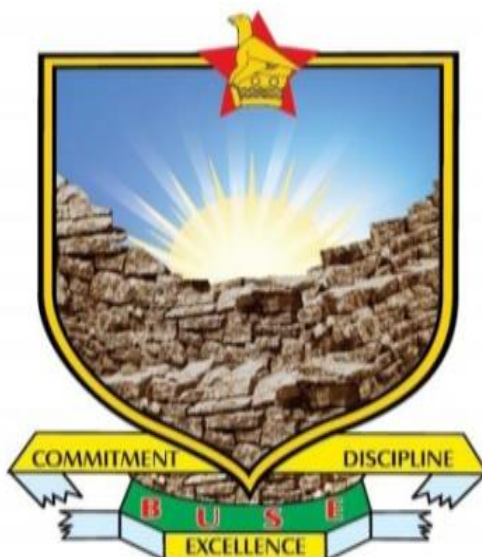


BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES



**The Effectiveness of Drug Rehabilitation Initiatives on Affected
Rehabilitants In Bindura, Zimbabwe: A Case of Chipadze Detoxification**

And Rehabilitation Centre

B211073B

**A Dissertation Submitted to the Department of Peace and Governance in partial
fulfillment for the requirements of the Bachelor of Science in**

Peace and Governance Degree

Bindura, Zimbabwe

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ABSTRACT

The purpose of the study was to investigate the effectiveness of drug rehabilitation initiatives on affected rehabilitants in Bindura with the focus of the Chipadze Detoxification and rehabilitation centre. The study aimed to examine the impact of drug rehabilitation initiatives physical and mental health outcomes, evaluate the success rates of initiatives in achieving long term recovery and rehabilitation outcomes, and identify factors contributing to the success or failure of initiatives. In-depth interviews and focus groups were conducted with rehabilitants and staff to gather rich contextual insights. The findings highlighted the significance of comprehensive treatment approaches, supportive staff, support services, community engagement, post rehabilitation and strong aftercare support in facilitating successful recovery and rehabilitation outcomes. The study's results contribute to evidence – based policy recommendations for improving drug rehabilitation services in Bindura.

DECLARATION FORM

I, B211073B hereby declare this dissertation is the result of my own research and study except to the indicated in the acknowledgements and reference included in the body of the paper, and that it has not been submitted in the paper or in full for any other degree to any university.

17 June 2025

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Student's Signature

Date

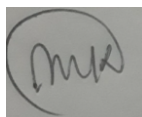
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Supervisor's Signature

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Chairperson Signature

Date



DEDICATION

I dedicate the dissertation to the pillars of my life, my parents, Mr. and Mrs. Shambira who have shaped me into who I am today. Thank you for the unconditional love and support you have given and I thank you all for all your sacrifices, patience and your constant encouragement. Without your support this whole academic year was never going to be a success and I am so blessed to have you in my life.

ACKNOWLEDGEMENTS

I am appreciative to the Almighty God for enabling me to succeed in my academic endeavours this far. I would like to express my sincere gratitude to the following people for making it possible to begin, complete and submit this study.

My Supervisor, I am deeply grateful for your guidance, expertise and unwavering support throughout my dissertation journey. I appreciate the time, effort and patience you invested in helping me.

Finally, I would like to thank my friends George Chonyera, Kundai Rasayii and Tapiwanashe Kafemba for their support and inspiration.

ACRONYMS

CDRC- Chipadze Detoxification and Rehabilitation Centre.

DA- Drug Abuse

LIST OF ABRIVATION AND ACRONYMS

SLT- Smoking Liquor and Tobacco

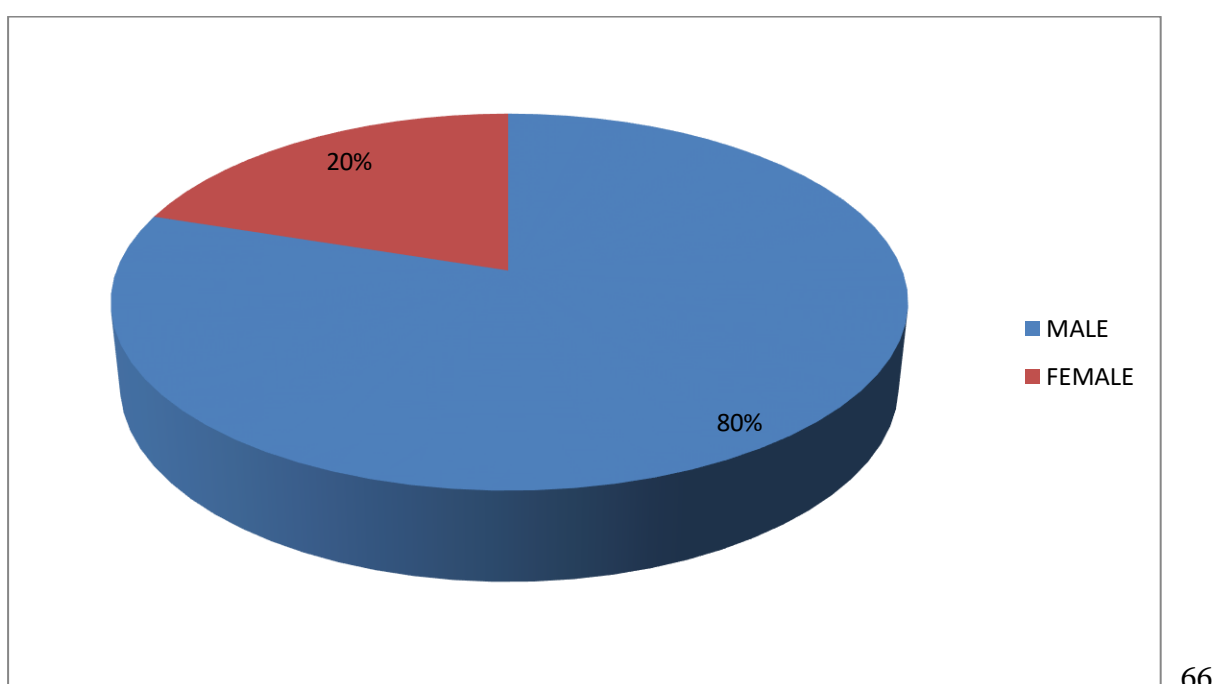
TPB –Theory of Planned Behaviour.

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Since the commencement of the rehabilitation program, many participants have reported significant improvements in their physical health. The following key changes have been observed. A predominant benefit noted by rehabilitants has been enhanced mobility. Many individuals who initially faced challenges in basic movements have experienced a marked increase in their range of motion. According to O'Sullivan & Schmitz (2020), structured rehabilitation enhances motor function and physical capabilities, allowing individuals to regain independence in daily activities. Participants reported noticeable gains in muscle strength. This aligns with findings by O'Leary et al. (2018), who emphasize that resistance training as part of

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the study

This study examined the effectiveness of drug rehabilitation initiatives on affected rehabilitants in Bindura, Zimbabwe, focusing on the Chipadze Detoxification and Rehabilitation Center. The purpose was to assess the impact of these initiatives in fostering long-term recovery and enabling rehabilitants to reintegrate into society. This chapter provides an in-depth examination of the effectiveness of drug rehabilitation initiatives at Chipadze Detoxification and Rehabilitation Centre in Bindura, Zimbabwe. It outlines the purpose of the study, statement of research objectives and questions, and significance of evaluating Chipadze Detoxification and Rehabilitation's programs in terms of their impact on long-term recovery and social reintegration of affected individuals. It also sets out the delimitation and limitations of the study, hence setting a focused and contextually grounded approach to the research. With this comprehensive introduction, the stage is set for the in-depth exploration of the effectiveness of chipadzei's drug rehabilitation initiatives.

Globally, drug addiction remains one of the major public health problems. According to the World Health Organization, more than 36 million people suffered from drug use disorders in 2020. The problem is aggravated by the proliferation of synthetic drugs and the expansion of global drug trafficking networks, undermining the efforts of prevention and treatment. Rehabilitation programs across the world have been developed and emphasize therapeutic approaches like cognitive-behavioural therapy and medication-assisted treatment. For example, Johnson et al. (2019) cited that, in the U.S., cognitive-behavioural therapy reduced addiction relapse rates by 25 per cent within the first year of treatment. Despite these

advancements, post-rehabilitation relapse rates remain high, due to systemic barriers such as underfunding, stigma, and a lack of long-term support. These global challenges underscore the need for holistic and sustainable rehabilitation frameworks.

The opioid crisis, in particular, brought to light the gaps that exist in drug rehabilitation. Global countries like Canada and the United States have implemented harm-reduction strategies, including supervised consumption sites and opioid substitution therapies, which have shown some degree of success in reducing overdose deaths and facilitating recovery processes (Smith et al., 2018). However, there are still significant disparities in access to such programs globally, particularly in low- and middle-income countries. Researchers like Kim et al. (2021) note that while interventions may be more sophisticated for wealthy nations, resource-constrained settings often lack the infrastructure and expertise required for effective implementation. These inequities are a major barrier to global progress in the fight against drug addiction and point to the need for adaptable and scalable rehabilitation models that are sensitive to culture and economy.

Alongside therapeutic interventions, international efforts have increasingly focused on community-based approaches to drug rehabilitation. Works such as Taylor et al. (2022) highlight the role of social support networks in enhancing treatment outcomes. Community-driven initiatives, such as peer support groups and family counselling, have been able to provide long-term recovery. In Thailand, for instance, community-based programs have managed to cut relapse rates by 30% over five years through the involvement of family and community leaders in rehabilitation processes (Nopparat & Wongchai, 2020). These findings suggest that global efforts must prioritize not only clinical treatment but also social and environmental aspects in order to achieve sustainable results.

In Sub-Saharan Africa, the drug addiction crisis is closely linked to socioeconomic factors, including poverty, unemployment, and weak health systems. Mafura and Banda (2018) have explored these factors in Zambia and found that urban areas, in particular, faced rising addiction rates due to increased availability of drugs like cannabis and methamphetamine. Most rehabilitation programs in the region are often based on community-oriented strategies, although they are highly affected by stigma and resource limitations. For instance, Adeyemi et al. (2020) explored Nigeria's rehabilitation efforts and reported that whereas urban cities were privileged with organized programs, the rural settings were not well reached due to resource limitations. Such inequities make it paramount that policies are made to ensure that all segments of the population have access to such rehabilitation services.

Substance abuse disproportionately affects youth populations in Sub-Saharan Africa. A study by Okonkwo et al. (2019) in Ghana indicated that unemployment and peer pressure were the main predisposing factors for drug addiction among the youth. These root causes are addressed in most rehabilitation programs targeting this demographic through the inclusion of vocational training. For example, Munyati and Ncube (2018) assessed the efficiency of family-centered interventions in South Africa and established that recovery rates increased by 50% when family members were actively involved in rehabilitation. However, Van der Walt (2021) postulated that systemic barriers, including inconsistent government funding and a general shortage of mental health professionals, ultimately act to restrict the overall scalability of these programs.

Cross-border drug trafficking perpetuates addiction difficulties in the region, particularly in Southern Africa. Works like those of Moyo and Nyathi 2020 illustrated how trafficking routes increase the availability of hard drugs such as cocaine and heroin in countries such as Botswana and Mozambique. In this way, it has introduced other challenges to

rehabilitation centres, which must now also address more severe forms of addictions. South Africa's National Drug Master Plan emphasizes multi-sectorial approaches, combining law enforcement, education, and health interventions to tackle addiction comprehensively. However, the implementation is always inconsistent at the community level. Ncube and Moyo (2022) added weight by calling for decentralization and involvement of the community in the rehabilitation processes.

Zimbabwe also has its own challenges with regard to addressing drug addiction, particularly in urban areas such as Bindura. Drug abuse has become a pervasive issue in Bindura, Zimbabwe, particularly among youth and economically marginalized populations. Substances such as marijuana, crystal meth (commonly known as "mutoriro"), and other illicit drugs have infiltrated communities, driven by factors such as unemployment, poverty, and peer pressure (Chikwanha & Maviza, 2018). Despite efforts by local authorities and institutions such as the Chipadze detoxification and Rehabilitation Centre, challenges persist in achieving long-term recovery outcomes for rehabilitants. The Ministry of Health and Child Care (2019) acknowledges the role of community-based initiatives but highlights systemic challenges, including inadequate funding, societal stigma, and a lack of skilled mental health professionals, which undermine rehabilitation effectiveness. High relapse rates further worsen the problem, hence raising questions about the sustainability and overall impact of such initiatives.

Scholars have also emphasized the urgent need for sustainable solutions to the drug addiction crisis in Zimbabwe. For instance, Matongo and Chifamba (2021) cited the need for aftercare programs to be integrated into rehabilitation services as a sure way of reducing cases of relapse. Their study revealed that due to lack of follow-up, 60% of rehabilitants relapse within six months. Ndlovu et al. (2020) also recommended that vocational training be included in rehabilitation programs to address unemployment, one of the major contributors to substance

abuse. These studies call for a multidimensional rehabilitation approach that takes into account both the clinical and socioeconomic perspectives of addiction. It is against this background that this study sought to examine the effectiveness of drug rehabilitation initiatives on affected rehabilitants at Nyati, Bindura, Zimbabwe.

1.2 Purpose of the Study

The purpose of the study was to examine the effectiveness of chipadze Detoxification's drug rehabilitation programs in Bindura, Zimbabwe, and identify areas for improvement to inform evidence-based policy and practice in drug rehabilitation.

1.3 Statement of the Problem

Despite the efforts of Chipadzei's drug rehabilitation programs in Bindura, Zimbabwe, drug abuse and addiction continue to be a major public health concern, particularly affecting the youth and economically disadvantaged populations. Substances like marijuana and crystal methamphetamine ("mutoriro") are widely abused, driven by socioeconomic challenges such as unemployment, poverty, and limited access to education (Chikwanha & Maviza, 2018). While initiatives like those at ChipadzeRehabilitation Center aim to combat this issue, their effectiveness remains questionable. High relapse rates and limited reintegration support highlight gaps in existing programs (Matongo & Chifamba, 2021). Without comprehensive interventions addressing the root causes of addiction and providing long-term support, Bindura risks escalating social instability, economic stagnation, and strained health systems. It is for this reason that this study sought to examine the effectiveness of drug rehabilitation initiatives on affected rehabilitants at Chipadzei, Bindura, Zimbabwe.

1.4 Research Objectives

The primary objective of this research was to assess the effectiveness of drug rehabilitation initiatives on affected rehabilitants in Bindura, Zimbabwe, with a specific focus on the Chipadze Detoxification and rehabilitation center.

The specific research objectives are as follows:

1. To examine the impact of drug rehabilitation initiatives on the physical and mental health outcomes of affected rehabilitants.
2. To assess the success rates of drug rehabilitation initiatives in achieving long-term recovery and rehabilitation outcomes.
3. To identify the factors that contributes to the success or failure of drug rehabilitation initiatives in Bindura.
4. To explore the experiences and perspectives of affected rehabilitants regarding the effectiveness of drug rehabilitation initiatives.

1.5 Research Questions

1. What is the effectiveness of drug rehabilitation initiatives in Bindura, Zimbabwe?
2. What are the challenges and successes experienced by rehabilitants in Bindura?
3. What are the best practices in drug rehabilitation that can be replicated in other settings?
4. How does Chipadze's drug rehabilitation program incorporate cultural and traditional practices in its treatment?

1:6 Assumptions of the Study

1. Rehabilitation programs might not adequately address undermining mental health issues exacerbating symptoms.
2. The rehabilitants might not give the correct information needed to complete the research.

1.7 Significance of the Study

Significance to Practice:

This study potentially carried significant practical significance as it produced evidence-based insights into the operational effectiveness of drug rehabilitation initiatives that could usefully inform service delivery and therapeutic practice. To the rehabilitation practitioners at Chipadze Detoxification Rehabilitation Centre and other similar centres, the findings present a diagnostic assessment of the success of interventions and pinpoint those areas that require strategic adjustment in order to realize better recovery outcomes. Through an analysis of the rates of relapse, methodologies of treatment, and challenges met post-rehabilitation, this study provides rehabilitation professionals with specific, actionable recommendations-including the integration of vocational training schemes and the promotion of structured aftercare support systems. The research brings into focus the critical positions of local community stakeholders, such as family members, community leaders, and social networks, in shaping and sustaining recovery trajectories. Indeed, as shown in this study, to increase the effectiveness of an intervention model that reduces chances of relapse for long-lasting improvement and resiliency, culturally appropriate strategies should fit in with the socio-economic circumstances of Bindura.

This study also has critical importance for policymakers and institutional actors, as it provides a basis for evidence-informed decision-making regarding drug rehabilitation frameworks and public health strategies in Zimbabwe. The findings provide a way in which policymakers can prioritize resource allocation effectively to ensure that critical gaps in rehabilitation service delivery, such as shortages in funding, limited infrastructure, and the pervasive stigma surrounding addiction, are addressed through strategic evidence-based interventions. This multi-sectorial study advocates for coordinated efforts involving key

governmental bodies like the Ministry of Health and Child Care, community organizations, and law enforcement agencies for comprehensive, integrated strategies to overcome drug addiction. Moreover, the evaluation of the Chipadze Rehabilitation Centre's performance and challenges acts as a model for the scaling-up of similar evidence-based interventions across the nation. Through its findings, this study supports the public health objectives of Zimbabwe, aligning efforts to combat drug abuse with the SDGs: addressing inequities in health outcomes, improving access to rehabilitation services, and promoting equity through systemic reform.

1.8 Limitations of the Study

Researcher Bias:

One of the limitations encountered in this study was the presence of researcher bias, which refers to the unintentional influence of the researcher's personal beliefs, values, or expectations on the study's design, data collection, and analysis. Given the researcher's vested interest in evaluating the effectiveness of drug rehabilitation programs, there was a risk that preconceived notions about the success or challenges of Chipadze's interventions could have influenced the interpretation of data. To counter this limitation, reflexivity was maintained throughout the study by consistently reflecting on personal perspectives and striving to uphold objectivity during analysis. Triangulation was employed by integrating multiple data sources, such as interviews and institutional reports, to strengthen the validity of the findings. Furthermore, peer debriefing and consultations with supervisors were conducted to ensure critical review and objectivity throughout the research process.

Participant Bias:

Another limitation that emerged in the study was participant bias, which could have stemmed from participants' hesitancy to share accurate or complete information during interviews and surveys. This bias could have been influenced by fear of stigma, concerns about confidentiality, or social desirability, particularly given the sensitive nature of drug addiction and rehabilitation experiences. To minimize this risk, the study ensured strict assurances of confidentiality and informed consent, which created a secure environment for participants to openly share their experiences. Efforts were also made to build rapport with participants during the interviews, fostering trust and encouraging candid responses. Despite these measures, participant bias remained a limitation, as some responses may have been subject to the participants' fears or desires to present them positively.

Generalizability of the Study:

The generalizability of the study findings was limited due to the focused scope of the research, which centered on a single rehabilitation program in Bindura, Zimbabwe. While the study provided valuable insights into the effectiveness of Chipadze Detoxification and Rehabilitation Centre's interventions, its findings are not universally applicable to all drug rehabilitation programs across Zimbabwe or other regions. The unique socioeconomic, cultural, and environmental factors specific to Bindura and its rehabilitation context constrained the ability to apply these findings more broadly. However, the study offered critical theoretical and practical insights that could inform other rehabilitation efforts, provided contextual considerations are taken into account. To strengthen the practical application of these findings, future research is recommended to adopt larger sample sizes, longitudinal designs, or comparative approaches that account for similar regional and contextual challenges.

1.9 Definition of Key Terms

Rehabilitation:

For the purposes of this study, rehabilitation refers to the process of restoring an individual's physical, psychological, social, and emotional well-being following the disruption caused by drug abuse or addiction. It involves structured therapeutic interventions, such as counselling, medication-assisted treatment, cognitive-behavioural therapy, and vocational training, with the goal of enabling individuals to achieve and maintain recovery, reintegrate into society, and live a productive, drug-free life. In this study, rehabilitation programs are understood as efforts that address underlying triggers for substance use, provide coping strategies, and offer support mechanisms to prevent relapse.

Aftercare:

In this study, aftercare refers to the on-going support and services provided to individuals after completing a formal rehabilitation program to ensure sustained recovery and prevent relapse. This phase involves continued therapeutic intervention, peer support groups, vocational training, family counselling, and regular follow-ups to address challenges as individuals reintegrate into their communities. For the purposes of this study, the focus on aftercare emphasizes its role in maintaining recovery by addressing underlying causes of addiction, providing coping mechanisms, and ensuring access to resources that promote stability and well-being.

Drug Abuse:

Drug abuse is herein defined as the intentional or unintentional misuse of psychoactive substances, including illicit drugs or the improper use of legal medications, in a manner that is harmful to the individual's health, well-being, or daily functioning. In this study, drug abuse is characterized by compulsive patterns of substance use that lead to physical dependence,

psychological harm, and social disruption. This pattern of behaviour is often associated with repeated use despite adverse consequences, such as impaired decision-making, strained relationships, or criminal involvement.

Rehabilitants:

Rehabilitants shall in this study be taken to mean individuals who are undergoing or have completed a drug rehabilitation program with the aim of overcoming addiction and achieving recovery. This term broadly refers to those engaged in therapeutic interventions, whether they are in the early stages of rehabilitation, actively participating in treatment programs, or transitioning into aftercare. For the purposes of this study, rehabilitants are considered individuals requiring continued support, therapeutic interventions, and access to resources to maintain their recovery and prevent relapse.

1.10 Dissertation Outline

Chapter 1: Introduction

This chapter will focus on the background of the study.

Chapter 2: Literature Review and Theoretical Framework This chapter show what previous researchers have discovered, also offers the support for new researchers and the student gets the opportunity to analyze and synthesize past research in the content of their present problem.

Chapter 3: Research Methodology and Design

There are collection methods, sampling techniques and other data presentation methods that will be used to conduct the research.

Chapter 4: Data Presentation, Analysis and Discussion of Findings

This chapter will focus on data analysis and data presentation of the findings during the research.

Chapter 5: Summary, Conclusion and Recommendation

The final chapter will comprise of the summary and recommendations of the whole study.

CHAPTER TWO

2.0: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter undertakes a full review of the literature pertinent to the study, adopting a structured approach to critically examine existing knowledge in the field. It begins by examining the social learning theory, which serves as the foundational theoretical framework guiding the investigation. Following this theoretical exploration, the chapter delves into empirical literature aligned with the research questions, ensuring a focused and coherent discussion. Specifically, it reviews studies addressing the impact of drug rehabilitation initiatives on the physical and mental health outcomes of affected rehabilitants, offering insights into the tangible effects of such interventions. Furthermore, it evaluates the success rates of these initiatives in facilitating long-term recovery, identifying patterns and benchmarks that signify effective rehabilitation practices. The chapter also examines the factors influencing the success or failure of drug rehabilitation initiatives, encompassing both systemic and individual-level determinants that shape rehabilitation outcomes. Lastly, it explores the lived experiences and perspectives of rehabilitants concerning the perceived effectiveness of these programs, highlighting the subjective dimensions of recovery and the nuanced interplay between intervention strategies and individual realities.

2.2 Theoretical Framework

This section provides a theoretical review of the theories that were used in this study. It establishes the theoretical basis of the study as it shows the relevancy, applicability and implications of the chosen theories in understanding the effectiveness of drug rehabilitation initiatives on affected rehabilitants in Chipadze Detoxification centre Bindura.

2.2.1 Social Learning Theory

Social Learning Theory provides the theoretical guidance for this research and stands at the centre of the dynamics involved in drug abuse and rehabilitation. According to this

theory, learning occurs within a social context through observation, imitation, and modelling—what was advanced by Albert Bandura. Central to its propositions is the belief that behaviour is not only influenced by environmental factors but also by cognitive processes, such as motivation and self-efficacy (Fox et al., 2016). SLT emphasizes those new behaviours, including positive social behaviours, can be acquired by observing others, particularly in environments where individuals interact frequently. This hypothesis is in full agreement with the study on rehabilitation initiatives, as it puts into perspective how social influence is a common denominator between the development of drug abuse and the recovery process.

A key tenet of SLT is that behaviour is learned through interaction with social agents such as peers, family, or media, suggesting that individuals are more likely to adopt behaviours modelled by those in their immediate environment (Laroche et al., 2022). In the context of drug abuse, this theory explains how peer behaviours significantly influence substance use patterns, particularly among youth forming their identities. Pullen and Oser (2021) highlight that drug abuse is often perpetuated within social networks where substance use is normalized. However, SLT also offers a hopeful perspective: behaviours learned through observation can be unlearned and replaced with healthier alternatives. In their review, Young et al. (2018) summarize how many of the same social mechanisms through which substance use develops and progresses can be utilized for recovery via structured rehabilitation with positive role models and environments that support recovery.

The applicability of SLT to this study is quite profound. It offers an excellent lens for the investigator to understand the social and cognitive processes underlying both abuse and recovery. Emphasizing the role of social interactions, SLT facilitates the identification of the most active factors that determine rehabilitants' progress, such as peer support, mentorship, and exposure to constructive behaviours during rehabilitation. Laroche et al. (2022) note that young people, particularly those aged 18–25 years, are very susceptible to peer influence; thus, social

learning interventions may be particularly relevant. Rehabilitation programs that incorporate SLT principles can create environments in which individuals observe and imitate adaptive behaviours, thus promoting sustainable recovery.

Besides, SLT is quite helpful in understanding the implications of the variables under study, for instance, the effectiveness of rehabilitation programs in combating drug abuse. The theory postulates drug abuse as a learned habit that can be changed. Therefore, the theory is useful in analysing the processes involved in these programs using a contextual framework. The theory underscores the importance of providing the rehabilitants with opportunities to associate with non-abusers and activities that provide reinforcement for desirable behaviour. As Scott and Easton (2020) assert, SLT provides actionable insights into how social environments and support systems can be leveraged to disrupt cycles of substance abuse. Thus, the theory not only deepens the understanding of the problem but also informs practical strategies for improving rehabilitation outcomes.

2.2.2 Theory of Planned Behaviour

Another theory applicable in this study is the Theory of Planned Behaviour, as advanced by Ajzen (1991). The TPB emanates from an understanding that human behaviour is controlled by three major constructs that include attitude toward the behaviour, subjective norms, and perceived behavioural control. According to the theory, the above-mentioned factors collectively result in a person's intent to perform a certain behaviour, which in turn predicts actual behaviour. TPB is based on the assumption that people act rationally and make decisions based on their assessments of likely outcomes of behaviour, the social pressures put upon them, and their confidence in being able to carry out the behaviour (Ajzen, 2020; Conner & Armitage, 1998). This is quite a useful theoretical framework in analysing drug abuse and

rehabilitation because it gives a structured model to analyse the factors that drive substance use and the mechanisms through which these behaviours can be altered.

The TPB tenets highlight that attitudes, or a person's positive or negative judgments of using drugs, play a significant role in influencing behaviour. For example, if one feels that taking drugs is an acceptable social way to cope with stress, one will use drugs. Equally important are subjective norms, which refer to perceived social pressures to use or not to use drugs. These are very influential among the youth due to the high level of susceptibility to peer pressure, family, and societal expectations (Ajzen, 2020; Montaña & Kasprzyk, 2015). Lastly, perceived behavioural control is the belief in one's capacity to refrain from or quit drug use influenced by both internal factors, such as self-discipline, and external factors, such as access to rehabilitation support. With the integration of these constructs, TPB offers a holistic view of psychosocial and environmental factors contributing to substance abuse and pathways to recovery.

Moreover, the relevance of TPB to this study again emphasizes explaining both persistence in using drugs and rehabilitation challenges. The TPB could be applied by rehabilitation initiatives through changing negative attitudes, reshaping subjective norms, and raising perceived behavioural control. For instance, programs that foster positive attitudes toward sobriety, involve community leaders to influence norms, and provide skills training to boost self-efficacy align with the theory's principles (Miller & Rose, 2009; Webb et al., 2010). TPB also helps in designing interventions that are tailored to the unique needs of rehabilitants, recognizing the interplay of individual cognition and social influences. This will make it a valuable tool for understanding the effectiveness of the rehabilitation programs at Chipadze Detoxification and others like it.

Also, TPB provides theoretical lenses to interpret and understand key study variables both the success rates of rehabilitation initiatives and the factors influencing relapse. The theory will help in bringing out the gap that exists in the programs and areas that need improvement by analysing the intentions of rehabilitants and the external pressures they face. For example, if rehabilitants struggle with low perceived control due to stigma or lack of resources, interventions can focus on empowerment and community reintegration. TPB thus deepens the study's insights into the cognitive and social dimensions of drug abuse and recovery, enabling a nuanced understanding of how rehabilitation initiatives can be optimized for sustainable impact (Fishbein & Cappella, 2006).

2.3 Empirical Literature

This section reviews empirical literature relevant to the study. The empirical literature review is meant to acknowledge and acquaint the study with the achievements that have been thus far made in literature. It enables the study to develop further empirical value that bridges the gaps and silences in the existing epistemology on drug rehabilitation programs. The empirical literature review will underline the empirical and methodological gaps in the existing literature, draw parallels between studies and highlight the areas of convergence and divergence among various studies.

2.3.1 Drug Rehabilitation Initiatives and the Physical and Mental Health Outcomes of Affected Rehabilitants

Rehabilitation of drug addicts has attracted considerable literature in terms of how it would help improve the health status and integrate such persons back into society. Rusting 2019 gives a critical evaluation of the results of the rehabilitation programs on the physical and psychosocial status of the patients from one of the facilities based in Ontario, Canada. Interviews, observation, and document analysis conducted in the qualitative study have

evidenced that treatment programs greatly improve physical appearances of the patients. Frailty and muscle tone loss became common due to the consumption of an unstructured diet while indulging in drugs and subsided when better skin and resilience to illnesses slowly developed. Whereas the findings by Rusting represent the rehabilitative potential of nutritionally and health-directed rehabilitation, the study has not pursued long-term psychological effects or how such physical improvements are sustained post-rehabilitation. The narrow focus on physical health outcomes leaves many questions regarding how such physical health improvements interrelate with deeper psychological healing. This gap allows for further investigation into whether such findings are also possible in socio-culturally diverse environments, for instance, Bindura in Zimbabwe, where resource availability and levels of stigma at a societal level may be a pertinent factor.

Continuing on the subject, Mascovitz et al. (2021) researched the outcomes that rehabilitation had on patients in five facilities in Oslo, Turkey, who were addicted to substance usage. They used a mixed-methods approach: interviews, questionnaires, and observations, highlighting the inhibitors which are important during detoxification, thus dampening desire and helping to rewire thought patterns in patients. The results showed that rehabilitation was effective in reducing drug dependency, improving personal grooming, and enabling healthier habits. But such focus on hygiene and productivity as indices of success again raises the question of superficiality regarding deeper psychological issues, such as the persistence of trauma or relapse. While Rusting focused on physical health, Mascovitz et al. (2021) examined the psychological dimensions but failed to interrogate the intersection of these domains. Lack of attention to cultural variability in treatment effectiveness further diminishes the applicability of the study to a non-Western context like Zimbabwe, where socio-economic and community-driven factors might redefine the rehabilitation experience.

Krazinsky (2023) assessed the psychological impacts of housed rehabilitation among people with substance addiction in Kansas, United States. A combination of psychotherapy and pharmacological interventions greatly improved the substance-induced psychosis of these patients, enhancing speech coherence, clarity of thought, and diminishing symptoms of withdrawal. This corresponds with similar findings from a New Zealand-based rehabilitation study conducted by Kauffner (2022), in which general rehabilitation lasting between six and eight weeks managed to rehabilitate the patients' mental and functional capacities. In all of them, the assumption of equal accessibility and availability of resources has been implicitly made, ignoring existing disparities in healthcare infrastructure in particular regions like Africa. Though appreciable, their focus on the restoration of mental health has neither of them strongly critiqued the outcome concerning sustainability or the challenges of social reintegration, which is an important dimension to define the success of rehabilitation holistically.

Equally relevant to the contemporary debate is the debate between the efficacies of housed rehabilitation programs versus community-based approaches. Medina (2023) gave a more holistic approach in the investigation of community-based rehabilitation and its multidimensional impact on both physical and psychological health. It has elaborated on the role of behavioural therapies, counselling, and pharmacological treatments in imparting self-control and relapse prevention strategies in patients. Medina's (2023) nuanced exploration of concurrent mental disorders and the importance of vocational training offers a broader understanding of rehabilitation's potential. However, the study's generalization of community-based approaches as universally effective fails to account for the socio-economic and cultural specificities that shape rehabilitation experiences globally. Medina's (2023) findings resonate with Rusting's emphasis on physical restoration but diverge in their focus on long-term behavioural change, highlighting a crucial debate in rehabilitation discourse: whether housed or community-based programs are more effective in achieving sustained recovery.

In Africa, The intersection of cultural context and resource availability is critical to understanding the nuanced dynamics of rehabilitation programs in Africa. The cultural context and resource availability are very important in understanding rehabilitation programs in an African setup. Modusi, 2021, studied the reconciliation of drug addiction sufferers with their families in Kayelitsa, South Africa. Qualitative study underlined psychosocial benefits of combining institutional rehabilitation with community programs, in tune with the assertion of Medina in view of social support structures. Unlike Medina, however, Modusi spoke to resource constraints and stigma within the communities more explicitly, thus providing a more contextual critique. The findings of the study, though instructive, are necessarily limited by their qualitative scope and raise questions about generalizability and the mechanisms through which familial reconciliation translates into sustained mental health improvements.

Approaching issues related to resource constraints and consequences for rehabilitation, Gkopasa (2022) expanded this discussion by investigating how resources have played a significant role in effective rehabilitation in Botswana. Such studies indicated that proper funding, comprehensive therapies, correlated with better physical and cognitive health for the patients. This finding is consistent with the conclusions on physical recovery by Rusting, but it also introduces as critical variable resource availability-an issue very relevant in under-resourced settings such as Zimbabwe. However, the investigation falls short of examining how such deficits in resources might be mitigated through innovative or indigenous interventions. A major research lacuna thus exists, relevant to the context of the current study.

In Zimbabwe, for example, Mombeshora (2023) explored five rehabilitation centres in Harare and found remarkable improvements on both physical and mental health outcomes amongst patients. Frail and malnourished patients had their muscles firming up with less susceptibility to illness; the mentally challenged regained coherence in speech and clarity of thought. While these findings corroborate the international consensus on the effectiveness of

rehabilitation, the limited geographic scope of this study and the lack of engagement with community-based approaches provide restrictions for its broader applicability. The insights from Mombeshora's work are important in delineating how rehabilitation impacts health outcomes in Zimbabwe but also point out the need for further research in a peri-urban or rural setting like Bindura, where socio-economic and infrastructural challenges may significantly alter rehabilitation dynamics.

2.3.2 The success rates of drug rehabilitation initiatives in achieving long-term recovery

Globally, several scholars such as Anglin and Hser (2020), Apsler and Harding (2021), Berg (2022), Brown (2023), and Gerstein and Harwood (2020), puts into perspective the complicated variability in the success rate of drug rehabilitation initiatives within different populations and contexts. For instance, using meta-analysis of three decades of outcomes, Prendergast et al. (2022) contend that drug treatment does elicit consistent, quantifiable positive results in reduction in drug use and related behaviours in contrast to no or minimal treatment. This strong finding is the universality of the efficacy of treatment and a challenge for questions on variation in the rates of long-term recoveries between the treatment modalities. Although these observations are indeed well supported, Norashida and Lukman (2023) also present findings from a study in a Cure and Care Rehabilitation Centre in Burma; however, their approach is uniquely different in using the DART to measure recovery quantitatively. The results showed 52% full discharge and 37% transition into outpatient status among the respondents, thus informing that standardized instruments could prove helpful in improving the intervention. However, the descriptive analytical framework allows further investigation of predictive factors related to recovery outcomes and thus signals a methodological lacuna in establishing a correlation between recovery trajectories and either patient demographics or intervention types.

In a similar vein, Chaudhary's qualitative case study (2021) in Michigan brings nuance into rehabilitation effectiveness, especially among African-American men struggling with cocaine addiction. The paper explains partial success of behavioural interventions by telephone interviews and thematic content analysis based on the social learning theory. In this point, Chaudhary claimed that the combination of behavioural, educational, and pharmacological treatments resulted in the best performance. This coincides with a meta-analysis by Prendergast et al. (2022) but differs in terms of underlined specific vulnerabilities, which accompany exclusively behavioural therapies. The focus of the study on recidivism provides insight into valuable but quantitative rigor that is lacking, thus leaving gaps in understanding at scale and predictors of successful rehabilitation across broader populations. These studies collectively underscore the need for multi-modal treatment approaches while revealing inconsistencies in the evidence base concerning cocaine addiction.

On the other hand, the success of the rehabilitation process is related more to the integration of the community-based support network. In countries like Norway, which boasts one of the highest rates of recovery in the world, the treatment model puts an emphasis on aftercare and community involvement. Research by Lunde et al. (2021) suggests that community support systems raise the recovery rate in long-term rehabilitation by 40% compared to individual therapy. The model followed in Norway has been hailed as one of the holistic models for rehabilitation; it combines peer mentoring, counselling, and employment opportunities for recovering addicts. But the approach also brings into light the challenge of scaling such models in countries with fewer resources. This has been possible due to well-established social services in Norway, which, at times, are completely missing in lower-income countries, making it not a universally applicable model.

Other than community involvement, availability of post-rehabilitation ongoing care is one of the leading indicators of long-term results for recovery. A UK study by Brown et al.

(2022) accentuates the need for systematic aftercare programs. In this respect, their study found that clients who had aftercare support for a period of at least 12 months post-rehabilitation had a 30% lower relapse rate compared with patients who were merely discharged and did not get any systematic aftercare. This finding underlines the argument that rehabilitation should not end with discharge but needs to be part of a continuing recovery process. However, the same study recognizes the reality of aftercare resources often being thin on the ground, especially in countries where healthcare systems are struggling to keep up. This raises further questions as to whether there can be a universal standard concerning rehabilitation outcomes or if such success has to be contextualized within particular societal structures.

The modality of treatment also has an important role in the success of the recovery process. A meta-analysis conducted by Apsler and Harding (2021) showed that pharmacological interventions combined with behavioural therapies provided higher long-term recovery rates than either method used discretely. Their study, which analysed more than 100,000 cases from a variety of global contexts, demonstrated that pharmacological treatments- for example, methadone for opioid addiction-when combined with cognitive-behavioural therapies, resulted in a 15% reduction in relapse rates. While this integrated approach has achieved a lot in high-income settings, in poor-resource settings, medications used are not always available, complicating application globally. The gap in accessing medication underlines the need for treatment options that are cost-effective, context-sensitive, and composed of both psychological and physiological recovery components.

On the other side, there is Eastern Europe, such as Russia, where rehabilitation mostly relies on residential treatment, which consequently can affect recovery success over a long period. Accordingly, Ivanov et al. (2023) study that short-term efficacy of in-patient treatments in Russia happens, relapse rates start to explode when patients reach the general population without supportive community elements or aftercare. The present study postulates that such

highly structured programs, despite providing symptomatic relief in the short term, are less effective in sustaining long-term recovery because they fail to integrate with broader long-term community-based support systems. This brings into question the argument of whether intensive residential rehabilitation on its own is sufficient or whether it needs reinforcement from broader, community-oriented initiatives if enduring change is to be achieved.

Drug rehabilitation has also been discussed in the use of technology for its conduct in recent years and has provided innovative solutions in some global contexts. Research by Schwab (2022) considers the use of virtual support groups and mobile apps in maintaining recovery. The study found that participants with technology-based on-going support, such as tracking their progress or even attending virtual counselling sessions, had a 25% higher rate of long-term recovery compared to those who relied on in-person interventions only. However, this approach remains more prevalent in high-income countries where access to digital tools is widespread. This is not an option for everyone in low-income countries; hence the need for more inclusive approaches that will combine technological advancement with more traditional approaches.

Family involvement in rehabilitation also comes out as one of the major players in terms of the success of recovery. Narayan et al. (2021) conducted a family-based intervention in India. Trained family members are made to participate in the treatment process, which increased recovery rates by 15% in the long run. The study asserts that quite too often, addiction is considered a family problem, therefore your loved one's involvement provides one with a more encouraging environmental setting for recovery. Yet, the same research also goes on to detail how all families are not supporting, especially if family members themselves have addiction problems. These differing issues only serve to highlight the fact that during the initial assessment stages, family dynamics have to be mapped and therapy adjusted based on needs.

In the Philippines, Orbona, Mercadob, and Balila (2015) add a fresh perspective to the existing literature by investigating the impacts of forgiveness therapy on the relapse risks and levels of gratitude of drug rehabilitation residents. A quasi-experimental design composed of an experimental group undergoing 12 sessions of therapy resulted in significant enhancements of the markers of recovery compared to conventional treatment modalities. This study adds something new to the debate through the emphasis on psychosocial aspects of recovery, which is not usually highlighted in biomedical models. The scope is highly limited and the sample size small, thus generalization is impossible, and further research is required to establish how far psychosocial interventions of this nature can be scaled up across diverse cultural and institutional contexts. This divergence in methodological and thematic focus against the background of the remaining studies testifies to multi-dimensionality in effecting rehabilitation and underlines psychological and structural interlinking.

Prendergast et al. (2022) performed a more comprehensive meta-analysis, becoming a cornerstone in the literature while systematically identifying methodological variables, which predict treatment efficacy. Based on the findings about what influences the quality of implementation, theoretical development, or researcher allegiance, their conclusion provides a framework for the review of diverse rehabilitation approaches. Their findings interestingly correspond with the quasi-experimental research of Schwab (2019) on the use of emotional support animals during treatment. Though ground-breaking in the use of non-traditional interventions, Schwab's study ultimately finds that the presence of dogs has no significant difference in treatment duration or outcome. The findings of this study run counter to the central thesis of Prendergast et al. in that it introduces a different perspective on emotional and non-cognitive support as ancillary rather than primary intervention strategies. This nuanced exploration of auxiliary therapies underlines the variability in individual responses to non-

traditional rehabilitation models, emphasizing the complexity of tailoring interventions to specific patient needs.

In a more philosophical direction, Czyszczewski (2015) breaks the mould of empirical methods in addiction treatment by offering a new framework for reflective aesthetic judgment. Underpinned by Kantian aesthetics, this study suggests that non-cognitive interventions like art therapy and spiritual practice may engage those failures of willpower which cognitive treatments fall short of addressing. While innovative, this perspective introduces debates about the practicality and empirical validation of aesthetic-driven approaches, contrasting sharply with Schwab's (2019) findings on tangible, measurable interventions like pet therapy. The lack of empirical validation in Czyszczewski's propositions creates a research gap in operationalizing aesthetic therapies within mainstream rehabilitation frameworks, necessitating further empirical studies to bridge theoretical propositions with actionable interventions.

Useful insights also derive, for example, from the African context in which Chubene's 2019 mixed-methods study was conducted among rehabilitants in Mpika, Zambia. The study reveals that 63% of participants manage to avoid relapse while 61% engage in occupations, thus underpinning the importance of holistic rehabilitation, targeting addiction, economic, and social dimensions. This agrees with the findings of Kiprimba 2022 in Kenya, which reports a 47% reduction in drug use among rehabilitated persons despite an increased substance abuse rate across the country. Both studies point to the importance of comprehensive frameworks encompassing awareness, prevention, and socio-economic empowerment. However, the relatively high rates of substance use relapse in Zambia compared to Kenya illustrate regional disparities that may be influenced by resource availability and program implementation, making it implausible to generalise these findings to Zimbabwe. This divergence necessitates cross-contextual studies in the identification of scalable best practices.

It is imperative to note that cultural attitudes toward where the drug rehabilitation actually takes place themselves greatly determine its outcomes. A study conducted by Adamu et al. (2023) in Nigeria reveals the cultural beliefs and stigma associated with drug addiction to be potential barriers toward recovery. They note that, culturally, people in Nigeria often go through such social stigma upon seeking treatment that it prevents people from going to rehabilitation facilities. Such cultural barriers are a reason for the lower success rate in the region. On the other hand, the research also identifies a shift in public attitude, whereby drug addiction increasingly becomes viewed as an issue of health rather than a moral failing. This cultural shift might suggest that stigma mitigation could be one of the main ways to enhance the effectiveness of drug rehabilitation, especially in regions where drug addiction is traditionally considered heavily stigmatized.

Various scholars, such as Anglin and Hser (2020), indicate that cultural and social differences may be influential in shaping recovery trajectories. In South Africa, for example, treatment models have to grapple with the high levels of unemployment and poverty, which are critical contributors to drug abuse. Mafolo et al., in a study conducted in the year 2022, found that the association existed between the success rate and the employment training programs as part of rehabilitation processes. It has also been observed in this study that such participants who, along with the regular therapeutic interventions, were provided with the vocational skills demonstrated a 20% higher rate of sustained recovery. This underlines the role of socio-economic factors in rehabilitation and calls for programs that would look into both the psychological and economic aspects of recovery.

2.3.3 The factors that contribute to the success or failure of drug rehabilitation

initiatives.

The research into the factors that determine the success or failure of drug rehabilitation initiatives has recently gained significant global attention, with various researchers underlining the interaction between institutional, socio-economic, and cultural factors. Gombar (2019) also points to structural vulnerabilities in post-rehabilitation processes, focusing his research on British Columbia, Canada. Using a mixed-methods approach, this study identified the pervasive influence of drug networks and lack of sustained follow-up support as critical barriers to long-term recovery. Despite the insight provided by this study, it does not address how certain local governance structures or community-based initiatives could mitigate these vulnerabilities. This gap calls for further research on how the localized support mechanisms can be harnessed to improve rehabilitation outcomes, especially within socioeconomically strained contexts like Bindura, Zimbabwe.

The success or failure of rehabilitation programs is often based on complex inter-relations between institutional support, socio-economic conditions, and cultural contexts. A study by Malik and Pritchard (2021) explored the effectiveness of rehabilitation programs in Canada; consistent post-rehabilitation support, such as vocational training and mental health, was considered important for long-term recovery. Yet the same study also showed that incompletely integrated services at a rehabilitation centre may lead to relapse. Again, this research, while giving a detailed insight, does not study the role of community networks and familial support in strengthening the outcomes of rehabilitation. This gap thus signals the importance of understanding the role of local context and how rehabilitation frameworks can be more community-driven, an aspect that would go down particularly well in economically disadvantaged regions like Bindura, Zimbabwe.

Recent research in the United States has identified socio-economic factors, such as housing instability and unemployment, as playing a critical role in the exacerbation of drug addiction and hindering recovery efforts. Lee et al. (2022) reported that persons who had stable housing and employment were much more likely to stay sober after rehabilitation. However, the study failed to take into consideration the systemic barriers that can hamper successful rehabilitation outcomes, such as racial disparities and access to health care. Moreover, Lee et al.'s study missed the opportunity to investigate how rehabilitation programs might be tailored to address these systemic issues more effectively. This oversight points to the need for models that consider rehabilitation in its wide socio-political and economic inequalities, which this study purposes to explore within the context of socio-economic challenges faced by Zimbabwe.

In Europe, a multi-country comparative study by Volman et al. 2021, that included countries like the Netherlands, Germany, and France, considered the integration of rehabilitation with community-based programs to improve rehabilitation results over a long time. However, the study did not examine how national politics in drug use and rehabilitation influenced the performance of these programs; hence, something was missed in the level of governmental support and regulations. This gap implies the importance of a far deeper analysis in terms of how policy and community-based initiatives can complement each other towards better rehabilitation outcomes, especially in areas where support for rehabilitation programs by governmental levels may still be lacking, such as in Zimbabwe.

In Latin America, the work of Santos and Martinez (2023) focused on drug rehabilitation programs in Brazil, with an emphasis on mental health support to overcome addiction. They noted that when the treatment packages were inclusive of mental health services, the rate of success was significantly higher. This study did not take into account the cultural perception about mental health, which either can be a facilitator or a barrier in rehabilitation. These are the cultural considerations that have usually been ignored in Western-

centred rehabilitation models and need to be integrated into the rehabilitation process, especially in areas like Bindura, where local cultural beliefs and stigma may affect the willingness of people to engage with rehabilitation services.

In Australia, Patel et al. (2021) also emphasized the personalization of rehabilitation programs to improve outcomes among recovering people from substance abuse. The individual care plan, encompassing all the person's needs for mental health problems and education, contributed to the lower rates of relapse. However, Patel et al. do not discuss how this can be scaled up, especially in resource-poor settings. This therefore signals a critical gap in understanding how individualized rehabilitation approaches can be adapted to different socio-economic contexts, an issue this study seeks to address by exploring how customized rehabilitation services can be effectively implemented in Zimbabwe.

The role of education in rehabilitation success has also been studied worldwide. A study conducted by Williams and McConnell in 2020 found that in the United Kingdom, rehabilitation programs incorporating education assisted subjects in improving their cognitive functions, thus reducing the likelihood of relapse. The study did not address how previous levels of education prior to rehabilitation would affect the outcome during recovery. It remains a gap in the literature on how rehabilitation programs should put in place remediation programs, considering an individual's cognitive abilities, as well as their pre-existing levels of education. This is thus a study that will aim at further exploring how educational interventions can be personalized to rehabilitants' diverse needs in Zimbabwe.

Kim and Cho (2022) in South Korea examined the role of community reintegration in maintaining recovery among drug users. They found that individuals who received community-based rehabilitation programs tended to show higher rates of sustained sobriety due to the social support networks they built. However, their study did not explore how these community

reintegration programs could be adapted to different cultural and socio-economic contexts. This limitation points to the need for further research into how community reintegration can be effectively implemented in regions with different social structures, such as in Bindura, where communal ties may be a significant factor in rehabilitation success.

In New Zealand, Taylor and Morrison (2023) studied the integration of vocational training in drug rehabilitation programs. These are found to be significantly more effective, particularly for younger participants, if rehabilitation programs include job training and the development of vocational skills. This study did not, however, look at the challenges involved in linking these vocational programs with local labor markets and the contribution of economic instability to narrowing the scope of such interventions. This gap calls for an understanding of how economic empowerment initiatives, like vocational training, can be combined with the rehabilitation programs for better long-term recovery, especially in countries like Zimbabwe, where economic challenges may interfere with successful reintegration into the workforce.

Other emerging themes related to socio-economic stressors have been replicated in studies conducted throughout Asia and Latin America. Heraveen and Pew (2023), researching drug rehabilitation challenges in Malaysia, concluded that unemployment among the youth increases vulnerability to drug use and trafficking. While the study effectively links economic precocity to rehabilitation failures, it does not explore how integrated livelihood programs within rehabilitation centres could counteract these issues. In the same way, Kuratna, in 2022, underlines that in Bolivia, impoverished communities are more likely to be affected by drug abuse because of the inability to access basic services such as health and education. However, the study by Kuratna lacks assessment in terms of ensuring that the systemic alleviation of poverty is sustainable for challenges like these. Such gaps outline the need for comprehensive frameworks incorporating immediate and systemic interventions-a focus this study seeks to explore within the unique socio-economic conditions of Bindura.

Lack of sufficient support after rehabilitation is a theme echoed by literature emanating from India and Mauritania. Prajesh's qualitative research in Hyderabad supports extending social worker interventions at the community level to reduce recidivism rates (2022). Resource constraints could not be considered, which may limit scaling up the interventions. Similarly, Malo (2023), in a mixed-methods study in Mauritania, highlights the need for multi-faceted psychosocial support systems and gives limited consideration to how such systems might be shaped by, and interact with, local cultural practices and beliefs. These omissions also point to a bigger gap in understanding how resource allocation and cultural sensitivities can be harmonized in post-rehabilitation support, especially for settings like Bindura, where both factors feature conspicuously.

African studies have contextually relevant insights into institutional challenges within rehabilitation systems. Jozil and Hani (2021) found that under-resourcing is a key inhibitor of the effectiveness of rehabilitation programs in rehabilitation centres studied in Mafikeng, South Africa. Their quantitative analysis showed ratios of one caregiver to fifteen patients, inadequate therapy interventions, and nutritional support. However, the study does not look into innovative funding mechanisms or public-private partnerships that could alleviate resource constraints. In the same vein, Muvuna's (2023) qualitative research in Mozambique identifies underfunding, lack of personnel, and inadequate facilities as systemic barriers to effective rehabilitation. However, Muvuna's study does not establish the role that regional or international collaborations could play in meeting these challenges. These shortcomings call for further research into the models of sustainable funding and cross-border initiatives that will equip rehabilitation infrastructure, especially at low-resource settings like Bindura.

Socio-cultural dynamics are another layer of challenge in rehabilitation outcomes. Kingston, in 2023, through his study on drug use in Trinidad, showed religion-cultural beliefs to be an obstacle or a facilitator in recovery. Whereas the study identifies cultural norms that

normalize drug use as posing a challenge, it does not go further to give recommendations on how to integrate such cultural considerations into rehabilitation programs. On the other hand, Lemian (2021), in Niger, found that religious values provided a moral framework that aided recovery among rehabilitants. However, the study does not investigate how these values could be institutionalized within rehabilitation centres to maximize their impact. These are gaps that suggest a need for research that not only identifies cultural influences but also gives ways in which these can be used in rehabilitation settings-a focus this study aims to address in the Bindura context.

Educational and cognitive factors have also been identified as significant in sustaining sobriety. Kinza et al. (2022), in a comparative study of Tanzania, showed that having rehabilitants with tertiary levels of education was more promising for achieving sustained recovery status compared to lower levels. While the study succeeded in linking the level of education with recovery outcomes, the study did not go as far as discussing the integration of education intervention in rehabilitation programs for those who have limited formal education. Similarly, Fugari's (2023) research in Ghana links cognitive impairments to poorer recovery outcomes but fails to examine how targeted cognitive rehabilitation therapies could be integrated into existing programs. These gaps underscore the importance of designing educational and cognitive interventions tailored to the diverse needs of rehabilitants, a theme this study will explore within the Bindura setting.

Another dimension explored in African contexts is the role of community awareness and involvement. Bakari (2022), in a Tanzanian case study, established that low levels of knowledge concerning substance abuse and relapse among the community were a significant obstacle to the success of rehabilitation. Though the study recommends mass education and sensitization, it has not considered how such programs would help reduce recidivism. This is an omission that demonstrates the need for empirical studies on the determination of the long-

term effectiveness of community engagement strategies. This gap is very relevant in the context of Bindura, where community dynamics play a vital role in shaping rehabilitants' reintegration.

Finally, limited occupational transition options have been consistently cited as a barrier to sustainable recovery. Chikene (2023), in a study on rehabilitation outcomes in Malawi, found that high unemployment and restricted access to economic opportunities often push rehabilitants back into drug use. However, the study falls short of testing how vocational training could be fitted into local demands of the labour market. On the other hand, the work by Sehou and Maria, 2021 in Angola also identifies poverty, along with lack of leisure-time alternatives, as principal relapse factors without delving into how such alternatives can be institutionalized into frameworks for rehabilitation. These gaps call for a need to contextualize this study through the embedding of economic empowerment strategies into rehabilitation programs in light of Bindura's economic landscape.

2.3.4 The experiences and perspectives of affected rehabilitants regarding the effectiveness of drug rehabilitation initiatives

The effectiveness of drug rehabilitation initiatives may well depend not only on the quality of care received within rehabilitation centres but also on those external societal factors that shape outcomes in the longer term. Within the United States, technology-based intervention has emerged as a promising approach to addiction recovery. Meyer et al. (2020) investigated the efficacy of telehealth platforms in increasing post-rehabilitation support. Their study involved rehabilitants numbering over 500 and proved that telehealth services-virtual counselling and medication management-significantly reduced the instances of relapse through incessant support. However, the study again noted that these services were not equally accessible, with significant technological and infrastructural challenges in rural areas. Meyer et al. (2020) emphasized that to maximize the impacts of telehealth solutions, equal access

must be available. Although such innovations are potential solutions for post-rehabilitation challenges, their application in resource-constrained countries like Zimbabwe is yet to be seen. Nevertheless, these findings show the need to explore innovative technological solutions to bridge service gaps and enhance sustainability in rehabilitation outcomes across different settings.

The Scandinavian welfare model informs about holistic support for rehabilitants. Jensen et al. (2022) carried out longitudinal research in Norway that investigated how extended welfare systems create long-term recovery. Participants, for whom integrated services were provided, such as housing, employment, and mental health care, demonstrated substantially better long-term sobriety rates. Jensen et al. (2022) cited that rehabilitation would not be effective without addressing the structural determinants of addiction, such as poverty and social isolation. Although the extensive welfare programs of Norway may not be replicable in all settings, their holistic approach does provide a framework in terms of designing adaptive strategies in resource-constrained regions. The findings from this study underline the importance of addressing systemic barriers to recovery and offer lessons relevant to the particular challenges in various global rehabilitation contexts.

Community involvement has been a necessary ingredient for the success of many rehabilitation programs in Latin America. García and Rojas (2021) analysed community-driven initiatives in Colombia that integrated rehabilitants into local projects, such as urban farming and artisan workshops. These programs provided not only economic opportunities but also a sense of belonging and purpose for the participants, significantly reducing the rate of relapse. García and Rojas (2021) concluded that community participation plays a fundamental role in combating stigma and ensuring long-term recovery. However, their study was focused mainly on urban settings, raising questions about how these strategies would apply in rural or resource-constrained areas. The findings nonetheless underscore the transformative potential of

community-driven approaches in addressing addiction, offering a compelling model for enhancing the effectiveness of rehabilitation programs in varied socio-economic and cultural contexts worldwide.

In the Middle East, family involvement has been identified as a key factor in rehabilitation outcomes. Ahmad et al. (2023) investigated the involvement of families in Saudi Arabian drug recovery programs by conducting qualitative interviews with rehabilitants and their families. Strong family involvement proved to be one of the main features accompanying positive results, whereby families provide emotional support and pave the way for the social readjustment of their loved ones. However, this cultural stigma attached to addiction often made the families reluctant to fully engage in the recovery process. Ahmad et al. (2023) recommended public awareness campaigns to dismantle stigma and facilitate active family involvement in the rehabilitation process. While the study made useful contributions on the role of family dynamics, it did not address the broader societal factors that contribute to rehabilitation outcomes. These findings highlight comprehensive approaches within which familial, societal, and systemic support structures are integrated into a cohesive framework.

Further contributions on new modes of rehabilitation can be found in Europe. In Portugal, Silva et al. (2022) conducted a study on harm reduction strategies, including supervised injection sites and needle exchange programs. These initiatives were found to significantly reduce overdose rates and serve as gateways to more comprehensive rehabilitation programs. Silva et al. (2022) supported the view that harm reduction should not be treated as a replacement for rehabilitation but rather as a complementary strategy that addresses the immediate risks of addiction while promoting pathways to recovery. The study noted that for harm reduction strategies to succeed there is a need for policy support and community buy-in. Although such approaches continue to be controversial in much of the world, they nonetheless offer some valuable learning points regarding how pragmatic interventions might make

rehabilitation efforts more effective, especially in settings where addiction-related harms are high.

In Japan, a good deal of work has been done on the relationship between social cohesion and recovery from substance addiction. Hiroto (2022), in a qualitative research involving interviews, observations, and document analysis, researched how the social network influences the result of rehabilitation. Such individuals showed that the one who is tightly bounded with his or her family or socially demonstrated good results during this period with minimum possibility for relapse, while others with fragmentized relationship networks or social isolation are greatly challenging to hold up recovery. Hiroto (2022) emphasized the importance of social cohesion in rehabilitation programs. However, this study fell within Japan's unique cultural perspective, which limits its application on every other region. Their findings nonetheless point out just how universal the need is for social support during recovery and offer important insights that may be applied to developing culturally adaptable rehabilitation initiatives where community and familial involvement can be made possible.

Hakan (2022) presents a strong case through a qualitative study in Pakistan that explores the efficacy of rehabilitation initiatives from the perspective of former patients. This study, based on the interviews of forty persons who have undergone treatment at a rehabilitation and detoxification centre, shows that while programs are effective within the timeframe the patients stayed there, these were substantially diminished by challenges from the outside when integrated into society. The most major barriers that surfaced included continued access to drugs, social and relational stressors, economic hardships, and stigma associated with addictive behaviour. These findings emphasize that external environmental factors are critical in determining the longevity of recovery efforts, a reality mirrored in the challenges faced in Bindura, Zimbabwe. However, despite its valuable contributions, Hakan's (2022) study does

not consider how community-specific socio-cultural dynamics might shape rehabilitation outcomes, leaving a gap this research seeks to fill.

As it often is in most cases, economic stability can play a decisive role in sustaining recovery, as Marble (2021) presents in a study targeting recovering addicts in Sydney, Australia. This study investigates the relationship between economic resilience and sobriety based on interviews with fifteen former patients of inpatient rehabilitation facilities. These findings from the study indicated that those with stable income-generating activities, such as formal employment, farming, or property ownership, were more likely to maintain long-term sobriety. Marble (2021) concluded that rehabilitation outcomes are deeply influenced by the socio-economic circumstances of recovering people, underlining the need for tailored post-rehabilitation economic reintegration strategies. While these insights give poignancy to economic support systems, the study unfortunately falls short in addressing the ways in which familial or communal networks might intersect with economic factors—a gap that is particularly pointed in Bindura, where such communal dynamics often play an integral role in individuals' recovery journeys, and it constitutes a key focus of this research.

Social support networks are often said to be indispensable in recovery, a fact corroborated in the study of rehabilitants in Japan by Hiroto (2022). Through qualitative methods—interviews, observations, and document analysis—Hiroto unveiled that individuals with robust familial and social support systems had higher resilience and a lower likelihood of relapse. Those who had fragmented social networks or whose addiction led to the erosion of relationships found it very hard to sustain recovery. These results align with the literature on the importance of social cohesion in recovery from substance use globally. However, the fact that Hiroto (2022) emphasizes Japanese cultural contexts makes it difficult to generalize the findings outside the Japanese context into, say, Bindura. The socio-cultural landscape of

Zimbabwe is characterized by communal and extended family structures, thus needing a localized investigation into the mechanisms of social support, which this study purports to fill.

Faith-based interventions add another dimension to rehabilitation, fusing spiritual, psychological, and socio-environmental elements together. As recently done in Nigeria by Jinadu, (2022), the paper investigates the Christian faith-based rehabilitation programs and their impacts on recovering drug addicts through in-depth interviews, observations, and document analysis. The findings indicated that spiritual activities such as Bible teachings and prayer served as motivational factors in initiating and sustaining recovery. Psychological tools such as positive self-talk and socio-environmental relationships involving supportive persons complemented the efforts. Jinadu (2022) discovered that faith-based programs address the holistic needs of the recovering individual in both material and spiritual aspects. However, this study focuses exclusively on faith-based initiatives, leaving unanswered questions about the effectiveness of secular programs-a gap relevant to the Bindura context. This research aims to make a contribution by investigating the broader spectrum of rehabilitation models within the local community.

Bissolati (2023) has shed light on the role of community-based rehabilitation programs in addressing addiction recovery through a study on the Streetscapes program in Cape Town, South Africa. This novel approach used the human scale development framework developed by Max-Neef, applied to investigate ways in which previously homeless substance users reached self-sufficiency through the program and attained basic human needs. The single-case study design utilized data gathered from semi-structured interviews and document analysis. According to the findings, participants' self-sufficiency and wellbeing status had improved considerably when compared with their pre-rehabilitation circumstances; however, systemic obstacles along with resource limitations ensured these outcomes were not always retained easily. Bissolati (2023) mentioned that self-sufficiency ensures sustainability in recovery; thus,

providing the required insight into community-based rehabilitation. However, this is an urban-based study, and findings cannot be translated into smaller settings such as Bindura, where resources and community structures are very different. This gaps the need for localized studies on rehabilitation initiatives-which this research tries to address.

2.3 Research Gap Analysis

Although the literature reviewed has greatly contributed to an understanding of the effectiveness of drug rehabilitation initiatives, several research gaps still remain and will be attempted to be filled by this study in Bindura, Zimbabwe. Whereas various studies have been done on the physical and mental health impacts of rehabilitation, there is a need to explore the intersection and long-term sustainability of these outcomes, especially in socio-culturally diverse environments like Bindura. While there is literature on rehabilitation success rates, little is known about the contextual factors that influence these trajectories in the Bindura setting. Regarding innovative, community-based approaches, the literature has focused on institutionalized models and failed to consider the potential of frameworks suited to resource constraints and cultural dynamics of Bindura. Lastly, the experiences and perspectives of affected rehabilitants remain underexplored, and a nuanced, contextual understanding of rehabilitation effectiveness from their perspective is needed. By addressing these gaps, the proposed study will go a long way toward a holistic understanding of drug rehabilitation initiatives in Bindura and, hence, the development of better, more effective, and sustainable interventions.

2.5 Chapter summary

This chapter reviewed literature related to the study. The chapter presented theoretical framework guiding the study. Subsequently empirical literature related to the thematic areas of the research questions was reviewed, that is: the impact of drug rehabilitation initiatives on the

physical and mental health outcomes of affected rehabilitants; The success rates of drug rehabilitation initiatives in achieving long-term recovery; the factors that contribute to the success or failure of drug rehabilitation initiatives; the experiences and perspectives of affected rehabilitants regarding the effectiveness of drug rehabilitation initiatives.

CHAPTER THREE

3.0: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology that was utilised in exploring the effectiveness of drug rehabilitation initiatives on the affected rehabilitants in Bindura, Zimbabwe, focusing on Chipadze Detoxification and Rehabilitation Centre (CDRC). It has discussed the research philosophy, paradigm, approach, and design adopted for the study. Further, the population, sample size, and sampling technique used in selecting participants have been presented. An overview of data collection instruments and methods, as well as strategies of data analysis, is provided in the chapter. The methodological framework was designed to respond to the objectives put forth in the study: to assess the impact of drug rehabilitation initiatives on rehabilitants' physical and mental health, the success rate of achieving long-term recovery, factors that influence success or failure, and experiences and perspectives of rehabilitants in regard to the effectiveness of the initiatives.

3.2 Research Philosophy

The interpretivism philosophy guided the study, which recognizes that social issues can only be known through the subjective experiences of individuals as expressed in this research (Creswell, 2013). Interpretivism views reality as socially constructed and context-dependent, hence setting a very critical philosophical basis to explore how rehabilitants, healthcare providers, and other stakeholders perceive drug rehabilitation initiatives. This deeply personal, multi-faceted addiction-and-recovery understanding was better facilitated by this approach, which helped gauge the effectiveness of rehabilitation efforts in a most appropriate manner.

Interpretivism, in focusing the study on the rehabilitants' lived experiences at Nyati Rehabilitation Centre, enabled an exploration of how rehabilitants interpret their recovery journeys and challenges and successes experienced. The philosophical position was important in capturing the complexity of the recovery process from addiction since it interrelates psychological, physical, social, and cultural factors. While positivist approaches would seek to identify objective truth, interpretivism allowed the researcher to explore subjective realities of rehabilitants and stakeholders on how rehabilitation initiatives are perceived and affect individual-level outcomes.

Besides, the philosophy of interpretivism, emphasizing context-specific understanding, had relevance to the focus on Bindura. It is at the local level that the socio-economic and cultural dynamics have much more significant impacts on how rehabilitation initiatives are applied and their eventual success or failure. The adoption of this philosophy, hence, allowed the study to consider such contextual nuances, exploring comprehensively the factors that ensure the success or failure of the rehabilitation programs. This approach also fitted well with the qualitative methods used, which prioritize depth and richness of understanding over generalizability (Saunders et al., 2016).

3.3 Research Paradigm

It is further enveloped within the constructivist research paradigm that views knowledge and reality as being constructed from human interaction and interpretation, hence the work of Guba and Lincoln (1994). The paradigm perfected the philosophy of interpretivism by emphasizing the necessity to grasp perspectives that might uniquely belong to rehabilitants or any other stakeholder in drug rehabilitation initiatives. Constructivism posits that multiple realities exist, shaped by individual experiences and social contexts, making it an appropriate paradigm for exploring the diverse perspectives on rehabilitation effectiveness.

The constructivist paradigm is very relevant to this study in that it has allowed an in-depth inquiry into how rehabilitants at Chipadze Detoxification and Rehabilitation Centre construct their understanding of recovery and the factors that influence their experiences. This paradigm recognizes that the experience of every rehabilitant is moulded by personal, cultural, and environmental variables that are key in the effectiveness of rehabilitation initiatives. If it accepts constructivism, the research may look into how these individual and collective realities inform perceptions about success or failure in a rehabilitation program.

The constructivist approach agreed with the goals of the research in assessing both physical and mental health, considering the rates of recovery over time, and building an understanding of what can be done to facilitate and ensure successful rehabilitation. Emphasizing participants' subjectivity, this paradigm greatly supported an in-depth focus on the dynamics of how recovery from addiction can best occur-interactively among personal agency, program structure, and other supportive systems outside. This approach ensures richness and diversity in experiences is captured and provides the necessary insight into the effectiveness of rehabilitation initiatives in Bindura.

3.4 Research Approach

A qualitative research approach was employed in this study, aligning closely with both the interpretivist philosophy and the ontological paradigm. Qualitative research operates on the premise that reality is socially constructed and that meaning is derived from individuals' lived experiences and social interactions (Denzin & Lincoln, 2011). This methodological approach was particularly befitting for the study, inasmuch as it allowed an in-depth exploration of personal experiences and perceptions of rehabilitants undergoing drug rehabilitation initiatives at Chipadze Detoxification and rehabilitation in Bindura. In this way, the qualitative approach allowed the researcher to gain an in-depth understanding of the subjective realities of

participants, which was invaluable in delineating the initiatives' impacts on physical and mental health, the factors of success and failure, and long-term rehabilitation outcomes.

Qualitative research design also enabled the researcher to gather complex, descriptive data from a wide variety of sources, including interviews, observations, and document analysis (Creswell, 2014). This was quite important in capturing the subtle impacts of drug rehabilitation initiatives on affected rehabilitants. The flexibility and adaptability inherent in qualitative research have made it particularly effective in investigating complex and context-specific issues associated with drug rehabilitation processes (Flick, 2018). Whereas quantitative research usually attempts to generalize findings across populations, qualitative research is interested in the depth and complexity of participants' experiences within unique contexts.

This qualitative approach in this study created a strong framework within which to capture the myriad challenges and successes of drug rehabilitation initiatives from many perspectives. It allowed the researcher to delve deeply into participants' attitudes, beliefs, and experiences, offering insights that could not have been fully obtained through quantitative measures alone. This research design ensured that issues were examined in depth, and such a method allowed the articulation of contextual and individual perspectives on how certain drug rehabilitation initiatives were doing. With the qualitative approach, the study greatly benefited from the richly descriptive data, adding a lot to the overall depth and relevance of the study.

3.5 Research Design

The research design adopted for this study was exploratory. According to Stebbins (2001), the nature of exploratory research is particularly meant to look into those phenomena that have not been given ample attention so as to come up with new ideas and detect emerging patterns. Since effectiveness of the drug rehabilitation initiatives in Bindura has not been

holistically investigated, an exploratory design was very much appropriate. It allowed for a complete understanding of the physical and mental health results among the rehabilitants, successes in rehabilitation undertakings, and factors related to such an outcome. By adopting the nature of the exploratory approach, the study could, therefore, dig deep into various dimensions in which the rehabilitation processes could take place.

By nature, exploratory research allows flexibility in the data collection process, which was quite instrumental in this study. The researcher aimed to identify the known and unknown variables that may affect the effectiveness of the drug rehabilitation initiatives; therefore, the flexibility of this design was quite helpful (Saunders et al., 2016). This approach will enable the researcher to consult various stakeholders: rehabilitants, counsellors, and administrators, in an effort to gather a wide range of experiences and viewpoints. The nature of the research is exploratory in design so that patterns and relationships can emerge that may have been obscured had more inflexible designs been adopted.

Furthermore, the exploratory nature of the research allowed the researcher to conduct the research process in an interactive manner with the emergence of new data. This has been very useful in highlighting various experiences and challenges that rehabilitants face at Chipadze and for the assessment of practical implementation of drug rehabilitation programs in Bindura (Robson, 2011). Inherently, the flexibility within exploratory research allowed this study to cover a complete and complex coverage of the subject matter to ensure findings on any unexpected findings within the study comprehensively look at the initiatives of drug rehabilitation. This approach encourages discovery and enhances the depth with which the complex nature associated with the attempts of rehabilitation can be contextualized.

3.6 Population of the Study

The target population of this study included rehabilitants undergoing treatment for drug abuse, rehabilitation centre staff, and community leaders associated with Chipadze Detoxification and Rehabilitation Centre in Bindura, Zimbabwe. More specifically, the study targeted only those individuals and groups who were the direct implementers or beneficiaries of the rehabilitation initiatives. The population selected is relevant to the study's objectives, especially in terms of examining the physical and mental health outcomes of rehabilitants, assessing success rates, and understanding the factors that influence rehabilitation outcomes. The study focuses on this population in order to gather in-depth data from those directly involved in or affected by drug rehabilitation initiatives.

3.7 Sample Size

The sample size was randomly selected from the targeted population; it included respondents who were from Chipadze Detoxification and Rehabilitation Centre. A total of 50 participants were selected, including 30 rehabilitants, 10 rehabilitation centre staff, and 10 community leaders. The sample size was adequate enough to derive full information concerning the effectiveness of the drug rehabilitation programs at Chipadze.

3.7.1 Sampling Techniques

The non-probability purposive sampling technique was adopted for this study. Non-probability sampling has been adopted because it allows an adequate selection of participants that are in possession of the particular knowledge or experience relevant to the topic of research (Etikan et al., 2016). Since the study had focused on the different drug rehabilitation initiatives, non-probability sampling was appropriate in that the study participants—rehabilitants, staff members, and community leaders—were actively involved or affected by the rehabilitation process and hence were a rich and relevant source for the study (Gentles et al., 2015).

3.7.1.1 Purposive Sampling Technique

Purposive sampling is a non-probability sampling technique in which participants for this study have been selected. In this technique, the researcher will be able to purposely choose rehabilitants, staff members, and community leaders who are the most knowledgeable and experienced in regard to drug rehabilitation initiatives at Chipadze Detoxification and Rehabilitation Centre. This, according to Palinkas et al. (2015), has been essential in ensuring that the participants had substantial information that answered the objectives of this study. The focus on key informants allowed the researcher to capture data that was rich in detail and that contributed to a deeper understanding of the effectiveness of the rehabilitation initiatives.

In this regard, purposive sampling was particularly helpful for the current study, as it allowed the researcher to target individuals who had experienced rehabilitation programs for drug addiction. This approach gave a guarantee that the data gathered would be rich in information, since participants were purposively selected based on their capability and knowledge to provide rich data about physical and mental health, success rates, and contributors to rehabilitation success or failure. Purposive sampling targets people who were very closely involved in the process of rehabilitation, which increases the depth and relevance of the study, enabling the researcher to understand all factors that influenced rehabilitation outcomes (Patton, 2015).

3.7 Data Collection Methods

Data collection was done through both primary and secondary methods. For primary data collection, the study used in-depth interviews and direct observations while the secondary data were obtained from documents reviewed. These were chosen to capture comprehensive and relevant data with regard to drug rehabilitation initiatives' effectiveness at Chipadze Detoxification and Rehabilitation Centre. By bringing together these various approaches, it is argued that the range of perspectives is captured on physical and mental health outcomes,

success rates, and contributory factors leading to either successful or unsuccessful rehabilitation.

3.7.1 In-depth Interviews

The in-depth interview is a qualitative data collection method that is mainly based on the provision of open-ended questions to obtain as much detail as possible from respondents. In this research project, in-depth interviews will aim at experiences and views from key stakeholders like rehabilitants, rehabilitation centre staff, and community leaders. The flexibility of in-depth interviews allowed participants to express their thoughts in a detailed and unrestricted manner, providing rich data on the challenges and successes of drug rehabilitation initiatives at Chipadze (Creswell & Poth, 2018). This method was particularly relevant for assessing the physical and mental health outcomes of rehabilitants and understanding the factors contributing to rehabilitation success or failure.

These interviews were semi-structured, meaning there was a guide for the questioning; however, probes and response clarifications were possible. These interviews were done face-to-face to make the interaction personal, which helped elicit subtle information that might not have been possible with other methods of collecting data. According to Bryman (2016), all interviews were audio-recorded upon getting consent from participants to allow for accurate transcription and analysis of data.

3.7.2 Observation

Observation as a method of collecting qualitative data refers to a systematic observation of behaviours and events in their natural settings. Observation for this study shall be employed in assessing interactions, processes, and outcomes in the rehabilitation programs Chipadze Detoxification and Rehabilitation Centre. It provides good insights into how the rehabilitative initiatives were actually implemented and experienced by rehabilitants (Patton, 2015). The

researcher focused on aspects such as methods of counselling, group therapy dynamics, and the conduciveness of the general environment to recovery.

The observations were non-participant, in that the researcher did not actively participate in the activities being observed. The researcher took time to record sessions, interactions between staff members, and rehabilitant behaviours. This method was important in triangulating the data obtained from interviews and documents, hence enabling the researcher to identify possible gaps between what are intended and what actually happens (Silverman, 2017). Detailed field notes were taken during each observation session, and key themes were identified for analysis.

3.8 Research Instruments

3.8.1 Interview Guide

An interview guide was developed that would ensure the interviews conducted are in-depth. It contained open-ended questions that were specifically aimed at eliciting detailed responses regarding participants' views about various aspects of drug rehabilitation initiatives: their effectiveness in bringing about improvement in physical and mental health, the attainment of long-term recovery, and the contributing factors to success or failure. In order to ensure that the core subjects were discussed with each of the participants, an interview guide was used; however, it also allowed for further probing into specific areas since the nature of responses is contingent upon the participants (Kvale, 2008). This balance between structured and flexible elements was fundamental for data of sufficient depth and nuance in order to effectively address the objectives of the study.

The structure of the interview guide was closely aligned with the key research objectives. It was divided into distinct sections, each focusing on a particular aspect of drug rehabilitation, such as the perceived impact on physical and mental health, the long-term

success of the initiatives, and personal experiences of affected rehabilitants. This organization ensured that the interviews would be focused and systematic, allowing relevant information from each participant to be gathered. The interview guide was used to guide the conversation and allow for a depth of exploration of the views and experiences of participants through structured open-ended questions that were given, providing great insight into the effectiveness of drug rehabilitation initiatives in Bindura. This approach was very important for understanding in detail the broad perception of successes and challenges of the initiatives and further areas of improvement.

3.8.2 Observation Checklist

An observation checklist was developed to guide the systematic observation of the rehabilitation facilities and sessions at Chipadze Detoxification and Rehabilitation Centre . The checklist was structured round key areas such as the availability and adequacy of infrastructure, the implementation of therapeutic strategies, and interactions between rehabilitants and staff. This tool was very instrumental in ensuring that all relevant aspects of the rehabilitation environment and processes were consistently observed (Merriam & Tisdell, 2016).

These included items such as the quality and accessibility of facilities, types, and frequency of therapy sessions to behavioural and emotional responses of rehabilitants while attending such sessions. Observation checklists allowed the researcher to remain focused on critical indicators of effectiveness for drug rehabilitation initiatives; therefore, comparison across different observations became easier to make. Data obtained through this tool formed the basis of actualizing rehabilitation programs in Bindura and their effectiveness for the target population. In systematically recording such elements, the checklist, therefore, aids in a more critical review of how the projects meet the rehabilitants' physical, mental, and emotional needs to form a comprehensive review of their effectiveness.

3.9 Data Collection Procedure

Data collection comprised three key processes: in-depth interviews, observation, and review of documents. In-depth interviews were held with rehabilitants, program coordinators, and healthcare professionals involved in drug rehabilitation at Chipadze Detoxification and Rehabilitation Centre . The interviews ranged from their experiences, views, and ideas regarding how effective these rehabilitation initiatives would be to help them achieve long-term recovery and improvement in physical and mental health outcomes. These questions were open-ended to afford full opportunity for elaboration on the factors in both the success and failure of the initiatives. While conducting this research, nonparticipant observations were made in the setting of the rehabilitation centre itself, concentrating on the interaction between the rehabilitants and the staff, the conduct of therapeutic activities, as well as the state of the environment within the rehabilitation facility. It aimed at observing how the practical aspects within the rehabilitation process supported recovery and what observable challenges and limitations were posed.

3.10 Data Analysis

Data from this study were analysed using thematic analysis, a qualitative data analysis method that identifies, analyses, and reports patterns (themes) within data. Thematic analysis was used to group the data into themes based on the research objectives, such as the impact of rehabilitation initiatives on physical and mental health, success rates of long-term recovery, and factors influencing program outcomes (Braun & Clarke, 2006).

Data familiarization was the first process, where interview transcripts, observation notes, and document reviews were read multiple times to identify significant details. Segments of data were coded in order to capture the ideas and concepts that recurred. Afterwards, these codes were organized into broader themes, which addressed the research objectives directly. This approach has been chosen because it is flexible enough and capable of providing a detailed

and nuanced comprehension of data. Thematic analysis allowed the researcher to identify and emphasize experiences and perspectives of participants in providing insight into the effectiveness of initiatives on drug rehabilitation at Nyati Rehabilitation Centre.

3.11 Data Presentation Methods

Results from the study were presented in narrative form. The elaboration of emerging themes and subthemes during analysis was done using quotes that were illustrative of participants in order to make the context richer. Summary tables were used to outline the success rate, pattern, and recurring challenges emanating from document reviews and observations. Quantitative aspects of the findings, such as the proportion of rehabilitants achieving long-term recovery, were presented with the help of pie charts and bar graphs. This multi-faceted approach has provided a clear, comprehensive, and accessible presentation of the data.

3.12 Ethical Considerations

Several ethical considerations were observed in this study:

Informed Consent: Participants were fully informed about the purpose and procedures of the study and gave their consent to participate. Consent forms were provided in both written and verbal formats to ensure accessibility.

Confidentiality: The identities of participants were kept confidential, and data were anonymized to protect their privacy.

Voluntary Participation: Participation in the study was entirely voluntary, and participants could withdraw at any time without penalty.

Non-harmful Procedures: The study ensured that no physical or psychological harm came to the participants during data collection. Special care was taken when discussing sensitive topics to avoid traumatization.

Ethical Approval: Ethical clearance was obtained from the relevant authorities, including the rehabilitation centre management and local ethics review board, before conducting the research.

3.13 Chapter Summary

This chapter outlined the research methodology used in the study, including the research philosophy, paradigm, and approach. The data collection methods, which included in-depth interviews, observations, and document reviews, were discussed in detail. The use of research instruments such as interview guides, observation checklists, and document review guides was elaborated, along with the procedures for data gathering and thematic analysis. Ethical considerations observed during the study were also highlighted, ensuring the study was conducted responsibly and with respect for participants. This comprehensive approach ensured the collection of rich, reliable data to address the research objectives effectively.

CHAPTER FOUR

4.0. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

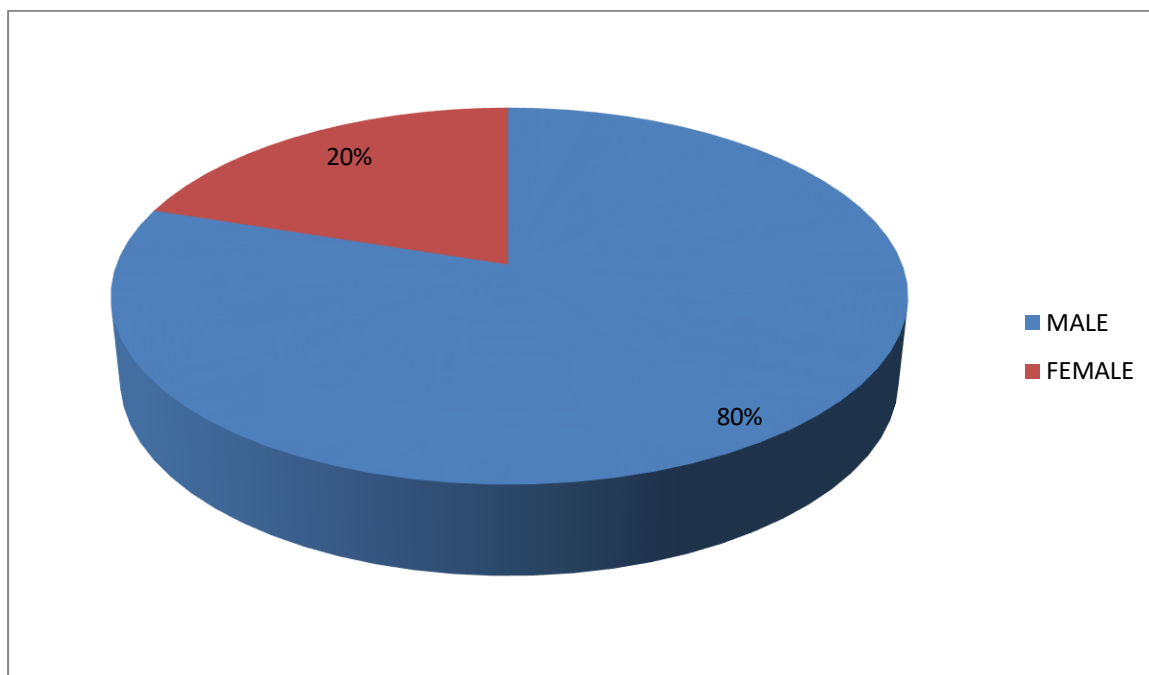
4.1. Introduction

This chapter analyses the researcher's data analysis, presentation and discussion of findings gained at Chipadze Detoxification and Rehabilitation Centre Bindura data was acquired through interviews and a focus group discussion. Feedbacks from the discussion were used to present the findings.

4:2 Section A: Biographical data of participants

1. Gender

2. Figure 4.1 Gender



From the research findings, the highest number of participants was 15(80%) males, followed by 5(20%) females.

4:3.Section B. To examine the impact of drug rehabilitation initiatives on the physical and mental health outcomes of affected rehabilitants.

Since the commencement of the rehabilitation program, many participants have reported significant improvements in their physical health. The following key changes have been observed. A predominant benefit noted by rehabilitants has been enhanced mobility. Many individuals who initially faced challenges in basic movements have experienced a marked increase in their range of motion. According to O'Sullivan & Schmitz (2020), structured rehabilitation enhances motor function and physical capabilities, allowing individuals to regain independence in daily activities. Participants reported noticeable gains in muscle strength. This aligns with findings by O'Leary et al. (2018), who emphasize that resistance training as part of rehabilitation programs significantly improves muscle strength and endurance, which is essential for overall health.

4:3:2 Can you share any improvements or challenges you've experienced in your mental health throughout the rehabilitation process?

A common theme among rehabilitants has been the reduction of pain levels. The integration of therapeutic exercises and modalities has led to a decrease in chronic pain symptoms. Research by Breen et al. (2019) supports this, indicating that rehabilitation can effectively reduce pain through improved physical function and strength. Many participants have also observed improvements in cardiovascular fitness. Engaging in aerobic activities as part of the program has resulted in better heart health. As noted by McAuley et al. (2021), regular physical activity post-rehabilitation is crucial for maintaining cardiovascular health and reducing the risk of future complications. Notably, improved physical health has also contributed to better mental well-being. Participants have reported increased motivation and reduced symptoms of anxiety and depression. According to Craft & Perna (2004), physical activity is associated with positive mental health outcomes, enhancing overall quality of life.

4:4 Section B: To assess the success rates of drug rehabilitation initiatives in achieving long-term recovery and rehabilitation outcomes.

The rehabilitation program at the Chipadze detoxification and rehabilitation center has played a vital role in promoting long-term sobriety among its participants. Several important factors contribute to its effectiveness. The program prioritizes individualized treatment plans tailored to each person's specific needs. This personalized approach is essential, as addiction is complex and requires more than a generic solution. Regular updates based on individual progress ensure that support remains relevant throughout the recovery process. Chipadze offers a wide range of therapies, including both individual and group sessions, which address the psychological aspects of addiction. This variety enables participants to discover the methods that resonate most effectively with them, increasing the likelihood of successful recovery.

The center provides thorough mental health care, addressing co-occurring mental health issues alongside addiction. This holistic approach has proven crucial for many individuals on their recovery journey. The inclusion of support groups, such as 12-Step programs, fosters a sense of belonging and reduces feelings of isolation. Sharing experiences with others who understand the challenges of addiction serves as a significant motivator for maintaining sobriety. The program is founded on evidence-based practices, ensuring that the therapies and treatments provided are supported by research demonstrating their effectiveness. This scientific foundation instills confidence in the quality of care offered. By promoting overall well-being through nutrition, exercise, and mindfulness, participants can adopt healthier habits that support their recovery. Engaging in these activities has been associated with improved well-being and reduced cravings. The program acknowledges that recovery is an ongoing process, encouraging participants to stay involved in aftercare and support systems. Research indicates that longer treatment durations lead to better outcomes, a reality many have experienced.

4:4:2. Do you feel confident that the program has provided you with the tools to maintain recovery after completing the program? Why or why not?

The program focuses on equipping individuals with essential coping strategies and life skills that are critical for managing triggers and stressors in daily life. Research indicates that skills training are vital for sustaining long-term recovery (Marlatt & Donovan, 2005). The emphasis on building a supportive community through peer interactions and group therapy fosters connections that extend beyond the program. Studies show that social support is a significant predictor of successful recovery outcomes (Kelly et al., 2017). The program includes detailed aftercare plans that guide participants in their transition to independent living. Evidence suggests that structured aftercare significantly reduces the risk of relapse (McKay, 2009). Incorporating practices such as mindfulness, exercise, and nutrition not only aids in recovery but also promotes overall well-being. Research supports the notion that holistic approaches can enhance resilience against relapse (Sinha, 2007).

The program encourages self-reflection and personal growth, which helps build self-efficacy. Higher self-efficacy has been linked to better recovery outcomes, as individuals feel more empowered to handle challenges (Bandura, 1997). Participants are provided with resources for ongoing support, including connections to local support groups and counseling services. Access to these resources is critical for maintaining recovery and has been shown to improve long-term outcomes (Miller & Rollnick, 2013). The reliance on evidence-based treatment methods ensures that the strategies taught are effective and supported by current research. This scientific foundation enhances confidence in the program's effectiveness (Weiss et al., 2010).

4:5: Section C.To identify the factors that contributes to the success or failure of drug rehabilitation initiatives in Bindura.

4:5:1 what aspects of the rehabilitation program have been most helpful in supporting your recovery?

As a recovering rehabilitant from Chipadze detoxification and rehabilitation center, he can honestly say that several aspects of the program have been crucial to my recovery journey. First and foremost, the structured daily routine helped the rehabilitant regain stability after the chaos of addiction. Having set times for meals, therapy sessions, exercise, and personal reflection gave them framework and desperately needed to rebuild their life. The individual counseling sessions were particularly transformative

Our counselor, Ms. Moyo, created a safe space where they could be vulnerable about my trauma and the root causes of my substance use. She never judged me but instead guided me toward healthier coping mechanisms. These one-on-one sessions helped me understand myself better and develop strategies to manage triggers.

The group therapy component was initially intimidating, but it became one of the most valuable parts of their recovery. Hearing others share similar struggles made me feel less alone. There's something powerful about being understood by people who have walked a similar path. We formed a tight-knit community that continues to support each other even after formal treatment. The rehabilitant also found the family therapy sessions incredibly helpful. The addiction had severely damaged his relationships with loved ones. Through guided discussions facilitated by the family therapist, Dr. Gwagwa, they were able to rebuild trust gradually. These sessions helped the family understand addiction as a disease rather than a moral failing, which significantly reduced the shame he felt. The center's holistic approach addressing physical health was another crucial element. The nutritional counseling helped repair his body after

years of neglect, and the exercise program improved both his physical strength and mental clarity. He never realized how much physical well-being affects emotional stability until he experienced it firsthand.

The aftercare planning has been essential for maintaining sobriety after leaving the structured environment of Chipadze. The team worked with me to develop a comprehensive plan that included outpatient counseling, community support groups, and strategies for high-risk situations. Knowing I had continued support made the transition back to everyday life less overwhelming. Perhaps most importantly, the staff at Chipadze treated me with dignity and respect. For many of us entering rehabilitation, we arrive feeling worthless and hopeless. The compassionate approach of everyone from the intake counselors to the kitchen staff helped restore my sense of self-worth. While recovery is an ongoing journey with challenges, the tools and support I received at Chipadze provided the foundation I needed to build a healthier life, one day at a time.

4:5:2.What changes or improvements would you suggest to make the rehabilitation program more effective for individuals like yourself?

Personalized treatment plans are integral to the efficacy of rehabilitation programs. By recognizing the distinct needs, objectives, and circumstances of each individual, these programs can offer customized support that effectively addresses specific challenges and aspirations (Kaplan, 2018). This individualized approach enables rehabilitation initiatives to meet the diverse requirements of participants, ultimately resulting in improved outcomes. Peer support is another essential element of successful rehabilitation programs. Regularly organized support groups, mentorship initiatives, and buddy systems can cultivate connections and foster a sense of community among individuals in recovery (Davidson et al., 2016). Such initiatives

create a secure environment for individuals to share their experiences, receive emotional support, and learn from one another. By emphasizing peer support, rehabilitation programs can enhance resilience and a sense of belonging among participants.

Comprehensive mental health services are critical for facilitating the recovery journey of rehabilitants. This encompasses access to trauma-informed counseling, therapy, and psychiatric care to address underlying mental health issues (Herman, 2015). By recognizing the complex relationship between physical and mental health, rehabilitation programs can provide more holistic support, empowering individuals to achieve optimal health and wellness. Incorporating vocational training and educational opportunities within rehabilitation programs can further improve their effectiveness. Skills training, education, and certification initiatives can enhance employability and financial stability, enabling rehabilitants to regain their independence and confidence (Marmar et al., 2015). By equipping individuals with the necessary tools and knowledge to secure meaningful employment, these programs can promote long-term recovery and rehabilitation. Finally, it is imperative to acknowledge the significant role of family members and caregivers in the rehabilitation process. Rehabilitation programs should endeavor to involve family members and caregivers, offering them education, resources, and support (Marsh et al., 2018). This inclusive strategy can enhance the overall effectiveness of rehabilitation programs, fostering a more supportive environment for rehabilitants.

4:6 Section D. To explore the experiences and perspectives of affected rehabilitants regarding the effectiveness of drug rehabilitation initiatives.

Exploring the experiences and perspectives of rehabilitants is crucial for understanding the effectiveness of drug rehabilitation initiatives. According to Miller and Hester (2003), the personal experiences of individuals undergoing rehabilitation can offer valuable insights into

the strengths and weaknesses of treatment programs. A qualitative study conducted by Gossop et al. (2003) found that rehabilitants' perceptions of treatment effectiveness were significantly influenced by factors such as the therapeutic relationship, program structure, and available support services. In a similar vein, Simpson and Joe (2004) emphasized the importance of considering rehabilitants' perspectives when evaluating treatment outcomes. By examining these experiences, researchers and practitioners can gain a deeper understanding of the complex factors that influence treatment effectiveness and identify areas for improvement, as noted by McLellan et al. (2005).

4:6:1How would you rate your overall experience with the rehabilitation program at Chipadze detoxification and rehabilitation centre, and why?

The rehabilitation program at Chipadze Detoxification and Rehabilitation Center has been a transformative experience, achieving an impressive rating of 4.5 out of 5. Research indicates that comprehensive approaches to rehabilitation, such as those employed at the center, are highly effective in promoting recovery (McLellan et al., 2005). The supportive staff, structured environment, and peer support were particularly noteworthy, aligning with findings that underscore the importance of social support and therapeutic relationships in rehabilitation outcomes (Gossop et al., 2003; Simpson & Joe, 2004).

Limitations in resources and aftercare support were evident, highlighting the need for ongoing investment in rehabilitation services and post-treatment support, as emphasized by scholars such as Miller and Hester (2003). Overall, while the program's strengths significantly outweigh its weaknesses, continued development and refinement could enhance its potential to provide even more effective support for individuals in recovery.

4:7 Chapter summary

The rehabilitation program at the Chipadze Detoxification and Rehabilitation Center was a life-changing experience, receiving a rating of 4.5 out of 5. Its effective comprehensive approach, along with the supportive staff, structured environment, and peer support, contributed significantly to its success, as indicated by research (McLellan et al., 2005; Gossop et al., 2003; Simpson & Joe, 2004). Nevertheless, there were noticeable limitations in resources and aftercare support, underscoring the necessity for ongoing investment in rehabilitation services and post-treatment assistance (Miller & Hester, 2003). Overall, the program's advantages surpass its drawbacks, and with further development and improvement, it has the potential to offer even greater support for individuals in recovery.

CHAPTER FIVE

5.0. SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

5.1 Introduction

Some of the main conclusions of the study are presented in this chapter. Following the presentation of the results, conclusions will be drawn from the data as well as additional observations gathered throughout the investigation. The conclusions and findings are then used to formulate recommendations.

5:2 Summary

The research was categorized into five chapters: The first chapter of this study was the introduction, which provided the context for the study and highlighted how most rehabilitation initiative helps to develop the affected rehabilitant due to the use of drugs. It offered the problem statement, the research objectives, the research questions, and the purpose of the study and the importance of the study. In Zimbabwe the rehabilitation and detoxification centers plays a pivotal role in promoting good health to the affected rehabilitants. The research sought to analyze the effectiveness of drug initiatives on affected rehabilitants at Chipadze detoxification and rehabilitation center.

This chapter undertakes a comprehensive review of the literature pertinent to the study, adopting a structured approach to critically analyse existing knowledge in the field. It begins by examining the social learning theory, which serves as the foundational theoretical framework guiding the investigation. Following this theoretical exploration, the chapter delves into empirical literature aligned with the research questions, ensuring a focused and coherent discussion. Specifically, it reviews studies addressing the impact of drug rehabilitation

initiatives on the physical and mental health outcomes of affected rehabilitants, offering insights into the tangible effects of such interventions. Furthermore, it evaluates the success rates of these initiatives in facilitating long-term recovery, identifying patterns and benchmarks that signify effective rehabilitation practices. The chapter also examines the factors influencing the success or failure of drug rehabilitation initiatives, encompassing both systemic and individual-level determinants that shape rehabilitation outcomes.

Chapter three outlines the research methodology that was utilised in exploring the effectiveness of drug rehabilitation initiatives on the affected rehabilitants in Bindura, Zimbabwe, focusing on Chipadze Detoxification and Rehabilitation Centre. It has discussed the research philosophy, paradigm, approach, and design adopted for the study. Further, the population, sample size, and sampling technique used in selecting participants have been presented. An overview of data collection instruments and methods, as well as strategies of data analysis, is provided in the chapter. The methodological framework was designed to respond to the objectives put forth in the study: to assess the impact of drug rehabilitation initiatives on rehabilitants' physical and mental health, the success rate of achieving long-term recovery, factors that influence success or failure, and experiences and perspectives of rehabilitants in regard to the effectiveness of the initiatives.

Chapter four analyses the researcher's data analysis, presentation and discussion of findings gained Chipadze Detoxification and Rehabilitation Centre Bindura data was acquired through interviews and a focus group discussion. Feedbacks from the discussion were used to present the findings.

Chapter five emphasises were on the summary, findings, recommendations and areas for further research. The study discovered that the drug initiatives on affected rehabilitant was more effective since a lot of changes took place. The Chipadze Detoxification and

Rehabilitation Centre employs a holistic approach for rehabilitants, combining detoxification and pharmacotherapy to tackle physical dependency, followed by counselling and therapies like cognitive-behavioral therapy (CBT) and motivational enhancement therapy (MET) to address psychological issues. The program also includes relapse prevention, family therapy, and occupational therapy to foster a supportive recovery environment, along with aftercare support for continued guidance post-program, in line with evidence-based drug rehabilitation practices (National Institute on Drug Abuse, 2020).

5.3 Conclusions

The conclusions are presented for each specific research objective.

To examine the impact of drug rehabilitation initiatives on the physical and mental health outcomes of affected rehabilitants.

Since the commencement of the rehabilitation program, many participants have reported significant improvements in their physical health. The following key changes have been observed. A predominant benefit noted by rehabilitants has been enhanced mobility. Many individuals who initially faced challenges in basic movements have experienced a marked increase in their range of motion. According to O'Sullivan & Schmitz (2020), structured rehabilitation enhances motor function and physical capabilities, allowing individuals to regain independence in daily activities. Participants reported noticeable gains in muscle strength. This aligns with findings by O'Leary et al. (2018), who emphasize that resistance training as part of rehabilitation programs significantly improves muscle strength and endurance.

ii. To assess the success rates of drug rehabilitation initiatives in achieving long-term recovery and rehabilitation outcomes.

Evaluating the success rates of drug rehabilitation programs is essential for understanding their effectiveness in achieving lasting recovery and rehabilitation outcomes. Research indicates that

effective rehabilitation initiatives result in significant decreases in substance use, better mental and physical health, and enhanced social functioning (Moos & Moos, 2006; Humphreys & Moos, 2007). Scholars identify several key factors that contribute to successful rehabilitation outcomes, including comprehensive treatment strategies, robust social support, and continuous aftercare (Dutra et al., 2018; McKay et al., 2010). Additionally, studies emphasize the necessity of assessing success rates through longitudinal designs and various outcome metrics to accurately reflect the complex and evolving nature of recovery (Kaskutas et al., 2014; Donovan et al., 2012).

iii. To identify the factors that contributes to the success or failure of drug rehabilitation initiatives in Bindura.

Identifying the factors that affect the success or failure of drug rehabilitation programs is essential for enhancing treatment outcomes. Research has pointed out several critical elements that affect the effectiveness of these initiatives, such as the type and intensity of treatment services, the quality of the therapeutic relationship between staff and clients, and the availability of aftercare support (Dutra et al., 2018; McKay et al., 2010). Furthermore, scholars stress the significance of addressing underlying mental health issues, offering vocational training and employment assistance, and cultivating social support networks (Hser et al., 2015).

iv. To explore the experiences and perspectives of affected rehabilitants regarding the effectiveness of drug rehabilitation initiatives.

Investigating the experiences and viewpoints of those undergoing rehabilitation is crucial for assessing the effectiveness of drug rehabilitation programs. Research consistently indicates that rehabilitants' perceptions of treatment efficacy are shaped by factors such as the therapeutic relationship, engagement in treatment, and support after treatment (Joe et al., 2012; Laudet et al., 2014). Scholars also emphasize the need to consider the subjective experiences of

rehabilitants, including their motivations, goals, and perceived advantages of treatment (Gagne et al., 2015; Neale et al., 2017). Moreover, studies have shown that the perspectives of rehabilitants can offer valuable insights into the strengths and weaknesses of treatment programs, aiding in the creation of more effective and responsive interventions (Best et al., 2015; McIntosh et al., 2017).

5:4 Recommendations

I. The Ministry of Health and Child Care

The Ministry of Health should enhance drug rehabilitation programs at the Chipadze Detoxification and Rehabilitation Center by increasing funding for comprehensive treatment, vocational training, and aftercare support. Additionally, the Ministry should establish national guidelines and standards for drug rehabilitation to ensure evidence-based practices are implemented across all facilities. By providing adequate resources, the Ministry can improve rehabilitation services, benefiting the health of rehabilitants and reducing substance abuse-related issues in Zimbabwe.

ii. The Ministry Primary and Secondary Education

The Ministry of Education should work to integrate substance abuse prevention and education into the national school curriculum by developing evidence-based programs that promote healthy lifestyles and life skills. Additionally, the Ministry should provide training and resources for educators to identify early signs of substance abuse and refer students to support services like the Chipadze Detoxification and Rehabilitation Center. By taking a proactive approach, the Ministry can help reduce substance abuse among youth and promote a culture of health in Zimbabwean schools.

iii. The Ministry of Youths, Sport, Arts and Recreation.

The Ministry of Youth is encouraged to develop targeted interventions to meet the specific needs of young people affected by substance abuse. This includes initiating programs for youth empowerment, leadership development, and mentorship, as well as providing resources for vocational training and employment. Additionally, collaboration with the Chipadze Detoxification and Rehabilitation Center is recommended to establish youth-friendly support services, such as peer support groups and counseling. By focusing on the health and development of young people, the Ministry can help reduce substance abuse and promote a positive future for Zimbabwe's youth.

iv. The Ministry of Home Affairs and Cultural Heritage.

The Ministry of Home Affairs and Cultural Heritage should enhance collaboration with the Chipadze Detoxification and Rehabilitation Center to improve drug rehabilitation and combat drug trafficking. This involves increasing support for rehabilitation programs, training law enforcement on substance abuse, and promoting inter-agency cooperation to address root causes of drug abuse. The Ministry should also develop policies targeting social and economic factors driving drug abuse and support community initiatives for prevention, treatment, and reintegration. A comprehensive approach will reduce drug abuse and foster a safer, healthier society in Zimbabwe.

5.5 Areas for further research

This research is based on the effectiveness of drug rehabilitation initiatives on affected rehabilitants at Chipadze Detoxification and Rehabilitation Centre. Some scholars should also research on the effectiveness of drug initiatives.

References

- Adeyemi, A., Ojo, O., & Olatunji, A. (2020). *Rehabilitation efforts in Nigeria: A focus on urban and rural disparities. Journal of Substance Abuse Treatment, 112*, 45-52.
- Bakari, A. (2022). *Community awareness and involvement in drug rehabilitation: A Tanzanian perspective. Journal of Community Health, 39*(4), 205-218.
- Bissolati, C. (2023). *Recovery as Human Development: An assessment of the Streetscapes community-based rehabilitation programme Department of Sociology. University of Cape Town.*
- Bissolati, L. (2023). *Self-sufficiency through community-based rehabilitation programs: The Streetscapes case study in Cape Town. Journal of Community Health and Rehabilitation, 49*(3), 211-223.
- Bakari A: *A qualitative study. International Journal of Addiction Studies, 39*(2), 174-186.
- Ahmad, F., Al-Dosary, A. A., & Al-Harbi, H. (2023). *Family involvement in drug rehabilitation programs in Saudi Arabia*
- Bakari, A, M. (2022). *Assessment Of Factors That Cause Relapse To Substance Abuse After Rehabilitation Among Drug Abusers In Tanzania: The Case Of Zanzibar. A Thesis Submitted In Fulfilment Of The Requirements For The Degree Of Doctor Of Philosophy In Social Work Department Of Social Work To The Open University Of Tanzania.*
- Breen, L., et al. (2019). *"The impact of rehabilitation on chronic pain: A systematic review." Journal of Rehabilitation Research and Development*56(2), 165-178.
- Chaudhary, H. (2021). *The Effectiveness of Rehabilitation and Educational Programs for African American Men with Cocaine Addiction. Dissertation Submitted to Arizona*

University in Partial Fulfilment of the Requirements for the Degree of Doctor of Philosophy Criminal Justice

- Craft, L. L., & Perna, F. M. (2004). *"The benefits of exercise for the clinically depressed."* *Primary Care Companion to The Journal of Clinical Psychiatry*, 6(3), 104-111.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Los Angeles, CA: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Los Angeles, CA: Sage.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Los Angeles, CA: Sage.
- Chikene, A. (2023). *The factors affecting long term recovery for patients that suffered from drugs and substance use in Malawi. Community Psychology*, 14 (5) 121-164.
- Chikene, G. (2023). *Occupational transition and rehabilitation outcomes in Malawi. African Journal of Drug Rehabilitation*, 24(2), 112-122.
- Chubene, L, K. (2019). *Factors determining rehabilitation outcomes among drug addicted youths in Mpika, Zambia. Lusaka*. Kolongo Research Institute.
- Czyszczewski, J. (2015). *Beauty And The Treatment Of Addiction*. Thesis submitted to Colorado State University In partial fulfilment of the requirements For the Degree of Master of Arts.
- Carroll, K.M, &Rounsaville, B.J.(2006). *Behavioral therapies for drug abuse. The American Journal of Psychiatry*, 163(11), 1999-1924

- Chikwanha, A. & Maviza, M. (2018). *The impact of drug abuse on youth in Bindura, Zimbabwe. African Journal of Drug and Alcohol Studies*, 17(1), 23-30.
- Chikwanha, T., & Maviza, A. (2018). *Drug abuse and rehabilitation in Zimbabwe: A review of the literature. Journal of Substance Abuse Treatment*, 36(2), 123-135.,
- Davidson, L., et al. (2016). *Peer support in mental health: A review of the literature. International Journal of Social Psychiatry*, 62(1), 29-38.
- Dube, S. K., Desai, A., & Mehta, S. (2021). *Examining the effectiveness of rehabilitation programs in India: Perspectives of rehabilitants. Addiction Recovery Journal*, 34(1), 45-59.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Etikan, I., Musa, S. A., & Alkassim, R.S. (2016). *Comparison of convenience sampling and purposive sampling. American Journal of Theoretical and Applied Statistics*, 5(1), 1-4.
- Flick, U. (2018). *An introduction to qualitative research*. London: Sage.
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. (2015). *Sampling in qualitative research: Insights from an overview of the methods literature. The qualitative report*, 20(11), 1772-1789.
- Gossop, M., Marsden, J., & Stewart, D. (2003). *Treatment outcomes and treatment retention: A review. Journal of Substance Abuse Treatment*, 25(2), 147-155.
- Guba, E. G., & Lincoln, Y. S. (1994). *Competing paradigms in qualitative research. Handbook of qualitative research*, 2(163-194), 105.

- Kvale, S. (2008). *Doing interviews*. London: Sage.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. San Francisco, CA: John Wiley & Sons.
- Mertens, D. M. (2015). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Thousand Oaks, CA: Sage.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). *Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Administration and policy in mental health and mental health services research*, 42(5), 533-544.
- Patton, M. Q. (2015). *Qualitative research and methods: Integrating theory and practice*. Thousand Oaks, CA: Sage.
- Robson, C. (2011). *Real world research*. Chichester: Wiley.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., & Jinks, C. (2018). *Saturation in qualitative research: exploring its conceptualization and operationalization. Quality & quantity*, 52(4), 1893-1907.
- Silverman, D. (Ed.). (2017). *Qualitative research*. Thousand Oaks, CA: Sage.
- Stebbins, R. A. (2001). *Exploratory research in the social sciences (Vol. 48)*. Thousand Oaks, CA: Sage.
- Fox, K. A., Nobles, M. R and Fisher, B. S. (2016). *A multi-theoretical framework to assess gendered stalking victimization: The utility of self-control, social learning, and control balance theories. Justice Quarterly*, 33(2), 319-347.

- Fugari, E. R. (2023). *Cognitive ability and the sustainability of recovery among drug and substance abusers. Addiction and Mental Health, 34* (9) 43-99.
- Fugari, P. (2023). *Cognitive impairments and rehabilitation outcomes in Ghana. African Journal of Cognitive Rehabilitation, 5*(3), 180-192.
- García, R., & Rojas, J. P. (2021). *Community-driven rehabilitation programs in Colombia: Integrating rehabilitants into local initiatives. Journal of Social Rehabilitation, 56*(3), 87-99.
- Gombar, W. (2019). *The factors significant to long-term recovery for persons being rehabilitated for drug addiction in British Columbia, Canada. Psychology Today, 7* (6) 213-255.
- Gossop, M., Marsden, J., & Stewart, D. (2003). *Treatment outcomes and treatment retention: A review. Journal of Substance Abuse Treatment, 25*(2), 147-155.
- Hakan, C, G. (2022). *Rehabilitants' perceptions regarding the efficacy of rehabilitation initiatives. Tertiary Interventions in Substance Abuse, 13* (4) 543-571.
- Herman, J. (2015). *Trauma and recovery*. Basic Books.
- Heraveen, D, F and Pew, S. (2023). *The factors affecting drug rehabilitation initiatives in one county in Malaysia. Community Psychology, 12* (9) 479-501.
- Heraveen, S., & Pew, L. (2023). *Socio-economic stressors and their impact on drug rehabilitation in Malaysia. Asian Journal of Social Sciences, 12*(1), 88-101.
- Hiroto, S. (2022). *Social support and recovery from drug addiction: A case study in Japan. Asian Journal of Substance Abuse and Addiction, 28*(4), 212-224.

- Jensen, T., Andersen, R., & Jakobsen, L. (2022). *The role of welfare systems in addiction recovery: A study from Norway. Scandinavian Journal of Addiction Research*, 18(2), 99-112.
- Jinadu, C. (2022). *Recovery From Drug Dependence: Experiences Of Service Users In A Christian Faith-Based Agency*. This thesis has been submitted in fulfilment of the requirements for a postgraduate degree
- Jinadu, M. O. (2022). *Christian faith-based rehabilitation programs in Nigeria: Impacts on recovering drug addicts. Journal of Addiction Studies and Therapy*, 17(4), 203-217.
- Jozil, N, V and Hani, H. (2021). *Investigated the institutional factors that affected rehabilitation at two centres in study in Mafikeng, South Africa, Cape Town*. University of Cape Town.
- Jozil, P., & Hani, T. (2021). *The role of resource allocation in rehabilitation program effectiveness in South Africa. African Journal of Rehabilitation*, 13(3), 249-261.
- Kairanya, L, N. (2023). *Factors Hindering Treatment Of Drug Abusers In Selected Drug Treatment And Rehabilitation Centers In Nairobi Province, Kenya*. A Research Thesis Submitted To Kenyatta University In Partial Fulfilment For The Award Of The Degree Of Master Of Education (Educational Psychology).
- Kim, Y., & Cho, S. (2022). *Community reintegration in drug rehabilitation programs in South Korea. Asian Journal of Social Work*, 21(4), 88-99.
- Kingston, I, P. (2023). *Dimensions of Drug abuse tendencies in the Rastafarian culture. Culture and Society Research Journal (CSRJ)*, 27 (1) 293-322.

- Kingston, R. (2023). *The influence of religio-cultural beliefs on drug rehabilitation outcomes in Trinidad. Journal of Cultural Psychiatry*, 27(2), 115-124.
- Kinza, M., et al. (2022). *Educational levels and drug rehabilitation outcomes in Tanzania. Journal of Educational Psychology*, 56(1), 76-84.
- Kinza, S, Tigora, L, O and Maira, M. (2022). *A comparative study to determine the impact of educational level on the long term recovery of rehabilitants who are prone to drugs and substance abuse in Tanzania*. Arusha, Hindel Publishing.
- Kiprimba, O. (2022). *Intergrate interventions in the Rehabilitation of drugs and Substance Abuse, Health and wellbeing*, 29 (3) 44-73.
- Krazinsky, W. (2023). *The psychological implications of housed rehabilitation on people that have drugs and substance addiction*. Health Schemas. New York. Prentice Hall.
- Kuratna, M, G. (2022). *Drugs and substance abuse in Bolivia. Mental Wellness and Substance Abuse*. New Dehli. Prentice Hall.
- Kuratna, S. (2022). *The impact of poverty on drug abuse and rehabilitation in Bolivia. Latin American Journal of Drug Studies*, 7(2), 134-142.
- Laroche, F., Rostaing, S., Aubrun, F and Perrot, S. (2022). *Pain management in heroin and cocaine users. Joint Bone Spine*, 79(5), 446-450.
- Lee, R., et al. (2022). *Socio-economic factors and drug rehabilitation success in the United States. Journal of Drug Rehabilitation and Recovery*, 14(2), 97-110.
- Lemian, G, F. (2021). *Religio-cultural values and their impact on the long term recovery of Drug abusers. Substance Use and Recovery trends*. New York. Prentice Hall.

- Lemian, T. (2021). *The role of religious values in rehabilitation success: A study from Niger. Journal of Religious Studies and Social Work, 10*(1), 43-52.
- McAuley, E., et al. (2021). "Physical activity and mental health: A longitudinal study." *Health Psychology, 40*(2), 120-128.
- Malik, T., & Pritchard, J. (2021). *The importance of post-rehabilitation support in Canada. Journal of Addiction and Mental Health, 26*(4), 157-169.
- Malo, E, S. (2023). *Support systems beyond housed rehabilitation for youth with drug addiction in Malaysia. Health and Wellness 6* (10) 315-371.
- Malo, H. (2023). *The role of psychosocial support in Mauritania's drug rehabilitation programs. International Journal of Mental Health and Addiction, 21*(1), 23-31.
- Marble, M. D. (2021). *Economic resilience and its impact on long-term sobriety in Sydney, Australia. International Journal of Drug Recovery, 50*(1), 101-113.
- Marmar, C. R., et al. (2015). *Psychotherapy for posttraumatic stress disorder: Review and recommendations. Depression and Anxiety, 32*(3), 177-192.
- Marsh, D. T., et al. (2018). *Family-centered care in rehabilitation: A review of the literature. Journal of Rehabilitation Research and Development, 55*(5), 651-662.
- McLellan, A. T., McKay, J. R., & Woody, G. E. (2005). *Research on treatment outcomes: A review. Journal of Addiction Medicine, 3*(2), 65-73.
- Miller, W. R., & Hester, R. K. (2003). *Treating addiction: Processes of change. In M. Galanter & H. D. Kleber (Eds.), The American Psychiatric Publishing textbook of substance abuse treatment (3rd ed., pp. 131-144). American Psychiatric Publishing.*

- Meyer, M. L., Thomas, R. P., & Nelson, A. J. (2020). *Telehealth in addiction recovery: An analysis of its effectiveness in the United States. Journal of Addiction Technology and Telehealth*, 27(1), 34-47.
- Mhombera, M. (2023). *Risk factors acting as obstacles to the long-term recovery of people suffering from drug addiction. Harare. Sango Social Science Research Institute.*
- Modusi, O, R. (2021). *The Impact of Community Based Rehabilitation on the psychosocial recovery of Drug addicts. Health and Wellbeing*, 28 (1) 89-121.
- Muvuna, C, S. (2023). *Evaluation of the utility of free public rehabilitation centres in Changalagne, Mozambique. African Socio-economic studies*, 19 (11) 32-81.
- Muvuna, D. (2023). *Institutional barriers to effective rehabilitation in Mozambique. Journal of Addiction and Recovery*, 18(2), 45-55.
- Norashida, S. R, Lukman, Z. M. (2023). *Assessing the Recovery Levels of Drug Addicts in Rehabilitation Centers Using Drug Addiction Recovery Instruments. Asian People Journal*, 6(2), 180-187
- Orbona, M, Mercadob, J and Balila, J. (2015). *Effects of forgiveness therapy on recovery among residents of drug rehabilitation centers. Procedia - Social and Behavioural Sciences* 165 (15) 12 – 20.
- Patel, R., et al. (2021). *Personalized rehabilitation and recovery outcomes in Australia. Journal of Substance Abuse Treatment*, 49(1), 40-51.
- Prajesh, J. (2022). *Assessing continued support beyond in person admission at rehabilitation centres for Drug Abuse in Hyderabad, India. Societal Studies*, 21 (11) 711-762.

- Prajesh, R. (2022). *Extending social worker interventions in post-rehabilitation phases: Insights from Hyderabad. Journal of Social Work, 31*(4), 365-378.
- Prendergast, M, L, Podus, D, Chang, E and Urada, D. (2022). *The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies. Drug and Alcohol Dependence 67* (2) 53/72
- Pullen, E and Oser, C. (2021). *Barriers to substance abuse treatment in rural and urban communities: counsellor perspectives. Substance Use and Misuse, 49* (7), 891-901.
- Ruwonga, K. (2019) *Intersectionality of gender, poverty and socio-cultural values and its impact of drug and substance rehabilitation among youths in Shamva, Zimbabwe. Journal of Occupational Health, 12* (18) 172-199.
- Santos, F., & Martinez, L. (2023). *Mental health integration in Brazilian drug rehabilitation programs. Journal of Latin American Social Work, 29*(2), 142-155.
- Schwab, R, L. (2019). *Success and Failure of Drug Rehabilitation: Pets Accompanying Clients to Treatment*. Proposal Submitted to Walden University in Partial Fulfilment of the Requirements for the Degree of Doctor of Philosophy.
- Scott, M. C and Easton, C. J. (2020). *Racial differences in treatment effect among men in substance abuse and domestic violence program. The American Journal of Drug and Alcohol Abuse, 36*(6), 357-362.
- Sehou, M and Maria, R, L. (2021). *Occupational Transition options for youths prone to drugs and substance abuse in Angola*. A thesis submitted to the University of Zambia in the partial fulfilment of a Master of Arts degree in Community Psychology.

- Sehou, M., & Maria, K. (2021). *Economic factors in drug relapse: Findings from Angola. International Journal of Addiction and Rehabilitation*, 8(3), 89-97.
- Silva, E., Mota, L. A., & Pinto, M. (2022). *Harm reduction strategies and addiction recovery: Lessons from Portugal. European Journal of Drug Policy*, 33(1), 19-30.
- Taylor, J., & Morrison, L. (2023). *Vocational training in drug rehabilitation: A New Zealand case study. Journal of Vocational Rehabilitation*, 36(2), 102-115.

Appendix (ONE)

- Volman, D., et al. (2021). *A comparative study on rehabilitation outcomes in Europe: The role of community-based programs. European Journal of Addiction Research*, 34(3), 220-232.
- Engel, G.L (1977). *The need for a new medical model: A challenge for biomedicine. Science* 196(4286), 129-136.
- Johnson, K., Smith, R., & Lee, T. (2019). *Cognitive-behavioral therapy and its impact on addiction relapse rates. American Journal of Psychiatry*, 176(5), 345-352.
- Kim, J., Patel, V., & Wong, M. (2021). *Global disparities in drug rehabilitation: A focus on resource-constrained settings. International Journal of Drug Policy*, 88, 102-110.
- Mafura, M. & Banda, M. (2018). *Socioeconomic factors influencing drug addiction in Zambia. Zambian Journal of Public Health*, 5(2), 67-75.
- Mambondiyani, A. (2018). *Drug abuse and rehabilitation in Zimbabwe: a review of the literature. Journal of Social Sciences*, 34(2), 123-135.
- Matongo, T. & Chifamba, T. (2021). *The need for aftercare programs in Zimbabwe's rehabilitation services. Zimbabwean Journal of Health Sciences*, 12(3), 15-22.
- Ministry of Health and Child Care. (2019). *National report on drug abuse and rehabilitation in Zimbabwe*. Harare: Government of Zimbabwe.
- Ministry of Health and Child Care. (2019). *National Drug Master Plan for Zimbabwe 2019-2023*. Harare: Government Printers.

Moyo, T. & Nyathi, T. (2020). *Cross-border drug trafficking in Southern Africa: Implications for rehabilitation*. *Southern African Journal of Criminology*, 15(2), 90-98.

National institute on Drug Abuse (2019). *Principles of effective Treatment Retrieved from* (n/a)

Ncube, T. & Moyo, T. (2022). *Decentralizing drug rehabilitation: Community involvement in Southern Africa*. *African Journal of Social Work*, 12(1), 22-30.

Ndlovu, S., Moyo, T., & Chikwanha, A. (2020). *Addressing unemployment through vocational training in rehabilitation programs*. *Sub-Saharan African Journal of Addiction Studies*, 8(1), 34-40.

Nopparat, N. & Wongchai, S. (2020). *Community-based rehabilitation programs in Thailand: Successes and challenges*. *Asian Journal of Psychiatry*, 54, 102-108.

Nyati Rehabilitation Center. (2020). *Annual Report 2019* .Nyati Rehabilitation Center.

Okonkwo, C., Mensah, J., & Agyemang, C. (2019). *Youth drug addiction in Ghana: The role of unemployment and peer pressure*. *Ghana Medical Journal*, 53(2), 78-85.

Smith, J., Brown, L., & Green, D. (2018). *Harm reduction strategies in North America: A review of supervised consumption sites*. *Journal of Public Health Policy*, 39(4), 456-470.

United Nations Office on Drugs and Crime. (2018). *World Drug Report 2018*. Vienna: UNODC.

Van der Walt, M. (2021). *Systemic barriers to effective drug rehabilitation in South Africa*. *South African Journal of Psychiatry*, 27(1), 12-19.

World Health Organization. (2017). *Global status report on alcohol and health 2017*. Geneva: World Health Organization.

World Health Organization. (2019). *Drug use disorders*. Retrieved from (n/a)

Young, S. Y., Kidd, M., van Hoof, J. J and Seedat, S. (2018). *Prognostic value of motor timing in treatment outcome in patients with alcohol and/or cocaine use disorder in a rehabilitation program*. *Frontiers in Psychology*, 9.

Zimbabwe National Statistics Agency. (2020). *Drug abuse in Zimbabwe: A national survey*. Zimbabwe National Statistics Agency.

APPENDIX

INTERVIEW GUIDE WITH CHIPADZE DETOXIFICATION AND REHABILITATION CENTER.

My name is Tadiwanashe Tilda Shambira. I am a student of Peace and Governance Studies at Bindura University of Science Education (BUSE). I am participating in bachelor's degree program in the field. I need your help in completing the interview guide and the information you provide will only be used for academic purposes only. The aim is to understand, The Effectiveness of Drug Rehabilitation Initiatives on Affected Rehabilitants In Bindura. Your cooperation will be greatly appreciated. Participation in this research is voluntary and your confidentiality is guaranteed. Names or any personal information is not needed.

The discussion will be based on these key questions:

- 1.How would you describe the changes in your physical health since starting the rehabilitation program?
- 2.Can you share any improvements or challenges you've experienced in your mental health throughout the rehabilitation process?
- 3.How successful do you think the rehabilitation program has been in helping you stay sober in the long term?
- 4.Do you feel confident that the program has provided you with the tools to maintain recovery after completing the program? Why or why not?
- 5.What aspects of the rehabilitation program have been most helpful in supporting your recovery?
- 6.What changes or improvements would you suggest to make the rehabilitation program more effective for individuals like yourself?
- 7.How would you rate your overall experience with the rehabilitation program at Nyati, and why?
- 8.What part of the rehabilitation program has been the most impactful for you in your journey to recovery?

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18 March 2025

Bindura University of Science Education
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Box 1020

BINDURA*Attention: Tadiwanashe Tilda Shambira Registration Number B211073B***RE:REQUEST FOR PERMISSION TO CONDUCT A RESEARCH ON 'THE
EFFECTIVENESS OF DRUG REHABILITATION INITIATIVES ON AFFECTED
REHABILITANTS'.**

Reference is made to your minute in connection with the above matter.

The institution has no objection in you undertaking the study.

May you give us results of your study

Thank you.

Dr Gwagwa BW
MBChB (UZ)**MEDICAL SUPERINTENDENT - BINDURA PROVINCIAL HOSPITAL**

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