

Exploring the Socio-Economic Effects of Drug and Substance Abuse by Young People in Zimbabwe

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Abstract

Drug and substance abuse is a major cause for concern in Zimbabwe and the types of drugs abused include marijuana, cannabis, cough syrup, crystal meth, cocaine, heroin and illegal alcohol. This negatively impacts on various spheres of life including health care, education, employment and overall community wellbeing. The age range of young people abusing drugs and substance is 10 to 24 years. In response, the government of Zimbabwe launched the National Drug Master Plan (2020 – 2025) with the aim of providing an integrated approach in addressing a range of drug related issues. This review article highlights the current status of drug and substance abuse among young people aged 10 to 24 years. It will also discuss the socio-economic consequences of the abuse and provide recommendations for policy makers.

Keywords: drug and substance abuse, mental disorder, rehabilitation, national drug master plan

Introduction

The problem of drug and substance abuse in Zimbabwe has, of late, turned into a crisis. According to ZimFact (2023), there has been a rapid increase in the number of young people abusing drugs and drug rehabilitation centres are unable to cope with rising demand to accommodate new patients. The centres are estimated to be holding or treating about 5,000 people at any time (ZimFact, 2023).

The Zimbabwe Civil Liberties and Drug Network (ZCLDN) reported that drug and substance abuse, in order of consumption is cannabis (67%), cough syrup (47%), crystal meth (36%), illegal alcohol (31%), pharmaceuticals (13%), crack (3%), cocaine powder (3%), and heroin (2%) (ZCLDN, 2022). Sixty percent (60%) of admissions in psychiatric units are reported to be a result of drug abuse and of these, and eighty percent (80%) of these are young people (ZCLDN, 2022).

UNICEF, in collaboration with the Government of Zimbabwe, Muthengo Development Studies (MDS), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and Youth Advocates Zimbabwe (YAZ), synthesised existing evidence and concluded that one of the most severe

public health and socio-pathological threats facing adolescents and young people is substance abuse, which impacts their well-being and future in the long term (UNICEF, 2023).

Methodology

The method used in this research was desk review. Existing data and information was gathered from government departments` data base. The main source of data was the Ministry of Health and Child Care with secondary data obtained from other ministries. Data was also obtained from Civil Society reports, media reports and other scholarly articles. Analysis of the collected information involved verifying the documents to confirm their authenticity. The main themes were drawn from the reports and the collected data was organised to gain insights on the current state of drug and substance abuse. Suggestions and recommendations from the various sources were collated.

Results/ Findings

Drug and substance abuse have negatively impacted on the health, education, economic development and social wellbeing of both the user and the community in general. The effects have far reaching consequences.

In the health sector, the effects include mental disorders, damage to anatomical organs and increased accidents leading to injuries. According to the Centre for Disease Control and Prevention (CDCP), serious problems such as high blood pressure, heart disease, stroke, liver disease and digestive problems can occur (Centre for Disease Control, 2022). Some of these health effects have strained the already burdened health delivery systems in the country. According to the Clinical Director at Sally Mugabe Central Hospital, the psychiatric unit is overwhelmed and some of the patients are being sent to prisons for three months to cool off. The Clinical Director highlighted that `...drug abuse has reached crisis levels.....We only send dangerous patients to Chikurubi (Maximum Security Prison), for example, those that are repeatedly violent or those who are committing crimes to fund their drugs or because they are intoxicated`.

While drug and substance abuse patients need a robust community follow up before and after discharge from hospital, Zimbabwe`s health system is failing to cope with the number of people seeking treatment for drug related problems.

The social effects of drug and substance abuse have seen families and communities distressed. Drug abuse can result in change of mood and behaviour of the user and makes it harder for the

person to think clearly. This leads to conflicts and communication breakdown within families among other problems. According to the International Society of Substance Use Prevention and Treatment (ISSUPT) professionals, drug abuse is a major contributing factor to violence against women (Ngong Njoya, 2019). Individuals who abuse drugs and substance are more likely to be violent against their partners including sexual, physical and psychological violence. Children of substance-abusing parents may suffer neglect or abuse, and family dynamics can become unstable (Ngong Njoya, 2019). The adverse effects of drug and substance abuse contribute to crime, violence and public health crises such as deaths due to overdose, spread of infectious diseases and strained resources for healthcare, law enforcement and social services.

The economic effects of drug and substance abuse are devastating. These include health care costs, loss of productivity, social service expenses, loss of employment, property damage and theft. Loss of productivity can occur when drug users are under the influence of drugs or are experiencing the consequences of drug use. These consequences are, for example, while in treatment, incarceration or hospital. These effects have also contributed to the general economic decline.

Zimbabwe is a country that experienced significant hyperinflation in the recent past and the country's economy is still very weak. This in turn has contributed to high unemployment rate. As a result of unemployment, the young people find themselves idle and some of them resort to using illicit drugs and potent alcoholic beverages sometimes referred to as 'take me quick', which are cheaper and gets them intoxicated faster.

In addition, the economic impact is felt by the drug and substance user in the form of depletion of user income, leading to a lack of care for family and loved ones and other responsibilities.

Policy analysis

In response to the increase in drug and substance abuse, Zimbabwe launched the National Drug Master Plan, 2020 -2025. The aim of the plan is to provide an integrated approach in addressing a range of drug related issues.

Other legislation for drug control in Zimbabwe include the Criminal Law (Codification and Reform) Act (Chapter 9:23), Dangerous Drugs Act (Chapter 15:02), Dangerous Drugs Regulations RGN (Rhodesia Government Notice) 1111 of 1975, Dangerous Drugs (Production of Cannabis for Medicinal and Scientific Use) Regulations, Statutory Instrument 62 of 2018, Dangerous Drugs (Production of Cannabis for Medicinal and Scientific Use) (Amendment)

Regulations, Statutory Instrument 178 of 2018, Medicines and Allied Substances Control Act (Chapter 15:03), Medicines and Allied Substances Control (General) Regulations, Statutory Instrument 150 of 1991, Medicines and Allied Substances Control (Import and Export of Precursors and Certain Chemical Substances) Regulations, Statutory Instrument 56 of 2008, Monitoring and Evaluation.

These robust policies and legislation have not been adequately implemented due to resource constraints – both human, material and financial resources.

At the launch of the National Drug Master Plan (2020 – 2025), an inter-ministerial committee was put in place to ensure that the master plan is implemented. Due to limitations in the National Monitoring and Evaluation system put in place, the nature and extent of drug and substance abuse in the country has been based on anecdotal evidence. This resulted in inconclusive data and information about the problem. As a result, the Master Plan has not been fully put into practice.

Following adoption of the Master Plan, the government made some efforts to operationalize it. Apart from the inter-ministerial task force established, the President of Zimbabwe launched the National Anti-Drugs and Substance abuse campaign in 2022 during the National Youth Day commemorations. A National Drug Abuse Fund was also established to build rehabilitation centres and upgrading existing mental health institutions. The Zimbabwe Republic Police (ZRP) launched a crackdown on suppliers of drugs.

Although these efforts are a positive development, notable gaps between policy and practice prevailed. The four traditional mental health institutions in the country, Parirenyatwa Annex Psychiatric Unit in Harare, Sally Mugabe Psychiatric Unit in Harare, Ingutsheni Psychiatric Hospital in Bulawayo and Ngomahuru Psychiatric Hospital and Half way House in Masvingo still need to be upgraded. The four institutions are inadequate to provide services for the increasing number of youths in need of these services nationally. Additional public rehabilitation centres still have to be constructed across the country.

The Master Plan provides for establishment of National Call Centres and provision of psychosocial support to address the negative impact of drug and substance abuse on the user`s family and community.

A positive step towards the government`s commitment on rehabilitation and construction of infrastructure for young people`s recreational and vocational opportunities is the construction

of 48 vocational training centres countrywide as reported by the Masvingo Minister of Provincial Affairs and Devolution in 2022.

Youth unemployment is considered as one of the major drivers of drug and substance abuse among young people in Zimbabwe. To mitigate the situation, the government crafted a policy framework in 2000, the National Youth Policy for empowering youth to participate and contribute to the socio-economic development of the country. This policy, however, did not fully achieve its goals mainly because of resource limitations. Besides the policy frameworks, additional programs that were aimed at reducing youth unemployment include Graduate Entrepreneurship Employment Programme (GEEP), Kurera/ Ukondla Youth Fund, Youths in Agriculture Programme, Decent Work Country Programme, Training for Rural Economic Empowerment (TREE), Youth Empowerment and Transformation Trust(YETT), Youth Empowerment Fund (YEF), Wealth Creation Fund, Training for Enterprise Programme (TFE), and Out Growers Scheme. Again the success of the programs was minimal compared to the increase in the rate of unemployment among the youths.

Some of the existing legal frameworks regulating drug control are outdated, for example, Dangerous Drugs Regulations RGN (Rhodesia Government Notice) 1111 of 1975, Medicines and Allied Substances Control (General) Regulations, Statutory Instrument 150 of 1991. The legal frameworks do not sufficiently deal with the importation, export, production, sale distribution, use, abuse and trafficking of drugs. Law enforcement must be complemented by appropriate and relevant laws. In view of this, there is a need to update legislation so that the government's efforts are not in vain.

In addition to the policies and legal instruments discussed above, the Government of Zimbabwe has also taken a harsh response which involves stern measures against the abusers. For example, the launch of a national anti-drug operation dubbed No To Dangerous Drugs And illicit Substances in February 2023. The operation was aimed at criminalising consumption of dangerous drugs and have the perpetrators arrested and possibly get a stiff sentence. This approach, however, can work against the rehabilitation efforts as well as pushing drug and substance abuse operations underground.

Policy recommendations

As noted from the policy analysis above, Zimbabwe has several policies and legislation put in place to address the drug and substance abuse crisis. The following recommendations are made in an effort to alleviate the crisis.

- 1) Extension of and enforcement of the National Drug Master Plan (2020 – 2025), should involve comprehensive action across all sectors for effective solutions to the drug and substance use crisis.
- 2) The policies must reach beyond the health sector and engage other sectors such as education, justice, development, transport, employment, social welfare, recreation, trade, agriculture and consumer policy in order to reduce the harmful consequences of drug and substance abuse.
- 3) The government should be able to balance between the promotion and protection of public health and taking other production goals and interests like free trade and human choice which affect economic interest and government revenue.
- 4) The policies should be evidence-based, embedded in public health, human rights and scientific research. Systematic ongoing collection, collation and analysis of data, timely dissemination of information and feedback to policy-makers and other stakeholders should be an integral part of implementation of the policies and intervention strategies.
- 5) Communication of the policies and roles in implementation should be widely publicised using various methods including radio, television, musical concerts, fliers, meetings and workshops and the policies should be seen in the context of the promotion of health, safety and welfare of all.
- 6) Community participation in the implementation of policies is highly recommended. Their involvement is critical to effective rehabilitation programmes and ownership of the programmes.
- 7) Effective and affordable services should be made available for those affected by harmful use of drugs.
- 8) Reducing the levels of poverty, unemployment and other social disadvantage could have a significant impact on the levels of drug related harm in the community.
- 9) Sustained political commitment, effective co-ordination, and appropriate engagement of all stakeholders are essential for success.

Conclusion

Drug and substance abuse cause significant socio-economic challenges for the country. Several groups and organisations, including the government, media, civil society, schools, churches and family support groups frequently report substance abuse practices among Zimbabwean adolescents and young people. One of the risk factors identified for substance use is

unemployment and poverty. According to the World Health Organisation Special Initiative for Mental Health, poverty is endemic in Zimbabwe affecting 70% of the population.

Since drug and substance abuse places a costly burden upon society in many domains, the country should urgently strengthen prevention programmes aimed at building strong communities and families. These programmes should also provide young people with the skills to make healthy choices and decisions. It is also important to have a well-established policy framework integrated into all development programmes. Successful implementation of policies depends on provision of adequate financial and material resources and the government should prioritize these. Implementation of evidence-based interventions and strategies should be scaled up to reduce drug and substance abuse and its consequences.

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