

## Commonly Abused Substances by Youths in Sakubva Suburb: Towards a Community-Based Model for Substance Abuse Prevention

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### Abstract

*This qualitative study was carried out to investigate substances commonly abused by youths in Sakubva suburb of Mutare, Zimbabwe. The aim of the study was to establish the effects of substance abuse and come up with a model that can be used to prevent such behaviour at community level. Twenty participants were conveniently sampled using linear snowballing techniques. Data was collected through a questionnaire with qualitative questions and focus group discussions conducted with participants residing in the suburb within the period of the past two years prior to this research. The research presented the symptoms, causes and effects of substance abuse in the study area. The symptoms of substance abuse in Sakubva youths included presenting bloodshot eyes; changes in appetite and sleep patterns; sudden weight loss or gain; deterioration of physical appearance; unusual body smells and bad breath; decline in school or work performance; impaired coordination; behavioural problems as well as sudden changes in friends or associates. The causes of substance abuse among Sakubva youths included peer pressure, unemployment and burdens of life. The main categories of substances that were abused by respondents included stimulants, depressants and hallucinogens. The study presented a model which could be used to assist youths prevent substance abuse in their communities. The study recommends that youths should be empowered to resist peer influences as these play a significant role in substance abuse. The youths also need employment opportunities in order to gainfully occupy themselves and keep off drugs. The family and caregivers should execute their roles effectively in child upbringing in order to keep youths out of drugs.*

**Keywords:** commonly abused substances, youths, Sakubva suburb

### Introduction

The upsurge of substance abuse has serious ramifications on people's physical and mental health. Substance abuse increase is noted in many population groups and parts of the world (Tavarez, Beria & Lima, 2003, 2004) alongside concurrent drug and mental health problems in young people (WHO, 2010, 2014; Ferrari, Whiteford & Degenhardt, 2015, 2016). Comer (2014) also notes that substance abuse is still rampant today as in the past and is responsible for a wide range of psychological disorders. Substance use and abuse has contributed to mental health complications (Jane-Llops & Matytsina, 2006; Lee, Humphreys, Flory, Liu, & Glass, 2011; Urcelay & Dalley, 2011) and many researchers have also established that people who ingest drugs suffer substance intoxication together with substance use disorders (The Diagnostic and Statistical Manual of Mental Disorders DSM-5, 2013). The global burden of disease study of year 2013 shows that the burden attributable to substance use has increased substantially in adolescents more than in the general population (Degenhardt & Hall, 2016). It

is postulated that half of all mental illnesses begin at the age of 14 and most cases go undetected and untreated. In giving credence to this disturbing phenomenon, the United Nations Office on Drugs and Crime (UNODC) puts an estimated 7% of the 15-64 age bracket as having abused substances, which corresponds to 183 000 drug related deaths in a 2012 report (The World Drug Report, 2013; 2014).

Substance abuse among teens and young people has also become part of a pattern of unsafe behaviours. Considered in some places as a rite of passage to adulthood, substance abuse among teenagers is a prominent health problem even in the United States (Peterson, 2010; Comer, 2014). The World Drug Report (2014) also puts Western Europe, Southeast Asian countries, Australia, Spain, Afghanistan and Pakistan as the hardest hit nations by illicit substance use. Past studies unanimously agree that drug and substance abuse are global concerns (Babaola, Ogunwale & Akinhanmi, 2013; UNODC, 2013). This disturbing occurrence is also prevalent in most African nations as reported by a Kenyan study (Simatwa, Odhong, Juma & Choka, 2014) and in another Nigerian study (Adje, Oyita & Eniojukan, 2015). Not to be outdone, adolescent substance abuse is reported as high in Ramotswa region of Botswana at 17.4% in the 13 to 19 year bracket (Gotsang, Mashalla & Seloilwe, 2017). Substance and drug misuse prevalence was also investigated among adolescent school children in Zimbabwe (Acuda, Eide & Gudyanga, 1995) noting a high increase in alcohol, tobacco and cannabis in both rural and urban schools studied. Very minimal variations were also noted across sexes and ages. In South Africa, the substance abuse problem is also reported to be twice that of the entire world (CDA Report to Parliament 06 September, 2011). In 2010, it was reported that 12% of South African learners had used illicit drugs (Reddy, Panday, Swart & Sewpaul, 2010).

Dangerous drugs are finding their way into Zimbabwe. A wide variety of licit and illicit drugs and substances are being abused. Harmful drugs and substances such as broncleer, “brongo” glue, ZED, Histalix D, “whoonga” (which contains anti-retroviral drugs, cannabis or heroine), “skunk” (a potent form of cannabis plant), “musambodhiya” (diluted ethanol or methanol), heroine, “kirango” and anti-psychotic drugs are widely being abused by the youths. According to research, methanol is poisonous to the central nervous system and may cause blindness, coma and death if taken in large amounts (Yikoniko, 2016). Other widely abused drugs are the pills meant for the sedation of mentally ill patients such as chlorpromazine and diazepam which are supposed to be bought with a prescription.

Risk factors associated with substance abuse among adolescents have been widely researched but not much is known on the methods used or resources that could be utilised to manage it. Anti-psychotic drugs used to manage substance abuse problems like delusions, hallucinations or disordered thought among drug abusers are scarce in public hospitals in Zimbabwe. Addiction treatment centres in Zimbabwe are also few and the cost is prohibitively expensive at US\$40 a day in some cases. There are few centres for drug rehabilitation which include Highlands Halfway, Ruwa Rehabilitation, Serenity Mind Centre, Tirivanhu Rehabilitation, Beatrice Rehabilitation, Tariro Rehabilitation centre, Sally Mugabe Psychiatric Unit, Parirenyatwa Annex Psychiatric Unit, all in Harare. Only Ingutsheni Psychiatric Hospital in Bulawayo and Ngomahuru Hospital and Half-way House in Masvingo are centres outside Harare, which makes most centres inaccessible for many who might need them. The Zimbabwe United Nations Association, as cited by Yikoniko (2016), reveals that about 65 per cent of Zimbabwean youths suffer from mental problems due to drug and substance use. The Zimbabwe Republic Police also revealed that 5445 people were arrested on various drug related crimes between January and December 2015 with ages between 15 and 35 being among the major users and abusers of drugs (Yikoniko, 2016). It is against this background that the present study examined the substances that the Sakubva youths abuse, their effects and causes with a view of coming up with a model to assist them.

### **Research questions**

The present study, therefore, sought to answer the following research questions:

- ❖ What are the specific substances abused by Sakubva suburb youths and what are the effects of such substances?
- ❖ What model can be used to prevent substance use among youths?

### **Methodology**

#### **Research design**

To delve more deeply into the commonly abused substances by youths in Sakubva suburb, the research was conducted using the qualitative approach to capture detailed data. Creswell and Creswell (2018) specifically define qualitative research as “.....an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem.” The writer subscribes to this view because, in a qualitative study, the researcher builds a complex, holistic picture; analyses words and reports detailed views of informants and conducts the study in a natural setting. The qualitative methodology would

therefore allow the researcher to capture the meanings of the lived experiences of participants as far as commonly abused drugs and their effect is concerned.

**Study population**

The population of interest for this study was all youths who had been living in Sakubva suburb in Mutare in the previous two years prior to this research. Youths in Zimbabwe are defined as persons between 15 and 35 years of age. It was assumed that the youths would have been involved and witnessed substance abuse during the same period. These respondents had to be mature enough in order to give informed assessments of the substance abuse problem in the area.

**Sampling**

The researcher chose twenty participants as the study required a small but focused sample. The researcher used snowball sampling, which is a widely employed method in qualitative research, specifically when studying hard-to-reach populations (Gray, 2014). Linear snowball sampling relied on one referral per participant. The researcher recruited only one participant, and this participant, in turn, recruited another. This process went on until there were enough participants included in the sample. Linear snowball sampling was preferred because it works best when there are few restrictions (called inclusion and exclusion criteria) as to who is included in the sample.

The study participants were asked to highlight their age ranges as it was felt that many could have been uneasy at releasing their ages to unfamiliar persons. The ages of the respondents are presented below:

**Table 1: Age distribution of the participants**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage</b>
Below 20 years	3	15
20-25 years	5	25
25-30 years	9	45
30-35 years	3	15
<b>Total</b>	<b>20</b>	<b>100</b>

From Table 1 above, 3 (15%) of the respondents were below 20 years of age; 5 (25%) showed that they were between 20-25 years of age; 9 (45%) indicated that they were in the 25-30 year bracket. Another 15% of the respondents were between 30 to 35 years of age. The table results show that the respondents were mature enough to give informed answers on the phenomenon under investigation.

**Data collection**

The tool used for data collection in this study was the questionnaire which comprised qualitative questions. The questionnaire was used to obtain information about current conditions and practices in substance abuse in the suburb and to make inquiries concerning attitude and opinions of youths in quick and precise forms (Kombo, 2006; Chiromo, 2006).

A focus group discussion (FGD) was utilised as a way to gather together youths in Sakubva suburb who were from similar backgrounds or experiences and encourage them to discuss a specific topic of interest (causes and effects of substance abuse) (Stewart & Shamdasani, 1990). The group of youths was guided by a moderator (researcher) who introduced the discussion of the causes and effects of substance abuse. The moderator helped the youths to participate in a lively and natural discussion amongst themselves.

### **Data analysis and interpretation**

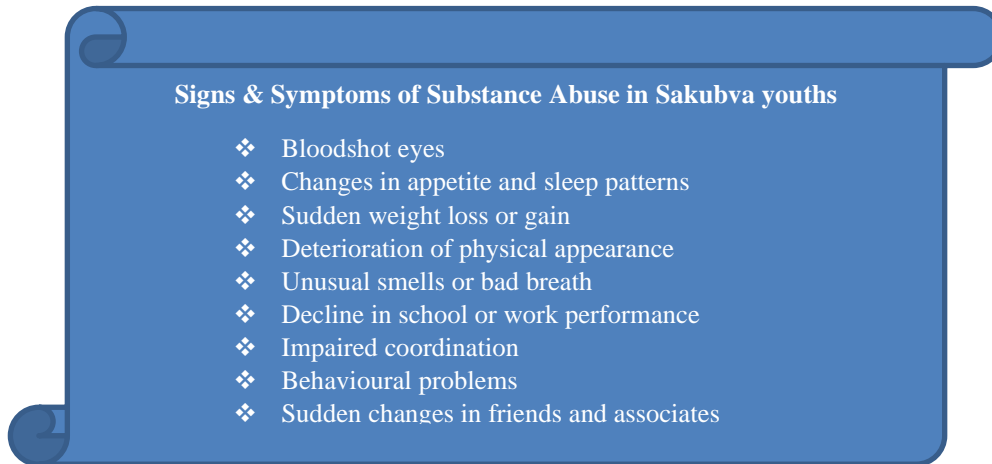
The study utilised various methods used in analysing qualitative data. Thus, data analysis took the form of content analysis which involved breaking up the data into manageable themes, patterns and trends. The aim of this analysis method was to determine whether any pattern or trends could be identified or isolated into established themes in the data (Creswell, 2012). For the thematic analysis, the researcher also utilised the techniques suggested by Braun and Clarke (2013). The authors used flexible qualitative methods which include familiarising oneself with the data, generating initial codes, reading through each transcript to immerse in the data, reviewing themes, defining and naming themes and producing the final report.

### **Ethical considerations**

The purpose of the study was disclosed to twenty participants four weeks before undertaking focus group discussions and administering the questionnaire. The investigator explained the aim of the study (Chetty, 2016), and other pertinent and important information about the research to the participants so that they could make an informed decision as to whether to become involved or not (Singh, 2019; Gray, 2014). The investigator observed some ethical considerations like informed consent, privacy, respect and anonymity of the subjects (Makore-Rukuni, 2004) and confidentiality (Creswell, 2012).

## Results

### *Signs and symptoms of substance abuse in youths*

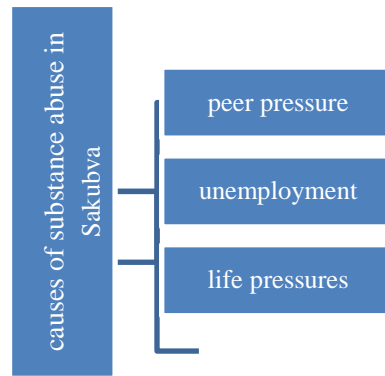


**Figure 1: Signs and symptoms of substance abuse in youths**

(Source: Mashamba, 2023)

The symptoms of substance abuse in Sakubva youths as presented on Figure 1 above include bloodshot eyes; changes in appetite and sleep patterns; sudden weight loss or gain; deterioration of physical appearance; unusual smells or bad breath; decline in school or work performance; impaired coordination; behavioural problems as well as sudden changes in friends and associates. From these symptoms presented it was noted that alcohol can also be the cause of bloodshot eyes because it increases blood circulation. With increased blood circulation, the blood vessels in the eyes dilate, which was why the eyes became red after drinking. Sleeping problems and decreased appetite often reflect abuse of illicit drugs like methamphetamines. Illegal drugs cause weight loss as they disrupt the body’s metabolism. This is because the metabolic process is distorted by the unnatural chemicals present in the body following drug or alcohol use.

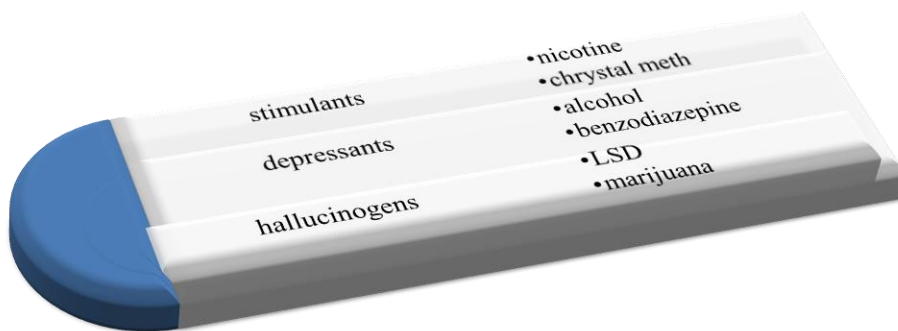
### *Causes of substance abuse in Sakubva suburb*



**Figure 2: Causes of substance abuse in Sakubva suburb**  
 (Source: Mashamba, 2023)

The causes of substance abuse among Sakubva youths include peer pressure, unemployment and life pressures. On peer influences, these results show that no one likes to be left out, and youths find themselves doing things they normally would not do just to fit in. Those youths not working were unhappy about their lives and they ended up doing drugs to while the hours away. Because of many social pressures, these youths became overwhelmed and needed to find other ways to handle stress.

***Categories of commonly abused drugs by Sakubva youths***



**Figure 3: Categories of commonly abused drugs by youths**  
 (Source: Mashamba, 2023)

The results from Figure 3 above show that the categories of substances that were abused by respondents included stimulants, depressants and hallucinogens. The stimulants which the respondents highlighted (nicotine and crystal meth) are habit-forming, and can lead to addiction as they affect the way the body and brain functions. The information from the data collection instrument shows that the effects of depressants on the central nervous system are the main reason why respondents abuse them. However, the longer a person abuses drugs, the more tolerant they become of their side effects. These youths then may begin taking higher doses to experience the same high. On hallucinogens, respondents reported that their senses peaked, and

perceived everything as interesting. On a negative note, these hallucinogens inflict significant distress or functional impairment in one's life.

### **Results from focus group discussions**

The researcher conducted two focus group discussions with the participants in order to gain a deeper insight into the commonly abused substances by youths in Sakubva suburb. The participants reiterated the influence of peer pressure in fuelling substance abuse as one such participant indicated:

“We, as youths, feel anxious in social situations. Using alcohol and other drugs is a way to bond with a group of other kids, and be a shortcut to developing an identity for youths who aren't sure where they fit in. Substances help us get over shyness.” [Participant]

In keeping with the influence of the peer group in exacerbating substance abuse, this respondent showed that they had problems turning down invitations to booze:

“Receiving an invitation from a friend to come and party with drugs or alcohol is very difficult to turn down.” [Participant]

There were some respondents who enjoyed taking drugs just for the fun of it, as this respondent explained:

“Drugs, including alcohol, work quickly and can make me feel good in the shortest possible time. I sometimes use drugs to enhance other types of fun, like music festivals and dance parties.” [Participant]

Another issue noted on taking drugs by youths was that there were some who did it out of failing to find employment, as this participant explained:

“Many of us who have no employment end up abusing drugs because we need to survive and or keep on pressing in this stressful life. When we are growing from being children to adults, we have a lot of hopes and aspirations, which fade off as time goes by. As a result we get involved in drug as a way of forgetting our troubles unemployment status.” [Participant]

There were other participants who emulated their caregivers and significant others, as this respondent emphasised:

“Exposure to family members who reach for a substance to cure every pain of ailment caused me to do the same.” [Participant]

Thus, results gleaned from the focus group discussions suggest that peer pressure, lack of employment as well as failure of the family to perform parental roles contributed to substance abuse in the study area.



## **Discussion**

The study revealed the commonly abused drugs in the study to include stimulants, depressants and hallucinogens. It was also identified that the most influential factors in the abuse of substances in Sakubva area included peer associations, unemployment and social pressures. The symptoms of substance abuse in Sakubva youths included bloodshot eyes; changes in appetite and sleep patterns; sudden weight loss or gain; deterioration of physical appearance; unusual smells or bad breath among others. From the literature, peer pressure and curiosity among youths also contribute significantly as major causes of substance abuse in communities. This finding agrees with Oketch (2008) who observed that the period of adolescence and youth is characterized by many challenges which they believe are experienced by their peers as many youths try alcohol, cigarettes and cannabis. This is also supported by Chikoko (2013) and Ngesu, Ndiku and Masese (2008) who report that peer pressure accounts for 21 – 42% influence in all types of drugs and substances consumed.

The youths usually strive to be accepted by the peer group and want to fit in and be part of the peer group and it is important for the youth to conform to the peer group. The peer subculture also facilitated the behaviour by making the substances available and by providing an appropriate social setting and instructions. This finding dovetails with results from another school-based study. In support of this finding, according to teachers studied in a past research, peer pressure is the largest contributing factor to drug abuse (Mpofu, 2013). Chikovo (2011) reports other factors including curiosity, drugs being available and the belief among students that drugs are a silver bullet to passing their exams. In many cases, students are drawn into consuming drugs by virtue of enticement and then introduced to drugs by their friends. They are convinced that they will feel high or would gain a sense of belonging.

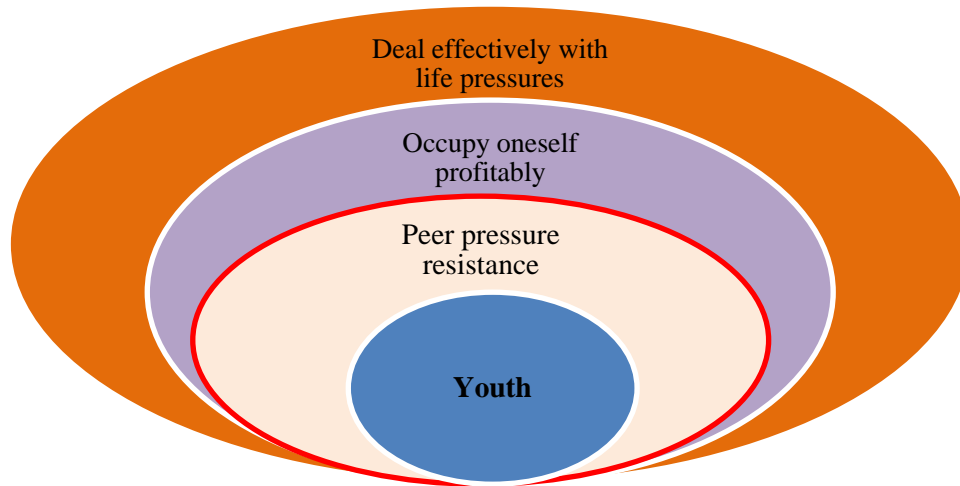
Results also show that youths abuse drugs because of lack of employment. Zimbabwe is said to have the highest youth unemployment in southern Africa, according to the International Council Committee (Mpofu, 2013). Consequently, youths have the highest unemployment rate among all age groups in Zimbabwe. In year 2008, only 480 000 youths were formally employed, down from 3.6 million in 2003. Mpofu (2013) also reports that the majority of youths are turning to drugs to while away the hour. Statistics from the Anti-Drug Abuse Association of Zimbabwe also reveal that drug abuse in local schools has reached alarming proportions with 43 per cent of students interviewed in Mpofu's study indicating that they know of schoolmates who smoke cigarettes (Mpofu, 2013).

Although the Zimbabwean law prohibits possession, dealing in and taking illicit drugs, very little is being done to stem drug abuse in communities by the country's army of unemployed youths. Youths who use alcohol and other drugs persistently face an array of possible consequences as they may be alienated from and stigmatised by their peers. They often disengage from community activities because of their substance abuse, depriving their peers and communities of the positive contributions they might otherwise make. Substance abuse also jeopardises many aspects of family life and may result in dysfunctional families. Monetary resources spent on alcohol and emotional distress due to drug-related crimes by youths affect many others in the community. Often there is an additional burden for the support of adolescents and young adults who are not able to support themselves as a result of abusing substances.

Some models have been proffered to assist people recover from substance use but their efficacy tends to be context specific. Examples of promising intervention for youths include Fast Track; All Stars; Life Skills Training (LST) Program; Narconon as well as Truth about Drugs Video Program, although these are school-based programmes (Substance Abuse and Mental Health Services Administration, 2022). Other examples of community-based programmes include Strong African American Families (SAAF), which is a seven-week program targeting rural African American families with children from 10 to 14 years old. It is a parental training program that works to strengthen attachments between parents and children, ultimately reducing alcohol and drug use (SAMHSA, 2022). Guiding Good Choices is a universal, parent-focused intervention (formerly Preparing for the Drug-Free Years) consisting of five two-hour sessions that teach parents about setting clear expectations, monitoring children, teaching children how to cope with peer pressure, adopting positive conflict management strategies, and enhancing family bonding. To be more effective, these interventions ought to be multi-dimensional, cross-cultural, responsive, inclusive and tailored to the needs of particular groups of people.

***Community-based substance abuse prevention model***

In view of the research findings, the following model (Sakubva Youth Substance Abuse Prevention Model- SYSSPM) is proposed to help youths prevent substance abuse in the community studied:



**Figure 4: The SYSSPM model for community-based substance abuse prevention**  
(Source, Mashamba Tarashika. 2023)

At the centre of the substance abuse model is the youth who lives in a community with peers. There are also problems like unemployment and many other life pressures. To effectively prevent substance abuse, the youth should:

*Resist peer pressure.* The biggest reason why youths start using illicit drugs from the study is because their friends consume them and they fall victim to peer pressure. No one likes to be left out, and youths find themselves fitting in a peer group. In these cases, one needs to either find a better group of friends that would not pressure them into doing harmful things, or one needs assertiveness skills or to find a good way to say no. Youths need to keep from giving into tempting situations.

*Occupy themselves profitably.* Zimbabwe is said to have the highest youth unemployment in southern Africa. Youths have the highest unemployment rate among all age groups in Zimbabwe. Because they cannot find jobs, the majority of youths are turning to drugs to while away the hour. To escape the drug abuse problems youths should engage in more profitable ventures in groups or as individuals.

*Deal effectively with life challenges.* Youths today seem to be overwhelmed with life pressures. However, drugs only make life more stressful and many youths all too often fail to recognise this in the first instance. They ought to prevent using drugs and venture into profitable businesses or find other ways to handle stress. They ought to take up exercising, read a good book, volunteering to work with the needy or creating something to ensure that they are gainfully occupied. It is envisaged that anything positive and relaxing helps take the mind off using drugs to relieve stress. To effectively manage themselves, youths must be aware of the biological, environmental and physical risk factors in their community which militate against

living a more balanced life. This model is suggested as a prevention measure and caregivers or significant others may always use available referral centres who deal with drug rehabilitation.

### **Conclusion**

The research presented the symptoms, causes and effects of substance abuse in the study area. The symptoms of substance abuse in Sakubva youths included bloodshot eyes; changes in appetite and sleep patterns; sudden weight loss or gain; deterioration of physical appearance; unusual smells or bad breath; decline in school or work performance; impaired coordination; behavioural problems as well as sudden changes in friends and associates. The causes of substance abuse among Sakubva youths included peer pressure, unemployment and life pressures. The categories of substances that were abused by respondents included stimulants, depressants and hallucinogens. The study presented a model which could be used to assist youths prevent substance abuse in their communities.

### **Recommendations**

- Youths should be empowered to resist peer influences as these play a significant role in substance abuse
- Youths need employment in order to gainfully occupy themselves and keep off drugs
- Family and caregivers should play their roles effectively in child upbringing in order to keep youths out of drugs.

### **Area for further research**

The present study is limited to substances abused by youths in the selected urban suburb of Sakubva in Mutare, Zimbabwe. Future studies can examine the psychological disorders which young people may suffer after ingesting drugs and proffer interventions to curb such situations.

### **References**

- Acuda, S., Eide, A. & Gudyanga, B. (1995). *Epidemiological study on substance use among secondary school students in Mashonaland East and Harare Provinces, Zimbabwe*. ILO.
- Adje, D.E.U., Oyita, G.I. & Eniojukan, J.F. (2015). Substance use among adolescents: Prevalence and patterns of alcohol consumption among senior secondary school students in Abraska, Delta State, Nigeria. *Sch. Acad. J. Pharm.* 4(1): 63-69.
- Babaola, E., Ogunwale, A. & Akinhami, A. (2013). Pattern of psychoactive substance use among university students in south western Nigeria. *J. Beh. Health* 2(4): 34-42.

- Chetty, P. (2016). *Importance of research approach in a research*. Project Guru. <https://www.projectguru.in/publications/selecting-research-approach-business-studies>
- Chikoko, V. (2013). *Drug problems in schools*. Harare: University of Zimbabwe.
- Chiromo, A.S. (2006). *Research methods and statistics in education*. Mbabane, Mad Press.
- Comer, R.J. (2015). *Abnormal psychology* (9<sup>th</sup> edn.). Worth Publishers.
- Creswell, J.W. (2003). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE.
- Degenhardt, L. & Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *Lancet*, 379(9810), 55–70.
- Gotsang, G., Mashalla, V. & Seloilwe, E. (2017). Perceptions of school going adolescents about substance abuse in Botswana. *Journal of Public Health and Epidemiology*, 9(6), 151-160.
- Gray, D.E. (2014). *Doing Research in the Real World* (3<sup>rd</sup> edn.). Thousand Oaks.
- Jane-Llopis, E. & Matytsina, I. (2006). Mental health and alcohol, drugs and tobacco: A review of the comorbidity between mental disorders and the use of alcohol, tobacco and illicit drugs. *Drug and Alcohol Review*, 25(6), 515-536.
- Kombo, T. (2006). *Guidelines to proposal and thesis writing*. Nairobi: Pauline Publication.
- Lee, S.S., Humphreys, K.L., Flory, K., Liu, R. & Glass, K. (2011). Prospective association of childhood attention deficit hyperactivity disorder (ADHD) and substance use abuse/dependence: A meta-analytic review. *Clinical Psychology Review*, 31(3), 32-341.
- Makore-Rukuni, M.N. (2004). *Introduction to research methods in counselling*. Module CD204, Harare: ZOU.
- Morrow, S.L., Rakhsha, G., & Castaneda, C.L. (2001). Qualitative Research Methods for Multicultural Counselling. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki & C.M. Alexander (Eds.), *Handbook of multicultural counselling* (2nd ed.) (pp. 575-603). Thousand Oaks, CA: Sage Publications.
- Mpofu, W. (2013). *Community psychology*. Harare: ZOU.
- Ngesu, L.M., Ndiku, J., Masese, A. (2008). Drug dependence and abuse in Kenya secondary schools: Strategies for intervention. *Academic Journal*, 304-308. (<http://www.academicjournal.org/EE>).
- Reddy, S.P., Pandayi, S., Swart, D. & Sewpaul, R. (2010). *Umthenthe uhlaba usamila: The South African youth risk behaviour survey 2008*. Cape Town: South African Medical Research Council.
- SAMHSA. (2022). *Substance abuse and mental health services*. U.S Department of Health & Human Services.

- Simatwa, E.M.W., Odhong, M.O., Juma, S.L.A. & Choka G.M. (2014). *Substance abuse among public secondary school students: Prevalence strategies and challenges for public secondary school managers in Kenya: A case study of Kisumu East Sub County. Edu. Res.* 5(8): 315-330.
- Singh, D. (2019). *A Literature Review on Employee Retention with Focus on Recent Trends International Journal of Scientific Research in Science, Engineering and Technology.* DOI:10.32628/IJSRST195463.
- Stewart, D.W. & Shamdasani, P.N. (1990) *Focus Groups: Theory and Practices.* Sage, UK.
- Swendsen, J., Conway, K. P., Degenhardt, L., Glantz, M., Jin, R., Merikangas, K.R., ... & Kessler, R.C. (2010). Mental disorders as risk factors for substance use, abuse and dependence: results from the 10 year follow-up. of the national comorbidity survey. *Addiction*, 105(6), 1117-1128.
- Tavarez, B.F., Beria, J.U. & Lima, M.S. (2003). Prevalencia do uso de drogase desempenho escolar entre adolescentes. *Rev Saude Publica*; 35,150-8.
- UNODC (2013). *Word Drug Report, 2013.*
- UNODC. (2002). Lesson learned in drug prevention: A global overview. *World Drug Report 2014.* London: United Nations Office on Drugs and Crime.
- Urcelay, G.P., & Dalley, J.W. (2011). Linking ADHD, impulsivity and drug abuse: A neuropsychological perspective. In *Behavioural Neuroscience of attention deficit hyperactive disorder and its treatment.* Berlin, Heidelberg: Springer.
- Whiteford, H., Ferrari, A., & Dagenhardt, L. (2016). Global burden of disease studies: Implications for mental and substance use disorders. *Health Affairs*, 35(6), 1114-1120.
- Yikoniko, S. (2016). Drug abuse haunting national psyche. *The Sunday Mail*, 11 September, 2016. Zimbabwe Newspapers 1980 Limited. Harare.