

## Exploring the Psychological Strain on Rural Families Due to Substance Abuse Disorders: A Case of Masvingo Rural

*Kumbirai Makaruke*

Lecturer, Department of Psychology, Zimbabwe Open University

### Abstract

*Substance abuse disorders is a critical issue affecting many communities, with rural areas often facing unique challenges that exacerbate its impacts. This research paper explores the psychological strain experienced by families in Masvingo rural as a result of substance abuse disorders. The study employed a qualitative research approach and utilised random sampling to select a group of 20 participants. By using in-depth interviews with rural community members, the study examined the social, emotional, and mental health consequences faced by rural families. Barriers to accessing mental health facilities in rural communities were also explored. Key findings indicated heightened levels of stress, anxiety, depression, and family conflict stemming from substance abuse disorders in rural settings. To address the challenges of substance use disorders, it is recommended mental health services ought to be expanded and community-based support programs ought to be implemented in rural areas. Educational campaigns and stigma reduction initiatives should also be developed to encourage individuals to seek help without fear of judgment. Additionally, strengthening collaboration among local healthcare providers, social services, schools, and community organizations, along with advocating for increased funding, is crucial to support affected families and reduce psychological strain.*

**Keywords:** substance use disorders, rural, psychological strain, Masvingo

### Introduction

Substance use disorders, including the use of illegal substances, misuse of prescription medications, and excessive consumption of alcohol, remain a pervasive public health concerns worldwide (Lo et al., 2020). Approximately 31 million persons have substance use disorders, throughout the world (Maraire et al., 2020). Mupara et al. (2021) weighed in and said that alcohol and substance abuse has been a long-standing public health challenge across the globe, including in Africa. While the impacts of this issue are felt across diverse communities, rural areas often confront unique challenges that amplify the psychological toll on families. Substance abuse disorders affects not only the user but also others directly or indirectly

(Barerah, 2018). In agreement, Maraire et al. (2020) contend that the problem of substance abuse disorders in Zimbabwe has had negative effects to the individual, family, community and nation at large. The detrimental use of alcohol and other substances has been reported to cause devastating consequences on individuals, families, and societies (Mupara et al, 2021). Ndasauka and Kayange (2019) corroborated this view by saying that the abuse of substances has a notable impact to the African continent in terms of negative health consequences to the persons with substance abuse disorder, emotional stress to their loved ones, heavy financial burden on individuals, families and societies.

Understanding the nuances of this issue is crucial in developing tailored interventions and support systems to address the specific needs of rural populations. Specifically, there is a need for a more contextualised research that explores the psychological strain on rural families due to substance use disorders, as well as the coping strategies and support systems they utilise. This study sought to address this research gap by employing a qualitative research approach to gain a deeper understanding of the lived experiences of rural families affected by substance abuse disorders. By examining the complexities of substance abuse disorders in the context of rural communities, this study sought to inform the development of targeted interventions and support systems that address the unique needs of rural populations (UNICEF, 2023; Marandure et al., 2023).

## **Literature review**

Existing research on the impacts of substance abuse disorders on rural families highlights the multifaceted nature of this challenge. Studies have consistently found that rural communities face disproportionately higher rates of substance abuse disorders compared to their urban counterparts (Rigg & Monnat, 2015; Monnat & Rigg, 2016). This disparity is often attributed to socioeconomic factors such as limited employment opportunities, lower educational attainment, and higher poverty levels, which can contribute to increased substance abuse disorders as a coping mechanism (Keyes et al., 2014).

Substance abuse disorders have traditionally been viewed as an urban and inner-city problem. However, with the past decade's increase in prevalence of substance abuse disorders and substance-related mortality in rural areas, there is growing international recognition that the problem of substance use has spread to rural settings across the globe, (United Nations, 2017). Typically, rural life is characterised by closely knit relations and is highly conservative. The advent of substance abuse disorders in rural areas is potentially posing a threat to the existence

of the conservative life in rural communities. However, it is important to note that the family institution remains the source of strengths and support for individuals. Lander et al. (2013) contend that the family unit remains the primary source of attachment, nurturing, and socialisation for humans in our current society. Factors such as geographic isolation, limited access to treatment options, economic instability, and social stigma contribute to the complex dynamics surrounding substance abuse disorders in rural settings.

The psychological toll on rural families manifests in various ways. Scholars have documented elevated levels of stress, anxiety, and depression among family members affected by substance abuse disorders (Goodwin & Sias, 2014; Pullen & Oser, 2014). Abdullahi and Sarmast (2019) agree and claim that chronic substance abuse disorders is heavily related with risk of cognitive impairments and dementia. Abdullahi and Sarmast (2019) further assert that substance abuse disorders can lead to psychological effects such as stress, personality traits like high impulsivity, depression, anxiety, eating and personality disorders, as well as other psychiatric disorders. These emotional and mental health challenges could, in turn, exacerbate family conflicts, disrupt child-parent relationships, and undermine the overall cohesion and functioning of the household (Barnard & McKeganey, 2004; Shumway et al., 2011).

Furthermore, the lack of accessible and culturally appropriate mental health services in rural areas can hinder the ability of families to seek professional support, leading to prolonged psychological distress (Sawyer & Gale, 2006; Boyle et al., 2017). In seconding this view, Cherry et al. (2017) posit that access to mental health care and appropriate follow-up are both problematic. The stigma associated with substance abuse disorders and mental health issues in rural communities can also discourage individuals from seeking help, further compounding the challenges faced by affected families (Howard et al., 2009; Fortney & Booth, 2001). Worth noting is that, more often than not, most persons with substance abuse disorder become hostile to their families, turning rebellious, defiant, and exhibiting irrational anger (Maraire et al., 2020). These unbecoming behaviours by persons with substance abuse disorders expose their families to tensions. Substance abuse disorders are fast becoming the lead cause of death, mental disorders, unproductivity, and disintegrated families (Volkow, 2020). These adverse effects can have long-lasting implications for the well-being and cohesion of rural communities.

It is important to note that while there is a growing body of research on the challenges faced by rural communities, the specific psychological strain on families due to substance abuse

disorders remains a significant knowledge gap (Warner & Leukefield, 2001). Despite the growing rates of substance abuse disorders in rural areas, the emotional toll on family members, caregivers, and loved ones has received limited attention (Mardani et al., 2023). The existing literature has largely ignored the unique cultural, social, and economic contexts of rural communities, leaving a significant void in our understanding of the intersection of substance abuse disorders and family well-being in these areas. The aims of the current study sought to address this knowledge gap by exploring the psychological strain on families in rural communities affected by substance abuse disorders, and examining the ways in which they navigate the challenges of such disorders within their social and cultural contexts.

### **Research questions**

This study sought to address the following research questions:

- 1) What are the primary psychological impacts experienced by rural families due to substance abuse disorders?
- 2) How do factors specific to rural settings, such as geographic isolation and limited access to resources, contribute to the psychological strain on rural families?
- 3) What interventions can be implemented to mitigate the psychological consequences of substance abuse disorders and support the well-being of rural families?

### **Problem statement**

Substance abuse disorders pose a significant threat to the well-being of rural families, with psychological strain being a prevalent and concerning consequence. The unique challenges faced by rural communities, including limited access to mental health services and the pervasive social stigma surrounding substance abuse disorders, further exacerbate the psychological toll on families. To address the needs of rural populations and promote the overall resilience and well-being of rural families, it is crucial to understand the dynamics of substance abuse disorders in rural areas and; consequently, develop targeted interventions.

### **Method**

#### **Population and sampling**

This study targeted rural families affected by substance abuse disorders in rural communities of Masvingo district. A purposive sampling strategy was employed to recruit participants who had experienced the impact of substance abuse disorders first hand. The sample consisted of 20 rural community members, including 10 family members of individuals struggling with substance abuse disorder, 5 community leaders, and 5 service providers who work with affected

families. Participants were recruited through local community organisations and word of mouth. The selection criteria for participants included: (1) having a family member who had struggled with substance abuse disorders, (2) living in a rural community, and (3) willingness to share their experiences and perspectives.

### **Data collection instruments**

The data collection instrument used in this study was a semi-structured interview guide, which was developed based on a comprehensive review of the literature on substance abuse disorders in rural areas. The guide consisted of 15 open-ended questions that explored the following themes: (1) experiences of living with a family member struggling with substance abuse disorder; (2) impact of substance abuse disorders on family relationships and dynamics; (3) coping strategies and support systems; and, (4) perceptions of available resources and services. The interview guide was pilot-tested with three participants to ensure its relevance and effectiveness in eliciting rich and detailed responses. The pilot test results led to minor revisions to the interview guide to improve its clarity and comprehensiveness.

### **Data collection procedures**

Data were collected through in-depth, face-to-face interviews with participants, which lasted approximately 45 - 60 minutes each. Interviews were conducted in a private setting, and participants were assured of confidentiality and anonymity. The interviews were conducted over a period of two months, and data collection ceased when saturation was reached, as indicated by the repetition of themes and the lack of new information emerging from the interviews.

### **Data analysis**

This study employed a qualitative approach using discourse analysis to examine the experiences of rural families affected by substance abuse disorders. Data consisted of semi-structured interviews transcribed verbatim. Analysis proceeded in two stages. First, initial coding identified recurring themes and patterns within the transcripts. Second, these codes were grouped into broader categories reflecting the major discourses related to family dynamics, access to healthcare, community resources, and coping strategies. This involved examining the ways participants constructed their identities, negotiated power dynamics, and navigated stigma within their communities. The analysis focused on identifying dominant and counter-

discourses, exploring the relationships between language use, social context, and lived experiences. Thematic saturation guided the decision to conclude data collection.

### **Ethical considerations**

Informed consent was sought from the participants. The researcher explained to them that the information collected was strictly for academic purposes and they were free to drop out from the research whenever they felt like stopping. They were also assured that their identities would be kept anonymous.

### **Findings and discussion**

The findings of this study indicate that rural families face significant psychological strain due to the impacts of substance abuse disorders. The principal themes and discourses that emerged from the research are presented in the following sections.

#### ***Heightened levels of stress, anxiety, and depression***

Participants reported elevated levels of emotional distress among family members, stemming from the financial burdens, relationship conflicts, and feelings of hopelessness associated with substance abuse disorders. One participant had this to say:

“As a couple we are not employed. We rely on working in other people’s fields with my children. When we get paid for our services, my husband demands the money in order to purchase his drugs. As a family we are struggling to put food on the table, but he does not care. All he needs is the constant supply of his drugs”.

This response is loaded with indications of psychological challenges faced by the family. The participant was much stressed and her emotional being was affected by the behaviour of her husband living with substance abuse disorder.

Another participant indicated that:

“My son is now insane due to abusing drugs. His talk does not make any sense and the whole family is worried about his behaviour”.

Mukwenha et al. (2021) said that substance abuse disorders predispose to short and long-term psychiatric complications, including stress, depression, anxiety, suicide, and even psychosis. The unpredictable nature of substance abuse disorder can create a constant state of anxiety and fear within the family.

Another participant interviewed expressed fears of uncertainty about the future of her son living with substance abuse disorder:

“To be honest with you I am very worried about my son’s future. What will become of him really? No-one would get married to an addict like him. He is a wasted individual.”

The comments indicate that the parent felt that her son’s future is already ruined due to the harm caused by substance abuse. Furthermore, partners experienced uncertainty and a loss of trust with their loved ones with a substance use disorder. One female respondent said that:

“My husband is no longer the man I fell in love with. He has changed drastically ever since he started abusing drugs. I am not sure about the future of our marriage because when drunk he becomes violent, and it is not pleasing at all”.

This constant emotional strain experienced by the respondent could lead to a toll on mental health.

### ***Disruption of family dynamics***

In the current study, substance abuse disorders was found to disturb family cohesion and undermine parenting abilities. One respondent said:

“There is a lot of confusion in the whole family ever since our eldest son began abusing drugs and substances. Our extended family is accusing us of failing to reign in our son and hence tarnishing the family’s name in the community. ”

This agrees with Lander et al. (2013) who contend that substance abuse disorders disturb family unity and negatively impact the social, emotional, and academic well-being of children in affected households. Paul et al. (2024) add that substance abuse disorders have emerged as a growing threat in contemporary society, eroding our cultural fabric day by day. Substance abuse disorder can significantly impair communication within families. The fear of judgment, combined with the unpredictable behaviour of individuals with a substance abuse disorder can create a communication breakdown. Open and honest conversations become difficult, further isolating family members.

Substance abuse disorders affect families in a number of ways. Another participant interviewed revealed that:

“Witnessing a loved one struggle with substance abuse disorder can be similar to a grieving process. ”

The harmful use of substances constitute one of the most severe public health and socio-pathological threats facing adolescents and young people and it has some long-term impacts on their well-being and future (UNICEF, 2020). Substance abuse disorders have the potential

of hurting the whole family, the community and even the country at large. This could lead to feelings of helplessness, anger, and depression.

### ***Barriers to accessing mental health support***

Participants highlighted that mental health services were very limited in rural areas. One participant said:

“Our local clinic is far away from here so when a relative abuse drugs and other substances, we fail to take him there and just keep him at home. ”

This is consistent with Palomin et al. (2023)’s findings that individuals living in rural areas are at increased risk of developing mental health condition with limited access to mental health clinicians and healthcare facilities. Mahasoa and Mokoena (2019) argue that, despite efforts made to prevent and treat substance abuse disorders related problems, there are challenges in accessing treatment facilities. From the quoted scholars, it is evident that mental health facilities are very scarce in the rural areas posing a great challenge to people struggling with substance abuse disorders.

Respondents also highlighted that fear of stigma and labelling discourages them from seeking mental health services therefore exacerbating the psychological strain on families. Another participant said:

“It is very difficult for me to open up about my drug abuse challenges for fear of being labelled ‘rombe’<sup>1</sup> by the community”.

Stigma towards people with a substance use disorder, as well as the internalisation of that stigma by substance users, is widespread (Hammarlund et al., 2018). It is important to note that some families are going to the extent of hiding the information when one of their family members has a substance abuse disorder as a way of avoiding stigma. In concurrence, Mardani et al. (2023) highlighted that many families face the challenge of getting help because they try to hide the substance abuse disorder problem of one of their members by limiting their communication and thus experience serious challenges when asking for help and support. Another respondent indicated that:

“If people get to know that one is abusing drugs and other substances, they will avoid interacting with you, giving you a lot of labels and that can isolate families and prevent them from seeking help. ”

---

<sup>1</sup> An idle stroller; a vagabond; a loafer; a tramp. · A wanderer; a rover; a rambler. (VaShona Project., n.d.).

Families experiencing such a scenario would therefore suffer in silence. It was also revealed that shame could lead to feelings of guilt, worthlessness, and social withdrawal, hindering communication and open dialogue within the family unit.

***Lack of community-based resources and support networks for substance abuse disorders mitigation***

Respondents noted that rural families often lack access to community-based programs and support systems specifically designed for those struggling with substance abuse disorders, leaving many to cope with the challenges alone. A participant revealed that:

“As a community, we do know where to go and get help with one of us abusing drugs and substances. We end up giving them home remedies.”

Rural areas are often geographically isolated, making it difficult for individuals to access specialised treatment facilities and support services.

Accessibility of healthcare in rural areas is globally impeded by physical, material, human, financial and managerial resources and societal barriers in the healthcare system (Mangundu et al., 2020). These findings illustrate that rural communities are experiencing substance abuse disorders challenges. The contextual factors given above contribute to the amplified psychological strain experienced by rural families due to substance abuse disorders.

Despite the challenges faced due to substance abuse disorders, rural families possess inherent strengths like strong family bond that could be a source of strength and support. Also, sharing of experiences through connecting with other families facing similar challenges through the use of support groups could create a sense of community and belonging. Sharing experiences and offering mutual support to families affected by substance abuse disorders could foster hope and resilience. Furthermore, setting clear boundaries around acceptable behaviour could be crucial for protecting the well-being of other family members. This allows the individuals with substance abuse disorder to face the consequences of their actions and provides a framework for healthy interactions.

**Discourse of blame and shame**

The narratives of rural families affected by substance abuse disorder reveal a pervasive discourse of blame and shame. The language used by participants suggests that they internalise the stigma associated with substance abuse disorder, perpetuating a sense of guilt and responsibility for the condition. For instance, one participant stated “

"Our extended family is accusing us of failing to reign in our son and hence tarnishing the family's name in the community."

This discourse of blame and shame not only exacerbates the emotional burden on families, but also reinforces the notion that substance abuse disorder is a personal failure rather than a complex social issue.

Moreover, the fear of stigma, as suggested by the label "*rombe*," stated in one of the verbatim statements articulated by a participant demonstrates how societal perceptions can inhibit help-seeking behaviours. This internalisation of stigma reflects a broader cultural narrative that associates substance abuse disorder with moral failing, further isolating families and preventing them from accessing necessary support. Such discourse reveals the urgent need for community-based interventions that address these systemic barriers.

Research has shown that stigma and shame are significant barriers to seeking help for substance abuse disorder (Corrigan et al., 2014). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), emphasises the importance of understanding substance abuse disorder as a medical condition rather than a moral failing (American Psychiatric Association, 2013). Community-based interventions that focus on education and support could help reduce stigma and encourage families to seek the help they need (Livingston et al., 2012).

### ***Discourse of lack and limitation***

The findings also highlight a discourse of lack and limitation, which perpetuates the picture that rural areas are inherently disadvantaged. Participants frequently mentioned the scarcity of resources, lack of access to healthcare, and limited community-based programmes. This discourse of lack and limitation reinforces the idea that rural areas are powerless to address the issue of substance abuse disorders, and that external intervention is necessary. However, this discourse also obscures the agency and resilience of rural communities, neglecting the potential for community-led initiatives and solutions.

The discourse underscores the isolation experienced by rural families. Participants highlighted a lack of knowledge about available support, articulating a sense of helplessness when faced with substance use disorder. Phrases like, "*we end up giving them home remedies*", illustrate the reliance on informal, often ineffective coping strategies, emphasising the inadequacy of existing support structures.

Participants' accounts of limited access to mental health services resonate with broader structural inequalities in rural healthcare. The phrase, "*Our local clinic is far away*", encapsulates the geographical and logistical barriers that exacerbate the psychological strain on families. This highlights systemic failures in healthcare provision, where rural settings lack adequate mental health resources.

### ***Discourse of family and community***

One prominent theme that emerged from the data was the disruption of family dynamics caused by substance abuse disorders. The narratives of rural families affected by substance abuse disorders also reveal a strong discourse of family and community. Participants emphasised the importance of family bonds, community support, and shared experiences. For instance, one participant stated:

"Sharing experiences through support groups can create a sense of community and belonging."

This discourse of family and community highlights the potential for collective action and mutual support, which could be leveraged to address the issue of substance abuse disorders in rural areas.

The discourse surrounding family cohesion reveals how substance abuse disorders create a rift in familial relationships. Statements like, "... *confusion in the whole family*", and accusations from extended family members illustrate the social stigma surrounding substance abuse disorder. These narratives reflect societal expectations of familial responsibility and the shame associated with perceived failure in managing a family member's substance abuse disorder.

This perspective aligns with Lander et al. (2013), who argue that substance abuse disorder disrupts not only interpersonal relationships but also the broader social fabric. The expression of grief related to witnessing a loved one's struggle with substance abuse disorder further underscores the emotional burden carried by family members. This marks substance abuse disorder as a multifaceted social issue that transcends the individual.

### ***Discourse of powerlessness and helplessness***

The findings also revealed a discourse of powerlessness and helplessness, which is reflected in the participants' sense of frustration and despair. Participants frequently mentioned feeling overwhelmed and unsure of how to address the issue of substance abuse disorders. The language used by participants highlights the sense of isolation and helplessness that they felt

in the face of these challenges. This discourse of powerlessness and helplessness can be regarded as a coping mechanism, thereby allowing families to avoid taking responsibility for addressing the issue. However, it also reinforces the notion that substance abuse disorders are an insurmountable problem, rather than a challenge that could be addressed through collective action and community-led initiatives.

### ***Discourse of psychological strain***

Participants frequently employed emotive language to convey their distress, indicating a deep psychological impact. Phrases like "*struggling to put food on the table*" and "*constant supply of his drugs*" reflect the conflict between financial hardship and substance abuse disorder. This discourse illustrates how substance abuse disorder not only disrupts individual lives but also imposes a collective burden on family dynamics. The language used suggests a sense of helplessness and frustration, positioning the person with a substance abuse disorder as a source of ongoing emotional turmoil.

Furthermore, the expressions of fear regarding the future, such as, "*What will become of him really?*" signify a profound uncertainty that pervades family relationships. This narrative highlights the psychological toll of substance abuse disorder, framing it as a chronic crisis rather than a temporary setback. Such discourse emphasises the need for community support and intervention as families navigate these challenges with limited resources.

### ***Discourse of hope and resilience***

Despite the challenges and difficulties faced by rural families affected by substance abuse disorders, the narratives also reveal a discourse of hope and resilience. Participants emphasised the importance of setting clear boundaries, fostering open communication, and promoting mutual support. This discourse of hope and resilience indicate a potential for community solidarity and the potential for rural families to overcome the challenges posed by substance abuse disorders, and to develop strategies for coping and recovery. This resilience narrative challenges the dominant discourse of victimhood, positioning families as active agents in their struggles.

## **Conclusion**

This study has illuminated the profound psychological burdens that substance abuse disorders have on rural families. The findings highlight the multifaceted nature of this issue, with rural communities facing unique challenges that exacerbate the emotional, mental, and social

impacts on families. Factors such as geographic isolation, limited access to mental health resources, and pervasive social stigma collectively contribute to the heightened levels of stress, anxiety, depression, and family conflict experienced by those affected by substance abuse disorders. However, by understanding these challenges and fostering resilience, families can navigate this difficult terrain. It is therefore crucial to promoting open communication, encourage access to mental health services and foster community-level support networks to mitigate the adverse impacts of substance abuse disorders and promote the overall well-being of rural families.

### **Recommendations**

Based on the findings of this study, it is recommended that the availability and accessibility of mental health services in rural communities be expanded in order to address the challenges emanating from substance abuse disorders. Community-based support programmes that provide counselling, and peer-to-peer support for individuals and families affected by substance abuse disorders need to be implemented in rural areas. Also, community leadership is implored to develop educational campaigns and stigma reduction initiatives aimed at destigmatising substance abuse disorders and mental health issues in rural communities, encouraging individuals to seek help and support without fear of negative judgment or social consequences. There is a need for strengthening the collaboration between local healthcare providers, social services, schools, and community organisations to create a comprehensive support network for rural families impacted by drug and substance abuse disorders. This would ensure seamless access to the resources they require. Finally, rural community leadership is encouraged to advocate for increased funding and policy initiatives that prioritise the mental health and well-being of rural communities. This would address the systemic disparities that contribute to the heightened psychological strain on rural families.

### **Reflections**

As part of researchers' reflections, the study affirms that there is indeed a problem of substance abuse disorders in Masvingo district's rural areas. The study findings further confirmed that substance abuse disorders were therefore wreaking havoc in rural families. However, it was not only the individuals with a substance abuse disorder that were affected by the scourge, but also the family, and the community at large. Substance abuse disorders predispose individuals to short and long-term psychiatric complications, including stress, depression, anxiety, suicide, and even psychosis (Mukwenha et al., 2021). The establishment of many substance abuse

disorder rehabilitation centres throughout the rural areas could go a long way in addressing rural families' mental wellbeing.

## References

- Abdullahi, A.M., & Sarmast, S.T. (2019). Substance use disorders: A literature review of the implications and solutions. *International Journal of Scientific & Engineering Research*, 10(10).
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Barerah, S. (2018). Forms of drug abuse and their effects. *Alcoholism & Drug Abuse Weekly*, 1(1), 13-19.
- Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: What is the problem and what can be done to help? *Substance Use Disorder*, 99(5), 552-559.
- Boyle, M.H., Offord, D.R., Racine, Y., Szatmari, P., Fleming, J.E., & Links, P.S. (2017). Predicting substance use in late adolescence: Results from the Ontario Child Health Study follow-up. *The American Journal of Psychiatry*, 148(6), 761-767.
- Cherry, S.T., Robinson, A., Jashinsky, J., & Ellio, M. (2017). Rural community health needs assessment findings: Access to care and mental health. *Journal of Social, Behavioral, and Health Sciences*, 11(1), 268-277.
- Corrigan, P. W., et al. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70.
- Fortney, J.C., & Booth, B.M. (2001). Access to substance abuse services in rural areas. *Recent Developments in Alcoholism*, 15, 177-197.
- Goodwin, A.J., & Sias, S.M. (2014). Severe substance abuse and depression in rural Appalachian families. *Families in Society*, 95(1), 59-66.
- Hammarlund, R., Crapanzano, K.A., Luce, L., Mulligan, L., & Ward, K.M. (2018). Review of the effects of self-stigma and perceived social stigma on the treatment-seeking decisions of individuals with drug- and alcohol-use disorders. *Substance Abuse Rehabilitation*, 9, 115-136. DOI: 10.2147/SAR.S183256
- Howard, D.L., Carothers, A.D., Garland, A.M., Yerby, L.G., & Davis, S.C. (2009). Rural-urban differences in the evolution of clinical depression in a sample of older adults. *The Journal of Rural Health*, 25(2), 146-153.
- Keyes, K.M., Cerdá, M., Brady, J.E., Havens, J.R., & Galea, S. (2014). Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. *American Journal of Public Health*, 104(2), e52-e59.

- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3-4), 194-205. <https://doi.org/10.1080/19371918.2013.759005>
- Livingston, J. D. et al. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction, 107*(1), 39-50.
- Lo, T.W., Yeung, J.W.K., & Tam, C.H. L. (2020). Substance abuse and public health: A multilevel perspective and multiple responses. *International Journal of Environmental Research and Public Health, 17*(7), 2610. <https://doi.org/10.3390/ijerph17072610>.
- Mahasoa, I., & Mokoena, S. (2019). Challenges facing rural communities in accessing substance abuse treatment. *International Journal of Social Sciences and Humanity Studies, 11*(1).
- Mangundu, M., Roets, L., & Janse van Rensburg, E. (2020). Accessibility of healthcare in rural Zimbabwe: The perspective of nurses and healthcare users. *African Journal of Primary Health Care & Family Medicine, 12*(1), e1-e7. <https://doi.org/10.4102/phcfm.v12i1.2245>
- Maraire, T., & Chethiyar, S. D. (2020). Drug and substance abuse problem by the Zimbabwean youth: A psychological perspective. *Practitioner Research, 2*, 41-59.
- Marandure, B.N., Mhizha, S., Wilson, A., & Nhunzvi, C. (2023). Understanding the nature of substance use in Zimbabwe: State of the art and ways forward: A scoping review protocol. *PLoS One, 18*(3), e0272240. <https://doi.org/10.1371/journal.pone.0272240>.
- Mardani, M., Alipour, F., Rafey, H., Fallahi Khoshknab, M., & Arshi, M. (2023). Challenges in substance use disorder-affected families: A systematic review of qualitative studies. *BM Psychiatry, 23*, 439. <https://doi.org/10.1186/s12888-023-04927-1>.
- Monnat, S.M., & Rigg, K.K. (2016). Examining rural/urban differences in prescription opioid misuse among US adolescents. *The Journal of Rural Health, 32*(2), 204-218.
- Mukwenha, S. et al. (2021). Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 era: An impending public health disaster. *Newsletter to the Editor: SSA*. Available online: <http://hdl.handle.net/2263/83118>
- Mupara, L.M., Tapera, R., Selemogwe-Matsetse, M., Kehumile, J.T., Gaogane, L., Tsholofelo, E., & Murambiwa, P. (2021). Alcohol and substance use prevention in Africa: Systematic scoping review. *Journal of Substance Use*. <https://doi.org/10.1080/14659891.2021.1941356>
- Ndasauka, Y., & Kayange, G. M. (2019). *Substance use disorder in South and East*. Springer International Publishing.
- Palomin, A., Takishima-Lacasa, J., Selby-Nelson, E., & Mercado, A. (2023). Challenges and ethical implications in rural community mental health: The role of mental health providers. *Community Mental Health Journal, 59*. <https://doi.org/10.1007/s10597-023-01151-9>

- Paul, F.A. et al. (2024). Societal and individual impacts of substance abuse. In *The Palgrave handbook of global social problems*. Cham.: Palgrave Macmillan. [https://doi.org/10.1007/978-3-030-68127-2\\_430-1](https://doi.org/10.1007/978-3-030-68127-2_430-1)
- Pullen, E., & Oser, C. (2014). Barriers to substance abuse treatment in rural and urban communities: A counselor perspective. *Substance Use & Misuse*, 49(7), 891-901.
- Rigg, K.K., & Monnat, S.M. (2015). Urban vs. rural differences in prescription opioid misuse among adults in the United States: Informing region-specific drug policies and interventions. *The International Journal of Drug Policy*, 26(5), 484-491.
- Sawyer, D., & Gale, J. (2006). The relationship between prevalence of serious mental illness and access to mental health services in rural and urban settings. Maine Rural Health Research Center. Muskie School of Public Service.
- Shumway, S.T., Soper, B., Trent, J., & Kim, N. (2011). Family characteristics and dynamics: Connections to substance abuse and family therapy. *The Family Journal*, 19(4), 429-435.
- UNICEF Zimbabwe. (2023). Alcohol, drugs and substance abuse: Research brief. Harare, Zimbabwe. Retrieved from [https://www.unicef.org/zimbabwe/media/8871/file/Alcohol%20drugs%20and%20substance%20abuse\\_Research\\_Brief\\_UNICEF\\_Sept2023.pdf](https://www.unicef.org/zimbabwe/media/8871/file/Alcohol%20drugs%20and%20substance%20abuse_Research_Brief_UNICEF_Sept2023.pdf).
- UNICEF. (2024). Understanding drug use and substance abuse among Zimbabwean adolescents and young people. Retrieved from <https://www.unicef.org/zimbabwe/reports/understanding-drug-use-and-substance-abuse-zimbabwean-adolescents-and-young-people>.
- United Nations Office on Drugs and Crime. (2017). Prevention of drug use and treatment of drug use disorders in rural settings. New York: United Nations Office on Drugs and Crime. *Rural Drugs\_treatment\_ebook.pdf*. Accessed on 03/09/24.
- VaShona Project. (n.d.). *Rombe*. Retrieved from <https://vashona.com/en/dictionary/sn/rombe>.
- Volkow, N.D. (2020). Collision of the COVID-19 and substance use disorder epidemics. *APC Journals*, 173(1), 61-62.
- Warner, B.D., & Leukefeld, C.G. (2001). Rural-urban differences in substance use and treatment utilization among prisoners. *The American Journal of Drug and Alcohol Abuse*, 27(2), 265–280. <https://doi.org/10.1081/ADA-100103709>.