

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**  
**FACULTY OF COMMERCE**  
**DEPARTMENT OF INTELLIGENCE AND SECURITY STUDIES**



**TOPIC: The Effectiveness Of Drug Trafficking Enforcement  
Mechanisms. A Case Study Of Marondera**

**BY**

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**DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENT OF A BACHELOR OF COMMERCE (HONORS) DEGREE IN  
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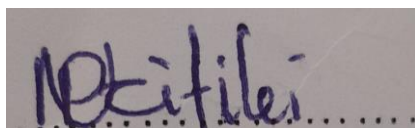
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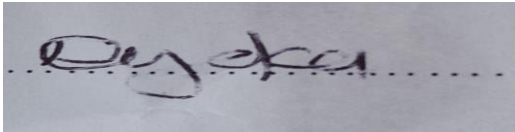
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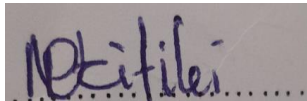


## DECLARATION FORM

I Praisegod Nhikitiki, solemnly declare that the information of this dissertation, prepared in partial fulfilment of the Bachelor of Commerce (Honours) Degree in Financial Intelligence and submitted to the Department of Intelligence and Security Studies, Faculty of Commerce at the Bindura University of Science, is the result of my investigation and research. This information has not been presented or published in this form before, and all the previous works are appropriately recognised and acknowledged correctly.

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**Date**

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**Date**

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24...../..09...../...24.....

## **DEDICATIONS**

I dedicate this research to the Nhikitiki family and everyone who contributed to the study.

## **ACKNOWLEDGEMENTS**

Gratitude goes to the Lord Almighty, for He has given me the life, the skill and the authority to learn and live. I acknowledge my supervisor, Ms Chitiyo's contribution to the research. She took her time supervising the dissertation and improving the work's quality. I want to thank the experts from the Ministry of Primary and Secondary Education, Zimbabwe Republic Police, and Marondera Provincial Hospital for their valuable insights. This research would not be complete without acknowledging the residents of Marondera for voluntarily participating. I am highly indebted to my sister for her outstanding support, positive and negative criticism, and editorial efforts. Her role in the research will always be remembered and cherished. My heartfelt gratitude extends to my family and friends. May the Almighty continue to bless you all.

## **ABSTRACT**

This study investigates the effectiveness of anti-drug trafficking enforcement mechanisms in Marondera. Drug trafficking is not only peculiar to Zimbabwe but affects different countries globally. Despite the continuous war on drugs and drug trafficking, the number of drugs illegally smuggled across international and domestic borders is alarming. Therefore, this seeks to understand the surge of drug trafficking and assess the effectiveness of institutions, the criminal justice system and crime prevention methods. This study uses the mixed explanatory methodology to assess the research problem (drug trafficking). The researcher combines quantitative (QUANTI) and qualitative (quali) research methodologies, collected sequentially. The quantitative data was collected and analysed first through a questionnaire survey with 100 respondents (N=100). The questionnaire participants were chosen through simple random sampling from predetermined suburbs in Marondera urban. The questionnaire results led to follow-up qualitative interviews with 12 experts. These participants were selected through snowball sampling from the Ministry of Education, Sports, and Culture (MESC), Marondera Provincial Hospital (MPH) and the Zimbabwe Republic Police (ZRP). The quantitative data were analysed through the Microsoft Excel Software package, while the interview data was analysed through thematic analysis. This study found that educational awareness of the effects of drugs and the repercussions of drug trafficking is fully understood by Marondera's residents. However, the criminal justice system and rehabilitation were below standard with the citizens barely trusting the police's impartiality in dealing with drug traffickers. Thus, there is a need for institutional reforms and refocus of priorities from establishing theoretically vibrant policies to applicability.

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# **CHAPTER I**

## **INTRODUCTION.**

### **1. Introduction.**

This chapter represents the roadmap of the research. It explains the rationale for the research and the state affairs in Zimbabwe, prompting the researcher to investigate the research problem.

#### **1.1. Background of the Study.**

The United Nations Office on Drugs and Crime (UNODC) defines drug trafficking as a complex and illicit trade involving the cultivation, manufacture, distribution and sale of prohibited substances (UNODC, 2022). The circulation of substances has become a global pandemic as they are transported daily by a network of drug cartels via air, road or water worldwide (McDevitt and Bullock, 2021). The war on drug trafficking is incorporated into Agenda 2030 sustainable development goals, and individual states are also developing strategies to combat the spread of illegal drugs.

Drug trafficking has marauding effects on the consumer, the families of the consumer, society and the entire nation (Robins and Regier, 1991). The World Health Organisation (WHO) poses that it has become a deadly cancer spreading across the spectrum, whether in developed or developing countries (WHO and UNODC, 2020). Young and older people, rich and poor, and famous and unknown people are falling victim to drug abuse. Substance abuse was minimal in the past and would make headlines when overdose incidents occurred (Nhapi, 2019). Today, it has encroached on members of society who were once excluded from expected victims. Global statistics show that at least 40% of substance abusers are women abusing prescription drugs for non-medical purposes, and

nearly one in two people uses amphetamine-type stimulants (ATS), but only one in five in treatment for ATS is a woman (UNODC, 2022). The number of women is significant to note because substance abuse is dangerous, especially for women of childbearing age. The National Institute on Drug Abuse (NIDA) notes that some women abuse drugs during pregnancy, resulting in drug-afflicted babies and children with learning disabilities (NIDA, 2021).

Drug trafficking also affects non-drug-producing areas like Africa (African Union, 2019). The African Union (AU) developed the AU Plan of Action on Drug Control of 2013-2018, which was extended from 2019-2023. Despite these resounding policies, the statistics show that drug trafficking is rising in Africa. It should be noted that Africa has no active drug plantations except for cannabis (Ibid). However, it is a transit route for illegal substances entering Europe and Asia, especially in coastal areas (McDevitt and Bullock, 2021). Yet, the rate of drug abuse in Africa is expected to increase by 40% in 2030, leading to a severe crisis in the continent (UNODC, 2022). The projected substance abuse rate will likely slow economic and societal development. Reports show that the most affected victims are young people below 35 (Maraire and Chethiyir, 2020). It is a disturbing factor because Africa's population is relatively young. For example, young people occupy more than 60% of the population in countries like Nigeria, Kenya, Zimbabwe, South Africa, Tanzania, and Cameroon.

According to the UNODC (2022), cocaine production is at a record high, and seizures of amphetamine and methamphetamine have skyrocketed. WHO (2022) pose that alcohol, cigarettes, painkillers, sedatives, tranquillisers, and hard drugs (heroin, amphetamine, ecstasy, meth, and steroids) are circulating in the streets daily. Drug deals often occur in plain sight, and the hotspots are public places like train stations, bus terminus, and high-density suburbs (Nhapi, 2019). Moreover, drug trafficking and redistribution are associated with an exponential rise in crime, especially violence between the cartels. Their fights to control the hotspots and customer base often involve gun violence (UNODC, 2022). Likewise, consumers operating under the influence can become violent

or commit vicious crimes. Some people become overconfident and daring when intoxicated, which often backfires, resulting in crimes (Nhapi, 2019).

These hotspots are also known to communities and law enforcement (Chene, 2008). This research questions how these drug cartels evade the system to keep their business running. It has even penetrated schools, affecting teenagers and young adults (Maraire & Chethiyir, 2020). This study will focus on drug trafficking and substance abuse in Zimbabwe, particularly in Marondera. It will investigate the effectiveness of local and national strategies enacted to eliminate this conundrum.

## **1.2. Statement of the Problem**

Researchers have noted unprecedented drug usage and circulation increases during the height of COVID-19 lockdowns in Zimbabwe (Mukwenha, Murewanhema, Madziva, Dzinamarira, Herrera, and Musuka, 2022). It increased access to harmful substances among young people (Box, 2020; Maraire & Chethiyir, 2020). However, these substances have caused unprecedented adverse effects like loss of lives, disabilities, mental disorders and increased crime rates (Box, 2020). As of 2017, 57% of mental institution-admitted patients were related to drug abuse, and 45% were youth (Maraire & Chethiyir, 2020). Today, the number of young people, including those in high school, has doubled to almost 80%. Researchers expect that the number is higher considering addicts in mainstream society who cannot afford rehabilitation (Box, 2020). It is difficult to trace the actual figures because some victims remain underground in fear of prosecution, while others have little knowledge concerning available help channels (Ibid).

The problem of drugs is exacerbated by Zimbabwe's porous borders and abundant illegal routes to cross into the country (Muromo, 2022). Zimbabwe Civil Liberties and Drug Network (ZCLDN, 2018) notes that the cross-border traders illegally import drug substances from Mozambique, South Africa, Zambia, Namibia, Botswana and, in some instances, far-off countries like Congo, Nigeria and Ghana (ZCLDN, 2018). Some traffickers internationalised their trade by luring young people to transport drugs into East Asian countries (Muromo, 2022). This has resulted in several of them being arrested

and facing the death penalty in foreign countries (Ibid). Some transporters even die in transit when the drugs they swallow burst during long flights (Box, 2020). This has disturbed communities because young people are dying prematurely. The most crucial question tackled in this research is how these drugs get into circulation and control measures' effectiveness.

### **1.3. Research Objectives**

The study aims at evaluating the drug trafficking conundrum in Marondera. It will investigate the effectiveness of anti-drug trafficking strategies from a policy perspective and the victims' perceptions. Thus, the researcher developed the following research objectives to guide the study.

1. To understand the causes of drug trafficking in Marondera.
2. To review the available national and local anti-drug enforcement mechanisms.
3. To proffer alternative models towards alleviating substance abuse.
4. To recommend viable solutions to address the causes of drug trafficking and to bolster the Zimbabwean anti-drug enforcement mechanisms

### **1.4. Research Question(s)**

The following questions are an extension of the research objectives. They are used to explore the discourse further.

- What are the causes of drug abuse and trafficking?
- What are the national and local strategies employed by the Government of Zimbabwe to mitigate the problem?
- To what extent are these strategies effective?
- What recommendations can be proffered?

## **1.5. Significance of the Study.**

This study adds to the body of knowledge about enforcement mechanisms in Zimbabwe. The effectiveness of anti-drug trafficking regulations is a grey area (Box, 2022). Despite Marondera being a provincial town of Mashonaland East province, it is a relatively small town dominated by farming activities. Most of the research conducted in the town is focused on agriculture. Therefore, a study on drug trafficking would be beneficial to the community.

### **1.5.1. Marondera residents.**

It is essential to undertake this study because it will contribute to addressing the nationwide drug trafficking dilemma. The study will also investigate other important factors, like corruption, how the drug cartels operate and educate people on the consequences of substance intake. It will also document the residents' opinions since they will be the primary informants of the study.

### **1.5.2. Ministry of Health and Child Care.**

The health sector will benefit from the study because their current strategies in combating drug trafficking and abuse will be evaluated. It will also give them a glimpse into what the residents think about their rehabilitation services.

### **1.5.3. Ministry of Education, Sports and Culture.**

The educational sector is ruined by drug lords supplying young people in school, leading to adolescent behavioural disorders and a rising school dropout rate (Nhapi, 2019). According to Zimbabwe Republic Police (2022), there are several reports of school children dying as a result of overdose. Besides the mortality rate, education standards have declined because some students are allegedly high during lessons (Ibid). This study will help schools to develop comprehensive strategies against drug trafficking.

#### **1.5.4. Zimbabwe Republic Police.**

The police will get reviews on the effectiveness of their drug enforcement mechanisms. They will get recommendations on which areas to improve in their approach.

#### **1.5.5. Marondera Local Government.**

Drug trafficking taints the reputation of Marondera as an undesirable tourist destination, investment, and real estate harbour. Marondera is located strategically, connecting two provinces (Mashonaland East and Manicaland) and capital towns (Mutare and Harare). This makes the town lucrative for potential investors seeking to operate in both provinces. It is also developing into a city due to the devolution policy adopted by the government of Zimbabwe. Therefore, it needs to be structured to attract new partnerships. A record of drug trafficking will scare people from exploring Marondera's untapped potential. Thus, this study will point authorities to areas needing reform.

### **1.6. Assumptions**

The researcher began the study with the assumption that

1. The success of enforcement mechanisms depends on the willingness of the residents to cooperate.
2. Drug trafficking is prevalent because authorities are benefiting from it.
3. People know the drug traffickers but are afraid to name them.

### **1.7. Delimitations of the Study**

This study acknowledges laws and policies implemented to mitigate drug and substance consumption and trafficking. It, however, focuses on the instruments used to enforce these strategies. The researcher categorises the enforcement mechanisms into deterrence-oriented and crime prevention-oriented measures. In this study, the criminal justice system of sending offenders to prison is a deterrence strategy, and institutional cooperation through educative awareness and rehabilitation initiatives are crime



prevention measures. Therefore, the research is focused on evaluating the effectiveness of these identified strategies. It is confined to assessing the effectiveness of the roles played by the Zimbabwe Republic Police (ZRP), Ministry of Education Sports and Culture (MESC) and Marondera Provincial Hospital (MPH) in combating drug trafficking.

Furthermore, the study focused on the urban area of Marondera. The researcher wanted to include a more extensive sample but was confined by time, money and human resources. Thus, the researcher chose areas within the 5km radius of Marondera central business district to mitigate these hindrances. Neighbouring rural areas like Marirangwe, Ten Miles, Murehwa, Macheke and surrounding farms were not considered.

### **1.8. Limitations**

The research was constrained by a lack of time due to the researcher balancing between the industrial attachment and managing the research. Funds were also a limitation as the researcher needed to travel for fieldwork. However, the researcher improvised with colleagues who volunteered to help with data collection.

The researcher also faced hostility from the residents during the pilot survey. However, with the help of local businesses and adequate planning, the data collection was successful. Additionally, the respondents were assured that the survey was voluntary and that the research was exclusively conducted for academic purposes.

### **1.9. Summary**

The chapter outlined the purpose, background, the problem statement as well as the significance of the study. The chapter also highlighted the study's assumptions, delimitations, and limitations.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

This chapter discusses the available academic literature relevant to drug and substance abuse. It begins by explaining why drug abuse is a global problem by presenting global statistics. The focus is narrowed to Zimbabwe, where the national statistics are discussed. Thus, highlighting the study's significance. Then, the measures adopted to mitigate these problems at the international and domestic levels will be discussed. It also illustrates Zimbabwe's approach to combating the dilemma, using deterrence and crime prevention strategies.

#### **2.1 Conceptual Framework.**

##### **2.1.1 Drug and Substance Abuse.**

Solving drug and substance disorders remains problematic globally because of the stigma surrounding the condition (Maraire & Chethiyir, 2020). Consumers often hide their conditions because societies tend to demonise people suffering from substance dependence. It is often perceived as a moral failure or deviation from societal values (WHO, 2016). The United Nations Office on Drugs and Crime (UNODC) and contemporary researchers conclude that drug abuse is a complex issue resulting from biological, psychological, and social factors (Maraire & Chethiyir, 2020; UNODC, 2022). They note that whereas some individuals with substance disorders consume drugs for recreation, others seek to escape their reality (mental health or social problems) (Nhapi, 2019). It is, therefore, defined by the National Institute on Drug Abuse (NIDA) as the deliberate use of a substance to achieve an altered state of mind for purposes not meant

by the manufacturer or for recreational purposes, leading to adverse health effects and impairment in social and occupational functioning (NIDA, 2021).

According to UNODC (2022), drug abuse is a health condition associated with chronic and relapsing disorders. It results in long-term unpleasant aftereffects, like panic attacks, hallucinations, anxiety, burnout, cancer, early onset of Alzheimer's, paranoia, depression, death, and mood swings (UNODC, 2022). Arguably, treating substance and drug abuse as a medical condition widens avenues for the victims and acquaintances to seek help. According to the data published by the UNODC and the Global Burden of Disease Collaborative Network, substance abuse is responsible for at least 11.8 million deaths worldwide (Ritchie and Roser, 2019). Despite the alarming death rate, substance and drug abusers aged between 15 and 64 drastically increased by 26% (284 million) in 2020 (UNODC, 2022). Both figures (death rate and surge in abusers) do not include undocumented cases. Therefore, a higher occurrence can be expected.

Due to advancements in research, the scope of substances consumed by people with drug usage disorders continues to expand (Ritchie & Roser, 2019). According to UNODC (2016), misuse of tobacco and alcohol is classified as a drug and substance disorder. As a result, the World Health Organization defines drug abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (WHO, 2018). This is important because alcohol addiction is often dismissed in societies as moral decadence instead of an actual problem (Maraire & Chethiyir, 2020). Shockingly, the 2022 statistics show that at least 2.3 billion people aged 15+ years consumed alcohol (corresponding to 43% of the world population), and 283 million people in this age group (or 5.1% of the world population) lived with alcohol use disorders, UNODCC (2022).

While the theoretical literature on drug and substance abuse is important, showing the practical consequences of drug abuse in Zimbabwe validates the discussion. Five essential characteristics to describe drug and substance abuse are (1) excessive intake, (2) consistent usage, (3) psychoactive stimulation, (4) illicit drugs, prescription medication and legal substances like alcohol and tobacco, and (5) destruction to individual health

and social well-being. The following section links these characteristics to Zimbabwe's case.

### **2.1.2 State of Affairs in Zimbabwe.**

The consumption of drugs in Zimbabwe significantly increased during COVID-10 lockdowns (Mukwenha et al., 2022). In this period, most people, particularly students, were forced to stay at home to avoid spreading the virus (WHO and UNODOC, 2020). However, most homes lacked activities to keep them occupied, resulting in young people experimenting with drugs and substances to escape boredom. The consumed substances include cocaine, cough syrup (BronCleer and Histalix), crystal meth (*dombo*), ecstasy, marijuana, heroin, glue, can spirit, prescription medications for psychiatric patients (*mangemba*), and alcohol and high-content alcohol (*musombo*, *tumbwa*) (Box, 2020; Maraire & Chethiyir, 2020).

The prevalence of drug abuse also spilt over into small towns like Marondera (54600 citizens) (Marondera Municipality, 2023). According to Sharamba (2022), the police were engaging in a campaign blitz in schools due to excessive drugs and substance abuse. Police Assistant Inspector Misheck Denhere confirmed the rising trend of drug traffickers and distributors targeting schools (Ibid). For example, police arrested Norest Kujeke (26), a Marondera resident who was found with 205 sachets of dagga, 16x100mls of Bennylyn cough syrup, 7x100mls Broncleer cough mixture and 19x100mls empty Broncleer cough syrup, bottles (Saunyama, 2022).

This surge in drug abuse has resulted in adverse effects for consumers and their families, like loss of lives, disabilities, mental disorders and increased drug-motivated crimes (Box, 2020; Mukwenha et al., 2022). For example, a Marondera couple was arrested for murder after fatally beating up their son over drug abuse, and a Nyameni High School student missed a public examination after he had consumed a cake laced with dagga, known as a weed cake (Zimbabwe Republic Police, 2020). The rate of youth admitted to mental institutions has since doubled to almost 80%, including young people in high school

(Mukwenha et al., 2022). Researchers expect that the number is higher considering addicts in mainstream society who cannot afford rehabilitation or are afraid of societal stigma (Nhapi, 2019; Maraire, 2020; Box, 2020). It is difficult to trace the actual figures because some victims remain underground in fear of prosecution, while others have little knowledge concerning available help channels.

The prevalence of drug usage among young people is a cause of concern because the majority population of Zimbabwe are youth (Muromo, 2022). Studies conducted on drug disorders in Zimbabwe show that drug abuse is a prevalent problem among adolescents and youth (Nhapi, 2019; Maraire, 2020). According to WHO (2020), people who start drinking during adolescence often increase their drinking amounts in their early twenties when they become independent. They are more likely to be motivated by peer alcohol use and are vulnerable to peer pressure, resulting in heavier alcohol consumption (Tucker, Orlando and Ellickson, 2003). While all young people are at risk of drug and substance disorders, the probability of children living in the street engaging in such activities is three times higher than those living with guardians (WHO, 2010). Jakaza and Nyoni (2018) reinforced the same argument in a study assessing the prevalence and correlates of drug use among street children in Zimbabwe. It found that street children in Zimbabwe were at high risk of drug abuse, with marijuana being the most commonly used drug.

The prevalence of cannabis intake among young people was reinforced through several studies. Maraire, Devi Mariamdarani Chethiyar, and Alif Bin Jasni (2020) found that many young people reported using drugs, particularly marijuana and cheap modes of drugs. Chikuvadze and Saidi (2023) reiterated the same argument in a study which examined the prevalence and patterns of substance abuse among secondary school students in Zimbabwe. The study found that alcohol was the most commonly abused substance among secondary school students, followed by tobacco and marijuana. The study found that teenage rebellion among secondary school students increased the intake of alcohol. As a result, maintaining discipline in schools was difficult because the

students under the influence of substances disrupted the learning process (Chikuvadze and Saidi, 2023). An example was seen at Cherutombo High School in Marondera, where intoxicated students made a pornographic video which was leaked at school (Saunyama, 2022).

Drug and substance abuse is common among educated elites, particularly university students (Matutu and Mususa, 2019). The study investigated the factors associated with alcohol and drug abuse among young people. It found that university students in Zimbabwe were drawn to drugs due to peer pressure, stress, and lack of parental support were key factors contributing to drug and alcohol abuse. Those consuming drugs to cope with stress and poverty were using drugs to escape their problems and create an alternate reality. According to WHO (2014), such a mentality stockpiles problems and leads to repetitive use of drugs each time an individual is overwhelmed.

Overall, these studies showed that drug and substance abuse is a growing problem in Zimbabwe, particularly among young people. Following the literature mentioned above on Zimbabwe's problem of drug and substance disorders, the question of how drug circulation persists and the efforts to mitigate the movement is inevitable. Therefore, this study deviates from conceptualising drug and substance disorders and focuses on trafficking. For this research, drug and substance trafficking is discussed as an international and domestic problem. At the international level, it is defined as the illegal movement of drugs from one destination to the other across international boundaries (UNODC, 2016). At the national level (Zimbabwe), it is perceived as importing drugs and substances internationally and redistribution across cities and towns (Box, 2020). Therefore, moving them from Harare to Mutare or Chitungwiza to Marondera is similar to trafficking. The following section discusses the international regulations for drug and substance trafficking and the mechanisms for curtailing the problem.

## **2.2 Theoretical Framework.**

### **2.2.1 The International Cooperation Theory in Substance and Drug Trafficking Controls.**

The fight against drug trafficking has been approached through international cooperation and collective action. The theory emphasises the importance of interdependency, collective security, shared interests, diplomacy, international institutions, and collective gains (Keohane and Nye, 1977; Dai, 2007). It postulates that nations can succeed by addressing global challenges and promoting peace and prosperity (Dai, Snidal, and Sampson, 2017). Countries have shared interests in eradicating drug trafficking and associated international organised crimes (UNODC, 2022). They seek to destroy the cultivation, manufacturing, distribution and sales (UNODC, 2016). Due to interdependency, a problem in one country or continent has spill-over effects into the international arena. Likewise, drug trafficking problems on the coast of West Africa also affect Southern African countries. A study conducted for Latin America and West Africa found that West Africa was a transit hub for cocaine produced in Latin America (McDevitt and Bullock, 2021).

As a result of the complexities of drug cartels and shared interests, states resorted to diplomacy to form collaborative frameworks. Thus, the Single Convention on Narcotic Drugs of 1961 (amended in 1972), the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 were created. Likewise, international institutions without jurisdiction limitations were created to mitigate the illegal movement of drugs. For example, the United Nations Office on Drugs and Crime (UNODC) was introduced to coordinate international anti-drug trafficking activities, provide technical and legal assistance, and facilitate international cooperation (UNODC, 2016).

The International Criminal Police Organisation (INTERPOL) was created as an armed international security task force. It connects member states by sharing criminal intelligence and coordinating sting operations to confiscate drugs in transit and

apprehend the traffickers (INTERPOL, 2023). The Financial Action Task Force (FATF) also dissuades criminal behaviour by monitoring the international financial system to prevent drug traffickers or criminal organisations from using it (UNODC, 2016).

### **2.2.2 Criminal Justice and the Deterrence Theory.**

Hudson (2003) notes that crime control emphasises uniform criminal justice and proportional punishment through the courts. In this model, punishment is perceived as a deterrence mechanism and behaviour modification for criminals and potential offenders. Criminal punishment entails the penalties and castigation of wrongdoers imposed by the judiciary or similar organs with the same legal standing (Scott, 2008). While it is meant as an uncomfortable or painful consequence of wrongful actions, it also aims at making offenders self-reflect and repents (Meyer, 1969). For this research, drug cartels are the offenders, and the law seeks to punish them for their offences through deterrence.

The deterrence theory is centred on dissuading future criminals from committing similar crimes (Hudson, 2003). According to Scott (2008), it aims to ensure criminals weigh the costs of being apprehended against the benefits and make rational choices to stop. Proponents of deterrence concur that criminals make informed decisions before committing crimes (Brooks, 2014). For example, a high deterring punishment for drug traffickers discourages them from committing crimes. The applicability of this theory can be seen in China, where drug trafficking decreased significantly because of the death penalty sentence for traffickers (UNODC and WHO, 2020).

Deterrence is divided into specific and general deterrence (Meyer, 1969). Specific deterrence explains the effects of severe punishment on the individual offender, dissuading them from reoffending in the future (Ibid). Whereas Zimbabwe does not issue a death sentence for drug traffickers, its criminal laws and jail policies on such offenders are harsh (Muromo, 2022). According to Box (2014), offenders in Zimbabwe experience lengthy pre-trial detention in prison, and the prison conditions are inhumane because of poor living standards. The inmates barely afford provisions like meals, making jail stays



unbearable (Ibid). Even after the sentence, the offenders will think twice before trafficking because of the jail conditions.

Hudson (2003) poses that general deterrence aims to discourage possible offenders by making examples of punished ones. Thus, people stay away from crime due to fear of facing the consequences. For instance, a South African woman was arrested at Robert Mugabe International Airport (2014) for smuggling 2 kilograms of cocaine into Zimbabwe from Colombia and sentenced to 15 years in jail, exclusive of pre-trial detention (Box, 2014). In October 2022, a Nigerian pastor (Onuoha Desmond Onyii) was in court for smuggling 2.33 kilograms of cocaine from Brazil through Victoria Falls, Ronald Florentius (Indian) for smuggling 7.3 kilograms of heroin, Wilfried and Vera (Germans) for importing 22 pounds of methamphetamine (Maromo, 2022). General deterrence seeks to send a message to the public that engaging in criminal acts will result in punishment (Brooks, 2014).

The law in Zimbabwe, through the Criminal Law (Codification and Reform) Act of 2004 (Part XIII, Section 157 and Chapter 9:23) and the Dangerous Drugs Act of 1980 (Chapter 15:02), describes drug trafficking as a serious offence. The Criminal Law Act prohibits the production, transportation, importation, exportation, possession, and dealing of illicit drugs like cocaine, heroin, and cannabis. The Dangerous Drugs Act of 2018 intensified the laws for drug-related offences. According to the Criminal Law Act of 2019, the punishment for possessing dangerous drugs (heroin, cocaine, cannabis, and opium) is imprisonment with a minimum 15-year sentence for possession. The act also empowers law enforcement agencies to seize property and assets obtained through drug trafficking. These measures seek to dissuade potential criminals because the cost of trafficking would be a jail sentence and losing your properties. Hudson (2003) notes that crime control emphasises uniform criminal justice and proportional punishment through the courts. In this model, punishment is perceived as a deterrence mechanism and behaviour modification for criminals and potential offenders. Criminal punishment entails the penalties and castigation of wrongdoers imposed by the judiciary or similar organs with

the same legal standing (Scott, 2008). While it is meant as an uncomfortable or painful consequence of wrongful actions, it also aims at making offenders self-reflect and repents (Meyer, 1969). For this research, drug cartels are the offenders, and the law seeks to punish them for their offences through deterrence.

The deterrence theory is centred on dissuading future criminals from committing similar crimes (Hudson, 2003). According to Scott (2008), it aims to ensure criminals weigh the costs of being apprehended against the benefits and make rational choices to stop. Proponents of deterrence concur that criminals make informed decisions before committing crimes (Brooks, 2014). For example, a high deterring punishment for drug traffickers discourages them from committing crimes. The applicability of this theory can be seen in China, where drug trafficking decreased significantly because of the death penalty sentence for traffickers (UNODC and WHO, 2020).

Deterrence is divided into specific and general deterrence (Meyer, 1969). Specific deterrence explains the effects of severe punishment on the individual offender, dissuading them from reoffending in the future (Ibid). Whereas Zimbabwe does not issue a death sentence for drug traffickers, its criminal laws and jail policies on such offenders are harsh (Muromo, 2022). According to Box (2014), offenders in Zimbabwe experience lengthy pre-trial detention in prison, and the prison conditions are inhumane because of poor living standards. The inmates barely afford provisions like meals, making jail stays unbearable (Ibid). Even after the sentence, the offenders will think twice before trafficking because of the jail conditions.

### **2.2.3 Social Approach to Crime Prevention.**

Social and community crime prevention addresses factors leading to individual crime behaviour (Scott, 2008). According to Tilley (2009), crime is socially constructed and “patterns of criminality vary by the community and networks that offenders inhabit“. Thus, apart from sending people to prison and making them examples for future criminals, the government must address the reasons behind the prevalence of crime. For example, the studies above show that young people in Zimbabwe are the most likely to

consume drugs (Maraire et al., 2020). Proponents of the social and community crime prevention model would recommend researching the background factors causing the surge and identifying intervention methodologies to mitigate the problem (Muchena and Makotamo, 2017).

According to Hope (1995), the causes of crime should be treated rather than the symptoms. The social approach to crime model postulates that some groups in communities are driven to resort to crime by poverty, exclusion from the mainstream, unemployment and lack of opportunities to do good (Scott, 2008). Similarly, Bowers, Johnson, and Hirschfield (2004) argue that a lack of well-defined social networks and possessions motivates such residents to commit crimes. Therefore, empowering these communities would result in crime reduction. Besides criminalising drug trafficking, possession and distribution, several methods can be employed to address the problems, such as education, rehabilitation schemes, youth empowerment programmes, and the creation of institutions focusing on drugs (Bowers et al., 2004).

## **2.3 EMPIRICAL EVIDENCE**

### **2.3.1 Effectiveness of International Substance and Drug Trafficking Control.**

Intelligence from UNDOC, FATF and INTERPOL shows that drug cartels transport substances worldwide via air, road or water (NIDA 2021). Thus, they encourage individual countries to tighten security at ports of entry because drug cartels often conceal drugs in luggage, maritime vessels, cargo shipments, fishing boats or within an aircraft's structure (McDevitt and Bullock, 2021). Therefore, security controls for airports, border entry points, and maritime ports are implemented, including baggage screening, X-ray scanning and sniffer dogs (INTERPOL, 2021). For private planes, increased surveillance controls like radar systems, aerial patrols, and intelligence networks to detect suspicious air activities and track drug trafficking routes are used (UNDOC, 2018). Routine maritime vessel inspections, sonar systems, satellite surveillance and vessel trackers are used to control drug trafficking via water

(INTERPOL, 2023). Even in technologically incapacitated countries, a collaboration between domestic law enforcement agencies and international agencies is crucial.

An illustration of airport drug interjection success can be noted in Australia (2018). The authorities disrupted a drug heist from an international drug syndicate attempting to smuggle 1.6 tons of methamphetamine, hidden within stereo speakers, through air cargo shipments (INTERPOL, 2020). In 2019, the Spanish National Police, in collaboration with Colombia, intercepted a drug consignment at the Adolfo Suárez Madrid-Barajas Airport. They seized 900 kilograms of cocaine concealed in construction machinery (Ibid). In 2021, Europol and the Portuguese Judicial Police interjected 2.4 tons of cocaine trafficked from Brazil into Europe via Lisbon Airport. The drugs were hidden within a shipment of frozen fish (Europol, 2023).

A collaboration of 41 African and Middle Eastern states and the INTERPOL in Operation Lionfish in March and April 2021 showed the extensiveness of drug trafficking (INTERPOL, 2021). It led to the arrest of 286 individuals and confiscation of 200 kilos of amphetamines, 56 kilos of heroin, 30 kilos of methamphetamines, 21 kilos of cocaine powder and 169 pieces of crack cocaine, 214 ecstasy tablets, more than 4.5 million tramadol tablets, 720 kilos of cannabis, and 10,000 steroids (INTERPOL, 2021). According to INTERPOL, the biggest drug trafficking shipment was busted in South Africa and Niger. The South Africa Police Services (SAPS) confiscated 973 cocaine bricks from a fishing vessel and crystal meth bound for Australia hidden in sandals and animal sculptures (Ibid). In Niamey, Niger, they busted 17 tonnes of cannabis resin, shipped from Lebanon to the port of Lomé in Togo and transported by road to Libya (Ibid).

While these examples show the success of some anti-drug trafficking interventions globally, the drug movement continues to be a threat (UNDOC, 2022). The success of these enforcement mechanisms partly depends on the integrity of the law enforcement personnel and the country's corruption level. Due to the enormous profit returns in drug trafficking, the cartels can afford to bribe individuals to ensure the safe passage of their

consignments (Chene 2008). For example, Transparency International noted that in 2008 the Mexico Attorney General's office was infiltrated by drug traffickers. According to Chene (2008), they paid a spy inside the US Embassy for details on Drug Enforcement Agency operations. A study conducted in Latin America and West Africa found that drug traffickers preferred West African ports due to excessive corruption hindering the enforcement of anti-drug movement laws (McDevitt and Bullock, 2021).

Moreover, drug traffickers constantly change their strategies to evade law enforcement (McDevitt and Bullock, 2021). For example, along the U.S-Mexico border, drug traffickers constructed sophisticated tunnels to smuggle drugs into the United States and sometimes used submarine boats (INTERPOL, 2023). The traffickers were highly organised and coordinated to allow the safe passage of their consignments without raising alarms. The US-Mexico tunnels are often equipped with lighting, ventilation, and rail systems, allowing for the discreet transportation of drugs underneath the border (Ibid). With the vastness of the internet, they often operate on the dark web or design encrypted communication applications to coordinate their operations (UNDOC, 2023). These innovations make it difficult for international law enforcement to keep up, increasing unregulated trafficking.

While international anti-drug trafficking measures have shown remarkable success in some operations, drug traffickers are still marauding internationally. The following section will discuss efforts undertaken in Zimbabwe to enforce anti-drug trafficking.

### **2.3.2 Zimbabwe's Anti-Drug Trafficking Strategies.**

As illustrated in the previous sections, drug trafficking and circulation is complex and multifaceted. Zimbabwe is a signatory of the above-mentioned international organisations and conventions. Regionally, Zimbabwe collaborates with the Southern African Regional Police Chiefs Cooperation Organization (SARPCCO) to coordinate anti-drug trafficking initiatives. It collaborates with its neighbouring countries to develop joint strategies, conduct training programs, and share best practices (ZCLDN, 2018).

These partnerships are essential in countering transnational drug networks that operate across borders.

According to Box (2014), the porosity of borders and the establishment of alternative routes make Zimbabwe a vantage point for drugs in transit to Malawi, Mozambique, Zambia, Botswana and South Africa. The UNODC (2022) corroborates this observation stating that Zimbabwe is a transit route for drugs and substances. The government increased surveillance at the country's borders to curb drug trafficking. In 2019, the Zimbabwean government signed a Memorandum of Understanding with South Africa to enhance cooperation in the fight against drug trafficking.

While international institutions and cooperation exist to enforce anti-drug trafficking, there is a need for individual states to employ multidimensional strategies to keep up with the offenders. According to Zimbabwe's constitution, the circulation and possession of drugs is a criminal offence and attracts state punishment (Maraire, 2020). Although consuming or distributing drugs is illegal in Zimbabwe, the government has invested in other crime-prevention strategies.

### **2.3.3 Education and Awareness.**

The Ministry of Education Sports and Culture, the Ministry of Health and Child Care, and the Zimbabwe Republic Police (ZRP) introduced anti-drug abuse public awareness and education schemes (Herald 2023a). The ZRP departments of the Drugs and Narcotics Unit and Community Policing and Crime Prevention Departments regularly conduct awareness programs on drug abuse and its effects on the community (Jakaza and Nyoni, 2018). For example, the “Drug-Free Nation” campaign was launched in 2017 to increase awareness of the dangers of drug abuse among young people. In 2022, “No to Dangerous Drugs and Illicit Substances: See Something, Say Something” was introduced. According to Chibukwa (2022), the Junior Parliament, comprised of high school students, unanimously supported the policy. The student representatives promised to disseminate the policy to their peers to raise awareness (ibid). Likewise, the 2023 youth day was

celebrated under the theme, Drug and substance abuse. A threat to Vision 2030, every community responsibility (Herald, 2023a).

#### **2.3.4 Rehabilitation.**

Along with the educational strategies, the government offered rehabilitation and treatment services provisions. According to Herald (2023b), the government is willing to offer rehabilitation services to those willing to leave drug addiction. It's a huge step for them to disclose their sources so that others do not fall victim. Although rehabilitation centres are still new and not entirely standard (Box, 2022), it is worth acknowledging the effort because they now exist. In the past, the Zimbabwe Civil Liberties and Drug Network (ZCLDN) noted that support initiatives for People Who Use Drugs (PWUD) and treatment facilities were lacking (ZCLDN, 2018). The public hospitals only provided mental health services and detox, without Harm Reduction services (ZCLDN, 2018). According to Herald (2023b), the new centres provide counselling, therapy, and medical treatment to drug addicts (Herald, 2023b).

#### **2.4 Research Gap.**

Despite the growing importance of drug trafficking measures in Zimbabwe, there is a significant lack of research focused specifically on the Zimbabwean context. While existing studies have investigated drug trafficking globally ((NIDA 2021), there is a notable absence of literature exploring drug trafficking enforcement mechanisms in Zimbabwe.

Specifically, there is a need for research that:

- Investigates the current causes of drug abuse and trafficking.
- Examines the national and local strategies employed by the Government of Zimbabwe to mitigate the problem.
- Analyses the extent to which the national and local strategies are effective.

This literature review aims to address this research gap by synthesizing existing knowledge on the effectiveness of drug trafficking enforcement mechanisms and identifying areas for further investigation, with a specific focus on the Zimbabwean context.

## **2.5 Conclusion**

This chapter traced the problems associated with drug trafficking and the measures adopted to mitigate these problems at the international and domestic levels. As illustrated above, Zimbabwe's approach to combating the dilemma is consistent with deterrence and crime prevention. However, the question of whether these strategies are effective needs to be answered.



## **CHAPTER III**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter introduces the methodology used in the research. It explains the choice of research design, sampling methods, research instruments, data collection, and analysis procedures. All procedures and activities undertaken during fieldwork are documented and justified.

#### **3.1 Research Design**

Research design entails how the entire research process will be conducted, like data collection methods, research population, and sampling methods (Newman, 2000; Creswell & Plano Clark, 2006; Tashakkori and Newman, 2010). Researchers can use either qualitative or quantitative research designs or a mixed design, which integrates both strands (Plano Clark, 2019). This study utilised a mixed research methodology. By definition, a mixed methodology research design is a research approach that combines qualitative and quantitative methods to investigate a particular phenomenon or research question (Creswell and Plano Clark, 2006). Researchers tend to use it when they need to leverage the strengths of qualitative and quantitative research methodologies (Bryman, 2006). Quantitative methods provide statistical rigour, generalisability, and the ability to identify patterns and relationships at a larger scale. In contrast, qualitative methods offer in-depth exploration, contextual understanding, and the ability to capture rich and nuanced perspectives (Creswell & Plano Clark, 2006). This study required both methodologies because drug trafficking patterns in Marondera have not been extensively covered in academic literature.

Researchers using mixed methodology design are expected to clarify their points of interface, where the data is integrated (Cresswell, Plano Clark, Gutmann, and Hanson, 2003). There are four major ways of data integration which are widely discussed in the literature of mixed methods research design. Firstly, the researcher can connect the data at the sampling phase by using data from one strand (quantitative or qualitative) to inform the sampling of another method (Creswell & Plano Clark, 2006). A researcher can integrate the data collection phase by using data collected in the first research phase to build the second phase of data collection (Follow-up) (Creswell, 2010). In the third instance, the data from both qualitative and quantitative strands can be merged during the analysis phase (Teddlie and Tashakkori, 2009). Finally, qualitative and quantitative can be embedded in different intervals throughout the research (Tashakkori and Newman, 2010). This study integrated qualitative and quantitative data in the data collection phase.

This study used the Explanatory sequential research design (Follow-Up Explanations) to evaluate the effectiveness of anti-drug trafficking enforcement mechanisms in Marondera. Creswell and Plano Clark (2018) describe it as a design which begins with quantitative data collection and analysis before going into qualitative research. In the follow-up explanations phase, qualitative research methodologies are used primarily to explain or expand quantitative results (Plano Clark 2019). In this research, a quantitative questionnaire designed for the general residents of Marondera was administered first. The results of the quantitative analysis were used to identify patterns and unexpected results to be explored through qualitative research. Although quantitative data helps deduce patterns, it does not give further information (Tashakkori and Newman, 2010). Qualitative data became helpful because it enhanced the interpretation by giving insights into the “why” and “how” behind quantitative findings.

Cresswell (2010) notes that the benefit of qualitative data is allowing researchers to understand the underlying mechanisms, contextual factors, and subjective experiences that contribute to the observed patterns. Therefore, in-depth expert interviews were conducted to collect data to answer the identified areas. In the study, quantitative and

qualitative data were necessary, although quantitative data took precedence, making the research a QUANTI+quali. Mixing quantitative and qualitative data helped increase the validity and reliability of the findings. Converging data sources enables comparing and contrasting different data sources to validate and corroborate the results, ensuring the credibility and robustness of the research (Cresswell et al., 2003).

### **3.2 Research Participants (Population and Sampling).**

Goldridge (2010) defines sampling as selecting a population subset to represent the whole set. In this research context, the researcher strategically selected participants based on location (residents) and expertise (professionals) rather than consulting everyone in Marondera. According to Bryman (2006), establishing a sampling frame in research is essential because it guides the researcher when selecting research participants. This study used probability and non-probability sampling to select the research participants. Non-probability sampling has an unclear sampling frame, and there is no equal chance for the selection of units (Creswell & Plano Clark, 2006). The researcher used snowball sampling to select respondents for the expert interviews. This involved using referrals from one expert to another (Goldridge, 2010; Plano Clark, 2019). Snowball sampling was ideal for the research because it reduced the bureaucratic constraints, saved time for the researcher and helped the researcher to connect the crucial professional networks working in anti-drug trafficking enforcement measures. For instance, at the Ministry of Education, the provincial educational psychologist connected the researcher to their police and health department networks.

The researcher targeted the Ministry of Education Sports and Culture officials because they oversee the education sector in the province. Like the Ministry of Education authority, the ZRP provincial office and Marondera Provincial Hospital are responsible for the entire province and have records for all police and hospital departments. While including teachers, doctors, nurses, and police officers in the research was lucrative, they were not included because it would prolong the data collection process. Table 1 below shows the sampled population based on their location and expertise.

The researcher used probability sampling to select the residents because there were many potential respondents (Marondera's population). Cresswell (2009) notes that all units have an equal chance of selection in probability sampling. The researcher used stratified random sampling, a sampling technique that ensures that the sample represents the diversity and characteristics of the entire population (Creswell et al., 2003). The target population was divided into non-overlapping groups according to their locations. The strata were created after considering the total population of these locations to increase the representation.

Simple random sampling was then used to select the research participants within the groups listed in Table 1 below. Goldridge (2010) notes that simple random sampling aims to ensure that every individual in each group has a chance of being selected. To ensure a non-overlap, the researcher administered the questionnaire on the same day with the help of colleagues to distribute it. The questionnaire distributors (2 per group) visited the local business districts on the weekend (10 February 2024) and administered the questionnaires. This increased the chances of meeting many people because people frequent the business areas during the weekend.

**Table 1: Characteristics of research participants.**

<b>Group Name</b>	<b>Location</b>	<b>Number targeted</b>	<b>Responds received</b>
<b>GROUP A</b>	Dombotombo, Cherima, Yellow City	22	22 (100%)
<b>GROUP B</b>	Rusike, Ruvimbo, Morning side	22	21 (95%)
<b>GROUP C</b>	Nyameni, Cherutombo, Ruzawi	22	20(90%)

<b>Group D</b>	Garikai, Atherstone, Paradise	22	19 (86%)
<b>Experts GROUP 1</b>	Ministry of Primary and Secondary Education (MPSE) Provincial Office	3	3
<b>Experts: GROUP 2</b>	Zimbabwe Republic Police (ZRP), Marondera Provincial	4	4
<b>Experts; GROUP 3</b>	Marondera Provincial Hospital (MPH) and Rehabilitation Centre	5	5
		100	94

### 3.4 Research Tools and Data Collection Procedures.

Cresswell et al. (2003) contend that the questionnaire can collect quantitative and qualitative data. This study developed a quantitative questionnaire around the research objectives and questions. It aimed to extrapolate information about the research problem from the general population to create statistical patterns and trends. The questionnaire included close-ended questions, which the researcher predetermined. According to Teddlie and Tashakkori (2009), quantitative questionnaires enable standardised data collection, as participants receive the same questions. This consistency made it easier to analyse responses from Group A to Group D. Considering this research was large-scale (targeting 100 residents), it was necessary to use self-administered questionnaires because they would reach a larger population in a shorter time frame.

The researcher chose a questionnaire to minimise researcher bias because the subject of drug abuse and trafficking is highly linked to morality. Therefore, statistically analysed

data reduced researcher biases and interpretation subjectivity. Nevertheless, quantitative questionnaires have weaknesses like limited depth and flexibility, as they use predetermined answers (Creswell and Plano Clark, 2018). The researcher countered this problem through follow-up interviews. The questionnaire was self-administered to help mitigate the threat of respondents failing to understand the questions. During the fieldwork, the researcher conducted a pre-study and observed that people were not interested in answering questionnaires since they were occupied with their business. Thus, the researcher, with the permission of the local business owners, printed fliers to capture people's attention. Some shopkeepers helped to distribute the questionnaires by encouraging their customers to participate in the survey.

The questionnaire was split into sections A, B and C. Section A contained demographic questions, which showed the average split of sex, occupation, age groups and place of residence of the participants. The place of residence was significant because it was used to filter for respondents who did not live in the sampled areas. Section B included core questions regarding drug usage in the sampled areas. It sought to present whether drug abuse was an issue within these areas and the depth of the problem (how respondents are connected to the users). Thus, the questionnaire sought data on the calibre of people and common drugs used.

Section C assessed the knowledge of anti-drug measures already implemented and the trust in officials mandated to enforce them. The researcher included options to explore the residents' perceptions about the police, education and health systems. This was done through random statements to gauge whether they were perceived as competent or complicit in drug trafficking. This research argues that for enforcement to be effective, the residents should trust the enforcing authorities. Overall, the questionnaire assessed the effectiveness of already implemented anti-drug programs by how aware the residents were of the problems and their trust in the anti-drug programs.

### **3.4.1 Expert Interviews**

Expert interviews provide in-depth knowledge of a research problem because the participants possess specialised expertise in the field (Goldridge, 2010). The interviews provided the qualitative component of the research. The researcher conducted in-depth interviews in person with the experts cited in Table 1. The researcher followed up on unexpected patterns resulting from the questionnaire analysis in the interviews. For example, the experts were asked to give their opinion on ZRP's position in fighting drug trafficking because the residents' responses showed high distrust.

The experts were essential because they possessed updated information on the strategies for alleviating drug trafficking. Drug abuse and trafficking-related data on Marondera were not readily available. The researcher sought to build the literature from understanding the daily perceptions of frontline workers dealing with the problem. The interview guide consisted of 5 questions that took an average of 30 to 45 minutes with each expert.

### **3.5 Data Analysis Procedures.**

Cresswell and Plano Clark (2006) point out that data analysis generally relates to how one makes sense of the collected data. It involves preparing the data and conducting different analyses to develop a deeper understanding (Goldridge, 2010). Researchers need to present data visually and logically using graphs and tables when interpreting the more significant meaning of the data (Creswell, 2009). In this study, the quantitative data was analysed using Excel packages. It was essential to use software packages because many questionnaires were involved. The researcher began by cleaning the questionnaire-generated data to remove spoiled responses. The filtered data were entered into an Excel spreadsheet for processing and quantitative analysis. The response rate to the questionnaire is presented in Table 1 above.

The expert interview data was recorded manually by the researcher. Recording devices were used, but only when the interviewee consented. During the research, the researcher

was guided by an interview template and took notes on the responses. The notes were analysed through inductive thematic analysis. It entails identifying unique patterns or recurring ideas in qualitative data to address a research problem (Maguire and Delahunt, 2017). According to Burns (1999), it involves five stages: familiarisation, reflection, conceptualisation, indexing identified concepts and categories and linking the identified themes. The researcher followed these theoretical stages.

Firstly, the researcher familiarised with the interview transcripts from each expert, leading to the first initial codes where the data was grouped into sub-topics of ZRP, MPH and MESC. The key ideas were extracted manually and entered into separate spreadsheets for each department. Typically, using software for data extraction is efficient, but here manual was practical because some interviews included vernacular language. The researcher analysed the new datasets searching for ideas corroborating or nullifying the questionnaire results. The descriptive themes identified relevant patterns to answer research questions. The data was narrowed down to awareness and education, trust, and institutional cooperation.

### **3.6 Reliability and Validity.**

The researcher ensured that the presented quantitative results were consistent, dependable and could be replicated by other researchers. However, it is difficult to replicate a qualitative study. According to Tashakkori and Newman (2010) and Lincoln and Guba (1985), researchers must ensure dependability and consistency of the findings. To fulfil this requirement, the researcher explained each decision made in the study, like the rationale of the enquiry, the study's design and the sampling choice. The researcher gave a detailed account of how data is collected and analysed. The development of themes and the results obtained was documented. External reliability was enhanced by declaring the existing social values of the researcher about drug trafficking. The researcher's bias will be easily detected.

Validity ensures that the data is believable and truthful. According to Burns (1999), validity is an essential criterion for evaluating quality and acceptability of the research



therefore, internal and external validity should be ensured. Internal validity deals with research findings' resemblance with reality, while external validity shows how much the results can be generalised. In this research, peer examination was employed to enhance validity. Experts in the area were asked to review research data and findings.

### **3.7 Summary.**

This chapter gave a detailed description of the methodological procedures used in the research. It gave a background of how the data presented in the following chapter was collected. The researcher followed due diligence in ensuring that confidentiality was respected and research ethics were prioritised.

## **CHAPTER IV**

### **DATA PRESENTATION, ANALYSIS, AND DISCUSSIONS.**

#### **4.0 Introduction**

This chapter presents the data collected through the questionnaire and the expert interviews. In this study, the criminal justice system was represented by the Zimbabwe Republic Police (ZRP). Crime prevention through educative awareness campaigns and institutional cooperation was assessed through the ZRP, the Ministry of Primary and Secondary Education (MOPSE), and the Marondera Provincial Hospital (MPH).

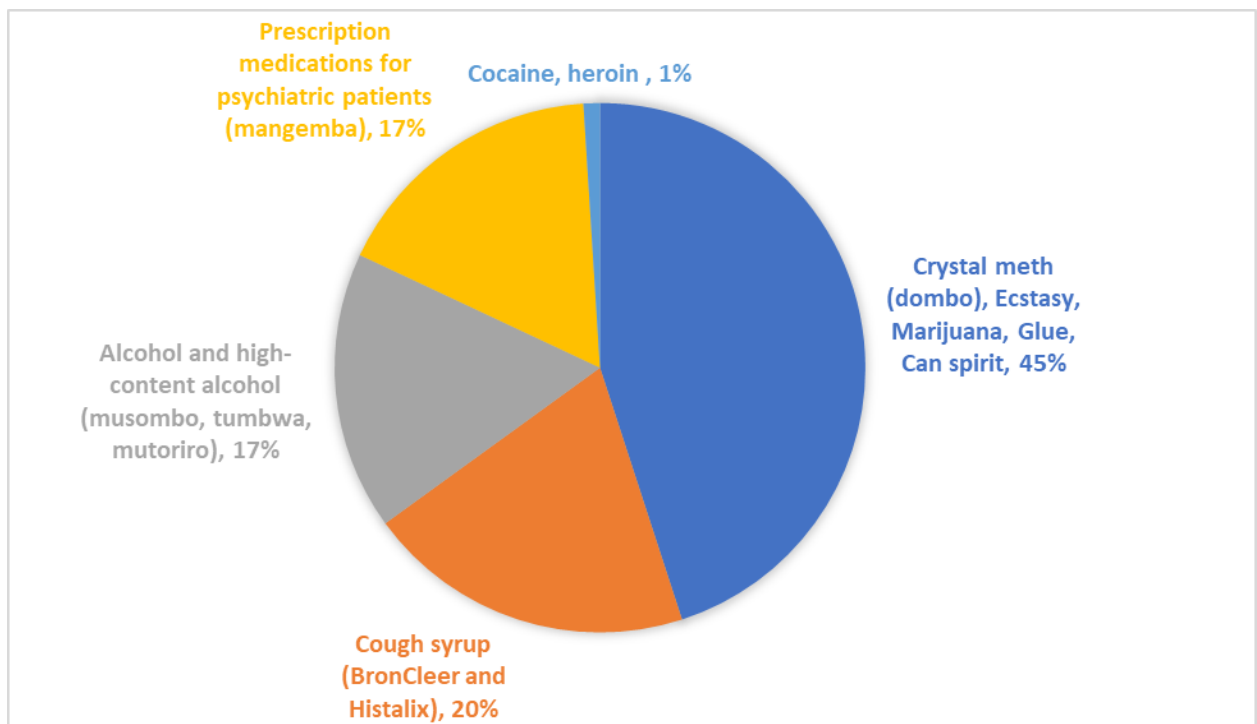
#### **4.1 Demographics.**

As illustrated in Table 1, 100 respondents' answers were compiled into research data. The demographic characteristics of the respondents showed that 56% of the participants were males and 44% were females. During the data collection phase, it was observed that men were more willing to participate in the survey than women. The women would only join after reassurance of the research goals, while men would reluctantly participate. However, for the female respondents, 60% were willing to discuss the subject further than the questionnaire. Although it was irrelevant to the research, they shared their experiences with drug consumers, especially during the 2020 lockdown.

The respondents were also categorised by their occupations. The participants were evenly distributed, with 32% identified as students (enrolled in secondary and tertiary education), 10% as unemployed (not working), 26% as Hustlers (doing any available financially beneficial activity), 12% employed (working for another person or organisation), and 20% as Entrepreneurs (building start-ups). The data was diverse because people from all walks of life participated.

## 4.2 Drug and Substance Abuse Situation in Marondera.

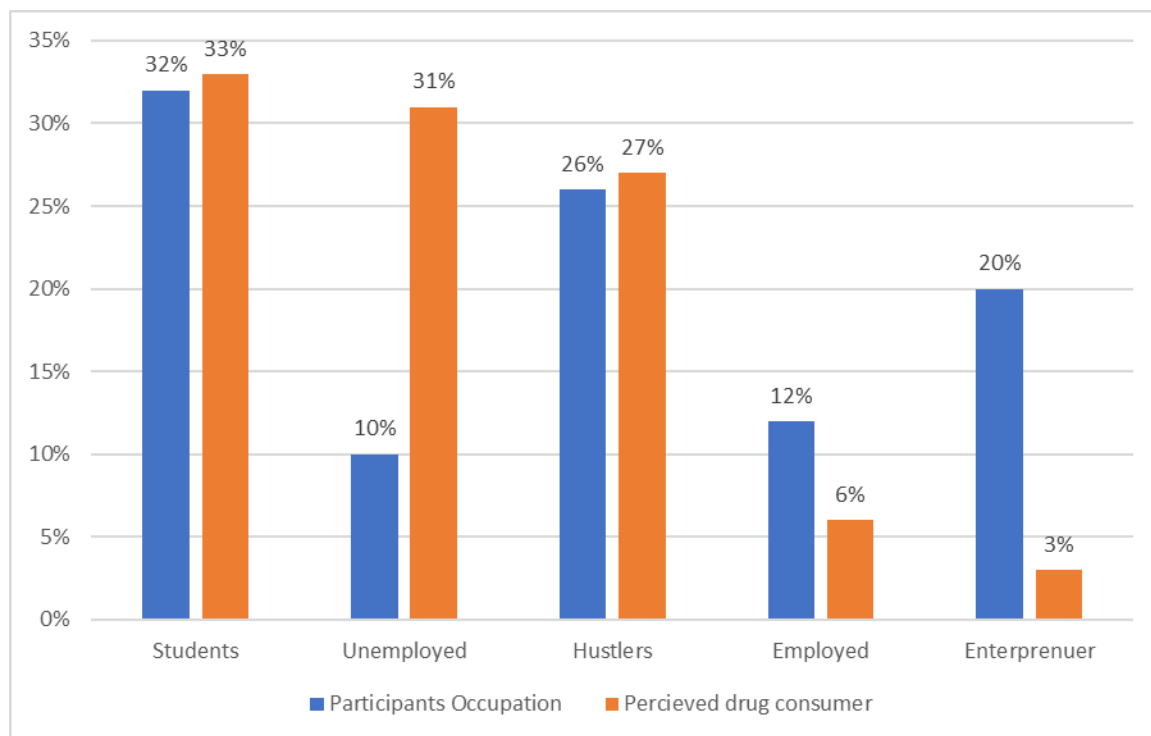
In section B, 79% of respondents were confident that they were aware of someone using drugs or excessively drinking, while another 17% said they suspected it or had heard about it. Even participants from financially stable neighbourhoods indicated knowledge of drug users. These figures confirmed that drug abuse is a problem in Marondera because only 4% indicated no knowledge. Drug abuse and trafficking are mutually connected because high demand resulting from increased drug consumers mean more business for drug suppliers (drug traffickers). According to the respondents, the most common drugs were crystal meth, Ecstasy, Marijuana, Glue, Can spirit (45%), alcohol (20%) and cough syrup (18%). In a follow-up interview with ZRP experts, they confirmed that these were the common drugs they raided from drug offenders. They also pointed out that these drugs were not manufactured in Marondera and they were mostly exported from Harare, Mutare and Mozambique. Figure 1 below categorises the substances and drugs based on their commonality.



**Figure 1: Consumed drugs in Marondera (February 2024).**

The questionnaire participants were asked to describe the supposed drug abusers. An interesting pattern can be observed in Figure 2 below. It presents the participants' distribution by occupation and the general perception of the participants about each group. The data shows that 33% (one-third) of the participants knew students using drugs, 31% knew unemployed consumers, 27% knew Hustlers using drugs. The researcher also observed that 80% of participants who described students as drug consumers indicated Alcohol as the commonly abused substance. This confirmed the assertions made by previous researchers that students were at the forefront of abusing drugs, especially alcohol (Box, 2020; Maraire & Chethiyir, 2020). The data suggested a pattern where the higher the responsibilities (work-related), the lower the chances of using drugs. For example, the percentage drastically decreased to 6% for the Employed and 3% for Entrepreneurs. While Hustlers are occupied during the day, they lack job stability to inspire them to stay clean as a requirement for work. According to WHO (2021), instability, unemployment, and poverty can trigger people to consume drugs.

The decreased drug intake in entrepreneurs and employed people confirmed the social and community approach model of crime prevention. It showed that providing stability and solving social inequalities like unemployment can significantly reduce drug-related crimes compared to arresting them (Scott, 2008). The ZRP and MPH experts confirmed that rehabilitation centres have less than 16% of patients identified as entrepreneurs or employed. Whereas instability and unemployment were evident in the questionnaire, poverty can be deduced from the quality of drugs used in Marondera. Cheap substances such as can spirit, glue, BronCleer, Histalix, and cheap alcohol were commonly abused, while expensive substances like cocaine and heroin were barely known.



**Figure 2: Participants' occupations and the perceived drug consumers**

### 4.3 Institutional Competencies.

Section C assessed the effectiveness of the official anti-drug trafficking enforcement mechanisms through respondents' knowledge and trust. As indicated in the previous chapters, this study acknowledges the policies and strategies introduced by the government towards alleviating drug abuse and trafficking. It is, however, concerned with the efficacy of these measures. UNODC (2019) noted that theoretical measures without practicality are pseudo-solutions detrimental to progress. As a result, this study assessed the practicality of drug trafficking mechanisms through the residents' opinions. It is worth acknowledging that 92% of the respondents confirmed knowledge of government strategies (20% Enough and 72% Too Much) despite the alarming numbers of perceived drug consumers. From this observation, it can be deduced that the government awareness programme is successful because the message reaches the intended audience.

#### 4.3.1. Zimbabwe Republic Police

The survey evaluated participants' perceptions of the ZRP. It was essential to focus on the police because they are expected to be the gatekeepers in the fight against drugs (INTERPOL, 2023). In the survey, 80% confirmed that the police were spreading awareness about the dangers of drug abuse and trafficking. The MPH and MESC corroborated the findings, stating that they received orders from their headquarters to partner with police in their campaigns, especially in schools. The results of the questionnaire are presented in Table 3 below.

**Table 2: Residents' perceptions of ZRP.**

Statement	True	False
Police teach people about the dangers of abuse and trafficking.	80%	20%
Police are getting paid to protect the drug traffickers.	92%	8%
Police are also in the business of selling drugs.	44%	56%
The police recommend drug rehabilitation centres.	30%	70%
Police do not know the drug trafficking routes.	18%	82%
Police are arresting drug users.	48%	52%

The data shows low trust in the ZRP despite the researcher's best efforts to twist the phrasing of the questions. As illustrated in Table 3, 92% believe that the police are on the payroll of drug traffickers, 82% believed that the police knew the trafficking routes, and 44% believe that the police were also involved in trading drugs. This sentiment was cross-cutting in all participants despite the level of education or age group. The researcher also found the same sentiments from the follow-up interviews with the MPH and MESC experts. Even the ZRP experts pointed out that some police officers were

arrested for similar crimes. They did not provide names but cited corruption as the crippling factor to practical measures. This corroborates McDevitt and Bullock (2021) 's research, pointing to corruption as the key factor hindering success in combating drug trafficking.

According to the ZRP experts, the members of the ZRP lacked training and further education on drug and substance abuse besides studying policy documents. The experts from MPH and MESC pointed out that the ZRP rely on the law and prioritises arrests over rehabilitation. Therefore, it was not surprising to them that 70% of the residents believed that the police did not recommend rehabilitation, and 45% indicated that drug abusers were only sent to prison. Based on the data, the overall approach used by the ZRP shows institutional failure. The study also showed the failure of criminal justice in fostering deterrence to criminals because 97% of the participants confirmed knowledge of drug abusers.

It can be concluded that local law enforcement is failing to surpass their duties as legitimate gatekeepers of drug trafficking. Even deterring potential criminals through an arrest cannot be fully ascertained because drug disorders remained prevalent despite 45% confidence in police arrests of drug consumers.

#### **4.3.2. Education Sector.**

The public perception of the effectiveness of schools and teachers in combating drug abuse is better compared to the ZRP. According to the data, 94% (13% Sometimes and 81% Always) of respondents trust their local schools and teachers to try and stop drug abuse. This is reflected in 96% of positive responses to the question of schools contributing to the knowledge about the dangers of drug abuse. Only 10% of respondents believed teachers were complicit in the drug trade, a much smaller percentage than for ZRP. The experts from ZRP corroborated these findings stating that they rarely arrest teachers associated with drug trafficking. However, they have reports of teachers in rural areas selling homebrew alcohol, known as seven days.

Notably, 75% considered teachers and schools victims of intimidation and fear hindering them from reporting the drug cartels. Considering the perceived corruption within the ZRP, it is logical for people to avoid snitching because it can be dangerous for their safety. The credibility of the MESC was further ascertained by students endorsing the effectiveness of teachers and schools in condemning drug trafficking and abuse, despite 33% of participants perceiving students as drug consumers. However, the lack of trust in the police plays into the hands of potential drug traffickers. They evade persecution because teachers who spend at least 8 hours per day with students are unwilling to share their knowledge with the ZRP due to fear. It becomes difficult for the enforcement mechanisms to be effective when the institution meant to combat the illicit drug trade is believed to be corrupt.

Nevertheless, the positive influence facilitated by the MESC is undermined by their inability to recommend rehabilitative institutions. Such services can be instrumental in behaviour modification for students consuming drugs. As noted in the data, 80% think teachers care about drug abusers, but only 15% believe that schools recommend rehabilitative institutions. The general statistics are shown in Table 4 below.

**Table 3: Residents' perception of the MESC.**

Statement	True	False
Schools teach people about the dangers of abuse and trafficking	96%	4%
Teachers know about drug traffickers but fear to report them to the police.	75%	15%
Teachers are also in the business of selling drugs	10%	90%
Schools recommend hospitals for rehabilitation.	15%	85%
Teachers do not care about drug abusers	20%	80%



#### 4.3.3. Health.

The survey participants expressed mixed feelings about the effectiveness of hospitals and health personnel. While 77% trusted them to try and stop drug abuse (20% Sometimes and 57% Always), only 56% believed that the health sector educated people on the effects of drug abuse. The high rate of trust is a positive indicator of the MPH's capability and credibility as a health provider. However, the average rating for their education and awareness efforts overshadows their capability. According to WHO (2022), the health sector is crucial in disseminating information about the dangers of drugs because they have the technical knowledge of how the human body works. Although the ZRP and the MESC can raise awareness, it is essential for the MPH to engage in similar activities because they know the science.

The capability of MPH personnel is further plunged down by the availability of prescription drugs to sedate psychiatric patients (*mangemba*) in the streets. They are in the top three common drugs together with cough syrup which can be bought over the counter. The consumers are unlikely to get them from pharmacies because according to the MPH, they are expensive to buy from pharmacies. Similarly, 66% of the participants believed that the MPH personnel were the drug suppliers.

The ZRP experts noted that they were investigating health personnel who were allegedly supplying prescription drugs on the streets. They also emphasised that most drug users had no access to pills like *mangemba*. Thus, their dealers were people with medical backgrounds. In response to the survey results, MPH experts asserted that the health sector was misunderstood and people had misconceptions about their services. They noted that most residents consulted health professionals as a last resort after exhausting avenues like traditional healers and prophetic deliverance. Likewise, the ZRP and MESC also posed that residents preferred spiritual cleansing over rehabilitation because they associate drug and substance disorders with demonic possessions.

The research findings corroborate the complaint by ZCLDN (2018) that the rehabilitation services in Zimbabwe were below standard. Only 30% indicated their trust in MPS to

implement helpful functioning rehabilitation programmes. Instead, 50% suspect them of contributing to the incarceration of drug users, while 20% stated that the health department did not care about drug abusers. This further emphasises the need to expand resources, the scope of available rehabilitation efforts, and a necessary shift in public perception towards the MPH.

**Table 4: Residents' Perceptions of MPH**

Statements	True	False
The health department teaches about the dangers of abuse and trafficking.	56%	44%
Health workers know about drug traffickers but fear reporting them	60%	40%
Health workers are also in the business of selling drugs.	66%	34%
The hospitals are helpful and have functional rehabilitation programmes.	30%	70%
People with drug abuse problems are sent to prison.	50%	50%
The health department does not care about drug abusers.	20%	80%

#### **4.4. Alternative Explanations.**

In the expert interviews, the elites expressed similar sentiments on the availability of resources and technical support. They all mentioned that their mechanisms are implementable on paper compared to reality. The MESC experts indicated that they have a plan in place to provide professional psychological counselling and social work services in schools. However, they were not assigned funding and the human resources to launch the initiative. Similarly, the ZRP and MPH indicated a lack of funds and

equipment to help in their campaigns. These institutions relied on government funding and were often blocked by bureaucratic red tape.

The ZRP and MESC experts indicated the lack of disciplining measures in schools. They pointed to a lack of transitioning mechanism to regulate students' behaviours as the chief contributor to their substance abuse. They both noted that they have reports of students physically attacking teachers and their parents. It was also pointed out that the prevalence of social media and cell phones without regulation mechanisms affected discipline in schools. The MPH indicated that most youths battling addiction were connecting with their suppliers online, although there is a need for researchers to investigate this assumption.

#### **4.4 Conclusions**

Based on the data presented in this chapter, the efforts to stop drug trafficking and abuse are visible in Marondera. The institutions are successfully spreading awareness of drug trafficking consequences. However, this milestone is overshadowed by corruption as the police are perceived to be complicit with the traffickers. Similarly, the lack of appropriate rehabilitation advocacy makes the ZRP, MESC, and MPH's efforts insignificant. Therefore, punishment mechanisms and crime prevention strategies have been ineffective in enforcing anti-drug mechanisms failing in Marondera.

## CHAPTER V.

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### **5.0. Introduction.**

This chapter discusses the conclusions derived from the research and researcher recommendations. The study concludes that the current mechanisms of enforcing anti-drug trafficking in Marondera are less effective. They are limited by corruption, lack of resources, funding, and hostility from the residents. Further extensive research on this topic is necessary to recommend comprehensive solutions.

#### **5.1. Conclusions.**

- The study found that education and awareness failed to make an impact because instead of modifying students' behaviour, the data showed that 33% of perceived drug users were students.
- The lack of established disciplining measures in schools after the prohibition of corporal punishment is causing behavioural problems in schools. Digitalisation and social networks have contributed to negative socialisation leading to a rebellion in students.
- The study concludes that people are consuming drugs due to stress and mental health issues such as depression because 58% of presumed substances fall under the category of sensorial dampening substances. Therefore, they are using substances to escape their reality.
- Poverty is a strong drive for drug abusers because 58% (Hustlers and Unemployed) of the described drug users do not have complete economic stability since they do not have a constant source of income.

- While police were active in raising awareness and educating about the dangers of drug trafficking, their unofficial behaviour is contributing to the prevalence of drug trafficking and substance consumption. Therefore, the criminal justice system is failing to deter criminal behaviour.
- The study concludes that ZRP is highly distrusted in Marondera. Residents believe that police partiality is reducing the effectiveness of the anti-drug trafficking mechanisms. Therefore, people are not whistle-blowing drug dealers because they fear victimisation by the drug traffickers and police partiality.
- Rehabilitation initiatives are not prioritised as a method of preventing drug trafficking and consumption.

## **5.2. Recommendations.**

This study recommends more direct engagements and personal contacts, especially with adolescents to socialise with them at a younger stage. If Students comprise a third of all drug users, efforts to offer additional prevention, avenues to quit drugs and to raise awareness of the dangers of drugs should be expanded further.

While the current initiatives are commendable, the government should implement mechanisms like empowerment programs and create employment opportunities. Improving public access to necessities could alleviate economic stress as a driving force of drug abuse. Likewise, granting additional economic relief to the unemployed or underemployed should also be considered an anti-drug initiative.

To improve public perception of the police's role in fighting drug abuse, there should be public communication of large-scale drug busts and avenues to obtain legal immunity from prosecution as an exit strategy for users, like a witness protection program.

The police should be adequately remunerated to ensure that criminals seeking to bribe them will be dissuaded. If their wages are minimal, they are most likely to take bribes to

supplement their standard of living. At the same time, it is recommendable to increase checks and balances to control the behaviour of the ZRP against abuse of authority.

The ZRP, MESC and the residents should engage in consultative dialogues for mapping a strategy for disciplining children and students since corporal punishment is abolished. They should also devise a strategy for regulating social media usage without affecting e-learning and digitalisation. This study recommends that the government invest in research before adopting policies.

The MESC and MPH should invest in decent rehabilitation strategies. In the MESC, it could be a basis for schools to directly connect students with drug disorders to rehabilitation centres without persecution or police involvement. Schools should be an institution of trust and offer avenues to escape the drug spiral to their students. The MPH could become significant players as distribution hubs for efforts to help drug abusers to get clean without social stigmatisation. This could come in the form of information distribution, anonymised help centres and meetings, as well as drop-points for anonymous reports allowing for interventions without risking exposure to the cartels.

## APPENDICES

### APPENDIX A: CONSENT FORM FOR COMPLAINANTS

**Title: An investigation on the effectiveness of drug trafficking enforcement mechanisms in Zimbabwe: a case study of Marondera.**

**Research Investigator/Institution.**

**PraiseGod Nhikitiki Registration Number B201691B** is an undergraduate student pursuing a Bachelor of Commerce (Honours) Degree in Financial Intelligence, Department of Security Studies at Bindura University of Science Education.

#### **Introduction**

I invite you to participate in a research study titled “**An investigation on the effectiveness of drug trafficking enforcement mechanisms in Zimbabwe: Case Study of Marondera.**” Research is a way of gaining new knowledge. People who participate in research are called subjects. This research study examines the effectiveness of drug trafficking measures as a driver to curb drug trafficking and drug abuse in Zimbabwe.

It is expected that about 100 participants, who comprise the members of the ZRP, will be interviewed.

This research consent form explains why this research study is being done, what is involved in participating in the research study, the possible benefits of the research study, alternatives to participation and your rights as a research subject. The decision to participate is yours. If you decide to participate, please sign the attached form. A copy of the questionnaire guide shall be provided for your use so that you can refer to it while you are involved in this research study.

**What is the purpose of the research study?**

The study seeks to find out the effectiveness of drug trafficking enforcement mechanisms.

**Can you withdraw from this study having agreed to participate?**

Taking part in this research study is voluntary. Instead of being in this research study, you have the following options.

- decide not to participate in this research study.
- choose to participate and not to answer certain questions

**What is the nature of participation expected of you in the research study?**

After signing this consent form, you will be asked to answer some questions about yourself and questions relevant to the assessment from a questionnaire. The task will take about an hour. If there are questions you prefer not to answer, you can skip those questions. Your name will not be associated with the study. You will not receive payment for completing this interview. After the interview is completed, there are no additional interviews.

**Consent to participate in the study**

I.....do hereby confirm that:

I have read and understood the information provided in the study.

I am aware that data will be captured during the study.

I understand that participation in the study is voluntary.

I reserve the right to withdraw from the study at any time.

I understand that no payment will be received for participating in the study.



I hereby confirm that I fully understand the conditions of the study and my rights and responsibilities as a participant will be.

I am willing/unwilling to participate in the study.

Participant Signature.....Date.....

Researcher's name and Signature:                      Date:

## **APPENDIX B**

### ***QUESTIONNAIRE.***

Thank you for your consent and cooperation.

Please tick any checkboxes where you find an answer to be correct or most accurate ☐  
and fill in any blanks \_\_\_\_\_

#### **Section A: Demographic information**

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female ☐ Prefer not to say

Occupation: ☐ Student ☐ Unemployed ☐ Entrepreneur ☐ Hustler ☐ Employed

Place of residence: \_\_\_\_\_

#### **Section B: Drug use**

1. Do you know anyone who uses drugs or drinks excessive alcohol?

☐ YES ☐ NO ☐ I heard about it ☐ I am suspecting it

2. How would you classify the person using drugs?

☐ Student ☐ Unemployed ☐ Entrepreneur ☐ Hustler ☐ Employed

3. Which of the following substances are used mainly by the consumers? Please rate them on a scale of 1-5, where 1= the most common and 5 is the least common. If you think they do not consume this type of drug at all, please put an X

- \_\_\_\_ Cocaine, heroin
- \_\_\_\_ Cough syrup (BronCleer and Histalix)
- \_\_\_\_ Crystal meth (dombo), Ecstasy, Marijuana, Glue, Can spirit
- \_\_\_\_ Prescription medications for psychiatric patients (mangemba)
- \_\_\_\_ Alcohol and high-content alcohol (musombo, tumbwa, mutoriro)

### **Section C: Government response**

**Please tick all answers you agree with.**

How much do you know about government strategies to stop drug abuse and trafficking?

☐ Nothing ☐ A little ☐ Enough ☐ Too much

Do police in your area try to stop drug abuse and trafficking?

☐ Not at all ☐ A little ☐ Sometimes ☐ Always

*Please tick if you think the following statement is true or false*

Police teach people about the dangers of abuse and trafficking. TRUE ☐ FALSE ☐

Police are getting paid to protect the drug traffickers. TRUE ☐ FALSE ☐

Police are also in the business of selling drugs. TRUE ☐ FALSE ☐

The police recommend drug rehabilitation centres. TRUE ☐ FALSE ☐

Police do not know the drug trafficking routes. TRUE ☐ FALSE ☐

Police are arresting drug users. TRUE ☐ FALSE ☐

Do schools and teachers in your area try to stop drug abuse and trafficking?

☐ Not at all ☐ A little ☐ Sometimes ☐ Always

*Please tick if you think the following statement is true or false.*

Schools teach people about the dangers of abuse and trafficking. TRUE ☐ FALSE ☐

Teachers know about drug traffickers, but they are afraid to report them to the police.  
TRUE ☐ FALSE ☐

Teachers are also in the business of selling drugs TRUE ☐ FALSE ☐

Schools report drug abusers to the police or hospitals for rehabilitation. TRUE ☐  
FALSE ☐

Teachers do not care about drug abusers TRUE ☐ FALSE ☐

Do hospitals and health personnel in your area try to stop drug abuse and trafficking?

☐ Not at all    ☐ A little    ☐ Sometimes    ☐ Always

*Please tick if you think the following statement is true or false.*

Health department teaches about the dangers of abuse and trafficking. TRUE ☐ FALSE ☐

Health workers know about drug traffickers but fear reporting them to the police. TRUE  
☐ FALSE ☐

Health workers are also in the business of selling drugs. True ☐ FALSE ☐

The hospitals are helpful and have functional rehabilitation programmes. TRUE ☐  
FALSE ☐

People with drug abuse problems are sent to prison. TRUE ☐ FALSE ☐

The health department does not care about drug abusers. TRUE ☐ FALSE ☐

**ALL THE DATA PROVIDED IN THIS QUESTIONNAIRE WILL BE USED FOR  
RESEARCH PURPOSES ONLY. NO IDENTIFICATION INFORMATION HAS  
BEEN COLLECTED.**

## ***APPENDIX C***

My name is Praisegod Nhikitiki. I am a student at Bindura University of Science Education (BUSE) studying towards a degree in Financial Intelligence and Security Studies. I am doing a research study entitled “**An investigation on the effectiveness of drug trafficking enforcement mechanisms in Zimbabwe:Case Study of Marondera**”. Prior approval to conduct this study with the school as a case in point has been attained from the administration. The information you provide will `not` be used outside its intended purpose.

### ***Interview Guide***

Institution:

Position:

**Could you please give your professional opinion to the following questions.**

1. Why is drug consumption and trafficking prevalent in Marondera?
2. How can you describe your institutions cooperation with the Zimbabwe Republic Police/ Ministry of Education Sports and Culture / Marondera Provincial Hospital?
3. Can you please explain the progress in your collaborative and individual organisation’s anti-drug trafficking mechanisms?
4. How do you account for this anomaly in the data collected from the residents?

## **CONCLUSIONS AND RECOMMENDATIONS**

What recommendations can you proffer towards improving your mandate as a government institution and towards increasing effectiveness of anti-drug trafficking mechanisms in Marondera?

**THE END:**

**THANK YOU FOR YOUR ASSISTANCE. ASSIST BY RETURNING THE QUESTIONNAIRE TO THE STUDENT RESEARCHER.**

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