**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**



**The psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe: a case study of Highfield suburb, Harare.**

**BY**

**(B193274B)**

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

**JUNE 2024**

**APPROVAL FORM**

**Supervisor**

I,…………………………………………., hereby declare that I have supervised **Mariri Emily Dadirai** in their research on the topic " The Psychosocial Experiences of Families Affected by Drug and Substance Abuse in High Density Suburbs of Zimbabwe: A Case Study of Highfield Suburb, Harare."

I confirm that **Mariri Emily Dadirai** has completed this research under my guidance and supervision, and that the research has been conducted in accordance with the ethical and academic standards of Bindura University of Science Education.

I declare that I have reviewed and approved the final draft of this research and that it is ready for submission and examination.


Signature:……………………………………….Date:………………………………………

**Chairperson**

I,…………………………………………., Chairperson of the Department of Social Work, hereby declare that the research proposal submitted by **Mariri Emily Dadirai** on the topic " The Psychosocial Experiences of Families Affected by Drug and Substance Abuse in High Density Suburbs of Zimbabwe: A Case Study of Highfield Suburb, Harare" has been approved.

I confirm that the proposal has been reviewed and found to meet the department's academic and ethical standards.

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

# DECLARATION

I, Mariri Emily Dadirai, hereby declare that this research on "The Psychosocial Experiences of Families Affected by Drug and Substance Abuse in High Density Suburbs of Zimbabwe: A Case Study of Highfield Suburb, Harare" is my original work and has been completed under the supervision of Mrs. Chigondo.

I confirm that I have conducted this research in accordance with the ethical and academic standards of Bindura University of Science Education and that I have properly acknowledged all sources of information and assistance.

Signed: ……………………… Date: ………………………….

**Mariri E. D.**

## DEDICATION

This study is dedicated to all the families who have gone through the devastating experiences of drug and substance abuse. Your stories of resilience, courage, and perseverance in the face of unimaginable challenges have been an inspiration to me throughout this research process. This work is also dedicated to my aunt Mrs. R. Mariri who not only experienced the predicament of drug and substance abuse as a parent, but also for providing unwavering support and encouragement as I have undertaken this important work. Your belief in me has been a guiding light. To the families traversing this difficult journey, may this dissertation shine a light on your experiences and contribute to greater understanding and support for those affected by the scourge of addiction. It is my sincere hope that through continued research and advocacy, we can work towards a future where no family has to endure the pain of substance abuse.

**ABSTRACT**

*This study sought to investigate on the psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe with particular focus on Highfield high density suburb, Harare. The study was guided by three objectives which are, to assess the psychosocial experiences of families affected by drug and substance abuse, to identify the copying mechanisms used by families affected by drug and substance abuse and to develop measures that can be used to improve the plight of families affected by drug and substance abuse. This study adopted the family systems theory as it provides normative lenses for full exploration of the phenomenon under study. The study was underpinned by the qualitative methodology and as such, in-depth and key informant interviews coupled with focused group discussion were used as data collection methods. Twenty participants were sampled using the snowball sampling technique and four key informants using purposive sampling. Findings show that, the psychosocial experiences of families affected by drug and substance abuse are mental health problems which include stress and depression, social isolation and stigma, family conflicts and violence and financial difficulties. The findings highlighted the detrimental impact of drug and substance abuse on the overall well-being and quality of life of affected families. The recommendations suggested include, conducting awareness campaigns, policy reforms and advocacy, adequate resource allocation for family support and referral pathways strengthening and the formation of neighborhood watch programs among others so as to comprehensively address the unique needs of families dealing with substance abuse.*

**LIST OF ACRONYMS**

| | |
|---|---|
| **AU** | **African Union** |
| **DSD** | **Department of Social Development** |
| **FGD** | **Focus Group Discussion** |
| **FRADAM** | **Families Resilient Against Drug Abuse Model)** |
| **NGO** | **Non-Governmental Organization** |
| **NIDA** | **National Institute on Drug Abuse,** |
| **SAMHSA** | **Substance Abuse and Mental Health Services Administration** |
| **UNODC** | **United Nations Office on Drugs and Crime** |
| **WHO** | **World Health Organization DSD** |

# Contents

According to the Human Development Index (2022), the population of Highfield is 107,246. As noted by Dooley (2015), population refers to the complete group of entities that decisions are connected to. Hence, the target demographic refers to a distinct set of people or items that a researcher aims to examine and draw conclusions from. This research study focused on families in Highfield who had experienced personal impact from drug and substance abuse. The key sources of information were a probation officer, a case management officer at the Department of Social Development Highfield District, a psychologist at Harare Hospital, and a psychologist from Mandipa Hope Rehabilitation Center.

Moore and Llompart (2017) argue that data collection tools are instruments or devices utilized for gathering data, including surveys, questionnaires, interviews, and checklists. The researcher employed a discussion guide for focused groups, a guide for in-depth interviews, and a guide for face-to-face interviews. The focus of the questions asked about these tools was on the psychological and social experiences of families impacted by drug and substance abuse, the methods they employ to cope, and potential ways to enhance the situation for affected families.

**Informed Consent Statement**

**Title: The Psychosocial Experiences of Families Affected By Drug and Substance Abuse**

Researcher(s): **Emily Dadirai Mariri**

You are being invited to participate in a research study conducted by Emily D. Mariri, a student at Bindura University of Science Education. The purpose of this study is to explore the psychosocial experiences of families affected by drug and substance abuse.

If you agree to participate, you will be asked to engage in an in-depth interview with the researcher and a focus group discussion. The interviews will involve questions related to your psychosocial experiences, coping mechanisms and measures to reduce the plight of families affected by drug and substance abuse. The estimated duration of the interview will be approximately 45 minutes. All information collected during this study will be kept confidential and stored securely. Your personal identifying information will be anonymised, and any identifying details will be removed from the final report to ensure your privacy.

**Contact Information:**

If you have any questions or concerns regarding this study, please feel free to contact Emily D. Mariri at **emilymariri8@gmail.com/+263717131993**.

Consent:

By signing below, you confirm that you have read and understood the information provided in this informed consent statement. You voluntarily agree to participate in this research study and give your consent for the use of the data collected for research purposes.

Participant's Signature: _____

Date: _____

## LIST OF TABLES

<center>CHAPTER ONE</center>

<center>INTRODUCTION AND BACKGROUND OF THE STUDY</center>

## 1.1 INTRODUCTION

This research is focused on exploring the psychosocial experiences of families affected by drug and substance abuse in the densely populated areas of Zimbabwe, specifically in Highfield. In an attempt to discover every component and offer thorough coverage, this chapter presents an introduction and overview of the research study. This chapter provides background to this study, a statement of the problem, a key aim, the objectives that the researcher had set to achieve, research questions, assumptions, the significance of the study, delimitations of the study, limitations of the research, a definition of key terms, and a dissertation outline.

## 1.2 BACKGROUND OF THE STUDY

Drug and substance abuse has grossly pervaded societies across the globe. It has also triggered a lot of debate among policymakers as to how best they can address it. In this light, a lot of studies globally have been conducted mainly on the driving factors behind its causation and effects among youths in particular. Nonetheless, there seems to be a considerable scarcity of literature locally with regards to the hidden psychosocial experiences of families affected by drug and substance abuse among communities. Shakespeare once wrote that "what's past is prologue," and in this regard, the phrase suggests that what happened in the past provides context for and can help to understand and predict the future (Shakespeare, 1856, cited in Sarvet & Hasin, 2016). Jadir & Anderson-Carpenter (2022) also express regret that drug and substance abuse has spread worldwide and impacted individuals from various races, religions, and nationalities. Padilla (2020) also states that this phenomenon impacts not just individuals, but is also connected to other systems that impact networks of life.

McGovern et al. (2021) state that around 100 million individuals around the globe were impacted by a relative's substance abuse. From a public health standpoint, it has been reported that the United Kingdom has the highest levels of documented illicit drug abuse in the western world. In 2019, the National Institute on Drug Abuse (NIDA) reported that approximately 20.4 million individuals aged 12 or older in the United States had a substance use disorder. It is believed that there are 660,000 children in Canada under 18 years old who have at least one parent who is an alcoholic. Addiction to drugs and substances is now a major issue in public health, affecting people, families, and communities alike. As per the 2019 World Drug Report from the United Nations Office on Drugs and Crime (UNODC), around 269 million individuals

globally were reported to have used drugs in the year 2018, with opioids being a major contributor to the number of deaths related to drug use. Substance abuse doesn't just impact individuals; it also has extensive effects on their families. According to WHO (2018), there has been a notable rise in the prevalence of drug use and drug use disorders between 2010 and 2016. In addition, global alcohol consumption rates per person have also seen a slight increase over a 15-year period. Johnson and Smith (2018) investigated the emotional impact on family members living with people dealing with substance abuse issues. The Substance Abuse and Mental Health Services Administration (SAMHSA) stated that approximately 10% of children in the United States reside with at least one parent who has a substance use disorder. Additionally, NIDA reports that substance abuse by caregivers is present in about 40-60% of child welfare cases.

Cannabis continues to be the most commonly used illegal substance in the African region. In Africa, the drug is causing chaos, with a prevalence rate of 5.2% to 13.5% of the overall population, as reported by WHO (2018). According to the WHO (2023), West and Central Africa are witnessing the highest rates of prevalence and growth in usage, ranging from 5.2% to 13.5%. The World Health Organization (2018) and the United Nations Office on Drugs and Crime (2022) have both stated that there has been a rapid rise in alcohol consumption per person, as well as the growth, trafficking, and use of cannabis in many African countries. They warn that this trend could lead to negative effects on both the economy and public health. Onaolapo, Olofinnade, Ojo, Adeleye, Falade & Onaolapo (2022) believe that drug abuse in Africa is increasing quickly, moving from cannabis to more harmful substances and expanding from specific groups to a broader population.

According to the United Nations Office on Drugs and Crime (2019), Africa is facing a growing drug use crisis, with around 37,000 deaths per year linked to substance abuse, yet data on the continent remains limited or absent. The World Health Organization (2020) cautioned that Africa is set to become the next center and harbor of drug and substance abuse. Martinez and Rodriguez (2021) contend that children of parents with a background of drug or alcohol addiction face a higher likelihood of substance abuse, underscoring the importance of preventative measures directed towards vulnerable families. The most common and growing use is seen in West and Central Africa, with rates ranging from 5.2% to 13.5%. 3.3 million deaths occur annually due to the negative effects of alcohol consumption. In Africa, drug and substance abuse is a concerning issue, with a prevalence rate of 5.2% to 13.5% of the population (WHO, 2018).

Nhunzvi (2014) attributes the rising drug abuse in Zimbabwe to the country's prolonged economic crisis and high rates of unemployment since 2000. The most frequently used substances in Zimbabwe include alcohol, cannabis, heroin, glue, and cough mixtures. Cannabis, also referred to as *'mbanje'*, is cultivated locally (as well as brought into Zimbabwe illegally from Malawi and Mozambique) and continues to be the favored illegal substance among young Zimbabweans. Jakaza & Nyoni (2018) argue that drug and substance abuse continues to worsen despite caregivers observing the troubling trend and its consequences. Methamphetamine, a prevalent drug in Zimbabwe, has caused a variety of social issues including a rise in orphans and vulnerable children, restricted education opportunities, teenage pregnancies, an increase in gender-based violence, economic decline, and a reduction in cross-border trade, as stated by Chingono (2021). Kalim (2020) suggests that drug and substance abuse are more common in high-density families, leading to increased anxiety in these families regarding potential threats to their health and well-being. Matutu & Mususa (2019) stated that despite limited national data in most Southern African countries, there has been an increase in substance use in the region. They also mention that, in certain countries like Zimbabwe, there are reports indicating a rise in substance abuse among teenagers and young people, with substance use rates said to vary between 6.1% and 13.8%. Furthermore, the impact of these dangerous drugs on the overall emotional and social well-being of families has not been fully recognized or proven. Therefore, it is essential to conduct a comprehensive examination of these impacts for a knowledgeable and fact-based comprehension and transformation.

This research, therefore, seeks to explore the psychosocial experiences of families affected by drug and substance abuse with specific reference to Highfields, a high-density suburb. Research in this particular area is essential because it can provide insights into the specific psychosocial experiences of families affected by different drugs and substances. This knowledge can guide the development of targeted interventions tailored to the unique needs of these families by the government and relevant stakeholders, for example, civil society organizations that seek to assuage the impacts of drug and substance abuse as well as the government.

## 1.3 STATEMENT OF THE PROBLEM

Families should be able to provide a supportive and nurturing environment that fosters recovery and resilience for individuals struggling with addiction. Provisions such as accessible and effective psychosocial support, treatment programs and education are of paramount importance for families affected by drug and substance abuse. In this regard, individuals and families'

equitable and universal access to psychosocial support and mental health is one of the primary yet most critical needs entitled to them in a stable society. Nonetheless, in an age so fraught with exorbitant and unimaginable substance and drug abuse, a lot of individuals and families have been affected, with many families having their social fabric heavily disrupted. Practically, many families are struggling to cope with the consequences of addiction, families are facing ripple effects of drug and substance abuse as there is abuse, communication breakdown, and breaking of family ties. The gravity of the problem can be ascertained by the high rates of family conflict. According to a study by Makumbe & Machingura (2018), 38% of participants in a survey of 1,200 individuals in Zimbabwe reported experiencing physical violence in their families, while 48% reported experiencing emotional violence. Coupled with that, Chikoko et al. (2022) reveal that over 65% of households in Zimbabwe have been negatively impacted in one way or another by this phenomenon. If not addressed, the problem can lead to further family dysfunction, social isolation, a cycle of substance abuse, and an increased risk of substance abuse-related harm. Therefore, it is essential to acquire a vast understanding of the psychosocial experiences of families affected by drug and substance abuse for an urgent intervention to promote recovery, resilience, and overall well-being.

## 1.4 AIM OF THE STUDY

The aim of this study is to explore the psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe: A case study of Highfield suburb, Harare.

## 1.5 RESEARCH OBJECTIVES

1. To assess the psychosocial experiences of families affected by drug and substance abuse.
2. To identify the copying mechanisms used by families affected by drug and substance abuse.
3. To develop strategies that can be used to improve the plight of families affected by drug and substance abuse.

## 1.6 RESEARCH QUESTIONS

1. What are the psychosocial experiences of families affected by drug and substance abuse?
2. What are the copying mechanisms used by families affected by drug and substance abuse?

3. What are the strategies that can be used to improve the plight of families affected by drug and substance abuse?

## 1.7 ASSUMPTIONS OF THE STUDY

The general propensity of the phenomenon under research is that drug and substance abuse has become rampant, distorting families. Many families have also been negatively impacted on their mental health. Drug and substance abuse leads to communication breakdowns within families. It is assumed that the secretive behaviors, deceit, and mood swings associated with different drugs and substances, such as crystal meth and heroin, contribute to breakdowns in communication within the family unit. Thus, it is challenging for family members to establish and maintain open and honest communication channels. Drug and substance abuse affect parental roles and responsibilities. It is assumed that drug and substance abuse disrupts the ability of parents to fulfill their caregiving responsibilities, such as providing emotional support, supervision, and meeting the basic needs of children. This assumption suggests that drug and substance abuse may lead to neglect of parental duties.

## 1.8 JUSTIFICATION OF THE STUDY

This study is focused on the psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe: A case study of Highfield suburb, Harare, to develop possible strategies that can be used to improve the plight of families affected by drug and substance abuse. As much as there is vast information on drug and substance abuse, Zimbabwe still has a deficiency in the psychosocial experiences of families affected by drug and substance abuse. The Family Addiction Support Network (2019) conducted research on how families are affected by substance misuse in the North East Region of Ireland. This research therefore seeks to conduct the research in Zimbabwe, where people have unique experiences pertaining to the issue of drug and substance abuse. More to note is that most of the research done mostly focuses on youth. For example, a study by Maraire & Chethiyar (2022) focused on drug and substance abuse problems among Zimbabwean youth from a psychological perspective and not the family as a whole, hence the reason for research on the psychosocial experiences of the family and not a particular group. Chikoko (2019) extensively looks at drug and substance abuse but does not particularly explore the psychosocial experiences of families affected. This research therefore seeks to broaden the so far existing knowledge base on drug and substance abuse by focusing on the psychosocial experiences of families affected by drug and substance abuse.

## 1.9 SIGNIFICANCE OF THE STUDY

### 1.9.1 Literature

Smith, Wilson, Ryan, Gonzalez, Patrick, Quigley & Walker (2016) claim that despite extensive research on the overall effects of substance abuse on families, more exploration is needed on the psychological and social outcomes linked to drug and substance abuse. Therefore, the valid rationale for this study is to investigate the psychosocial experiences of families impacted by this situation. According to Creswell (2014), filling a gap in the literature or giving a voice to those marginalized in existing literature is a strong justification for a study. Chikoko (2019) thoroughly examines drug and substance abuse but does not specifically investigate the psychosocial impacts on affected families. Maraire & Chethiyar (2020) conducted a study on the psychological aspect of drug and substance abuse issues among Zimbabwean youth, although they did not thoroughly explore the family unit. The research by Kwaramba, Mhlanga & Kwaramba (2024) examined the experiences and coping strategies of family members residing with drug users in the Mabvuku area of Harare, Zimbabwe. This study will instead concentrate on Highfield, another high-density neighborhood that may present distinct experiences.

### 1.9.2 The target population

The research is important because it aims to reveal the emotional and social impacts on families impacted by drug and substance abuse. The study may offer understanding of the unique challenges encountered by families impacted by various drugs and substances, such as breakdowns in communication, disruptions in parental roles, emotional turmoil, struggles with mental health, and financial pressures. This information can help shape specific interventions that address the distinct needs of these families by key stakeholders, such as NGOs focused on mitigating the effects of drug and substance abuse.

### 1.9.3 Policy

Additionally, shedding light on the psychosocial encounters of families impacted by drug and substance abuse can educate policymakers on the necessity of inclusive support systems, treatment service availability, and resources for these families. It is important to highlight that the Drug and Substance Abuse Act (Chapter 15:03) in Zimbabwe does not tackle drug trafficking and organized crime, significant factors in the country's drug issue. Additionally, the act fails to address the underlying causes of drug abuse like poverty, unemployment, and

social inequality. Therefore, with the government as the climax, it can create legislation to reduce drug and substance abuse.

### 1.9.4 The profession of social work

The research is pertinent to the social work field, to be precise. Social workers act as social control agents, and according to (Durkheim's 1870 as cited in McIntyre 2021), drug and substance abuse is seen as an anomaly therefore, the research could enhance existing data to bolster interventions. The study can also assist social workers in creating new interventions to help families dealing with drug abuse by addressing their emotional and psychological challenges.

### 1.9.5 Bindura University of Science Education

The academic contribution of the study is significant at Bindura University of Science Education. This research topic adds to academic understanding by examining the psychological and social encounters of families impacted by drug and substance abuse. Advancing addiction studies, psychology, sociology, and family science, it broadens the understanding of the psychological, social, and emotional experiences of families impacted by substance abuse. This study will help the university identify specific psychosocial experiences, which will aid in making adjustments to the university's curricula.

### 1.9.6 Community

The research is also significant to the community, as it will promote social consciousness and decrease stigma. Studying the psychosocial impacts on families impacted by drug and substance abuse can increase public understanding of the difficulties they encounter and diminish the stigmatization linked to addiction.

### 1.10 DELIMITATIONS OF THE STUDY

Dimitrios and Fountouki (2019) define delimitations as the limitations consciously set by the authors themselves.

**Geographical scope:** This study only focused on the psychosocial experiences of families affected by drug and substance abuse in Highfield, and the study will only focus on the psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe.

**Methodological scope:** This study will mainly adopt a qualitative methodology, while data will be collected using in depth interviews, key informant interviews, and focused group discussions.

## 1.11 LIMITATIONS OF THE STUDY

The research will select a sample from the neighborhood, which could be difficult due to resettlement concerns resulting in some families leaving the area. Lingard & Watling (2021) describe study limitations as the flaws or deficiencies of a research plan that could influence the findings or consequences of the study. Nevertheless, the researcher plans to use conveniently accessible participants from the local area in order to gather sufficient and pertinent information.

## 1.12 DEFINITION OF KEY TERMS

### 1.12.1 Drug abuse

Drug abuse is the detrimental consumption of drugs that can result in physical, psychological, and social issues. According to the World Health Organization (WHO), drug abuse is defined as the use of drugs that is harmful to the individual or society, and is characterized by a repeated and compulsive use of drugs despite negative consequences (WHO, 2019). According to the American Psychiatric Association (2020), drug abuse is a pattern of drug use that causes significant impairment or distress, including tolerance, withdrawal, and impaired control over drug use.

### 1.12.2 Substance abuse

Substance abuse refers to the harmful use of substances, including drugs, alcohol, and other chemicals. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2019), substance abuse is the use of a substance in a way that is not consistent with the way it is meant to be used, and that can cause harm to the individual or others. According to the World Health Organization (2020), substance abuse is a pattern of substance use that causes significant impairment or distress, including tolerance, withdrawal, and impaired control over substance use.

### 1.12.3 Drug

A drug is a substance that can alter the way a person's body or mind functions. Drugs can be classified as either legal or illegal and can include prescription medications, over-the-counter medications, and illicit substances, National Institute on Drug Abuse, 2020). The American

Psychiatric Association (2020) defines a drug as a substance that has a physiological effect when introduced into the body. Drugs can be used to treat medical conditions, but they can also be used recreationally or abusively.

### 1.12.4 Psychosocial

Psychosocial refers to the interaction between psychological and social factors that can affect an individual's behavior and well-being. In the context of drug abuse and addiction, psychosocial factors can include an individual's social environment, family dynamics, and mental health, according to Brown University (2020). According to Kompier (2019), psychosocial refers to an interaction between psychological and social factors that influence an individual's behavior, thoughts, and emotions.

### 1.12.5 Addiction

Addiction is a long-lasting illness marked by an uncontrollable urge to consume drugs or other substances, regardless of the harmful effects. Based on ASAM (2019), addiction is a primary and chronic brain disease involving reward, motivation, memory, and related circuitry. Addiction, as defined by the American Psychiatric Association (2020), is characterized by a repeated use of drugs that results in substantial impairment or distress, involving aspects such as tolerance, withdrawal, and a lack of control over drug consumption.

### 1.13 STRUCTURAL OUTLINE OF THE STUDY

This thesis comprises five chapters. Chapter one will include an introduction and give an overview of the study. It outlines the goals and objectives of the research, detailing the different sections the dissertation aims to fulfill. The paper covers topics including study background, problem statement, research aim, objectives, questions, study significance, boundaries, study limitations, key terms definition, and ethical considerations.

Chapter two will cover the theoretical framework and literature review underpinning the research study. This chapter will also give a detailed account of the literature, which looks at the psychosocial experiences of families affected by drug and substance abuse, the copying strategies employed by the families, and strategies used to improve the plight of families affected by drug and substance abuse.

Chapter three will also cover the research design and methodology. This chapter will give an insight on the methodology to be followed during the research as well as the data gathered

during this process. It will detail and outline all aspects of the research methodology applied in order to achieve the objectives of the study undertaken.

Chapter four focuses on data presentation and analysis. This chapter will present an analysis of the data in consideration of the theoretical foundation laid in order to arrive at appropriate conclusions.

Chapter five focuses on the summary, conclusion, and recommendations. This last chapter will provide a brief summary of the research findings as well as recommendations.

## 1.14 CHAPTER ONE SUMMARY

Chapter one gave an overview, introduction, and background of the study. Various aspects and elements of the research undertaken have been discussed, along with the definitions of concepts.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 INTRODUCTION

This chapter seeks to review relevant literature on the psychosocial experiences of families affected by drug and substance abuse. While being influenced and directed by the main goals of this research, an extensive examination of relevant literature is conducted on a global, regional, and ultimately, local scale. Thus, the key objectives underpinning this study encompass, firstly, to assess the psychosocial experiences of families affected by drug and substance abuse. Secondly, identify the copying mechanisms used by families affected by drug and substance abuse, and finally, develop strategies that can be used to improve the plight of families affected by drug and substance abuse. More so, this chapter shall also present a theoretical framework (family systems theory) and the legislative framework informing this study. Lastly, the chapter summary is also provided.

## 2.2 THEORETICAL FRAMEWORK

This study is firmly hinged on the family systems theory. The justification for the applicability of this theory in this study is accordingly discussed hereunder.

### 2.2.1 The family systems theory

Dr. Murray Bowen once said, "…that which is created in a relationship, can be fixed in a relationship" (Bowen, 1991). He determined that, the family is a complex unit, and due to that complexity, each member influences the other in one way or another. Family systems theory (FST), a cornerstone of structural family therapy, was first proposed by Dr. Murray Bowen in the 1950s and is a theory of human behavior that sees the family as a unit rather than a group.

The family systems theory involves the following key elements, differentiation is a crucial element in family systems theory, placing importance on individual autonomy within the family system. It implies that people who have built a solid understanding of themselves can more effectively preserve their personal identity while still staying close to their family. Triangles are another idea. Willis, Miller, Yorgason, & Dyer (2021) state that triangles happen when tension or conflict between two people leads one individual to bring in a third person to help stabilize or ease the situation. Emotional fusion is a crucial concept that involves a strong emotional bond between two or more individuals, leading to a lack of independence and a reliance on each other for validation and emotional stability. According to Shultz (2021),

Bowen's theory also highlights the idea that behaviors tend to be inherited within families across different generations. These patterns may encompass strengths and weaknesses in different areas like communication styles, coping mechanisms, relationship patterns, and health concerns. Romero et al. (2020) argue that, in accordance with the family systems theory, family members are connected to each other and influence each other's feelings, experiences, and behaviors. This implies that a single family member's substance abuse can significantly impact the entire family when it comes to drug addiction. For example, if one parent is addicted, it can lead to changes in how the family interacts, causing increased stress, anxiety, and conflict, all of which can harm the overall health of the family.

Bowen (1991) suggests that both psychopathology and addiction result from a dysfunction within the entire family unit. Within the realm of drug and substance abuse, the family systems theory can provide insight into how addiction affects the family and how the family can aid in the recovery process. According to this theory, it is more beneficial for individuals going through a crisis or issue to have assessments that involve multiple members of the system rather than just focusing on one family member. Within the research field, the theory allows the researcher to gain a deeper understanding of how drug and substance abuse impacts the whole family, not just the individual struggling with addiction. The theory also recognizes the ways addiction changes roles, communication, and family dynamics.

## 2.3 LEGAL FRAMEWORK

### 2.3.1 International Legislation

**United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)**

The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances is a global treaty that focuses on combating drug trafficking and organized crime related to illicit drugs. It provides a framework for international cooperation, coordination, and mutual legal assistance in investigations, prosecutions, and extradition of drug traffickers. The convention promotes measures to prevent money laundering, enhance law enforcement cooperation, and strengthen international efforts to combat drug trafficking networks. In carrying out their obligations under the Convention, the Parties shall take necessary measures, including legislative and administrative measures, in conformity with the fundamental provisions of their respective domestic legislative systems ("UNCIT'1988"). Article 2, "Scope of the Convention," paragraph 1. However, Nagle (2018) is of the opinion that traditional

western models often fail when applied indiscriminately worldwide, suggesting a more nuanced understanding grounded in local perspectives is necessary when crafting effective policies addressing substance abuse challenges within diverse communities.

### 2.3.2 Regional Legislation

**African Union (AU)**

The AU has taken initiatives to address drug trafficking and substance abuse in Africa. The AU Plan of Action on Drug Control (2013–2017) provided a framework for member states to strengthen drug control efforts, improve legislative frameworks, and enhance law enforcement cooperation. The AU has also established the African Union Plan of Action on Drug Control and Crime Prevention (2019–2023) to guide regional efforts in addressing drug-related challenges. The plan emphasizes prevention, treatment, and rehabilitation, as well as regional cooperation and information sharing.

### 2.3.3. Local legislative

**Dangerous Drug Act, Chapter (5:02)**

According to the Zimbabwe Legal Information Institution, (2013), drug abuse is considered illegal in Zimbabwe as per the Dangerous Drugs Act (Chapter 15:02). However, Makande (2017) promulgates that, policymakers in Zimbabwe should reconsider drug laws and adopt a rehabilitative stance towards drug users, while imposing harsher punishments on drug traffickers and sellers.

**The Criminal Law (Codification and Reform) Act (Chapter 9:23)**

The Criminal Law (Codification and Reform) Act (Chapter 9:23) in Zimbabwe is comprehensive legislation that covers various criminal offenses, including drug-related offenses. The act provides the following,

- Section 157: Unlawful possession or use of dangerous drugs.
- Section 158: Possession of dangerous drugs for sale or dealing.
- Section 159: Unlawful dealing in dangerous drugs.
- Section 160: Permitting premises to be used for drug-related offenses.
- Section 161: Cultivation of dangerous plants.

2. **Drug Trafficking and Related Offenses:**

- Section 157A: Unlawful possession of dangerous drugs for purposes of trafficking.

- Section 158A: Unlawful dealing in dangerous drugs for purposes of trafficking.

- Section 159A: Financing drug trafficking.

3. **Aggravating Factors and Enhanced Penalties:**

- Section 166: Aggravated offenses relating to dangerous drugs.

## 2.4 PSYCHOSOCIAL EXPERIENCES OF FAMILIES AFFECTED BY DRUG AND SUBSTANCE ABUSE

### 2.4.1 Psychological experiences

Families impacted by drug and substance abuse encounter significant psychosocial distress in the form of emotional challenges. It pertains to the adverse emotions that family members go through due to the addiction, such as anxiety, depression, anger, and fear. Kumpfer and colleagues (2019) stated that emotional distress is a prevalent occurrence for family members of those with substance use disorders. Relatives of people with substance use disorders often go through emotional distress, which can include anxiety, depression, and a sense of helplessness. Families struggling with emotional distress due to drug and substance abuse are a major worry in European countries, as substance abuse continues to be a major public health problem throughout the region. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reported that around 1.3 million adults in the European Union (EU) experienced drug use disorders in 2019, with the highest rates seen in countries like Slovakia, Lithuania, and Estonia, leading to emotional strain on their families. A research conducted by McCann et al. (2019) in Canada found that families impacted by drug and substance abuse frequently go through emotional suffering.

According to the South African National Department of Health (2019), the country has a high prevalence of substance use disorders, with an estimated 1.2 million people suffering from drug

addiction. The impact of drug and substance abuse on families is significant, with children often being the most affected. A study by the South African Medical Research Council (2017) found that children of substance-abusing parents were more likely to experience emotional distress. Families in Zimbabwe who have a relative who is into drug and substance abuse have also been reported to have emotional distress. Chikoko et al. (2016) report that families affected by drug and substance abuse often experience emotional distress due to the challenges they will be facing in caring for a drug addicted person.

Residing with a family member dealing with drug or substance abuse can cause major mental health issues for other family members. According to Kumpfer et al. (2015), this stress has the potential to result in various mental health problems such as anxiety disorders, stress, depression, and post-traumatic stress disorder (PTSD). Haines et al. (2015) stated that families impacted by drug and substance abuse frequently encounter traumatic incidents like domestic violence, sexual abuse, or neglect, which may result in the emergence of mental health disorders like PTSD, depression, and anxiety. The long-lasting impacts of parental substance abuse on children indicate that it usually has negative effects, resulting in psychosocial and emotional repercussions for the children (Smith et al., 2016). Anderson and colleagues (2018) found that almost half of individuals residing with a substance user experience unaddressed mental health issues like depression and anxiety. Relatives may also face added family and caregiving duties, financial pressure, and conflicts with others, resulting in stress similar to trauma. McGovern et al. (2021) cogitated. As per the 2018 report by the U.S. Department of Health and Human Services, over eight million children under 18 years old reside with a caregiver who has a substance use disorder, with the majority of these children being under 5 years old. This research shows that as these children get older, they are at risk of experiencing mental health issues like PTSD and depression.

Madiga and Mokwena (2022) reported in a study in South Africa on '*nyaope*' users that because more women care for '*nyaope*' users, they are more likely to develop associated mental disorders. In Zimbabwe, families who have a drug addict have reported high levels of stress and depression. Some drug and substance abusers may turn violent, significantly impacting the mental health of those family members around them. Makande (2017) reports that families associated with youths who have substance use disorders are likely to experience anxiety. Lafsdóttir, Orjasniemi & Hrafnsdóttir (2020) also argue that, mental health impacts such as depression and anxiety have been reported among relatives of substance abusers.

**2.4.1 Social experiences**

Families grappling with drug and alcohol addiction often face strong disapproval from friends, neighbors, and occasionally even their own extended family members. Members often feel shame, loneliness, and secrecy due to the stigma, which can hinder their ability to seek assistance or openly discuss their challenges. As stated by McCann et al. (2019), certain family members might decrease their participation in social events due to the unexpected behaviors of their loved ones, resulting in isolation and a lack of support systems. As reported by the UK Drug Policy Commission in 2009, families could also experience significant stigma, shaping society's view on substance use disorder. An undesirable aspect for family members affected by addiction is the restriction of social interactions, leading to a sense of isolation from society. McCann's research discovered that individuals who had the strongest connections to drug users experienced restrictions in their activities and social roles. A study in India by Arlappa et al. (2019) discovered that families choose to reduce their social interactions after a member becomes addicted.

Magaisa (2018) highlights that families often face significant stigma and shame due to societal attitudes towards drug abuse. He further adds that the prevailing perception is that drug abuse reflects moral failure, leading to the stigmatization of both the individuals using drugs and their families. This stigma can manifest in various ways, including social exclusion, discrimination, and judgment from other community members. Moyo (2018) reveals that families face difficulties in receiving assistance from their immediate social networks. Friends, neighbors, and community members often stigmatize drug abuse, leading to isolation and a lack of support for affected families.

Kumpfer et al. (2015) assert that drug and substance abuse can create conflict and tension within families, as family members may disagree about the best way to address the issue. This conflict can escalate into physical violence, verbal abuse, and emotional manipulation. These can be adversely felt by children, spouses, and parents. According to Howard (2010), the drug abuser may become erratic, frustrated, and angry, lashing out at the relatives closest to them. The American Society for Addiction Medicine reports that substance misuse occurs in about 40 percent to 60 percent of cases of intimate partner violence, Soper (2014). Drug and substance abuse in families may increase the likelihood of child abuse or neglect. According to Kumpfer et al., (2010), a study conducted in the United States found that children of parents with substance use disorders were more likely to experience physical and emotional abuse, neglect, and family dysfunction. A study by the National Society for the Prevention of Cruelty

to Children (2017) found that children of substance-abusing parents were more likely to experience physical and emotional abuse, neglect, and family dysfunction.

One of the most profound ways drug abuse affects the entire family is the higher risk of abuse (Kelly, 2019). Whether it's emotional, physical, or sexual abuse, the risk increases. There is a higher likelihood that family members may experience violence at the hands of a drug abuser. A relative with a drug abuse problem is three times more likely to physically or sexually abuse their child. The squeal of this is that these children are more than 50% more likely to be arrested as juveniles and 40% more likely to commit a violent crime, according to the according to the Zimbabwe National Drug Masterplan (2020).

Families facing a challenge of drug and substance abuse in the family have also reported financial implications. Rebello (2016) reported that parents reported financial problems because of a loss of employment due to distraction by the user. Families also had to deal with theft by the user of family property and property of their neighbors that the family would then need to replace. Families also had to pay for the costs of treatment and rehabilitation. Individuals struggling with drug and substance abuse also struggle to keep a job, hence adding to the financial burden on their families.

## 2.5 THE COPYING MECHANISMS USED BY FAMILIES AFFECTED BY DRUG AND SUBSTANCE ABUSE.

Coping strategies are the different approaches and methods people, groups, and institutions use to manage stress, hardship, or difficult circumstances.

### 2.5.1 Withdrawal and abandonment

Withdrawal and abandonment are one of the copying strategies that are used by families who have loved ones who use drugs or other substances. Some relatives distance themselves emotionally or physically from the situation, seeking a break from the stress caused by a family member's substance use. These coping mechanisms frequently result from emotional suffering, annoyance, and powerlessness. O'Riordan & Attenborough (2023) argue that withdrawal and emotional disengagement can manifest through avoidance and emotional disengagement, physical relocation, leaving the family home, and asking the relative to use substances to leave. According to Horta et al. (2016), withdrawal was identified as, emotionally, the hardest coping strategy, it was often without intent to leave the substance user behind but was a last resort when the ability to cope was exceeded. According to Fotopoulou and Parkes (2017), family members often withdraw from their relatives by leaving the house to distract themselves and

be around other people. Similarly, McCann et al. (2017) observed participants disengaging from their relatives who used substances by either moving out of the familial home or physically distancing themselves when their family member was intoxicated to avoid confrontation.

Onyeaka (2015) stated that withdrawal and abandonment are frequently utilized coping mechanisms by families in order to shield themselves from the detrimental effects of drug and substance abuse. He also contends that these tactics are frequently employed as a final option after all other efforts to assist the family member have been unsuccessful. A study by Akinhanmi et al. (2017) found that in Nigeria, numerous families perceive drug and substance abuse as a moral deficiency rather than a medical issue, leading them to potentially withhold assistance or forsake their addicted family members. Myers et al. (2018) stated that in South Africa, numerous families might withhold their assistance or forsake their relatives dealing with addiction because of the perceived shame linked to drug and substance abuse. A research conducted by Gwanzura et al. (2019) discovered that numerous families in Zimbabwe utilized withdrawal and abandonment techniques to manage drug and substance abuse issues. Similarly, research conducted by Machingaidze et al. (2018) discovered that numerous families in Zimbabwe utilized withdrawal and abandonment as methods of coping with the issue of drug and substance abuse.

It is important to note that, while withdrawal and abandonment may provide temporary relief or a sense of self-protection, they can also have negative consequences for both the individuals using these strategies and the family as a whole. Abandonment can be the result of exhaustion, frustration, or the belief that it is the only way to protect oneself from the negative consequences of addiction. The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States emphasized the importance of family engagement and support in the recovery process. They highlight that withdrawal and abandonment can hinder the recovery of individuals struggling with addiction and contribute to a cycle of instability. Poland & Graham (2017) mention how families can unintentionally enable addictive behaviors through withdrawal and abandonment, reinforcing a sense of isolation and worsening the addiction problem.

### 2.5.2 Toleration

Church et al. (2018) identified accommodating substance-use behaviors as a key coping strategy. Fotopoulou and Parkes (2017) identified toleration in family members who, knowing

of their relative's substance use, actively ignored it. Moriarty et al. (2011) described this as a method of coping, as it enabled families to continue with their everyday activities. McCann et al. (2019) observed that participants covered their relative's legal and drug debts, rehabilitation costs and daily living expenses. Similarly, Moriarty et al. (2011) identified that families supported their relatives by giving them money but subsequently felt deceived. Church et al. (2018) noted that family members adapted to becoming the household's sole financial provider by any means necessary, allowing their relatives who used substances to continue their behavior with limited personal financial consequences, despite the increased stress on the family. Studies have examined the use of tolerance as a coping strategy for drug and substance abuse in families across different cultures and countries. In the United States, for example, research has shown that families may use tolerance as a way to avoid confrontation or conflict with the addicted member, Hill (2013). Similarly, in Canada, families may tolerate substance use or addiction due to feelings of guilt, shame, or fear of judgment from others, Gilliland & Dunn, (2013).

In Africa, tolerance is a common coping strategy for families dealing with drug and substance abuse. In a study conducted in Nigeria, families often tolerated substance use or addiction due to cultural and societal factors, such as the stigma associated with addiction, Onyeaka (2015). Similarly, according to Myers (2018), in South Africa, families may tolerate substance use or addiction due to the belief that addiction is a moral failing rather than a health problem. Also, in Zimbabwe, tolerance is also a common coping strategy for families dealing with drug and substance abuse. According to Chikanda (2017), families may tolerate substance use or addiction due to a lack of knowledge about addiction, cultural and societal factors, or a desire to avoid conflict or stigma.

However, there is a need for more research on the potential negative effects of toleration. While many studies have found that toleration is associated with positive outcomes, there is a need for more research on the potential negative effects of toleration, such as enabling or perpetuating harmful behaviors.

### 2.5.3 Seeking Social or Spiritual Support

Families affected by drug and substance abuse often connect with others who understand their experiences and can provide emotional support. Whether through friends, family, or community groups, sharing your feelings can be therapeutic. Some families affected often

resorted to extended family solidarity to improve their resilience, "working as a team" to support each other to maintain the family unit.

In a study by Goh et al. (2016), spiritual support was found to be an important coping strategy for families dealing with substance abuse in Singapore. The study showed that families who received spiritual support reported higher levels of hope and lower levels of stress. Myers et al. (2018) indicated that, in South Africa, spiritual support was a key coping strategy for families dealing with substance abuse. He further added that families who reported higher levels of spiritual support also reported higher levels of hope and lower levels of stress. According to Nene, Mkhonto & Mokwena (2024), seeking divine interventions, through prayer, is often a coping strategy, because this is used for both spiritual and mental strengthening.

Machingaidze et.,al (2019) showed that spiritual support was identified as a crucial coping mechanism for families facing substance abuse challenges in Zimbabwe. In Zimbabwe, many families rely on spiritual and religious remedies to understand and address challenges. They occasionally link the intense dependency and frequent return to witchcraft, causing them to seek a solution connected to this belief. Some people look for assistance from the white garment apostolic sect or another church. The discovery that coping techniques involve prayer aligns with Schultz and Alpaslan's (2016) findings, which showed that certain families rely on prayer as a coping mechanism to maintain hope for the user's recovery from substance use and redirection of their lives.

However, the absence of a precise definition and operationalization of spiritual support is one of the challenges. While some studies have used spiritual practices or religious affiliation as a stand-in for spiritual support, other studies have used more arbitrary metrics like life's meaning or purpose. This ambiguity makes it challenging to fully comprehend the mechanisms by which spiritual support may function and to compare study findings across studies.

## 2.6 Attempted strategies that can be used to improve the plight of families affected by drug and substance abuse.

### 2.6.1 Strengthening Law Enforcement and Border Control

This measure advances law enforcement efforts to disrupt the drug supply chain and prevent the flow of illicit substances. According to Matunhu & Matunhu (2016), the police often play an important role in responding to the issue of drug abuse by supporting the drug abusers to live in harmony with their families. This includes strengthening border control measures, improving intelligence sharing, and collaborating with international partners to combat drug

trafficking. One example of a country that has successfully strengthened its law enforcement and border control is the United States. The U.S. government implemented a number of measures to improve its ability to intercept drug shipments and prosecute drug traffickers. These measures included increased funding for the Drug Enforcement Administration (DEA) and the U.S. Customs and Border Protection (CBP), as well as the creation of specialized task forces to target specific drug trafficking organizations. The impact of these efforts has been significant. According to the U.S. Department of Justice, the number of drug-related arrests and seizures has increased dramatically over the past few decades. In 2019, for example, the DEA seized over 1.4 million pounds of illegal drugs, including cocaine, heroin, and marijuana.

According to the South African government, the number of drug-related arrests and seizures has increased dramatically over the past decade. In 2019, for example, the SAPS seized over 1.5 tons of drugs, including cocaine, heroin, and marijuana, with a street value of over $100 million. Makande (2017) explains that law enforcement officials in Zimbabwe have addressed youth drug abuse by implementing laws against drug abuse in the country. Kundwei & Mbwire (2020) reported that Voice of America (VOA) Africa stated that over 100 instances of drug abuse are documented by the police monthly in Harare, the capital of Zimbabwe. According to Magaya (2017), the Zimbabwe Republic Police Departments of Drugs and Narcotics and Community Policing and Crime Prevention Departments frequently organize awareness initiatives about drug abuse and its impact on the community. Nhapi (2019) stated that drug abuse is not tolerated in Zimbabwe. The government of Zimbabwe has a strict stance on drug abuse, considering it a criminal offense that can lead to prosecution. Shoko (2018) contends that implementing stringent measures for individuals involved in drugs offers a distinct chance to lower substance abuse rates and diminish related criminal activities. He continues by saying that the zero tolerance towards drug abuse is a positive move, providing drug abusers with an opportunity to contemplate their actions while receiving a prescribed penalty. Nevertheless, despite the legal measures taken to reduce drug abuse, it appears that they are not effective. Makande (2018) suggests that policymakers in Zimbabwe should reconsider the drug laws and focus on rehabilitation for substance abusers, while also increasing penalties for those involved in trafficking and selling drugs.

## 2.6.2 Accessible Treatment and Rehabilitation Services

The increase in the availability and accessibility of treatment and rehabilitation services for individuals with drug and substance abuse problems is one of the measures that can be employed to improve the plight of the families affected by drug and substance abuse. This can

include establishing specialized treatment centers, expanding outpatient services, and providing medication-assisted treatment where appropriate. The World Health Organization (WHO) emphasized the importance of providing accessible and evidence-based treatment services for drug and substance abuse. WHO (2018) advocates for a comprehensive approach that includes a range of interventions, such as medication-assisted treatment, psychosocial support, and relapse prevention strategies. Volkow et al. (2019) highlight the need for expanding access to treatment services, particularly for opioid use disorders. The United Nations Office on Drugs and Crime (2021) emphasized the need for comprehensive and accessible treatment services as part of a balanced approach to addressing drug abuse. The Lancet Commission on Global Drug Policy highlights the importance of scaling up treatment services to meet the needs of individuals with drug use disorders. They emphasize the need for a human rights-based approach that ensures equitable access to treatment, including in low- and middle-income countries (Degenhardt et al., 2017).

In South Africa, the government has implemented the National Drug Master Plan, which includes initiatives to increase the number of treatment facilities and improve access to treatment services. Makawa et al. (2017) highlighted the challenges and opportunities in the provision of substance abuse treatment services in Zimbabwe. They further highlighted the need for increased investment in treatment infrastructure, training of healthcare professionals, and the integration of substance abuse treatment into the primary healthcare system. In Zimbabwe, efforts have been made to expand the availability of treatment and rehabilitation services through the National Drug Master Plan, Chiweshe (2017).

### 2.6.3 Community-based interventions

Community-based interventions, such as outreach programs, community support groups, and peer education, help to engage families and communities in addressing the issue of drug and substance abuse. Community-based interventions, such as outreach programs and peer education, can help engage families and communities in addressing the issue of drug and substance abuse, Melchior et al., (2011). Community-based interventions can be tailored to the specific cultural and linguistic needs of the community. This can help ensure that families receive services that are sensitive to their cultural backgrounds and that they feel comfortable accessing. Community-based interventions can also reduce stigma and shame as the community can be educated on drug and substance abuse. For example, in Canada, there has been the establishment of the Canadian Centre on Substance Abuse, which is a community

based organization that provides information, resources, and support to individuals and families affected by substance abuse.

In Zambia, there was the establishment of the Community-Based Drug Abuse Prevention Program in all the provinces of the country. This program provides education, counseling, and support to communities affected by substance abuse. Meter & Name (2019) utters that, the Zimbabwean community plays a crucial part in addressing youth drug abuse. The community helps young drug users by providing guidance, education, nourishment, and counseling on drug abuse, while also disciplining aggressive drug users and resolving conflicts with their families. Muchena & Makotamo (2015) praised the community for assisting youth involved in drug use, while also urging parents, educators, elders, and other community members to combat drug addiction by offering support through ongoing education and promoting abstinence from drugs. In Zimbabwe, programs based in the community have been created to tackle the social impacts of substance abuse, which include the participation of traditional healers and community leaders (Chiweshe, 2017).

### 2.6.4 Family Interventions

According to Substance Abuse and Mental Health Services Administration of the United States (2020), individuals can influence someone's substance misuse and vice versa, affecting those in their social circle. Individuals who abuse substances are prone to impacting a small group of people they are connected to, including friends, partners, colleagues, family members, and community members. Family therapy is a helpful intervention for families in need of assistance. Family therapy is a beneficial option for several family members seeking assistance. Having various family members present enables clinicians to observe how they interact in a secure and encouraging setting, as proposed by Bronfenbrenner (1994). Family therapy can be beneficial, regardless of whether the addict is willing to take part or not. The family members can recover without the drug addict's participation. Smith et al. (2023) emphasize the importance of interventions that target improving family communication, building stronger relationships, and providing personalized support that considers the individual dynamics of each family. By acknowledging and dealing with family dynamics, these treatments establish an encouraging atmosphere essential for long-lasting healing. Family-centered approaches have become essential, acknowledging the crucial role of the family in the process of recovery

### 2.7 RESEARCH GAP

As much as the studies above (literature) seem credible in laying out the psychosocial experiences of families affected by drug and substance abuse, little is known about the specific information on families affected in Zimbabwe. There is also a lack of research on the experiences of marginalized populations, such as racial and ethnic minorities, women, and LGBTQ+ individuals, who may face unique challenges and barriers in accessing substance abuse treatment. Future studies could explore the experiences of these populations and identify ways to tailor interventions to meet their specific needs.

## 2.8 CHAPTER SUMMARY

This chapter covered a literature review on the psychosocial experiences of families affected by drug and substance abuse. The chapter covered the theoretical framework, which is family systems theory. It also covered the psychosocial experiences of drug and substance abuse, copying mechanisms used by families affected by drug and substance abuse, and attempted strategies that can be used to improve the plight of families affected by drug and substance abuse.

## RESEARCH METHODOLOGY

**3.1 INTRODUCTION**

This chapter establishes a clear and in-depth discussion of the methodological process and procedure adopted to respond to this study's key aim, objectives and research questions. It also covers the different phases of the research, such as research design, target population, sampling size and techniques, data collection methods and tools, data presentation, ethical considerations, analysis, and the chapter summary. This research explored the psychosocial experiences of families affected by drug and substance abuse.

**3.2 RESEARCH APPROACH**

This research adopted a qualitative research approach. Creswell (2014) defines a research approach as a systematic and logical way of investigating a problem, developing relevant questions, collecting evidence, analyzing data, and reporting results to contribute to knowledge and understanding. Saunders, Lewis, & Thornhill (2019) are of the opinion that research methodology is the framework within which the research is conducted, comprising the theoretical and philosophical assumptions upon which the research is based, the choice of research design and strategies, the methods employed to collect and analyze data, and the procedures for drawing conclusions and making inferences.

According to Patton (2015), qualitative research is characterized by an emphasis on data quality rather than data quantity. This approach was most suitable because it provided the researcher with a holistic understanding of the participants psychosocial lived experiences and captured the complexity of their challenges and experiences. Qualitative research also provided a deeper understanding of the experiences of families affected by drug and substance abuse, including the ways in which they cope with the challenges of addiction and their suggestive measures. Also, qualitative research methodology seems to be suitable for research that seeks to explore "experiences," as evidenced by its use by other scholars. Nene, Mkhonto, Kebogile & Mokwena (2024) on their study, "Experiences of families living with Nyaope users in Tshwane, Gauteng province" used the qualitative methodology. Also, Girsang, Susanti, and Panjaitan (2019), on the experience of family members helping young adult drug abusers achieve developmentally appropriate levels of intimacy, employed the qualitative research methodology.

**3.3 RESEARCH DESIGN**

The researcher utilized a phenomenology research methodology. McCombes (2019) explains research design as a strategy for how the researcher plans to carry out the research. Akhtar (2016) further elaborates that a research design is the framework of a research study, serving as the cohesive element that binds all components of the project and essentially outlining the blueprint for the intended research activity. Phenomenology is a qualitative research method that seeks to investigate and comprehend individuals' experiences and personal views on a specific phenomenon. Cresswell (2007) views a phenomenological study as one that explains the significance of the lived experiences of a phenomenon or concept for multiple individuals. By employing a phenomenology research framework, the researcher sought to comprehend the psychosocial encounters of families impacted by drug and substance abuse. Phenomenology was deemed a better fit for this study due to its emphasis on comprehending subjective experiences, prioritizing meaning-making, enabling thorough exploration via interviews, offering contextual understanding, and employing a participant-centered approach. It also allowed the researcher to document the distinct viewpoints, stories, and resilience tactics of these families in their specific social and cultural environments.

**3.4 TARGET POPULATION**

According to the Human Development Index (2022), the population of Highfield is 107,246. As noted by Dooley (2015), population refers to the complete group of entities that decisions are connected to. Hence, the target demographic refers to a distinct set of people or items that a researcher aims to examine and draw conclusions from. This research study focused on families in Highfield who had experienced personal impact from drug and substance abuse. The key sources of information were a probation officer, a case management officer at the Department of Social Development Highfield District, a psychologist at Harare Hospital, and a psychologist from Mandipa Hope Rehabilitation Center.

**3.5 SITE SELECTION**

The researcher conducted her research in Highfield suburb, Harare. Creswell (2014) explains that site selection is an important decision in qualitative research, particularly when conducting fieldwork. He adds that researchers should carefully consider the characteristics of potential sites, such as their relevance to the research questions, the presence of key informants, and the availability of data sources.

Highfield is the second oldest high-density neighborhood or township in Harare, the first being Mbare. With the fastest growing population in Highfield, the predicament of drug and substance abuse is also on the rise. Economic hardships that have been faced in the high density suburb of Highfield have resulted in a lot of individuals resorting to drug and substance abuse. In a recent incident that occurred in Highfield, a man was brutally stabbed to death by his own friend over a clash of US$2 (iHarare News, November 2023). Also, according to the Herald, Highfield was one of the Harare suburbs where investigations were done on dominant drug lords (according to NewsDay Zimbabwe 2023), stressing that Highfield has become a hotspot for drug and substance abuse. In a report made by Herald (2024), it showed that a number of people had been arrested from Highfields who were found to be in possession of drugs. There have also been reports of drug and substance abuse at schools in Highfield. Therefore, having taken all this into consideration, the researcher chose Highfield due to the increasing prevalence of drug and substance abuse, resulting in the ripple effects being felt across families and the community.

## 3.6 SAMPLING TECHNIQUES

Sampling techniques refer to the methods and strategies used to select a subset of individuals or elements from a larger population for study. Under the non-probability sampling techniques, the researcher utilized the snowball sampling technique. Snowball sampling, also known as chain referral sampling, involves initially identifying a few participants who meet the criteria (for example, individuals affected by drug and substance abuse and their families) and then asking them to refer other individuals who may also be eligible for the study. Atkinson and Flint (2001) discussed snowball sampling as a method for accessing hidden populations, such as drug users or sex workers.

The researcher used purposive sampling to identify the key informants, and to identify the initial participant, the researcher contacted a probation officer at the Department of Social Development Highfield District, who referred the researcher to the initial participants. After identifying the participants that met the eligibility criteria for the study, the researcher built rapport and established trust with the initial participants before discussing the possibility of their involvement in the study. The researcher clearly explained the research objectives, the importance of their participation, and how their insights can contribute to understanding the psychosocial experiences of families affected by drug and substance abuse. Once the initial participants were comfortable and willing to participate, the researcher asked them to refer other families they knew who may also fit the eligibility criteria and have relevant experiences.

The researcher upheld ethical considerations and expanded the sample, reaching out to the families.

## 3.7 SAMPLING SIZE

The sample size for this study was 24 participants. Creswell (2014) defines sampling as the process of selecting individuals, cases, or settings from a larger population for inclusion in a study. He notes that sampling is important because it allows researchers to make generalizations about the population based on the characteristics of the selected sample. The participants included 12 family members' interviewees, a single focused group discussion with 8 participants, and 4 key informants, a probation officer, a case management officer from the Department of Social Development Highfield District, a psychologist from Harare Hospital and another psychologist from Mandipa Hope Rehabilitation Center.

## 3.8 DATA COLLECTION METHODS

Bryman (2016) emphasizes that the choice of data collection method should be guided by the research questions, the nature of the phenomenon under study, and the available resources. The researcher used the following:

### 3.8.1 In-Depth Interviews

According to Knott (2022), these involve intensive interviews with a few participants so as to explore their opinions on a certain research topic. The in-depth interviews gave the researcher the opportunity to collect quality and comprehensive information on the psychosocial experiences of families affected by drug and substance abuse, identify the copying strategies used by families affected by drug and substance abuse, and also suggest measures suggested by participants that can be used to improve the plight of families affected by drug and substance abuse. The researcher conducted in-depth interviews with twelve participants, and each interview lasted twenty-five minutes. These interviews were conducted at the participant's home, as they felt comfortable at their respective home.

### 3.8.2 Key Informants Interviews

These were conducted on a one on one basis with three key informants a probation officer, a case management officer from the Department of Social Development Highfield District, and a psychologist from Harare Hospital. The duration of the interview was 25 minutes for each key informant. The first two interviews were conducted at the Department of Social Development District offices, with the psychologist from Mandipa Hope, the interview was

conducted at the Rehabilitation Center and with the psychologist from Harare hospital the interview was, conducted over the phone. These interviews allowed the interviewer to probe for more information from the experts on issues to do with families that have been affected by drug and substance abuse.

### 3.8.3 Focused Group Discussions

The researcher utilized FGDs, which were designed to encourage open-ended discussion and explore the in-depth psychosocial experiences of the families affected by drug and substance abuse, allowing the researcher to gain a deeper understanding of participants' perspectives, experiences, and opinions. Initially, the focused group discussion was supposed to last one hour but ended up lasting one hour and twenty-seven minutes. The focused group discussion had nine participants, each representing a different family. The focused group discussion had three males and five females. As recommended by Creswell (2014), the researcher maintained a reasonably small size so as to allow rich and vivid exploration of the phenomenon under study, which would later result in saturation. The discussions were conducted in one participant's household, as all participants stressed they felt comfortable participating at home and not in any other place.

### 3.9 DATA COLLECTION TOOLS

Moore and Llompart (2017) argue that data collection tools are instruments or devices utilized for gathering data, including surveys, questionnaires, interviews, and checklists. The researcher employed a discussion guide for focused groups, a guide for in-depth interviews, and a guide for face-to-face interviews. The focus of the questions asked about these tools was on the psychological and social experiences of families impacted by drug and substance abuse, the methods they employ to cope, and potential ways to enhance the situation for affected families.

### 3.10 DATA ANALYSIS AND PRESENTATION

This study made us of the thematic analysis. Thematic analysis is a qualitative approach utilized to evaluate the data collected from both the sample group and the target population. Babajide (2022) purports that, data analysis involves examining, cleaning, and modeling data to uncover valuable information, draw conclusions, and support empirical decision-making. Thematic analysis was appropriate for the study as it helped researchers discover patterns and themes that might not be obvious at first, while also providing room for interpretation and working closely with families impacted by drug and substance abuse.

Themes are created from recurring patterns such as conversation topics, language, activities, meanings, emotions, and proverbs by Braun and Clarke (2013). Themes identified from participants' responses are combined to form a full depiction of their collective experience. Using the Braun and Clarke (2013) framework, the data analysis process proceeded through the subsequent phases;

- **Familiarization with the data**

According to Braun & Clarke (2013), the primary step in thematic analysis involves immersing oneself in the data to gain a deep understanding of the participants' experiences. By reviewing all the data gathered from interviews, observations, and recordings, the researcher acquaints themselves with the research context and the participants' experiences. Initial impressions, patterns, and emerging themes are noted down by the researcher during this phase. The objective at this juncture was to intimately grasp the content of the dataset and start recognizing elements pertinent to the research queries. The researcher engaged with the words actively, analytically, and critically. Krueger (2015) asserts the significance of this stage in laying the groundwork for the entire analysis, enabling researchers to cultivate a nuanced comprehension of the data and spot initial patterns and themes.

- **Generating initial codes**

According to Braun & Clarke (2013), the primary step in thematic analysis involves immersing oneself in the data to gain a deep understanding of the participants' experiences. By reviewing all the data gathered from interviews, observations, and recordings, the researcher acquaints themselves with the research context and the participants' experiences. Initial impressions, patterns, and emerging themes are noted down by the researcher during this phase. The objective at this juncture was to intimately grasp the content of the dataset and start recognizing elements pertinent to the research queries. The researcher engaged with the words actively, analytically, and critically. Krueger (2015) asserts the significance of this stage in laying the groundwork for the entire analysis, enabling researchers to cultivate a nuanced comprehension of the data and spot initial patterns and themes.

- **Searching for themes**

During this stage, the analysis begins to form as you transition from codes to themes. Based on Braun & Clarke (2006), a theme reflects a significant aspect of the data regarding the research query and indicates a certain level of organized reaction or significance in the dataset. The researcher examined the coded data to pinpoint similarities and overlaps among the codes. She

grouped codes that were alike to create categories as well. Based on the data and the research questions, she adjusted the categories as necessary. Krueger (2015) points out that the act of categorizing plays a crucial role in the process of thematic analysis by enabling researchers to recognize patterns and themes within the data, and to structure the data in a manner that aids analysis.

- **Reviewing potential themes**

At this stage, all the themes, master, main and sub themes were brought together for the refinement of those themes in a more systematic way. The researcher first checked her themes against the collated extracts of data and explored whether the theme worked in relation to the data. Some codes were discarded, while others were relocated under another theme. Once the researcher had a distinctive and coherent set of themes that worked in relation to the coded data extracts, she went on to the second stage in the review process, which was reviewing the themes in relation to the entire dataset. This involved one final re read of all the data to determine whether the themes meaningfully capture the entire dataset or an aspect thereof. Krueger (2015) is of the view that this stage is critical in advancing our understanding of the data, as it allows researchers to identify connections between categories and to explore the data in greater depth.

- **Defining and naming themes**

The primary objective of this stage was to further clarify and improve the theme. Braun & Clarke (2006) state that at this point, it is important to determine which part of the data is represented by each theme and the core meaning of each theme. As a result, the author examined the gathered data snippets for each topic and organized them into a coherent and cohesive story. The consideration given to the story conveyed by each theme matched the careful thought put into how it aligned with the overall narrative she aimed to present about her data in relation to the research inquiries.

- **Producing the report**

The last step in analyzing is creating a report. Braun and Clarke (2006) suggest that the report on thematic analysis should persuade the readers about the quality, trustworthiness, and accuracy of the analysis. The final part of the analysis process was compiling the report on the results. As stated by Braun and Clarke (2006), when presenting a thematic analysis, it is essential to convince the audience of the validity, reliability, and importance of the analysis. As a result, significant effort was put into offering a concise, rational, and consistent explanation of the narrative portrayed in the data through presenting detailed examples and

extracts that could effectively summarize the main idea of the author's argument along with sufficient evidence. The examples and extracts were deftly integrated into the analytical narrative to not only illustrate the story but also to bolster the research goals.

## 3.11 ETHICAL CONSIDERATIONS

Ethical considerations are meant to protect the rights and interests of research participants as well as those of the researcher, as propounded by Drolet, Derouin, Leblanc, Ruest and William Jones (2023). The researcher ensured the following ethics;

### 3.11.1 Informed consent and voluntary participation

The chosen participants were briefed by the researcher about the study, who the researcher was, the participation procedures, and the confidentiality of the research findings. The researcher provided a clear and detailed explanation of the research, including the type of data being collected, how it will be used, and who will have access to it. The purpose of this was to give the participants the freedom to choose whether or not to take part in the study. Participants' freedom and informed cooperation were guaranteed by informed consent. Consent forms were given out to participants to sign if they agreed to be part of the research. The researcher also made participants aware that participation in the study is voluntary and that they were given the freedom to leave the study at any moment after they were engaged if they felt that their confidentiality or integrity was being violated or if their information was being destroyed in front of them. According to Peer Connect (2023), voluntary participation refers to the freedom to choose whether or not to become a participant in the research.

### 3.11.2 Confidentiality and Anonymity

The members of families who participated in this research were assured that the information they provided would not be shared with anyone without their approval. The assurance of confidentiality of information for the participants made them feel secure because issues to do with drug and substance abuse are sensitive and thus allowed them to freely express themselves. The researcher made use of pseudo-names for the participants so they could remain anonymous and unidentified. This was done to ensure free expression of experiences, as they would not be identified. The researcher assured that she would ensure that all data collected was kept confidential and secure, using methods such as encryption, secure storage, and restricted access to data. This would help to protect the privacy of participants and prevent any unauthorized access to their personal information. According to Strydom (2011), the concept of confidentiality is similar to anonymity and the protection of participants' privacy.

### 3.11.3 No harm

According to Creswell (2014), the harm can range from physical to resource loss, including time, emotional, and reputational. The researcher also ensured that potential harm to participants was minimized. To ensure that no participant was harmed, the researcher avoided the use of invasive or intrusive methods and ensured that participants were not placed in a situation where they may feel uncomfortable or vulnerable, hence, the researcher asked where the participants would feel comfortable participating in the focused group discussions and interviews. The researcher also conducted a thorough risk assessment to identify any potential physical, psychological and social risks associated with the study. Buchanan & Warwick (2020) argue that no harm means assessing and making sure that the research and its analysis do not pose any harm to the vulnerable research participants, either unintendedly or otherwise.

### 3.12 DATA COLLECTION PROCEDURE

The researcher was issued a letter from the school, indicating that she was a student at Bindura University of Science Education and that the organization or institution that she intended to carry out her research at would consider granting her permission to conduct her research. The researcher sent her research proposal, research tools, and application letter to the Ministry of Public Service Labor and Social Welfare. She was then authorized to conduct her research on the psychosocial experiences of families impacted by drug and substance abuse in Highfield, Harare. Information was gathered through either Shona or English, based on the participant's choice. Participants were informed of the study's objective and had the chance to inquire or clarify any doubts concerning the study and their involvement. After all the questions were addressed, they were requested to give their written consent after being informed. Information was gathered through in-depth interviews, interviews with key informants, and group discussions that followed ethical guidelines.

### 3.13 PILOT STUDY

The researcher initially conducted a pilot study that involved carrying out a small study beforehand. Conforming to Creswell (2014), this research aimed to examine and confirm the practicality of the study while evaluating research protocols, data collection tools, sample recruitment strategies, and other research methods in anticipation of a larger study. This procedure consequently led to the achievement of the entire investigation.

## 3.14 CHAPTER SUMMARY

This chapter outlines the methodological procedures and processes that directed and influenced this study. This chapter covers important themes such as research approach, research design, sampling method, data collection procedures, and data analysis procedures. The moral factors guiding this research, along with its constraints, have also been determined. Furthermore, the rationale behind choosing the mentioned methodology has been clearly explained in accordance with the goals and objectives of this research. As a result, the upcoming chapter will showcase and evaluate the data gathered during the study.

## INTRODUCTION

The main objective of this chapter is to provide, analyze and deliberate on the data that was gathered from the field concerning the psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe: A case study of Highfield suburb, Harare, using in depth interviews, key informant interviews and focused group discussion. In this chapter, data presentation and analysis are done in accordance with the research objectives, which are to assess the psychosocial experiences of families affected by drug and substance abuse, identify the copying mechanisms used by families affected by drug and substance abuse and develop possible measures that can be used to improve the plight of families affected by drug and substance abuse. Data was collected from 20 participants and 4 key informants, of whom two were from the Department of Social Development Highfield District and the other one from Harare Hospital. Guided by the above objectives, data was presented, interpreted, and analyzed based on a thematic approach. In this context, the study themes were derived from the study objectives. The themes are presented together with the subthemes. The researcher presented quotations of verbatim in vernacular language, which in this context is Shona, and it was later translated to English, except for key informants.

## 4.2 SOCIO-DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

This section presents the demographic information of the participants.

### 4.2.1. Total participants

**Table 1 Total participants**

| Participant | Intended | Actual |
|---|---|---|
| Females | 10 | 13 |
| Males | 10 | 7 |

n=24

| | | |
|---|---|---|
| Key informants | 4 | 4 |
| Total | 24 | 24 |

The table above shows that the total number of participants was 24, and the response rate was 100%. The intended number of participants was ten males and ten females to create a gender balance among the participants. However, as indicated in the table above, more females participated, in contrast with the initial intended number. This can be explained by the higher vulnerability or willingness of women to share their experiences related to drug and substance abuse. Also, more women are likely to seek help and share about their problems, hence the reason why the snowball sampling technique resulted in more women than men.

**4.2.2 Marital status of participants**

**Table 2 Marital status**

| Marital status | Number |
|---|---|
| Married | 9 |
| Single | 5 |
| Divorced | 6 |
| Total | 20 |

The table above shows the marital status of the participants, and it suggests that a significant number of participants were in a marital relationship. A notable number of participants had also experienced marital dissolution.

**4.2.3 Age range of participants**

**Table 3 Age range of participants**

| Age range | Number |
|-----------|--------|
| 18-29 | 6 |
| 30-39 | 6 |
| | |
| 40-49 | 4 |
| 50-59 | 2 |
| 60-69 | 2 |
| Total | 20 |

The table above shows the age range of the participants. The concentration of participants in the younger age ranges (18–30) suggests that substance abuse and its impacts on families may be more prevalent among younger individuals.

**4.2.4 Relationship to the drug and substance abuser**

**Table 4 Relationship to the drug and substance abuser**

| Relationship | Number |
|--------------|--------|
| Mother | 6 |
| Father | 4 |
| Uncle | 3 |
| Spouse | 4 |
| Child | 1 |
| Sister | 2 |
| Total | 20 |

The table above indicates the relationship of the participant to the drug and substance abuser. The higher number of mothers compared to fathers in the study aligns with societal

expectations and traditional gender roles that often place caregiving responsibilities on mothers. The presence of spouses, uncles, a child and siblings indicates the interconnectedness of family systems affected by drug and substance abuse. It suggests that drug and substance abuse can have ripple effects on multiple family members.

### 4.2.5 Employment status

**Table 5 Employment status**

| Employment status | Number |
|---|---|
| Employed | 8 |
| Unemployed | 11 |
| Pensioner | 1 |
| Total | 20 |

The table above shows the employment status of participants, a large number were unemployed, which can further exacerbate the psychosocial experiences of families affected by drug and substance abuse due to economic strain.

### 4.2.5 Demographic information of key informants

**Table 6 Demographic information of key informants**

| Designation | Sex | Work Station | Qualifications |
|---|---|---|---|
| Probation officer | M | DSD Highfield | Degree in social work |
| Case management officer | M | DSD Highfield | Degree in social work |
| Psychologist | M | Mandipa Hope | Degree in psychology |
| Psychologist | F | Harare hospital | Degree in psychology |
| **Total 4** | | | |

The table above shows the demographic information of key informants. The probation officer, the case management officer are from the Department of Social Development Highfield District, the psychologists are from Mandipa Hope Rehabilitation Center and Harare Hospital. Together, these professionals offer a comprehensive understanding of the family's experiences, challenges, and strengths.

## 4.3 PSYCHOSOCIAL EXPERIENCES OF FAMILIES AFFECTED BY DRUG AND SUBSTANCE ABUSE

The first objective of the study was to unearth the psychosocial experiences of families affected by drug and substance abuse. The researcher's desire was to gain an understanding of the psychosocial experiences of families affected by drug and substance abuse. A further four sub-themes emerged from this theme, as detailed further in the text.

### 4.3.1 Mental health challenges

Families affected by drug and substance abuse revealed that they experience mental health challenges as they encounter significant stress, anxiety, and depression, as reflected in the quotes below.

> *"Ndinogara ndine stress pamusana penzira yakasarudzwa nemwana wangu uyu, vamwe vake vari kuchikoro iye takarasima nemutoriro, handina zvandingaite asi kufunganya pamusana pedambudziko ratiwira semuri. Ndini ndakakanganisa nokuti handina kuzviona mwana wangu paakatanga kutora mutoriro nguva yelockdown."* ("I am always stressed about the path my son has chosen, some of his age mates are going to school while my son is busy taking crystal myth, I can't help but stress about this predicament in my family, sometimes I blame myself because I did not notice that my son had started taking crystal myth in the lockdown era.") (a 38-year-old mother from an in-depth interview)

According to most participants, when a family member is into drug and substance abuse, there is no way one can escape mental health challenges because, one way or another, they would find themselves stressed or in a state of depression. In support of this, another participant from the focused group discussion mentioned that:

> *"Nguva dzakawanda ndinenge ndakagara nevamwe kasi pfungwa dzangu dzinenge dzisiri panzvimbo muviri ndowega unenge uripo. Haaa, depression ndoyandave navo nekuti hazvichinje anongodzoka akaparara nekamusombodhiya."* ("A lot of times I am sitting with people, but I won't be there mentally. It's like my body is there, but I will

be somewhere else. I have slid into a state of depression because it never improves it gets worse every day because he will be coming home soaked in illicit alcohol.") (a 29-year-old spouse)

Another participant also mentioned that:

*"Semurume handiziratize hangu asi, hazvisi nyore kutarisa mwana wako achirasa hupenyu hwake nekuda kwebronco, ndogara ndine stress kunyanya paano sticker nepaasingarare pamba."* ("As a man, I do not usually show it, but, it's never easy to look at your child throwing his life away because of bronchitis, and I am always stressed, especially when he gets unresponsive sometimes and when he does not sleep at home.") (a 42-year-old father from an in-depth interview)

In support of the above, the key informant (a psychologist from Harare Hospital) reported that:

*Families battling drug and substance abuse do experience significant stress, anxiety, depression, trauma, guilt, and shame. The emotional rollercoaster of dealing with a loved one's addiction can lead to feelings of hopelessness and loss. More so, the consequences of addiction can be deeply traumatizing, resulting in symptoms of post-traumatic stress disorder due to domestic violence, financial troubles, and legal issues. Family members may also feel guilty or ashamed for their actions. Substance abuse can also strain relationships, compromising trust and intimacy.*

From the above utterances, the researcher learnt that participants experienced mental health issues such as depression, stress, feelings of hopelessness, trauma, anxiety, and trauma. Nkosi (2017) previously documented that families with a loved one struggling with substance dependence face emotional strain due to dealing with the repercussions of the dependence and/or substance abuse behaviors. Nevertheless, the findings above demonstrate that families may encounter different mental health difficulties, as noted by the key informant. The discovery mentioned also supports the study conducted by Nene, Mkhonto & Mokwena (2024), which identified mental distress as one aspect, while this research highlighted additional mental health difficulties as shown earlier. The researcher noticed that, as much as men are brought up to be strong individuals, they are not spared by the mental health challenges that come with having an addicted relative, and men try to hide it, or rather not talk about it often. The above responses also highlighted the different drugs and substances that are taken. The above findings are also reinforced by the family systems theory, which emphasizes that family members are

interconnected and mutually influence each other. This means that when there is dysfunction in the family, it can impact the entire family system.

**4.3.2 Social isolation and stigma**

Families affected by drug and substance abuse also experience social isolation and stigma, as reflected in the quotes below.

*"Ehe, kuve nemwana anoputa mutoriro kunotouya nekushora kubva kuvagarisani vedu. Semunhu wechirume, vanhu vanokutarisa nerimwe ziso vachidedza mhuri yangu netumazita ende zvinondirwadza. Vamwe vanhu handichataure navo nekuti tingatozonetsana."* ("Yes, having someone who uses crystal myth in your family comes with stigma from your neighbors. As a man, people look at you with that 'eye', they start calling your family names and it's painful, I have even cut out people, so avoid altercations.") (a 49-year-old father from an in-depth interview)

Some of the participants concurred that they would experience isolation and stigma due to the use of drugs and substances by a family member. In support of that, another participant from the focused group discussion reported that:

*"Mugarisani wedu akaita birthday party hatina kukokwa, vakati tingazokonzera mhirizhonga nasisi vangu vanodhakwa mberere zvinorwadza nekuti vanhu vanokusarudza."* ("Our neighbor had a birthday party, and we were not invited because they thought maybe we would cause chaos with my drunkard sister. It is painful because no one wants to associate with a family that has a drunkard.") (a 24-year-old sibling)

The key informant (a probation officer from DSD) also reported that,

*"Stigma and social isolation are serious issues that can have severe consequences for individuals struggling with substance abuse. They can hinder their willingness to seek help, exacerbate feelings of shame and guilt, and create barriers to recovery and reintegration into society. Moreover, these factors can contribute to a cycle of continued substance abuse, as individuals may feel trapped and without access to the necessary support systems."*

From the above utterances, the researcher understood that families who are affected by drug and substance abuse are stigmatized, and due to the associated shame and judgment, family members would withdraw from social connections, leading to isolation. The above participant mentioned that "as a man, people look at you with that 'eye'' thereby indicating moral failure

on the father's part and this is in sync with Magaisa (2018), who notes that the prevailing perception is that drug abuse reflects moral failure, leading to the stigmatization of both the individuals using drugs and their families. Both participants expressed the pain of being judged and socially rejected by neighbors and acquaintances due to their association with a family member who abuses drugs and substances. The key informant mentioned how stigma can contribute to a cycle of substance abuse as individuals may fail to access help.

### 4.3.3 Family conflicts and violence

Families affected by drug and substance abuse also experience internal chaos and violence, as reflected in the quotes below:

> *"Murume wangu ari violent, anodzoka kumba akadhakwa dzimwe nguva, otanga noise dzake. Anopinda mumachira nebhutsu, dzimwe nguva anoita weti mumachira. Zvinorukutisa, dzimwe nguva ndonzwa sendakamuvenga nekuti paanouya kumba tinotoziya kuti dzimwe three to four hours dzeruzha. Vana vanomutya ende havana kusununguka kana aripo, ndinonzwa sendicharutsa ende dzimwe nguva ndinorohwa vana vakatarisa. Dai ndakamusiya munhu uyu ini, asi ndogarira vana vangu."* ("My husband is very violent, he comes home drunk at times and he starts being aggressive and very violent. He gets in bed with dirty shoes on and sometimes wets the bed. It's devastating. I feel like I hate him at times because I know when that man comes home, it's going to be three to four hours of unrest and noise. The children are scared of their father, they are not free when he is around, it's sickening and at times they have to watch their mother get beaten. I would have left him, but I stay because of my children.") (a 31-year-old spouse from an in-depth interview)

In addition to the above, another participant from the focused group discussion concurred that they would experience violence, as indicated in the quote below:

> "Kana muzukuru wangu asati aputa mutoriro wake anongoita hasha neruzha zvinova izvo zvakakonzeresa kuti mukadzi wake amusiye. Imwe nguva ndakafunga kutoti akuda kutondirova nokuti akandibata ruoko zvinesimba akandisandudzira nekuti ndakamuti asiyane nekuputa zvindhaka zviri kumukuvadza. Maziso ake akabva azara ruvengo zvaigona kuenda nepamwe. Ikozvino mumhuri vanhu vakunetsana pamusana pake ana baba vake vakuti ngaabve pamba pemhuri" ("When my nephew hasn't smoked this crystal myth, he is just aggressive and violent, which is the reason why his wife left him. At one point in time, I thought he was going to beat me. He held my hand

so tight and pushed me because I had told him to stop taking drugs and that he was harming himself. His eyes were instantly filled with rage, and the worst could have happened. Now we are having family conflicts over his stay at the family house. His fathers want him gone and motherly love just overshadows me.") (28-year-old uncle)

In support of this, the key informant (a case management officer from DSD) also reported that:

> *"I have had cases where drug and substance abusers became violent, and in some extreme cases, we have had to refer them to the police. If a person who has an addiction does not get those drugs, they sometimes turn out to be very violent, and when they do, they subsequently cause family conflicts because some family members would not approve their stay."*

The researcher therefore understood that families affected by drug and substance abuse often experience family conflicts and violence. All members of the family, especially the children, may suffer physical and emotional harm from the violence and conflicts depicted. Nene, Mkhonto & Mokwena (2024) study presents family conflicts as another experience; hence, this study acknowledges violence as another experience. As indicated by the key informant, violence by the addict normally fuels family conflicts, thus the need for this research to include both. In support of the above, Orford, Velleman, Natera, Templeton, & Copello (2013) argue that substance use can lead to marital disintegration, violence, conflict, child neglect, and legal issues. The above participants mentioned that "it sometimes wets the bed." and "When my nephew hasn't smoked," the researcher took note of these as great signs of addiction. The participant above highlighted that "the children are scared of their father, they are not free when he is around." and this is supported by Lander, Howsare, & Byrne (2013), who argue that the family systems theory predicts that these maladaptive patterns at the family level then have a profound impact on all members, especially vulnerable children.

### 4.3.4 Financial difficulty

Families expressed experiencing financial difficulty as they would have to keep up with all family expenses.

> *"Mari ndiyo inotonetsa, murume wangu akadzingwa kubasa nenyaya yekudakwa, inin ndinotengesa musika. Saka ndane financial burden manje. Vana vanoda mari yema fees, tinoda kudya netumwe tunhu. Saka iri ndiro ratove dambudzziko manje."* (Money is now a problem, my husband was fired from where he was working because he would sometimes show up drunk at work. I am a vendor, so I am now facing a financial burden.

We need fees for the children, food to eat, and other expenses. So now we have a problem.") (25-year-old spouse from an in-depth interview)

Another participant from the focused group discussion mentioned that,

*"Kubva paakatanga zvemutoriro haana kuzomboita shungu dzekutsvaga basa, inini ndakura ndave ne61 years simba rekucharamba ndichishanda hapasisina. Zvino mari inenge ichidiwa, tinoda kudya pamba pane zvinenge zvichida kuitwa zvinoda mari. So zvakundiremera, akuremedzawo vanun'una vake."* ("Ever since he started taking crystal myth, he never bothered to look for employment. As for me, I am now 61 years old, and I don't have the energy to continue working. Money is needed at home, people need to eat and other things need to be done and they require money. So it has become a heavy burden on me and his younger siblings."

The key informant (a probation officer from DSD) reported that:

*"We have had clients who come requesting financial assistance for the department, as families affected by drug and substance abuse often face a significant financial burden. The costs associated with acquiring substances, legal expenses, employment challenges, medical and healthcare expenses, childcare and family support, housing instability, debt, and financial mismanagement can all contribute to financial strain. As probation officers at social welfare, we recognize these challenges and connect families with appropriate resources and support services to alleviate some of the financial stress."*

Therefore, the researcher understood that substance abuse disrupts the family system by affecting individual family members' functioning and their ability to contribute economically. From the demographic information collected above, it shows that a number of relatives of the addicts are not employed, which further exacerbates the financial situation. More so, the researcher understood that the mention of the participant's age and lack of energy to continue working highlights the intergenerational impact of substance abuse within the family system. Using the family systems theory, the researcher recognized that the financial burden experienced by families affected by substance abuse is not solely an individual problem but a systemic issue. Substance abuse disrupts the family's functioning, roles, and resources, leading to financial strain.

**4.4 THE COPYING MECHANISMS USED BY FAMILIES AFFECTED BY DRUG AND SUBSTANCE ABUSE.**

The second objective of the study was to identify the copying mechanisms used by families affected by drug and substance abuse. The researcher's desire was to understand how families affected adapt, respond, and manage the psychosocial stresses and disruptions caused by substance abuse within their families. A further three sub-themes emerged from this theme, as detailed further in the text.

**4.4.1 Spiritual support and prayer**

Families affected by drug and substance abuse often seek spiritual support and prayer as a copying mechanism. Participants mentioned the following:

> *"Rehabilitation, kumurova, kumunyima zvimwe zvinhu chii chatisina kuita, izvezvi ndongonamata. Ndinovimba naMwari ndoziva achandinyaradza. Pazvinorema nguva zhinji ndonamata nezvazvo ndotonzwa kakurerekerwa."* ("Rehabilitation, beating him, withholding some privileges, you name it, we have tried to no avail. Now I just pray. I have faith and I believe God will wipe my tears away. So when it gets overwhelming at times, I just pray about it, and I leave my prayer room feeling a bit relieved.") (a 42-year-old mother from an in-depth interview)

Another participant from the focused group discussion also mentioned that:

> *"Ah takambomuendesa kumapostori vakati mweya yetsvina tikapihwa miteuro tichivimba zvinopera. So pazvinokwidza mazuva ano, tinongoenda naye kukereke ikoko, ndiko kwatinovimba nako."* ("Well, we have taken him to the white garment church, and they told us it was a bad spirit. They gave us stones and water and we are optimistically using them, hoping that this will all be over soon. When it gets worse, we take him back to the white garment church, so since then, it has been our place of hope.") (44-year-old father)

The key informant (case management officer from DSD) reported that,

> "As a social worker, I recognize the importance of spiritual support and prayer as coping mechanisms. The Department of Social Development respects and accommodates individuals' diverse spiritual and religious beliefs while also ensuring the provision of secular support services for those who do not identify with a particular faith."

Therefore, the researcher gathered that when it gets overwhelming, participants seek spiritual support and pray, and because at times they have challenges seeking support, the only easy support is spiritual support and prayer. This finding aligns with the one made by Schultz and Alpaslan (2016), where they stated that certain families rely on prayer as a way of coping, maintaining hope for changes in substance use and lifestyle redirection. It is noteworthy that this discovery revealed the depth of spirituality among Zimbabweans and the importance they attach to prayer. Minuchin (1974), as cited in Almeida et al. (2020), argue that the family systems theory emphasizes the importance of the family's boundaries, which are the invisible, emotional, and psychological barriers that define the family unit and regulate its interactions with the external environment. Therefore, when a family is faced with a significant stressor like substance abuse, the family may fortify its boundaries and turn inward, relying on its own internal resources, including spiritual and religious practices, to cope and maintain its cohesion.

### 4.4.2 Talking to other people

Participants mentioned that, when it gets hard, they resort to talking to someone about the challenge they are facing. This is supported by the quotes below:

> *"Zvekuti kutaura dambudziko rinenge rave pedo nekugadziriswa, ichokwadi nokuti pandinotaura nezvedambudziko rangu kushamwari yangu ndinonzwa zviri nani. Anondipawo mazano."* ("They say that a problem shared is half solved, well, I guess it's true because when I talk about this problem with my friend, I feel better, a bit relieved, actually. She gives me ideas to cope with it.") (an 18-year-old child from an in-depth interview)

In addition to the above, another participant from a focused group discussion mentioned that:

> *"Ukazvifunga uri wega, zvinokudya. Ndikazozviona kuti zviri nani kuti nditaure nemunhu kana ndaremerwa. Hazvisi nyore kugara nemwana wako ane 16 years anoita zvema drugs. Saka zvikarema ndotaura nehama dzangu, ndichivaudza dambudziko rangu, zvinobatsira mufunge."* ("When you think about it alone, it eats you up. I then decided to talk to someone when it got overwhelming. It's not easy to live with your 16-year-old daughter who is abusing drugs, but talking to some of my relatives helps a lot of time, so I use it as a copying strategy always.") (38-year-old mother)

Another participant also said:

*"Kutaura nemunhu kwakakosha, ndokubatsirika kwaunoita. Ndaisaziva kuti paParerenyatwa pane zvedetoxification asi pandakataura neshamwari yedu semhuri akatondibatsira."* ("Talking to someone is important, that's how you get help. At first, I did not know that my son could get detoxification at Parerenyatwa, but talking to a family acquaintance helped me.") (33-year-old uncle from an in-depth interview)

The key informant (psychologist from Harare Hospital) also revealed that,

*"Talking to other people can be a highly effective coping mechanism for individuals facing challenges or difficult life circumstances. Engaging in open and supportive conversations allows individuals to express their thoughts, emotions, and concerns, which can lead to a sense of relief, validation, and increased self-awareness. It also provides an opportunity to gain perspective, receive advice, and access social support networks. I have had clients come just to talk and let all their emotions out."*

Therefore, the researcher observed that talking to other people is one of the copying strategies used by families affected by drug and substance abuse. This is supported by the family systems theory concept of triangles. Which highlights the need for another third party to diffuse the situation. In this case, talking to or involving another person about the problem of drug and substance abuse in their family. The act of sharing experiences and concerns with others contributes to a sense of relief, validation, and access to valuable information and resources. These findings align with Zimmerman's (2000) research, which emphasizes the positive impact of social support networks in promoting resilience and coping mechanisms in challenging situations, including addiction and family conflicts.

### 4.4.3 Abandonment

Participants also mentioned that they use abandonment as a copying strategy; this is supported by the quotes below:

*"Zuva raakandipusha ndikadonha, ndakamuudza kuti abude mumba mangu nekuti kana asina respect neni sababa vake hapana chaimumisa kuti azviite kuvagarisani vedu"* ("The day he pushed me and I fell, I told him to leave my house because if he could not respect me as his father, then nothing could stop him from doing harm to the people we stay with.") (66-year-old father from an in-depth interview)

Another participant also mentioned that:

> *"Izvezvi akatanga tongomusiya isu, akauyawo kumba ndizvozvo, akatiza achienda kumabase avo emadrugs ndizvozvo, hatichamutsvahe nekuti taneta* (Now we just leave her alone like that, if she decides to come back, that's ok; if she leaves for their drug base, we are no longer looking for her because we are tired.") (20-year-old sister from a focused group discussion)

In support of this, the key informant (a psychologist from Mandipa Hope Rehabilitation Center) mentioned that:

> *"We have seen cases where families abandon the addict as a way of copying. While abandonment may temporarily alleviate some immediate stress or enable family members to protect themselves from the negative consequences of addiction, it often perpetuates a cycle of dysfunction and exacerbates the challenges faced by the family. Abandonment can further isolate the individual struggling with addiction, potentially deepening their substance abuse issues and hindering their recovery process.)*

Hence, the researcher understood that, when the situation got worse, families affected tended to abandon their relatives who were into drug and substance abuse because they could not control them anymore. The statement "we are tired" suggests that the participants have reached a point of emotional exhaustion and fatigue due to the ongoing challenges associated with the family members' substance abuse. Therefore, this implies that dealing with such situations can be mentally and emotionally draining, leading to a sense of weariness and reduced motivation to actively intervene or seek out the individual in question. The family systems theory highlights how the behavior of one family member can impact the overall functioning of the family system. Hence, the participants' responses indicate an awareness of the negative impact of the family member's substance abuse on the family's well-being and possibly the well-being of other family members or individuals they live with. The participants' actions can be seen as attempts to restore balance and protect the stability of the family system by setting boundaries and prioritizing safety. Important to note are the findings from the key informant that abandonment as a copying mechanism may perpetuate a cycle of dysfunction and exacerbate the challenges faced by the family. Abandonment can further isolate the individual struggling with addiction, potentially deepening their substance abuse issues and hindering their recovery process.

**4.5 Measures that can be used to improve the plight of families affected by drug and substance abuse.**

The third objective of the study was to develop possible measures that can be used to improve the plight of families affected by drug and substance abuse. A further three sub-themes emerged from this theme, as detailed further in the text.

**4.5.1 Strengthening law enforcement and strict border control**

Participants emphasized that there was a need to strengthen law enforcement and strict border control because that's how drugs enter the country. This is supported by the quotes below:

> *"Mapurisa ngaafambe munzvimbo dzese dzema drugs vasunge vakuru vacho nemunhu wese wavaona panzvimbo, vanhu vanetsa ava ende ngavasungwe"* ("Police should visit all the base areas and arrest the drug lords and everyone they see there, these people have become a menace and should be locked away.") (24-year-old sister from the in-depth interview)

Another participant mentioned that:

> *"Paboarder panofana kuita strict nekuti ndokupinda kunoita madrugs aya."* ("There should be strict supervision at the borderers because that's how the drugs gain entry"). (A 44-year-old uncle from a focused group discussion)

Another participant mentioned that:

> *"Zvinoita senge mapurisa haana zvaakuita, nekuti munhu asungirwa madrugs nhasi munomuona panze mangwana. Saka ngapaite mutongo wakaoma for vanhu vanotora madrugs. Ngavasungwe kuitira pavonobuda vapedza kuoika vanenge vari sober."* ("It seems as if the police are doing too little or nothing, today a person who is into drugs is arrested; tomorrow we see them out. There is a need for strict penalties for taking drugs. They should be locked up so that they come out sober after their sentence." (61-year-old mother from an in-depth interview)

The key informant (a probation officer from DSD) reported that:

> *"While law enforcement and border control are important components in addressing the drug and substance abuse crisis, it is crucial to balance these efforts with prevention, treatment, and social support. The Department of Social Development is currently collaborating with relevant stakeholders to ensure a coordinated and multi-faceted response to this complex issue."*

Therefore, the researcher understood that families affected by drug and substance abuse expressed much concern about the prevalence of drug-related issues and their desire for more effective measures to combat the problem. The participants express frustration with the perceived limited impact of law enforcement efforts and advocate for stricter penalties, increased arrests of drug lords, and greater border supervision. Makande (2018) backs up these results by suggesting that policymakers in Zimbabwe should reexamine drug laws and focus on rehabilitating drug users while potentially imposing harsher punishments on drug traffickers and dealers. The researcher recognized the importance of working together to address the issue of drug and substance abuse, as emphasized by the key informant.

### 4.5.2 Free and affordable rehabilitation services

Participants emphasized the need for free and affordable rehabilitation services, as demonstrated by the quotes below:

> *"Tinoda kuvaendesa kurehab asi inodhura, ndiri gogo vachembera ma2000 UDS anenge achitaurwa ndomawana kupi, tinoda marehab egovernment."* ("Rehabilitation is very expensive, I am an old woman, how am I supposed to save $2,000 for rehab? There is a need for free governmental rehab centers.")

Another participant mentioned that:

> *"Rehab muZimbabwe inodhura, anonzi ndee free acho hatimazive. Ngazvi chipewo"* ("Rehabilitation in Zimbabwe is very expensive, the free ones don't know of it. They should at least be affordable.") (50-year-old mother from a focused group discussion)

Another participant added that,

> *"Isusu zvema rehab hatitozive kuti anowanika kupi, vanofanira kumaisa pama saisai tigozivawo kwekubatsirikane."* ("As for us, we do not know anything about rehabilitation, they should frequently advertise it on radios so that we know where to get help.")

In this regard, the key informant (a psychologist from Mandipa Hope Rehabiitation Center) mentioned that:

> *"As a psychologist working in a rehabilitation center, I strongly advocate for the expansion and accessibility of free or affordable rehabilitation centers. Many individuals struggling with addiction come from underprivileged backgrounds or have limited financial resources. Free or low-cost rehabilitation centers provide them with*

*the necessary support and treatment options, ensuring that they can access the care they need, regardless of their economic status."*

Therefore, the researcher understood that these statements reflect the economic barriers individuals face when seeking rehabilitation for substance abuse. The participants' concerns highlight the need for affordable or free options that can cater to individuals with limited financial resources. Accessible and affordable treatment options can increase the likelihood of individuals seeking help and receiving the necessary support to overcome substance abuse issues. These findings are contradictory to Chiweshe (2017) findings that, in Zimbabwe, efforts have been made to expand the availability of treatment and rehabilitation services through the National Drug Master Plan, as most participants expressed not knowing anything about rehabilitation services in the country.

### 4.5.3 Community interventions

Participants emphasized fighting the drug and substance problem as a community, as demonstrated in the quote below:

> *"Dambudziko remadrugs iri ratove remunhu wese, saka senharaunda tinofanira kubatana mukumhan'arira vatengesi vezvinodhaka. Nekuti tikasiya zvakadaro dambudziko iri ririkukura zvisinei nebasa ririkuita mapurisa."* ("Drug and substance abuse is now a problem for everyone, so as a community, we should speak up and report those people who are selling drugs, we tolerate it, which is why the problem keeps on accumulating despite the efforts done by the police.") (a 43-year-old mother from an in-depth interview)

Another participant added that:

> *"Padambudziko iri hatifane kusarudza kana kusvorana, ngatibatsirane senharaunda nekuti ratove dambudziko remunhu wese so ngatibatsirane."* ("As a community, we should not stigmatize or discriminate against each other, let's assist each other as a community because this has become a national problem, so let's fight it together.") (38-year-old uncle from a focused group discussion)

The key informant, a probation officer from DSD, mentioned that:

> *"Community interventions are of importance because we cannot fight drug and substance abuse if the community is resistant and hiding these people. As the*

*department, we have carried out awareness campaigns in the community, educating people."*

The researcher understood that community involvement is crucial in addressing substance abuse problems as it can lead to early detection, prevention, and the creation of a supportive environment for individuals seeking recovery. By breaking the silence, reducing stigma, and promoting a sense of collective responsibility, communities can contribute to a comprehensive approach to substance abuse prevention and treatment. Family systems theory emphasizes understanding behavior within the context of the family system and its environment. Community interventions informed by this theory therefore seek to understand the unique dynamics and challenges faced by families affected by substance abuse within their specific community context. This understanding allows for tailored interventions that consider cultural, social, and environmental factors that influence the family system's functioning and recovery process.

### 4.5.4 Early intervention and prevention

Participants emphasized early drug and substance abuse intervention and prevention, as indicated below.

> *"Vakuru vanofanira kuona kuti vana vadzidziswa muzvikoro kubva vari vadiki pamusoro pedrug and substance abuse, hanzi catch them young. Zvinobatsira nokuti vana vanokura vachiziva njodzi ine kutora zvinodhaka."* The relevant authorities should see to it that children are educated at a young age about drug and substance abuse, like the saying catch them young. It helps because children will grow up knowing the dangers of drug and substance abuse.) (a 34-year-old mother from an in-depth interview)

In support of this, another participant from the in-depth interview mentioned that:

> *"Ngatitarisei kuti chikunyanya kukonzeresa kuti vanhu vatore zvinodhaka chii? Vana vahava mabasa, Havana zvekuita. Saka, hurumende ngaibatsire vana vaone mabasa kana kuita training yemabasa emaoko kuitira kuti vana vagare vari busy tidzivirire kutorwa kwezvinodhaka."* (We should look at what is causing people to take drugs and substances, the youth have no jobs they are left idol. So the government should assist the youth with training programs or jobs so that they keep busy, thus preventing drug and substance abuse.) (a 33-year-old uncle)

Moreover, the key informant (the probation officer from DSD) mentioned that,

*"I've seen firsthand how impactful comprehensive school-based programs can be in reaching youth before they develop substance abuse issues. When these programs are well implemented, they can build critical social-emotional skills and provide early intervention for students showing signs of risk. However, I also know that many schools lack the resources and funding to deliver these programs effectively."*

The emphasis on educating children at a young age about the dangers of substance abuse, as mentioned by the 34-year-old mother, is well-supported by (Faggiano et al., 2018) who assert that school-based prevention programs targeting pre-adolescent and early adolescent students can significantly reduce the initiation and later abuse of substances like alcohol and drugs. The researcher also understood that, the "catch them young" approach taps into a critical window of development when children are forming their attitudes and behavioral patterns. More so, the study revealed the importance of addressing underlying socioeconomic factors, such as poverty, lack of educational and economic opportunities, as part of a comprehensive substance abuse prevention strategy.

## 4.6 CHAPTER SUMMARY

This chapter presented, interpreted and discussed information gathered from in-depth interviews, key informant interviews, and focused group discussions. The data was presented in thematic form derived from research objectives. Key issues deliberated in this chapter include the psychosocial experiences of families affected by drug and substance abuse, the copying strategies used by families affected by drug and substance abuse, and the measures that can be used to improve the plight of families affected by drug and substance abuse. The following study, however, will provide a study summary, conclusion, implications for social work practice, and general recommendations.

## CHAPTER FIVE

# SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

## 5.1 INTRODUCTION

This chapter summarizes the findings from investigating the psychosocial experiences of families affected by drug and substance abuse. It also presents the conclusions from the research findings on the psychosocial experiences of families affected by drug and substance abuse, the copying mechanisms used by families affected by drug and substance abuse, and the strategies developed that can be used to improve the plight of families affected by drug and substance abuse. This chapter will also give recommendations on the psychosocial experiences of families affected by drug and substance abuse.

## 5.2 SUMMARY OF FINDINGS

The preceding chapters discussed the background of the study and reviewed the literature, methodology, data presentation, analysis, and discussion. The study sought to investigate the psychosocial experiences of families affected by drug and substance abuse. The study was carried out in Highfield, Harare. The study was guided by three objectives, which were to assess the psychosocial experiences of families affected by drug and substance abuse, identify the copying mechanisms used by families affected by drug and substance abuse, and develop measures that can be used to improve the plight of families affected by drug and substance abuse. The family systems theory was used as a guiding theoretical framework for the study. The study utilized qualitative methodology, and the tools used were the in-depth interview guide, focused group discussion guide, and key informant interview guide. Twenty participants were sampled using the snowball sampling technique, and four key informants were selected using purposive sampling.

Based on the findings, this research revealed the psychosocial experiences of families affected by drug and substance abuse in the Highfield suburb. Families affected by drug and substance abuse experience mental health challenges as they encounter significant stress, anxiety, and depression. These mental health challenges are caused by the challenges or experiences they face as families of addicts. Families do not only experience mental health problems; they also experience a great deal of social isolation and stigma. Drug and substance abuse families frequently experience stigma, humiliation, and condemnation, which causes them to isolate themselves and withdraw from social interactions. Accompanying the above experiences are family conflicts and violence. The study indicated that families often conflict over the staying of the addict at family houses as they would at times engage in violence. All members of the

family, especially the children, may suffer physical and emotional harm from the violence and conflicts depicted. The study further found that families affected by drug and substance abuse also experience financial difficulties, as the drug addict would get fired or leave work because of the addiction, some of the family members would not be employed, and some would be earning less money to take care of all the expenses. Henceforth, the study revealed the psychosocial experiences of families affected by drug and substance abuse in Highfield suburb, Harare.

The research identified the copying mechanisms used by families affected by drug and substance abuse. In a bid to adapt, respond, and manage the psychosocial stresses and disruptions caused by substance abuse within the family, the families affected would resort to spiritual support and prayer. Families often seek spiritual support and prayer when overwhelmed, as it is the only easy way to cope during challenging times. The research further discovered that families affected by drug and substance abuse talked to other people as a way of coping with the challenges they would face living with an addict. More so, as the situation worsened, affected families often abandoned their addicted relatives involved in drug and substance abuse due to their inability to control them anymore. This coping mechanism was employed to cope by maintaining balance and stability within the family system by establishing boundaries and prioritizing safety.

The research indicated that strengthening law enforcement and border control is one of the measures that can be used to improve the plight of families affected by drug and substance abuse. This measure advocates for stricter penalties, increased drug lord arrests, and greater border supervision in an attempt to improve the plight of families affected by drug and substance abuse. Furthermore, the research revealed that free, affordable rehabilitation services are another measure. Accessible and affordable treatment options can increase the likelihood of individuals seeking help and receiving the necessary support to overcome substance abuse issues. Moreover, community involvement is vital for addressing substance abuse. Promoting early detection, prevention, and recovery through a supportive environment, reducing stigma, and promoting collective responsibility and early intervention and prevention is an important measure as it addresses the underlying socioeconomic factors, such as poverty and a lack of educational and economic opportunities, as part of a comprehensive substance abuse prevention strategy.

**5.3 CONCLUSIONS**

From all the discussions above, the study therefore concludes the following:

The psychosocial experiences of families affected by drug and substance abuse are mental health problems that emanate from the challenges the family members will be having as a result of staying with an addict family member. The mental health challenges experienced include stress, anxiety, trauma, and depression. The families affected by drug and substance abuse further go through social isolation and stigma. Families either isolate themselves due to guilt and shame or are isolated by society. They are also stigmatized, and the study revealed that the prevailing perception is that drug abuse reflects moral failure, leading to the stigmatization of both the individuals using drugs and their families. Moreover, families affected by drug and substance abuse experience violence and family conflicts. Addicts often get violent with their families, which results in spousal violence and abuse in some cases, thereby subjecting family members to physical and emotional harm. As a result, families conflict over the staying of these addicts with others or at family houses. The study also concluded that financial difficulties are another psychosocial experience of families affected by drug and substance abuse, as they disrupt the family system by affecting individual family members' functioning and their ability to contribute economically.

The study further concludes that families affected by drug and substance abuse rely on both individual and collective coping mechanisms to manage the psychosocial experiences of drug and substance abuse. One of the copying mechanisms is spiritual support. This coping mechanism brought out how spiritual Zimbabweans are and how much significance they place on prayer. It further highlighted that families usually resort to prayer when they face a challenge with an addict because it is easily accessible. Moreover, families affected by drug and substance abuse use talking to other people as another coping mechanism. Talking openly about struggles provides relief, validation, and social support, fostering resilience and coping strategies. It allows for emotional expression, access to resources, and building supportive networks, making it an effective strategy for dealing with complex issues. Furthermore, the study concludes that another coping mechanism used by families affected by drug and substance abuse is abandonment. Drug and substance abuse families often distance themselves from the addict as a way of coping, leading to abandonment. However, the study concludes that this coping mechanism can temporarily reduce stress but can exacerbate addiction and hinder recovery as it is not a long-term solution and may worsen the situation.

The study also concluded on the measures that can be used to improve the plight of families affected by drug and substance abuse, and this includes strengthening law enforcement. There is a need for strict supervision at border crossings and strict penalties for drug users to ensure they learn and also to ensure that drug users come out sober after their sentences. The police should visit base areas and arrest drug lords, who have become a menace. More so, the study concluded that community intervention was another measure. The study concludes on the importance of community involvement in combating drug and substance abuse. It is of paramount importance, as community members can speak up against drug dealers and also eliminate stigmatization and discrimination against each other. Community interventions are important in preventing and treating substance abuse; they can also lead to early detection, prevention, and a supportive environment for recovery. Community interventions also allow for tailored interventions that consider cultural, social, and environmental factors influencing the family system's functioning and recovery process. Free, affordable rehabilitation services are also another measure, as individuals face economic barriers when seeking help for substance abuse. There were also concerns raised about the cost of rehabilitation, the lack of free options, and the lack of awareness about rehabilitation services. The study concludes on the importance of early drug and substance abuse intervention and prevention, using the "catch them young" strategy. It suggests government support for training programs and job opportunities, thereby addressing socioeconomic challenges.

## 5.4 RECOMMENDATIONS

In accordance with the research findings, the researcher made the following recommendations:

### 5.4.1 Ministry of Public Service, Labor, and Social Welfare

i.   There is a need for awareness campaigns by the Ministry of Public Service, Labor, and Social Welfare to educate the community and promote awareness and education about substance abuse and mental health, reducing the stigma associated with them.

ii.  The government, through the Ministry of Public Service, Labor, and Social Welfare, should make family therapy accessible to families affected. Family therapy can help family members understand the root causes of addiction, improve communication, and develop strategies for coping with the challenges associated with substance abuse.

iii. There is a need for the government and relevant stakeholders to introduce economic strengthening programs to support families affected by drug and substance abuse. This

will ensure that families are sustained as they battle the predicament of drug and substance abuse.

### 5.4.2 Civil society organizations

i.    The researcher would recommend that ensuring that families have access to resources, such as counseling, support groups, and treatment programs, is essential for addressing mental health problems.

ii.   Healthcare providers, social workers, and community organizations can provide information and referrals to help families access the resources they need.

### 5.4.3 The policymakers

i.    The researcher recommends that there be stiff penalties for all drugs. For example, the crystal myth is not in the constitution, so there is a need for a legal framework that provides penalties for all drugs.

ii.   Policymakers should review existing social welfare and support systems to ensure they adequately address the unique needs of families dealing with substance abuse.

iii.  There is a need to strengthen inter-ministerial coordination and collaboration to provide integrated services for families.

### 5.4.4 Communities and families

i.    There is a need for the formation of neighbourhood watch programs and community-led initiatives to identify and refer families in need of assistance.

ii.   There is a need for the engagement of religious and traditional leaders to destigmatize substance abuse and promote family-centered interventions within the community.

iii.  It is necessary for communities to carry out educational campaigns and awareness-raising activities to enhance community understanding and empathy towards affected families.
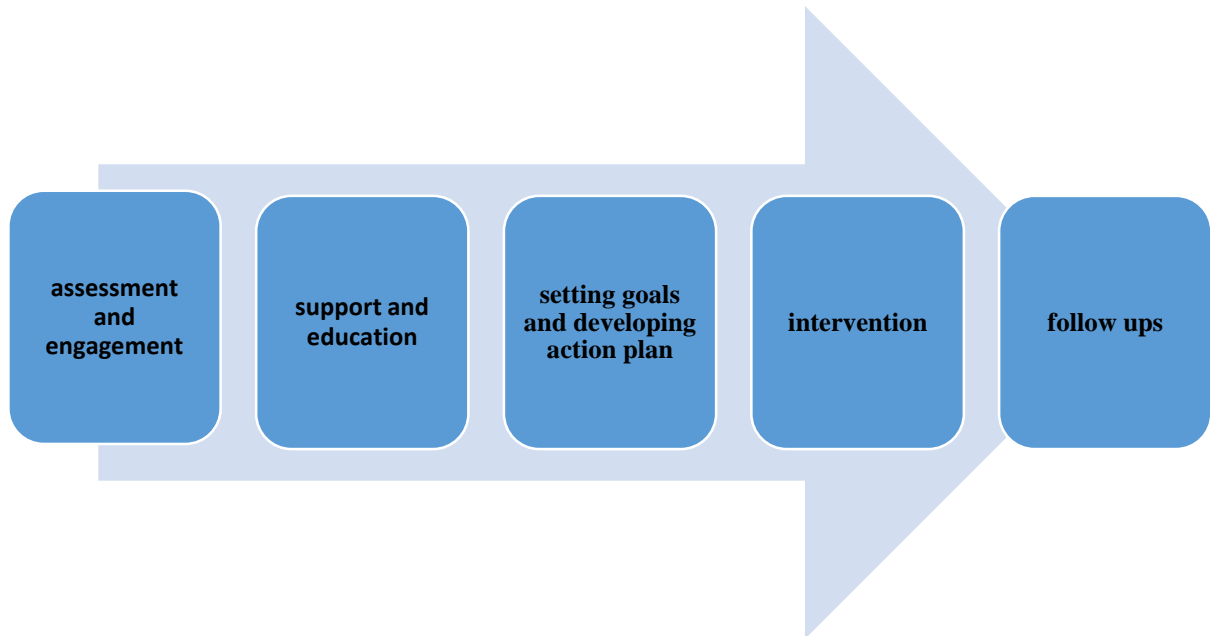
### 5.4.5 Bindura University of Science Education and other institutions of higher learning

i.    There is a need for the adjustment of the curricula to accommodate mental health-related modules as a university-wide course, such as integrated mental health and primary care, to sensitize and equip students with comprehensive information and knowledge in mental health practice towards competent and effective practice.

**5.5 Families Resilient Against Drug Abuse Model (FRADAM)**

FRADAM is a strength-based approach designed to support families affected by drug abuse by focusing on their inherent strengths and resilience rather than their problems or deficits. The model emphasizes empowering families to take an active role in their recovery journey, building supportive networks, and addressing systemic factors that contribute to drug abuse.



| assessment and engagement | support and education | setting goals and developing action plan | intervention | follow ups |

### Assessment and engagement

After the families affected by drug and substance abuse have been identified, assessment and engagement are the first stages of the model. Comprehensive evaluations of the family's situation, including the extent and impact of the substance abuse, family dynamics, individual and collective mental health, and any other relevant factors, are done. There is the use of standardized assessment tools and interview techniques to gather data on the family's strengths, needs, and readiness for change. The family's existing strengths, resources, and coping mechanisms are identified at this stage. This might include strong communication skills, supportive relationships, cultural traditions, religious beliefs, or past successes in overcoming challenges. Trust and rapport are established with the family, creating a safe and non-judgmental space for them to share their experiences.

- **Support and education**

At this stage, the family is educated on drug abuse, its effects on the individual and the family, and evidence-based treatment approaches. Individual and family counseling is offered to address emotional, relational, and practical issues stemming from drug abuse. Families can also

be connected with relevant support services, such as support groups, mental health professionals, and community resources.

- **Setting goals and developing action plans**

There is the development of collaborative goal setting that is, working with the family to set realistic, achievable goals that align with their strengths and aspirations. After that, individualized action plans are developed that outline specific steps to achieve goals, incorporating family strengths and resources. This stage also involves establishing a family agreement that outlines expectations, responsibilities, and boundaries related to recovery.

- **Intervention**

This stage involves executing the action plans. This stage also includes the creation of safe spaces for families to connect with others who share similar experiences. A multi-disciplinary approach is considered. Partnerships with schools, workplaces, faith-based organizations, and other community institutions to provide wraparound support and create a network of care for families.

- **Follow ups**

This final stage involves progress reviews, which involve meeting up with families regularly to review progress, address challenges, and adjust action plans as needed. Family functioning is also assessed to check for changes in family communication, relationships, and overall well-being.

### 5.5.1 Relevance of the Families Resilient Against Drug Abuse Model (FRADAM)

FRADAM's relevance lies in its ability to provide a more holistic, empowering, and community-based approach to supporting families affected by drug abuse. By focusing on strengths and building supportive networks, the model aims to create lasting change for families and break the cycle of addiction. Traditional drug and substance abuse treatment often focuses primarily on the individual struggling with addiction. FRADAM recognizes that addiction impacts the entire family system, addressing the needs of all members, including children, partners, and extended family. FRADAM empowers families by focusing on their existing strengths, resources, and resilience. This approach builds hope and optimism, fostering a belief in their ability to overcome challenges. Coupled with that, the model aligns with the principles of positive psychology, which emphasize the importance of identifying and

nurturing positive qualities and experiences. This approach contrasts with traditional models that often focus on deficits and problems.

## 5.6 IMPLICATION FOR SOCIAL WORK PRACTICE

Social workers can provide counseling, therapy, and support groups to family members to cope with the emotional and psychological impacts of addiction. This includes addressing issues like depression, anxiety, and stress. Social workers can also work with families to improve communication, set healthy boundaries, and rebuild trust and cohesion, as one of the functions of social workers is to facilitate interaction, modify, and build new relationships between people and societal resource systems. Social workers can facilitate family therapy sessions and provide education on the effects of drug and substance abuse on families. Social workers can help assess community resources, support networks, and social services to improve their overall social functioning and integration, and they can also establish initial linkages between people and resource systems. Therefore, this study on the psychosocial experiences of families affected by drug and substance abuse can provide social workers with insights to inform the development of policies and programs that better support families affected by drug and substance abuse. This may include family-centered addiction treatment, improved access to mental health services, and the creation of community-based support networks. These will allow social workers to assess the complex needs of family members and also understand the impact of drug and substance abuse on family dynamics and relationships. This will therefore allow social workers to plan on developing comprehensive and inclusive plans that address all the needs of the family. Upon planning, social workers will then incorporate family-centered approaches and facilitate access to resources.

## 5.7 FUTURE STUDY

The suggestions for future studies were based on the observations made by the researcher on issues that the current study did not address but can widen the understanding of the topic under discussion. The current study focused on the psychosocial experiences of families affected by drug and substance abuse in high-density suburbs of Zimbabwe: A case study of Highfield suburb, Harare. However, future studies can look at the psychosocial experiences of children affected by drug and substance abuse. The same study can also be conducted in rural areas. All this can add to a wide corpus of knowledge, insights, and recommendations on the already-existing topics of drug and substance abuse.

## 5.8 CHAPTER SUMMARY

The chapter gave the overall portrait of the thesis in brief by focusing on the summary of the findings, conclusions, recommendations, implications for social work, and areas of future study. This chapter further developed a model that can be used for families affected by drug and substance abuse.

**REFERENCES**

Akhtar, M. I. (2016). Research design. Retrieved from: https://ssrn.com/abstract=2262445

Akinhanmi, A., & Onyeaka, C. (2017). *Drug and substance abuse in Nigeria*: A review of the problem and its impact on the family. Journal of Family and Consumer Sciences, 45(2), 123-132.

Almeida, R. V., Cunha-Duffé, A., & Negi, N. J. (2020). *Spirituality and Coping Strategies in Latinx Families Affected by Substance Use Disorders*. Journal of Ethnic & Cultural Diversity in Social Work, 29(1-3), 143-160.

American Psychiatric Association. (2020). Diagnostic and statistical manual of mental disorders (5th edition)

Arlappa P, Jha S, Jayaseeli S (2019) *Impact of addiction on family*: an exploratory study with reference to slums in Kolkata. Curr Res J Soc Sci Hum.2 (1):58–71.

Atkinson, R., & Flint, J. (2001). Accessing hidden and hard-to-reach populations: Snowball research strategies. Social Research Update, 33(1), 1-4.

Babajide, D.A. (2022).Data presentation and analysing.

Bazeley, P. (2009). Qualitative data analysis: A practical guide. London, UK: Sage Publications.

Bhasin, S. (2020). Ethical considerations in research. In M. A. W. G. Priscilla, & A. K. S. M. Ali (Eds.), Research methods in education: A practical guide (pp. 31-44). New York, NY: Routledge.

Bhasin, S. (2020). Ethical considerations in research. In M. A. W. G. Priscilla, & A. K. S. M. Ali (Eds.), Research methods in education: A practical guide (pp. 31-44). New York, NY: Routledge.

Bourke, J. (2008). Competent Novice: Confidentiality. PubMed Central.

Bowen, M. (1978). Family therapy in clinical practice. Jason Aronson

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. doi: 10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. Los Angeles, CA: Sage Publications.

Bryman A., (2016). Social Research Jargon. Malmö: livers Press

Chikanda, A. (2017). *Withdrawal and abandonment as coping strategies for families dealing with drug and substance abuse in Zimbabwe*. Journal of Family Violence, 32(1), 27-36.

Chikoko, W., Chikoko, E., Muzvidziwa V. N. and Ruparanganda, W. (2016) *Non-Governmental Organisations' Response to Substance Abuse and Sexual Behaviours of Adolescent Street Children of Harare Central Business District.* African Journal of Social Work 6(2), 58_64.

Chingono, R. (2021). The social consequences of methamphetamine use in Zimbabwe. Journal of Substance Abuse Studies, 18(2), 145-162.

Chinook, W., Chikoko, E., Muzvidziwa V. N. and Ruparanganda, W. (2016) NON-Governmental Organisations' Response to Substance Abuse and Sexual Behaviours of Adolescent Street Children of Harare Central Business District. African Journal of Social Work 6(2), 58_64.

Chiweshe, M. K. (2017). Substance abuse in Zimbabwe: *A review of trends, challenges, and opportunities for intervention. Substance Abuse: Research and Treatment*, 11, 1178221817719783.

Church S, Raveesh B, & D'Souza S (2018). *Coping strategies and support structures of addiction affected families*: a qualitative study from Goa, India. Families, Systems and Health, 36(2), 216-224.

Creswell, J. W. (2007). Using transcendental phenomenology to explore the "ripple effect" in a leadership mentoring program. International journal of qualitative methods, 3(2), 19-35.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th Ed.). SAGE Publications.

Creswell, J., (2018). *Educational research: Planning, conducting and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Merrill Prentice Hall

Degenhardt, L., Charlson, F., Ferrari, A., Santomauro, D., Erskine, H., Mantilla-Herrera, A., & Burstein, R. (2017). *The global burden of disease attributable to illicit drug use and dependence:* Findings from the Global Burden of Disease Study 2015. The Lancet Psychiatry, 4(11), 891-901.

Dooley, D. (2015), Social Research Methods. Upper Saddle River, Prentice-Hall

Drolet, M.J., Derouin, E.R., Leblanc, J.C., Ruest, M. & William Jones, B. (2023). *Ethical issues in research: Perceptions of researchers, Research ethics board members and Research Ethics Experts*. PubMed Central.

Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D., ... & EU-Dap Study Group. (2018). *The effectiveness of a school-based substance abuse prevention program:* 18-month follow-up of the EU-Dap cluster randomized controlled trial. Drug and Alcohol Dependence, 108(1-2), 56-64.

Fotopoulou M, Parkes T (2017) *Family solidarity in the face of stress: responses to drug use problems in Greece*. Addiction Research and Theory; 25: 4, 326-333.

Gilliland, S. E., & Dunn, J. (2013). *Substance use and addiction in families*: A systemic perspective. Journal of Family Violence, 28(1), 27-36.

Goh, J., & Goh, Y. (2016). *Spiritual support as a coping strategy for families dealing with substance abuse in Singapore*. Journal of Family Violence, 31(1), 27-36.

Gwanzura, F., & Machingaidze, S. (2019). *Withdrawal and abandonment as coping strategies for families dealing with drug and substance abuse in Zimbabwe.* Journal of Social Sciences, 37, 1-13.

Haines, V. A., Neumark-Sztainer, D., & Eisenberg, M. E. (2015). *Parental substance abuse and the family environment:* A review of the literature. Journal of Family Violence, 30(2), 157-171.

Hill, M. (2013). Coping with substance abuse in the family: A review of the literature. Journal of Family Studies, 19(2), 147-162.

Horta, A. L. M., Pinto, R. M., & Padoin, S. M. (2016*). Experience and coping strategies in relatives of addicts.* Revista Brasileira de Enfermagem, 69(6), 962-968. doi: 10.1590/0034-7167-2015-0257

Jadir, D. S., & Anderson-Carpenter, K. D. (2022). Substance use, racial/ethnic identity, and suicidal ideation during COVID-19 lockdown in an international adult sample. Journal of psychiatric research, 155, 443-450.

Jakaza, T. G., & Nyoni, T. M. (2018). Caregivers' experiences of drug and substance abuse: Implications for intervention. Journal of Addiction Studies

Johnson, A., & Smith, B. (2018). The emotional toll of substance abuse on families: Implications for intervention. Journal of Family Studies, 22(1), 45-62.

Journal of Substance Abuse Treatment. (2019). Special Issue: Substance Use Disorders and the Family. Retrieved from https://www.journals.elsevier.com/journal-of-substance-abuse-treatment/special-issues/substance-use-disorders-and-the-family

Kadam, R.A. (2017). Informed consent process: A step further towards making it meaningful. National Institutes of Health.

Kalim, S. (2020). Exploring the impact of drug and substance abuse on high-density families in Zimbabwe. Journal of Addiction Studies, 14(3), 267-283.

Kelly, B. D. (2019). *The impact of parental substance abuse on children's behavioural and emotional development.* Journal of Family Violence, 34(2), 155-165. doi: 10.1007/s10896-018-0026-5

Knott, E. (2022). Interviews in the social sciences. Nature Journal.

Kompier, M. (2019). The psychosocial approach: A comprehensive guide to understanding human behaviour. Journal of Psychology and Cognition, 2(1), 1-14.

Krueger, R. A. (2015). Focus groups: A practical guide for applied research. Sage Publications.

Kumpfer, K. L., & Kalberg, W. O. (2015). *Family environmental factors that contribute to the development of substance use disorders*. Current Addiction Reports, 2(2), 144-154.

Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2010). *Cultural sensitivity and adaptation in family-based prevention interventions*. Prevention Science, 11(3), 282-294.

Kundwei, G., & Mbwire, J. (2020). *Causes of drug abuse in secondary schools.* A case study of Zengeza 4 High School, Chitungwiza, Zimbabwe. International Journal of Humanities, Art and Social Studies (ijhas), Vol. 5, No.1, February 2020.

Machingaidze, S. (2018). *Coping strategies used by families in Zimbabwe to deal with the problem of drug and substance abuse.* International Journal of Humanities and Social Science Research, 8(6), 1-11.

Madiga, M.C. & Mokwena, K., (2022) '*Depression symptoms among family members of nyaope users in the City of Tshwane, South Africa',* International Journal of Environmental Research and Public Health 19(7), 4097. https://doi.org/10.3390/ijerph19074097.

Magaisa, T. (2018). *The stigma of drug and substance abuse: A qualitative exploration of family experiences in Zimbabwe.* Journal of African Studies and Development, 40(2), 159-174. doi: 10.1080/08979457.2018.1471913

Magaya, E. (2017). *An assessment of the impact of e-government on service delivery in Zimbabwe's public sector.* The case of Home Affairs: department of the Zimbabwe Republic Police from period 2005–2015.

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

Makawa, A. T., Mutasa, R., Mudyiradima, R. F., & Shumba, K. (2017). *Substance abuse treatment in Zimbabwe: Challenges and opportunities.* International Journal of Mental Health and Addiction, 15(3), 681-694

Makumbe, F., & Machingura, F. (2018). Family conflict and its effects on mental health in Zimbabwe. Journal of Family Violence, 33(1), 13-24. doi: 10.1007/s10896-017-9914-1

Maraire, T., & Chethiyar, S. D. (2020). *Drug and substance abuse problem by the Zimbabwean youth:* A psychological perspective. Practitioner Research, 2, 41-59

Martinez, E., & Rodriguez, J. (2021). *Intergenerational transmission of substance abuse within families: A longitudinal study.* Addiction Research and Theory, 29(3), 187-204.

Matunhu, J., & Matunhu, V. (2016*). Drugs and drug control in Zimbabwe. In Pan-African Issues in Drugs and Drug Control* (pp. 155-178).Routledge. https://doi.org/10.4324/9781315599335-8

Matutu V, Mususa D. (2019) Drug and Alcohol Abuse among Young People in Zimbabwe: A Crisis of Morality or Public Health Problem. SSRN Electron J.

McCann TV, Stevenson A, & Crome I (2017). *Affected family members' experience of, and coping with, aggression and violence within the context of problematic substance use*: a qualitative study. BMC Psychiatry, 17(1), 209. doi: 10.1186/s12888-017-1419-6

McCann TV, Stevenson A, & Crome I (2019). *Experiences of family members supporting a relative with substance use problems: a qualitative study*. Scandinavian Journal of Caring Sciences, 33(4), 902-911. doi: 10.1111/scs.12737

McCombes, J. (2019). Research design: A plan of how the researcher intends to conduct the research. Sage publications.

Melchior, J. C., & Brohan, E. (2011). *The impact of parental substance abuse on children's mental health. Journal of Child Psychology and Psychiatry*, 52(3), 257-267. doi: 10.1111/j.1469-7610.2010.02314.x

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

Moore, D. W., & Llompart, J. (2017). *Data collection tools*. In J. M. Helms-Park (Ed.), The Sage handbook of research methods in applied settings: A practical guide for researchers and practitioners (pp. 311-324). Thousand Oaks, CA: Sage Publications.

Moriarty H, Cairns D, & Flynn M (2011). *Exploring resilience in families living with addiction*. Journal of Primary Health Care, 3(3), 210-217.

Moyo, S. (2018). *Exploring the experiences of families affected by drug abuse in urban areas of Zimbabwe.* African Journal of Drug and Alcohol Studies, 18(2), 147-162. doi: 10.2989/1027-388X.2018.18.2.147

Myers, B. (2018). Substance abuse and the family: A systemic perspective. Journal of Family Violence, 33(1), 27-36.

Myers, B., & Machingaidze, S. (2018). Substance abuse and the family: A systemic perspective. Journal of Family Violence, 33(1), 27-36.

National Institute of Mental Health. (2019). Substance use disorders. Retrieved from https://www.nimh.nih.gov/health/topics/substance-use-disorders/index.shtml

National Institute on Drug Abuse (NIDA). (n.d.). Substance Use in Women. Retrieved from https://www.drugabuse.gov/publications/research-reports/substance-use-in-women

National Institute on Drug Abuse. (2019). *Drugs, brains, and behaviour: The science of addiction.* Retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction

National Institute on Drug Abuse. (2020). 2019 National Survey on Drug Use and Health (NSDUH) results. Retrieved from https://www.drugabuse.gov/publications/drugfacts/nsduh-2019-results

National Institute on Drug Abuse. (2020). Risk factors for drug abuse and addiction. Retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/risk-factors-drug-abuse-addiction

Nene, D., Mkhonto, F. & Mokwena, K.E., 2024, '*Experiences of families living with Nyaope users in Tshwane, Gauteng province'*, Health SA Gesondheid 29(0), a2338. https://doi.org/10.4102/hsag.v29i0.2338

Nhapi, T. (2019). *Drug Addiction among Youths in Zimbabwe: Social Work Perspective*. In Addiction in South and East Africa (pp. 241-259). Palgrave Macmillan, Cham

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

Nhunzvi, C, (2014) an occupational perspective on the journey of recovery from substance abuse among young adult zimbabwean men, University of Cape Town, Published: August 2014.

Nkosi, H.S., (2017) '*Effects of nyaope of families with a family member that is addicted to the drug nyaope'*, Doctoral dissertation, University of Witwatersrand.

O'Riordan J, Attenborough J (2023) Substance use 1: what coping strategies do family members use? Nursing Times [online]; 119: 1.

Ólafsdóttir J, Orjasniemi T, Hrafnsdóttir S. (2020*) Psychosocial distress, physical illness, and social behavior of close relatives to people with substance use disorders*. J Soc Work Pract Addict. 2020:1–19.

Onaolapo, O. J., Olofinnade, A. T., Ojo, F. O., Adeleye, O., Falade, J., & Onaolapo, A. Y. (2022). Substance use and substance use disorders in Africa: An epidemiological approach to the review of existing literature. World journal of psychiatry, 12(10), 1268.

Onyeaka, C. (2015). *Drug and substance abuse in Nigeria*: A review of the problem and its impact on the family. Journal of Family and Consumer Sciences, 45(2), 123-132.

Orford J, Velleman R, Natera G, Templeton L, Copello A. (2013) *Addiction in the family is a major but neglected contributor to the global burden of adult ill-health*. Soc Sci Med. 2013; 78:70–7 https://doi.org/10.1016/j.socscimed.2012.11.036.

Padilla, A. M. (2020). *The interplay of substance abuse and interconnected systems*. Journal of Addiction Studies, 15(2), 145-162.

Patton, M. Q. (2015). *Qualitative research & evaluation methods*. Sage publications.

Peer Connect, (2023). *Voluntary Participation*. peerconnect.org.au

Poland, J., & Graham, G. (2017). *Addiction and responsibility: An inquiry into the addictive mind.* New York, NY: Oxford University Press.

Rebello SP. (2016). Mothers' sense of coherence in the face of their children's struggles with substance abuse: a qualitative study .Department of Psychology, University of Witwatersrand. http://wiredspace.wits.ac.za/handle/10539/19425

Romero, E., López-Romero, L., Domínguez-Álvarez, B., Villar, P., & Gómez-Fraguela, J. A. (2020). *Testing the effects of COVID-19 confinement in Spanish children: The role of parents' distress, emotional problems and specific parenting*. International journal of environmental research and public health, 17(19), 6975.

Sarvet AL & Hasin D. (2016) *The natural history of substance use disorders*. Curr Opin Psychiatry.

Saunders, M. N. K., Lewis, P., & Thornhill, A. (2019). *Research methods for business students* (8th Ed.). Pearson.

Schultz, P. & Alpaslan, A.H.N., (2016) '*Our brothers' keepers: Siblings abusing chemical substances living with non-using siblings*', Social Work/Maatskaplike Werk 52(1), 1–25. https://doi.org/10.15270/52-1-481.

Shultz, R. (2021). Bowen Family Systems Theory: The Case of Juliette. Discovering Theory in Clinical Practice: A Casebook for Clinical Counselling and Social Work Practice, 179-195.

Smith, J., Wilson, K., Ryan, J., Gonzalez, J., Patrick, K., Quigley, B., & Walker, R. (2016). The impact of crystal meth use on families: A review of the literature. Journal of Family Violence, 31(2), 257-267. Doi: 10.1007/s10896-015-9784-9

Soper, G. (2014). *The role of community in the recovery of families affected by substance abuse.* Journal of Family Violence, 29(2), 147-155.

South African Medical Research Council. (2017). *the impact of substance abuse on children and families in South Africa.* Retrieved from https://www.samrc.ac.za/sites/default/files/files/2017-impact-of-substance-abuse-on-children-and-families-in-south-africa.pdf

South African National Department of Health. (2019). *Substance abuse in South Africa*. Retrieved from https://www.health.gov.za/index.php/substance-abuse-in-south-africa

Strydom, H. (2011). Research at Grassroots: for the Social Sciences and human service professions.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 NationalSurveyonDrugUseandHealth.Retrievedfromhttps://www.samhsa.gov/data/sites/default/files/cbhsqreports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States:* Results from the 2019 National Survey on Drug Use and Health. Rockville, MD: Centre for Behavioural Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

United Nations Office on Drugs and Crime. (2021). *International standards for the treatment of drug use disorders.* Retrieved from https://www.unodc.org/documents/drug-prevention-and-treatment/international_standards_for_the_treatment_of_drug_use_disorders.pdf

United Nations Office on Drugs and Crime. World Drug Report 2019. Available from: https://wdr.unodc.org/wdr2019

Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. Apcjournals 173 (1), 61-62. https://doi.org/10.7326/M20-1212

Volkow, N. D., Jones, E. B., Einstein, E. B., & Wargo, E. M. (2019). *Prevention and treatment of opioid misuse and addiction:* A review. JAMA psychiatry, 76(2), 208-216.

WHO. World Drug Report (2018) Global overview of drug demand and supply. Latest trends, cross-cutting issues. p. 2018.

WHO. World Drug Report (2018): Global overview of drug demand and supply. Latest trends, cross-cutting issues.

Willis, K., Miller, R. B., Yorgason, J., & Dyer, J. (2021). Was Bowen correct? The relationship between differentiation and triangulation. Contemporary Family Therapy, 43, 1-11.

World Health Organization. (2017). Mental health in Zimbabwe. Retrieved from https://www.who.int/mental_health/prevention/management/Zimbabwe/en/

World Health Organization. (2018). Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/274415/9789241550369-eng.pdf

World Health Organization. Global Status Report on Alcohol 2004.Available from:https://www.who.int/publications/i/item/global-status-report-on-alcohol-2004

Zimbabwe National Drug Masterplan. (2020*). the effects of drug abuse on children and families.* Harare, Zimbabwe: Ministry of Health and Child Care.

Zimmerman, B. (2000). Social support and recovery from addiction. In Addiction: A Comprehensive Guide (pp. 255-272). Oxford University Press.

**Appendix 1: Research letter**

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

## BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: _____
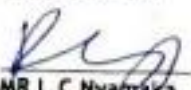
TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, _____, Student
Registration Number _____, who is a BSc SOCIAL WORK student
at Bindura University of Science Education and is carrying out a research project in
your area/institution.

May you please assist the student to access data relevant to the study, and where
possible, conduct interviews as part of a data collection process.

Yours faithfully

MR L.C Nyamaka
Acting Chairperson - Social Work

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON

2 2 NOV 2023

FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

**Appendix 2: Approval letter**

13 May 2024

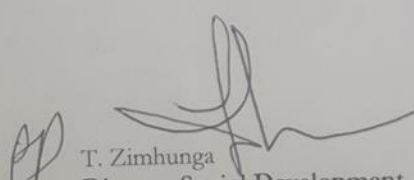Emily Mariri (B193274B)
Bindura University of Science Education
Harare

REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY TITLED, "THE PSYCHOSOCIAL EXPERIENCES OF FAMILIES AFFECTED BY DRUG AND SUBSTANCE ABUSE IN HIGH DENSITY SUBURBS OF ZIMBABWE" A CASE STUDY OF HIGHFIELD SUBURB, HARARE.

Receipt of your letter with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research titled **"The psychosocial experiences of families affected by drug and substance abuse in high density suburbs of Zimbabwe, a case study of Highfield suburb".**

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Degree in Social Work. The data collected should not be shared to third party (3rd).

You are requested to submit a copy of your final research documents to the Department of Social Development upon completion as your research has a bearing on the Department's mandate.

MINISTRY OF PUBLIC SERVICE, LABOUR
AND SOCIAL WELFARE
SOCIAL WELFARE REGISTRY

13 MAY 2024

P.O. BOX CY 429, CAUSEWAY
ZIMBABWE TEL. 0242-790721/4

T. Zimhunga
Director Social Development.
MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

## Appendix 3: Consent form

**Informed Consent Statement**

**Title: The Psychosocial Experiences of Families Affected By Drug and Substance Abuse**

Researcher(s): **Emily Dadirai Mariri**

You are being invited to participate in a research study conducted by Emily D. Mariri, a student at Bindura University of Science Education. The purpose of this study is to explore the psychosocial experiences of families affected by drug and substance abuse.

If you agree to participate, you will be asked to engage in an in-depth interview with the researcher and a focus group discussion. The interviews will involve questions related to your psychosocial experiences, coping mechanisms and measures to reduce the plight of families affected by drug and substance abuse. The estimated duration of the interview will be approximately 45 minutes. All information collected during this study will be kept confidential and stored securely. Your personal identifying information will be anonymised, and any identifying details will be removed from the final report to ensure your privacy.

**Contact Information:**

If you have any questions or concerns regarding this study, please feel free to contact Emily D. Mariri at **emilymariri8@gmail.com/+263717131993**.

Consent:

By signing below, you confirm that you have read and understood the information provided in this informed consent statement. You voluntarily agree to participate in this research study and give your consent for the use of the data collected for research purposes.


Participant's Signature: _____

Date: _____

**Appendix 4: In-depth interview guide**

RESEARCH TOOL ONE

*In-depth interview guide*

Research topic. The Psychosocial Experiences of Families Affected by Drug and Substance Abuse in High Density Suburbs of Zimbabwe: A Case Study of Highfield Suburb, Harare.

Can you briefly introduce yourself and your relationship to the person(s) affected by drug and substance abuse in your family? (include age, employment status and marital status)

Tell me briefly what you understand about drug and substance abuse, what are your thoughts on this predicament?

How long has drug and substance abuse been a concern within your family?

What specific types of drug(s) is been abused by this family member?

*Psychosocial Experiences of families affected by drug and substance abuse*

What are the psychosocial experiences that you are aware of or have personally encountered?

Can you provide with specific examples of challenges you have faced in various domains, such as relationships, communication, emotional well-being, and social interactions.

How does drug and substance abuse in the family affect the overall functioning of the family?

*Coping Strategies used by families affected by drug and substance abuse*

What copying strategies do you use?

Can you provide examples of coping strategies they have observed or utilized personally?

What are the effectiveness of these coping strategies do they have any limitations or potential negative consequences.

*Possible Measures that can be used to improve the plight of families affected by drug and substance*

What support systems are available to families affected by drug and substance abuse?

Do you have any knowledge on the formal support services, community resources, or informal support networks that families can access?

What are the possible measures that can be implemented to improve the plight of families affected by drug and substance abuse?

What are the specific recommendations related to enhancing support services, increasing access to treatment, strengthening family support systems, and raising awareness?

Any advocacy efforts or policy changes that you believe could make a positive impact?

Any additional thoughts or ideas you would like to add?

**Thank you!!!!**

**Appendix 5: Key informant guide**

**Research topic.The Psychosocial Experiences of Families Affected by Drug and Substance Abuse in High Density Suburbs of Zimbabwe: A Case Study of Highfield Suburb, Harare**

Can you briefly introduce yourself and your role as a probation officer/case management officer/psychologist?

How long have you been working as a /case management officer/psychologist, and can you briefly provide an overview of your experience and expertise in the field of drug and substance abuse?

What role can you play in addressing drug and substance abuse in families?

How can probation officer/case management officer/psychologist work with other stakeholders to support families affected by drug and substance abuse?

What are some of the challenges that you face in addressing drug and substance abuse in families, and how can these challenges be overcome?

Can you describe the current challenges and barriers that families affected by drug and substance abuse face in seeking help and support?

How do these challenges and barriers impact the families' ability to access treatment and support services?

What are some of the common factors that contribute to the recurrence of drug and substance abuse in families?

How can different stakeholders, such as healthcare providers, social services, law enforcement, and community organizations, collaborate to address drug and substance abuse in families?

What are some examples of successful partnerships and collaborations that have been established in your area?

How can these partnerships be sustained and expanded to reach more families?

What is the role of prevention and education programs in mitigating the impact of drug and substance abuse on families?

Any suggestions on how to enhance community awareness and education efforts related to drug and substance abuse?

What are the potential policy and systemic changes that can improve the plight of families affected by drug and substance abuse?

Can you share their insights on any policy reforms or improvements to the criminal justice system that could support these families more effectively?

Is there anything else you would like to add?

**Appendix 6: Focused group discussion guide**

**_Focused group discussion guide_**

**_Research topic, the psychosocial experiences of families affected by drug and substance abuse._**

Can you briefly introduce yourself and your relationship to the person(s) affected by drug and substance abuse in your family? (include age, employment status and marital status)

Tell me briefly what you understand about drug and substance abuse, what are your thoughts on this predicament?

How long has drug and substance abuse been a concern within your family?

What specific types of drug(s) is been abused by this family member?

**_Psychosocial Experiences of families affected by drug and substance abuse_**

What are some common psychological challenges faced by families affected by drug and substance abuse?

Can you share briefly any specific experience you have had that negatively impacted your mental health?

What are some common social challenges faced by families affected by drug and substance abuse?

Can you share briefly any specific experience you have had that negatively impacted you, socially?

Any additional thoughts or ideas that haven't been covered.

**_Coping Strategies used by families affected by drug and substance abuse_**

What do you understand by the term "coping strategies"?

In your opinion, why are coping strategies important for families affected by drug and substance abuse?

Can anyone share examples of coping strategies you have observed or used personally in such situations?

Can you provide specific examples of coping strategies that have been effective in helping families navigate the challenges?

Are there any coping strategies that are less effective or even harmful? Please share any observations or experiences you might have.

Are there any specific techniques or practices that families use to cope with stress, anxiety, or other emotional challenges?

Are there any specific techniques or practices that families use to cope with social challenges?

How does effective communication within the family contribute to coping strategies?

Any additional thoughts or ideas that haven't been covered.

## _Possible Measures that can be used to improve the plight of families affected by drug and substance_

What support services or programs are currently available to assist families affected by drug and substance abuse?

Have any participants personally utilized these support services? If so, what was their experience like?

Are there any gaps or areas for improvement in the existing support services and programs?

What measures can be taken to improve access to treatment for families affected by drug and substance abuse?

Are there any barriers or challenges that prevent families from accessing appropriate treatment? Please share any observations or experiences you might have.

Can you suggest any strategies or initiatives that can help overcome these barriers and improve access to treatment?

How can communities and schools contribute to the prevention of drug and substance abuse within families?

What are the possible measures that you suggest that can be implemented to improve the plight of families affected by drug and substance abuse

What are your hopes and aspirations for your family's future in relation to overcoming the effects of drug and substance abuse?

Any additional thoughts or ideas that haven't been covered.

**Thank you!!!!!**

**THE END**