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SPEAK

Research Brief  
September 2023

Understanding drug use and  
substance abuse by Zimbabwean  
adolescents and young people

## ACRONYMS

<b>ADS</b>	Alcohol Drugs and Substance Abuse
<b>AYP</b>	Adolescents and Young People
<b>CSO</b>	Civil Society Organizations
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>IPV</b>	Intimate Partner Violence
<b>GBV</b>	Gender Based Violence
<b>LTAZ</b>	Liquor Traders Association of Zimbabwe
<b>MDS</b>	Muthengo Development Solutions
<b>NAC</b>	National Aids Council
<b>KII</b>	Key informant interviews
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>YAZ</b>	Youth Advocates Zimbabwe
<b>ZCLDN</b>	Zimbabwe Civil liberties and Drug Network
<b>ZNASP</b>	Zimbabwe National HIV and AIDS Strategic Plan

# I. BACKGROUND

To understand the root causes of drug consumption and substance abuse amongst Zimbabwean adolescents and youth, and to inform programming, UNICEF in collaboration with Government of Zimbabwe, Muthengo Development Studies (MDS), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and Youth Advocates Zimbabwe (YAZ), synthesized existing evidence and identified gaps to strengthen current responses. This research brief summarizes the findings and recommendations for all stakeholders.

- Zimbabwe has an estimated total population of 15.2 million of which 32% are 10-24 years old (Census, 2022).
- One of the most serious public health and socio-pathological threats facing adolescents and young people is substance abuse, which has long term impacts on their wellbeing and future.<sup>1</sup>
- Risky and escalating behaviour by adolescents and young people includes drug and alcohol abuse, as well as unprotected sexual practices.
- Reports of substance abuse practices among Zimbabwean adolescents and young people are frequently reported by several groups and organisations, including the Government, media, civil society, schools, churches, family support groups, United Nations agencies.

# II. METHODOLOGY

To better comprehend the determinants of drug and substance abuse among Zimbabwean adolescents and young people, UNICEF reviewed three gender-sensitive reports comprising two studies and one implemented experience programme. These contributions came from Muthengo Development Solutions (MDS), Zimbabwe Civil Liberties and Drug Network (ZCLDN), and Youth Advocates Zimbabwe (YAZ).

- Muthengo Development Solutions (MDS), with support from UNICEF, undertook a qualitative behaviour causal analysis in 2022 using the Human-Centered Approach<sup>2</sup>. The aim of this study was to map behaviour change pathways among Zimbabwean adolescents and young people abusing alcohol, drugs, and other substances (ADS).
- Guided by the capability, opportunity, and motivation-behaviour (COM-B) analytical framework, the study included: individual life course case studies among current and past alcohol, drugs, and other substances users; participatory community workshops with parents/caregivers; community leaders, adolescents, and young people (ADS users and non-users); and key informant interviews (KIIs) with institutional stakeholders in health and education. To account for peri-urban and rural differences, this deep dive behavioural analysis also included consultations with identified adolescents and young people, drawn from four sub-locations in Chipinge and Bulawayo.
- Additional insights were gathered from an explorative cross-sectional study undertaken by the Zimbabwe Civil Liberties and Drug Network (ZCLDN) with support from the National AIDS Council (NAC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), in five provinces: Bulawayo, Harare, Mashonaland Central, Manicaland,

<sup>1</sup>Zimbabwe. Zimbabwe Civil Liberties and Drug Network, Youth Advocates Zimbabwe and Muthengo Development Solutions

<sup>2</sup>Alcohol, Drugs and Substance Abuse : A Human Centred Design SBC

<sup>3</sup>Zimbabwe. Zimbabwe Civil Liberties and Drug Network, Youth Advocates Zimbabwe and Muthengo Development Solutions

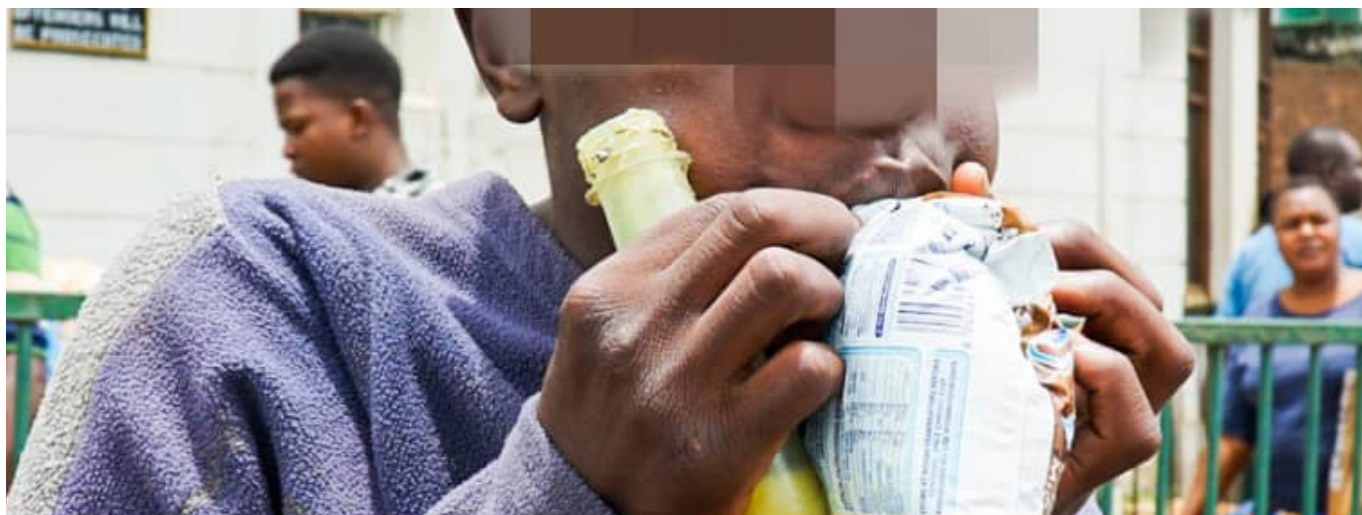
and Mashonaland West. The objective of this study was to inform HIV (human immunodeficiency virus) & tuberculosis (TB) programming directed at people who use or inject drugs in Zimbabwe. 300 alcohol, drugs, and other substances users were interviewed.

- Further evidence was provided by the Youth Advocates Zimbabwe (YAZ), through its Helpline Contact Center #393 to locate

children and young people in crisis, link them to critical services, and track barriers to services. YAZ analysed drug use causes and casualties.

- In March 2023, UNICEF hosted a meeting with the authors of these studies, including substance abuse experts. The findings were informative, comprehensive and contributed to this publication.

### III. FINDINGS



- **Timeline of alcohol, drugs, and other substances abuse:** Consumption of alcohol, drugs and other substances starts as early as adolescence. While the youngest user in the ZCLDN study was 14 years old, the median age of first drug use was 18 years old. This is comparable with findings from YAZ where the youngest Alcohol Drug and Substance Abuse (ADS) user was 15-year-old. According to the MDS study the youngest user was 10 years old, and the 10-18 years old is the most vulnerable age group.
- **Substances used:** The Zimbabwe Civil Liberties and Drug Network reports that alcohol, drugs, and other substances 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%).
- **Socio-economic distribution:** According to the Muthengo Development Solutions study, alcohol, drugs, and other substances abuse is not confined to lower socio-economic

quintiles. Young people and adolescent Alcohol Drug and Substance Abuse (ADS) abusers from wealthy families consume the more expensive substances like cocaine, crack, heroin, and legal alcohol; while those from disadvantaged

- **Gender distribution:** Alcohol, drugs and other substances abuse is (41%) in girls compared to boys (59%).
- **Frequency of use:** In the study, skunk, cannabis, illegal alcohol, cough medicines, and liquors approved by the Liquor Traders Association of Zimbabwe (LTAZ) were used by more than 50% of the ADS abusers. Daily consumption were measured in the 30 days preceding the ZCLDN study. 76.5% skunk; 75.1% cannabis; 57.3% illegal alcohol; 56.0% cough medicines; and 50.6% legal alcohol.
- **Most common environments where drugs are used:** According to the Muthengo Development Solutions study, dealers' homes or place of operations see the highest level

of consumption at 46%; with 32% using at a friend's house. 9% of the study participants claim that sellers are widely known in communities and sell indiscriminately to all ages.

- **Cost of alcohol, drugs, and other substances acquisition:** Costs are low, with users spending, on average, US\$2 to satisfy their needs. Across ADS distribution transit corridors, such as Chipinge, the cost of ADS is even lower and easy to acquire.
- **Urban clients consume more:** Alcohol, drugs, and other substances abuse is higher in urban areas than rural. The main reason is the stronger community childcare system and closer parental care that prevails in rural communities.
- **The effects of alcohol, drugs and other substances abuse is severe:** The Youth Advocates Zimbabwe study revealed disturbing patterns directly attributable to ADS abuse: 70% of gang violence is among school

children; 15% of Intimate Partner Violence (IPV) and Gender Based Violence (GBV) cases involve adolescents and young people; 40% of suicide attempts are linked to ADS abuse; and an increase in school dropouts with 60% having dropped out of school after being expelled for ADS abuse.

- **Root drivers of alcohol, drugs, and other substances abuse:** (i) Death of parent(s); (ii) Poverty and idleness; (iii) Absent parents (iv); Broken homes; (v) Inadequate parenting practices; (vi) Social influence; (vii) Stress; (viii) Deviant behaviour traits; and (ix) Experimentation.
- **Structural (laws, policies, culture etc.) and behavioral barriers:** These factors were identified as leading to high-risk behaviors (knowledge, skills, beliefs etc.).
- **Social norms:** Alcohol, drugs and other substances consumption is considered 'normal' for males, more than it is for females.

The figures and graphs below indicate the percentages of drug use, gender distribution, and behaviour barriers over the past year, by 293 people across five provinces: Bulawayo, Harare, Manicaland, Mashonaland Central and Mashonaland West.

## Drug usage

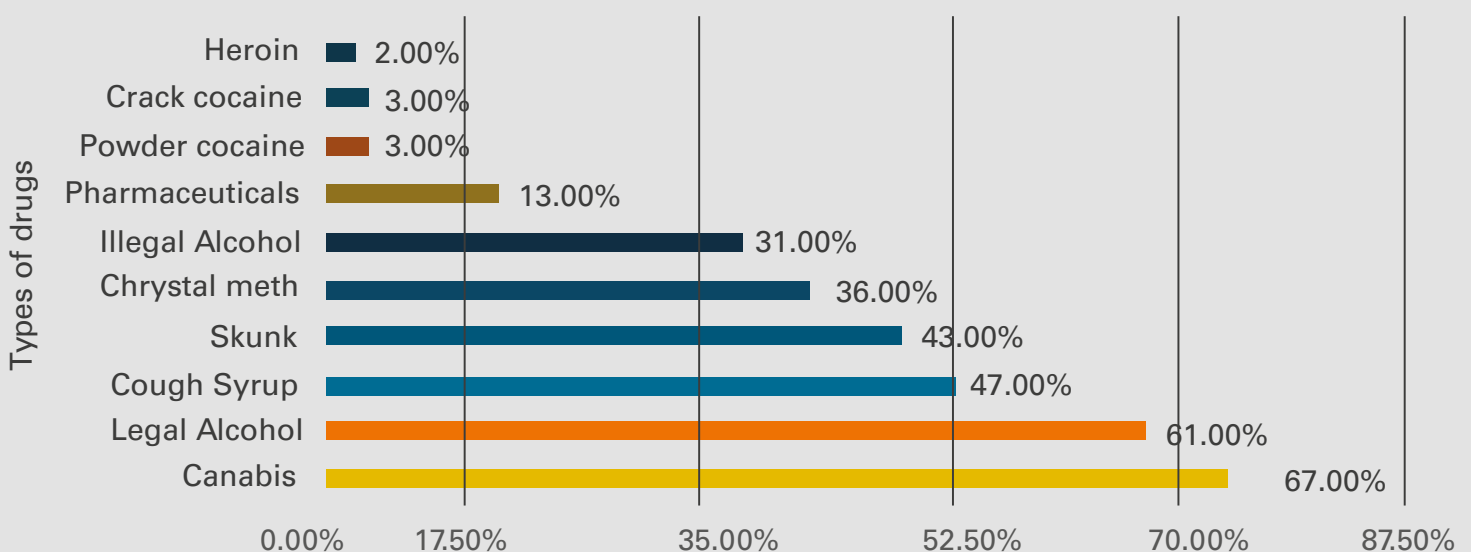


Figure 1: Gender distribution of drugs by injection (ZCLDN December 2022 page 25)

# Drug usage in the past year per province

	Bulawayo	Harare	Manicaland	Mashonaland Central	Mashonaland West	Total Sample
<b>N participants</b>	<b>53</b>	<b>61</b>	<b>61</b>	<b>59</b>	<b>59</b>	<b>293</b>
<b>Drugs used past year</b>						
Cannabis (mbanje ganja)	62,26%	49,18%	93,44%	69,49%	64,41%	67,92%
Legal alcohol	67,92%	26,23%	77,05%	69,49%	67,80%	61,43%
Cough syrup	37,74%	44,26%	63,93%	54,24%	38,98%	48,12%
Skunk	56,60%	34,43%	70,49%	18,64%	37,29%	43,34%
Crystal meth (mutoriro guka)	49,06%	32,79%	49,18%	38,98%	32,20%	36,52%
Illegal alcohol (musombodia, kachasu, tumbwa)	49,06%	6,57%	34,43%	37,29%	32,20%	31,40%
Pharmaceuticals	7,55%	26,23%	11,48%	20,34%	25,42%	18,43%
Powder cocaine	11,32%	3,28%	4,92%	1,68%	10,17%	6,14%
Crack cocaine (rock)	7,55%	0,00%	8,20%	8,47%	1,69%	5,12%
Glue	5,66%	1,64%	3,20%	11,68%	0,00%	4,44%
Heroin	7,55%	3,28%	8,20%	0,00%	1,69%	4,10%
Sodium polycrylate from diapers	0,00%	1,64%	1,64%	0,00%	3,39%	1,37%
Nyaope (whoonga)	5,66%	1,64%	0,00%	0,00%	0,00%	1,37%
Others	3,77%	24,59%	8,20%	5,08%	1,69%	7,51%

Table 1: Drug use in the past year. (ZCLDN December 2022 page 25)

## Gender repartition of drug injection

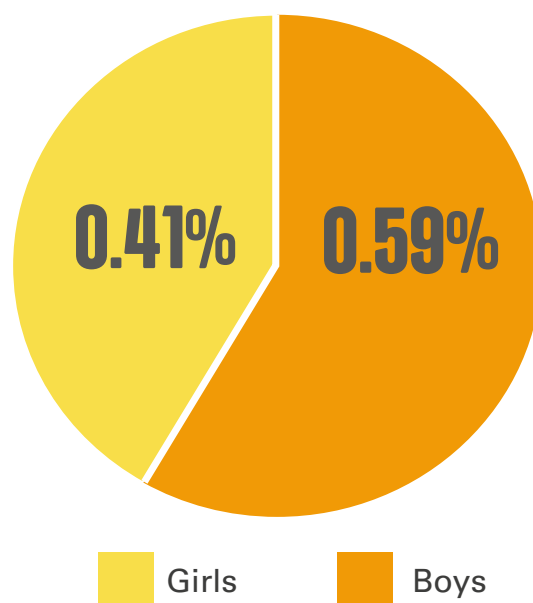


Figure 2: Gender distribution of drugs by injection (ZCLDN December 2022 page 20)

	Structural Barriers	Behavioral Barriers
Consumers	<ul style="list-style-type: none"> <li>• Early exposure in the home and communities</li> <li>• Dire living conditions</li> <li>• Drug availability</li> <li>• Peers are biggest influencers</li> <li>• Excess freedom and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of ADS knowledge</li> <li>• Lack of quality leisure activities</li> <li>• Idols ADS abuse in public spaces make drugs, alcohol, and sex appear attractive</li> <li>• Lack of self-motivation and self esteem</li> <li>• Social pressure and idleness</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Dysfunctional family dynamics</li> <li>• Parental absenteeism</li> <li>• Unstable homes</li> <li>• Legal guardian compensatory behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of monitoring</li> <li>• Fear of stigma</li> <li>• Using violence or isolation as solutions</li> </ul>
Organizations	<ul style="list-style-type: none"> <li>• Cost of offering rehabilitation services</li> <li>• Limited political support</li> <li>• Stigmatization by nurses and doctors</li> </ul>	<ul style="list-style-type: none"> <li>• Police inaction</li> <li>• Drug pushers have no regard for age</li> <li>• Community leaders and community members at large, are inactive bystanders</li> </ul>

Table 2: Structural and behavioral barriers were identified, categorized, and detailed.

## IV. Measures taken by the Government of Zimbabwe

The Government of Zimbabwe has established an inter-ministerial committee with five pillars to address the Alcohol Drugs and Substance abuse problem, under the leadership of the Ministry of Defense:

- Establishment of a Supply Reduction Pillar, chaired by Office of the President and Cabinet (OPC). Members are drawn from Home Affairs, Finance, Justice, and Attorney General’s Office. The mandate of this Pillar is to reduce and eliminate the availability of drugs in the market and society. Activities focuses on law enforcement.
- Establishment of Demand Reduction Pillar chaired by Ministry of Youth. It focuses on public awareness – informing and educating people about the dangers of drugs. It also supports vocational skills training to address idleness.
- Establishment of a Harm, Reduction, Treatment and Rehabilitation Pillar chaired by the Ministry of Public Service, Labor and Social Welfare’s (MOPSLSW). It aims at reducing the fatal consequences associated with drug use.
- Establishment of a Community Reintegration Pillar chaired by the MOPSLSW’s Department of Social Development. Interventions include activities linked to Social Behavioral Change (SBC) such as Parenting clubs. Funding is from Treasury, and there is dedicated staffing for the programme/section in the Department of Social Development.
- These activities are supported by Media and Communications interventions led by the Ministry of Information, Publicity & Broadcasting Services.



## V. PROPOSED ACTIONS

To prevent drugs and substance abuse among Zimbabwean adolescents and young people, the research findings suggest the following actions/measures:

- The development of a **multi-sectoral framework for a harmonised approach and communication** among relevant actors, to address issues related to alcohol, drugs, and other substances abuse.
- An increase in **public education and awareness campaigns** about substance abuse, especially directed at adolescents and young people.
- The initiation, through outreach programmes, of **social behaviour change interventions**.
- The establishment of partnerships between schools, communities, and local authorities to promote healthy behaviors among adolescents and the young people.
- The facilitation of **high-quality rehabilitation services**, which include:
  - Life skills training for the young people (both in- and out-of-school) focusing on the vulnerable; and
  - Skills development around drug education, and livelihood skills for recovering individuals.
- **The decriminalisation of substance abuse.** Requires strengthening the skills of staff and healthcare workers, and the training and sensitisation of law enforcement agents.
- **A revision and adoption of legal policies** to ensure judicial cooperation, such as:
  - The Dangerous Drugs Act [Chapter 15:02] and the Criminal Law (Codification and Reform) Act (Chapter 9:23, Section 156).
  - The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) IV 2021-2025.
  - The Zimbabwe National Drug Master Plan (2020-2025); and
  - The design of protocols and Standard Operating Procedures for drug abusers.

## VI. KEY MESSAGES FOR STAKEHOLDERS

- Increased **investments into after-school programmes**, including mentoring and skills building and job training programmes, to protect adolescents and young people from drugs and substance abuse.
- **Advocacy and orientation for relevant ministries, departments, CSOs, and Youth Groups** with the Zimbabwe National Drug Master Plan (2020-2025) and the newly established national committee on the elimination of drug and substance abuse.
- **Increased investments into comprehensive development and implementation of far-reaching communication and rehabilitation programmes**, encompassing education and awareness around drugs and substance and prevention and response mechanisms.
- **Strong engagement with schools, youth groups, and parents to raise awareness**, identify vulnerabilities, and promote healthy behaviors among adolescents and youth.
- **Improved interventions targeting community and parental care, discipline, and support for children.**

## VII. REFERENCES

- VIAMO, INC and Muthengo Development Solutions, 'Behavior Change Pathways Report, Alcohol, Drugs & Substance Abuse Findings' (final draft), Harare, February 2023.
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