

Accessibility of human rights and sexual & reproductive health services by female drug users in Zimbabwe: Challenges and opportunities

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Abstract

The consequences of drug and substance use are profound and harmful. This study explores the accessibility of human rights and sexual & reproductive services among female drug users in Zimbabwe. The objectives of the study were to explore the types of drugs used by women, their intake methods and period of drug use, knowledge of women on their HIV status and challenges faced in accessing health and legal services. Using a mixed methods approach, simple random sampling technique was used to select 130 female drug users in Harare province targeting Sunningdale and Highfields suburbs. The study established that 80% of women take drugs through smoking and drinking rather than inhaling and injecting. A number of services are provided to female drug users such as peer counseling, STI screening and treatment and free access to contraceptives. However, the study established that female drug users face a number of challenges in trying to access these services such as financial constraints and discrimination. The study concluded that there is need for gender sensitive policies in order to influence the development of inclusive drug policy reform, harm reduction programmes and drug use prevention. The study recommends that there is need for establishment of accessible drug rehabilitation centers and strengthening support group leaders at grassroots level among other recommendations.

Key words

human rights, gender-mainstreaming, sexual and reproductive health, female drug users, Harare

Key points

1. This study establishes the types of drugs and intake methods associated with female drug users.
2. This study adds knowledge on gender-sensitive drug policy reform such as the consideration of sexual and reproductive health rights of female drug users.
3. This study has an essential bearing on harm reduction and drug use prevention taking a feminine point of view.
4. The study advocates for the elimination of punitive and discriminatory measures against drug users and the establishment of community-based drug prevention programs.

Introduction

Drug and substance use is one of the contemporary public health challenges in the world. Substance use and addiction negatively implicates development at personal, community and national level. Zimbabwe is experiencing a surge in cases of substance use disorders, especially among women, adolescents and youths. The rise in substance use disorders has not been met with subsequent efforts to seek rehabilitation services. This study examines the accessibility of human rights and Sexual & Reproductive Health services (SRHR) among female drug users in Zimbabwe, Harare province. The study sought to establish various drugs taken by women, their intake methods and period of drug use. The challenges associated with drug use among women have been tackled and their access to various services entitled to them.

Conceptualisation of drug and substance use

According to the United Nations Office on Drugs and Crime (UNODC, 2021), around 269 million people use drugs worldwide. This figure is 30% higher than that of 2009, while over 35 million people suffer from substance use disorders (UNODC, 2021). The surge in global drug and substance use has been attributed to the increasing production, distribution, promotion and easy availability of illicit substances (Sahu and Sahu, 2016). It has been estimated that the global illicit manufacture of cocaine has reached an all-time high of 1,976 tons in 2017, an increase of 25 per cent on the previous year, (UNODC, 2021). In North America, the synthetic opioid overdose crisis also reached a new height in 2017, with more than 47,000 opioid overdose deaths recorded in the United States, representing a 13% rise from the previous year, and 4,000 opioid-related deaths in Canada, a 33% increase from 2016, World Health Organisation (WHO, 2020, Whitesell et al, 2018). The problem has further been crystallized by poverty and cultural imperialism which has subsequently changed values of society that once acted as a barrier to substance use.

In Africa, studies demonstrated that there has been a steep increase in substance or drug use by women (Kajawu et al, 2021; UNODC, 2021; Chahuruva, 2021, Chikoko et al, 2022). WHO (2021) indicated that substance use has increased more rapidly among developing countries over the 2000-2018 period than in developed countries. In the continent, it is adolescents and young adults who account for the largest share of those using drugs, however, women are not spared (Harm Reduction International, 2019, Heinonen and Metteri, 2019). There is often a substantial disconnect between real risks and public perception on the dangers of drugs among women groups including those who are pregnant, breast-feeding, sex workers and school girls. For example, cannabis products almost quadrupled in potency, and yet the percentage of women who perceive cannabis as harmful has dropped by as much as 40% (UNODC, 2019). Substance use is a major concern because it contributes to high death rates, serious and often lethal illnesses such as HIV and Hepatitis C, secondary disabilities and violence (WHO, 2021, Chikoko, et al, 2021). The illicit drug trade and use continues to inhibit economic and social development, while disproportionately impacting the most vulnerable and marginalized groups in society.

While many people are able to quit using substances with the help of family, friends or support groups, those with substance use disorders often need professional assistance. Thus, given the

proliferation of substance use globally, the demand for rehabilitation and treatment services has also increased. However, despite the increase in demand, the World Drug Report of 2019 showed that services that are available continue to fall short in many parts of the world, with only one in seven people with drug use disorders receiving treatment each year (UNODC, 2019). The Report further indicates that effective treatment interventions based on scientific evidence and in line with international human rights obligations are not as available or accessible as they need to be. For the limited rehabilitation services available, studies demonstrate that there are several barriers that inhibit women addicted to substances or their families from seeking professional rehabilitation services (Box, 2021, Mutasa and Mususa, 2020). According to the National Institute of Drug Use Zimbabwe (2021), women forego seeking help for substance addiction due to high costs of services, fear of stigmatization, negative perceptions about the effectiveness of professional services, lack of knowledge about where to find help and false perceptions about the potential risks of substance use.

Consequently, the effects of substance use disorders and addiction among women are harmful and disapproved by society. Drugs and substance use is a detrimental activity with significant risk factors to people who use drugs, their families and the nation at large. According to Box (2021), women are involved into illicit drug activities in a three-fold way. The first being women as consumers of drugs followed by women as drug sellers or traffickers and finally as intermediaries in illicit drug use. However, there is dearth of literature on the type of drugs being used by women and their intake methods as well as the period one has of drug use. The population size estimate for female drug users in Zimbabwe is unknown. This critically paralyses programming around drug policy reform, harm reduction and drug use prevention since traditional drug policies are accused of lacking a gender mainstreaming flare, (Chikoko and Ruparanganda, 2020, Mutasa and Mususa, 2020). This instigated the undertaking of this exploratory study on the accessibility of human rights and SRHR services among female drug users in Zimbabwe. The study gathered data on the period one has of drug use, her HIV/AIDS status, and services available to female drug users and challenges faced in accessing health, legal services and other basic rights entitled to them.

Research methodology

A mixed methods study approach was utilized by combining qualitative and quantitative research methodologies. Survey questionnaires were used to gather quantitative data while key informant interviews and focus group discussions were used to gather qualitative data. The study was conducted in Harare province where Highfields and Sunningdale suburbs were used as units of analysis. These two high-density suburbs were targeted because they consist the hub for all sorts of drug and substance use in Harare province. A total sample of 130 female drug users was randomly sampled from support groups of People Who Use and Inject Drugs (PWUID). The author was assisted by support group leaders of PWUID in both suburbs. These support group leaders were drawn from the Zimbabwe Civil Liberties and Drug Network (ZCLDN), an organisation that works closely with people who use and inject drugs in Zimbabwe. Authority to conduct this study was acquired from the Ministry of Public Services, Labour and Social Welfare. Participants were asked for their written consent first before any engagement and the majority accepted to participate. The author started with focus group

discussions comprised of 8-12 individuals. At the end of every focus group discussion, questionnaires were administered to participants before they leave the point of meeting. This helped to reach a number of respondents because participants were seen at their agreed time schedules.

In addition to the data gathered directly from female drug users, the author conducted key informant interviews with service providers in order to confirm information shared by participants. Ten key informants who worked directly with female drug users were interviewed with a maximum number of five individuals per suburb. These included nurses, peer educators from various Non-Governmental Organisations (NGOs), leaders of support groups of PWUID and other health personnel. The author understands that the topic under discussion was highly sensitive as it involves drug use, HIV and AIDS, access to SRHR and other basic rights. As such, a number of ethics were put into consideration such as confidentiality, informed consent, privacy, free participation and debriefing. The author used pseudo names during data presentation in order to protect the identity of participants.

Findings

Demographic information of respondents

The study established that 57.9% of women who use drugs were between the ages of 21-26 years while 34.9% constituted women between the ages of 15-20 years. There were only nine women aged 27 years and above who constituted 7.2% of the overall population. The majority of women who use drugs were single, constituting 77.7% of the total population followed by 17.5% married women and the least proportion were the divorced who accounted for the remaining 4.8%. On their educational level, 89.7% managed to reach secondary school level while 7.9% were at primary level and only 2.4% reached tertiary level. 100% of women who participated in this study were not employed. This gave a significant relationship between unemployment and drug use among women. It was a noble idea to establish the whereabouts of women who use drugs in Sunningdale and Highfields suburbs. The study established that 97.6% of women who use drugs were staying at home while only 2.4% lived in the streets.

Types of drugs used and period of drug use

The researcher collected data on the types of drugs largely used by women and their period of drug use. It has been established that 44.4% of women used amphetamines, while 38.1% used codeine and the minority group, 17.5% used cannabis. Among those who used codeine, 78.6% had a period between 0 to 2 years of drug use while those with more than five years of drug use largely used amphetamines. It has been revealed that young women who are still amateurs in the drug use act were largely taking codeine. Codeine was largely found to be always on the streets and easy to women's reach as compared to amphetamines and cannabis. As such, women who had 0-2 years of experience in drug use largely used codeine, while those between 3 and 5 years used more cannabis than any other drug. Amphetamines was more popular among women who had 5 and more years of drug use. One can arguably deduce that young women who are joining the act of drug use largely start by codeine, a cough syrup popularly known as *ngoma/bronco* and latter try cannabis (*mbanje*). As they become more ingrained in drug use

activities, they resort to amphetamines (*ghuka/mutoriro/crystal meth*) and these drugs were found to have serious effects on the health and wellbeing of women.

However, it has been established that women use as many types of drugs as possible. The study revealed that a woman may use cannabis regularly, but having the tendency of taking other drugs such as codeine occasionally. Some women reported to have used sodium polyacrylate and alcohol occasionally although they regularly use a certain type of drug such as amphetamines. Sodium polyacrylate is a jelly-fluid found in boiled diapers. Jamela in her mid-20s reported that:

“Personally I cannot do anything at home without smoking cannabis. I really love cannabis and I can smoke it four or five times a day. But sometimes I take diapers (sodium polyacrylate) and it’s really easy to get drunk with diapers, I just boil them and drink that jelly”.

This shows that women have their favorite type of drug which they take regularly but they also take other drugs occasionally. Relatively, one cannot conclude that women take a single drug, rather there is a mixture of drugs among women and many of them reported to have taken more than 3 types of drugs in their lifetime.

Intake methods and incidence of drug use per day

The author looked at the methods used by women to up-take drugs and how often one consumes drugs per day. It has been revealed that the majority of women, 51.2% take-up drugs through drinking. This was found among those who largely consume codeine, alcohol and amphetamines. 46.4% of women take-up drugs through smoking while only 2.4% inhale. The study reported that there was no injection of drugs among women who participated in the study in both suburbs. 74.6% of women used drugs more than twice per day and the majority of them, 51% take-up drugs through smoking. A total of 7.1% women used drugs once per day and the majority of them, 56.6% take-up their drugs through drinking. The data reflects that there is easy access of smoking and drinking drugs such as cannabis, codeine, alcohol and amphetamines in Harare as compared to those drugs that can be injected or inhaled.

Knowledge of HIV/AIDS status

The study was quite sensitive as it delved into the HIV and AIDS status of female drug users. The information was found to be crucial in the planning of drug reduction policies and programs as it gives policy makers ample data to intervene on the Sexual and Reproductive Health needs of female drug users. 100% of the sample claimed to have knowledge of their HIV status. 64.3% were negative while 35.7% were positive. The gap between HIV positive and negative women is somehow worrisome since it is only 28.6%. This reveals that drug use is seriously exposing women to STIs and HIV. However, the utmost percentage (100%) of women who know their status is a milestone towards access to SRHR among female drug users.

Challenges faced in accessing health, legal and other related services

Female drug users are human beings with equal rights as other non-drug users. These women have rights entitlements stipulated in the constitution of Zimbabwe (chapter 4) on an equal basis with others. However, female drug users face a number of challenges in having access to

health, legal services among other basic rights. Some of the challenges include inaccessible health services, victimization and discrimination.

Inaccessible specialized health services

The bulk of health care services were inaccessible to 48% of female drug users. Although there were some organisations that provide free STI screening and treatment, peer to peer counselling and contraceptives, the services were reported to be inadequate. As reported, there was no any organisation that provides free health related services in Sunningdale. This location depends on mobile community outreach programs offered by certain NGOs once per month. As such, female drug users experience a number of challenges in trying to access specialized healthcare services. This was largely attributed to financial constraints on the part of female drug users since the majority, 48% do not afford the prices charged in hospitals, both public and private. Shumirai from a focus group discussion narrated that:

“... we are not going to work, all of us. So when I am sick, I am not able to visit the hospital because I cannot afford the fees they want. Hospitals are expensive for us, even the rehabilitation centers, they are not for us; they are for the rich”.

Financial constraints was a major challenge reported by female drug users in both suburbs. In addition, Vaida reported that:

“..life is difficult for us, we will die in our homes because we cannot afford to visit the hospital. Personally I don't have money to buy food and clothing for my children, they are not going to school right now, so do you think I will have money to go to the hospital?”

The above narrations reveal that having access to specialized health services such as rehabilitation is a tall order among female drug users. These women were unemployed, with 80% of them failing to provide for the basic needs of the family. As such, the ability to pay for the hospital bills was deemed impossible.

Victimization by law enforcement agents

In accordance with section 19(3) of the Dangerous Drugs Act (Chapter 15:02), “any person who is guilty of an offence involving unlawful dealing in any drug, shall be liable to a fine not exceeding level fourteen or to imprisonment for a period not exceeding twenty years or to both such fine and such imprisonment”. The study establishes that 48% of female drug users were involved in conflict with the law at some point. They faced arrest due to drug possession or public violence under drug influence. Tecla reported that:

“I was arrested yet I did not have the drugs on me, I bought drugs from the supplier and smoke them instantly, but these officers came to me and one of them gave me the drugs and used those drugs as proof at the camp. I spent 3 nights at the prison cells where I was treated badly”.

In addition to victimization after found in possession with drugs, Sibongile reported that she was arrested at the base with her friends while taking broncleer and marijuana. She narrated her ordeal:

“we were at the base in Highfields together with the boys. We were smoking marijuana and taking broncleer, all of a sudden we were raided by police. They took us to the station and I had no fine, so I was detained in the women cells alone. Late at night another officer came saying if you want to be released offer me sex, and I just did what he wanted”.

The above exclamation shows that female drug users face a number of challenges in the hands of law enforcement agents. These challenges were related to drug possession, drug use and violence.

Discrimination

Discrimination involves a situation whereby an individual is treated to their disadvantage based on category rather than individual merit. Female drug users experienced discrimination from their community, families and health care providers. This has detrimental effects on their well-being. Tanaka, a 36-year-old lady reported that:

“...whatever you say in family gatherings, in community meetings no-one will listen to you, they think you are always drunk and you cannot contribute anything meaningful. In schools we hear that our children are called with such bad names and labels, sons and daughters of sex workers and drunkards”.

Discrimination was felt to be very detrimental to the normal association of female drug users with other family and community members. 96% of women reported that discrimination and financial constraints were major hurdles in their quest of accessing quality health services and other basic rights such as justice.

Misunderstanding of their condition by health personnel

It has been established that female drug users suffer poor prescription from health care providers. Gwendolyn, a 19-year-old lady narrated that:

“I was under the influence of crystal meth, my mother thought maybe I was mentally ill. I was admitted into the hospital and they started injecting me psychotic drugs easier, but I wasn't mentally ill. I was just drunk and their medication even made me worse. I think these nurses should know that there is a difference between being drunk and being psychotic, they cannot send me to Ngomahuru because am not mentally ill, I was just drunk”.

Misdiagnosis of female drug users was found to be common among young women who were still dependent on the parents. Sometimes parents were not aware that their daughters use drugs. Thus, when one exhibits weird behaviors they assume she is mentally disturbed by other underlying conditions not knowing that its drug influence. Shelly, a lady in her early 40s pointed out that:

“Sometimes parents force children to take drugs, we don't understand their needs well.you see a child being rehabilitated and when they come back home, in few days you see them taking drugs again. It is because of us parents, we must desist from challenging our children now and again”.

Parents were reported to cause young girls to abuse drugs because they do not commit time to understand their needs.

Ways to ensure harm reduction and drug use prevention among women

With the increase of female drug users in Zimbabwe, it was imperative to gather data on ways that can be taken to reduce harm and prevent drug use. A number of strategies were peddled towards this initiative namely; access to income generating projects and provision of accessible drug rehabilitation centers among others.

Access to income generating projects

This study established that 100% of the sample was not working. They cited lack of job opportunities as a major driving force into drugs. Participants reported that the government and other NGOs should assist them with income generating projects. Maggie narrated that:

“You see me, and others here, we did well in our O’ level but we have nothing to do. We are not working not because we can’t work but because we have nowhere to work. We need to work in those hospitals even cleaning and picking litter, do you think we can’t do that? ...”

Sinikiwe added that:

“...the government must give us capital to start some small businesses like poultry, sewing and weaving. The problem is we don’t have the money to start a business...”

Female drug users used drugs as a refugee of unemployment. Participants insisted that there is need for accessible channels for income generating projects. This helps to divert their focus from drug use to other relevant economic activities.

Provision of accessible drug rehabilitation centers

As a way of reducing harm, female drug users vowed that drug rehabilitation centres should be easily accessible and affordable. Majority of rehabilitation centres were operated by private players. These players had a tendency of overpricing their services resulting in less or no participation of the marginalized. Tracy reported that:

“...rehabilitation centres must be free, look at Sisters’ Voice we receive free services but they do not offer rehabilitation services. It was going to be better if we had some rehabilitation centres, so we can learn on how to live without drugs.”

Drug dependency has become a common phenomenon among women. 80% of them reported that they cannot do their house chores without taking drugs. Some were even reported to neglect their self-care due to intoxication.

Establishment of drug awareness centers

Female drug users accounted-for the establishment of drug awareness centres in each and every location. Nicole explained that:

“We have youth centres and community halls where people meet and do a number of activities. Why can't we also have drug awareness centres in every location where we meet as drug users and others who intend to help us? These awareness centres must provide us with opportunity to learn from people who recovered from drugs, how they travelled their recovery path, so that we can also heal and move on without drugs.”

Participants argued that drug awareness centres should act as a springboard where people with history of drug use would assist others through recovery and avoiding relapse.

Discussion

Types of drugs and intake methods

The study revealed that there was no injection among female drug users in Harare. Women largely take drugs through smoking and drinking. This contradicts the findings of Chahuruva (2021) who argued that nowadays drug users have a tendency of injecting drugs into their bloodstreams for quick reaction. However, this study established no record of any drug injection among women. Lack of women who inject drugs in this study has been attributed to two reasons. The first being lack of knowledge on where to find these type of drugs and the hustles associated in securing the equipment for drug injection. The second reason can be attributed to the limitations of the author's sampling procedure which might have omitted women who inject drugs in Harare province.

However, despite having this limitation, the data gathered were found to be credible and valid on the challenges faced by female drug users in their bid to access SRHR services and their basic rights. There was low uptake of hard drugs such as cocaine among women interviewed. 100% of the sample have never used cocaine. This demonstrates that female drug users usually consume low priced drugs that are readily available in their communities (Chikoko and Ruparanganda, 2020).

Inaccessible health services

Health services were insufficient to cover female drug users. Some services were located in the hard to reach areas (ZCLDN, 2021). For instance in Sunningdale, participants reported to have lacking bus-fare to access the point where services are located. The study established that female drug users have fewer resources needed to seek specialized treatment and rehabilitation services. This has been due to their low education levels, weakened financial muscles, poor family support systems and unemployment. 48% of women experienced financial constraints to access specialized health care services.

Intensification of drug use treatment services

The sharp increase in the number of female drug users in Zimbabwe demands the intensification of treatment services that target this group. Unemployment and poverty are the major driving forces that expose women to drugs and substance use (Chikoko et al, 2022). Women take-up drugs as a refugee to idleness (Box, 2021). In the process of drug use, they expose themselves to victimization, health risks and discrimination from society. Hence, there

is need for well-crafted treatment services that target women. This puts into consideration their legal and health needs.

Decriminalization of drug use

Current drug interventions suppress supply and deter drug use using punitive measures. Women were found to be criminalized, sentenced and discriminated for drug use activities. Drug use was viewed as a criminal issue rather than a human rights and public health issue. Therefore, funding was directed towards correctional services and policing instead of health and social development initiatives (Mutasa and Mususa, 2012). Instead of punishing female drug users, there is need for professionals to help women in reducing the intake of drugs. Women are fairly victims of circumstances as 80% of them attributed drug use to unemployment, family breakdown and poverty. Thus, instead of discriminating female drug users, interventions must target to empower them.

Affordable rehabilitation services

Rehabilitation services were over-priced and out of financial reach for the majority of female drug users. Box (2021) argues that drug rehabilitation services in Zimbabwe discriminates against the marginalized. The government needs to provide drug rehabilitation centers that are accessible and specific to the needs of female drug users. This helps to comprehensively design harm reduction initiatives that are gender sensitive and considerate to the immediate and long-term needs of female drug users. This relates to comprehensive SRHR services that aim to reduce women's exposure to STIs and prevention of mother to child transmission.

Gender-sensitive rehabilitation services

Traditionally, men occupied the face of all drug use policies while the needs of female drug users were neglected (Mutasa and Mususa, 2020). Drug policy arena was largely found to be male focused while women's substance use problems were stigmatized (ARASA, 2019). The government together with its partners should put in place policies, programs and services that directly address the needs of female drug users. These can be designed in relation to women's sexuality, pregnant mothers, child rearing mothers, sex workers and other services targeting young girls in schools.

Conclusions

- Discrimination and victimization are major obstacles to health seeking behaviors among female drug users. This adversely affects their recovery path and meaningful community participation.
- Some organisations provide free STI screening and treatment to female drug users. This is applauded as it improves access to sexual and reproductive health services of female drug users.
- Drug policies lack gender dimension bearing where the specific needs of women are put into account. This includes the specific needs of women who are pregnant, women who are HIV positive and child rearing mothers, sex workers and school going girls.

- There is intolerance among family and community members towards female drug users. This expose female drug users to structural discrimination that affects their full participation in society.

Recommendations

i. Community-based drug prevention programs

Drug and substance use starts within communities. This is the point where drug hubs are located, where drug suppliers and users meet. Therefore, there is need for grassroots programs that reduce the supply of drugs at community level. This involves setting up clear protocols, processes and mechanisms for referral pathways on available drug suppliers in the community.

ii. Sustainable and accessible drug rehabilitation centers

Rehabilitation services are unaffordable to many a people. As such, there is need for the development of specialized drug rehabilitation centers that are accessible to female drug users. This helps to reduce the harm caused by drugs because services will be provided by specialized professionals thereby reducing risks of wrong prescriptions and misdiagnosis.

iii. Support groups of People Who Use and Inject Drugs

Leaders of support groups of PWUID are playing a pivotal role in facilitating harm reduction at community level. These leaders must work hand in hand with Village Health Care workers in identifying and helping female drug users in their respective communities. They should be provided with monthly stipends for transport and communication in order to improve duty execution.

iv. Elimination of punitive measures against female drug users

Drug treatment and rehabilitation services should be provided in an environment that is welcoming, non-judgmental, non-discriminatory and supportive to female drug users. Anonymity and non-punitive measures should be used to encourage women to seek care by removing fear of negative reprisals.

Conclusion

It was an unusual phenomenon to see women using illicit drugs, however, in recent days the number is increasing. Various drugs including marijuana, amphetamines, alcohol and diapers fluid were reported to being used by women. This has profound effects on their health, social life and economic standing. Female drugs users faced a number of challenges when accessing their sexual and reproductive health services. This structural discrimination affected their recovery pathways, hence the need for gender-sensitive drug treatment programs.

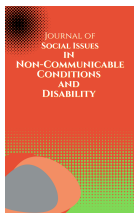
Declarations

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References

- Box, W. (2021). The increase in Women Who Use Drugs in Zimbabwe. In Buxton, J., Margo, G. and Burger, L. (Eds.). *The Impact of Global Drug Policy on Women: Shifting the Needle* (pp141-148). Bingley, Emerald Publishing Limited
- Chahuruva, S. (2021). Determinants of alcohol and substance abuse amongst second year students at tertiary learning institutions in Zimbabwe: A study of the University of Zimbabwe. A Masters dissertation submitted to the University of Zimbabwe (unpublished).
- Chikoko, W. and Rugaranganda, W. (2020). Ubuntu or hunhu perspective in understanding substance abuse and sexual behaviours of street children of Harare Central Business District. *African Journal of Social Work*, 10(1), 69-72.
- Chikoko, W., Zvokuomba, K., Mwapaura, K. and Nyabeze, K. (2021). 'Three some' and substance abuse among street children of the Harare Central Business District, Zimbabwe. *Journal of Development Administration* (JDA), 6(2), 52-60.
- Chikoko, W., Nyabeze, K., Zvokuomba, K., Mwapaura, K. and Mhizha, S. (2022). "Hook-up" and Substance abuse among street children of Harare Central Business District, Zimbabwe: implications for development work. *People centred – The Journal of Development Administration*, 7(2), 54-61.
- Harm Reduction International (2019). What is harm reduction? Available at <https://www.hri.global/what-is-harm-reduction-> accessed July 2022
- Heinonen, T. and Metteri, A. (2019). *Social work in health and mental health: Issues, developments and Actions*. Toronto, Canadian Scholars Press Inc
- Kajawu, L., Chingarande, S. D., Jack, H., Ward, C. & Taylor, T. (2021). Why Do People Use Traditional Healers in Mental Health Care in Zimbabwe? *International Journal of Psychiatry* 1, 1–6.
- Ministry of Health and Child Care (2018). *Alcohol and Substance Abuse*. Harare: Government Publications
- Sahu, K. K. and Sahu, S. (2012) Substance Abuse Causes and Consequences. *In Bangabasi Academic Journal Vol. 9, pg 123-140*
- Mutasa, V. and Mususa, D. (2020). Drug and Alcohol Abuse among Young People in Zimbabwe: A Crisis Of Morality or Public Health Problem. <https://nwulib.nwu.ac.za/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=awn&AN=1308394-1&site=eds-live> (Accessed: 18 June 2022)
- National Institute of Drug Abuse Zimbabwe (2021) Preventing Drug Use among Children and Adolescents. *A Study-Based Guide for Parents, Educators and Community Leaders*.
- United Nations on Drugs and Crime (UNODC, 2019). *Factors Influencing Substance Abuse/Dependence and Treatment Outcome of Adolescents in a Residential Substance Abuse Program: An Exploratory Study*. Illinois: Eastern Illinois University Press.
- United Nations on Drugs and Crime (UNODC, 2021). THE SOCIAL IMPACT OF DRUG ABUSE: UNODC Position paper for the United Nations on Drug and Substance use. www/docs/default-source/substance-use/unodc-psa-93-10.pdf?sfvrsn= – accessed July 2022



- Whitesell, W., Bachand A., Peel, J. and Brown, M. (2018). Familial, Social, and Individual Factors Contributing to Risk for Adolescent Substance Use. *Hindawi Publishing Corporation Journal of Addiction Volume 2018, 9-23*
- World Health Organisation (2021). *Global status report on alcohol and health 2018: Management of Substance Abuse*. Geneva, W.H.O Publications
- World Health Organisation (2020). Programme on Drug and Substance Use: Approaches to Treatment. World Health Organisation Inc. https://www.who.org/pdf/technical_series_1995-03-01_1.pdf -accessed 12 August 2022