks (Bandura, 1977). In the context of Warren Park 1, SLT is crucial for understanding how drug use behaviors are both acquired and perpetuated within the community. The theory suggests that individuals are likely to engage in drug use if they observe peers doing so, which normalises the use of certain substances and validates their cultural acceptance in the local context. Behavior is leant from the social environment so in this context the youth learn these behaviours of abusing substances and drugs from their peers or their parents. This theoretical lens aids in identifying the types of drugs prevalent in the area and understanding the community dynamics that facilitate their use, as highlighted by Mataranyika (2019).

2.1.3 Systems ecological theory

This theory is about the different environments that affect the child directly or indirectly, in a positive or negative way within the family environment in which the child lives. This theory

argues that if stakeholders are to succeed in their quest to fight drug use and abuse in among the youths, they need to include the child's family and community background. This theory posits that individuals are not isolated entities, but rather are part of the larger systems that shape their experiences and outcomes hence for one to understand why the youths are taking drugs there is also need to understand the systems around them such as families, the community and the eternal environment which shapes their behavior. Each family or community setting is different, which means that youths in warren park 1 needs to be studied in the context of their environment to understand how the environment around hem shapes their behavior towards drugs and substances in order to identify solutions that will work for their specific context. According to Bronfenbrenner, everything that surrounds youths in their environment has an effect on them he posits that human development occurs through an intricate exchange between an active and evolving human organism and the people and objects in the surrounding environment. Personal level factors include behavioral and mental health, neurological developments, and gene variations resulting from social influences. The micro level factors include parental and family functioning, schools and peer influences. The macro level factors, which include socio-economic and the physical environment, can leave adolescents vulnerable to substance abuse.

The Ecological Systems Theory provides a comprehensive understanding of drug use and substance abuse through its three main levels. At the microsystem level, individual factors such as mental health issues, trauma, or family dynamics can increase vulnerability to substance use, as individuals may turn to drugs like opioids or stimulants as a coping mechanism. At the mesosystem level, interactions between microsystems such as family, school and peers can contribute to substance use, as individuals may be more likely to experiment with drugs like cannabis or party drugs in certain social settings. Meanwhile, the macrosystem level shapes attitudes towards substance use through societal norms, laws, and media representation, influencing the prevalence and acceptability of substance use, and ultimately contributing to the normalisation of drug use and the stigmatisation of addiction. The interplay between these levels can create a perfect storm, where individual vulnerabilities are exacerbated by environmental factors and societal norms, ultimately leading to substance use and addiction.

2.2 Types of Drugs Available in the Market in Zimbabwe.

2.2.1 Cannabis (Mbanje)

Cannabis, locally known as "mbanje," is a widely abused drug in Zimbabwe (Nhunzvi, 2019). The plant is typically smoked, but it can also be ingested in food or drink. Cannabis contains the psychoactive compound tetrahydrocannabinol (THC), which produces effects on the brain and alters mood, perception, and cognition.). Cannabis usually gives 'the high', to feel good (Batsell, 2018). It is reported that, the youths bury their sorrows of the socio-economic challenges and other day to day problems they face, by continuously abusing cannabinoids to avoid realities in their lives (Kabugi, 2019). Cannabis is a recreational drug, it enhances pleasure and excitement among the youth, the drug is smoked, inhaled or ingested (Giordano et al., 2015). Cannabis contains chemicals called cannabinoids that work by binding the central nervous system that is the brain and related nerves (Charilaou et al., 2017. Majority of the Zimbabwean youths suffer from the long and short-term effects of cannabis (Nhapi & Mathede, 2016). Although cannabis is illegal, it is easily obtainable in Zimbabwe, as numerous small-scale farmers grow it for local use (Mawere & Muchemwa, 2020). According to a 2020 report from the Zimbabwe National Drug Observatory, cannabis is the most abused substance in Zimbabwe, particularly among youths aged 15–35. The report indicated that nearly 57% of drug-related arrests in Zimbabwe are related to cannabis use.

2.2.2 Crystal Methamphetamine (Mutoriro, Dombo, or Guka)

Crystal methamphetamine, often referred to locally as "mutoriro," "dombo," or "guka," is a highly addictive stimulant that affects the central nervous system. It appears as a clear, crystal-like substance and is typically smoked or inhaled. The Zimbabwe Civil Liberties and Drug Network (ZCLDN) reported a significant rise in meth use, especially among the youth, with an estimated 30% increase in meth use between 2019 and 2022 in urban areas like Harare and Bulawayo. Meth use is prevalent due to its relatively low cost and accessibility in certain urban neighbourhoods. In a country characterised by financial challenges, the low cost of drugs has also been regarded as another contributory factor, with a report by the United Nations International Children's Emergence Fund (UNICEF 2023) indicating that users spend an average of US$2 to satisfy their needs. "Crystal methamphetamine use is a growing concern among youth in Zimbabwe, with a prevalence rate of 4.5% reported among youth in Harare" (Mapfumo et al., 2018). According to Moyo et al. (2020), "peer influence, family problems, and economic hardship are significant factors contributing to crystal methamphetamine use among youth in Zimbabwe." The Zimbabwe

National Statistics Agency (2019) reports that "3.2% of youth aged 15-24 in Bulawayo, Zimbabwe, reported using crystal methamphetamine in the past year." . Chibanda et al. (2020) note that "lack of education, unemployment, and peer influence are significant factors associated with crystal methamphetamine use among youth in rural Zimbabwe."

2.2.3 Broncleer (Bronco)

The Zimbabwean youth also abuse cough syrups like BronCleer and Histalix (Rugoho, 2019). Broncleer, colloquially known as "Bronco," is a cough syrup containing codeine and promethazine. It is easily available over the counter, and the codeine in the syrup has mild narcotic effects. People. These cough mix contains alcohol, ephedrine and codeine. Codeine is an opiate, and contains morphine like substances (Matunhu and Matunhu, 2016). Because they contain alcohol and codeine, BronCleer and Histalics are central nervous system stimulants and causes drowsiness, apathy and euphoria to the youth who take them in large quantities than the prescribed quantities. These cough mixes are also highly addictive (Zvira, 2016). In Zimbabwe, medications like cough syrups containing codeine, non-prescription sedatives, and analgesics are frequently misused (Muzvidziwa, 2022). The youth misuse it for its sedative and euphoric effects. Broncleer abuse is rising, especially in high-density suburbs. The trend of abusing legal substances is especially prevalent among teenagers and young adults, with certain individuals turning to these substances because of the challenges in obtaining illegal drugs (Chuma & Dube, 2021). According to the Zimbabwe Ministry of Health and Child Care, approximately 15% of youths aged 15–24 have misused Bronco in the last five years. Its abuse is particularly widespread due to its easy accessibility in pharmacies.

2.2.4 Inhalants (Glue, Petrol, and Paint Thinners)

Inhalants like glue, petrol, and paint thinners are commonly abused, especially among street children and disadvantaged youth. These substances are cheap and easily accessible, making them popular among impoverished communities. According to UNICEF Zimbabwe, 25% of street children in Zimbabwe engage in inhalant abuse, especially in urban areas like Harare, where these substances are readily available and inexpensive. The youths also abuse a concoction of ethanol and emblements powders used in funeral parlors to preserve dead bodies (Zvira, 2016). This highly

intoxicating concoction popularly known as "musombodhia" in the streets in Zimbabwe (Zvira, 2016). According to Zivira (2016), another drug that abused by the youths is diluted ethanol or methanol. Zivira (2016) goes on to state that, "ethanol is reportedly smuggled from ethanol plants and transported in relatively small quantities of up to several drums to Harare and other towns where it is then diluted with water." Shakhashiri (2012) shows that, "Ethanol acts as a drug affecting the central nervous system. Ethanol is toxic, and the body begins to dispose of it immediately upon its consumption. Ethanol fuel creates a highly concentrated alcohol content that can reach up to 95% (Miranda et al., 2010). This concentrated ethanol is very poisonous especially to the central nervous system causing seizures and comma, blindness and or even dearth if consumed in large quantities (de Oliveira et al., 2016). Furthermore, the inhalation of solvents and various household items like glue and petrol has been noted, especially among street kids and disadvantaged youth (Muzvidziwa, 2022).

2.2.5 Alcohol

Although not illegal, alcohol is one of the most commonly abused substances by the youths. Zimbabwe has seen an increase in binge drinking, particularly among young adults. Local brews and illicit homemade alcohol, known as "kachasu," are widely consumed, especially in rural and underserved communities. A study conducted by Acuda et al (1991) on secondary schools in Mashonaland East and Harare Province, showed that alcohol was the most common drug that was used by youth still in secondary schools, followed by tobacco. A 2018 World Health Organisation (WHO) report noted that Zimbabwe's alcohol consumption per capita was among the highest in the region. Nhunzvi (2014) is of the opinion that, "Health and media literacy have proved useful in disease prevention programmes, including substance abuse prevention programmes. And yet, despite an excellent literacy level of 98%, Zimbabwe still has a high prevalence of heavy and hazardous drinkers."The Zimbabwe National Statistics Agency (ZIMSTAT) reported that around 47% of Zimbabwean adults have engaged in harmful drinking at some point.

2.2.6 Heroin

Heroin, an opioid made from morphine, is less common but still present in Zimbabwe. It appears as a white or brown powder and is usually smoked or injected. The drug is highly addictive and

dangerous, especially when used with other substances. Heroin, while not as common as cannabis or methamphetamine, is accessible, especially in urban areas and border towns with more international activity. Heroin's presence has been linked to Zimbabwe's role as a transit hub for drug smuggling, resulting in the greater spread of this extremely addictive drug (Chuma & Dube, 2021). The prevalence of heroin is low compared to other drugs. However, the Zimbabwe Republic Police (ZRP) reported a rise in heroin seizures at the country's borders in 2021, indicating a growing trend in trafficking and use.

2.2.7 Cocaine

Cocaine is also another drug being abused by the youths. It is a powerful stimulant derived from coca leaves, is another illicit drug found in Zimbabwe, although it is less commonly used due to its high cost. It appears as a fine white powder and is typically snorted, though it can also be smoked or injected. Studies have consistently shown that cocaine use is a significant problem among youth. According to the National Institute on Drug Abuse (NIDA), in 2019, approximately 1.3% of 12th graders in the United States reported using cocaine in the past year (NIDA, 2020). Cocaine is relatively uncommon compared to cannabis and methamphetamine. However, ZIMSTAT noted a 5% increase in cocaine-related arrests in urban centers over the past few years, attributed to the drug's appeal among affluent groups.

2.2.8 Prescription Medications (Zoloft, Diazepam, Tramadol)

According to Razemba and Chipunza (2017), "abuse of prescription drugs and pills continue to be in the rise among youths in Harare, amid revelations that cross boarder traders are smuggling these substances into the country." The Zimbabwean youths overdose anti-depressants drugs (Jakaza & Nyoni, 2018). Zoloft is one of the most prescribed anti- depression drug and it somehow ends up in the streets with the youth (Zvira, 2016). Anti-depressants are not harmful when used as per correct prescribed dosage. Prescription medications like diazepam (Valium) and tramadol are often misused for their sedative and pain-relieving effects. Other drugs abused by the youth in Zimbabwe include diazepam, which is a prescription drug, locally known as "mangemba" (Mazuru, 2018). Diazepam is a medicinal drug in the anxiolytic class and is a prescription drug according to the Medicines Control Authority of Zimbabwe (Matunhu and Matunhu, 2016). Diazepam addresses

anxiety, seizures and alcohol withdrawal. (Mazuru, 2018). This drug somehow finds its way into the streets of Zimbabwe and this drug is taken in excess resulting in the youth being less active and drowsy (Mazuru, 2018). Diazepam is also highly addictive (Laitselart, 2018). Chlorpromazine is also another prescription drug abused by the youth in Zimbabwe to get high (Matunhu & Matunhu, 2018). These drugs are available at pharmacies, sometimes without strict regulation, leading to their abuse. ZCLDN reports that around 12% of Zimbabwean youths misuse prescription medications, often combined with alcohol or other substances. This misuse is partly due to the availability of these medications in pharmacies.

2.3 Factors Influencing the Accessibility of Drugs and Substances

2.3.1 Unemployment

High rates of unemployment contribute to the demand and supply of drugs. Individuals who are unemployed or facing financial hardships may turn to drug trafficking or production as a source of income. Recent ZimStat reports indicate that in 2022, youth unemployment in Zimbabwe hit 30%, with the scarcity of job prospects in urban regions leading to a rise in substance abuse as a way to cope (ZimStat, 2022). Similarly, those struggling economically may resort to drug use as a form of escapism. Due to the scarcity of job prospects, numerous young individuals turn to the drug trade for financial support. As stated by Mataranyika (2019), this situation is particularly evident in densely populated urban regions, where poverty rates are elevated and formal job prospects are scarce. According to Zvira (2016) "Zimbabwe's 17 economy is teetering on the brink of collapse, with unemployment estimated at over 85%, with the hardest hit being the youths, who graduate from school into the world of unemployment and poverty." The International Labour Organisation (ILO) as cited in Tsamwai(2016), estimates that between 2000 and 2008 an average of 73million jobs were created in Africa and of those only 16 million were created for youths between 15 and 24. As a result many young people find themselves unemployed or underemployed in the informal sector with very low productivity and a very low income and this leads to frustration or even depression causing the problem of drug abuse among the youth.

2.3.2 Migration

Urban areas like Harare and Bulawayo are becoming hotspots for drug use and trafficking due to rapid urbanization caused by migration which often brings people from rural to urban areas in search of better opportunities. This population increase strains local resources and often leads to more illegal activities, including drug trafficking. Urbanisation leads to social disorganisation, characterised by the breakdown of traditional social structures and networks. This disorganisation can contribute to feelings of alienation, anxiety, and disorientation, making individuals more vulnerable to drug abuse Cohen, (2015). Urbanisation can also contribute to mental health problems, such as depression, anxiety, and trauma. Individuals may turn to drugs as a coping mechanism for these problems, exacerbating the risk of drug abuse (Kessler et al., 2005). Migrants often experience social isolation, which can contribute to feelings of loneliness, disorientation, and disconnection (Berry, 1997). These feelings can increase the likelihood of drug abuse as individuals may turn to substances as a coping mechanism. Migration can also lead to cultural disruption, where individuals are forced to adapt to new cultural norms, values, and beliefs (Castles, 2013). This disruption can lead to confusion, anxiety, and stress, increasing the risk of drug abuse. Migrants may also experience trauma, such as violence, abuse, or exploitation, during their migration journey (Fazel, 2015). This trauma can increase the likelihood of drug abuse as individuals may turn to substances as a means of coping with their traumatic experiences.

2.3.3 Peer Influence

Peer influence is a significant factor, especially among youths. As young people seek social acceptance and belonging, they may experiment with drugs under peer pressure. Social gatherings and recreational events often contribute to drug accessibility as drugs are sold and distributed in these spaces. Peer pressure pushes most youths to have the desire to experiment with drugs in a bid to make themselves look trendy or brave among their peers. Social networks and peer influence are important elements in the availability of drugs. Peer influence is a key cultural factor affecting drug usage, particularly in teenagers and young adults (Mawere & Muchemwa, 2020). In areas such as Warren Park 1, where unemployment is prevalent, adolescents frequently seek social acceptance and validation from their friends, resulting in increased instances of drug experimentation and usage (Chuma & Dube, 2021). Social networks, especially those with drug users, offer straightforward access to drugs, fostering a cycle in which drug use becomes normalised and access is perpetually enabled through reliable connections. According to Maseko

et al (2014), the youth especially still in their adolescence, "rely on peers for validation and direction and assess themselves and their behavior through the reaction of their peers"

2.3.4 Family Dynamics

Dysfunctional family settings, lack of parental supervision, and family members involved in substance use or trafficking can make drugs more accessible. Young people in such environments are more likely to be exposed to drugs at an early age. Research has consistently shown that family structure is a critical factor in determining an individual's risk of drug abuse. Studies have found that individuals from single-parent households, blended families, or families with a history of substance abuse are more likely to engage in drug use (Amato, 2001; Hoffmann, 2002). The quality of parent-child relationships is another crucial factor in determining an individual's risk of drug abuse. Research has shown that individuals who experience insecure attachment, neglect, or abuse are more likely to engage in drug use (Bowlby, 1969; Felitti et al., 1998). The availability of cash to students as pocket money and travel allowances especially if it is given in excess can be redirected to purchasing of drugs (Kingala, 2000). Family conflict is also a significant predictor of drug abuse. Research has found that individuals who experience high levels of family conflict, such as domestic violence or parental substance abuse, are more likely to engage in drug use (Cohen. J., 2015). Parental substance abuse is a significant risk factor for drug abuse. Research has shown that individuals who grow up in households where substance abuse is present are more likely to engage in drug use themselves (Merikangas et al., 1998). Divorce or change of economic status from high to low is also likely to affect negatively on children especially the adolescents. This is the period they experience a lot of vulnerability for problem behaviors leading to drug use (Hawkins et al 1992).

2.3.5 Availability of Pharmaceuticals and Over-the-Counter Drugs

Drugs such as codeine-based cough syrups, diazepam, and tramadol are often available without strict regulation in Zimbabwean pharmacies. This lack of control makes it easy for individuals to access and misuse these substances. Many people in Zimbabwe engage in self-medication due to a lack of awareness and access to healthcare services. This practice has contributed to the misuse of prescription medications, increasing the accessibility of these drugs as people are able to obtain them without prescriptions. Research has shown that easy access to OTC drugs can contribute to their misuse (SAMHSA, 2013). A study by the National Institute on Drug Abuse (NIDA) found

that individuals who reported misusing OTC medications were more likely to have obtained them from a friend or family member (NIDA, 2014). The lack of regulation and oversight of OTC drug sales has also been identified as a contributing factor to their misuse Byrne, A. (2019). A study published in the Journal of Pharmacy Practice found that many pharmacies did not adequately verify prescriptions or monitor sales of OTC medications (Wazaify, 2018). The marketing and advertising of OTC medications have also been criticised for promoting their misuse (Kaminer, 2016). A study published in the Journal of Adolescent Health found that exposure to advertisements for OTC medications was associated with an increased risk of misuse among adolescents (Kaminer, 2016).

2.3.6 Weak Regulatory and Law Enforcement Frameworks

While Zimbabwe has drug laws, enforcement is often weak due to a lack of resources and corruption. As a result, illegal substances enter the market more easily, increasing accessibility for the general population. Porous borders, coupled with corruption at border entry points, have also been touted as the reason for the rise in abuse of prescription drugs such as bonclear (Mukwenha et al. 2021). Mawere and Muchemwa (2020) explain how the permeable borders of Zimbabwe with adjacent nations, especially South Africa and Mozambique, lead to an increase in the entry of illegal substances into the nation. Corruption within law enforcement enables drug dealers and traffickers to evade arrest or punishment. Bribery and corruption can allow illegal drug trade to flourish, making drugs more accessible in certain regions and communities. Zimbabwe shares porous borders with neighboring countries, making it easier for drugs to enter and exit the country without proper inspection. Smuggling across borders increases the availability of various drugs within Zimbabwe.

2.2.7 Globalisation

Increased exposure to global cultures through social media and migration has led to changing lifestyles and attitudes toward drug use. Younger generations, in particular, are increasingly exposed to Western norms where drug use is sometimes glamorised, leading to a rise in demand and accessibility. Globalisation has facilitated the exchange of cultural practices and values, including those related to substance use (Cohen, 2011). The increased exposure to Western culture and values has contributed to changes in social norms and behaviors, including increased substance

use (Hunt, 2010). On the role of media, artist such as Dobba Don, late Soul Jah Love, Sillent Killer, Kinnah have have however been noticed on several occasions singing about drugs and to the youth because they have become their role models, they usually follow suit. Soul Jah Love was popularly known for expressing his love for codeine in his music and this somehow influences the youth that is it a notable thing to do in show of bravery. Also in many music videos across the continent especially in America and Jamaica, many artists that sing usually glorify the abuse of drugs as a trendy thing to do and as a result many youths do copy that and start abusing drugs

2.2.8 Economic Incentives for Drug Trafficking

Research by Mutenheri (2017) found that the economic incentives for trafficking in Zimbabwe were a significant factor in the country's growing drug and substance abuse problem. The high profit margins associated with drug trafficking attract individuals who view it as a lucrative business. The profitability of the drug trade in Zimbabwe's informal economy increases the availability of drugs as more people participate in the industry. Also black market dynamics also contribute to the accessibility of drugs and substances in Zimbabwe. Poverty and unemployment in Zimbabwe have created a vulnerable population that is susceptible to recruitment by traffickers (Chitando, 2018). Zimbabwe's economic instability has contributed to a thriving black market for various goods, including drugs. Economic hardships have forced many individuals into the informal sector, where drugs are easily trafficked and distributed, making them more accessible to the public.

2.2.9 Mental Health Challenges

A study by SAMHSA (2019) found that individuals with mental health disorders were more likely to experience substance use disorders due to lack of access to mental health services. Zimbabwe has limited mental health services, and stigma around mental health conditions prevents individuals from seeking help. As a result, many people resort to substance use as a form of self-medication, especially when dealing with trauma, stress, or other psychological challenges. Zimbabwe has a severe shortage of mental health professionals, with only 12 psychiatrists serving a population of over 14 million" (Ministry of Health and Child Care, 2016). Limited Access to Rehabilitation and Support Service also acts as a factor. Delayed or inadequate treatment for

mental health disorders can lead to increased substance use and abuse, as individuals may seek alternative coping mechanisms (Harris, 2017). Zimbabwe has few rehabilitation centers, and even fewer in rural areas. This lack of support services means that those who become addicted to substances have little support for recovery, leading to continued use and increased accessibility.

2.4 Effects of Drugs and Substances

2.4.1 Physical Health Problems

The youth drug abusers in Zimbabwe exhibit both physical and mental negative effects of drug abuse (Nhunzvi & Mavindidze, 2016). Prolonged drug abuse can lead to chronic health issues, including liver disease (from alcohol), respiratory problems (from smoking cannabis and methamphetamine), and cardiovascular complications (from stimulants like meth and cocaine). Drug use can cause neurological problems, including seizures, tremors, and cognitive impairment (Brust, 2004). Liver, lung, heart diseases, vitamin deficiencies and brain damage are some of the many complications that occur due to , drug use and dependence (Musk et al; 2003). Drug use can lead to gastrointestinal problems, including nausea, vomiting, and abdominal pain (Kaplan, 1996). A study published in the Journal of Clinical Gastroenterology found that opioid use was associated with an increased risk of gastrointestinal symptoms and liver disease (Bruera, 2004). Alcohol-related problems include liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder, mental retardation for the fetus in the womb, growth, deficiency, delayed motor development and cranio-facial abnormalities. Tobacco causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack. Inhalants use has an effect of causing Anemia, damage kidney and stomach bleeding.

2.4.2 Mental Health Disorders

Drug abuse can lead to mental health conditions, such as depression, anxiety, psychosis, and schizophrenia. For instance, methamphetamine abuse often leads to aggression, paranoia, and hallucinations, and prolonged cannabis use has been linked to psychosis. Moreover drug abuse often worsens mental health issues, leading to an increase in depression and anxiety. Though typically regarded as less dangerous, cannabis can cause mental health problems like anxiety,

depression, and psychosis among heavy consumers (Chuma & Dube, 2021). In 2014, the Ministry of Health and Child Care's Department of Mental Health indicated that 135 drug induced psychosis admissions were recorded at Harare Hospital in 2013, with 865 outpatients 16 documented in the same year. The prolonged use of these substances puts considerable pressure on Zimbabwe's healthcare system, which already struggles to deliver sufficient care because of resource limitations. Many drug users struggle with feelings of guilt, shame, and despair, especially when they face social rejection or legal consequences. . Dorcas Sithole who is the deputy director in the department of mental health services under the Health and Child Care ministry (cited in Munyukwi 2017) alludes that, "Forty-five percent of all our mental health issues are because of drug abuse, with 57% of all the people in psychiatric wards being victims of such." Chirisa (2017) also supports this claim by stating that, "there has been an undeniable upsurge of illicit drug use in Zimbabwe, which, as a result of this trend, has led to an increase in mental health issues directly and indirectly."

2.4.3 Decreased Productivity

Substance abuse leads to reduced workplace productivity, absenteeism, and job loss. The resulting economic impact can be substantial, affecting both individual families and the broader economy. In Zimbabwe, an increasing number of young people struggle with substance abuse, reducing the productivity of an already strained workforce. Widespread substance abuse among young people hinders national development by reducing the productive workforce. The Zimbabwean youth complain of being 'sticken', a common street name in Zimbabwe among drug abusers where by the youth pause, failing to coordinate their physical activity (Makande, 2017). As a substantial portion of the population faces health and social issues related to drug abuse, Zimbabwe's efforts to develop its economy and improve social welfare are adversely impacted.

2.4.4 Addiction

Addiction is a severe outcome of drug abuse. In Zimbabwe, substances like methamphetamine, Broncleer, and alcohol are highly addictive. Individuals who develop dependencies may suffer withdrawal symptoms, requiring medical and psychological support for recovery. Drug use can alter brain chemistry, leading to changes in brain structure and function (Kalivas & Volkow, 2005). Repeated exposure to drugs can activate the brain's reward system, releasing dopamine and

creating a cycle of craving and use (Wise & Koob, 2014). Drug use can also be driven by psychological factors, such as stress, anxiety, and depression (Kessler et al., 2005). Individuals may use drugs as a coping mechanism or to self-medicate, increasing the risk of addiction (Khantzian, 1985). Environmental factors, such as peer influence, family dynamics, and socioeconomic status, can also contribute to addiction (Hawkins et al., 1992). Exposure to drugs at an early age, lack of parental supervision, and poverty can increase the risk of addiction (SAMHSA, 2019). Addiction can erode a person's sense of self-worth and self-esteem, leading to a cycle of substance abuse as individuals continue to use drugs as a coping mechanism. This negative self-image further perpetuates the addiction and alienates the individual from supportive relationships.

2.4.5 Family Disintegration

Substance abuse can cause significant strain on family relationships, leading to conflicts, neglect, and breakdowns in family structure. For example, addiction to alcohol or methamphetamine often results in neglect of family responsibilities, domestic violence, and child abuse. On a personal level, substance misuse frequently results in family disruptions, as individuals may overlook their duties or participate in actions that distance relatives (Muzvidziwa, 2022). Most drug abusers are known to become hostile towards their families and defiant, turning rebellious and exhibiting irrational anger (Maraire et al. 2020). Drug and substance abuse can lead to economic instability, as individuals may spend large amounts of money on drugs, leading to financial difficulties and debt (Hser, 2007). A study published in the Journal of Family Issues found that economic problems were a significant predictor of family breakdown among families affected by substance abuse (Kandel, 1996). Drug and substance abuse can also lead to emotional instability, as individuals may experience mood swings, irritability, and anxiety (Marlatt, 1996). A study published in the Journal of Marriage and Family found that emotional problems were a significant predictor of family conflict and breakdown among families affected by substance abuse (Fals-Stewart, 2003). Drug and substance abuse can lead to social isolation, as individuals may withdraw from social relationships and activities (Hser, 2007). A study published in the Journal of Family Issues found that social isolation was a significant predictor of family breakdown among families affected by substance abuse (Kandel, 1996). Drug and substance abuse can also lead to parent-child relationship problems, as individuals may neglect their parenting responsibilities or engage in

abusive behavior (Hser, 2007). A study published in the Journal of Marriage and Family found that parent-child relationship problems were a significant predictor of family breakdown among families affected by substance abuse (Fals-Stewart, 2003).

2.4.6 Crime

Drug abuse is closely linked to increased crime rates, as individuals may engage in theft, assault, and other crimes to support their drug habits. In Zimbabwe, communities have reported a rise in violent crimes, particularly linked to methamphetamine and alcohol abuse. Peace in the communities also compromises as youth drug abusers tend to be aggressive (Maraire & Chethiyar, 2019) The abuse and trafficking of drugs lead to legal issues, as law enforcement cracks down on the illegal possession and sale of substances. Zimbabwe has seen a rise in drug-related arrests, especially in urban areas where cannabis, meth, and prescription drug misuse are prevalent. For individuals convicted of drug-related crimes, having a criminal record can limit future employment opportunities. This restricts their ability to reintegrate into society and often leads to continued drug use and criminal behavior. The Youth Advocates Zimbabwe study revealed disturbing patterns directly attributable to ADS abuse: 70% of gang violence is among school children; 15% of Intimate Partner Violence (IPV) and Gender Based Violence (GBV) cases involve adolescents and young people; 40% of suicide attempts are linked to ADS abuse; and an increase in school dropouts with 60% having dropped out of school after being expelled for ADS abuse.

2.4.7 Loss of Social Status

Individuals struggling with addiction may become socially isolated, as their behavior often leads to stigma and ostracism. Substance abuse can lead to social isolation, as individuals withdraw from social relationships and activities" (Hawkins et al., 2017). Drug abuse carries a significant stigma, leading to discrimination and social exclusion. Social isolation can exacerbate substance abuse problems, creating a vicious cycle of addiction and loneliness" (Kessler et al., 2012). In Zimbabwe, substance users often face judgment from community members, which discourages individuals from seeking help and support. "Substance abuse can damage an individual's reputation and social standing, leading to loss of social status" (Room, 2005). This social isolation is

compounded by a lack of support for substance abusers within communities, leading to further mental and emotional deterioration.

2.4.8 Diseases.

The use of injectable drugs, such as heroin, increases the risk of disease transmission such as HIV/AIDS and hepatitis due to shared needles. In Zimbabwe, this is a growing concern among urban youth who engage in injecting drug use. Effects of drugs include HIV due to risky sexual behaviors when intoxicated, and harm to fetus in pregnant women among other issues. Youths who abuse drugs and other related harmful substances are more likely to report having more sexual partners, not using condoms, engaging in non-consensual activity, getting sexually transmitted infections (STIs), misusing contraceptives and violence against intimate partners (Stidham et al. 2013). Injection drug use (IDU) is a significant risk factor for HIV transmission. Sharing contaminated needles and equipment can lead to HIV transmission (Sullivan, L. E. 2017). A study published in the Journal of Acquired Immune Deficiency Syndromes found that IDU was associated with a 28-fold increased risk of HIV infection (Mathers, 2008). Non-injecting drug use, such as crack cocaine and methamphetamine, can also increase HIV risk behaviors. A study published in the Journal of Substance Abuse Treatment found that non-injecting drug users were more likely to engage in high-risk sexual behaviors, such as unprotected sex and sex trading (Gossop, 2006). Substance abuse can lead to impaired judgment and decision-making, increasing the likelihood of engaging in high-risk behaviors. A study published in the Journal of Acquired Immune Deficiency Syndromes found that substance abuse was associated with increased HIV risk behaviors, including unprotected sex and multiple sex partners (Purcell, 2004).

2.4.9 Increased Healthcare Costs

Treating substance abuse and its health complications requires significant medical resources, placing strain on Zimbabwe's healthcare system. According to the UN in Zimbabwe Newsletter (2014), "Drugs do not just affect the user; they cause tremendous hardship and misery to their families and loved ones as well as constrain economic and social transformation." Mental health services, emergency care for drug-related accidents, and rehabilitation services create substantial costs. It also puts financial Strain on Families. Substance abuse can lead to substantial financial

strain, as individuals may use family resources to fund their drug habits. Families affected by addiction often face financial hardships due to the cost of medical treatments and loss of income due to addiction-related unemployment.

2.5 CHAPTER SUMMARY.

This chapter provided a theoretical framework, which best explains the study. The chapter provided theories which best explains why the youths are being involved in drugs and substance abuse. The chapter also reviewed literature on the types of drugs available in the market, factors influencing the accessibility of drugs as well as the effects of the drugs to the youth. The next chapter focuses on the research design, the area of study, the target population, the sampling techniques employed, the data collection instruments, feasibility of the study and ethical considerations.

CHAPTER THREE: RESEARCH METHODOLODY

3.0 Introduction

This chapter focuses on how the study was carried out. The chapter describes the research methodology that was employed. The chapter addresses; the research philosophy, research approach, research design, the study population, sample, sampling techniques, data collection techniques, data presentation and analysis and ethical issues that were upheld.

3.1 Research philosophy

Yin (2018) viewed a research paradigm as an all-encompassing system of interrelated practice and thinking that describe the nature of inquiry along three dimensions that are ontology, epistemology and interpretivism. This study is grounded in a constructivist research philosophy, which emphasises that reality is socially constructed through individual experiences, perceptions, and interactions. Creswell (2009) defined the constructivism or what is called constructivism that is normally combined with the interpretivism as an approach for qualitative research where individuals pursue for understanding of the world they are working and living in. The researcher utilised a constructivist approach as it provides an in-depth understanding of the complex factors contributing to drug abuse among youth in Zimbabwe. Constructivism enabled the youths and key informants to create their social reality in the context of drugs and substances through their own lenses. From a constructivist ontological perspective, reality is viewed as multiple, subjective, and context-dependent. In the context of this study, the accessibility of drugs and substances amongst youth in Warren Park 1 is not seen as an objective fact, but rather as a complex phenomenon shaped by the experiences, perceptions, and interactions of the youth. A constructivist axiological perspective emphasises the importance of considering the values and beliefs that underlie the research process. In this study, the researcher values the perspectives and experiences of the youth, recognising that their voices and stories are essential to understanding the phenomenon. By acknowledging the subjective nature of reality and the active role of the youth in constructing knowledge, this approach enables a nuanced understanding of the phenomenon that is grounded in the experiences and perspectives of the youth.

3.2 Research approach

According to Daniel (2016) a research approach is both a plan and procedure that encompasses the steps of broad assumptions to detailed methods of data collection, data analysis, and interpretation

and is also based on the nature of research problem being addressed. This study employed the qualitative research paradigm to investigate on the factors influencing the accessibility of drugs and substances amongst the youth in Zimbabwe. Ritchie and Lewis (2003:3) assert that qualitative methodology is a naturalistic, interpretative approach concerned with understanding the meanings that people attach to phenomena. By employing a qualitative descriptive design, this research is equipped to capture the complexities inherent in social phenomena related to drug use, enabling policymakers and community leaders to develop targeted interventions that address these pressing concerns.

In the setting of Warren Park 1, qualitative research provides a detailed comprehension of the socio-economic, cultural, and regulatory elements influencing drug accessibility. This method is significant as it allows the investigator to examine the fundamental social and cultural factors that affect drug consumption and accessibility, aspects that are challenging to measure using quantitative techniques. Additionally, qualitative research enables a thorough investigation of the personal experiences of community members, including their perceptions and reactions to drug presence, the social networks that affect drug availability, and the consequences of drug use. This approach will enable participant observation in the community to record behaviors and interactions that play a role in the phenomenon under examination (Mugenda & Mugenda, 2019). This research approach will implement non probability sampling techniques which are snowball sampling for the primary participants and purposive sampling for key informants. The research approach will also implement data collection techniques which are focus group discussions for primary participants and key informant interviews for key informants to understand the factors contributing to the accessibility of drugs and substances in Warren Park 1. Employing a qualitative method, this research can grasp the intricate, multi-faceted elements affecting drug consumption and availability in Warren Park 1, offering valuable, context-relevant perspectives crucial for comprehending and tackling the problem.

3.3 RESEARCH DESIGN

Research design entails the overall strategy that a researcher can select or choose to integrate the different components of the study in a logical and coherent manner and it constitutes the blueprint for the collection, measurement and analysis of data Coghlan and Brannick (2014). The study utilised the case study design because the research was empirical which aimed at examining the

factors influencing the accessibility of drugs and substances amongst the youth in Warren Park 1. Creswell (2014) defines a case study as a method of investigation used in qualitative research whereby the researcher develops an in-depth analysis of a case, often a project, event, process, activity, an individual or a group. The researcher selected a case study because it was more flexible and it permitted mutual interaction between the researcher and the study participants. Moreover, it gave the researcher more insight into exploring the types of drugs and substances abused as well as its effects to the youth. To add on, another rationale for using this research design was that the researcher was able to use several data collection techniques in the data collection process such as in-depth interviews and one focus group discussion. The design gave an in-depth information on the types of drugs available in the market, factors influencing the accessibility of drugs and substances as well as their effects to the youth.

3.4 STUDY SETTING.

This study's settings focus on its geographical scope, target population, and research focus. Warren Park 1, a high-density area in Harare, Zimbabwe, serves as the study setting for this research. This area was purposively selected due to its notorious reputation for high levels of substance abuse amongst youth. Characterised by overcrowding, poverty, and limited access to recreational facilities, Warren Park 1 presents a unique environment that exacerbates the vulnerability of youth to substance abuse. The area's proximity to major entertainment hubs and its thriving informal economy also contribute to the widespread availability of drugs and substances, making it an ideal location to explore the factors influencing their accessibility amongst youth. By focusing on Warren Park 1, this study aims to provide context-specific insights that can inform targeted interventions to address the scourge of substance abuse amongst youth in this community.

3.5 TARGET POPULATION

A target population refers to the complete group of individuals or entities that a researcher aims to comprehend or infer conclusions from based on gathered data (Creswell & Creswell, 2018). In this context, the target population include the youth from 15 to 35 who are greatly affected by drug use and have experiences of drug use This age group is considered vulnerable to substance abuse due to various factors, including peer pressure, curiosity, and experimentation. Many youth in this age group have firsthand experience with drugs and substances, either through personal use or exposure to peers who use hence they are selected. Residing in Warren Park 1, they are familiar

with the local context, including the availability and accessibility of drugs and substances. As active members of their community, they can provide valuable insights into the social, cultural, and economic factors that contribute to substance abuse. Key informants for this research will consist healthcare workers from Warren Park 1 clinic and social workers form Warren Park Social Services Department as these groups are able to offer in-depth perspectives on drug availability and its socio-economic and health impacts. This population has been selected because they are most likely to provide valuable insights into the factors influencing the accessibility of drugs and substances in their community. By targeting this population, the study aims to gather rich, contextual data that can inform evidence-based interventions to address substance abuse among youth in Warren Park 1.

3.6 SAMPLING TECHNIQUES AND SAMPLE SIZE

3.6.1 SAMPLE SIZE

In research, a sample denotes a group of individuals or units chosen from a broader target population to represent that population in the study, allowing researchers to infer or conclude based on their responses (Creswell & Creswell, 2018). The sample size refers to the specific number of individuals selected from this population to participate in the research, which is influenced by elements like study design, research objectives, and practical limitations Flick (2011). In this research examining the factors affecting drug and substance accessibility in Warren Park 1, Zimbabwe, the primary participant sample consists of around 12 individuals, emphasising youths aged 15-35, since this demographic is primarily impacted by substance accessibility challenges and provides diverse viewpoints on drug availability and usage in the community. Moreover, a sample of two key informants will be incorporated, consisting of health experts and social workers who provide specialised perspectives on the socio-economic, regulatory, and health-related facets of drug accessibility. and law enforcement personnel. Thus, the total sample size consists of 14 participants. This aggregated sample size fosters a thorough, multi-faceted comprehension of the research topic, consistent with the qualitative methodology and guaranteeing detailed, context-relevant data (Marshall & Rossman, 2016).

3.6.2 SAMPLING TECHNIQUE

Bryan (2012) defined sampling as a process of selecting units or a representative population of interests to represents the whole population. Kothari (2013) defines a sampling technique as a

definite method planned and used in data collection for getting a sample from a given population. A sampling technique denotes the particular approach employed to select these participants, guaranteeing that the sample is relevant, representative, and consistent with the research objectives (Creswell & Creswell, 2018). The study utilised two non-probability sampling techniques which are; snowballing sampling and purposive sampling. These sampling techniques are described and explained below:

3.6.2.1 Snowball sampling

Snowballing sampling was used to select primary participants of the study which are the youth abusing drugs and substances in Warren Park 1. Snowballing sampling also known as referral sampling is about who knows who. It follows that, the study is directed to participants by persons who are knowledgeable about the study population Creswell (2014). Snowball sampling is a useful approach for studying sensitive topics like substance abuse, as it allows researchers to tap into existing social networks and build trust with hard-to-reach populations. Snowball sampling proved to be a valuable approach in this study, particularly in accessing hard-to-reach youth who were hesitant to participate or difficult to locate. This sampling procedure was considered to be best suited for the study since the helps to access youth who may be difficult to reach due to their involvement in illicit activities or their reluctance to participate in research. By starting with a small group of initial participants who were familiar with the researcher, the study was able to tap into their social networks, generating referrals and recommendations that facilitated the recruitment of additional participants. This approach enabled the researcher to build trust and credibility within the community, ultimately leading to a more diverse and representative sample of youth who were willing to share their experiences and insights regarding substance abuse in Warren Park 1. Snowball sampling allows participants to refer their peers who may have similar experiences or insights, creating a chain of referrals that can lead to a more diverse and representative sample.

3.6.2.2 Purposive sampling

Purposive sampling is a non-probability sampling technique that is selected based on the specific features or characteristics of a population and on the objectives of the study (Sharma, 2017). Purposive sampling is also known as subjective sampling meaning that the sample has to be chosen on the basis of specifically judged characteristics. In this research examining elements affecting

drug and substance accessibility in Warren Park 1, purposive sampling is utilised for key informants based on their professional experience with youth abusing drugs and substances. Purposive sampling is used for key informants (health professionals and social workers) to specifically identify individuals possessing expert knowledge or specialised positions pertinent to the matter. The researcher utilised the purposive sampling technique to select key informants that they would provide the best information to support the objectives of the study. The researcher found this technique more suitable for selecting key informants because it targets individuals or groups who have a deep understanding of the topic, ensuring that data collected is relevant and valuable. By selecting social workers and healthcare workers the researcher can gather high-quality data efficiently and gain a nuanced understanding of the topic, The researcher's judgment on who would provide the best responses was based on the characteristics of the probable respondents. Purposive sampling is essential in this research, allowing for the selection of participants who provide valuable, context-rich data, thereby improving the validity and depth of the results in ways that random sampling may fail to accomplish (Patton, 2015).

3.7 Data collection methods.

Creswell (2014) asserts that data collection is the methodical approach used to collect and measure data from different sources in order to help the researcher answer relevant questions and to assess the results in the study. The research adopted data collection techniques to gather data from participants and these include key informant interviews and focus group discussions.

3.7.1 Data collection methods.

3.7.1.1. Focus group discussions method

The study utilised focus group discussions to collect data from the youths abusing drugs and substances in warren park 1. Neuman (2014) argues that focus group discussions are an exploratory tool used to explore people's thoughts and feelings to obtain detailed information about a topic or issue while they are a group of two. This study employed Focus Group Discussions (FGDs) as a qualitative data collection method to explore the factors influencing the accessibility of drugs and substances in Warren Park 1 amongst the youth. The researcher conducted four FGDs with a total of 12 primary participants aged 15-35, who were purposively selected based on their familiarity with the issue. The FGDs were conducted at a convenient and private location, ensuring participants' comfort and confidentiality. A semi-structured discussion guide was used to facilitate

the conversations, which were audio-recorded and later transcribed verbatim. The researcher ensured that participants provided informed consent prior to the discussions, and all necessary ethical considerations were adhered to throughout the data collection process.

The researcher found the focus group discussions to be relevant because they saved time as compared to individual interviews that were tedious and time consuming. The researcher also used FGDs as they provide rich, qualitative data on participants' experiences, perceptions, and attitudes towards drugs and substances. They offer a safe space for participants to discuss sensitive or stigmatised topics, such as drug use or addiction. They allow the researcher to observe how participants interact, influence each other, and negotiate meanings around drugs and substances. FGDs can involve participants from various backgrounds, ages, and socioeconomic statuses, providing a nuanced understanding of the complex issues surrounding drugs and substances.

3.7.1.2 Key informant interviews

The study used key informant interviews to collect data from key informants which are social workers and health care workers. According to Sharma (2017) key informant interviews are one on one dialogues that involve interviewing people who have particularly informed perspectives on an aspect of the program being evaluated. Creswell (2013) argues that the researcher can conduct face-to-face interviews with key informants that involve loosely structured and generally open-ended questions that are few and intended to elicit views and sentiments from the key informant. The rationale for using key informant interviews was that they were easier and less expensive than focus group discussion since they involve only one respondent and one interviewer and do not require payment of participatory incentives, refreshments, or special facilities. The researcher conducted interviews with key informants using key interview guides with open- ended questions. Thus, the study found it relevant to interview the health workers and social workers to why the youth are abusing drug and substances in Warren Park 1. This was important because the key informants provided in-depth information and clarity on certain issues of concern on the study. Another reason for using key informant interviews was that they helped to establish rapport with the respondents, and this enhanced the respondents to clarify their answers further. Furthermore, the interviews helped to raise interest, and enthusiasm around an issue among the nurses, social workers and the village health workers.

3.7.2 Data collection tools

3.7.2.1 Focus Group Discussion guide

The researcher utilised focus group discussion guide as a tool during data collection to collect data from primary participations of the study which are the youths. It consists of Semi-structured questions, allowing participants to share their insights and experiences freely. The researcher asked questions to the participants. The focus group discussion guide was pilot-tested prior to the actual data collection to ensure its effectiveness and relevance. The guide helps to ensure that discussions stay on track, covering key topics and themes hence it allowed relevant data to be gathered aligned with research objectives.

3.7.2.2 Key informant interview guide

In key informant interviews the researcher made use of a key informant interview guide with both open-ended questions and closed ended questions to collect information from healthcare workers and social workers at warren park social services department. The key informant interview guide was relevant because it allowed the key informants to explain in detail their professional experience with the youths abusing substances and drugs and to explain in detail the factors influencing these youths to take drugs and substances.

3.8 Research procedure

(Creswell, 2013), states that research carried out in communities just like in institutions demands one to seek permission as the participants under the authority of the people in charge. Thus, the researcher sought permission from the City Of Harare Head Office as Warren Park is under City of Harare. Prior to conducting the research, the researcher also sought for permission from the offices of City of Harare warren park social services department and warren park 1 clinic in order to conduct the research because it is within the premises that key informants were found.

3.9 Trustworthiness of the research

Trustworthiness in qualitative research refers to the confidence in data, interpretation, and methods, ensuring credibility, transferability, dependability, and conformability (Lincoln & Guba, 1985). To establish credibility in this study on drug accessibility in Warren Park 1, several strategies will be used.

3.9.1 Credibility

Credibility refers to the confidence that can be placed in the findings of a study. The researcher ensured credibility by employing a rigorous data collection process. A pilot study was conducted to test the interview guide and ensure that the questions were clear and effective. The researcher also used triangulation by collecting data from multiple sources, including interviews, focus group discussions, and observations. This allowed the researcher to cross-check and verify the findings, increasing the credibility of the results. Furthermore, the researcher maintained a reflexive journal throughout the study, recording their own biases and assumptions, and taking steps to mitigate their impact on the findings. By doing so the researcher demonstrated that their findings are credible and trustworthy (Lincoln & Guba, 1985).

3.9.2 Transferability

Transferability refers to the extent to which the findings of a study can be generalised to other contexts or populations (Lincoln & Guba, 1985). To ensure transferability, the researcher provided a detailed description of the study context, participants, and methodology. This included information about the demographic characteristics of the participants, the setting in which the data was collected, and the cultural and social context of the study. The researcher also used thick description to provide a rich and detailed account of the findings, including quotes and examples from the data. This helped to create a vivid picture of the study context and findings, allowing readers to assess the transferability of the results to other settings. By doing so, the researcher demonstrate that their findings are transferable to other contexts or populations

3.9.3 Dependability

To ensure trustworthiness of the study the researcher uses dependability. Dependability refers to the extent to which the findings of a study are consistent and reliable (Lincoln & Guba, 1985). The researcher ensured dependability by maintaining a detailed audit trail of the study. This included records of the data collection process, the coding and analysis procedures, and the decisions made throughout the study. The researcher also used a thematic approach to data analysis, using coding and theme development to identify patterns and concepts in the data. This helped to increase the dependability of the findings by demonstrating the researcher's attention to detail and commitment to rigor. Furthermore, the researcher engaged in peer debriefing, discussing the study with colleagues and peers to gain their insights and critiques.

3.9.4 Confirmability

Confirmability refers to the extent to which the findings of a study can be verified by others (Lincoln & Guba, 1985). To ensure confirmability, the researcher used multiple data sources and methods to verify the findings. This included using member checking to verify the accuracy of the findings with the participants themselves, and using inter-rater reliability to verify the consistency of the coding and analysis procedures. The researcher also maintained a transparent and detailed record of the study, including the data collection instruments, the coding and analysis procedures, and the decisions made throughout the study. This helped to create a confirmable record of the study, allowing readers to verify the findings and replicate the study if desired.

3.10 DATA PRESENTATION AND ANALYSIS

Data analysis is the process a researcher goes through to reduce data collected to a meaningful explanation, LeCompte et al (1999). Data presentation refers to the process of organising and displaying data in clear, concise, and meaningful way to effectively communicate findings and insights to the audience Cresswell (2014). Patton (1987) indicates that three things happen during data analysis and these include grouping the information, summing up of information to trim it down and connecting and discovering patterns and themes in the information collected. As a way of analysing data, thematic analysis was utilised by the researcher. Thematic analysis involves classifying patterns and themes within qualitative data as defined by Braun and Clarke (2006). A thematic analysis intends to recognise a theme in the data that is significant or interesting, and use the themes to tackle the research, Braun and Clarke (2006). In this investigation into elements affecting drug and substance access in Warren Park 1, thematic analysis will be employed to examine and present data, as it effectively identifies, analyses, and reports patterns or themes within qualitative information.

The first stage during data analysis was familiarisation with the data and at this stage, the researcher began to convert (from Shona to English) the recorded audios into texts (transcription). The researcher began to notice the general yet major themes popping out and these 'key theme-factors' were social, economic and political. The researcher further went on to search for patterns and subthemes and these subthemes were assigned to codes according to the emerging elements the researcher found. This process according to Flick (2011) is data mapping and interpretation. Just after, these subthemes were subdivided and these were subdivisions of major themes that

specifically focused on aspects that were relevant to this study. The researcher further reviewed potential subthemes and all the identified and categorised themes were then checked to determine if they fitted the data and to see whether the themes did exist in the data. Again, this was done to check whether there were any themes missing and finally, to dictate whether some themes could be removed. At last, themes were labelled and finalised and the researcher tried to align the themes with the study's research questions and/or objectives as recommended by Creswell (2014). For consistent flow of these themes and meaning, data was presented on the basis of this criteria. The final stage as stated by Braun & Clarke is writing up the results of the research. Hence this step was undertaken in the next chapter of this research where the results were illustrated following all the stages and principles of thematic analysis. Thus, this enabled the researcher to come up with themes and sub themes that represented the views of participants on key factors influencing the accessibility of drugs and substances among the youth.

3.11 ETHICAL CONSIDERATION

Ethical issues refer to morally upheld standards in research that distinguish what one ought or ought not to do during research (Coghlan and Brannick, 2014). Hence the researcher was obliged to conduct the study in an ethical manner that did not pose any harm to the respondents and participants of the study. Ethical considerations are crucial in protecting the safety of the research participants and safeguarding the legitimacy of results. This section focuses on identifying and explaining the ethical issues that were upheld in the research study.

3.11.1 Confidentiality

The researcher ensured confidentiality to the respondents through assuring them that their information would be kept in confidence. Creswell (2014) posits that one issue to anticipate about confidentiality is that some participants may or may not want to have their identity to remain confidential. Confidentiality made the respondents more confident and trusting of the researcher and this made them feel more comfortable sharing their information. Israel (2013) points out that in social science research, participants might not be at liberty to give out sensitive self-information when they suspect that their information can be shared openly to third parties. Thus, confidentiality was crucial as it helped in building the participants trust to the researcher and therefore the participants gave more details about the topic of the study.

3.11.2 Anonymity

Anonymity is the process through which the identity of the participant is kept in secret or hidden to avoid identification (Hollway and Jefferson, 2013). Anonymity is used to hide the identities of respondents so that the data they provide cannot be tracked back to the respondents. The researcher used this ethic to protect the identity of the participants in the research. Anonymity assured the respondents of privacy and protection as their identities were coded within the broad categories and not the participants' actual names. This gave the participants the confidence and freedom to respond to questions asked without their identity ever being revealed.

3.11.3 Voluntary participation

Voluntary participation refers to a research participant's exercise of free will in deciding whether to participate or not to in a research study (Sharma, 2017). Voluntary participation entails the researcher's ability to allow the participants to freely and in an uncoercive manner, respond to the questions asked. The researcher used this ethic in order to make the participants more comfortable and willing to participate in the study. The participants participated in the study within a self-preferred timeframe. The other rationale behind using the ethic of voluntary participation was so that the researcher could gain trust and integrity with the participants. The participants, therefore, felt freer to answer the questions in the study without being coerced during the interviews.

3.12 Limitations

Access to reliable data is challenging due to the stigma around drug use, potentially making participants reluctant to share openly (Mawere & Muchemwa, 2020). This was challenge as some of the crucial information could not be recorded for use in analysing the data. Due to fear of confidentiality and privacy, some participants declined being audio recorded during the interview. To address this, confidentiality and anonymity will be ensured. Self-reported data may also be skewed by social desirability bias, which will be mitigated through triangulation with interviews, focus groups, and secondary data (Mataranyika, 2019). Geographically, the study is limited to Warren Park 1, which may not fully represent broader trends. Comparisons with existing literature from other areas will help broaden the perspective (Chuma & Dube, 2021). Finally, the study's short time frame restricts exploration of long-term trends, with a focus on current patterns and recommendations for future research (Muzvidziwa, 2022).

3.13 Summary

This chapter gave an outline of the methodology that was used to conduct the research. The chapter outlined the research philosophy, research design, research approach, study location, study population and the sampling approach that was used in this study. Ethical issues such as confidentiality, anonymity and voluntary participation were discussed in this chapter. The next chapter focuses on the presentation, interpretation and discussion of the study findings.

CHAPTER FOUR PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents and discusses the findings of the study on factors influencing the accessibility of drugs and substances among youth in Warren Park 1. The data collected through interviews and focus group discussions are organised thematically, aligning with the research objectives outlined in Chapter two. Each theme will be introduced, interpreted, analysed, and discussed, integrating direct quotations from participants to illuminate their experiences and perspectives. This approach ensures a comprehensive understanding of the complex dynamics surrounding drug use in the community, while also providing insights that can inform targeted interventions. By maintaining a focus on the voices of the youth, this chapter aims to present a nuanced view of the challenges they face regarding drug accessibility and its implications for their health and well-being.

4.2 Demographic Characteristics of Study Participants

Demographic characteristics are classifiable features of a population (Sharma, 2017). The demographic characteristics of the study participants provide essential context for understanding the findings related to drug accessibility among youth in Warren Park 1. This section summarises key demographics such as age, gender, education level, and employment status, which are crucial for analysing how these factors may influence substance use behaviors.

Table 1 Table 4.1: Demographic Characteristics of Participants

Demographic Variable	Frequency	Percentage (%)

Age (15-24 years)	6	50%
Age (25-35 years)	6	50%
Gender		
Male	7	58.3%
Female	5	41.7%
Education Level		
Secondary School	4	33.3%
Tertiary Education	8	66.7%
Employment Status		
Unemployed	9	75%
Employed	3	25%

The study comprised 12 participants, reflecting a balanced representation of youth aged 15 to 35, with equal distribution across the two age groups (15-24 years and 25-35 years). This age range is particularly significant, as it encompasses a critical period for experimentation and potential substance abuse. The equal representation of these age groups allows for a nuanced understanding of the factors influencing drug use across different stages of young adulthood.

In terms of gender, the sample included a higher proportion of males compared to females. This disparity may reflect broader societal trends in substance use, where males often exhibit higher rates of drug consumption. Understanding these gender dynamics is essential for tailoring interventions and support services that address the specific needs of each group.

The education level of participants indicates that a significant majority have attained tertiary education. This finding raises important questions about the relationship between educational attainment and substance abuse. While higher education is often associated with better job

prospects and outcomes, the prevalence of drug use among educated youth suggests that factors other than education—such as socio-economic stressors and peer influence—may play a more substantial role in accessibility and consumption patterns.

Regarding employment status, a notable seventy five percent of participants reported being unemployed. This high unemployment rate among youth is a crucial factor influencing drug accessibility and use. Many participants indicated that the lack of job opportunities contributes to feelings of hopelessness and frustration, which can lead to increased substance use as a coping mechanism. As one participant noted, "Without a job, it's easy to fall into using drugs just to escape reality."

Table 2 Table 4.2: Demographic Characteristics of Key informants.

PARTICIPANT TITLE	AGE	GENDER	EXPERIENCE (YEARS)
Social Worker	44	F	10 years
Healthcare worker	49	M	15 years

4.3. Types of drugs and substances available in the market abused by the youths in Warren Park 1.

The findings regarding the types of drugs available in Warren Park 1 can be categorised into several sub-themes based on the specific substances identified by participants. Each sub-theme reflects the prevalence and characteristics of the drugs commonly abused by youth in the area.

4.3.1 Cannabis (Mbanje)

Participants overwhelmingly identified cannabis, locally known as "mbanje," as the most widely used substance among youth in Warren Park 1. Many respondents expressed that cannabis is not only easily accessible but is also socially accepted within their peer groups. The participants responded that,

"Most of my friends smoke mbanje and I get hooked up with them; it's everywhere here. You can get it easily." **(Participant 3)**

"It's just a normal thing now. Everyone smokes it; you can't escape it, so I figured why not give it a try" (**Participant 1**)

A key informant articulated that,

"From the group discussions I had with the youth, they reported that cannabis use is a major issue among them. Many of them report that it's easily accessible and widely used among their peers." (**Social Worker**)

The findings shows that cannabis has become a staple in the social interactions of youth, often seen as a rite of passage rather than a potential health risk. The normalisation of its use reflects a broader cultural acceptance, which poses challenges for intervention efforts aimed at reducing substance abuse among young people. The finding resonates with research carried by (Kabugi, 2019) which reported that, the youths bury their sorrows of the socio-economic challenges and other day to day problems they face, by continuously abusing cannabinoids to avoid realities in their lives. According to a 2020 report from the Zimbabwe National Drug Observatory, cannabis is the most abused substance in Zimbabwe, particularly among youths aged 15–35. The report indicated that nearly 57% of drug-related arrests in Zimbabwe are related to cannabis use. The prominence of cannabis in Warren Park 1 aligns with trends observed in other urban settings where accessibility and social norms contribute to widespread use. Research indicates that cannabis is often viewed as a relatively harmless substance, leading to its normalisation among youth (Mawere & Muchemwa, 2020). This normalisation can create a cycle where early exposure and use set a precedent for continued substance use, potentially paving the way for experimentation with more harmful drugs. Moreover, the absence of significant legal repercussions for cannabis use may further diminish its perceived risks, leading youth to underestimate the potential health consequences. Studies have shown that public perceptions of cannabis can influence usage patterns, with more permissive attitudes correlating with higher rates of use (Chuma & Dube, 2021).

Given these dynamics, it's crucial for public health initiatives to address the cultural acceptance of cannabis while providing education on its health impacts. Programs that engage youth in discussions about the risks associated with cannabis use, particularly regarding mental health and

dependency, could help shift perceptions and reduce normalisation. Furthermore, community leaders and policymakers should consider implementing harm reduction strategies that acknowledge cannabis use while promoting safer practices and informing youth about the realities of addiction and its consequences.

4.3.2 Crystal Methamphetamine (Mutoriro)

Crystal methamphetamine, referred to as "mutoriro," is rapidly gaining popularity among the youth due to its potent effects and affordability. Participants discussed the alarming trend of increasing use and its serious consequences. The participants revealed that,

> *"I started using crystal meth because it's cheap and it gives me a quick escape from my problems."* **(Participant 1)**

> *"It's easy to get and it's strong. it helps me forget about my struggles for a while, and it's not as expensive as some other options."* **(Participant 8)**

A key informant pointed out that,

> *"We have had many youths rushed at Warren Park 1 hospital after collapsing or experiencing severe reactions due to crystal meth abuse locally known as "mutoriro", "dombo" or " guka".* **(Healthcare Worker)**

From the above findings it is notable that the affordability and immediate effects of crystal meth make it particularly attractive to youth seeking quick relief from socio-economic pressures. Many participants noted that the drug provides a temporary escape from the harsh realities of their lives, leading to its rapid proliferation in the community. The rise of crystal meth use among youth can be linked to economic hardship, as many young people turn to substances as coping mechanisms. This trend raises significant health concerns, as crystal meth is known for its highly addictive properties and severe health risks (UNODC, 2020). The findings resonate with Mutenheri's (2017) research, which highlights financial stress as a common driver of substance abuse. The cycle of use often begins with curiosity and peer pressure, but the immediate gratification provided by the drug can quickly lead to dependence.

The implications of this trend are profound, as crystal meth use can lead to a range of physical and mental health issues, including severe psychological disturbances, increased aggression, and long-

term cognitive impairment (Brust, 2004). Communities plagued by high levels of meth use often experience increased crime rates and social instability, compounding the challenges faced by residents (Hunt, 2010).

Effective intervention strategies must consider the socio-economic context that drives youth toward such substances. Community-based programs that provide economic opportunities, mental health support, and drug education could help mitigate the appeal of crystal meth. Furthermore, engaging current users in recovery programs that emphasise the dangers of meth use and provide pathways to sobriety could be instrumental in reversing the trend of increasing usage.

4.3.3 Cough Syrups (Broncleer)

Cough syrups, particularly Broncleer, have become a popular choice among youth due to their easy accessibility and euphoric effects. Participants frequently mentioned the widespread availability of these substances in local pharmacies. The participants responded that,

> *"I use Broncleer to get high. Even though it's meant for coughs but I overdose from it. It's easy to find in pharmacies and it's cheap"* (**Participant 6**)

> *"My friend introduced me to Bronco. I abuse it to escape reality. It's easy to get, and it helps me forget my problems for a while."* (**Participant 11**)

A key informant claimed that,

> *"We've had numerous referral cases of individuals struggling with psychoactive effects from misusing Broncleer, and we have been directing them to various rehabilitation centers for proper treatment and support."* (**Healthcare Worker**)

From the findings above, it is notable that the ease of obtaining Broncleer without strict regulations poses a significant risk, as it facilitates misuse among young people. Many participants described how they use these syrups to cope with stress or emotional pain, further illustrating the need for better regulation in the pharmaceutical market. The study findings were akin to the study conducted by the Zimbabwe Ministry of Health and Child Care which states that, approximately 15% of youths aged 15–24 have misused Bronco in the last five years.

The findings highlight a critical gap in the regulation of pharmaceutical sales, suggesting that existing policies are insufficient to prevent misuse. The findings correspond with the data that the availability of cough syrups without proper checks allows for a cycle of dependency that can lead to severe health issues" (Kaminer, 2016). This situation is exacerbated by a lack of awareness among youth about the dangers of misusing these medications, which can lead to addiction and other health complications. Pharmacies must implement more rigorous protocols to ensure that such substances are not sold without appropriate oversight, including verifying prescriptions and educating customers about potential risks.

Additionally, community leaders must work collaboratively with healthcare providers to develop strategies that address the root causes of substance abuse, such as mental health support, educational initiatives, and accessible treatment options for those struggling with addiction. By fostering a more informed community, it may be possible to reduce the prevalence of cough syrup misuse and promote healthier coping mechanisms among youth.

4.3.4 Inhalants (Glue, Petrol)

Inhalants such as glue, glue and petrol are frequently abused, particularly among street youth. Participants emphasised that these substances are often the only option available to marginalised individuals seeking an escape from their harsh realities.

> *"I use ethanol powder. Locally we call it "musombodhia". It's cheap, easy to get, and a little goes a long way. I use it to get high and escape reality and my problems"* **(Participant 2)**

> *"I use inhalants like glue. I can easily get it either from the hardware store or from the streets. It's very cheap and easy to get. We huff it to get high."* **(Participant 5)**

A key informant articulated that,

> *"During our recent drug awareness campaign, several youths reported experimenting with various inhalants, including glue, petrol, and ethanol powder, locally known as 'Musombodhia,' often due to their accessibility and affordability."* **(Social Worker)**

The findings indicate that the use of inhalants is indicative of extreme socio-economic desperation, as these substances are often the most accessible for those living in poverty. Participants noted that

youths often resort to inhalants as a means of coping with their circumstances, leading to immediate but harmful effects on their health. The prevalence of inhalant use among disadvantaged youth underscores the urgent need for community support and intervention programs. The study findings validate the research conducted by (Zvira, 2016) which notes that the youths also abuse a concoction of ethanol and emblements powders used in funeral parlors to preserve dead bodies This highly intoxicating concoction popularly known as "musombodhia" in the streets in Zimbabwe (Zvira, 2016). Many of these young individuals face significant barriers to accessing education, employment, and healthcare, which exacerbates their vulnerability to substance abuse. the inhalation of solvents and various household items like glue and petrol has been noted, especially among street kids and disadvantaged youth (Muzvidziwa, 2022). The immediate effects of inhalant use provide a temporary escape from their difficult circumstances, yet the long-term health consequences can be devastating, including neurological damage and respiratory issues (Muzvidziwa, 2022).

4.3.5 Alcohol

In addition to various substances identified by the youths, alcohol emerged as a significant drug identified being abused by the youths. The participants responded articulated that,

> *"I've been abusing alcohol for a while now, and it's gotten to the point where I also drink kachasu, the locally made stuff. It's easily accessible and cheap."* **(Participant 9)**

> *"I abuse alcohol because it's easily accessible at local bars and the prices are ridiculously cheap."* **(Participant 7)**

Key informant remarked that,

> *"I've treated several cases of youths whose livers have been severely damaged due to excessive alcohol consumption."* **(Healthcare Worker)**

The findings indicate that, the widespread availability and affordability of alcohol in local settings have contributed to its misuse among youths. Easy access to bars and cheap prices has normalised excessive drinking, leading to health issues and social problems. Healthcare workers have reported cases of liver damage and other health concerns, while social workers have seen strained relationships and poor academic performance. The findings were akin to a 2018 World Health

Organisation (WHO) report which noted that Zimbabwe's alcohol consumption per capita was among the highest in the region. Nhunzvi (2014) is of the opinion that, "Health and media literacy have proved useful in disease prevention programmes, including substance abuse prevention programmes. And yet, despite an excellent literacy level of 98%, Zimbabwe still has a high prevalence of heavy and hazardous drinkers." The Zimbabwe National Statistics Agency (ZIMSTAT) reported that around 47% of Zimbabwean adults have engaged in harmful drinking at some point. Addressing these issues will require a multifaceted approach, including community interventions, education, and support systems to promote responsible drinking habits and mitigate the harmful effects of alcohol abuse.

4.4 Factors influencing the accessibility of drugs and substances by the youths in Warren Park 1.

The findings regarding the factors influencing the accessibility of drugs and substances among youth in Warren Park 1 can be categorised into several sub-themes. These factors highlight the social, economic and structural issues that contribute to the ease with which youth can access drugs in the community.

4.4.1. Peer Influence.

Peer influence emerged as another critical factor affecting drug accessibility among youth in Warren Park 1. Participants noted that social circles often promote drug use, making it difficult for individuals to resist.

> *"My friends introduced me to weed, and now I'm hooked. I didn't want to feel left out, so I started using too. If your friends are using drugs, you feel pressured to try it too."* **(Participant 8)**

Participant 5 added that,

> *"It's hard to say no when everyone around you is doing it. Everyone around me was using, so I thought it was normal. I didn't realise the risks until it was too late." (**Participant 5**)*

One of the key participants also noted that,

"Many youths I had sessions with have shared that they started using drugs due to social learning and peer influence. They often report being introduced to substances by friends so peers, and then continuing to use them as a way to fit in or feel accepted within their social circle." **(Social worker)**

From the findings above, the pressure to conform to peer behavior significantly impacts an individual's choice to experiment with drugs. Many participants described scenarios where drug use is normalised within their social groups, making it challenging to abstain. These findings align with Social Learning Theory, which posits that behaviors, including substance use, are learned through social interactions and observations (Bandura, 1977). The normalisation of drug use within peer groups creates an environment where experimentation becomes commonplace. Participants indicated that their social networks often reinforce drug use, with one noting, "When everyone around you is using, you start to feel it's okay." The findings reinforce the study's conclusions made by Maseko et al (2014) which noted that, the youth especially still in their adolescence, "rely on peers for validation and direction and assess themselves and their behavior through the reaction of their peers. This also align with the ecological systems theory which propounds that the social environment among the youth shapes their behavior. This highlights the critical role that peer dynamics play in shaping attitudes and behaviors regarding drug use.

To combat the negative influence of peer pressure, interventions must engage youth in creating positive social networks that discourage substance use. Programs that promote leadership and peer mentorship can empower young people to make healthier choices and support their friends in resisting drug use. By fostering a culture of accountability and encouragement, communities can help reshape social norms surrounding substance use.

4.4.2 Family dynamics.

The participants in this study revealed that family dynamics played a significant role in their substance abuse, citing factors such as normalisation of drug use, family conflict and stress as contributing to their decision of taking drugs as participant 10 noted that

"My parents are always fighting, and I feel like I'm stuck in the middle. I turned to drugs and substances to cope with the stress." **(Participant 10)**

Participant 2 also stated that

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"My family members use substances, so I grew up thinking it was normal. Now I'm struggling with addiction." **(Participant 2)**

Also, a key informant expressed that

"The youth I've worked with have shared that they turn to drugs as a way to cope with family conflicts and stress. Many of them felt overwhelmed by the tension at home and used substances to temporarily escape or numb their emotions." **(Social Worker)**

The findings highlight how family dynamics, such as conflict and stress can contribute to substance abuse as a copying mechanism. The findings build upon existing research which found that individuals who experience high levels of family conflict, such as domestic violence or parental substance abuse, are more likely to engage in drug use (Cohen. J., 2015). It also reflects how family influence and normalisation can contribute to substance use among young people. Parental substance abuse is a significant risk factor for drug abuse. Research has shown that individuals who grow up in households where substance abuse is present are more likely to engage in drug use themselves (Merikangas et al., 1998). This is also supported by ecological theory which posits that the micro level factors such as family functioning shapes one's behavior hence family dynamics impacts. The findings show a complex relationship between family dynamics and substance youth among youth where rowing up in environments where substance use was prevalent tolerating made them more likely to engage in similar behavior. This is also supported by the social learning theory which suggest environments shapes one's behavior.

4.4.3 Migration.

According to the narratives shared by the research participants, migration is also a contributory factor to why the youths are abusing drugs in warren park 1. The participants responded that,

> *"When I moved to warren park 1 from Gokwe, I felt lost and alone my family was far away. I didn't know anyone, and it was hard to adjust. That's when I started using substances to cope with the stress and loneliness."* **(Participant 9)**

> *"I've been living in this city for a few years now, and it's like a different world. There's so much pressure to fit in and make money. I struggled to find a job and felt so lost in the crowd. Substances seem like an easy way out sometimes."* **(Participant 11)**

A key informant added that,

> *"Some of the cases we handled of youths abusing drugs were of migrants who came to the city seeking opportunities, but end up struggling to find work and feeling disconnected from their families. Without stable employment or support networks, they turn to substances as a way of coping with stress and loneliness."* **(Social Worker)**

The findings suggest that migration can contribute to substance use among youth, particularly when they face challenges adapting to new environments, social pressures, and lack of support systems. This disorganisation can contribute to feelings of alienation, anxiety, and disorientation, making individuals more vulnerable to drug abuse Cohen, (2015). The findings review how migration pressures and the challenges faced by immigrants like cultural dislocation, discrimination and lack of social support can lead to increased vulnerability of the youths to drug and substance use. Migration can also lead to cultural disruption, where individuals are forced to adapt to new cultural norms, values, and beliefs (Castles, 2013). This disruption can lead to confusion, anxiety, and stress, increasing the risk of drug abuse. Migrants may also experience trauma, such as violence, abuse, or exploitation, during their migration journey (Fazel, 2015). The results also indicated a strong correlation between economic stressors, and increased drug use among various populations, particularly migrant workers who face economic hardships and turn to drug use to cope.

4.4.4 Globalisation

Among the factors influencing the accessibility of drugs and substances among the youth's globalisation has been factored out by the participants. They responded that,

> *"Social media makes me feel like I need to keep up with the latest trends, including substances. It's hard to resist the pressure. Seeing how others use them and the culture surrounding it has influenced my curiosity and experimentation of drugs and substances"* **(participant 12)**

> *"I've been influenced by Western culture, and it seems like substance use is normalised. I've learned about different substances though social media and online communities."* **(Participant 1)**

A key informant articulated that,

"Some of the youths have shared stories of discovering substances and learning about drug use through online communities and social media influencers. They're exposed to substance use through social media, travel, and cultural exchange" **(Social Worker)**

The study highlights how globalisation has facilitated the spread of drug culture among the youths, primarily through social media and online platforms. Globalisation has facilitated the exchange of cultural practices and values, including those related to substance use (Cohen, 2011). This suggests that globalisation plays a role in shaping attitudes and behaviors towards substance use through learned cultures and social media and this is also supported by the social learning theory by Bandura. The portrayal of drug use in popular culture and social platforms can glamorise substance use, further entrenching its acceptance among youth. Research has shown that exposure to drug-related content can normalise such behaviors and contribute to increased drug use among adolescents (Hunt, 2010).

4.4.5 Unemployment

A significant factor identified by participants is the high rate of unemployment among youth, which directly impacts their access to drugs as participant 7 responded that,

"We don't have jobs, so many of us just hang out and use drugs to pass time." **(Participant 7***)*

Participant 1 also claimed that,

"I've been jobless for months, and it's frustrating. I've turned to substances to cope with the stress and boredom. Without a job, no income and no opportunities, it's easy to fall into using drugs just to escape reality." **(Participant 1)**

A key informant articulated that,

"I've seen many patients whose drug and substance abuse issues started after losing their jobs and finding non opportunities in the economic sector hence they turn to drugs as a way of escaping reality." **(Healthcare worker)**

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The findings indicated that the lack of employment opportunities leads to feelings of hopelessness and frustration hence leading to drug and substance abuse as a way of escaping reality. This environment fosters a culture where drug use becomes a coping mechanism for dealing with daily challenges. The high unemployment rate in Warren Park 1 aligns with broader economic trends in Zimbabwe, where youth unemployment has reached alarming levels, currently estimated at around 30% (Zim Stat, 2022). Research has shown that individuals facing economic hardship are more likely to engage in drug use as a means of coping (Mutenheri, 2017). The implications of unemployment extend beyond individual choices; they affect community dynamics and contribute to a cycle of poverty and substance abuse. A study conducted by Acuda in 2019 shows that communities with high unemployment, young people often lack access to constructive activities, leading to increased idleness and vulnerability to negative influences, including peer pressure to use drugs (Acuda, 2019). As one participant articulated, "When you have nothing to do, drugs seem like the only option." This sentiment underscores the need for community-based initiatives that provide youth with alternative avenues for engagement, such as vocational training programs, mentorship, and recreational activities.

The findings underscore the need for economic empowerment ad job creation initiatives as part of comprehensive strategies to address substance abuse. Addressing unemployment requires a multi-faceted approach involving local government, NGOs, and community organisations to create job opportunities and skills training programs. By fostering economic development and providing pathways to employment, communities can reduce the allure of substance use as an escape from financial and emotional distress.

4.4.6 Weak Regulatory Frameworks

Participants highlighted the lack of effective regulations governing the sale and distribution of drugs in the communities as a significant factor influencing accessibility.

> *"Pharmacies sell these cough syrups without checking, which makes it easy for anyone to buy without even a recommendation from the doctor." (**Participant 4**)*

"There's no one to stop you from getting what you want. Drugs are everywhere in warren park 1. We can just access them anytime we want and drug dealers are operating openly so it's easy to get hooked" (**Participant 6**)

A key informant noted that

"We have seen a concerning trend in our patience, with many testing positive for OTC drugs such as cough syrups and broncleer. They testify that they abuse them because they can easily get them in pharmacies and they can get them easily in the warren park 1 community." **(Healthcare worker)**

From the above findings it is notable that the ease of obtaining substances like cough syrups without prescriptions reflects systemic failures in regulatory oversight, contributing to the normalisation of drug use among youth. The findings indicate a critical gap in the regulation of pharmaceutical sales, suggesting that existing policies are insufficient to prevent misuse (Kaminer, 2016). The findings were akin to a study published in the Journal of Pharmacy Practice which found that many pharmacies did not adequately verify prescriptions or monitor sales of OTC medications (Wazaify, 2018). The lack of strict enforcement allows youth to access harmful substances easily, exacerbating public health concerns. Research has shown that weak regulatory frameworks can lead to increased rates of substance abuse, particularly among vulnerable populations (World Health Organisation, 2018).

To address these issues, it is essential for policymakers to strengthen regulations surrounding the sale of pharmaceuticals. This includes implementing stricter controls on over-the-counter medications and ensuring that pharmacies adhere to guidelines that prevent misuse. This also includes increasing surveillance and supervision of drugs sales and distribution in communities. Public health campaigns should also focus on educating youth about the dangers of abusing prescription medications, reinforcing the message that accessibility does not equate to safety.

4.5 The effects of drug and substance use on the youth in Warren Park 1.

The effects of drug and substance use among youth in Warren Park 1 are significant and multifaceted, impacting various aspects of their lives. These effects can be categorised into several sub-themes: health effects, social effects, social relationships and economic effects. Each of these

areas reveals the profound challenges faced by youth engaged in substance use and highlights the urgent need for comprehensive interventions.

4.5.1 Mental health effects.

The mental health effects of drug use were a prominent concern among participants, with many reporting issues such as anxiety, depression, and other psychological disorders.

> *"The substance abuse significantly impacted my mental health, leading to increased anxiety, depression, and mood swings. It was a struggle to maintain a stable mental state."* **(Participant 3)**

> *"I experienced a profound sense of disorientation and confusion, which affected my ability to function daily. The substance uses not only exacerbated underlying mental health issues but also negatively affected my cognitive function, memory, and emotional regulation, taking a toll on my overall mental well-being."* **(Participant 9)**

A key informant also claimed that,

> *"In my experience, I've seen a significant number of patients whose mental health has been severely impacted by substance abuse. We've had to refer many of them to rehabilitation centers for comprehensive care, including counseling and therapy, to address both their addiction and underlying mental health issues."* **(Healthcare Worker)**

The findings reveal a concerning correlation between substance abuse and mental health issues among the study participants. The data indicates that substance abuse has significantly impacted the mental well-being of individuals, leading to increased anxiety, depression, mood swings, disorientation, and cognitive impairment. Healthcare workers have reported a substantial number of cases where substance abuse has exacerbated underlying mental health issues, necessitating referrals to rehabilitation centers for comprehensive care. Statistics derived from the Ministry of Health and Child Care Zimbabwe resonates with the findings which shows that, 57% of admitted cases in Zimbabwe's mental health institutions in 2017, were drug abuse related cases, and the majority of these, 45% were youth drug abusers (ZCLDN, 2018). In 2018, 57% of all admissions in mental health institutions were drug abuse related mental illnesses, of which, the majority, 80% fell in the youth category (ZCLDN, 2019). In 2019, 45% of admitted patients in mental health

institutions across the country were youths who test positive for drug use and 60% of all in patients in 2019 for drug abuse were secondary cases, relapses (ZCLDN, 2019). Harare Central Psychiatric Hospital recorded a sharp increase in drug-related admissions, from 150 cases in 2019 to 825 (Africa news, 2022). These findings underscore the need for integrated treatment approaches that address both substance abuse and mental health concurrently. Effective interventions, support systems, and accessible rehabilitation services are crucial to mitigate the adverse effects of substance abuse on mental health and promote holistic recovery.

4.5.2. Physical Health Effects

Participants reported a range of physical health issues associated with drug use, which varied from immediate effects to long-term health complications.

> *"I started smoking weed in high school, thinking it was a harmless way to relax. But over time, I noticed my breathing got worse. I'd get winded easily, and my chest would feel tight. Now, I have chronic bronchitis, and my doctor says my lungs are permanently damaged. I'm always tired, and simple tasks leave me exhausted.* **(Participant 4)**

> *"After years of heavy drinking, I started noticing symptoms that I couldn't ignore - persistent fatigue, loss of appetite, and yellowing of my skin and eyes. A trip to the doctor revealed that my liver was damaged, likely from years of excessive alcohol consumption. I'm dealing with the physical consequences - liver inflammation, elevated liver enzymes, and a long road to recovery."* **(Participant 11)**

A key informant articulated that,

> *"We've seen a surge in cases of youths struggling with physical effects of substance abuse here at Warren Park 1 hospital, with cases ranging from liver disease due to alcohol abuse, to chronic bronchitis and respiratory problems from smoking, as well as seizures and neurological damage from substances and other dangerous drugs."* **(Healthcare Worker)**

From the above findings it is notable that substance abuse among youths, results in severe physical health consequences, including respiratory problems, liver disease, and neurological damage. Participants reported experiencing fatigue, pain, and breathing difficulties, significantly impacting their daily lives. A study published in the Journal of Clinical Gastroenterology resonates with the

study findings which found that opioid use was associated with an increased risk of gastrointestinal symptoms and liver disease (Bruera, 2004). The youth drug abusers in Zimbabwe exhibit both physical and mental negative effects of drug abuse (Nhunzvi & Mavindidze, 2016). The findings highlight the need for targeted interventions, awareness, and education about substance abuse risks, improved access to treatment and support services, and a comprehensive approach to address this critical public health issue, emphasising the importance of collaboration among healthcare providers, policymakers, and community leaders.

4.5.4 Decreased Productivity

Decreased productivity emerged as another effect being faced by the youths due to drug ad substance use. They acknowledged that it negatively impacted their productivity and performance in various areas of life as they stated that,

> *"My drug use made it impossible to hold down a job. I'd get stuck in a loop, zoning out for hours, and then try to rush through my work when I came back to reality. My performance suffered massively due to my lack of focus and constant fatigue, and ultimately, it cost me my job. "* **(Participant 5)**

> *"I'm supposed to be working, but the drugs have messed with my schedule and productivity big time. Sometimes I'm late to work because I've been up all night, and when I do make it, I feel tired all day. I'll sit at my desk, Hours pass by, and I've barely accomplished anything. It's like I'm just going through the motions, and at the end of the day, I've got nothing to show for it."* **(Participant 2)**

A key informant also added that,

> "We've seen several cases of youths who have lost their jobs due to substance abuse. The lack of focus, frequent absences, and decreased productivity ultimately led to their termination. **(Social Worker)**

The findings above reveal a concerning trend of substance abuse among youths, leading to significant vocational consequences, including job loss and decreased productivity at work. Participants reported struggling with lack of focus, frequent absences, and reduced performance, ultimately resulting in termination. The findings underscore the need for targeted interventions,

workplace support services, and policy reforms to address substance abuse and promote vocational stability and economic opportunity among youths.

4.5.5 Addiction

Addiction was another effect raised by the participants. They acknowledged that substance abuse can led to physical and psychological dependence, making it challenging for individuals to control their consumption. The participants revealed,

> *"I've been using drugs to cope with stress and anxiety, but now I feel like I'm dependent on them just to function. It's like I'm trapped in my own world, and I don't know how to escape. I've tried to quit before, but the withdrawal symptoms are unbearable. I've lost my job, my relationships, and my dignity because I'm always on this substance cycle."* **(Participant 4)**

> *"I'm trapped in a vicious cycle of addiction. I've tried to quit countless times, but I always relapse. The withdrawal symptoms are unbearable, and the cravings are overwhelming so I end up being dependent on them."* **(Participant 10)**

A key informant also noted that,

> *"In my experience working with youth, I've seen many discover that their struggles with drugs aren't just about experimentation or recreation, but about a deeper issue of addiction, where the substances they've turned to for coping or escape ultimately take control of their lives."* **(Social Worker)**

The study's findings highlight the complex nature of addiction, with participants' quotes revealing intense physical and psychological struggles in controlling substance use. The findings were akin to research by (SAMHSA, 2019) which noted exposure to drugs at an early age, lack of parental supervision, and poverty can increase the risk of addiction The data suggests addiction is characterised by loss of control, compulsive behavior, and significant distress, with participants experiencing cravings and withdrawal symptoms. Repeated exposure to drugs can activate the brain's reward system, releasing dopamine and creating a cycle of craving and use (Wise & Koob, 2014). The language used conveys powerlessness and desperation, underscoring the need for comprehensive treatment approaches addressing both physical and psychological aspects of substance use disorders. From the findings it is notable that addiction can erode a person's sense

of self-worth and self-esteem, leading to a cycle of substance abuse as individuals continue to use drugs as a coping mechanism. This negative self-image further perpetuates the addiction and alienates the individual from supportive relationships.

4.5.6 Family Disintegration

The participants also reported that drug and substance use had strained or broken their family relationships. Drug use has significantly affected participants' social relationships, leading to conflicts in their families as they responded that,

> *"My addiction consumed me, and I neglected my family. I'd forget to take care of my kids, ignore my partner's needs, and prioritise getting high above everything else. The fights were constant, and the tension in our home was palpable. Eventually, my partner left, and my kids barely speak to me."* **(Participant 3)**

> *"When I was drunk, I'd become a completely different person - toxic and aggressive. I'd lash out at my family, say things I didn't mean, and create a scene. My family couldn't take it anymore, and eventually, our relationships started to break down. The drinking tore us apart, and it's taken a toll on our family bond."* **(Participant 9)**

A key informant articulated that,

> *"I recently conducted a group counseling session with a family torn apart by the father's substance abuse. The mother spoke about the emotional toll of living with an addict, while the children shared their feelings of neglect and abandonment. The father's addiction had led to broken promises, financial struggles, and a toxic home environment."* **(Social Worker)**

The study's findings reveal the devastating impact of substance abuse on family dynamics, with participants reporting neglect, toxic relationships, family disintegration, and emotional trauma. Drug and substance abuse can lead to social isolation, as individuals may withdraw from social relationships and activities (Hser, 2007). Data analysis highlights the destructive nature of addiction, leading to broken relationships, loss of trust, and a toxic home environment. A study published in the Journal of Marriage and Family found that parent-child relationship problems were a significant predictor of family breakdown among families affected by substance abuse

(Fals-Stewart, 2003). A study published in the Journal of Family Issues found that social isolation was a significant predictor of family breakdown among families affected by substance abuse (Kandel, 1996). The narratives of youths and families affected by substance abuse underscore the need for comprehensive support services, including counseling and rehabilitation programs, to address the complex issues surrounding addiction and promote family healing and reunification.

4.5.7 Crime

Participants also acknowledged that substance use was often lined to engagement in criminal activities and violent behaviors. The broader community also feels the effects of youth substance use, contributing to increased crime rates, social instability, and strained community resources.

> *"I was involved in petty theft to fund my habit. I'd take money from my parents' wallets or sell their belongings to buy drugs. I'd even steal from friends or even strangers".* **(participant 12)**

> *"I ended up in prison for fighting at a beer hall. Every time I was high, I'd get into trouble – fights, breaking things, causing chaos. The drugs made me aggressive and unpredictable."* **(Participant 7)**

A key informant also noted that,

> *"We've received many patients at Warren Park 1 referred from the police, injured in altercations with individuals under the influence of drugs".* **(Healthcare Worker)**

The findings reveal a concerning link between substance abuse and increased rates of crime. The narratives from youths and healthcare workers highlight the destructive consequences of addiction, including theft, physical altercations, and severe injuries. Increased drug-related crime can create an unsafe environment for residents, leading to heightened fear and mistrust within the community (UNODC, 2020). Peace in the communities also compromises as youth drug abusers tend to be aggressive (Maraire & Chethiyar, 2019) The data suggests that substance abuse is a significant predictor of aggressive behavior, leading to harm to others and strain on medical resources due to trauma cases. These findings emphasise the need for effective intervention strategies, including substance abuse treatment and community support services, to reduce the incidence of substance-related crime and violence.

4.5.8 Loss of social status

Substance abuse often leads to a decline in social standing and relationship, resulting in isolation. Participant acknowledged that it has severely impacted their social status, connections and reputation leading to isolation.

> *"My reputation is ruined because of my addiction. People don't trust me, and I've lost respect from my community. I'm constantly battling the stigma of being a 'junkie.' It's hard to regain the trust of others when you're struggling with substance abuse. People are isolating themselves from me"* **(Participant 1)**

> *"Drugs ruined my life. I lost my job, my friends deserted me, and I became isolated. People avoided me because of my behavior."* **(Participant 12)**

A key informant articulated that,

> *"I've had cases with youths who report losing a sense of social cohesion in the community. Substance abuse erodes their social connections and reputation. The stigma surrounding addiction often hinders recovery, making it challenging for them to seek help and rebuild their lives."* **(Social Worker)**

The findings reveal the devastating impact of substance abuse on individuals, particularly youths. The data highlights the loss of social status, leading loss of reputation, and social connections due to addiction. The stigma surrounding substance abuse hinders recovery, making it challenging for individuals to seek help and rebuild their lives. Substance abuse can lead to social isolation, as individuals withdraw from social relationships and activities" (Hawkins et al., 2017). Drug abuse carries a significant stigma, leading to discrimination and social exclusion. Social isolation can exacerbate substance abuse problems, creating a vicious cycle of addiction and loneliness" (Kessler et al., 2012). Substance abuse can damage an individual's reputation and social standing, leading to loss of social status" (Room, 2005). These findings emphasise the need for comprehensive support services, including counseling, community-based programs, and stigma-reduction initiatives, to help individuals overcome addiction and reintegrate into their communities.

4.5.9 Diseases

Participants highlighted that substance abuse not only has devastating effects on physical and mental health but also increases vulnerability to diseases, particularly sexually transmitted diseases. They reported increased HIV and hepatitis transmission as another effect they are facing while under the influence of drugs and substances, they responded that,

> *"When I was under the influence of drugs, I engaged in risk behaviors including having unprotected sex with many partners without being tested. After a year I discovered I was HIV positive. "* **(Participant 4)**

> *"When we go to parties, after being drunk we would have unprotected sexual Intercourse amongst us exchanging partners just to have fun. After some months I was affected with hepatitis B"* **(Participant 3)**

A key informant articulated that,

> *"We've had many cases at Warren Park 1 hospital where many people reported to be using drugs tested positive for HIV and different types of Sexuality Transmitted Diseases."* **(Healthcare Worker)**

From the findings, it is notable that drug and substance abuse increases the risk of contracting diseases especially sexually transmitted diseases such as increased HIV and hepatitis due to risk behaviors engaged under the influence of drugs. The findings resonate with a study published in the Journal of Acquired Immune Deficiency Syndromes which found that IDU was associated with a 28-fold increased risk of HIV infection (Mathers, 2008). The finding also resonated with a study published in the Journal of Acquired Immune Deficiency Syndromes found that substance abuse was associated with increased HIV risk behaviors, including unprotected sex and multiple sex partners (Purcell, 2004). The study underscores the need for integrated intervention in addressing both substances and HIV prevention, targeting high risk populations and promoting reduction strategies.

4.5.10 Increased Healthcare Costs

The participants also highlighted that substance and drugs abuse has resulted in significant medical expenses, including hospitalisations, emergency care, and ongoing treatment, placing a substantial financial burden on themselves and their families.

> *"I've spent a fortune on rehab, doctor's visits, and medication. The cost of overcoming addiction is overwhelming, and it's a financial burden I'll be paying off for years."* **(Participant 8)**

> *"My family's been struggling to make ends meet because of my addiction treatment costs. They're sacrificing a lot to help me get better, and it feels like a huge weight on them."* **(Participant 5)**

A key informant articulated that,

> *"The sheer volume of patients struggling with addiction is putting a significant strain on our healthcare system's resources. We're seeing increased costs for treatment, medication, and rehabilitation, which is impacting our ability to allocate funds to other critical areas of healthcare."* **(Healthcare Worker)**

The findings underscore the multifaceted impact of substance and drug abuse, revealing significant financial burdens on individuals and families due to increased healthcare costs, as well as strain on healthcare institutions and the broader healthcare system. Risk behaviors associated with substance abuse also heighten the risk of HIV and STI transmission, further complicating health outcomes. The Ministry of Health and Child Care (2023) also underscored the burden on the health system, attributing a significant proportion of recent mental health hospitalisations to drug abuse. Muhia (2019) noted that "In Kenya, drug abuse also carries an economic cost since the users become less productive and more dependent with time and the government has to spend a lot of resources in trying to curb the drug menace and provide health care for those already afflicted" (Muhia, 2021, p. 2). These insights highlight the urgent need for comprehensive interventions that encompass accessible treatment, prevention, and support systems to address the complex challenges posed by substance abuse.

4.6 Chapter Summary

This chapter explored the types of drugs available and the factors influencing their accessibility among youth in Warren Park 1, along with the effects of substance use. Key substances identified include cannabis (mbanje), crystal methamphetamine (mutoriro), cough syrups (Broncleer), and inhalants like glue and petrol. The normalisation of cannabis use, the affordability of crystal meth, and the easy access to cough syrups underscore significant regulatory gaps. Factors such as high unemployment, peer influence, and socio-economic conditions contribute to increased substance use, with participants reporting physical health issues, mental health challenges, and strained social relationships as notable consequences. Overall, the findings highlight the urgent need for targeted interventions that address the interconnected factors influencing drug accessibility and usage among youth, emphasising community support and educational initiatives.

CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.1 INTRODUCTION.

This chapter provides a summary of the research study as analysed and presented in the first four chapters. The chapter gives a conclusion and recommendations on the data analysed and presented on factors influencing the accessibility of drugs and substances amongst the youth in warren park 1. This chapter also highlights implications for social work as well as areas for future study.

5.2 SUMMARY.

This research study examined the factors influencing the accessibility of drugs and substances amongst the youth in warrenpark 1. The study objectives are types of drugs and substances available in the market, factors influencing the accessibility of drugs and substances among the youth and the effects of drugs and substances to the youth. The social learning and ecological systems theories were adopted in the study to explain the factors influencing the accessibility of drugs and substances amongst the youth in warren park 1. The study was qualitative in nature. It utilised a case study and employed focus group discussions and as well key informant interview to collect data from 14 respondents comprising of 12 youths and 2 key informants. The study employed two non-probability sampling techniques which are snowballing sampling and purposive sampling. Snowballing was used to select the primary participants of the study and purposive sampling to select the key informants. A sample size of 14 participants was drawn from the target population and was utilised to collect relevant information to the study. Ethical consideration such as confidentiality, privacy, informed consent and anonymity were upheld.

5.2.1 Types of Drugs Available in the Market in Zimbabwe abused by the youths in Warren Park 1.

From the findings it is notable that the drug market offers a diverse range of substances that can be highly addictive and detrimental to health. These include Cannabis, known for its psychoactive effects; Crystal Methamphetamine, a potent stimulant that can cause severe physical and psychological damage; Broncleer, a cough syrup that can be abused for its codeine content; and inhalants like glue, ethanol, petrol, and alcohol, which can cause rapid intoxication and damage to the brain and other organs. The wide availability of these substances contributes to their misuse and the challenges faced in addressing drug abuse.

5.2.2 Factors Influencing the Accessibility of Drugs and Substances by the youths in Warren Park 1.

The accessibility of drugs and substances among the youth is influenced by several critical factors, including unemployment, which can foster a sense of hopelessness and increase the likelihood of experimentation with drugs. Additionally, migration contribute to shifting social dynamics and exposure to diverse peer groups, often intensifying social pressures to conform. Family dynamics play a crucial role as well, dysfunctional or unstable home environments can push youth toward substance use. Furthermore, the easy availability of pharmaceuticals and over-the-counter drugs, coupled with weak regulatory frameworks that fail to curb illicit trade, exacerbates the issue. Changing lifestyles driven by globalisation also reshape drug consumption patterns, while economic incentives for drug trafficking continue to thrive.

5.2.3 Effects of Drugs and Substances use on the youth in Warren Park 1.

The effects of drug and substance abuse are multifaceted and can have long-lasting impacts on individuals and society. Physically, drug abuse can lead to a range of health problems, including increased risk of diseases like HIV and hepatitis. Mentally, it can cause disorders such as depression, anxiety, and psychosis. Drug abuse can also lead to decreased productivity, addiction, and dependency, straining family relationships and leading to disintegration. Furthermore, it is often linked to crime, loss of social status, and isolation. The economic burden of drug abuse is significant, with increased healthcare costs being a major concern. Overall, the effects of drug and substance abuse underscore the need for comprehensive strategies to prevent and address drug use.

5.3 CONCLUSIONS.

The diversity of drugs available in the market presents a significant challenge to public health, particularly among youth. The presence of highly addictive substances, such as cannabis, alcohol, alongside various inhalants, highlights the interconnectedness of different drug types and the urgent need for comprehensive education and prevention strategies. From different types of drugs available in the market, cannabis emerged as the most used drug among the youths. According to a 2020 report from the Zimbabwe National Drug Observatory, cannabis is the most abused substance in Zimbabwe, particularly among youths aged 15–35. This availability compromises the ability of individuals, especially young people, to make informed choices about substance use.

The youths also misuse Broncleer. The study findings were akin to the study conducted by the Zimbabwe Ministry of Health and Child Care which states that, approximately 15% of youths aged 15–24 have misused Bronco in the last five years. This availability compromises the ability of individuals, especially young people, to make informed choices about substance use. The wide availability of these substances contributes to their misuse and the challenges faced in addressing drug abuse.

It can be deduced that various factors contribute to the accessibility of drugs and substances amongst the youth. These factors include unemployment, migration, peer influence, family dynamics, weak regulatory laws and frameworks, globalization, and economic factors. Reports indicate that around 40% of Zimbabwe's youth are unemployed, which significantly increases their vulnerability to drug use (Zimbabwe National Statistics Agency, 2022). Peer influence has forced many youths to conform to drug use. The social environment has shaped behaviour of youths towads drug and substance use, it aligns with Social Learning Theory, which posits that behaviors, including substance use, are learned through social interactions and observations (Bandura, 1977). Migration also causes druga ndsubstance abuse. Migration can also lead to cultural disruption, where individuals are forced to adapt to new cultural norms, values, and beliefs (Castles, 2013). This disruption can lead to confusion, anxiety, and stress, increasing the risk of drug abuse. Migrants may also experience trauma, such as violence, abuse, or exploitation, during their migration journey (Fazel, 2015). These findings suggest that addressing substance abuse requires a multifaceted approach that considers these multiple factors and adopts a holistic strategy to mitigate their impact.

The effects of drugs and substances are multifaceted. Physical health problems and mental health disorders manifest as direct consequences of substance abuse, leading to decreased productivity and increased healthcare costs. The cycle of addiction can result in family disintegration and heightened criminal activity, further eroding social cohesion and individual social status. The effects of drugs and substances extend beyond individual health, permeating familial, social, and economic spheres as Padilla (2020) also noted that, the issue of drug and substance abuse that it does not affect the individual alone who decides to take that dangerous root, rather, the negative effects of drug and substance abuse are even felt by the families, community and nations at large. Diseases such as HIV and hepatitis transmission also rise dur to drug use, indicating a public health

crisis that necessitates immediate intervention. Currently, approximately 31 million persons have drug use disorders, throughout the world and about 11 million are on opiate drugs, of which 1.3 million are living with HIV, 5.5 million with hepatitis C, and 1 million with both HIV and hepatitis C (World Health Organisation, 2019). Collectively, these effects underscore the importance of comprehensive drug education, effective healthcare policies, and community support programs aimed at prevention and recovery. It becomes evident that addressing substance use and its ramifications requires an integrative approach that encompasses health, community, and socio-economic strategies.

5.4 IMPLICATIONS FOR SOCIAL WORK.

The findings of this study carry significant implications for the practice of social work in multiple dimensions. Firstly, they underscore the need for social workers to adopt a holistic approach that addresses the interconnected factors influencing substance use. This means integrating knowledge of socio-economic issues, mental health considerations, and family dynamics into assessments and interventions.

Secondly, social workers should expand their methods to incorporate community-based strategies that promote awareness and prevention of drug use among youth. This could involve developing programs that foster resilience, enhance coping skills, and provide educational resources for families and adolescents about the risks associated with drug use.

In terms of settings, social workers may need to work more closely with schools, community organisaations, and healthcare providers to create a multidisciplinary approach to prevention and treatment. By collaborating with various stakeholders, social workers can facilitate access to comprehensive support systems for youth at risk.

Training for social workers should also be enhanced to include in-depth knowledge of substance use trends, legal regulations regarding pharmaceuticals, and the importance of cultural competence when addressing drug-related issues within diverse communities. Ethical considerations must remain at the forefront, emphasising the importance of confidentiality, informed consent, and a non-judgmental attitude when working with individuals impacted by substance use.

5.5 RECOMMENDATIONS.

The findings of the study that have been presented in the preceding chapter on factors influencing the accessibility of drugs and substances amongst the youth in warrenpark 1 led the researcher to formulate the following recommendations:

5.5.1 Policy/Programmatic Recommendations

- The Ministry of Health and Child Care, in collaboration with relevant stakeholders, should develop a comprehensive national strategy to prevent substance abuse, focusing on evidence-based interventions and community-based programs.

- The government also need to consider revising the drug Acts and statutory instruments currently in place and induce stiffer penalties for offenders. This can help in reducing the problem. The government should consider putting in place stiffer penalties especially for drug dealers, and the traffickers this will help to minimise the accessibility of drugs and substances among the youth.

- The Ministry of Health and Child Care should strengthen substance abuse treatment services by increasing funding, training healthcare professionals, and expanding access to treatment centers. There is also need for the government to establish rehabilitation centers for drug abuser, as there is currently no public rehabilitation center for drug abusers. Drug abusers are currently referred to the country's mental institutions and treated as mental health patients whereas there is need to establish a rehabilitation center or centers for drug abusers only. The government needs to start treating drug abuser as people in need of help and not to be treated at criminals.

5.5.2 Stakeholders/Partners-Based Recommendations

- The government, in partnership with civil society organisations, private sector, and community leaders, should establish a multi-sectoral task force to coordinate substance abuse prevention and treatment efforts.

- Community leaders should be engaged in substance abuse prevention efforts, providing support and guidance to community members.

5.5.3 Community/Research Participants-Based Recommendations

- Community-based prevention programs should be implemented, focusing on education, awareness, and support for individuals and families affected by substance abuse.

- Peer support groups should be established to provide support and guidance to individuals struggling with substance abuse. There is need for inclusion of youths who have come out of drug use in community drug campaigns. This helps in making the campaigns more effective in reaching the targeted population because youths had better relate to youths than they do with the older people. A holistic approach to drug abuse campaigns is very important if we are to overcome the problem of drug abuse among youths.

5.5.4 Youths abusing drugs.

- The youths should stay informed and educated. They should understand the risks and consequences of substance abuse, including addiction, health problems, and social issues. They should stay informed about the latest trends and substances being abused, and how they can impact their lives.

- The youths should make healthy choices. They should avoid peer pressure and surround themselves with positive influences and don't feel pressured to engage in substance abuse. They should choose healthy coping mechanisms and find healthy ways to manage stress, anxiety, or other emotions, such as exercise, meditation, or talking to a trusted friend or family member.

- The youth should build positive relationships. They should surround themselves with positive influences and spend time with people who support and encourage you to make healthy choices. They should seek help when needed not to be afraid to ask for help from trusted friends, family members, or professionals if you're struggling with substance abuse or other issues.

5.6 AREAS FOR FUTURE STUDY.

In relation to this study the researcher recommends further studies on

- Impact of Digital Media and Social Networks. Given the pervasive use of digital media among youth, there is a need for in-depth studies examining how social media influences substance use perceptions, peer pressure, and exposure to substance use culture. This could

also include assessing the effectiveness of digital interventions and campaigns aimed at reducing substance abuse.

- Evaluation of Existing Prevention and Treatment Programs. Future studies should focus on evaluating the effectiveness of current prevention and treatment programs specifically designed for youth. This includes assessing their outcomes, identifying best practices, and understanding barriers to access these programs, thus providing data-driven recommendations for improvement.

5.7 CHAPTER SUMMARY.

This chapter highlighted a synopsis of the findings. It provided a summary on the main findings per each objective. It also gave a section on conclusions and a section on the recommendations to the study gaps identified. The recommendations were on ways that should be adopted to reduce drug and substance abuse among the youth. It also provided implications for social work practice as well as areas for future study.

REFERENCES

Acuda S., Eide A., Gudyanga B., and Khan N., (1991), '*Epidemiological Study on Substance Use Among Secondary school Students in Mashonaland East and Harare Provinces'*, Zimbabwe, ILO.

Africanews. (2022). *Zimbabwe grapples with substance abuse in pandemic*. 13 August.

Amato, P. R. (2001). *Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis*. Journal of Family Psychology, 15(3), 355-370.

Anderson, D., Beckerleg, S., Hailu, D., & Klein, A. (2020). *The khat controversy: Stimulating the debate on drugs*. Routledge.

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Barbour, R. (2014). *Introducing Qualitative Research: A Student's Guide.* New Delhi: Sage Publications.

Batsell, J. (2018). AIDS, politics, and NGOs in Zimbabwe. *In The African state and the AIDS crisis* (pp. 59-77). Routledge.

Berry, J. W. (1997). *Immigration, acculturation, and adaptation*. Applied Psychology: An International Review, 46(1), 5-34.

Bowlby, J. (1969). Attachment and Loss: Vol. 1. Attachment. New York: Basic Books.

Bradshaw, C., Atkinson, S., & Sullivan, H. (2017). Defining the characteristics of effective qualitative research in health services research: A systematic review of the literature. *Health Services Research*, 52(6), 2220-2235.

Braun, J. a. C. S., 2006. Data analysis techniques. Oxford: Blackwell

Braun, V. & Clarke, V. (2006). Using Thematic Analysis in Psychology. Qualitative Research in Psychology, 3, 77-101.

Bruera, E. (2004). Gastrointestinal symptoms in advanced cancer patients. Journal of Clinical Gastroenterology, 38(6), 538-544.

Brust, J. (2004). *The neurobiology of methamphetamine*. Journal of Neuropharmacology, 47(5), 453-464.

Brust, J. C. (2004). *Neurological aspects of substance abuse*. Journal of Neurology, Neurosurgery, and Psychiatry, 75(3), iii27-iii31.

Byrne, A. (2019). *Online pharmacy regulation*: A review. Journal of Clinical Psychopharmacology, 39(3), 269-274.

Castles, S. (2013). *International migration and the nation-state: New challenges and agendas*. Journal of Ethnic and Migration Studies, 39(1), 1-15.

Charilaou, P., Agnihotri, K., Garcia, P., Badheka, A., Frenia, D., & Yegneswaran, B. (2017). *Trends of cannabis use disorder in the inpatient*: 2002 to 2011. The American journal of medicine, 130(6), 678-687.

Chibanda, T. (2020). *Factors associated with crystal methamphetamine use among youth in rural Zimbabwe.* Journal of Rural Health, 36(2), 147-155.

Chirisa S.M. (2017), *"Drug Abuse: Mental Health Matrix",* The Herald, 9 February 2017.

Chitando, E. (2018). *Poverty, unemployment, and drug trafficking in Zimbabwe.* Journal of Social Development in Africa, 33(1), 5-20.

Chuma, M. & Dube, R. (2021). *Social influences on drug use among urban youth in Zimbabwe.* Journal of Substance Use and Addiction, 15(2), 102-114.

Chuma, M., & Dube, K. (2021). *Social norms and substance use among youth in Zimbabwe.* Substance Abuse Treatment, Prevention, and Policy, 16(1), 12-23.

Chuma, M., & Dube, R. (2021). *Peer Influence and Substance Abuse among Urban Youth in Zimbabwe.* Journal of Substance Use, 26(5), 471-480.

Coghlan , D., & Brannick , R. (2014). *Doing Action Research in your Organisation.* Washington: Sage Publications.

Cohen, J. (2015). *The relationship between family conflict and substance use in adolescence.* Journal of Adolescent Health, 56(4), 439-444.

Cohen, L. E., & Felson, M. (1979). *Social Change and Crime Rate Trends: A Routine Activities Approach.* American Sociological Review, 44(4), 588-608.

Cohen, P. (2011). *Drugs and culture.* In A. Klein & M. Kerner (Eds.), Drugs and the World (pp. 15-30). London: Reaktion Books.

Creswell, J.W., & Creswell, J.D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.* 5th ed. Thousand Oaks, CA: Sage Publications.

Fals-Stewart, W. (2003). *The occurrence of partner physical aggression on days of substance use and days of no substance use.* Journal of Consulting and Clinical Psychology, 71(3), 449-457.

Fazel, M. (2015). *Mental health of refugee and asylum-seeking children.* International Journal of Mental Health, 44(2), 123-135.

Felitti, V. J. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study.* American Journal of Preventive Medicine, 14(4), 245-258.

Ghodse H. (2003), '*Drug and Addiction Behaviour: 3rd Edition',* New York: Cambridge University Press.

Gossop, M. (2006). *Non-injecting drug use and HIV risk behaviors.* Journal of Substance Abuse Treatment, 31(2), 147-153.

Harris, R. (2017). *Delayed or inadequate treatment for mental health disorders and substance use disorders.* Journal of Clinical Psychopharmacology, 37(3), 342-348.

Hawkins, J. D., R. F. Catalano, and J. Y. Miller. (1992). *Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention.* Psychological Bulletin112 (1): 64- 105.

Hoffmann, J. P. (2002). *The effects of family structure on adolescent substance use.* Journal of Marriage and Family, 64(2), 351-366.

Hser, Y. (2007). *Predicting long-term stable recovery from heroin addiction.* Journal of Substance Abuse Treatment, 32(2), 147-155.

Hunt, G. (2010). *The impact of globalization on substance use.* Journal of Substance Use, 15(3), 247-257

Jakaza, T. N., & Nyoni, C. (2018). *Emerging dynamics of substance abuse among street children in Zimbabwe. A case of Harare Central Business District.* African Journal of Social Work, 8(2), 63-70.

Kabugi, F. (2019). *Opportunities for Faith Based Organizations in Substance Use Prevention: A Christian Perspectives.Educational Review:* International Journal, 16(1).

Kalivas, P. W., & Volkow, N. D. (2005). *The neural basis of addiction: A pathology of motivation and choice.* American Journal of Psychiatry, 162(8), 1403-1413.

Kaminer, Y. (2016). *Over-the-counter medications and adolescent misuse.* Journal of Adolescent Health, 59(3), 257-259.

Kaminer, Y. (2016). *Prescription drug misuse: Trends and implications for youth*. Journal of Substance Abuse Treatment, 61, 10-15.

Kaplan, M. M. (1996). *Gastrointestinal complications of drug abuse*. Journal of Clinical Gastroenterology, 22(2), 125-128.

Kessler, R. C. (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Archives of General Psychiatry, 62(6), 593-602.

Khantzian, E. J. (1985). *The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence*. American Journal of Psychiatry, 142(11), 1259-1264.

Kingala, Y. M. (2000). *Mismanagement of education which results in violence and chaos,* a Paper presented at an African convention of principals. St. Stithi a College, South Africa.

LeCompte, M.D. and Schensul, J. J. (1999), *Analyzing and interpreting ethnographic data*, Walnut Creek, CA: AltaMira Press

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications.

Makande, N. A. (2017). *The effectiveness of the Zimbabwe Republic Police Criminal Investigation Department in curbing drug abuse among youths in Zimbabwe*: a case of Mbare.

Mandura, T. (2023). *Zimbabwe battling growing drug addiction among youth*. TRT Africa. 6 May.

Mapfumo, M. T. (2018). *Crystal methamphetamine use among youth in Harare*, Zimbabwe. Journal of Substance Use, 23(5), 533-538.

Maraire, T., & Chethiyar, S. D. M. (2019). *The nexus between violent video game playing and aggression among emerging adults at Universiti utara malaysia*. International Journal of Education, 4(33), 298-308.Chipunza P. and Razemba F.(2017), "Harare's Drug Abuse Headache ", The Herald, March 6 2017.

Maraire, Tariro, Saralah Devi Mariamdaran Chethiyar, and Mohid Alif Bin Jasni. 2020. *A general review of Zimbabwe's response to drug and substance abuse among the youth*. PEOPLE: International Journal of Social Sciences 6: 625–38. [CrossRef]

Marlatt, G. A. (1996). *Taxonomy of high-risk situations for alcohol relapse: Evolution and development of a cognitive-behavioral model*. Addiction, 91(12), 37-49.

Mataranyika, M. (2019). *Navigating Drug Use in Zimbabwe: Socio-Economic Factors and Cultural Influences.* Journal of Urban Health, 96(4), 525-532.

Mataranyika, M. (2019). *The socio-economic impact of drug accessibility in high-density suburbs in Zimbabwe: A case of Harare.* Zimbabwe Journal of Public Health, 14(3), 54-61.

Mathers, B. M. (2008). *Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review.* Journal of Acquired Immune Deficiency Syndromes, 48(2), 173-183.

Matunhu, J., & Matunhu, V. (2016). *Drugs and drug control in Zimbabwe. In Pan-African Issues in Drugs and Drug Control* (pp. 155-178). Routledge.

Mawere, M., & Muchemwa, C. (2020). *Drug abuse and its social implications in Zimbabwe*. African Journal of Social Work, 10(1), 45-56.

Mawere, M., & Muchemwa, S. (2020). *Drug Abuse and the Role of Social Norms: A Case Study of Zimbabwe.* Journal of Substance Use, 25(6), 543-549.

Mazuru, N. (2018). *Zimbabwean Youths and the Insecurities from "Bronco" Abuse. Rethinking Securities in an Emergent Technoscientific New World Order:* Retracing the Contours for Africa's Hi-jacked Futures, 297.

Merikangas, K. R. (1998). *Familial transmission of substance use disorders.* Archives of General Psychiatry, 55(11), 973-979.

Ministry of Health and Child Care. (2016). *Zimbabwe National Mental Health Policy*.

Moyo, S. (2020). *Substance abuse among youth in Zimbabwe: A case study of crystal methamphetamine users.* Journal of Social Science Research, 11(2), 1-9.

Moyo, Sikhumbuzo, and Mbulelo Mpofu. 2023. *Drug and Substance Abuse Declared a National Disaster. The Chronicle,October 23.* Available online: https://www.chronicle.co.zw/drug-and-substance-abuse-declared-a-national-disaster/ (accessed on 21 May 2024).

Mugenda, O.M., & Mugenda, A.G. (2019). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Acts Press.

Mukwenha, Solomon, Grant Murewanhema, Roda Madziva, Tafadzwa Dzinamarira, Helena Herrera, and Godfrey Musuka. 2021. *Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 ERA:* An Impending Public Health Disaster. Addiction 117: 1177–78. [CrossRef] [PubMed]

Musk AW, de Klerk (2003). *History of tobacco and health.* Respirology. 8(3):286–90

Mutenheri, F. (2017). *Economic incentives for trafficking in Zimbabwe.* Journal of Trafficking and Human Exploitation, 1(1), 1-12.

Mutenheri, J. (2017). *Economic factors influencing drug abuse in Zimbabwe*. Zimbabwe Journal of Public Health, 3(2), 78-85.

Muzvidziwa, G. (2022). *Policy gaps and the rise of substance abuse in Zimbabwe.* Zimbabwe Policy Review, 20(1), 23-31.

Muzvidziwa, J. (2022). *Inhalant abuse among street children in urban Zimbabwe*. Journal of Community Health, 47(3), 123-130.

NACADA (2004). *Youth in Peril; Alcohol and Drug Abuse in Kenya.* Report of the 2002 Baseline Survey.

Ndasauka, Y., & Kayange, G. M. (2019). *Addiction in South and East Africa*. Springer International Publishing.

Neuman, W. (2014). *Social Research Methods: Qualitative and Quantitative Approaches.* Essex: Pearson.

Nhapi, T., & Mathende, T. (2016). *Drug abuse: an out of school adolescent's survival mechanism in the context of a turbulent economic landscape–some Zimbabwean.*

Nhunzvi, C., Galvaan, R., & Peters, L. (2019). *Recovery from substance abuse among Zimbabwean men: an occupational transition. OTJR: occupation, participation and health, 39(1), 14-22.perspectives.* Acta Criminologica: Southern African Journal of Criminology, 29(3), 126-139.

NIDA. (2014). *Misuse of prescription drugs.* National Institute on Drug Abuse.

NIDA. (2020). *Monitoring the Future Study:* Trends in prevalence of various drugs.

Njeri, N.A. and Ngesu, L.(2014), "*Causes and effects of Drug and Substance Abuse Among Secondary School Students in Dagoretti Division, Nairobi West District –* Kenya", Global Journal of Inter-disciplinary Social Science, Vol 3 (3) pg 1-4, (www.gifre.org]

Patton, M.Q. (2015). *Qualitative Research & Evaluation Methods*. 4th ed. Thousand Oaks, CA: Sage Publications.

Purcell, D. W. (2004). *Substance use and HIV risk behaviors among men who have sex with men*. Journal of Acquired Immune Deficiency Syndromes, 35(2), 147-155.

Rosenstock, I. M. (1974). *The Health Belief Model and Preventive Health Behavior.* Health Education Monographs, 2(4), 354-386.

SAMHSA. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. Substance Abuse and Mental Health Services Administration.

Sandelowski, M. (2010). *What's in a Name? Qualitative Description Revisited.* Research in Nursing & Health, 33(1), 77-84.

Shakhashiri (2009), '*Chemical of the week: Ethanol',* www.scifun.org (accessed 15/06/17)

Sharma, R. (2017). *Social Science Research techniques.* International Journal of Applied Research, 749-752.

Statista. (2024). *Global drug use - statistics & facts.*

Stidham, Hall Kelli, Caroline Moreau, and James Trussell. 2013. *The link between substance use and reproductive health service utilization among young U.S.* women. Substance Abuse 34: 283–91.

Sullivan, L. E. (2017). *Integrating substance abuse treatment and HIV services: A systematic review.* Journal of Substance Abuse Treatment, 75, 1-11.

Tsamwi J. (2016), 'the Youth Bulge: *A Demographic Bonus or Time-Bomb'*, The Chronicle. Tuesday May 29, 2016.

UNICEF. (2019). *Substance abuse among street children in Zimbabwe*. UNICEF Zimbabwe Report.

United Nations Office on Drugs and Crime (UNODC). 2023. *World Drug Report: 2023*. Vienna: UNODC.

UNODC. (2020). *World Drug Report 2020*. United Nations Office on Drugs and Crime.

Wazaify, M. (2018). *Pharmacy practice and the misuse of over-the-counter medications.* Journal of Pharmacy Practice, 31(3), 236-241.

Wise, R. A., & Koob, G. F. (2014). *The development and maintenance of drug addiction. Neuropsychopharmacology*, 39(1), 254-262.

World Health Organisation Africa, Zimbabwe. (2019). *https://www. afro.who.int/news/zimbabwe-holds-stakeholders-workshoptreatment-substance-abuse.*

World Health Organization. (2018). *The World Drug Report 2018*. United Nations.

Yin, R.K. (2018). *Case Study Research and Applications: Design and Methods*. 6th ed. Thousand Oaks, CA: Sage Publications.

Youth Advocates Zimbabwe. '*Drugs and Substance use among children and young people*,' Youth Helpline 393.Harare, Zimbabwe. February 2023

Zimbabwe National Statistics Agency. (2019). *Zimbabwe Demographic and Health Survey* 2019.

ZimStat. (2022). *Zimbabwe National Statistics Agency Report*.

Zvira, T. (2016 February). Zimbabwe: *Inside Harare's Dark Illegal Drug Trafficking.* The Standard, February 29, 2016.

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTERVIEW CONSENT FORM

Introduction

Dear Participant,

My name is Mutongwizo Sharon. I am a fourth-year student at Bindura University of Science Education pursuing a Bachelor of Science Honors Degree in Social Work. As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask, and I will explain. I am therefore kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

Title of the study

Factors influencing the accessibility of drugs and substances amongst the youth in Zimbabwe. A case study of Waren park 1.

Purpose of the study

To examine the factors influencing the accessibility of drugs and substances amongst the youth in Waren park 1.

Ethical considerations; privacy, confidentiality and voluntary participation

Be reminded that your participation in this study and in this interview is confidential. Your responses will be treated with confidentiality and will **ONLY** be used for the purposes of this research. Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

Contact details

If you have any other questions, you can contact me on the following details

Email; mutongwizosharo@gmail.com

Phone number; +263784802688

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym) ……………………….………….

Signature of researcher…………………………….

Date…………….………….

With thanks

Mutongwizo Sharon

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE WITH YOUTHS IN WARREN PARK.

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Sharo Mutongwizo. 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 study on the topic '**Factors influencing the accessibility of drugs and substances amongst the youth in Zimbabwe. A case study of Waren park 1**. The research focuses on examining the factors influencing the accessibility of drugs and substances amongst the youth in Waren park 1. 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 time during the interview.

SECTION: **A Biography**

(a)Family background

(b) Age

(c) gender

(d) educational level

SECTION B: **Types of Drugs Available in the Market in Warren Park 1.**

1. When did you first get into drugs?

2. What are the types of drugs you currently use and how often?

3. Are there any substances you have tried but no longer use and why?

4. How much do they cost?

5. How do you access them?

6. Where does the money come from?

SECTION C: **Factors influencing the accessibility of drugs and substances by the youths in Warren Park 1.**

7. How did you get into drugs and why?

8. Where are the drugs sold and how do you access them?

9. Do you think peers, family or social media influence substance use among youth and why

SECTION E: **Effects of drug and substance use on the youth in Warren Park 1**

10. What are the effects of the drugs after use?

11. Do you ever forget the things you do while under the influence of the drugs?

12. Do you think substance use affects relationships, schoolwork, or mental health, how?

13. Have you ever been in trouble with the authorities over drugs? If yes what happened?

14. Any withdrawal effects when you stop taking the drugs?

APPENDIX 3: KEY INFORMANT GUIDE FOR SOCIAL WORKERS.

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Sharo Mutongwizo. 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 study on the topic '**Factors influencing the accessibility of drugs and substances amongst the youth in Zimbabwe. A case study of Waren park 1**. The research focuses on examining the factors influencing the accessibility of drugs and substances amongst the youth in Waren park 1. 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 time during the interview.

SECTION A: BIOGRAPHY

(a)Age

(b) gender

(c) employment status

(d) educational level

SECTION B: Types of Drugs Available in the Market in Warren Park 1.

1. What types of substances do you think are most commonly used among youth in Warren Park 1?

2. Have you noticed any trends or changes in substance use among youth in this area?

3. Are there any specific substances that you think are more accessible or prevalent among youth in Warren Park 1?

SECTION C: Factors influencing the accessibility of drugs and substances by the youths in Warren Park 1.

4. What do you think are the main factors that contribute to the accessibility of substances among youth in Warren Park 1?

5. How do you think socioeconomic factors, family dynamics, or peer influence affect substance use among youth?

6. Are there any environmental or cultural factors that you think contribute to substance use among youth?

SECTION E: Effects of drug and substance use on the youth in Warren Park 1

7. What are some common effects or consequences of substance use that you've observed among youth in Warren Park 1?

8. How do you think substance use affects the social and emotional well-being of youth?

9. What are some potential long-term consequences of substance use among youth that you've seen in your work?

APPENDIX 4: KEY INFORMANT GUIDE FOR HEALTHCARE WORKERS.

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Sharo Mutongwizo. 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 study on the topic '**Factors influencing the accessibility of drugs and substances amongst the youth in Zimbabwe. A case study of Waren park 1**. The research focuses on examining the factors influencing the accessibility of drugs and substances amongst the youth in Waren park 1. 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 time during the interview.

SECTION A Biography

(a)Age

(b) gender

(c) employment status

(d) educational level

SECTION B Types of Drugs Available in the Market in Warren Park 1.

1. What types of substances do you think are most commonly used among youth in Warren Park 1, based on your clinical experience?

2. Have you noticed any trends or changes in substance use among youth in this area, particularly in terms of health consequences?

3. Are there any specific substances that you think are more likely to lead to health problems among youth in Warren Park 1?

SECTION C Factors influencing the accessibility of drugs and substances by the youths in Warren Park 1.

1. What role do you think healthcare providers can play in preventing or addressing substance use among youth?

2. How do you think healthcare systems or policies affect access to substances among youth?

3. Are there any specific healthcare-related factors that you think contribute to substance use among youth?

SECTION E Effects of drug and substance use on the youth in Warren Park 1

1. What are some common health consequences of substance use that you've observed among youth in Warren Park 1?

2. How do you think substance use affects the physical and mental health of youth?

3. What are some potential long-term health consequences of substance use among youth that you've seen in your clinical experience?

APPENDIX 5: RESEARCH LETTER.
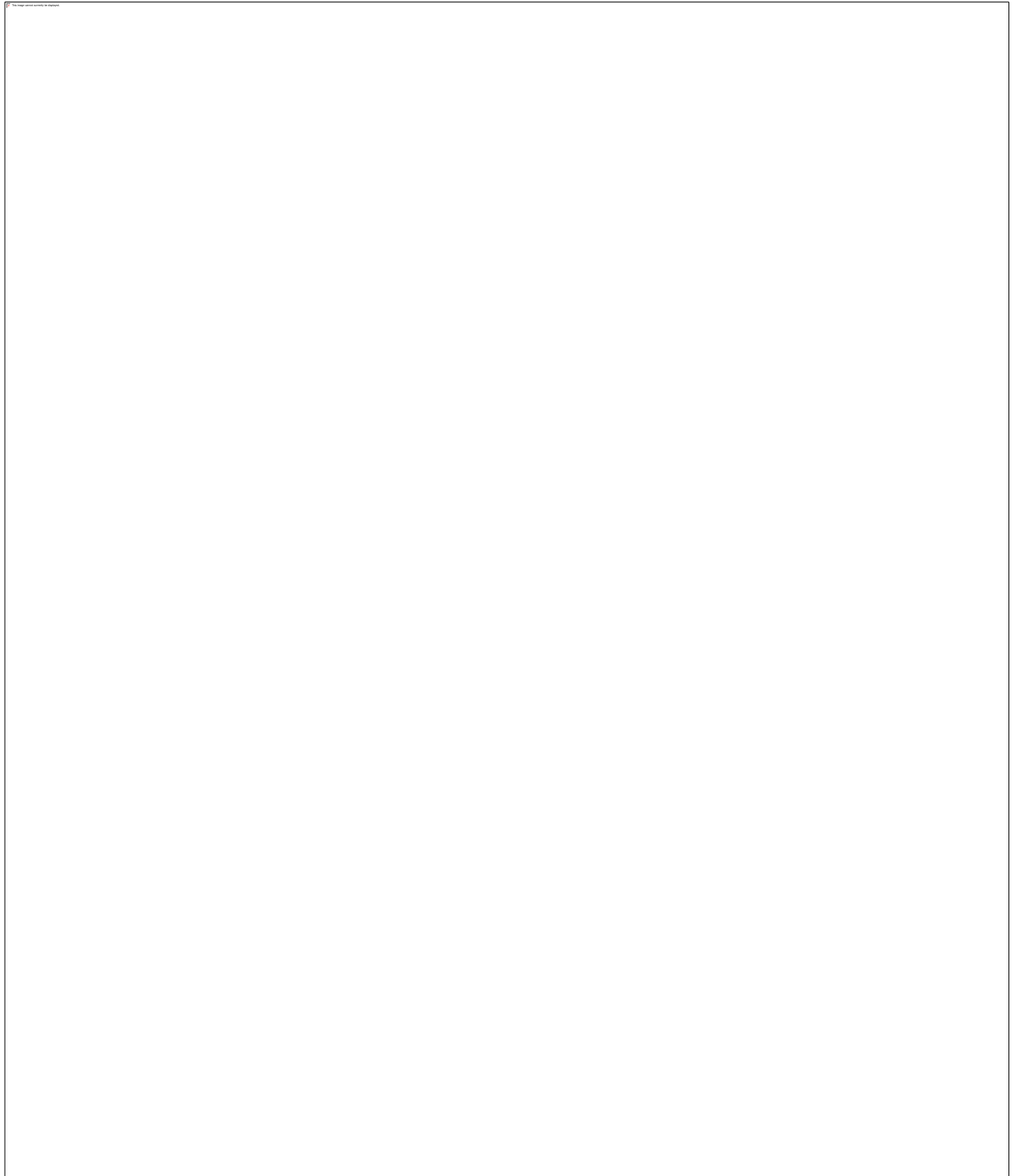
APPENDIX 6: APPROVAL LETTER FOR DATA COLLECTION