

WOMEN AND ILLEGAL DRUG USE IN ZIMBABWE: CAUSES AND EFFECTS

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ABSTRACT

Illegal drug and substance use has lately become an enormous social problem in this modern era of globalization, being prevalent in both developed and developing countries. Illegal drug use has been treated as a masculine phenomenon while the lived experiences of women who use drugs were swept under the carpet. This article uses a mixed-methods research approach to explore the causes and effects of illegal drug use among women in Zimbabwe. A total of 180 respondents were sampled using simple random methods from two provinces, Harare and Mutare. In addition to 180 women who used drugs, ten key informants were purposively sampled for in-depth interviews. A number of determinants were established that push women into illegal drug use activities. These include poverty, unemployment, peer pressure and commercial sexual transactions. The study established that women who use drugs are exposed to various harmful practices after intoxication. There were reported cases of violence, exposure to sexually transmitted diseases, family and health neglect among other effects. The article concludes by suggesting a number of recommendations in order to reduce the incidences of drug and substance use by women.

Key words: *Illegal drugs, poverty, substance use, women, Zimbabwe*

1.1. INTRODUCTION

Illegal drug and substance use has lately become an enormous social problem in this modern era of globalization, being prevalent in both the developed and developing countries. The consequences of illegal drugs and substance use has become a hot debate, with some scholars arguing that the effects of drug addiction solely affects the addicts, (Dissabandara *et al.*, 2009). On the other hand, some scholars conclude that drug addiction has detrimental effects

on the people who use drugs, their families and the community at large, (Muzondo, 2022; Chahuruva, 2021). The majority of people who are engaged in illegal drug and substance use argue that taking drugs is a personal choice and it harms only them, (Mahir and Wazeema, 2020). However, despite the individual predicament associated with people who abuse drugs, it has been found out that drug addiction affects familial well-being and paralyses national development, (Muzondo, 2022). It is a well-known truth that drug addiction affects not only the individuals who take drugs but also their family members, communities and the country at large. Mahir and Wazeema (2020) argue that drug addiction is a complex, multi-faceted, and all pervading social problem faced by most countries in the world. This article reviews the illegal use of drugs and substances by women in Zimbabwe. The article looks at the causes of drug and substance use among women and the direct as well as indirect effects of illegal drug use on the wellbeing of women in Zimbabwe.

1.2. BACKGROUND INFORMATION

Zimbabwe is a landlocked country, located in southern Africa with a total area of 390 760 km², (Zimbabwe National Statistics Agency, 2022). The country is bordered by Zambia in the north, Mozambique in the east, South Africa in the south, and Botswana and Namibia in the west. The total population is estimated to be slightly above 15 million of which 60 percent is rural, Zimbabwe National Statistics Agency (ZIMSTAT, 2022). The proportion of males was 48% versus 52% females, giving a sex ratio of 92 males for every 100 females, (ZIMSTAT, 2022). The annual population growth rate is 1.5 percent with an average population density of 39 inhabitants/km². In 2022, the Human Development Index ranks Zimbabwe 156 among 187 countries and the Gender Inequality Index ranks it 110 among 152 countries. Zimbabwe's unemployment rate is a highly debatable issue since scholars bring their own statistics based on their political, economic and social standing. For instance, ZIMSTAT (2022) avers that the national unemployment rate was 45% in 2022 while the Zimbabwe Congress of Trade Unions (ZCTU, 2022) puts it at 95% in the same year. However, despite these ideological differences and contestations around the matter, Zimbabwe has remained grappled with high unemployment rate especially among women.

2.1. THE SCOURGE OF ILLEGAL DRUG AND SUBSTANCE USE

Across the globe, drug and substance use among women has become a matter of concern. The United Nations Office on Drugs and Crime (UNDOC, 2018) reports that early (12–14 years old) to late (15–17 years old) adolescence is a critical risk period for the initiation of substance use. Globally, cannabis is a common drug of choice for young people owing to its easy availability and perceptions of a low risk of harm. In the European Union, the UNODC (2018) reports that the lifetime use of cannabis, cocaine, stimulants and inhalants is up to two times higher among women aged 18–24 than those aged 36 or older. In Africa, studies demonstrated that there has been a steep increase in substance or drug use among women since the beginning of the 2000 millennium (Embelton et al, 2013; UNODC, 2018; Burrell, 2014). The World Health Organisation (WHO, 2021) indicated that substance use among women has increased more rapidly in developing countries over the 2000-2018 period than in developed countries.

According to Nhapi (2019), male adolescents and young adults account for the largest share of those using drugs in Sub-Saharan Africa, with a prevalence rate of 42%. This has been because researchers and policy makers usually turned a blind eye on women who use drugs.

Drug use among women has been swept under the carpet as an untold phenomenon in African societies. There is often a substantial disconnect between real risks and public perception on the dangers of drugs among women groups including those who are pregnant, breast-feeding, sex workers and school girls, (Muzondo, 2022). This result in many women falling preys in illegal drug and substance activities as no-one looked out for them. Box (2021) argues that in Zimbabwe, women who use drugs are involved in threefold roles namely women as drug users, women as intermediaries in illegal drug use activities and women as drug sellers. These activities were worsened by the inception of COVID-19 and its related consequences, Matutu and Mususa (2019).

Regrettably, the decision to seek rehabilitation services for substance or drug related disorders among women is a far-fetched endeavor. The high cost of rehabilitation services has been found to be one of the major barriers to the accessibility of rehabilitation services for drug-substance use disorders (Muzondo, 2022). In most Western countries, people of color with lower socio-economic status often find it difficult to fund specialist rehabilitation services thereby fueling an unending cycle of substance abuse among such communities (Gunda and Mbundure, 2020). A study conducted by Fante-Coleman and Jackson-Best (2020) in Canada among black children found that their parents were unable to afford mental health services related to substance abuse thereby hindering them from accessing treatment services earlier.

Moreover, drug abuse among women is considered a form of deviance which goes against established community values, norms and laws. As such, women usually shun treatment due to the fear of stigmatization. In Zimbabwe, drug use rehabilitation services are largely privatized despite the proliferation of drug or substance use in the country (Priesten, 2015). This makes rehabilitation services generally more costly than other mainstream health services. Various factors hinder women from seeking rehabilitation services. These include the associated costs of services (both administrative and financial), fear of stigma and lack of trust about the effectiveness of rehabilitation.

Gunda and Mbwirire (2020) established that it is common for families to doubt the effectiveness of rehabilitation services as a way of dealing with substance abuse disorders. Nhapi (2019) reported that taking a person to a rehabilitation facility in Zimbabwe is considered as a sign of failure thereby fueling stigmatization and ridicule for the family members. This shows that there is need for drug policy reform that seeks to end the discrimination and criminalization of people who use drugs. The writer notes that drug use is not a criminal issue, rather it is a social development issue and a public health concern. Therefore, instead of arresting and punishing women who use drugs, it is imperative to first consider the causes and effects of illegal drug use among women. As well, instead of funding the police and prisons services in the fight against drugs, it is quite proactive to fund the social development and health sector as a way of combating drug use. This broader understanding of the determinants and consequences of drug use among women help to give well-informed intervention models in addressing the scourge of illegal drug use, hence the gist of this article.

3.1. RESEARCH METHODOLOGY

This article employs a mixed methodology research approach. Combining quantitative and qualitative research methods in a single study helps to enable the confirmation or

collaboration of each other through triangulation. A convergent sequential research design was used whereby quantitative and qualitative data were collected, collated and analyzed to see if the findings confirm or disconfirm each other. The target population for the study were women who use drugs in Zimbabwe's two cities, Harare and Mutare provinces. Harare is the capital city of Zimbabwe where all sorts of illegal drugs use activities take place. The researcher targeted drug use hotspots of Mbare, High-Fields and Epworth. These are high density suburbs in Harare with highest number of crime rates and other illegal activities. The researcher also chose Mutare urban, a border town in the eastern highlands. Due to its proximity to the Mozambique border, Mutare was chosen because it is one of the famous entry points of illegal substances in Zimbabwe. In Mutare, Chikanga, Danganvura and Sakubva suburbs were used as units of analysis.

A total of 180 respondents were targeted to participate towards the completion of this study, with an average of 90 respondents drawn per province. Ten key informants who worked directly with women who use drugs were interviewed with a maximum number of five individuals per province. These included nurses, peer educators from various Non-Governmental Organisations (NGOs), leaders of support groups of People Who Use and Inject Drugs (PWUID) and other health personnel. Survey questionnaires, in-depth interviews, focus group discussions and key informant interviews were used as data collection methods. The researcher used side-by-side comparison as a data analysis technique whereby the SPSS and thematic content analysis were corroborated to analyse the findings. The researcher understood that the topic under discussion was too sensitive as it involves drugs and crime. As such, for easy access of the participants, the researcher worked closely with project officers from Zimbabwe Civil Liberties and Drug Network, who helped in identifying women who use drugs in the provinces. Various ethical considerations were put into action such as confidentiality, informed consent, privacy, free participation and debriefing. Participants were asked to sign a written consent form before any interview starts. These ethics were observed in order to avoid harming participants.

4.1. PRESENTATION OF FINDINGS

This section presents findings of the study on the causes and effects of drugs and substance use by women in Zimbabwe. Various socio-economic factors were explored that push women to engage in illegal drug use activities in both provinces.

4.2. FACTORS LEADING TO DRUG/SUBSTANCE USE AMONG WOMEN

The article establishes a number of factors trigger women to use illegal drugs and substances. These include poverty, unemployment, peer pressure, sex work and divination.

4.2.1. Poverty

It has been established from the study that the majority of women, 80% mentioned poverty as a driving force to drug use activities. Many of these women were single mothers who carry the whole burden of family needs on their shoulders without husband's support. This was reported to be caused by family breakdowns where the father deserted the family or a situation where a woman has children with unknown fathers. One participant in a group interview in Sakubva highlighted that:

“I started taking drugs when my husband left me in 2005 until now I am still taking drugs.....I am a single mother who lives with her four children by herself so in order for me to relieve myself from all the pressure of being a single mother I resort to drugs. I am struggling to provide food for my children, they are not going to school and among them only one has a birth certificate. These are issues that stress me all day because to see my children going to sleep on empty stomachs it really pains me, that is why I end up taking drugs because I will just sleep and wake up tomorrow.”

There is a strong nexus between poverty and drug use as witnessed by the participants. Poverty forces women to indulge in illicit drug use activities as a coping mechanism. It has been reported that 40% of the women who use drugs had a tendency of selling their personal possessions in order to buy more drugs and this eventually plunge them into absolute poverty. Lack of food in the household, failure of the mother to send her children to school and poor living conditions forced women to take drugs. This was largely reported among women in their late 20s and above.

4.2.2. Unemployment

Unemployment was largely found to be a strong determinant of drug use among women of all age groups. It has been noted that 100% of women who were interviewed were not working and all of them cited unemployment as a major cause of drug use. The researcher asked respondents if they were either formally or informally employed or self-employed, however, all participants indicated that they were not working. This was found to be a major reason why women end up taking drugs in order to evade the reality that they are not working. One participant from an in-depth interview indicated that:

You see me now, am full time home since morning, that’s my life each and every day. The whole day I have nothing to do, am not working and am always idle. So usually I go with my friend and take amphetamines then we get drunk and sleep the whole day.

Such idleness has been reported to be the major factor which force women to take depressant drugs that will make them sleep rest of the day. It has been reported that young women should be given something to do be it income generating projects or other activities that keep them occupied and busy so as to reduce the uptake of drugs. One key informant had this to say:

These young women are not working, the economy is bad, we do not have job opportunities. So they spent whole day taking these drugs. If the government can provide some opportunities for them I don’t think they were going to have time to take drugs.

The exclamations above show that young women are unoccupied and the end result being drug and substance use. This has affected their productivity as they will spend the rest of the day taking drugs, being idle and contributing nothing to the development of the community.

4.2.3. Peer pressure

Peer pressure is the influence wielded by people within the same social group in order to be accepted by the group, (Muwanzi and Mufumbate, 2017). Oftentimes, peers are considered to be friends, or anyone of a similar status and similar age group. Peer influence was reported to be another cause of drug use especially among young women in their early 20s. 70% of women between the ages of 21 to 26 indicated that peer pressure was a driving force behind drug use. When asked how often one has to take drugs per day, one young lady reported that:

“Every time when I see someone taking the drug I would also want to join regardless I have already taken the drug. I started taking drugs 2 years ago when I was at school, I would watch my friends smoking mbanje and the next day I joined them. Now I can’t do anything without smoking, even my daily chores I fail to do them without drugs. I first need to take some drugs then start doing my chores at home.”

This shows that peer influence has a toll on young women who end up taking drugs in order to fit well in their social groups. Peers have big influence on one’s decision making and in one’s behaviors. This was reported among young women in the early 20s as this age group suffers indecisiveness and identity crisis.

4.2.4. Sex Work

The study established that the majority of women who use drugs, 90% of them were sex workers. The practice of engaging in relatively indiscriminate sexual activity with someone who is not a spouse or a friend, in exchange for immediate payment in money or other valuables was reported to be the major determinant of drug use among ladies of the night. One participant from a focus group discussion indicated that:

“I am a sex worker, you know it’s hard to sleep around with men you do not even know, some of them they refuse to give you money after services while others give you a large amount like 50usd and say I don’t like protection. So I take drugs so as to have the confidence and courage to ask for my money after I offer my services or to oblige with what my clients might be saying...and you know when we are having our friends in the club, some of them will be drunk and I also get drunk so that I connect well with my friends, and I can be able to dance for men, when I see that this face may be having money, because sometimes we see by the face and do our actions to lure the men. So all this require me to be high on drugs so that I become confident, courageous and do all things you cannot believe in order to get money”.

When asked about the reporting channels when one refuses to pay for their services, one lady interjected saying:

aaaaah, to report, where? the police are the major perpetrators, they hook you up and deny you payment, so instead of going to report, drugs will just give me courage to confront you and we can even start violence.

This shows that sometimes women take drugs in order to perform their sex work without any hesitation or shame of the after effects. It is also evidenced from the narration above that drugs lead to violence among women especially sex workers against their unfaithful clients.

4.2.5. Divination

Divination is a method of consulting the spirit world concerning an individual or circumstance of illness through the use of randomly arranged symbols in order to gain healing knowledge, (Gunda and Mbwirire, 2020). It is a transpersonal technique of accessing information that is normally beyond the reach of the rational mind. From the interviewed women who used drugs, only two indicated that they use drugs mainly mbanje and kachasu (local brewed beer) when consulting their spirits. The uptake of drugs among these women were reported to be very low, since they only take them when having rituals (*matare*) to perform. However, these participants were found to be key in this study as they were reported to be the chief suppliers of drugs among women especially marijuana.

4.3. EFFECTS ASSOCIATED WITH DRUG USE AMONG WOMEN

The writer collected data on the dangers associated with drug use among women. This was done to gain a clearer understanding of the risk factors of drugs on the wellbeing of women. A number of effects were established which among them included exposure to sexually transmitted diseases, domestic and public violence, road traffic accidents, self and family neglect and mental and intestinal health related complications. These are charted below with the majority 57% being exposure to STDs followed by 53% of violence cases and the least being road traffic accidents and health problems depicting 13% and 3% respectively.

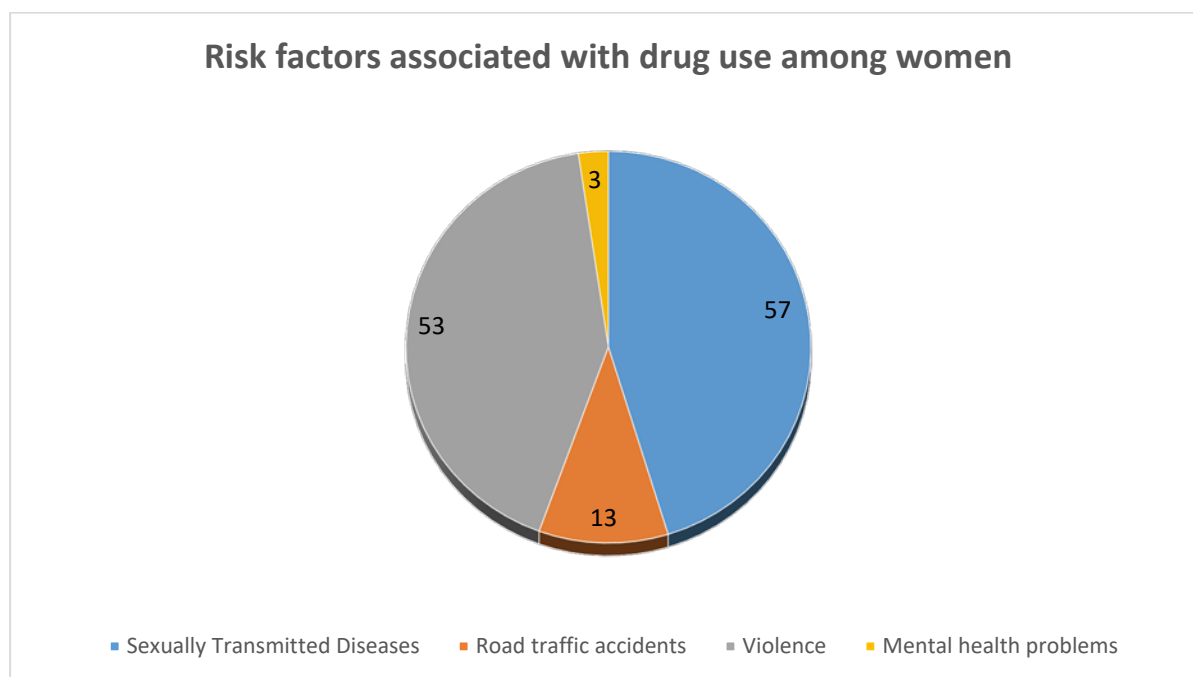


Fig 1: Risk factors associated with drug use among women.

4.3.1. Exposure to Sexually Transmitted Infections (STIs)

The study established that women are susceptible to STIs due to drug use. The study finds out that women usually take drugs together with men in their various drug hubs, popularly known as 'bases'. In the process, when women get intoxicated, male predators take advantage and seduce them without their consent. The phenomenon of 'date rape' was found to be high among women who use drugs in both provinces. Date rape refers to a situation where one is forced into unwanted sexual activity by a friend or peer through the use various methods including incapacitating substances or drugs. This act was found to be common among women who use drugs, and 57% reported to have contracted syphilis, gonorrhoea and other STIs from unknown sexual partners. One lady from a focus group discussion in Epworth highlighted that:

“Drugs lead to the spread of HIV and other STIs and unwanted pregnancies, sometimes we get raped at our base, we get STIs and pregnancy but sometimes we abort the pregnancy.....I have faced such situation many times but the problem is, we fail to recognize the rapist because of these drugs. Sometimes when we identify the perpetrator, they bribe us with more drugs and rape us again, so we end up being friends on both drugs and in bed..... The problem is when at the base we do not have time to look for protection because it might be too late and you will be high,.....this other day I managed to identify one person who had raped me and I was bribed with a 50usd and more drugs, I then failed to report him to the police and even today he is my partner in crime (laughing)....so sometimes you just wake up in the morning feeling some unusual pain and itches on your private parts, and later see that you have syphilis but you cannot recall who gave you....”.

The above narration shows that drug influence has a detrimental effect on the sexual behaviors of women who use drugs. This expose them to various STIs because they end up being gang-raped in their so-called bases. Also the earlier exclamations that when one offers a certain sum of money to engage in unprotected sex they do not deny the temptation because of the need of money, expose them to other sexually transmitted diseases. When asked about their HIV and AIDS status and their response to medication, all of them (100%) admitted that they know their status, with 35.7% being positive and taking their medication, although sometimes they skip due to intoxication. One lady from an in-depth interview had this to say:

I stay with my children, they know am HIV positive and they know I take my medication regularly, sometimes when am drunk I just wake up with a pill in my mouth, they know my timetable so they come and put it in my mouth....and this pill even makes me more drunk I don't know why.

Although women admitted to be taking their medication timeously, a few of them highlighted that sometimes they skip due to drug influence. This puts the health of HIV positive women at risk because after taking the drugs, they forget to take up their medication which eventually complicates their health status. As has been identified on the day of data collection in Mbare, it was reported that one of their drug users was found dead suddenly without any traceable illness and the majority attributed the incident to drug use and medication default.

4.3.2. Violence

Public and domestic violence was found to be a topical issue among women who use drugs in both provinces. It has been established that 53% of women who use drugs were involved in violent acts at some point. The study established that violence among women who use drugs was in two-fold forms; public violence in the streets or in the clubs and domestic violence at home with family members. Public violence among sex workers was mainly reported to be instigated by clients who fail to pay the services provided while domestic violence was largely in form of intimate partner violence where a married woman fights with her husband at home. These two forms of violence were reported to be influenced by drugs as has been reported by one female in a focus group discussion in Dangamvura, she narrated that:

'My husband is not working, he can't afford to pay school fees for our children and even rentals, and we have two months now without giving landlord her money. He just does his piece jobs and every amount he gets he commit it to drugs, so I was tired of that life and started to take drugs too, now at least we can relate well but sometimes we fight and our neighbors come to rescue, sometimes I just wake up with physical pains and my children tell me that I was beaten by the father'.

Intimate partner violence was reported among married women who participated in this study. They reported that the problem started with their negligent husbands who gave them untold sorrows and stress that forced them to engage in drug activities in order to cope up with the situation at home; lack of food, threats from landlords on non-payment of rentals, the dropping off of children from going to school and the psychological neglect by their husbands.

4.3.3. Health related complications

In addition to exposure to STIs and violence, drugs were reported to cause intestinal complications among women. The major drug that was reported to cause serious intestinal ischemia was crystal methamphetamine (Guka). Crystal meth is a psycho-stimulant drug with potent central nervous system stimulation, (Casares et al, 2006). The excessive use of this drug among women was reported to cause serious abdominal complications, bowel infarction and intestinal ischemia whereby an individual goes for three to five days without emptying the bowel or stooling. Women who use drugs also reported to skip their menstrual cycle due to excessive use of crystal meth. One participant stated that:

Crystal meth causes me to loose appetite, when I excessively take it I can go for 4 days without eating and without visiting the toilet. It causes serious constipation and sometimes I skip my menstrual cycle.

The direct effects of drugs on the women's menstrual cycle was reported to have serious physical and psychological effects on the participants. Some women during the data collection process reported that they were suspicious if they are still able to conceive or procreate.

4.3.4. Accidents and conflicts with law enforcement agents

It has been reported that women who use drugs were involved in road traffic accidents and regularly conflict with law enforcement agents. 13% of women who participated in the

study reported that they were convicted at some point due to drug related crimes such as violence, drug possession and drug use. One participant reiterated that:

“I was arrested together with my friend and we slept in the police cells for the whole night. We were released the next day after the person who supplies the drugs paid fine for....but sometimes when we get arrested we just pay by sleeping with the officers and they release us.”

It is a cause for concern that in most cases drug users get arrested while the suppliers were not affected. Some participants, 40% indicated that police have serious implications in illegal drug activities where they have a tendency of tolerating drug suppliers while victimizing drug users. However, when asked about what can be done to reduce the supply of drugs in their respective communities, 40% reported that the national security unit should raid all drug lords and hubs or bases where drug activities are done while 60% reported that no-one should be arrested. The researcher gathered that age of respondents had a clear influence on how one perceives drug use phenomenon. Young women between the ages of 15 to 26 vowed that drug suppliers and users must not be arrested because they make drugs readily available in the community while the majority of middle aged women of 33 years and above asserted that drug suppliers must be raided and arrested because without them no-one will be able to take drugs.

5.1. DISCUSSION OF FINDINGS

This study substantiates the existing data, which state, poverty and economic hardships in Zimbabwe force women to indulge in illegal drug activities. As purported by Box (2021) that women are involved in three major attributions that is women as drug users, women as drug sellers and as intermediaries in illicit drug acts. The involvement of women in drug use was reported to be increasing due to economic meltdown experiencing the country. Increase in unemployment rates, inflation and dwindling social safety nets has caused women especially single mothers to struggle fend for their families. This has caused women to resultantly take mood-altering substances and other depressant drugs. The effects of COVID-19 and associated lockdowns was largely felt by single mothers. 40% of these women were reported to have been deserted by their husbands during COVID-19 while 30% reported to have taking care of children with unknown fathers. As such, family disintegration exposes women and their dependents to economic hardships which they cope up with using drugs and other moody-altering substances.

A quite number of children of women who use drugs were reported to have dropped school while others never been to school at all. Lack of birth certificates for themselves and their children led women to neglect their own needs together with the basic right to education for their children. One can adjudicate that there is a vicious cycle of poverty and drug use among women. This is because failure of the mother to fend for the family cause children to drop-out of school at an early stage. Family breakdown exposes women to peer pressure as there will be no-one to regulate their behavior. Thus there is need for strengthening family systems so as to reduce drug use among women and young girls. One can argue that everything starts from the family as the major unit of socialization and upbringing. The dictates of the family systems theory implicate this study as the theory understands that failure of a single unit to perform its duties affects the performance of the larger system. As such, lack of a fatherly figure in the

house lead to reduced income earnings for the family resulting in poor diet, poor health and emotional abuse of both the mother and her dependents.

The study demonstrates a strong correlation between drug use and exposure to STIs as well as violence among women. Studies have shown that higher levels of illicit drug use, including cocaine, heroin, and barbiturates, are associated with physical and sexual abuse, (Matutu and Muzusa, 2019, Nhapi, 2019). This study also established that being a victim of physical or sexual assault increases the risk of women getting involved into substance use. 34.9% of married women who used drugs during the time of data collection reported that they experienced serious emotional, physical and sexual abuse from their husbands. This has instigated them to use drugs so as to face and endure reality of excessive abuse from their intimate partners. In line with the hypothesis that drug use lead to violence and spread of STIs, the study established a positive correlation between the variables. 57% of women reported to have contracted a sexually transmitted disease under the influence of drugs especially alcohol and mutiro. Women tend to neglect their health needs when taking illicit drugs. This include failure to use protection when having sexual intercourse with their accidental partners. This shows that there is high risk of maladaptive sexual behaviors among women who use drugs as some of them reported to intentionally have unprotected sex for money. It is thus a shameful experience that a number of sex workers accept offers of having large sums of money while risking their lives by having unprotected sex with clients they do not know their HIV status.

Considerably, the eventuality is excessive burden on the health sector because all women who need health services will end up approaching various service providers for help. For instance, 48% of women who use drugs reiterated that financial shortages is a major drawback to accessing specialized health services. This means they end up crowding for freely provided services by NGOs and other partners thereby putting pressure on the already dwindling health sector. This trickles down to the social development sector where the marginalized and vulnerable members of society visit in search of Assisted Medical Treatment Orders. This eventually paralyses the performance of health and social development sectors as there will be an increase of this clientele group.

In addition, the results indicated that there is a statistical significant relationship between drug use and violence among women. Violence was found to be in two forms namely intimate or family violence and public violence. The former was largely found among married women who use drugs while the latter was more common among single and divorced women. 53% of women reported to have been convicted more than twice due to drug related crimes ranging from drug possession, drug use or public violence under drug influence. The major drug that exposed women to violence was alcohol and this was largely reported among sex workers. This shows that in order to exclusively address the issue of drug use among women, there is need for a multipronged approach where different sectors of the economy put hands together and fight for the common cause. This is supported by the dictates of the systems theory. In as far as the family can play its role in reducing the uptake of drugs among women, the police should also be involved as well as the health sector, the social development sector and other key stakeholders. This helps to reduce the prevalence of drug use among women and eventually restore their normal functioning capacity.

6.1. CONCLUSIONS

This study has shown that there is a bi-directional relationship between poverty and drug use. These two has a cause and effect relationship whereby poverty trigger women to abuse drugs while in turn drugs expose women to poverty. Drug and substance use lead women to neglect themselves and to sell household or personal possessions in order to buy drugs. The study concludes that as drug use among women increases, women's opportunities for a healthy, well-rounded and stable future decreases. The dependency of women on drugs when making decisions and as a way to evade social reality has a detrimental effect on their coping mechanisms. This compromises their autonomy ending up assuming that every misunderstanding shall be resolved by violence and more drugs.

The study determines that there is a significant relationship between drug use and the spread of sexually transmitted diseases. It has been concluded that stigma, discrimination and social exclusion are major obstacles to health seeking behaviors among women who use drugs. This adversely affects their recovery path and meaningful community participation. However, on a positive note, the researcher learnt that the majority of women who use drugs know their HIV and AIDS status although sometimes they default medication due to drug influence. The study acknowledged that when women contract sexually transmitted diseases, there are some organisations that provide free screening and treatment of various STIs. This is applauded as it improves access to sexual and reproductive health services of women who use drugs. Although there are some challenges associated with access to legal, health and related SHRH services, women who use drugs are fairly treated and assisted at a local level.

7.1. RECOMMENDATIONS

7.1.1. Provision of income generating projects to women who use drugs

As has been noted from the study, women are involved into drugs due to unemployment. The government and partners should create opportunities for women who use drugs, equipping them with life enhancing skills that will keep them occupied. This helps to reduce the quest and demand of drugs among women. Notably, women who use drugs are functionally literate and can be able to manage small businesses. As such, access to women loans must be cascaded down to this marginalized group and allow them to be visible in entrepreneurship forums. This shall help in reintegrating them into the larger society and purposefully contribute to the development of their respective communities.

7.1.2. Strengthening social safety nets at family level

Family breakdown has been seen to be pushing women to drug and substance use. Single mothers, the divorced and even the married vowed that they ended up using drugs as a way of coping up with various family demands. This was reported to have been worsened by the inception of COVID-19 and its related consequences. As such, this research recommends for the establishment of vibrant social protection measures to families in difficult circumstances. This helps to improve the total and optimal functioning of families as the primary support system for individuals. This can involve the provision of monthly stipends to families in need such as the Harmonised Social Cash Transfers, provision of food hampers to women in difficult circumstances and other social safety nets.

7.1.3. Enhancing resilience capabilities of women who use drugs

The researcher underscores that women naturally value human relationships. As such, family involvement is crucial in defining a recovery pathway for women who use drugs. There is need to strengthen various social support systems of women who use drugs in order to reduce their quest for drugs. This involves working closely with women who have strong religious and spiritual inclinations. These are key in supporting women who use drugs in different ways including psycho-social and spiritual support.

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ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL
WELFARE
Compensation House

Cnr Fourth Street and Central Avenue
HARARE

DATE: 13 APRIL 2022

TO: EDWARD MUZONDO

**REF: LETTER OF APPROVAL TO CONDUCT A STUDY ON HUMAN RIGHTS AND
SRHR CHALLENGES FOR WOMEN WHO USE DRUGS.**

This letter serves as an approval for your application to conduct a study on, human rights and SRHR challenges for women who use drugs. You are required to adhere to ethical standards of research that include confidentiality, doing no harm to the participants and professionalism. You are further required to furnish this office with a hard copy and a soft copy of your final study report.

Please be advised that failure to adhere to the above expectations will result in the revocation of this approval.

Chief Director: Dr E. Mtetwa
Social Development and Disability Affairs

