



The plight of young drug addicts with hearing impairments in Harare Metropolitan Province, Zimbabwe

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Abstract

Drug and substance use has been prevalent among many young people in Zimbabwe and it has resulted in multiple mental health problems. Young people with disabilities are not an exception especially young persons with hearing impairments as they are often excluded from community participation, engagements and empowerment. Most awareness campaigns and significant information about mental health, drug and substance use are rarely disseminated and administered in Sign Language the only language many people with hearing impairments can only understand. The Deaf Community in Harare Metropolitan Province constitutes a part of the minority population in Zimbabwe and this minority group has often been subjected to discrimination, stigma, less recognition and abuse to mention but just a few. The main objective of the study was to explore the importance of developing inclusive and accessible support services for young drug addicts with hearing impairments. The researcher used a qualitative method with a descriptive multiple case study design to examine the well-being of the young people with hearing impairments abusing drugs and substances. Ten in-depth interviews with the participants were conducted in Sign Language (since some of the participants were profound Deaf and others hard-of-hearing). Two key informant interviews were also carried out during data collection. The data were transcribed, translated and thematically analyzed.

Keywords: Deaf Culture, drug and substance use, Harare Metropolitan Province, hearing impairments, Sign Language, Zimbabwe

Introduction

In the bustling streets of Harare Metropolitan Province in Zimbabwe, a silent struggle unfolds. Young individuals with hearing impairments already navigating the challenges of a world not tailored to their needs find themselves entangled in a darker predicament of drug addiction. This debilitating combination threatens to derail their futures, exacerbating the stigma, social isolation and limited access to resources that may help with rehabilitation and promoting their mental health. It should be noted that as Zimbabwe grapples with the escalating issue of substance abuse among young people, the specific needs and experiences of young drug addicts with hearing impairments remain unattended to. This vulnerable population is often relegated to the periphery of society, their voices are muted by dual barriers of addiction and hearing impairment. This research intends to illuminate the lives of these young people by exploring the intricate web of factors that contribute to their addiction and the unique challenges they encounter in seeking help. By delving into the complexities of this issue this study will contribute to a deeper understanding of the plight of young drug addicts with hearing impairments in Harare Metropolitan Province and inform the development of targeted interventions that address their unique needs.

Background

African countries such as Zimbabwe are still not making so much progress in fighting for the rights and full inclusion of Deaf people in the mainstream society. People with hearing impairments are still struggling to be recognized and to be treated fairly and equally with their hearing counterparts in their respective communities and spheres of influence. In Zimbabwe the problem of drug addiction is further complicated by the presence of hearing impairments which can exacerbate the challenges of accessing treatment and rehabilitation services. This fact is supported by Mwale (2022) who explains that people with disabilities struggle to access simple services and facilities that are readily available to the general public such as farming, justice and health care programs to mention but just a few. Deafness in the Deaf Community is not a disability, rather it is a unique feature among humans that should be embraced and viewed as another element of diversity among people. Deaf people have their own culture, norms and language that is peculiar to that of the majority. Most Deaf people in Zimbabwe do not view their lack of hearing as an impairment or disability rather it is their source of identity and pride. However, they are still struggling to validate themselves as most people are ignorant about the essence of lack of hearing and speech in that the mainstream society think Deaf people ought to be fixed and cured of their impairment hence family members of the Deaf buy them hearing aids and coerce them to undergo cochlear implant surgeries. The Deaf Community do not view Deafness as an illness that needs to be treated so whether the interventions of addressing hearing impairments are successful or not trying to fix Deafness is a violation of the Deaf people's rights to their unique identity. Deafness according to the Deaf community does not imply brokenness that needs mending rather as mentioned above it is a peculiar feature of human experiences.

Young drug addicts with hearing impairments in modern day Zimbabwe face a myriad of challenges that exacerbate their vulnerability and hinder their access to effective treatment and rehabilitation. Young drug addicts with hearing impairments face a double stigma of being marginalized due to both their hearing impairment and addiction. They are often excluded from social activities, education and employment opportunities leading to feelings of loneliness and isolation, (Tome, 2022). Drug addiction is one of the coping mechanisms adopted by young people that help them go through the difficult times prevalent in today's Zimbabwean society such as

unavailability of employment opportunities, gender-based violence, domestic violence, political crisis and many others, (Tome & Abur, 2023). Young drug addicts with hearing impairments struggle with accessing health care services as Zimbabwe's healthcare system faces significant challenges including shortages of medical professionals, inadequate facilities and insufficient funding. There is scarcity of healthcare services tailored to address the unique needs of individuals with hearing impairments and substance abuse issues in Zimbabwe. Many healthcare providers in Zimbabwe are not proficient in Sign Language (SL) thereby creating a significant communication barrier. Young drug addicts with hearing impairments often have an impediment in their speech and so they tend to encounter challenges in communication as they will have either underdeveloped or undeveloped speech. Mutswanga (2018) explains that hearing loss negatively impacts language and speech development of an individual. Economic challenges also contribute to their lack of access to rehabilitation and other mental healthcare services. Inadequate family support and peer support groups further isolates the population from the mainstream society. There is limited education, awareness and training for young drug addicts with hearing impairments and health professionals. This leads to misconceptions and further stigmatization of young individuals with hearing impairments who abuse drugs and substances. Some of the factors such as inadequate policies, laws and limited enforcement of existing laws further exacerbates the predicament of young drug addicts with hearing impairments. Mugadza and Muvingi, (2021) further explain that the available legislation is not clear on its prohibition of the use of methamphetamine which is the scientific name for crystal meth though it has been determined that the drug is indeed very dangerous, (Mugadza and Muvingi, 2021). This gap in the available policy frameworks compromises the effectiveness of the criminal justice system. This is so because, regardless of the drug being highly addictive the possessors, dealers and users stand a chance of escaping punishment if caught in possession or under the influence of the drug, (Mugadza and Muvingi, 2021). There is need for legislature to clearly express against the use of crystal meth as unambiguous language leaves undesired room for offenders to try and build a defense during criminal proceedings, (Mugadza and Muvingi, 2021). It is of paramount importance to note that some of the young individuals with hearing impairments who abuse drugs and substances are not aware of the laws and policies that prohibit the use of illicit drugs. Persons from the Deaf Community are usually excluded from decision making and policy making in Zimbabwe and many African countries.

CONCEPTUAL FRAMEWORK

Ubuntu theory is the theoretical framework underpinning the study. Ubuntu philosophy has its roots in African thinking, (Mugumbate and Chereni, 2019). Chikoko and Rugaranganda (2020), define ubuntu as a collection of values and practices that African people view as making people authentic human beings. Regardless of the variations in the nuances of these values and practices across ethnic groups they all point to one thing, that is an authentic individual is part of a larger and more significant relational, societal, communal, environmental and spiritual world, (Chikoko and Rugaranganda, 2020). Mayaka and Truell (2021) are of the view that ubuntu is based on generic life values of equality, collectiveness, justice, responsibility, love, respect, trust integrity, unselfishness, sharing, caring and social change. Ubuntu emphasizes on inclusivity of everyone in the community, their responsibility of individual community members to others and to the well-being of the environment to ensure sustainability, (Mayaka and Truell, 2021).

In African communities it is of great importance that no person should exist in isolation or be excluded from the web of life, (Dolamo, 2013). Ubuntu encourages equal treatment and regard

for everyone regardless of differences in race, abilities, gender or any dichotomy. The ubuntu approach values dignity, equality and existence whereas dichotomies invoke fear within members of the society which often result in the marginalization, discrimination, stigmatization and isolation of those who fail to conform to the normative or are different, (Kasomo and Maseno, 2011). The adoption of the ubuntu ideology in politics enhances and accelerates service delivery and also promotes good governance, (Nzimakwe, 2014). Ubuntu at political level can be described as a call to service and participation as it involves serving humanity in a practical way, (Nzimakwe, 2014). When employed in politics the ubuntu ideology encourages political leaders and government officials to put people first and not exploit the nation's resources for their selfish gain hence it curbs corruption. The ubuntu theory ensures that policies are formulated and implemented in a manner that includes everyone and eliminates exclusion and marginalization. Thus, the adoption of the ubuntu ideology serves as a catalyst for the inclusion of persons with disabilities in mainstream societies.

The social model of disability is a crucial way in which through which inequality can be perceived because it views disability as stemming from communities, spaces and services that are not accessible or inclusive. According to this model of disability society is responsible for placing limits on a person not their disability, (Mtetwa, 2019). The social model of disability has immensely influenced the way in which disability is understood. The social model of disability emerged as a reaction towards other models of disability such as the religious, charity, medical and traditional models of disability. The above-mentioned models were centered upon the functional analysis of the body in that persons with disabilities are seen as machines which need to be fixed in order for them to conform to the normative values rather than exploiting the physical environment so that it addresses the needs of persons with disabilities, (Chitereka, 2010). Disability is often imposed on people through discriminations, prejudices, stereotypes and inaccessibility, (Mtetwa, 2019).

Study area

Harare Metropolitan Province is in the northeastern part of Zimbabwe. Harare is the capital city of Zimbabwe and a province unto itself and is located in the Mashonaland region. The province is divided into four districts. It is also the country's most populous province and also Zimbabwe's leading trade center, communications center, political, financial and commercial center. The province houses several universities, tourist attractions, historical sites and leading professional sport teams. It should not be ignored that the province also has a high rate of criminal activities such as arm robbery, drug trafficking, drug peddling and drug dealing. Such criminal activities which involve illicit drugs have had a major impact upon the mental wellbeing of many Zimbabwean young people.

Methodology

The paper employed the qualitative data collection method. Ten participants and two key informants were interviewed. Purposive and snowball sampling were employed by the researcher to identify and select those with the capacity of providing relevant information with regards to the research question the researcher seeks to address. The research considered the views of four young women and six young men who are young drug addicts with hearing impairments. Two key informants which include a programs officer from a selected Deaf people's institution and a social worker were also interviewed by the researcher. These are the people who in one way or the other have interacted with young people who are victims and survivors of mental health problems on

multiple occasions and so they happen to have reasonable knowledge that can assist with achieving the research objectives. Data were transcribed, translated, coded and thematized. Themes were identified, cross-checked with original data and data was discussed according to the notes and memos that were gathered during the interviews. The researcher used pseudo names to hide and keep the identities of the participants private and confidential.

Ethical consideration

The researcher used the San Code of Research Ethics during the research study. The researcher observed care for the research participants as this is one of the significant sections of the code. The section for stipulated that the research study should be in alignment with local needs and should be focused on improving the lives of the research participants, (The San Code of Research Ethics, 2017). The section for caring for the research participants demands that care be shown to the Deaf Community as it is the one under study, hence the research study is going to improve the welfare of the people who belong to the Deaf Community.

The researcher was respectful towards the participants as there was an engagement of the participants and the researcher prior to the research, (The San Code of Research Ethics, 2017). The researcher briefed the participants about the research. It was also made known to the research participants what the research study was all about to promote the informed consent of the participants. Participants were also informed by the researcher that participation in the research study was voluntary. The identities of the participants were kept private and confidential by the researcher.

The San Code of Research Ethics (2017) demands that researchers be honest with the research participants. It is of paramount importance that the researcher carries out an open and clear conversation with the research participants, (The San Code of Research Ethics, 2017). The language used must be clear and not academic and so the researcher used Sign Language in communicating with the research participants. Sign Language involves using simple, short and straight to the point sentences.

Findings

Demographic profile

The participants enrolled in the study were ten young people who are crystal meth, marijuana and alcohol addicts between the ages of eighteen and forty-five years old. There were four young women and six young men and it should be noted that these participants differed in their levels of education. Four of the participants had O Level certificates, whilst the remaining six were school dropouts. All the participants shared different backgrounds. The participants' levels of education ranged from grade 7 to O' Level certificate attainment.

Young drug addicts with hearing impairments in Harare Metropolitan Province face numerous challenges including the following:

Communication barrier

People who belong to the Deaf Community have their own special language with which they feel comfortable communicating in and that is Sign Language. Sign Language is short, precise and very easily understood by the Deaf, (Tome, 2023). It is unlike English, Shona and Ndebele languages which tend to be complex and difficult to understand. Some people in the mainstream

society who cannot communicate with Deaf people may resort to writing down as a means of communication, (Tome, 2022). Written English language is very difficult for the Deaf people to understand too as it may end up confusing them. Written Sign Language also tends to be referred to as “broken English” and this is why most Deaf people are being labelled as illiterate, (Tome, 2023). This is due to the fact that people in the mainstream society lack an understanding and appreciation of Sign Language.

“I have been to rehab several times but the counselors and other service providers do not know SL. They talk to me expecting me to understand. They want me to lip read and sometimes they write down. To be honest this is very frustrating.”- Ruva.

“The communication barrier is like a wall that separates me from everyone else. I have missed appointments and misunderstood important information because of this barrier. I am hard of hearing. Communication for me in spoken language becomes easier when I wear my hearing aid. But hearing aids are expensive so I usually resort to lip reading. I have a little bit of speech development but some people struggle to listen to what I will be saying because they say my voice has discord. – Tapiwa.

“We have had cases of young drug addicts with hearing impairments being misdiagnosed and misunderstood at local clinics and rehabilitation centers because of the communication barrier. It is heartbreaking to see youths with hearing impairments struggling to get the help that they need. We as an organization try to provide persons with hearing impairments with the help that they need including training health professionals to communicate in SL but we lack adequate resources.” – Key informant 1 (KI 1).

“SL in Zimbabwe is not fully developed. There are no signs of all medical terms that are supposed to be used during trainings about drug and substance abuse among young people. This deficit in language is a huge obstacle to educating the Deaf Community about the dangers of drug abuse and the essence of looking after one’s mental health.”- KI 2.

I am profound Deaf. I struggle with communicating with people by writing down as written English language is different from Sign Language. When I write down in Sign Language some hearing people fail to understand me because they say Sign Language is broken English. I am usually compelled to hire a Sign Language interpreter to help me with communication. But Sign Language interpreters are very expensive. My family cannot afford them every time. –Chipo.

Limited access to specialized services

The findings below reveal that lack of specialized care for young drug addicts with hearing impairments results in the frustration of the drug users and some of the service providers.

“I have been searching for a rehabilitation center that helps people with hearing impairments but there is none. When I go to the hospital the nurses and doctors expect me to write my problems but they do not understand what I write.” Kuda.

“I have heard about specialized rehab programs for people with hearing impairment but I cannot afford them. I know drugs are bad, I try to leave them but it is hard and so I am stuck in the cycle of addiction.” Tendai.

“Local rehabilitation facilities lack necessary expertise and equipment to provide specialized care to young drug addicts with hearing impairments. I have witnessed some of these young people

being turned away from healthcare facilities due to lack of specialized facilities. This is a gap that needs to be addressed.” – KI 1.

Lack of support systems

It should be noted that family and peer support is essential to ensure that young drug addicts with hearing impairments recover. In some scenarios some family members may feel helpless in their attempts to help young persons with hearing impairments on how they can overcome drug addiction due to the lack of understanding of SL and Deaf Culture.

“I feel so alone in my struggles with addiction because my family members do not understand my hearing impairment and my addiction. It is hard to communicate with some of my family members as they do not understand me. I feel like I do not belong in my family. I am the only one who is deaf in my family.”- Tariro.

“I always relapse because my family blame me for my addiction. They do not support me. I do not have many friends. My friends do drugs too. My parents think I am lazy and stubborn. I have been to the rehab several times but I always use drugs to cope with stress. I do not want o think too much.” – Ben.

“Many drug addicts with hearing impairments lack family support and this exacerbates their addiction. We have seen cases where families do not understand the hearing impairment leading to further isolation.”- KI 1.

“Family support is essential for recovery but many young drug addicts with hearing impairments face rejection and stigma from their families. Already some families view children with disabilities as liabilities or rendering support towards them as a waste of resources. These misconceptions will need to be rectified so as to ensure that young drug addicts with hearing impairments get enough support so as to ensure effective recovery.” -KI 2.

Stigma and social isolation

The findings reveal that stigma and social isolation serve as obstacles to the effective rehabilitation of young drug addicts with hearing impairments.

“People stare at me when I try to communicate. I have tried to join support groups but they are not accessible to me because it is hard to find people who understand me.” -Tichaona.

“The stigma is suffocating. People assume that I am stupid and helpless because of my hearing impairment and my addiction just makes it worse.”- Ropafadzo.

“The stigma surrounding addiction and hearing impairment is a significant barrier to care. Many young people struggle to access services due to fear of judgement. I have witnessed some cases where families rejected their children with hearing impairments and addiction, exacerbating stigma and social isolation.”- KI1.

Economic challenges

Many young people struggle to find employment and this often leads to feelings of hopelessness and desperation which can drive them to substance abuse. The findings reveal that giving up on the addiction can be quite expensive as specialized rehabilitation programs are expensive in Zimbabwe.

“Most of the young people abusing drugs and substances cannot sponsor their medical expenses due to the fact that they are unemployed, basically they do not have any source of income they depend on family members for financial support. Drug addiction can drain people’s finances that is why some of these young people’s families desist from supporting them.” – KI 1.

“I am not employed and so I cannot pay for my medical bills. My family do not want to sponsor me anymore because I relapsed.”-Tichaona.

“I used to steal from my family stuff like the television, my brother’s laptop, phones and many other gadgets to sell so that I buy drugs. This is because I was not working and so my family disowned me. I have no source of income.”- Tobias.

Gendered issues

The findings reveal that young female drug addicts’ vulnerability is worsened by their addiction and hearing impairment. Some of the young the young people with drug addicts lack knowledge about Sexual Reproductive Health and this often exposes them to risks such as STDs, unplanned pregnancies, miscarriages and irregular menstrual cycles.

“My partner and I we usually fight. My boyfriend gets violent whenever he is high on drugs. He tends to be abusive, he beats me up. Sometimes he falsely accuses me of stealing his money just to beat me up.”- Tariro.

“I got pregnant last year. I did not know the father of my child. I think someone took advantage of me when I was under the influence of drugs. The baby died after two weeks, the doctor said she was sick.” Ropafadzo.

“I do not go to work so I usually engage in transactional sex so that I am able to buy my drugs but other sellers can cheat me.” Ruva.

“Young female drug addicts with hearing impairments face unique challenges compared to their male counterparts. They can be exposed to sexual, physical and emotional violence which is detrimental to their health. Some of them are infected with Sexually Transmitted Diseases and others have unplanned pregnancies. It is a disaster.” KI 2..

“Young men are not an exception in this area. Substance use is often associated with masculinity in most African cultures and so some of these young men engage in substance abuse as a traditional norm. They get to exhibit violence and aggression under the influence of alcohol. Alcohol is more like a confidence boost for them which is wrong.” KI 1.

Discussion

The findings reveal that communication barrier is one of the significant challenges faced by young drug addicts in Harare Metropolitan Province in Zimbabwe. Most of the rehabilitation centers, hospitals and counselling centers in Harare Metropolitan Province lack SL interpreters thereby making it difficult for young drug addicts with hearing impairments to access services. The majority of healthcare professionals and counselors are not proficient in SL thus creating a significant communication gap. Regardless of the ratification of Sign Language as one of the official languages in Zimbabwe most people who work for the government institutions in Zimbabwe do not know how to communicate in Sign Language. This shows that Deaf Culture has only been embraced theoretically in Zimbabwe and not practically as most people are reluctant to

learn Sign Language. Most Deaf people have undeveloped speech as they have no exposure to spoken language. Mutswanga (2018) explains that hearing loss negatively impacts language and speech development of an individual. The Deaf young drug addicts upon visit to any rehabilitation facility or institution reported that since there are no Sign Language interpreters readily available the service providers usually resort to conversing with them through writing. It should be noted that written English, Shona and Ndebele languages are very complex and complicated for many Deaf people. Written Sign Language is also referred to as “broken English” as Sign Language is a bit different from the English Language. The fact that Sign Language is not fully incorporated like other spoken languages as means of communication in mainstream societies show that the Deaf population remains excluded from the mainstream society. Communication barriers can lead to poor treatment outcomes as individuals may not fully understand their treatment plans or may struggle to communicate their needs. It is very crucial for persons with disabilities to be included in all aspects of life as they are a part of the mainstream society. The Ubuntu ideology and the social model of disability can be used to address communication barrier in rehabilitation centers between young drug addicts with hearing impairments and service providers. By embracing SL rehabilitation facilities and service providers can create a platform young drug addicts with hearing impairments to express themselves freely. Ubuntu theory encourages rehabilitators to receive SL training to ensure effective communication with their clients. The Ubuntu philosophy encourages community members to harness the power of community and shared knowledge. By leveraging visual aids and technology such as video remote interpreting services a broader range of resources and services can be provided to young drug addicts with hearing impairments by rehabilitators.

The study findings reveal that young drug addicts with hearing impairments have limited access to specialized services because Harare Metropolitan Province has a limited number of rehabilitation centers catering to the unique needs of young drug addicts with hearing impairments. There is a shortage of professionals trained to handle the unique needs of young drug addicts with hearing impairments including SL interpreters, counselors and psychologists. It should be noted that young drug addicts with hearing impairments are more vulnerable to mental health issues such as depression, anxiety and suicidal thoughts. Lack of support services exacerbates the challenges the challenges faced by this vulnerable population hindering their recovery, rehabilitation and reintegration into society. Peer support groups essential for sharing experiences and providing mutual support are scarce or non-existent for this population. the findings also reveal that families of young drug addicts with hearing impairments often lack the necessary support, resources and education to effectively assist their loved ones. the research study showed that lack of support system usually results delayed recovery and increased risk of mental health issues.

The study findings revealed that young drug addicts with hearing impairments are often subjected to stigma and isolation in the sense that they are shunned by their families and communities leading to isolation. The society tends to label them as “addicts” or “disabled” perpetuating negative stereotypes and stigma. Disability in Zimbabwe is often associated with God’s wrath, curses from ancestral spirits, kuromba which is a local name for money ritual and the manifestation of avenging spirits which is known as ngozi among the Shona people hence Persons with Disabilities experience severe stigma, discrimination and marginalization with their family members, (Tome, 2024). Social isolation and stigma lead to limited social connections thereby exacerbating feelings of loneliness and disconnection. It should be noted that isolation and stigma increases the vulnerability of young drug addicts with hearing impairments to exploitation, further marginalization and abuse.

Hearing impairments and substance abuse limit job opportunities making it difficult for young drug addicts to secure employment. Most of the young addicts with hearing impairments rely on family members and friends for financial support hence this perpetuates dependence and undermining self-esteem. The findings reveal that some of the young drug addicts with hearing impairments often lack access to financial resources thereby making it difficult for them to access basic necessities, healthcare and rehabilitation. Some of them may accumulate debt or financial obligation further exacerbating their economic challenges. Limited government support and resources for young drug addicts with hearing impairments exacerbate their economic challenges. Inadequate community-based initiatives and support services further marginalize this vulnerable group. Substance abuse and hearing impairment can lead to additional health complication resulting in further medical expenses.

The findings reveal that female young drug addicts with hearing impairments are vulnerable to sexual abuse particularly in exchange for drugs or financial support. They may also have unplanned pregnancies, complicated deliveries, contract Sexually Transmitted Infections (STIs) and encounter other sexual reproductive health issues due to inadequate access to healthcare and reproductive services. It is of paramount importance to note that female young drug addicts with hearing impairments face harsher stigma and social exclusion leading to increased isolation and marginalization. Male specific challenges associated with drug and substance use among young drug addicts with hearing impairments may entail traditional masculine norms that encourage drug abuse as a way to cope with stress, emotions and to assert masculinity. The male young drug addicts with hearing impairments are more likely to engage in violent and aggressive behavior particularly when under the influence of substances. These young men tend to face challenges in accessing mental health services exacerbating mental health issues.

The Ubuntu ideology in conjunction with the social model of disability effectively address the plight of young drug addicts with hearing impairments as the concepts help with identifying barriers encountered by Persons with Disabilities. Ubuntu theory recognizes that individuals are part of a larger community and it emphasizes the importance of relationships and mutual support, (Chikoko and Rugaranganda, 2020). Ubuntu promotes community-based initiatives thereby encouraging collective responsibility and action. In order to effectively address the challenges highlighted above the policy makers, community members and family members need to adopt the Ubuntu philosophy in their attempt to assist young drug addicts with hearing impairment as Ubuntu encourages empathy and compassion hence fostering a culture of understanding and support, (Tome and Abur, 2023).

Recommendations

The study recommends that there is need for increased awareness campaigns and education on issues faced by young drug addicts with hearing impairments. This can be achieved through public awareness campaigns, workshops and seminars that target the general public, policymakers and healthcare professionals. These initiatives can help with reducing stigma and promoting a better understanding of the challenges faced by this vulnerable group.

The Zimbabwean government needs to provide accessible rehabilitation centers that cater specifically for the needs of the Deaf Community. This includes the provision of SL interpreters and other assistive technologies to help with communicating with young drug addicts with hearing impairments. Young people with hearing impairments need to be taught about the dangers of drug and substance use and the essence of promoting mental health. There is little information on these

issues in SL. The information is rarely readily available in health facilities in SL. Healthcare workers need to be trained to communicate in SL.

There is need for the Zimbabwean government and non-government organizations to work together to establish economic empowerment programs that provide young drug addicts with hearing impairments with skills training, entrepreneurship support and employment opportunities. These initiatives may help with promoting self-reliance, confidence and independence among this population.

Lastly, the research highlights on the importance of involving family members and the community in the rehabilitation and support process. This can include the provision of family counselling, peer-support groups and community-based initiatives that promote social inclusion and acceptance.

Conclusion

The study concluded that young people who are abusing drugs and substances are experiencing immense substance induced mental health challenges. The Zimbabwean government needs to improvise on how drug abuse can be prevented and also the government needs to provide platforms that educate youths with hearing impairments on the dangers of drug addiction and mental wellness. Social workers can play an important role by influencing policies with regards to prohibition of illicit drugs and also ensuring the safety of young people with hearing impairments who have substance induced mental disorders. Social workers can help to ensure that they are treated with compassion and respect. The treatment administered to the young people with disabilities should be dignified and should reinforce their self-worth. Young people with hearing impairments need to be resilient to help them cope in difficult situations and not turn to drug addiction as an alternative.

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