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The effectiveness of the Zimbabwe Republic Police Criminal Investigation Department in curbing drug abuse among youths in Zimbabwe: A case of Mbare

BY

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Dedication

This project is dedicated to the Lord God Almighty who has taken me this far. Secondly it is dedicated to my mother, Shelter Makande, who gave me the courage and drive to make the best out of everything that I do. I also dedicate it to my family my father Justice Makande, my sister-in-law Doreen Makande and my sister Shamiso Makande for believing in me

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Acronyms

CBD	Central Business District
CID	Criminal investigation Department
SAPS	South African Police Service
UN	United Nations
ZRP	Zimbabwe Republic Police

Abstract

This study seeks to assess the effectiveness of the ZRP, CID, Drugs and Narcotics department in dealing with drug abuse issues in Zimbabwe. The study used the case study of Mbare for the research. This is because Mbare is ranked highest in drug abuse cases in Zimbabwe. The study sought to uncover the nature of drug abuse in Zimbabwe and establish causes and effects of drug abuse. The study found unemployment and peer pressure among the major cause of drug abuse. The effects of drug abuse cut across health issues, social, political and economic effects. The study also sought to establish the role that the security department plays in curbing drug abuse in Zimbabwe and what they are doing in efforts to curb abuse of drugs. These include raiding and arresting drug law offenders, awareness raising in communities and patrols in communities in civilian clothing. The study goes on to look at the strengths, weakness and challenges of the department and assess its effectiveness. Conclusion and recommendations were made to the department and how it can improve on its effectiveness in curbing drug abuse in Zimbabwe.

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Introduction

The world has entered into a new phase of drug abuse and according to the World Health Organization, psychoactive substance use poses a significant threat to health, social, and economic fabric of families, communities and nations. The report states that the extent of worldwide psychoactive substance abuse use is estimated at 2 billion alcohol users, 1.3 billion smokers and 18 million drug users, and Zimbabwe not been spared from this calamity. Drug abuse has become a cancer to the development of Zimbabwe with a large number of the youth deeply involved in it. According to Mudadigwa (2016), “the current upsurge in drug and alcohol abuse among youths is worrying with reports of several drug induced psychosis cases at the country’s hospitals”. One of the major concerns for the youth is that a considerable fraction of these young people eventually gets addicted to the drugs posing a major risk to their own health and end up becoming a menace to the society.

The US Department of State (1995) stated that, “Zimbabwe is a transit point for illicit narcotics shipments coming from India in route to South Africa, aside from small amounts of cannabis which is domestically consumed, no illicit drugs are produced in Zimbabwe”. However, to date, the situation has since changed and drug abuse has been on the rise and Zimbabwe is no longer just a transit point but now offers a lucrative market for illicit drugs. This study was aimed at investigating the efforts by the ZRP CID, Drugs and Narcotics in ending the rampant spread of drug abuse among youths in Zimbabwe.

Background of the Study

Over the past two decades, the use of illegal drugs and misuse of therapeutic drugs have spread at an unprecedented rate and have penetrated every part of the globe. No nation has been spared from the devastating problem caused by drug abuse”, (Njeri and Ngesu 2014). Drug abuse has evolved through generations and has a historical background that stretches

from AD 1200 to AD 1500 among the Inkas of South America who for instance took cocaine, which had a central role in their religious and social systems throughout civilization, (Wolmer (1990), cited in Njeri and Ngesu 2014).

Drug abuse is a serious development problem across the globe among the youth. The Canadian centre on Substance Abuse (2007) posited that, “the use of alcohol and illicit drugs typically begins during adolescence and most of it is experimental and occasional, but a substantial minority will experience harm to their current and subsequent health or threaten the well-being of others.

In the United States of America, despite having an Office of National Drug Control Policy (ONDCP) instituted in 1988, Madras (2010) highly notes that the United States continues to rank highest on drug abuse among nations of the world. According to World Assembly of Youth (2009),

”Drug abuse in America often starts with the innocent use of addictive substances such as alcohol and smoking of cigarettes, which is seen by society as acceptable behaviour and about 79.1% of teenage students drink.” USA and Japan are estimated to have the highest percentage of smokers in the world, ...marijuana is the most widely used illicit drug among America’s youth and the number of teens using marijuana doubled between 1991 and 2001 from 1 in 10 to 1 in 5.”

In Africa, drug abuse is among the major social and economic problems affecting the continent but it is not attracting as much attention as it should. There is rise on the use of illicit drugs in Africa and no country is spared from this calamity. “Cannabis, methaqualone, heroin and alcohol are included among the drugs used across the African continent.

Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS across Africa”, (World Assembly of Youth 2009). The United Nations (UN) Program on HIV/AIDS estimates that

“Africa has some 25.4 million people, more than 60% of its population, living with HIV and people are watching loved ones die, young people are graduating without employment, and many are frustrated about the future. Hence they end up abusing drugs to cope with the stress.”

Furthermore, drug abuse in Tanzania for example, has been on the rise and according to the World Assembly of Youth (2009), “The “hardest” drugs used are a mixture of heroin, cannabis (marijuana) and mandrax. Of the youth, 89.6% use a mixture of heroin and mandrax, and 82.9%, especially females, use a cannabis/mandrax mixture”. The Tanzanian government’s response to drug abuse according to McCurdy (2007) was destroying farms and plots producing marijuana. Drug abuse tends to take place within family circles and communities’ health care services agents. Drugs are socially accepted, and use is viewed as trendy and pleasurable.

In Southern Africa, drug abuse in countries such as Zambia has not been seen as a major problem compared to other parts of the world. According to WHO, the abuse of substances such as cannabis, heroin, cocaine and mandrax in Zambia does not seem to be a major problem, however, it is often found to be the root cause of offences such as drunken driving, arrest for disorderly conduct, fights and arguments, drunk while operating a machine, and suspension or expulsion from school.

The Republic of South Africa is among countries in Africa with highest levels of drug abuse across its population. According to the World Assembly of Youth (2009), “The Republic of

South Africa with its infiltrative borders has become a lucrative market for drug traffickers and the drugs more often associated with developed countries. Alcohol consumption and tobacco smoking followed by the smoking of cannabis is often the route followed by drug abusers. Alcohol consumption has contributed to the prevalence of medical conditions, such as carcinoma of the mouth, oesophagus, stomach and pancreas, cirrhosis of the liver, peripheral neuritis, vitamin deficiency and malnutrition; psychological conditions, such as addiction to other drugs, delirium and dementia; personality deterioration, and psychotic reactions. Certain social problems that occur in the country are also often attributed to the use of alcohol, such as ordinary crimes, assault, family disorganization, homicide, and suicide.”

Zimbabwe’s high rate of unemployment is a major cause for drug abuse. According to Murinda (2014), Zimbabwe has a population of 13 061 239 people, young people between 15-34 cover 36% of the population and constitute 56% of the economically active group, 85% of the youth between 15-34 are broadly employed and 15% are unemployed, 87% of the 15-34 age group that are employed work in the informal sector. The International Labour Organization(ILO) as cited in Tsamwai(2016),

“Between 2000 and 2008 an average of 73million jobs were created in Africa and of those only 16 million were created for youths between 15 and 24. As a result, many young people find themselves unemployed or underemployed in the informal sector with very low productivity, a very low income, and this leads to frustration or even depression causing the problem of drug abuse among the youth.”

The problem of drug abuse among the youth is a growing concern in Zimbabwe. According to UN Zimbabwe Newsletter (2014), “Cannabis is the most widely-abused drug among young people, mostly because it is cheap to purchase and other drugs such as cocaine and

heroin are not commonly abused. Statistics reported by United Nations Office for Drug Control indicate that only one person out of six drug users is able to get professional help. Manayiti (2016), also notes that the youth are abusing drugs such as new psychoactive substances, cough syrups, marijuana, drugs for hyperactive mental patients, and mixing their own concoctions with medical substances.

There is limited information on the extent of the drug abuse by youths in Zimbabwe and hence it is a difficult task to curb drug abuse without such information. According to Dorcas Sithole, Deputy Director of mental health services and substance abuse in the Ministry of Health cited by Manayiti (2006)., “the use of illegal drugs among youths in Zimbabwe affect the brain but there is still need to do a proper baseline,” Manayiti (2016) postulates that,

“these drugs being abuse by the youth are highly toxic and addictive, and the effects of abusing these drugs involve uncontrollable vomiting, constipation, drowsiness, confusion, and dry mouth, changes in mood, facial flashing and sweating among other things.”

This study therefore sought to have an understanding on why drug abuse among the youth is on the rise in Zimbabwe yet there is a special unit within the ZRP CID that is dedicated towards curbing drug abuse.

Statement of the problem

Zimbabwe Republic Police has a whole department to deal and curb the abuse of drugs. Despite the presence of this department, drug abuse has increased at alarming rates amongst youths in Mbare. Mbare is one of the major towns in Harare that have witnessed a high number of cases of drug abuse by youths in Zimbabwe. In 2015 alone, according to Chipunza

and Razemba (2017), the ZRP seized boxes of broncleer with an estimated street value of over forty thousand United States Dollars (\$40 000) from suspected drug dealers.

Theoretical framework

The theoretical framework for this study was informed by the learned behaviour theory and the Sub cultural theory. The researcher sought it necessary to use both theories for the research because they both explain drug abuse in a way that complements the study. The learned behaviour theory states that people with rebellious tendencies as well as drug availability and cultural influences are a major determinant for drug use. The Sub cultural theory on the other hand states that involvement in a group that upholds the use of drugs will most certainly influence one's desire to use drugs at the same time if one is involved in a group that does not accept use of drugs; they are likely not to use drugs.

The Learned Behaviour Theory by Frederick (1972)

The theory states that, it is not likely that people with weaker, dependent personality may be more inclined toward problems of drug abuse compared to other people without such personalities. Additionally, individuals with rebellious tendencies are also likely to express a greater attraction toward drug use. According to Frederick (1972), "the reason why drug use occurs at a particular point in an individual's life depends upon cultural influences and drug availability." Hence, according to this theory drug availability and cultural influences are major determinants in drug use.

Sub-cultural theory

The central thesis for this theory is that involvement in a particular social group whose members have attitude favourable to drug use is the key factor in fostering one's own drug

use and that involvement in a group whose members have a negative attitude towards drug abuse tends to discourage such use, according to Goode (2012). Howard Becker in 1955 did the first systematic application of the sub-cultural theory to drug use where he focused on the use of marijuana. Becker cited in Goode (2012), postulates that, there are three things involved in achieving pleasure when using marijuana. The first is, one has to learn the proper technique for smoking, secondly one has to see the changes in mind and body to be a result of marijuana use and then thirdly one has to enjoy the effects of marijuana. This is because naturally, the sensations that come about after use are generally unpleasant and even frightening but one is supposed to perceive it as pleasurable. Therefore, according to Becker for these three processes to come about it depends on the individual's participation with other users.

Becker (1963) as cited in Goode (2012), states that one does not learn that drug abuse is acceptable and then use drugs as a result, but rather one first experiments with drugs and during the course of drug use, learns the necessary justification and explanations that provide the motivation for further use while participating with other users. It is in light of the sub-cultural theory and the learned behaviour theory that this research focused most in explaining the philosophical base for the rapid spread of drug abuse in Zimbabwe among the youths.

Conceptual Framework

In order to understand the research there is need to conceptualize the key terms underlying the base of the argument. For the purposes of this study ,the researcher conceptualized **ZRP CID, Drugs and Narcotics, youths, drugs and drug abuse**, as these terms form the underlying basis for this study.

Youth

The researcher focused on the **African Youth Charter definition of the youth** as it adequately captures the targeted population for this research. The definition best captures the ages that this study mainly focused on, as it is among the 15-35 age group where the most abuse of drugs is rampant. The age range stipulated in the Constitution of Zimbabwe is also in line with the continental definition of youth as defined in the African Youth Charter. According to the African Youth Charter Document propounded by the African Union in 2006, youth refers to someone between the ages of 15 to 35. “Youth is the passage from a dependant childhood to independent adulthood, when young people are in transition between a world of rather secure development to a world of choice and risk”, according to Eurostat(2009 cited by Perovic (2016)).

However, the United Nations Programme on Youth (2010) also defined the youth as those people between the ages of 15-24. The definition reinforcing the United Nations General Assembly’s definition in 1985 for the International Youth Year describing the youth as those persons between 15 and 24 years of age. Nevertheless, for the purposes of this study the research focused on the African Youth Charter definition of the youth as it complements the Zimbabwean Constitution.

ZRP Criminal Investigation Department (CID), Drugs and Narcotics

The ZRP CID, Drugs and Narcotics is a department under the Zimbabwe Republic Police (ZRP). ZRP is a security organization with the mandate of safeguarding peace and security within Zimbabwe and protecting citizens. The ZRP CID, Drugs and Narcotics is a department under the ZRP that specifically focuses on handling matters around drug abuse in Zimbabwe.

Drug

A drug is any substance which when taken into the living organism that may alter one or more of its functions (Njeri and Ngesu, 2014). According to Ghodse (2003), the World Health Organization (WHO), “defines a drug as any substance other than those required for maintenance of normal health, which when taken into the living organism, may modify one or more of its functions.” In the field of medicine, drugs refer to any substance with the ability to avert or treat diseases, according to Njeri and Ngesu(2014). Keane et al (2004) notes that a drug is “... any substance which changes the way the body functions, mentally, physically or emotionally and this definition includes alcohol, tobacco, caffeine, solvents, over the counter drugs, prescribed drugs and illicit drugs”.

Drug abuse

“Drug abuse refers to non-medical use of drugs”, according to Njeri and Ngesu(2014), they go on to state that, a substance is considered abused if it is deliberately used to induce physiological and/or psychological effects for purposes other than therapeutic ones and when health risks are involved.Keane et al (2004) notes that, drug abuse as, any ingestion of a drug that harms or threatens to harm the physical or mental health or social well-being of an individual or other individuals or society, or which is illegal. From these definitions, we can conclude that drug abuse is the ingestion of any substance that alters the physical and mental health of a person, for purposes of pleasure. Hence, for the purposes of this study the researcher focused on the definition of drug abuse given by Keane et al (2004).

Research Aims and Objectives.

1. To establish causes of drug abuse by youths in Zimbabwe
2. To establish the role of the ZRP CID, Drugs and Narcotics in curbing drug abuse

3. To assess the strength and weaknesses of the ZRP CID, Drugs and Narcotics in ending drug abuse

Research Questions

1. What is driving the youths to abuse drugs?
2. Which drugs area being abused and where do they come from?
3. What statutory instruments are available governing the abuse of drugs?
4. What role does the ZRP CID, Dugs and Narcotics play in ending drug abuse?

Significance of the study

The study aims at informing the academic fraternity and policy makers on the effectiveness of the ZRP CID in dealing with drug abuse among youths. The study also serves to informing other stakeholders on areas where they can complement the department's efforts in curbing drug abuse by identifying areas where they can assist. The research also seeks to inform policy makers on the importance of devising new drug laws in combating the rampant spread of drug abuse among the youths in Zimbabwe to complement the already existing laws.

Literature Review

The literature reviewed in this study focused much on the rise and causes of drug abuse among the youth in Zimbabwe and the work being done by the ZRP CID, Drugs and Narcotics unit. The review also focused on revealing the literature gap that is there in drug abuse issues in Zimbabwe, and drew the researcher to focus on assessing the effectiveness of the ZRP CID, Drug and Narcotics unit in dealing with this rise in drug abuse cases.

From a broader perspective, according to the study by Peltzer et al(2010), in South Africa drug abuse has been on the rise because of “availability and easy accessibility within a tolerant or limited enforcement of drug laws within society. Age at first use and diversity of available drugs, growing wealth among new populations particularly within the middle class, better infrastructures for transportation, less policing, more tolerance for new ideas and behaviours, are other factors”. This study therefore shows or rather proves to us that in South Africa there is need for more policing for there to be an effective means of addressing drug abuse issues. Nel 2003 who states that South Africa has by far the largest market for illicit drugs in Sub-Saharan Africa further supports this. This could be because of the many sea entry points and ill equipped customs personnel, (Peltzer et al 2010).

The South African Police like the ZRP has a special drug unit force with five key departmental programmes, namely, Administration, Visible Policing, Detective Services, Crime Intelligence and Protection and Security Services. All five programmes provide for drug demand and supply reduction strategies (www.saps.gov.za 2015). Also the South African police on 1 October 2015 raided over 107 drug outlets that had been targeted in the nine provinces, over 100 suspects were arrested and a variety of drugs including the “killer drug that is deadly and addictive” nyaope (whoonga), dagga (including hashish), methacathanone (Cat), crystal meth (Tik), cocaine, heroin and mandrax were seized. This can also be seen as a reflection of the work that the South African police has been doing and it is therefore the aim of this research to investigate on the works that the ZRP CID, Drug and Narcotics has been doing in a bid to curb drug abuse in Zimbabwe among the youth.

In 2011 the Zimbabwe Ministry of health and child welfare together with the ZRP CID, Drugs and narcotics squad, Ministry of Higher and Tertiary Education and other NGOs

working in the field of drug abuse prevention launched the Campaign against Drug Abuse and illicit trafficking. The campaign earmarked 16 secondary schools in Harare in educating pupils about drug abuse and its consequences. Sithole (2011) stipulates that, “Drug abuse which was seen once as largely a social and criminal problem has transformed in recent years into a major threat to health and security of people and regions”. This is also further supported by Ban Ki-moon(2011), who reinforces this argument by stating that, “drug use at its core is a health issue. Drug dependence is a disease not a crime. The real criminals are the drug traffickers”.

Zimbabwe has recently emerged as a lucrative hub for the drug business. According to Majome (2016),” Zimbabwe is regarded by international traffickers as a particularly lucrative emerging market and a preferred trafficking route because of the use of the US dollar and less sophisticated drugs detection methodologies at ports of entry.” Hence, there is need for Zimbabwe to relook at strategies to curb the growing abuse of drugs in Zimbabwe. Majome (2016) also goes on to state that,” Zimbabwe is a convenient and ready market also because of the depressed socio economic environment which is natural fodder for demand and consumption of hard drugs.”

The Dangerous Drugs Act (1956) and the Medicines and Allied Substances Control Act (1969) are two of the pieces of legislation governing abuse of drugs in Zimbabwe. The Acts control the importation, exportation, possession, sale, distribution and use of dangerous drugs and to provide for matters incidental thereto. The Dangerous Drugs Act stipulates that, it is illegal to import, export, sell, offer or advertise for sale, distribute, deliver, transport or otherwise deal in dangerous drugs. This goes also for cultivating, producing or manufacturing any dangerous drug for the purpose of dealing in it or possessing it. Inciting another person to

consume a dangerous drug, supplying or administering it is a serious crime according to the two pieces of legislation.

Causes of drug abuse among youths range from different various broad aspects. According to Zindi (1992), studies by the Ministry of Health (1990) and (1991) revealed that there was a marked increase in the use of substance use among teenagers in Zimbabwe and the reasons for abuse ranged from poverty unemployment, boredom and lack of self-discipline. The report by Zindi (1992) was focusing on the urban and rural teenage populations. Drug abuse is a serious development issue, which needs to attract much attention and a combined effort by different stakeholders to put an end to it.

Drug abuse is a serious development issue because users of illegal substances are in need of help to overcome their addiction and not treated as criminals. Zindi (1992) also points out that, ‘the selling of illegal substance such as mbanje or mandrax is often done by criminals, and it is therefore unfortunate that users of illegal substance end up being associated with criminals although most of them use it for psycho-social reasons.’ According to Wilson Box, the director of the Zimbabwe civil Liberties and Drug Network as cited by Manayiti (2016), “Zimbabwe doesn’t have a drug master plan to deal with illicit drug use. This is a major bomb. Drug laws in the country criminalise drug users hence they withdraw from seeking help and then the proliferation continues.”

Drug abuse has also been rampant in among youths of school going ages especially in high schools. A study conducted by Acuda et al (1991) on secondary schools in Mashonaland East and Harare Province, showed that alcohol was the most common drug that was used by youth still in secondary schools, followed by tobacco. However, there were unexpected findings on

the high prevalence on the use of inhalants (such as thinners, glue, rubber) and amphetamines ranking on top of cannabis. Acuda (1991) also goes on to state that, “studies have shown that inhalants are highly toxic chemicals which cause damage to the central nervous system, particularly to the brain, the ears and eyes, as well as to vital body organs such as the liver and the kidneys, and causing high mortality among its young victims.” Hence, against this backdrop it is the aim of this study to understand how the youth are having access to these drugs and what role is the ZRP CID playing in stopping the proliferation of these drugs

Of all the students that were interviewed in their Acuda (1991)’s study, no one reported that they used hard drugs such opium, heroine, cocaine and hallucinogens but admitted to taking a plant that naturally grows in Zimbabwe called ‘*Mudzepete*’, which acts as an hallucinogen when one drinks it. The aim of this study therefore is to track which drugs are available to the youths and uncover how accessible they are taking into consideration the steady rise in cases of drug abuse among the youths.

Drug abuse not only affects the user but the community at large. According to the UN in Zimbabwe Newsletter (2014), “Drugs do not just affect the user; they cause tremendous hardship and misery to their families and loved ones as well as constrain economic and social transformation.” Moodley et al (2012) states that, “medical and psychosocial consequences of using illicit substances, highlight the public health importance of the problem and the need for urgent intervention.” Hence, because of the knock on effects of abuse of drugs it is of great importance for the government and the community as a whole to device ways of curbing the rampant spread of drug abuse among the youths.

Many cases in mental institutions are considered drug abuse related. In 2014, the Ministry of Health and Child Care’s Department of Mental Health indicated that 135 drug induced psychosis admissions were recorded at Harare Hospital in 2013, with 865 outpatients

documented in the same year. Gono (2014) pointed out that, "the drugs commonly used by youth in Zimbabwe include heroin, cannabis, histalix and other cough mixtures, especially broncleer (commonly known as bronco), which is used as a relaxation drug." The aim of this study seeks to understand how the youth are accessing prescription drugs without a prescription and uncover how those selling the drugs in the street are accessing these drugs and what role the police is playing to prevent this.

Drug abuse is a serious issue that needs urgent attention. According to Machinga as cited in Guwira (2017), "drug abuse has become an issue that needs serious intervention since non-medical prescription drugs are on the rise on the streets, with marijuana and synthetic marijuana, prescription and over-the-counter medications, tranquilizers, and sedatives continue being the drugs most abused by youths." According to Zivira (2016), another drug that abused by the youths is diluted ethanol or methanol, with the common street name 'musombodhiya'. Zivira (2016) goes on to state that, "ethanol is reportedly smuggled from ethanol plants and transported in relatively small quantities of up to several drums to Harare and other towns where it is then diluted with water." Shakhashiri (2012) shows that, "Ethanol acts as a drug affecting the central nervous system. Ethanol is toxic, and the body begins to dispose of it immediately upon its consumption. Over 90% of it is processed by the liver. In the liver, the alcohol dehydrogenises enzymes and converts ethanol into acetaldehyde (a poisonous metabolic by-product of alcohol metabolism), which is itself toxic."

Regulations under the Medicines Control Authority of Zimbabwe (MCAZ) state that no one shall supply a prescription drug other than in accordance with a written prescription. However, prescription drugs for mentally unstable people are sold in the streets of Mbare for as little as 20cents per pill, (Manayiti 2016). Hence, because of the cheap price and accessibility, many youths are abusing drugs. According to Zivira (2016) "Zimbabwe's

economy is teetering on the brink of collapse, with unemployment estimated at over 85%, with the hardest hit being the youths, who graduate from school into the world of unemployment and poverty.”Different studies conducted have also pointed the economic crisis in Zimbabwe as one of the major driver of drug abuse.

Alcoholism will be Zimbabwe’s number one social problem by 2022, (Phiri (2002) cited in Nhunzvi 2014). Morgen et al (2008) supports this claim by stating that, “framed as a disorder, substance abuse affects the body structure and function, thereby altering the configuration of occupational participation, which negatively affects quality of life”. Nhunzvi (2014) is of the opinion that, “Health and media literacy have proved useful in disease prevention programmes, including substance abuse prevention programmes. And yet, despite an excellent literacy level of 98%, Zimbabwe still has a high prevalence of heavy and hazardous drinkers.” It is against this backdrop that this research has been informed to investigate the effectiveness of the ZRP CID, Drugs and Narcotics in curbing drug abuse in Zimbabwe.

Research methodology

The researcher employed a qualitative means of data collection. The research employed this approach as a way to get an in-depth knowledge on the reasons why drug abuse among youths has been on the rise despite the existence of the ZRP CID, Drugs and Narcotics. Hancock (2007) states that, “qualitative research aims to help us to understand the social world in which we live and why things are the way they are”.

Case Study

This study was conducted in Mbare, which is one of the oldest high density suburbs in Zimbabwe established in 1907. Mbare has been rooted out as one of the suburbs in Harare known for many illegal activities because of its high population and housing of different

people from various backgrounds. Articles written in various newspapers such as by Manayiti (2016) and Zivira (2016), have highlighted the prevalence of drug abuse among youths in Mbare as a major cause for concern and for that reason this study has chosen Mbare as a case study for this research.

Research design

The researcher used the qualitative research design in this study. This is because the researcher sought to explore why there is a rise in drug abuse cases in Mbare yet there is a special unit within the ZRP CID, that is solely responsible for handling drug abuse cases. Cuthil (2002) notes that the advantages of using the qualitative research is that it is flexible in addressing research questions of all types and it is a useful approach in gaining background information on a particular topic.

Primary data collection

This study focused mostly on qualitative methods of data collection hence this informed the use of Key Informant Interviews (KII) with the ZRP CID, Drug and Narcotics office, drug users and drug dealers. Another research instrument used was observation and social discussion. Observation was conducted with drug dealers and youths abusing drugs.

Population

The population for this research was 30 people, including drug dealers, the ZRP CID, Drugs and Narcotics office and a few youths observed abusing drugs. The youths in the area generally live under the same conditions, which can mean that the data is likely to be normally distributed. A major determination for the population size was the costs of reaching

out to a bigger sample. Given the limited funding available for the research the chosen sample was within the reach of the researcher.

Sampling technique

The researcher employed two types of sampling methods, which include purposive sampling and snow-balling sampling. Purposive sampling represents a group of different non-probability sampling techniques. Also known as judgmental, selective or subjective sampling, purposive sampling relies on the judgement of the researcher when it comes to selecting the units for example people, cases/organisations, events, pieces of data, that are to be studied. Usually, the sample investigated is quite small, especially when compared with probability sampling techniques. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable you to answer your research questions. Purposive sampling was used to collect information from the CID, Drugs and Narcotics department, and drug dealers. Therefore simple random sampling and snow balling was used to collect data from the community members.

Secondary data Collection

A review of the most relevant documents from various sources was undertaken prior to commencing primary data collection to obtain an understanding of the context to inform the work in particular to develop relevant primary data collection tools. Documents reviewed included but were not limited to the following:

- Published books
- Newspaper articles.
- Journals.
- Research papers by Government agencies and Non-governmental organizations.

Data Collection Methods

Key Informant Interviews

The research used key informant interviews to obtain data from the targeted population. This means that those interviewed are experts in the field of study. They possess an in-depth knowledge on issues explored by the researcher. The key informant interview minimises the opportunities for the interview to move towards an agenda that was determined by the respondent rather than the researcher. In addition, this approach allows for continual probing and cross checking of information and a cumulative building on previous knowledge.

Observation and social discussions

The researcher also used observation and social discussions in getting information as well. This allowed the researcher to get information while observing the behaviour of drug users and asking questions to the subjects under review. The researcher does not have to tell the subjects in the research that they are under observation because there will be a bias in data collection as the subjects would behave or say information that would assume the researcher wants they to hear or see..

Table 1.1 : Data collection Framework

Target group	Information required	Possible methods to get information
ZRP CID, Drug and Narcotics office	-records of drug abuse cases in a certain period for example every week, month or year and prevalence -Statutory instruments used	-Key informant interviews

	<p>to govern drug abuse cases (how they have been used in the past failures and strengths)</p> <p>-responses of drug abusers</p> <p>-community response to drug arrests</p>	
<p>Youths abusing drugs</p> <p>Drug dealers</p>	<p>-attitude towards drug abuse</p> <p>-response of the community towards drug abuse among youths.</p>	<p>-Observation and social discussions</p> <p>-key informant interviews</p>

Limitations of the study

- The drug dealers were not willing to be interviewed amidst fear of arrest. The researcher had to assure them that the research is only for academic purposes.
- There was also a risk of potential drug raids by police at drug selling sites. To avoid being caught in the raid the researcher obtained a letter from the institution and the police headquarters to present to the police in the event that a raid took place, to avoid arrest.
- There was also a safety risk because the researcher had to interview people that are intoxicated and some bases where the drugs are sold are so hidden away from people.

The researcher made sure to get company to move around with, a familiar face in those places for safety.

- There was also a limitation of delays of CID, Drugs and Narcotics department to meet with the researcher as the researcher was dealing with a government security organization and there is a lot of bureaucracy. The researcher had to assure them that the interview process would not take long and it is for academic purposes
- The ZRP, CID, Drugs and Narcotics department does not release to the public, statistical data on arrests of drug offenders and this was a major limitation to the study.

Ethical Considerations

Research Ethics refer to the moral standards adhered to in a research to govern conduct. Research ethics involve treating everyone involved in the research directly or indirectly, fairly and with honesty.

- The researcher obtained clearance and permission for data collection
- The researcher explained the purpose of the research and objectives to respondents.
- The researcher also obtained informed consent of respondents except in case of observation
- The researcher ensured confidentiality and secrecy of all respondents.
- The researcher also ensured voluntary participation of all respondents. None of the respondents were coerced, bribed or forced to participate.

Chapter One

An overview of drug abuse among youths in Zimbabwe

1.1 Introduction

This chapter is going to be focusing on the prevalence of drug abuse in Zimbabwe among youths looking at the nature of drug abuse in Zimbabwe, causes and effects of drug abuse among youths. This is important to the research because it helps establish the base for understanding drug abuse among youths and later assess the effectiveness of those charged with the authority of curbing drug abuse in Zimbabwe.

Drug abuse has been affecting a large number of youth in-school youths especially those in high school. Gwede et al (2001), reported a prevalence of ever having used marijuana or glue among forms 2 to 4 youth in school of 12.1%. In a similar study by Rudatsikira et al (2009) noted that, the prevalence of lifetime marijuana or glue use among school-going adolescents in Harare, Zimbabwe, was 9.1%. Males had higher prevalence (13.4%) than females (4.9%). Global data around the world during the 1990's shows that marijuana is the most widely used illicit drug in the world, (Kingery et al 1999). Eide and Acuda (1995) also support this claim by pointing out that there is a high prevalence rate of marijuana use in Zimbabwe and other surrounding countries such as Kenya and Nigeria.

Recent published articles have revealed that drug abuse has become a major problem among youths in Zimbabwe. According to Smart and Ogborne (2000) stated that, in 36 countries where they conducted their research alcohol was by far the most popular drug among students, although the percentage of students who reported using alcohol varied considerably

among countries, from 32% in Zimbabwe to 99 percent in Wales. Also in their study youths were seen abusing Marijuana and alcohol mostly and were not into hard drugs such as cocaine or heroine. Dorcas Sithole who is the deputy director in the department of mental health services under the Health and Child Care ministry (cited in Munyukwi 2017) alludes that, “Forty-five percent of all our mental health issues are because of drug abuse, with 57% of all the people in psychiatric wards being victims of such.” Chirisa (2017) also supports this claim by stating that, “there has been an undeniable upsurge of illicit drug use in Zimbabwe, which, as a result of this trend, has led to an increase in mental health issues directly and indirectly.”

The abuse of prescription drugs ranks among the major drugs that the youth are abusing. According to Razemba and Chipunza (2017), “abuse of prescription drugs and pills continue to be in the rise among youths in Harare, amid revelations that cross boarder traders are smuggling these substances into the country.” In 2015 August the police recovered over 420 000 tablets countrywide, fake ARVs, lotions, cigarettes, soaps, bottles of histalix and Broncleer cough mixtures, among other illicit drugs in a regional operation code named, Giaboia 11. About 90 percent of the recovered items were found in Harare and Mashonaland West Province. Youths have the highest unemployment rate among all age groups in Zimbabwe. In 2008, only 480 000 were formally employed, down from 3,6 million in 2003. Because they cannot find jobs, the majority of youths are turning to drugs because they are idol.

Statistics from the Anti- Drug Abuse Association of Zimbabwe reveal that drug abuse in local schools has reached alarming rates with 43 percent of students interviewed in 2014 indicating that they know of schoolmates who smoke cigarettes. Various other bodies have churned out depressing statistics pointing to the abuse of drugs by the youths. Again, in 2014 a report

produced by the police to mark the International Day Against Drug Abuse and Illicit Drug Trafficking revealed that Harare had the highest rate of drug abuse in the country between 2013 and 2014 with over 100 cases having been recorded monthly.

1.2 Nature of drug abuse by Youths?

The youth in Zimbabwe abuse a variety of drugs and these can be grouped into five categories, which are stimulants, cannabis, hallucinogens, narcotics and depressants. Stimulants are compounds that act on central nervous system with the intent to heighten the mood or behavior of a person. Stimulants have an effect of energizing a person and suppressing hunger. Depressants act the opposite way to stimulants, they actually make a person to have a dull mood and good examples include is mandrax (but only a few people in Mbare experiment with such a drug)., anti-psychotic drugs and anti- depressants.

Hallucinogens like stimulants also act on the central nervous system to alter the perception of reality. Hallucinogens affect perceptual mechanisms and the thought process to create an illusion on the existence of things that are not there. An example of a hallucinogen drug is Lysergic acid diethylamide (LSD) first made by Albert Hofmann in Switzerland in 1938 for various psychiatric uses and was later banned in the 1960s. The effects of the drug include dreaming images, imaginary objects, defined colors, out of body feelings, misjudgment of speed and distances, heights and depths, among other effects. Again, Cannabis is another category of drug abused by Youths in Mbare. Cannabis is a scientific name for Marijuana.

Finally there are drugs under the narcotics group, and these are the mostly used among youths in Mbare. A large number of narcotics are extracted from opium and its derivatives. Opium is

one of the initial pain relievers that many prescription narcotics (like morphine, codeine, and oxycodone) are synthesized from. According to the Drug Enforcement Administration (DEA) in the USA, narcotic drugs are drugs that relieve pain and dull the senses, or opioid drugs. In Mbare the commonly abused narcotic drug is codeine found in cough syrups such as DPH, Histalix and Broncleer. Opium is also used in the extraction of Heroin but however heroin is not abused in Mbare because of its high market prices and as a result many youths cannot afford it.

1.3 How are these drugs administered or taken?

The anti-psychotic tablets and other valium products popularly known as '*Mangemba*', in the streets. Antidepressants and antipsychotic drugs fall under the category of *mangemba* in the streets which are tablets or pills used to treat people with mental disorders and/or those suffering from serious depression. These pills are very cheap and can be bought from as little as 10cents per pills and the blister pack of 10 costs a dollar. The tablets are usually appealing to the lower class 'ghetto youths' as they are called, who are addicted to drugs. They buy the tablets because they are very cheap and they can go for longer periods while under their influence.

Usually people take starting from 5 tablets to consuming 2 to 3 blister packs with 10 tablets in each each pack, at one go to get intoxicated. The intoxication process is street named, 'sticking', and one can get intoxicated for a few hours or in some instances for 24 hours depending on the drug. Some can go for days and it is alleged that consumption or any contact with water leads to further intoxication. This therefore means that these drugs do not wear off in one's immune system easily. Under normal circumstances when administering drugs to mentally ill patients or in treating insomnia the patient is supposed to take one tablet

at bed time. The majority age group for the youths who take the tablets range from around 15 years to 26years.

As for the other drugs such as the cough syrups like Broncleer and Histalix one can drink either a bottle or half a bottle and they get intoxicated. Under normal circumstances, broncleer and histalix are used as cough suppressants whereby a patient suffering from a cough is supposed to take 10ml to 15ml three times a day, for the cough. A bottle of broncleer costs from \$2 to \$3 United States Dollars on the street and the youths in Mbare can easily buy and access broncleer because the syrup is cheap and easily accessible. The youths who can afford the Broncleer cough syrup are usually the middle class ghetto youths and Histalix is usually bought by the ghetto bosses (usually the drug dealers and other youths from well to do families) those that have money because a single bottle costs \$10 -\$12 United States Dollars.

Marijuana consumption is done by rolling what is called a blunt whereby the marijuana is rolled to form a cigarette and is smoked. In some instance marijuana is used to bake what are known as 'weed cakes' and these are scones or muffins that are baked with marijuana as one of the ingredients. Marijuana can be taken in combination with other drugs such as the cough syrups mentioned and the anti-psychotic drugs to achieve the highest level of intoxication.

Furthermore, ethanol, popularly known as 'musombodhiya' is taken as an alcoholic beverage and it has dire effects because the alcohol content in the beverage is unknown and there are reports that those youths take ethanol die in their sleep in some instances or experience respiratory problems in the long run. Youths who usually take ethanol are the lower class usually older youths those who have given up on life ranging from ages of 28years going up.

1.4 Types of drugs

1.4.1 Anti-depressants

These can be termed the “poor man’s cocaine” in some instances. The pills are completely harmless when taken in the correct dosage but misuse can become very deadly. The pills are either crushed so they can be snorted or mixed with juice, which delivers a concentrated dose of the antidepressant to the body. They are usually sold with their color codes in the streets usually pink, blue and green. People misuse the drug to get a similar rush to what cocaine delivers. The most common side effects of anti-depressants if taken in excess may include dry mouth, slurred speech, drowsiness, feeling tired, increased sweating, muscle cramps and seizures among other side effects. It is alleged that the youth who abuse these drugs take sweets or juice to counter the dry mouth caused by the effects of the drugs.

1.4.2 Antipsychotics

Antipsychotics are used to treat mental illnesses such as schizophrenia and bipolar disorder. However, people without these conditions abuse the drug to get intoxicated. Most often, antipsychotics are combined with illicit or recreational drugs to enhance their effect.

The most common antipsychotic drug abused by youths in Mbare is Diazepam that used to treat anxiety, alcohol withdrawal, muscle spasms and certain types of seizures. The tablets have different color codes, which they are known as in the streets and these, vary from white, blue, and yellow and they come in a blister pack of ten that costs from between 10cents and 20cents per each tablets. If taken in excess diazepam causes drowsiness, tiredness or fatigue, muscle weakness, inability to control muscle movements, headaches, dizziness, dry mouth or excessive saliva, nausea and constipation

Another antipsychotic drug abused by the youth in Mbare is Chlorpromazine otherwise known in the streets as 'dombo'. Chlorpromazine is usually comes in orange color. Chlorpromazine is used treat the symptoms of schizophrenia which is a mental illness that causes disturbed or unusual thinking, loss of interest in life and strong or inappropriate emotions and other psychotic disorders such as bipolar disorder which are episodes of depression, abnormally excited moods and other abnormal moods. The side effects of Chlorpromazine include blank facial expression, restlessness, agitation, nervousness, unusual or slowed uncontrollable movements of any part of the body, increased appetite, weight gain, decreased sexual ability, dry mouth and neck cramps among other effects.

1.4.3 Ethanol or Methanol

Diluted ethanol or methanol commonly known in the streets as 'musombodhiya', is an alcoholic beverage with an unknown alcohol percentage which is also being abused by the youth in Mbare. Ethanol is reportedly smuggled from ethanol plants and transported in relatively small quantities. According to the Herald online(2016) Ethanol fuel is also known as ethyl alcohol, is the same type of alcohol found in alcoholic beverages but has a very high concentration that can reach up to 95 percent of the content. Concentrated ethanol very poisonous to the central nervous system and may cause blindness, comma and death if taken in large amounts. Youths are mostly taking 'musombodhiya' mainly because of the fact that it is cheap with a 500milliliters bottle being sold for only 50cents and that is all that is need to get drunk for longer hours and it is alleged that consumption of water leads to further intoxication.

1.4.4 Cough syrups

The cough syrups are commonly known in the streets as '**Ngomwa**'. The reason why cough syrups are being abuse in the streets of Mbare is that the youth are in search of codeine, an

ingredient in prescribed cough syrups. The most abused cough syrups are histalix, broncleer and DPH a cough mixture drug dealers' mix on their own. All three syrups contain codeine .When used under the direction of a medical professional, codeine is a relatively safe way to treat minor pain or control troublesome coughs. However, users often abuse codeine for the feelings of relaxation and ecstasy they produce. The youth usually combine smoking marijuana and the intake of the cough syrups to get the desired level of intoxication. Codeine is very addictive and some of the withdrawal symptoms and side effects of codeine include irritability, anxiety and depression, difficulty sleeping, muscle aches, sweating, stomach cramps, diarrhea, nausea and vomiting, excessive drowsiness, confusion, dry mouth, constipation, allergic skin reaction or rash. If taken in excess it may lead to respiratory collapse or cardiac arrest.

1.4.5 Marijuana

Is also another drug that is abused by youths in Mbare and it is usually smoked or baked with scones in what is usually known in the streets as, '*weed cakes or space muffins*'. There is also a combination of marijuana, rat poison, ARVs, anti-depressants and in some instances gun powder, which is known as '*Nyaope*' which the youth are also smoking but this one is not yet popular in Mbare as most youths are still afraid to try the mixture.

1.5 Sources for the Drugs

Most of the drugs being sold in the streets are smuggled in from South Africa especially the likes of Histalix and Broncleer which are manufactured in South Africa, prescription drugs, and nyaope. According to Chipunza and Razemba (2017), "cross boarder traders are smuggling illicit drugs using haulage trucks and unscrupulous bus operators, mainly through the Beitbridge Boarder Post." Once they pass through the Border Post, the drugs are transported to Harare and delivered to the drug dealers for resale in their respective areas of

residents notably Mbare, Mufakose, Warren Park, Highfields, MabvukuKambuzuma, only to mention a few.

Drugs such as marijuana are allegedly smuggled into Zimbabwe from neighboring countries such as Malawi and Mozambique, while some is grown in Zimbabwe. Prescription drugs are also suspected to be released by corrupt hospital personnel who sale them to drug dealers for resale especially the likes of Diazepam and other anti-psychotic drugs. Concentrated Ethanol, popularly known as Musombodhiya is allegedly smuggled to drug dealers from ethanol plants and Mozambique, to be diluted by drug dealers for resale.

The researcher also observed a popular trend among the drug abusers and the drug dealers. In Mbare most of the drug dealers have resorted to purchasing pool tables in the areas where they sell their drugs. The pool tables act as a disguise from the police and hence the youths act like they are playing pool when in fact they are using drugs in that place. Henceforth, in the event that one sees youths playing pool in vast number it is exceedingly likely that drugs are additionally being sold in that same place also in Mbare. The popularly known cites in Mbare where this trend is happening include Gaza (around Stodart Hall area), Guli side (around Jorburg Lines area) and Matapi Flats

1.6 Major causes of abuse drugs among youths.

Role of the Media can be highlighted to be one of the major propelling agents for drug abuse among youths in Zimbabwe. Zim Dancehall in particular is a contemporary music genre that emerged recently in Zimbabwe, it has seen youths from different high-density suburbs emerging as successful artists in that genre, and examples include the likes of Killers T, Soul

Jah Love, and Winky D, among others. Zim-dancehall has somehow created a form of employment for the youths who had been living in poverty but through their talents have managed to make something out of themselves. This popular music genre has also come with a certain type of dance that is known among the youth as “clarks”. This type of dance has also provided a form of entertainment as well as a job creation for those that manage to feature in music videos for the artist. Zim-dancehall has become a culture, a way of living for the youths and it has managed to influence the youth both in a positive and a negative way.

Artist such as Dobba Don, Soul Jah Love, Sililent Killer, Kinnah have have however been noticed on several occasions singing about drugs and to the youth because they have become their role models, they usually follow suit. Dobba Don popularly known for starting his song with popular phrase “45 again”, to the youth this is no ordinary phase, he will be singing about the 45 prescription tablets popularly known as “mangemba” in the streets, that he takes at one go. Do to the youth he represents a hero because he is strong enough to take those tablets and still continue to function as normal.

Soul Jah Love is popularly known for expressing his love for codeine in his music and this somehow influences the youth that is it a notable thing to do in show of bravery. In his latest song “Pamamonyaipapo”, Soul Jah Love actually says that he does not get drunk with champagne but rather he get high on codeine. So as the youth sing alone they actually wants to imitate Soul Jah Love because he has become their role model considering that he came from the same background as most youths in Mbare who are living in poverty, and at some point Soul Jah Love was a destitute but later on made it in life through his music. Also in many music videos across the continent especially in America and Jamaica, many artists that sing usually glorify the abuse of drugs as a trendy thing to do and as a result many youths do copy that and start abusing drugs.

Unemployment is also another major cause of drug abuse among youths in Zimbabwe. According to Murinda (2014), Zimbabwe has a population of 13 061 239 people, young people between 15-34 cover 36% of the population and constitute 56% of the economically active group, 85% of the youth between 15-34 are broadly employed and 15% are unemployed, 87% of the 15-34 age group that are employed work in the informal sector. The International Labour Organization(ILO) as cited in Tsamwai(2016), estimates that between 2000 and 2008 an average of 73million jobs were created in Africa and of those only 16 million were created for youths between 15 and 24. As a result many young people find themselves unemployed or underemployed in the informal sector with very low productivity and a very low income and this leads to frustration or even depression causing the problem of drug abuse among the youth.

Another major cause of drug use and drug abuse is the **easy availability and low prices** of psychoactive substances in relation to alcohol, tobacco and prescribed drugs such as diazepam. This is further supported by Smart and Ogborne(2000) who postulate that, high rates of cannabis use for example, is associated with the availability of other drugs and contribute to a climate in which the use of other drugs becomes more acceptable. In Mbare for example psychoactive drugs and marijuana are sold for less than one dollar and this has influenced a lot of youths to abuse drugs because they can afford to buy the drugs and they are easily available to them.

Peer pressure has been seen as one of the major contributing factors to drug abuse among youths. Peer pressure pushes most youths to have the desire to experiment with drugs in a bid to make themselves look trendy or brave among their peers. Peer pressure has the ability to shift one's thinking that drugs are not safe to having the desire to try because they have been

given the assurance by their peers that drugs are safe and hence they experiment with drugs. A study in Kenya by Njeri and Ngesu(2014), supports this claim by stating that, “youths are drawn into consuming drugs by virtue of being enticed and introduced to by their friends. They are convinced that they will feel high or would gain a sense of belonging. Consequently, they become curious to an extent of tasting such drugs. This finally graduates them into consuming drugs”. According to Maseko et al (2014), the youth especially still in their adolescence, “rely on peers for validation and direction and assess themselves and their behavior through the reaction of their peers”

Among other causes of drug abuse in Mbare there is **the Nyao culture and the desire to boost confidence**. The Nyao culture is a foreign culture that came in Zimbabwe with people from Malawi and Mozambique during the colonial period. It is a culture where people dress as masquerades and dance for entertainment, it can also be argued as a form of a cult of some sort but that is subject for debate. Many youths in Mbare have joined the Nyao groups, popularly known as “zvigure”, and this has further propelled them to do drugs because they have nothing to do and the abuse of drugs helps one fit in the group easily. The youths also experiment with drugs as a way to boost their confidence when committing crimes. As popularly known MbareMusika harbors a lot of people from different areas and hence there is a lot of crime committed especially in regards to “pick pocketing”. One respondent highlighted that in order not to feel a sense of remorse when stealing from someone they experiment with drugs to get rid of those ill-feelings of remorse.

There some people who are social misfits in Society and hence as a result some people abuse drugs to better fit in the society. However there are a wide variety of other cause of drug abuse among the youth and they are not limited to the ones mentioned. They may also include lack of parental supervision, lack of finances to send children to school, personality

traits, feelings of rebellion, frustration, poverty, and hopelessness in hard situations, among other causes. Drug use often leads to addiction and hence the continued use of drugs.

1.7 Effects of drug abuse

Drug abuse has various effects on both the drug user and the external environment surrounding that person. Hence the effects of drug abuse vary from health issues, economic issues, political issues and other social issues which include addiction which will lead to the drug abuser committing petty crimes to get money to buy more drugs, and in some instances those in school might drop out due to loss of interest in school caused by drug dependency.

1.7.1 Health effects

Effects of drugs on health are categorized into two parts, which are short-term effects and long-term effects. Short-term effects of drugs include drowsiness, impaired judgment, distorted vision, uncontrollable muscle movements among other effects. The drug user usually feels a sense of well-being and a pleasant drowsiness, which is usually the desired feeling sort after, from taking the drugs

The long-term effects of drugs often have a detrimental effect on a person's well-being. Death is imminent to drug abusers as some die due to an overdose or in mixing prescription medication that end up becoming hard for the body to bear. Long-term effects of drugs include HIV due to risky sexual behaviors when intoxicated, and harm to fetus in pregnant women among other issues. According to the World Youth Report (2003), "A small percentage of youth will develop substance dependency characterized by drug tolerance, withdrawal and continued use despite significant substance-related problems." Mba

(2008)cited in Fareo(2012) identified numerous negative effects of drug abuse on the body chemistry as follows:

Alcohol-related problems include liver cirrhosis, pancreatic, peptic ulcer, tuberculosis, hypertension, neurological disorder, mental retardation for the fetus in the womb, growth, deficiency, delayed motor development, cranio-facial abnormalities, limbs abnormalities and cardiac deficits, psychiatric(for example pathological drunkenness, suicidal behavior) and socially-broken homes, increased crime rate, sexual offences, homicide and sexually transmitted diseases.

Tobacco causes stimulation of heart and narrowing of blood vessels, producing hypertension, headache, loss of appetite, nausea and delayed growth of the fetus. It also aggravates or causes sinusitis, bronchitis, cancer, strokes, and heart attack.

Stimulants on the other hand cause lethargy, irritability, exaggerated self-confidence, damage nose linings, sleeplessness, and psychiatric complications.

Inhalants use has an effect of causing Anemia, damage kidney and stomach bleeding.

Narcotics cause poor perception, constipation, suppression, vomiting, drowsiness and sleep unconsciousness and death

1.7.2 Social effects

In Mbare there has been a recent sprouting of child prostitution and criminal activities due to drug abuse. The reasons behind being that young girls addicted to drugs sometimes cannot afford to buy the drugs and hence end up in prostitution because they need to get rid of the edge caused by addiction. Hence there are instance where young girls are getting into prostitution for a bottle of broncleer or a plastic of marijuana for a dollar. There is also a rise in criminal activity such as stealing from people at the bus rank and touting in order for one to get money to go and buy drugs. Also the use of drugs helps in aiding violence because of

one's inability to make sound judgements whilst under the influence of drugs. Drug addicted can also cause the in-school youths to drop out of school because of drug dependency.

1.7.3 Economic Effects

The economic effects of drug abuse include poor production, a rise in work accidents, absenteeism, money laundering among other issues. Poor production, work accidents and absenteeism are all economic effects of drug abuse because usually when one is under the influence of drugs their performance is hampered and hence poor production or increase in work accidents because some drugs cause poor body coordination while under their influence and hence hampering one's ability to work. In an economic climate, such as the one Zimbabwe is in, drug dealing is a problem because it can be regarded to be aiding in worsening the liquidity crunch. The reason being that drugs are bought with hard cash and not plastic money or ecocash and hence the drug dealers usually have a lot of liquid cash with them. This liquid cash is not taken to the bank but kept at home, the result is that when the drug dealer needs more stock they purchase United States Dollars from the streets from money launderers. Hence drug dealing is promoting money laundering in Zimbabwe especially in a harsh economic crisis whereby the whole country is experiencing a liquidity crunch.

1.7.4 Political effects

Political effects of drug abuse is that it can promote banditry to destabilize peace in a country especially looking at the fact that Zimbabwe will be holding elections next year in 2018. Those with the urge to cause havoc can use the drug addicts, by buying them drugs and indoctrinating them to destabilize peace in the country and cause havoc during the pre-election

1.8 Conclusion

This chapter helped set the foundation for this study by setting the parameters of drug abuse among youths in Mbare. There to understand first the issues of drug abuse first before assessing the effectiveness of the law enforcement body. This chapter therefore, helped understand the causes, nature of drug abuse, effects of drug abuse, and ways of consuming the drugs. This is important as a starting point before getting into the gist of the study.

Chapter Two

The role of the ZRP CID, Drugs and Narcotics

2.0 Introduction

This chapter will focus on the work of the CID, Drugs and Narcotics in dealing with drug issues in Zimbabwe. The chapter will start by explaining the Acts governing the abuse of drugs and look at the sole mandate of the CID, drugs and narcotics department and how they conduct their raids and awareness campaigns. The chapter will also look at the drugs recovered in raids and lastly the training conducted in department. This chapter seeks to set the parameters for drug law enforcement in Zimbabwe.

2.1 Acts Governing Drug abuse in Zimbabwe

There are two acts that govern drug abuse in Zimbabwe namely the Dangerous Drugs Act and the Medicines and Allied Substances Control Act. These two Acts govern drug abuse in Zimbabwe together with other statutory instruments that used by the Police and the courts in dealing with such cases. The Acts control the importation, exportation, possession, sale, distribution and use of dangerous drugs and to provide for matters hitherto. Inciting another person to consume a dangerous drug, supplying or administering it is a serious crime according to both Acts. The Two Acts complement each other and they work together in governing drug abuse in Zimbabwe.

2.1.1 Dangerous Drugs Act

This Act stipulates that it is illegal to import, export, sell, offer or advertise for sale. Distribute, deliver, transport or otherwise deal in dangerous drugs. This also goes on for

cultivating, producing or manufacturing any dangerous drug for the purposes of dealing in it or possessing it. The definition of “dangerous drug” in section 155 of the Criminal Law Code is, any coca bush, coca leaf, raw opium or cannabis plant “coca leaves” means the leaves of any plant from which cocaine can be extracted either directly or by chemical transformation. Codeine and ethylmorphine are restricted under this Act and any persons found importing or exporting the two shall be guilty of an offence and liable to a fine not exceeding level twelve or to imprisonment for a period not exceeding ten years or to both such fine and such imprisonment. Hence from this Act we can draw that cough syrups such as Broncleer are not registered in Zimbabwe and hence they are restricted to enter Zimbabwe under this Act.

Any person who is a medical, dental or veterinary practitioner or pharmaceutical chemist or other person who is authorized in terms of section 161 of the Criminal Law Code to lawfully possess, deal in or use a dangerous drug is convicted of a dangerous drugs crime or an offence or is considered by the Authority to be prescribing, administering or supplying any prescription drugs in an irresponsible manner; the Authorities may, issue a directive to that person prohibiting him from acquiring, possessing, prescribing, administering, manufacturing, compounding or supplying drugs. The Act also covers issues to deal with offence involving Juveniles, penalties and specifies an array of drugs which are considered dangerous and illegal in Zimbabwe

2.1.2 Medicines and Allied Substances Control Act

The Act established the Medicines Control Authority of Zimbabwe and its functions in relation to the registration of medicines. The Medicine Control Authority of Zimbabwe is the corporate body capable of suing and being sued subject to this Act. It is constituted of eight to twelve members who include a medical practitioner, a veterinary surgeon, a pharmacist, medical health officer of a local authority, a legal practitioner, specialist physician, a person

with special knowledge of the action and application of medicine and an officer of the Ministry. The Act also establishes the Medicines Control Laboratory and its functions, it also provides for certain prohibitions, controls and restrictions relating to medicines and other substances; and provides for matters connected with or incidental to the preceding.

By regulation the Act prohibit, control or restrict the manufacture, compounding, dispensing, possession, sale or use of any medicine or substance which is used or manufactured, sold or represented as suitable for use for cosmetic purposes, or for dressing wounds or for absorbing of bleeding or for other discharges from the body. The Act also prohibits sale or use of any medicine or substance which is used or manufactured, sold or represented as suitable for use for any purpose which brings it into contact with the body or any part thereof if, in the opinion of the Authority such regulations are desirable in order to prevent infection or allergy or any other harmful resulting effect resulting from use. The Act also prohibits sale or use of any medicine or substance which is used or manufactured, sold or represented as suitable for use for diagnosis or treatment of any physical or mental state in man if, in the opinion of the authority such regulations are desirable in the public interest.

Whenever the Authority considers it necessary or desirable in the public interest that any drug should be declared to be a prohibited drug, it may by statutory instruments declare such drug to be a prohibited drug and may in like manner amend or revoke such notice. Any person found selling a prohibited drug shall be found guilty of an offense liable to a fine not exceed level fourteen or imprisonment for a period not exceeding twenty five years or both a fine and imprisonment. Any person found in possession of prohibited drug shall be found guilty of an offense liable to a fine not exceed level fourteen or imprisonment for a period not exceeding fifteen years or both a fine and imprisonment.

2.2 The role of ZRP CID, Drugs and Narcotics

The Zimbabwe Republic Police (ZRP) is a security organization that aims to protect the country and protect its citizens and also ensuring that peace and security prevail within the nation. The Central Investigation Department (CID) is an arm within the ZRP with the mandate of dealing with investigations into criminal activities within the country. Within the CID there are different departments and for the purpose of this study the researcher was particularly interested in the Drugs and Narcotics department which deals in drug abuse.

The ZRP CID, Drugs and Narcotics, is a section within the Police force that deals with illicit trafficking and other drug related crimes. The department was established during the colonial era by the Smith regime and the police officers usually used sniffer dogs to conduct searches in suspected drug dealers' households. The officers in this department operate in civilian clothing in order for them to take patrols effectively without raising suspicion within the communities. In Philippines for example, according to Gaboco (2016) the anti drug police sometimes operates in civilian clothing as well, usually dressed in an all black attire, in certain instance when conducting drug raids or when taking patrols.

The department deals mainly with issues such as illicit trafficking of drugs, drug abuse, enforcing the dangerous drugs Act and its oblique regulations and the medicines and allied substances control Act. The department works with local police stations in dealing with drug issues and every police station is equipped to conduct drug raids on their own, with the help of the CID, Drugs and Narcotics. However in complex cases the local police stations usually refer the cases to the Drugs and Narcotics department for accountability and for discovering drug syndicates.

2.3 Nature of work conducted by the CID, Drugs and Narcotics

The department of drugs and narcotics is a very complex department that does a lot in terms of law enforcement against drug abuse. The department conducts a lot of activities which range from drug raids to educating the public against drug abuse in schools and in communities. The department also has an informer network that helps them in discovering drug syndicates and in arrest drug dealers.

2.3.1 Drug Raids

The department conducts random oblique disruptive raids usually informed by the informer networks, crime concentration in an area, paraphernalia, and frequency of visits in a certain place and lifestyle audits. Drug raids are raids conducted by the police in a bid to recover drugs from drug dealers or in a bid to discover drug syndicates. The idea is that if you arrest the one found taking drugs, he will show you where he bought the drugs and the seller will show you the wholesaler and the wholesaler will show you the trafficker and the trafficker will show you the transporter.

The CID, Drugs and Narcotics department has an informer network that works to inform the police of the illegal activities that happen within an area usually drug related. The informer network ranges from pastors, teachers, students, concerned community members and previous drug abusers among other informers. The system of the informer network works through a system of suggestion boxes which are stationed at every police station, a whatsapp platform, hotlines, walk ins and through the crime consultative committee which is a body that works towards highlighting crimes in a certain area. The raids sometimes happen in terms of code named operations conducted nation wide

Crime concentration in an area is also another determinant for conducting raids in particular area. The police have chats that they update regularly recording the level of crime

concentration in an area. When the police keep recording high crime concentration, in an area, this calls for concern and they start investigating on what could be the possible reasons for such. Hence crime concentration in an area informs drug raids as well.

Paraphernalia, and frequency of visits to a certain place without coming out with anything tangible, are also major things that the police are on the lookout for when conducting their patrols in different areas. In terms of paraphernalia, the police are on the lookout for apparatus used in consuming drugs and these include sale of rizzlers and maybe discovering people with a hubbly bubbly. In Mbare there is also a tendency of people frequently going into a certain place regularly where there is no seen activity and coming out without with nothing. This drives the police usually to raid those areas because they want to discover the causes of the frequent visits by different people in a similar trend.



Figure 1 : Showing Paraphernalia

Lifestyle audits for certain individuals, informs drug raids by the CID, Drugs and narcotics department. This is usually when the police notice that a certain individual drives a really nice and expensive car yet they are unemployed and might not have any registered legal

business that they run or a relative in the Diaspora who is able to sponsor them. When someone is living a lifestyle they seem not to afford under normal circumstances this calls for suspicion, for example an unemployed person in the Matapi area of Mbare seen driving a really lavish car and living a lavish lifestyle this calls for the police to investigate. Investigations may inform the police to raid the person so that they know where really the money is coming from.

2.3.2 Awareness Campaigns

The ZRP CID, Drugs and Narcotics department conducts awareness raising campaigns in schools, on the television, radio and in communities against drug abuse usually targeting the youth and the students. According to Assistant Inspector Mwanza cited by Saunyama(2017), “if we fail to take meaningful action to condemn this menace of drug abuse and fight it head on, its effects on the general welfare of the people would be devastating”. Awareness is done to alert the students of the dangers associated with drug abuse firstly as a health issues, as an economic issue, social issue and as a political issue. In these campaigns the CID, Drugs and Narcotics also works in tandem with organizations such as the Communities Against Drug and Substance Abuse Trust (CADASA), in raising awareness among the youths on drug abuse. The aim of the campaigns is also to prevent the youth to engage into drugs as most deliberate drug abusers affected by the law range from sixteen years to forty-five years.

2.4 Major drugs recovered in drug raids

The major drugs recovered in drug raids in Mbare include Marijuana or scientifically known as cannabis is the major drug mostly recovered in raids. The drug is cheap and readily available with Zimbabwe accounting for twenty-five percent of its production and the large bulk of seventy five to eighty percent imported from Malawi and Mozambique. Broncleer and Histalix PP are the second major discovered drug in raids. Broncleer is not a registered

drug, registered in Zimbabwe under the Medicine Control Authority of Zimbabwe (MCAZ) whilst histalix is registered requiring prescription to purchase it in the pharmacy.

The other drugs recovered include the valium products, which are prescription drugs for the mentally unstable, those in chronic pain and those that are suffering from insomnia. The drugs include diazepam and phenergan. Under normal circumstances, a patient is supposed to consume one tablet a bedtime but when abusing those that take the tablets take five tablets when they wake up and become 'sticken', a street name for that type of intoxication whereby there is a pause in the physical activity causing poor body coordination. The drugs are smuggled in from Zambia and Tanzania, and because of the poor storage conditions, by the time they arrive in Zimbabwe, they are already toxic.

Another category of drugs recovered in raids is the skin lightening products and body enhancement products that form part of the dangerous drugs under the dangerous drugs Act. These come from Nigeria, Zambia, DRC, and Tanzania among other countries. These are known to cause different kinds of cancers to the body in the end and hence are prohibited in Zimbabwe.



Figure 2: Showing Drug types



Figure 3: Showing Skin lightening creams



Figure 4: Packaged Drugs

Pictures were taken at the CID, Drugs and Narcotics Library at Central Police Station Harare

2. 5 Department Trainings

The department conducts trainings for own staff and other government departments regularly to be able to identify offenders and new ways of concealing the drugs that are being used by those in the dangerous drugs trade. The Department trains ZIMRA on drug identification and concealing techniques. The concealing techniques vary according to drug type whereby in some instances the dealers create false bottom suitcases, double scaled shoes, artificial limbs,

artificial buttocks, platted hair, false pregnancies, placing drugs in intimate areas, and swallowing pallets wrapped in plastic membrane. Those who do the last method are usually drug mules or traffickers and they take chemicals to slow the digestive system, and upon arrival to destination, they take laxatives to quicken the digestive system.

2.6 Conclusion

This chapter aimed at explaining the role of the law enforcement agency mandated to deal with drug abuse issues in Zimbabwe. The major issues addressed in this chapter include the Acts governing drug abuse in Zimbabwe namely; the Dangerous drugs Act and the Medicines and Allied Substances Control Act. The chapter also highlighted the work of the CID, Drugs and Narcotics in dealing with drug issues namely drug raids, drug recovery, awareness raising and departmental trainings. The chapter gives an insight on how the department operates and how it coordinates with other players in dealing with drug issues in Zimbabwe and Mbare in particular.

Chapter 3

Successes and shortcomings of the CID, Drugs and Narcotics Department

3.0 Introduction

This chapter seeks to assess the effectiveness of the CID, Drugs and Narcotics department by analyzing the department's strengths and shortcomings in their work. The chapter will highlight the department's strengths, weaknesses, and challenges and then assess the effectiveness of the department based on that information.

3.1 Strengths of the CID, Drugs and Narcotics Department

The very existence of the department is a clear indication that the government has put in place efforts towards curbing drug abuse in Zimbabwe. The department is equipped to conduct awareness campaigns targeting demand reduction in targeted education to communities and in schools over the dangers of drug abuse and the effects of drug abuse on both the one taking to drugs and the community at large. The department disseminates information through radio and television spaces that is very effective in targeting the targeted audience because the youth and other people in the communities listen to the radio and watch television more than they read pamphlets or newspapers. This can be viewed as one of the major strengths of the department.

The practice operation in civilian clothing is also a major plus for the department. The fact that officers under this department move around in civilian clothing helps them identify the

offenders of drug laws and be able to uncover drug syndicate because the communities can never be able to identify the police because the officers will not be in uniform. The operation in civilian clothing also helps them gather relevant information required before a raid is conducted. The officers would have identified the necessary behavior and misconduct in a certain area necessary for them to conduct raids without anyone suspecting them of being part of the police force.

Another major strength of the department is the establishment of a network of informers who inform the department of any illegal activities happening in their communities. The informer network platform is very confidential and no one really is required to write their name or address when they report an issue. The informer network platform involves the use of a police hotline, a whatsapp platform and a suggestion box. The good thing about the platform is that it is free, the hotline is free and the whatsapp platform costs close to nothing and suggestion boxes are at every police station and anonymity is guaranteed.

The CID, Drugs and narcotics department has a system whereby every police station is equipped to conduct drug raids on their own and refers complex cases to the CID, drugs and narcotics office at the Central police Station in the Central Business District (CBD). This system is a strength for the department because it enable a joint effort between all police taskforces to work towards drug abuse reduction and possible eradication in the communities. The aim is to work towards drug abuse free communities.

Lastly, another major strength of the department is the fact that they offer trainings to their staff and different other government departments such as ZIMRA on drug detection. This helps the government in curbing drug abuse at various levels using different departments working towards the same goal. The department also has drug-testing kits that they use to test drugs anyone found in possession of drugs. The drug testing kits help them detect the type of drug they discover in the event that drugs are recovered in raids.

3.2 Weaknesses and challenges for the department

Drug dealers have mastered the art of hiding their drugs in places that one can never imagine to find drugs with examples such as in stoves, fridges, spare wheels, baby items, and empty gallons of engine oil, among other places. This has become a major challenge for the department. The drug lords with large amounts of stock, rent safe houses or warehouses in different locations from where they operate from, for example, a drug Lord can rent space for keeping their drugs in Borrowdale, Kambuzuma, Kuwadzana, or Avondale, while residing in Mbare. The drug dealers have also resorted to the idea of purchasing a pool table at their drug selling bases to act as a disguise or a decoy for when the police comes. Usually the dealers do not keep a large amount of stock at the same point they are selling from but rather they have a safe house or a trusted member of society's house where they keep their drugs to avoid having all their stock taken in case of a raid.

The researcher found out from drug dealers that drug raids are becoming fewer and fewer because of the alleged relationships they have created with the CID drugs and narcotics police officers. It is alleged that drug raids are usually frequent in the initial stages of the business but as you advance in the business and you establish a relationship with the law officers the raids become fewer. The harsh economic crisis in Zimbabwe paves way for the drug dealers often bribe the police not to confiscate their drugs and the police officers allegedly accept these bribes in exchange for cash.

A weakness noted of the department is that it has corrupt officers on the ground that are supposed to be working towards curbing drug abuse but are rather fuelling drug abuse in return. The corrupt police officers were allegedly said to raid those dealers who refuse to bribe them and in some instances where allegedly said to confiscate drugs from one drug

dealer and give them to another dealer to sell, and collect the money from the sales at the end of the days.

It is of importance to note that a major challenge for the department that the researcher found was that, the real drug dealers are rarely affected in the raids but rather the runner boys are the ones raided because it is alleged that the real drug dealers have the capacity to pay off the police in huge amounts. The researcher found out that there are certain drug dealers who allegedly make between \$400 to \$500 dollars every day from drug sales hence; they are allegedly able to pay off the police lucrative bribes. There are also police officers that operate their own bases. However, the dealers also pointed out that the Criminal Investigation Unit of the ZRP is now the arm that is arresting more drug dealers than the Drugs and Narcotics arm.

A major weakness that the department is experiencing is that it is alleged that some police officers actually tip off drug dealers about planned raids and if there are any drug recovery operations underway. In some instances, the police actually warn the drug dealers of raids before they take place. The alert serves to warn the dealers to move their stock to different locations and only keep the stock they know if found in possession of they will not have them prosecuted.

It is alleged that a drug dealers in the Matapi area are the ones who help out in donations at the local Matapi area police station in case where needs arise for the police. It then becomes difficult for the police to stop the drug trade because the drug dealers are the ones that contribute to upgrades at police stations and donate things to the police when a need arises. They also donate to functions that the local police stations hold and thus they have allegedly become friends of the police in a way.

Another challenge for the CID, drugs and narcotics department is that the business is now widely accepted in communities. The drug dealing business is now being widely accepted in

the communities. The drug dealers are seen as role models and saviours that give back to the community from their drug sales. Most drug dealers pay school fees for the under privileged and help at funerals in the community. The communities are aware of the harms of drug abuse but divided between accepting and rejecting drug dealers because of the assistance they get from them. In addition, the drug dealing business has become some sort of cult of some order because the drug dealers have followers who are loyal to them and will not tell the drug dealers off to the police. Hence, drug dealing seen as any normal business in the community that is widely acceptable and this in turn hampers the progress or efforts by the CID, Drugs and narcotic department in curbing drug abuse in Mbare.

The department is also experiencing a lot of challenges and these can be attributed to the harsh economic crisis faced in Zimbabwe. The department faces draw backs in terms of high-powered vehicles to be able to chase drug dealers who would have escaped. The high-powered vehicles are essential because they assist the officers carry out their duties effectively. Sometimes the absence of vehicles to move around with even for doing patrols hampers the progress of the police officer even in arresting drug dealers because it could take time to get to the place where the drug drugs are being sold using public transport rather that if the officers have their own vehicles.

Furthermore, another weakness of the department in terms of resources is that they do not have a lot of drug testing kits and sometimes rely on donations from the United Nations (UN). The drug testing kits are very essential for the department because they help in testing drugs that offenders might be found in possession of. Hence, the absence of many drug testing kits is another major weakness of the department.

In addition, the other challenge that the department is faced with is the problem of limited resources and this cripples their progress in drug issues. The department does not have up to date machines like computers. Computers are important currently where everything is now

digitalized. The computers also aid in the better following up on issues because everything will be easily accessible using database packages to store information digitally instead of having handwritten records of cases and updates. The problem can however be attributed to the harsh economic conditions and the fact that the government is so much in debt and experiencing a liquidity crunch hence providing resources for the department might not be a high priority issue.

The operation in civilian clothing can also be seen as a weakness in a way. This is because even if the community notices a corrupt officer they are unable to report them to their superiors because one cannot tell the difference because they are not in uniform. In addition, operation in civilian clothing also aids in some police officers engaging in corrupt activities such as even smoking drugs and abusing other drugs together with the civilians because they are not in uniform. Hence, operation in civilian clothing can be both a blessing and a curse at the same time.

Conclusion and Recommendations

In conclusion, it is of great importance to note that the problem of drug abuse among youths in Zimbabwe is a worldwide problem. Hence, a joint effort in curbing drug abuse is required. In countries like America, drug abuse has become a major concern and many teenagers engage in drug use. Latin American countries are the major suppliers of drugs in America. America has made significant efforts to arrest drug Lords and are continuing in their drive towards establishing a drug free America. The efforts can be noted in the arrest of famous drug Lords such as El Chapo Guzman who ran away from the authorities for more than 13years and Escobar who were famously known to traffic tonnes of drugs into America an across Europe.

Africa has not been spared from drug abuse with countries like Nigeria, Tanzania and Kenya because of their access to the sea have tones of drugs coming in from different parts of the world affecting their youth who indulge in drugs at tender ages. South Africa is also a classic example of drug abuse on the rise affecting the youth. There is a wide range of deadly drugs that the South African Police is currently battling with as being abuse by the population including crystal meth, heroin, cocaine, whoonga, nyaope, mandrax, marijuana and anti-psychotic medicine among other drugs.

The dollarization of the economy in Zimbabwe can be seen to have fueled drug abuse in Zimbabwe. The dollarization of the economy somehow fueled drug abuse because Zimbabwe became a lucrative market for drugs because of the dollar and drug dealers are always looking for new avenues for making more money. Drug abuse issues among the youths have since spiraled since introduction of The United States Dollar and this has devastating effects on the economy and the society.

In addition, Mbare being the oldest suburb in Zimbabwe and a very central place has not been spared from drug abuse among the youth. Mbare is where all the buses rank coming from different locations, it is where the largest fresh produce market is located in the country and also where most businesses are conducted with the largest informal hardware wholesale in the country called 'Siyaso'. The fact that Mbare is central and houses a lot of activity and one can conduct business at any hour in Mbare means that there is also a lot of criminal activity taking place. Hence, this is the reason why Mbare ranks at the top on drug abuse cases in the country.

Currently there are three local police stations in Mbare namely Mbare Police Station, Stodart Police Station and Matapi Police station, and these work in tandem with the CID, Drugs and Narcotics department at the central police station in the CBD. The local police stations can make arrests of drug offenders, refer complex cases to the Drugs and Narcotics department, which then takes up the cases, and investigate further. The practice of referring helps discover and investigate drug syndicates whilst working towards curbing drug abuse among the population of Zimbabwe.

The ZRP, CID, Drugs and narcotics department can be seen as an effective department in addressing drug issues and curbing drug abuse in Zimbabwe. The very existence of the department solely mandated to deal with drug abuse in Zimbabwe is a major strength of the department and the fact that the department conducts trainings and awareness's to the public is another way to show effectiveness. The conduct of drug raids and the dedication and will to discover drug syndicates through the informer network pattern and referral network, operation in civilian clothing, shows effectiveness of the department.

However, corrupt officers who take bribes from the drug dealers and not arresting drug law offenders are hampering the progress of the department. Another hindrance to the

department's effectiveness is the limited resources such as computers, high-powered vehicles, and lack of drug testing kits. However, the department does everything it can with the limited resources available to arrest drug syndicates and ensure a drug free country. Hence in conclusion we one can say that the ZRP, CID, Drugs and narcotics department is effective in dealing with drug abuse among youths in Zimbabwe.

Recommendations

There is need for the CID, Drugs and narcotics departments to find way to source for drug testing kits in order for them to do their work effectively. The department also needs latest equipment like computers and high-powered vehicles within the department in order to conduct patrols effectively and create an electronic database for cases instead of handwriting cases.

The government also need to consider revising the drug Acts and statutory instruments currently in place and induce stiffer penalties for offenders. This can help in reducing drug abuse cases. The government should consider putting in place stiffer penalties especially for drug dealers, and the traffickers.

There is also need for the government to establish rehabilitation centres drug abuser, as there is currently no public rehabilitation centre for drug abusers. Drug abuser are currently referred to the country's mental institutions and treated as mental health patients whereas they is need to establish a rehabilitation centre or centres for drug abusers only. Currently there is only one private drug rehabilitation centre, it is quite costly, and many youths in Mbare cannot afford to go there. The government needs to start treating drug abuser as people in need of help and not to be treated at criminals.

There is need for drugs and narcotics department to include youths who have come out of drug use in their drug campaigns. This helps in making their campaigns more effective in reaching the targeted population because youths had better relate to youths that they do with the older people. A holistic approach to drug abuse campaigns is very important if we are to overcome the problem of drug abuse among youths.

To curb corruption the government needs to devise ways of well remunerating the police officers because corruption can never end if remuneration of civil servants is low. The government can incorporate the system of incentives to police officers who are working hard towards ending drug abuse. The can also introduce the system of remunerating the CID, Drugs and narcotics officers on commission to curb drug abuse. If one is paid based on their performance, they are likely to perform better on their jobs. This system has worked well in curbing corruption at the central registration offices where people take their national, identity cards, birth certificates, death certificates, citizenships and passports. Corruption was curbed through introduction of the system of paying based on commission based on performance.

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Appendix 1 : Social discussion guide

1. When did you first get into drugs?
2. How did you get into drugs and why?
3. Where are the drugs sold and how do you access them?
4. What are the types of drugs you take?
5. What are the effects of the drugs after use?
6. Do you ever forget the things you do while under the influence of the drugs?
7. How much do they cost?
8. Where does the money come from?
9. Have they ever been in trouble with the authorities over drugs? If yes what happened?
10. How does the family and the society relate to drug abuse among the youths?
11. Any withdrawal effects when you stop taking the drugs?

Appendix 2: Key Informant Interview Guide (CID Drugs and Narcotics)

Introduction

My name is Nancy Makande, I am a fourth year student at Midlands State University studying towards an Honours Degree in Development Studies. It is prerequisite for final year students to undertake research project. I am asking for your contribution in providing information on the contribution of the ZRP,CID, Drugs and Narcotics department in curbing drug abuse among the youth in Mbare. The information that you are going to provide will only be used for academic purposes.

1. What is the CID, Drugs and Narcotics?

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.....

2. When was it established?

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3. What issues do you deal with?

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.....
.....

4. What are the statutory instruments used to governing drug abuse cases?

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.....
.....

5. How many cases of drug abuse do you deal with in (a) a week (b)month?

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6. What are the possible reasons why the youth are into drugs?

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7. How do you know about bases where drugs are sold in order to conduct raids?

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8. How are the raids conducted?

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9. What are the types of drugs that are recovered mostly in drug raids?

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10. Is every police station equipped to do drug raids?

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11. Do the police receive any tips from the community members about drug abuse issues?

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12. Any challenges faced by the department?

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14. Any training on capacity building for the department?
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Appendix 3

Key informant interview Guide (Drug Dealers)

Introduction

My name is Nancy Makande, I am a fourth year student at Midlands State University studying towards an Honours Degree in Development Studies. It is prerequisite for final year students to undertake research project. I am asking for your contribution in providing information on drug abuse among the youths in Mbare. The information that you are going to provide will only be used for academic purposes.

1. How did you get into the drug business and what are the reasons?

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2. What types of drugs do you sell?

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3. How long have you been selling drugs?

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4. Where do you get them from?

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5. Where do you sell the drugs from?

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6. Are you the only one who sells the drugs by yourself?

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7. How do you choose clientele to sell to?

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8. What are the ages of most of your customers?

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9. Have you ever been raided by the police?

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10. If yes. How do you manage to keep selling despite having been raided before?

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11. Do you know the effects of the drugs you sell to the person taking them?

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