BINDURA UNIVERSITY OF SCIENCE EDUCATION



A COMMUNITY-BASED MODEL FOR MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTHS IN ECONOMICALLY MARGINALIZED COMMUNITIES IN ZIMBABWE. A CASE OF GADZEMA, CHINHOYI

BY

MUNONGERWA GAMUCHIRAI

REGISTRATION NUMBER: B214184B

SUPERVISOR: Dr V.P MANGWIRO

A RESEARCH SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION, FACULTY OF SOCIAL SCIENCES AND HUMANITIES, DEPARTMENT OF SOCIAL WORK, IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK

YEAR 2026

DECLARATION

I Gamuchirai Munongerwa, declare that this dissertation titled: **DEVELOPMENT OF A COMMUNITY YOUTH MODEL IN MITIGATING DRUG AND SUBSTANCE ABUSE IN ECONOMICALLY MARGINALIZED COMMUNITIES IN ZIMBABWE. A CASE OF GADZEMA, CHINHOYI** is my original work and has not been submitted to any other university for the award of any degree or qualification. I further declare that all sources used or quoted in this study have been acknowledged by means of complete references. I have followed research ethics required in pursuit of Social Work research.

I grant permission to the university to use this research for educational purposes.

I confirm that I have read and understood the Bindura University of Science Education Regulations on Plagiarism.

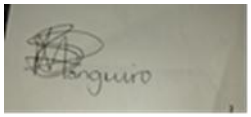
Student's Signature 

Date… 18/08/26

APPROVAL FORM

I certify that I supervised GAMUCHIRAI MUNONGERWA (B214184B) in carrying out this research: **DEVELOPMENT OF A COMMUNITY YOUTH MODEL IN MITIGATING DRUG AND SUBSTANCE ABUSE IN ECONOMICALLY MARGINALIZED COMMUNITIES IN ZIMBABWE. A CASE OF GADZEMA, CHINHOYI**

Supervisor's name: Dr Mangwiro V.P

Signature: 

Date: 18/08/2026

Chairperson of the Department Board of Examiners

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore recommend that Bindura University of Science Education accept this research project done in partial fulfillment of the requirements for the Bachelor of Science Honours Degree in Social Work.

Chairperson's Name…….

Signature…….

Date……

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to the Almighty God for granting me strength, wisdom and guidance throughout this research journey. I extend my heartfelt appreciation to my supervisor Dr V.P. Mangwiro for the invaluable support, patience and encouragement provided during the completion of this dissertation. I would like to thank all the lecturers and staff in the Department of Social Work for the academic knowledge and assistance rendered throughout my studies. My deepest gratitude goes to my family for their unwavering support and encouragement; they are my pillars of strength. I also wish to thank the community members and participants in Gadzema, Chinhoyi, whose cooperation and willingness to share their experiences made this research possible.

DEDICATION

I dedicate this dissertation to my family for their love, support and encouragement throughout my academic journey. Their unwavering belief in me has been my greatest source of motivation and strength.

ABSTRACT

The main aim of this study was to develop a community-based youth model for mitigating drug and substance abuse among youths in economically marginalized communities in Zimbabwe, with a specific focus on Gadzema in Chinhoyi. Drug and substance abuse among youth continues to rise, exacerbated by poverty, unemployment, peer pressure, weak family support systems and limited access to rehabilitation and psychosocial services. This study examined the efficacy of existing interventions, the challenges faced in implementing drug abuse prevention programmes in marginalized communities, and proposed a community-based youth model tailored to the needs of youths in Gadzema. The study was guided by the Ecological Systems Theory and the Social Learning Theory. A qualitative research approach was adopted, utilizing in-depth interviews, key informant interviews and focus group discussions to collect data from youths, community leaders, social workers and other stakeholders. A purposive sampling technique was used with a sample of participants from Gadzema. The findings revealed that drug and substance abuse among youths is influenced by multiple interconnected factors including poverty, unemployment, peer pressure, weak parental supervision and limited access to support services. The study further established that existing interventions such as awareness campaigns, school-based programmes and peer education have had limited reach and sustainability. The study concluded that a holistic, community-driven and youth-centred model is essential for effectively mitigating drug and substance abuse in marginalized communities. A Community Youth Model was proposed, emphasizing prevention, empowerment, peer mentorship, family strengthening, counselling services and multi-stakeholder collaboration. The study contributes to social work practice and policy by providing evidence-based, context-specific strategies for addressing youth drug and substance abuse in economically marginalized communities.

LIST OF ABBREVIATIONS

AU	African Union
BSFT	Brief Strategic Family Therapy
CADASA	Community Against Drug and Substance Abuse
CRA	Community Reinforcement Approach
DSA	Drug and Substance Abuse
HIV	Human Immunodeficiency Virus
MDFT	Multidimensional Family Therapy
NGO	Non-Governmental Organization
SADC	Southern African Development Community
SFP	Strengthening Families Program
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
ZCLDN	Zimbabwe Civil Liberties and Drug Network
ZIMSTAT	Zimbabwe National Statistics Agency
ZRP	Zimbabwe Republic Police

TABLE OF CONTENTS

DECLARATION 2

APPROVAL FORM 3

ACKNOWLEDGEMENTS 4

DEDICATION 5

PLAGIARISM REPORT ..... **Error! Bookmark not defined.**

ABSTRACT 7

LIST OF ABBREVIATIONS 8

CHAPTER ONE INTRODUCTION AND BACKGROUND 15

1.1 Introduction 15

1.2. Background of the Study 15

1.3. Statement of the Problem 17

1.4. Research Aim 17

1.5. Objectives of the Study 17

1.6. Research Questions 18

1.7. Justification of the study 18

1.8. Definition of Key Terms 19

1.9. DISSERTATION STRUCTURE 20

1.10. Chapter One Summary 21

CHAPTER 2: LITERATURE REVIEW 21

2.0 INTRODUCTION 21

2.1 THEORETICAL FRAMEWORK 22

2.1.1 ECOLOGICAL SYSTEMS THEORY 22

2.1.1.1 Relevance of the Ecological Systems Theory to the Study 23

2.1.2 SOCIAL LEARNING THEORY 26

2.1.2.1. Relevance of the Social Learning Theory to the Study 27

2.2 CONCEPTUALIZATION OF KEY PHENOMENA 28

2.2.1 Drug and Substance Abuse (DSA) 28

2.2.2 Youth Vulnerability and Risk Factors 28

2.2.3 Economically Marginalized Communities 28

2.2.4 Community-Based Interventions 29

2.2.5 Social Work Practice and Models 29

2.3 GENERAL OVERVIEW OF THE STUDY 29

2.3.1 Global Overview 29

2.3.2 Regional Overview (Sub-Saharan Africa) 30

2.3.3 National Overview 31

2.4: LITERATURE REVIEW 32

2.4.1: Efficacy of Existing Programmes in Mitigating Drug and Substance Abuse 32

2.4.1.1:School-Based-Interventions 32

2.4.1.2: Community-based interventions 33

2.4.1.3:Family-based interventions 38

2.4.1.4: Awareness Campaigns 44

2.5. Challenges in Implementing Drug and Substance Abuse Prevention in Marginalized Communities 46

2.5.1 Lack of Funding and Resource Constraints 46

2.5.2 Stigma and Negative Social Attitudes 48

2.5.3 Weak Policy Implementation and Poor Coordination 49

2.5.4 Peer Pressure and Social Influence 50

2.5.5 Weak Family Support Systems 51

2.6. Components of a community youth model to mitigate drug and substance abuse among youths in economically marginalized communities in Zimbabwe. 52

2.6.1. Vocational Training and Youth Empowerment 52

2.6.2. Life Skills Education 53

2.6.3. Peer Education Programmes 54

2.6.4. Community Awareness Campaigns 55

2.6.5. Family-Based Interventions 55

2.7 CHAPTER SUMMARY 56

CHAPTER 3: RESEARCH METHODOLOGY 57

3.0 Introduction.....57

3.1 Research Philosophy.....57

3.2 Research Approach.....57

3.3 Research Design 58

3.4 Study Setting.....58

3.5 Target Population.....59

3.6 Sampling Techniques.....59

3.6.1 Purposive Sampling.....59

3.6.2 Snowball Sampling 60

3.7 Sample Size 60

3.8 Data Collection Methods 61

3.8.1 Semi-Structured Interviews.....61

3.8.2 Focus Group Discussions.....61

3.8.3 Key Informant Interviews 62

3.9 Data Collection Tools 62

3.10 Data Collection Procedure 63

3.11 Data Presentation and Analysis 65

3.12 Trustworthiness of the Study 66

3.12.1 Credibility 66

3.12.2 Transferability 67

3.12.3 Dependability 67

3.13 Ethical Considerations 67

3.13.1. Informed Consent 68

3.13.2 Voluntary Participation 68

3.13.3 Anonymity and Confidentiality 68

3.13.4 Minimizing Harm 68

3.14 Limitations of the Study 69

3.15 Delimitations of the Study 70

3.16 Chapter Summary 71

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS 72

4.0: INTRODUCTION 72

4.1: Demographic Characteristics of Participants/Participants 73

4.2:The efficacy of existing interventions in addressing youth drug and substance abuse in the community 76

4.2.1 Awareness Campaigns 76

4.2.2: School-Based Interventions 78

4.2.3: Peer Education Programmes 80

4.3: Challenges Faced in Implementing Drug and Substance Abuse Prevention Programmes in Economically Marginalized Communities. 82

4.3.1: Poverty and Unemployment 83

4.3.2: Inadequate funding and Limited Resources 84

4.3.3: Lack of Rehabilitation Centres 86

4.3.4: Weak Parental Supervision and Family Challenges 87

4.3.5: Negative Peer Influence 88

4.4: Suggested Components for the Development of a Community Youth Model for Mitigating Drug and Substance Abuse in Economically Marginalized Communities. 90

4.4.1: Skills Development and Economic Empowerment 90

4.4.2: Counselling and Psycho-social Support Services 92

4.4.3: Recreational Activities and Positive Youth Engagement 92

4.4.4: Rehabilitation and Referral Services 93

4.4.5: Multi-Stakeholder Collaboration and Youth Participation 94

4.5 CHAPTER SUMMARY 96

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 97

5.0. Introduction 97

5.1. Summary of Findings 97

5.1.1. The efficacy of existing interventions to drug and substance abuse among youths in Gadzema. 98

5.1.2. Challenges Faced in Implementing Drug and Substance Intervention Programmes Abuse Among Youth in Economically Marginalized Communities. 98

5.1.3: Development of a Community Youth Model for Mitigating Drug and Substance Abuse Among Youth in Gadzema. 100

5.2 Conclusion 101

5.3. Implications for Social Work 102

5.4: Recommendstions 103

5.4.1: Recommendations to Government and Policy Makers 103

5.4.2: Recommendations to Social Workers and Health Practitioners 103

5.4.3: Recommendations to Schools and Families 104

5.4.4: Recommendations to Community Leaders, Churches and Local Organizations 104

5.4.5: Recommendations on Youth Empowerment and Economic Support 104

5.4.6: Proposed Community Youth Model for Mitigating Drug and Substance among Youths in Economically Marginalized Communities. 105

5.5: Areas for Future Study 105

5.6: Proposed Community Youth Model for Mitigating Drug and Substance Abuse 106

Figure 5.1 Proposed Community Youth Model 106

5.6.2 Explanation of the Proposed Model 107

5.7 Chapter Summary 108

REFERENCES 109

APPENDIX 1: SEMI-STRUCTURED INTERVIEW GUIDE FOR YOUTHS 114

CHAPTER ONE INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter introduces the study on the development of a community youth model in mitigating drug and substance abuse in economically marginalized communities in Zimbabwe. The focus is on Gadzema, Chinhoyi, a community facing increasing challenges related to youth drug use. The chapter presents the background of the study, the statement of the problem, research objectives, the significance of the study, definitions of key terms, an outline of the dissertation structure and a chapter summary. This research seeks to propose a social work informed community model that empowers youth to take an active role in preventing and reducing drug and substance abuse within their community.

1.2. Background of the Study

Across the world, the misuse of drugs and other substances continues to affect many young people and remains a major social and public health concern.. The United Nations Office on Drugs and Crime (UNODC, 2023) reports that nearly 296 million individuals used drugs in 2021, representing a 23% increase over the previous decade. Youths between the ages of 15 and 35 are especially vulnerable due to factors such as unemployment, social exclusion, mental health challenges and peer pressure. According to Degenhardt et al. (2018), substance abuse during adolescence and early adulthood has severe implications on cognitive development, educational attainment, and the likelihood of engaging in criminal behavior. Globally, there is growing recognition of the need for community-based and youth-centered models to mitigate this challenge, emphasizing prevention, education, and rehabilitation at the grassroots level.

Regionally, Sub-Saharan Africa has witnessed a sharp increase in drug and substance use, particularly among urban and peri-urban youth populations. The African Union (2022) highlights that many African countries are both consumers and transit points for illicit drugs, making the youth particularly susceptible. Socioeconomic challenges such as poverty, inequality, and weak enforcement of drug policies have contributed to the worsening crisis. In countries like South Africa, Zambia and Kenya, methamphetamine, cannabis, codeine-based syrups and synthetic

drugs are widely used by youth. Research by Atwoli et al. (2015) stresses the importance of culturally relevant prevention models that address the specific social and economic realities of African communities. Regional initiatives have been launched, but many lack sustainability and grassroots engagement, especially from the youth themselves.

In Zimbabwe, the crisis of drug and substance abuse among youths has become increasingly alarming. Studies by Mambondiyani (2022) and Chikukwa and Makusha (2023) note that the most commonly abused substances include marijuana, alcohol, crystal meth (locally known as "mutoriro"), cough syrups like Broncleer and illicit prescription medications. Economic instability, high unemployment rates, peer pressure and family breakdowns have created a fertile ground for drug abuse. According to the Zimbabwe Civil Liberties and Drug Network (ZCLDN, 2021), over 60% of substance abusers in Zimbabwe are youths, with a majority concentrated in high-density suburbs and informal settlements.

Gadzema, a high-density suburb in Chinhoyi, reflects many of these national trends. The community faces several developmental challenges and these include inadequate youth support programmes and limited opportunities for constructive recreational activities. These conditions make young people particularly vulnerable to substance abuse. Community stakeholders, including parents, schools, local authorities and civil society have acknowledged the growing problem but responses remain fragmented and reactive. The absence of a coordinated, community-based youth model has significantly hindered efforts to address the root causes of drug and substance abuse and support long-term recovery for individuals who are affected.

While Zimbabwe has taken steps to address the crisis through the National Drug Master Plan (2020–2025), the success of such national policies depends heavily on localized implementation. A community youth model tailored to the needs of young people in specific contexts like Gadzema is essential. This model would focus on empowerment, education, peer engagement, and social support mechanisms. As Fraser and Galinsky (2010) argue, effective social work interventions must be informed by the lived experiences of target populations, particularly in complex social problems like substance abuse.

Therefore, this study aims to explore and develop a practical, community-driven model that empowers youth to participate in solutions for drug and substance abuse within their

communities. The research is grounded in the belief that sustainable change requires the involvement of those most affected in this case, the youths of Gadzema

1.3. Statement of the Problem

Drug and substance abuse among youths in economically marginalized communities in Zimbabwe, such as Gadzema in Chinhoyi, has become a critical concern. Despite various national strategies and policies aimed at curbing drug abuse, the problem continues to escalate, affecting education, health, and economic productivity. Youths in such areas often lack access to adequate rehabilitation services, psychosocial support, or community-driven interventions tailored to their specific needs and realities.

Existing models for addressing drug abuse are often urban-centered or institutional, with limited effectiveness in low-income, high-risk communities. The absence of a sustainable, community-based model that actively involves youth, families, and local structures has created a gap in prevention and response. Without urgent and localized interventions, the potential of young people in Gadzema may remain untapped, and the cycle of poverty and addiction may persist.

1.4. Research Aim

The main aim of this study is to develop a community-based youth model for mitigating drug and substance abuse among youths in economically marginalized communities, using Gadzema in Chinhoyi as a case study**.**

1.5. Objectives of the Study

1. To explore the efficacy of existing interventions in addressing youth drug abuse in the community.
2. To examine the challenges faced in implementing drug abuse prevention programs in marginalized communities.
3. To propose a community-based youth model tailored to mitigate drug and substance abuse in Gadzema

1.6. Research Questions

- What are the key factors contributing to drug and substance abuse among youth in economically marginalized community like Gadzema?
- What existing interventions r community responses are currently in place to address youth drug and substance abuse in Gadzema?
- How, do youths, the community and other stakeholders perceive the effectiveness pf current strategies.
- What components should be included in a social work-informed community youth model to effectively mitigate drug and substance abuse in marginalized communities.

1.7. Justification of the study

This study is justified by the urgent need to address the rising cases of drug and substance abuse among youths in economically marginalized communities, particularly in Zimbabwe. Gadzema, a high-density suburb in Chinhoyi, reflects the broader national crisis where drug use among young people continues to grow, fueled by poverty, unemployment, limited opportunities, peer pressure, and social exclusion. The increasing prevalence of substances such as crystal meth, marijuana, and cough syrups in urban and peri-urban communities calls for more targeted, context-specific, and sustainable solutions.

Despite national initiatives such as Zimbabwe's National Drug Master Plan (2020–2025), which provides a framework for addressing drug abuse, there remains a significant gap in localized implementation, especially in communities like Gadzema.Many programmes are developed with limited participation from young people, despite youths being the primary group affected by substance abuse. There is limited involvement of young people in designing and implementing prevention strategies, which undermines the sustainability and relevance of existing programs.

This research is necessary because it goes beyond simply identifying the problem; it focuses on developing a community-based youth model informed by social work principles. Such a model aims to empower youths as part of the solution, ensuring their voices, experiences, and ideas contribute to shaping practical interventions. By emphasizing community participation, the study aligns with global and regional calls for youth-centered, grassroots approaches to combating drug abuse. Moreover, the study contributes academically by generating knowledge that can

inform policy, practice, and future research in the fields of social work, community development, and youth empowerment. Practically, it provides a blueprint that can be adapted to other marginalized communities facing similar challenges. Social workers, educators, policymakers, and non-governmental organizations can benefit from the findings in designing inclusive, youth-driven, and culturally relevant strategies.

In conclusion, the study is timely, relevant, and critical to addressing a national crisis through localized, inclusive, and sustainable solutions rooted in community and youth engagement.

1.8. Definition of Key Terms

Drug and Substance Abuse

According to the World Health Organization (WHO, 2021), drug and substance abuse means using mind altering substances such as alcohol illegal drugs in a way that is harmful or dangerous.

Youth

In this research, youth refers to persons aged between 15 and 24 years in accordance with the United Nations classification (UN, 2019).

Economically Marginalized Communities

These are communities characterized by high rate of unemployment, limited access to economic opportunities and resources and basic services, often resulting in social exclusion and vulnerability (Silver, 1994).

Community Youth Model

A framework or approach developed within a community that actively involves young people in identifying, preventing, and addressing social issues affecting them, emphasizing empowerment and participation (Checkoway, 2011).

5. Mitigation

The process of reducing the severity, seriousness, or painfulness of a problem in this context, strategies aimed at lessening the impact of drug and substance abuse on youth and their communities (Fraser & Galinsky, 2010).

1.9. DISSERTATION STRUCTURE

Chapter One: Introduction

This chapter opens the study by looking at the background of youth and drug and substance abuse in economically marginalized communities. It presents the main research problem of the study, the objectives, research questions and why the study matters. It also introduces the development of a community youth model and explains why social work interventions arec important.

Chapter Two: Literature Review

This chapter looks at what other researchers have written about youth drug and substance abuse.It covers theoretical frameworks, empirical studies, global, regional, and local trends, existing intervention models, and gaps in knowledge or practice. The literature serves to contextualize the study and justify the need for a localized, community-based model.

Chapter Three: Research Methodology

This chapter explains the methods used to investigate the problem. It describes the research design, the study area (Gadzema), the target population and how participants were chosen. It also details how data was collected through interviews, focus groups and reviewing documents as well as how it was analyzed and the ethical rules followed.

Chapter Four: Presentation and Analysis of Findings

This chapter shares and breaks down the data that was collected from the field. It organizes the participants' answers into main themes and compares the findings to the research questions and past literature. It also identifies what causes drug abuse, how the community currently responds, and ideas for future solutions.

Chapter Five: Summary, Conclusions, and Recommendations

Chapter five summarizes the key results of the study, draws conclusions based on the study objectives, and proposes a context-specific community youth model. Practical recommendations are offered for social workers, community leaders, policymakers, and other stakeholders. Areas for future research may also be suggested.

1.10. Chapter One Summary

Chapter One introduced the study on developing a community youth model to mitigate drug and substance abuse in Gadzema, an economically marginalized area in Chinhoyi, Zimbabwe. It established the background of the problem, highlighting global, regional, and local trends in youth drug abuse and the lack of effective, community-based interventions. The chapter clearly outlined the research problem, objectives, and research questions that guide the study. The justification emphasized the urgent need for localized, youth-centered solutions, while the significance highlighted how the findings will benefit social workers, policymakers, and communities. Key terms were defined to clarify the scope, and the structure of the dissertation was outlined to guide the reader through the study. This chapter lays the foundation for the entire research by identifying the knowledge gap and proposing a model that centers youth participation and community engagement in addressing drug and substance abuse.

CHAPTER 2: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter provides an in-depth review of theoretical perspectives and empirical literature relevant to the development of a community youth model aimed at mitigating drug and substance abuse among the youth in economically marginalized communities, focusing on Gadzema in Chinhoyi. The literature review helps position the study within existing academic discourse, identifying knowledge gaps and building a foundation for the proposed intervention model. The

chapter is structured to address the key objectives of the study which are to identify existing interventions and their effectiveness in addressing youth drug abuse in the community, explore the challenges in implementing Drug Abuse prevention in marginalized communities and to formulate a community-driven social work model that aims to mitigate drug and substance abuse tailored for youth in Gadzema. The study is guided by the Ecological Systems Theory, which emphasizes the influence of multiple environmental layers on youth behavior, and the Social Learning Theory, which highlights the role of observation, imitation, and social influence in shaping behavior. These frameworks offer a comprehensive lens to understand the complex interplay of personal, social, and structural factors that contribute to drug and substance abuse. This chapter includes a global, regional, and national overview of the problem, clarification of key concepts, and thematic literature aligned with the study objectives.

2.1 THEORETICAL FRAMEWORK

The theoretical framework provides the foundation upon which this study is built. It offers the lens through which drug and substance abuse among youth in economically marginalized communities can be understood, analyzed, and addressed. This study adopts two key theories which are the Ecological Systems Theory and the Social Learning Theory. These theories help explain how various environmental, social, and behavioral factors contribute to drug use among youth and how a holistic community model can be developed to mitigate its effects. The use of both theories allows for an integrated approach that considers both the structural and interpersonal influences on young people's behavior.

2.1.1 ECOLOGICAL SYSTEMS THEORY

The Ecological Systems Theory was developed by Urie Bronfenbrenner and it explains human development and behavior as the product of dynamic interactions between individuals and multiple layers of their environment. Contemporary scholarship continues to refine this perspective by emphasizing the bidirectional and contextually embedded nature of these interactions, noting that individuals both influence and are influenced by their environments (Rosa & Tudge, 2016; Tudge et al., 2016). The theory organizes environmental influences into five interrelated systems. The microsystem comprises immediate settings in which individuals directly participate, such as family, peer groups, educational institutions, and workplaces. The mesosystem captures the interconnections among these settings, including the quality of

relationships between families and schools or between peer networks and community organizations. The exosystem refers to contexts that do not directly involve the individual but nonetheless exert influence, such as community institutions, media environments, social services, and the conditions of caregivers' workplaces. The macrosystem encompasses broader societal and cultural dimensions, including dominant values, belief systems, economic conditions, and policy frameworks that shape opportunities and constraints. Finally, the chronosystem introduces the temporal dimension, accounting for life transitions, historical events, and socio-economic changes that alter developmental trajectories overtime.

Recent developments in ecological thinking highlight the importance of contextual specificity and the need to consider how structural inequalities, globalization, and technological change reconfigure these systems and their interactions (Neal & Neal, 2019; Ungar, 2021). Scholars argue that the strength of the ecological approach lies in its capacity to integrate micro-level processes with macro-level structures, thereby offering a comprehensive lens for understanding complex human behavior (Rosa & Tudge, 2016). The theory also underscores the role of proximal processes recurring interactions between individuals and their environments as primary mechanisms driving development (Tudge et al., 2016). By conceptualizing human behavior as embedded within nested and interacting systems, Ecological Systems Theory provides a holistic framework that captures the complexity of social life and the multiple pathways through which environmental contexts shape individual outcomes.

2.1.1.1 Relevance of the Ecological Systems Theory to the Study

The Ecological Systems Theory is relevant to this study as it provides a comprehensive framework for understanding youth drug and substance abuse as a result of interacting social, environmental, and structural factors. In Gadzema, youth behavior is shaped not only by individual choices but also by family relationships, peer networks, school environments, community norms, and broader socio-economic conditions. Ecological Systems Theory supports this understanding by situating individuals within layered systems that influence behavior and outcomes. This approach aligns with the person-in-environment perspective that underpins social work practice and research (Zastrow,2022).

At the microsystem level, the theory highlights the influence of immediate environments such as family, peers, and local community settings. In marginalized communities in Zimbabwe, factors such as family conflict, weak parental supervision, peer pressure, school dropout, and exposure to substance-using peers can increase vulnerability to drug abuse (Mtetwa & Muchena, 2021). Prevention efforts that ignore these immediate social contexts are unlikely to be effective. Ecological Systems Theory therefore supports interventions that strengthen family functioning, peer support networks, and school-based prevention programs as key components of drug abuse prevention.

The mesosystem focuses on the interactions between different microsystems, such as the relationship between families, schools, community organizations, and social service providers. Poor coordination between these systems can undermine prevention efforts. For example, limited collaboration between schools and families, or weak linkages between community organizations and social welfare departments, may reduce the reach and effectiveness of drug prevention initiatives. In Zimbabwe, fragmented service delivery and limited inter-agency collaboration have been identified as challenges in addressing substance abuse among vulnerable populations (Chikoko & Chikadzi, 2020). The ecological perspective therefore emphasizes the need for integrated and coordinated prevention approaches. The theory is particularly relevant in guiding the development of a community youth model that adopts a multi-level approach. It supports interventions that engage families, schools, community leaders, faith-based organizations, health services, and local authorities in addressing drug and substance abuse. By recognizing the interconnection between these systems, the theory ensures that interventions are coordinated and sustainable.

Ecological Systems Theory is also relevant in identifying entry points for prevention and intervention. It enables the study to design strategies that strengthen protective factors such as family support, school attachment, community cohesion, and access to youth-friendly services. At the broader level, the theory emphasizes the influence of socio-economic and policy environments, thereby justifying advocacy for improved youth policies, employment opportunities, and social support programs in Gadzema.

The exosystem is also highly relevant to this study, as it includes social structures that indirectly influence individuals, such as community institutions, availability of social services, and economic opportunities. Marginalized communities in Zimbabwe often experience limited access to rehabilitation centers, youth programs, recreational facilities, and employment opportunities. These structural gaps can increase the risk of drug abuse while simultaneously weakening prevention efforts (United Nations Office on Drugs and Crime [UNODC], 2022). Ecological Systems Theory enables the study to analyze how these indirect environmental factors shape both drug use patterns and the capacity of communities to implement effective prevention strategies.

At the macro-system level, the theory situates drug abuse within broader socio-economic, cultural, and policy contexts. Widespread poverty, unemployment, social inequality, and economic instability in Zimbabwe contribute significantly to substance abuse in marginalized communities. In addition, cultural norms, societal attitudes toward drug use, and the effectiveness of national drug control and social protection policies influence prevention outcomes (World Health Organization [WHO], 2021). By applying the Ecological Systems Theory, the study acknowledges that effective drug abuse prevention requires not only community-level interventions but also supportive policy frameworks and socio-economic reforms.

The chronosystem further enhances the relevance of the theory by recognizing the role of time and socio-historical changes. Economic crises, the COVID-19 pandemic, and shifts in drug availability and usage patterns have altered risk factors for substance abuse in Zimbabwe over time. These changes have disproportionately affected marginalized communities, increasing vulnerability while straining already limited prevention and support systems (UNODC, 2022). Incorporating the chronosystem allows the study to account for how historical and temporal factors influence both drug abuse and prevention efforts.

Overall, Ecological Systems Theory is highly relevant to this study as it provides a holistic framework for understanding drug abuse and prevention in marginalized communities in Zimbabwe. The theory enables the researcher to analyze the problem at multiple levels, including individual, family, community, institutional, and policy environments. This multi-level

perspective supports the development of comprehensive and sustainable prevention strategies that address not only individual behavior but also the structural and contextual factors that perpetuate drug abuse. By grounding the study in Ecological Systems Theory, the research aligns with core social work values and contributes to evidence-based, contextually appropriate interventions for drug abuse prevention.

2.1.2 SOCIAL LEARNING THEORY

The Social Learning Theory was advanced by Bandura and further developed within contemporary social cognitive framework. It explains behavior as learned through observation, imitation, and reinforcement within social contexts. While the foundational principles remain influential, recent scholarship emphasizes the integration of cognitive, social, and environmental processes in shaping behavior (Schunk & DiBenedetto, 2020; Nabavi, 2017). Central to the theory is observational learning, whereby individuals acquire new behaviors by watching others, particularly those perceived as models with status, similarity, or authority. This process involves attention, retention, reproduction, and motivation, all of which determine whether observed behaviors are adopted. Reinforcement plays a crucial role in strengthening or weakening behavior, and may occur directly through rewards and punishments or indirectly through vicarious experiences, where individuals observe the consequences of others' actions.

Modern interpretations of the Social Learning Theory place significant emphasis on cognitive factors, particularly self-efficacy, defined as an individual's belief in their capacity to execute behaviors necessary to achieve desired outcomes (Schunk & DiBenedetto, 2020). High self-efficacy is associated with greater persistence, resilience, and likelihood of behavior change, while low self-efficacy can hinder action even when knowledge is present. Additionally, the theory acknowledges reciprocal determinism, a process through which behavior, personal factors, and environmental influences continuously interact and shape one another (Nabavi, 2017). Recent research also highlights the expanding role of digital and media environments as sources of observational learning, illustrating how social contexts extend beyond immediate physical settings (Schunk & DiBenedetto, 2020). Overall, Social Learning Theory provides a robust and evolving framework for understanding how behaviors are acquired, maintained, and modified through social interaction and cognitive processes.

2.1.2.1. Relevance of the Social Learning Theory to the Study

At the family and peer level, Social Learning Theory highlights how behaviors are transmitted through close social relationships. In many marginalized communities in Zimbabwe, young people may be exposed to substance use within their immediate environment, including peers or older community members. When drug use is modeled by significant others and goes unpunished or is socially rewarded, it increases the likelihood of imitation (Mtetwa & Muchena, 2021). This understanding is crucial for drug abuse prevention, as it underscores the importance of addressing peer influence and family role modeling in intervention strategies.

Social Learning Theory is highly relevant to this study as it explains how drug and substance abuse behaviors among youths are acquired, maintained, and reinforced through social interaction. In economically marginalized communities such as Gadzema, youths spend significant time within peer groups and community spaces where substance use may be normalized. Through observation and imitation of peers, older youths, family members, or influential community figures who use drugs and substances, young people may adopt similar behaviors. The theory is relevant in explaining the role of peer pressure and social acceptance in influencing youth involvement in drug and substance abuse. Youths may engage in substance use to gain approval, status, or a sense of belonging within their social groups. Social Learning Theory also explains how repeated exposure to substance-using behavior, coupled with perceived rewards such as stress relief or social recognition, reinforces continued use.

Furthermore, the theory highlights the importance of role models in shaping youth behavior. In the context of this study, it emphasizes the need for positive role modeling through community mentors, youth leaders, recovered substance users, and responsible adults. This relevance directly informs the development of a community youth model that incorporates mentorship programs, peer education initiatives, and youth-led advocacy as strategies for mitigating drug and substance abuse.

Social Learning Theory is also relevant in guiding behavior change interventions. It suggests that reducing youth substance abuse requires altering the social environment by discouraging negative influences and reinforcing positive behaviors. Community awareness campaigns, youth clubs, and recreational activities can provide alternative behaviors that are socially rewarded.

Thus, the theory supports prevention and rehabilitation strategies that focus on learning new, healthy behaviors within supportive social settings.

2.2 CONCEPTUALIZATION OF KEY PHENOMENA

This section outlines and analyses key concepts central to the development of a community youth model aimed at mitigating drug and substance abuse (DSA) in economically marginalized communities. Clear conceptual understanding helps in building a solid theoretical foundation and in interpreting the empirical findings of this study.

2.2.1 Drug and Substance Abuse (DSA)

DSA is a core concern in this research and it is defined as the use of harmful substances including alcohol, crystal meth, cannabis, glue, cough syrups, and other illicit drugs especially in non-medical or excessive ways. Research has linked DSA among youth to a combination of environmental, social, and psychological factors. The United Nations Office on Drugs and Crime (UNODC, 2023), reported that youth in underprivileged communities are engaging into substance abuse to copy with stress, unemployment, and trauma. Studies by Dube (2020) and Nyoni (2019) in Zimbabwean high-density areas found that poverty, peer influence, and lack of youth development programs are major contributors to drug use.

2.2.2 Youth Vulnerability and Risk Factors

Youth, defined here as individuals between 15 and 35 years (AU definition), are in a developmental stage marked by identity formation, risk-taking, and susceptibility to peer pressure. Literature highlights how youth in marginalized communities face higher vulnerability due to poverty, lack of recreational spaces, broken family structures, and limited access to mental health services (Chigwanda, 2018). A study by Maposa and Chitsika (2021) also notes that economic exclusion and social neglect contribute significantly to feelings of hopelessness, making youth more prone to drug use.

2.2.3 Economically Marginalized Communities

These are areas where systemic poverty, unemployment, and underdevelopment prevail. Gadzema, the focus of this case study, reflects characteristics of marginalization that exacerbate youth vulnerability. Research by Mupambireyi et al. (2017) indicates that such communities

often lack responsive youth policies and services, making them hot spots for rising drug abuse cases.

2.2.4 Community-Based Interventions

This concept involves grassroots-level efforts involving local actors parents, youth leaders, health workers, and social workers to respond to DSA. Studies show that community-driven programs yield better engagement and sustainability (Moyo, 2020). These include peer education, support groups, recreational programs, and awareness campaigns tailored to local realities.

2.2.5 Social Work Practice and Models

Social work models serve as frameworks for intervention, combining theory with practical strategies. In DSA mitigation, social workers have an important part to play in prevention, rehabilitation, and advocacy. Literature supports models that are community-centric, youth-friendly, and culturally grounded (Tanga & Chigona, 2022).

2.3 GENERAL OVERVIEW OF THE STUDY

This section provides a global, regional, and national perspective on the growing challenge of drug and substance abuse among youths especially in marginalized communities. It presents statistical trends and qualitative insights to contextualize the need for an effective youth model to mitigate the issue.

2.3.1 Global Overview

Youth drug and substance abuse has emerged as one of the most pressing public health challenges of the contemporary era. Data from the UNODC (2023) indicates that drug use reached approximately 296 million people globally in 2021, a figure representing a significant increase over the preceding decade, with young people between 15 and 35 making up the largest share of new users. Globally, various factors contribute to the increasing rates of DSA among youth. These include peer pressure, unemployment, trauma, poor parental supervision, and exposure to drugs at an early age (World Health Organization [WHO], 2021). Adolescents in

both developed and developing countries are vulnerable due to a combination of biological, social, and psychological factors that influence risk-taking behavior (Gowing et al., 2015).

There is also a well-documented link between drug and substance use challenges and mental health issues such as anxiety, depression and post-traumatic stress disorder conditions that often go undiagnosed and untreated in resource-constrained settings (Degenhardt et al., 2019). Youths struggling with substance abuse also often exhibit poor academic performance, absenteeism, and increased drop-out rates (Kraus et al., 2018). Additionally, drug use has been connected to increased crime, violence, and risky sexual behavior, posing a serious threat to public safety and health (Room et al., 2016) Efforts to mitigate the problem globally have included school-based education, harm reduction programs, rehabilitation centers, and policies targeting supply and demand reduction. However, many interventions lack youth-specific models that consider socio-economic realities, cultural factors, and systemic inequalities (United Nations, 2021).

In summary, while global attention on youth and DSA is increasing, there remains a critical gap in sustainable, community-based approaches tailored to specific populations.

2.3.2 Regional Overview (Sub-Saharan Africa)

Drug and substance abuse is becoming increasingly prevalent among youth in sub-Saharan Africa, presenting serious public health, socio-economic, and security challenges. The African Union (AU) recognizes substance abuse as one of the top five emerging threats to youth development on the continent (African Union, 2020).

Recent reports show an alarming rise in the use of cannabis, alcohol, tobacco, tramadol, and other prescription opioids among African youth, especially in urban and marginalized communities (UNODC, 2023). According to the African Union Plan of Action on Drug Control (2019-2023), over 60% of Africa's population is under the age of 25, making them especially vulnerable to DSA due to unemployment, poverty, peer pressure, urbanization, and lack of access to mental health services. In West Africa, Nigeria and Ghana have seen a surge in youth abusing codeine-based cough syrups, tramadol, and marijuana, often due to easy availability and weak enforcement of drug policies (Odejide, 2019). Similarly, East African countries like Kenya

and Tanzania are facing growing use of khat, alcohol, and heroin, with coastal regions being key transit points in international drug trafficking (Musyoka et al., 2021).

In Southern Africa, particularly South Africa, studies have shown that youth living in informal settlements and townships are at a higher risk of early drug exposure due to socio-economic inequalities, domestic violence, and gang influence (Morojele & Ramsoomar, 2016). The availability of alcohol and cannabis in Zimbabwe, Mozambique, and Zambia has also been linked to poor law enforcement, corruption and porous borders (UNODC, 2022).

Moreover, youth in conflict-affected regions are often exploited by armed groups and criminal syndicates, who use drugs as tools for recruitment and control (Adelekan et al., 2020). The stigma around addiction and inadequate mental health services in Africa worsen the situation by preventing early intervention. Regional efforts like the African Union's Continental Strategy for Drug Control (2019–2023) have encouraged member states to develop national drug strategies, however, many African countries still lack well-funded, youth-specific community programs for prevention and rehabilitation.

2.3.3 National Overview

In Zimbabwe the challenge of drug and substance abuse has reached a point that national authorities have declared it a public emergency. Youth aged 15 to 35 are at the centre of the problem, with the most frequently abused substances including alcohol, cannabis (mbanje), codeine-containing cough syrups, crystal methamphetamine (locally called mutoriro) and illicitly obtained prescription medications (ZCLDN, 2022). The conditions sustaining this crisis are structural. Youth unemployment is estimated at over 60% (ZIMSTAT, 2022) and economic instability, limited recreational infrastructure, family breakdown, and inadequate drug law enforcement have collectively created an environment in which substance use becomes a way of managing chronic stress and idleness (Chirisa et al., 2021). Young people in high-density suburbs and peri-urban areas such as Gadzema, Chinhoyi, are among the most affected.

The public health response has been hampered by systemic under-resourcing. A national mental health assessment conducted jointly by the Ministry of Health and Child Care and WHO (2021) found that most public institutions lack both the facilities and the trained personnel to manage

substance use disorders, with the burden falling hardest on marginalized communities that have fewest alternatives. The National Drug Master Plan (2020–2025) and the Zimbabwe National Mental Health Policy (2019) represent important policy commitments, but implementation has been slow due to funding shortfalls, poor inter-agency coordination, and limited community engagement (Mutsinze & Nyatsanza, 2023). Some critics have also noted that the government's declared emergency response in 2023 has been punitive rather than rehabilitative, with enforcement prioritized over prevention and treatment. Grassroots actors community leaders, NGOs and churches have stepped into this gap, though they typically operate without adequate technical or financial support.

2.4: LITERATURE REVIEW

This section reviews existing literature on the development of community youth models in mitigating drug and substance abuse among youth in economically marginalized communities. The review is guided by the objectives of the study and is organized into global, regional, and national perspectives. This structure allows for a comprehensive understanding of how youth drug and substance abuse is addressed at different levels and highlights gaps that justify the development of a community-based youth model for Gadzema. The discussion provides a foundation for understanding the current knowledge landscape and identifies gaps that will inform the study.

2.4.1: Efficacy of Existing Programmes in Mitigating Drug and Substance Abuse

Efforts to mitigate drug and substance abuse have been implemented globally, regionally, and nationally, showing the widespread recognition of substance abuse as a significant public health and social challenge. Examining the efficacy of these programs is important for identifying strengths, weaknesses, gaps and for informing the development of more targeted sustainable and community-sensitive interventions. The following discussion explores evidence on the effectiveness of drug and substance abuse prevention and mitigation programs across global, regional, and national contexts.

2.4.1.1:School-Based-Interventions

School-based programmes represent one of the most widely deployed strategies for preventing

drug and substance abuse initiation among young people. Their central rationale is that equipping adolescents with life skills, decision-making ability, and peer-resistance strategies early can reduce the likelihood of substance use before patterns become entrenched (UNODC, 2018). Countries including the Netherlands, Brazil, and India have incorporated these programmes into national health and education curricula, and evidence indicates they can be effective particularly when introduced early and implemented consistently (UNODC, 2018). However, a recurring finding is that improvements in knowledge and attitudes do not reliably translate into changes in behaviour. A 2024 Nigerian study, for instance, found that while school-based interventions significantly improved participants' awareness and attitudes toward drug use, actual substance use behaviour was not reduced (Egga et al., 2024).

Across the SADC region, life skills and resilience-based curricula have been integrated into school programmes in South Africa, Zambia, Lesotho, and Kenya. Evidence from these contexts suggests that participatory approaches particularly peer education and decision-making training are more effective than information-transfer models alone (Botvin et al., 2018; Tomokawa et al., 2020). Yet consistent challenges persist: high absenteeism, elevated dropout rates in economically marginalized areas, and a failure to reach young people who are already out of school (Dada et al., 2019; UNODC, 2020). The populations most vulnerable to substance abuse are often the least accessible through school systems.

In Zimbabwe, guidance and counselling lessons serve as the primary school-based vehicle for substance abuse prevention. These sessions address emotional regulation, problem-solving, and resistance to peer pressure, and reviews suggest meaningful impact when delivery is consistent (Faggiano et al., 2018). However, shortages of qualified counsellors and inadequate teaching resources limit their reach and quality. To strengthen this approach, Zimbabwe would benefit from expanding practical life skills training beyond the classroom and extending outreach to the out-of-school youth who currently fall outside the system entirely.

2.4.1.2: Community-based interventions

Community-based interventions have increasingly been recognised as an effective strategy for mitigating drug and substance abuse across the globe, particularly because they address the

broader social, environmental, and structural determinants of substance use. Unlike individual-focused approaches, community-based interventions operate at multiple levels including families, schools, peer groups, and wider community systems, thereby offering a more comprehensive response to substance abuse.

Globally, several countries have implemented community-based interventions with notable success. For example in Chile, a community-based prevention programme adapted from the Icelandic model has been implemented across municipalities, focusing on strengthening parental monitoring, promoting youth participation in structured activities, and reducing risk behaviours among adolescents. This approach emphasizes collaboration between families, schools and community stakeholders thereby addressing both risk and protective factors influencing substance use (Contreras et al., 2022). Similarly, in the United States, community-based harm reduction interventions such as overdose prevention centres and outreach programmes have been introduced to reduce drug-related harms, particularly among high-risk populations. These interventions focus on minimizing the negative consequences of drug use while improving access to treatment and support services (Cerdá et al., 2025).

In addition, the Community Reinforcement Approach (CRA), which has been applied in various countries represents another effective community-based model. This approach integrates social, psychological, and environmental support systems to encourage individuals to adopt healthier lifestyles and reduce substance dependence (Meyers et al., 2024). Such interventions demonstrate the importance of addressing not only individual behaviour but also the surrounding environment that influences substance use.

Observable data strongly supports the effectiveness of community-based interventions. A systematic review by Gates et al. (2025) found that comprehensive community initiatives, which combine multiple strategies such as education, policy enforcement, and community mobilization, are effective in reducing alcohol and drug-related harms at the population level. These interventions are particularly effective because they target the underlying social and environmental drivers of substance abuse. Furthermore, Toumbourou (2024) argues that community-based prevention systems are successful because they operate across multiple ecological levels, addressing both risk factors such as peer pressure and poverty, and protective factors such as family support and community cohesion. Additional evidence from Chile also

proves that sustained implementation of community-based interventions can lead to measurable reductions in adolescent substance use and associated risky behaviours over time (Contreras et al., 2022). Similarly, research by Gleason-Comstock et al. (2024) highlights that community-based outreach programmes improve access to treatment services and enhance the overall well-being of individuals who use drugs. These findings suggest that community-based interventions are not only effective in prevention but also play a critical role in treatment and harm reduction.

Despite these strengths, community-based interventions are not without limitations. One major challenge is that evidence on their effectiveness remains mixed across different contexts and substances, indicating that not all interventions produce consistent outcomes (Gates et al., 2025). Additionally, these programmes are often resource-intensive, requiring coordination among multiple stakeholders, including governments, schools, families, and health services. This makes them difficult to implement, particularly in low-resource settings.

Furthermore, community-based interventions are highly context-dependent. Strategies that are effective in high-income countries may not yield the same results in low- and middle-income countries due to differences in cultural, economic, and social conditions. Other challenges include low community participation, weak stakeholder engagement, and difficulties in sustaining programmes over time (Gleason-Comstock et al., 2024). In addition, evaluating the effectiveness of these interventions can be complex due to the broad and multi-level nature of community-based programmes.

To enhance the effectiveness of community-based interventions globally, several strategies should be considered. There is a need to adopt multi-component approaches that integrate education, policy enforcement, and community mobilization. Strengthening community participation is also critical, as involving local leaders, families, and young people in programme design and implementation increases ownership and sustainability. Furthermore, interventions should be tailored to local contexts to ensure cultural relevance and effectiveness. Ensuring long-term funding and institutional support is essential for sustainability, while robust monitoring and evaluation systems are necessary to track progress and inform improvements. Finally, integrating prevention, treatment, and rehabilitation services within communities can provide a more holistic and effective response to substance abuse.

In conclusion, global evidence demonstrates that community-based interventions are a vital strategy in mitigating drug and substance abuse. Their effectiveness lies in their ability to address the complex and multi-dimensional nature of substance use. However, their success depends on contextual adaptation, stakeholder collaboration, and sustained implementation, highlighting the need for comprehensive and well-coordinated intervention frameworks.

In Zimbabwe, community-based interventions have been increasingly recognised as a key strategy for mitigating drug and substance abuse, particularly among adolescents and vulnerable populations. These interventions are typically implemented through collaborations between government agencies such as the Ministry of Public Service Labour and Social Welfare, non-governmental organisations (NGOs) and local community structures, including faith-based organisations and youth groups. Programmes often include awareness campaigns, psychosocial support, peer education, counselling and outreach services aimed at preventing initiation into substance use and supporting rehabilitation for individuals already affected.

Evidence suggests that such interventions have a positive impact, though the scale and scope are often limited. For example, community outreach programmes targeting youth in high-density areas of Harare and Bulawayo have improved awareness of the risks of drug abuse and provided access to counselling services (Chikumba & Chigariro, 2020). Similarly, initiatives implemented by NGOs such as Pamushana Youth Outreach and Drug-Free Zimbabwe Trust focus on education, peer mentoring, and life skills training to help adolescents resist peer pressure and make informed choices regarding substance use (Mutsikiwa, 2021). These programmes highlight the importance of leveraging existing community structures to increase reach and sustainability.

When compared to the Southern African regional context, Zimbabwe's community-based interventions are largely consistent with trends in countries such as South Africa and Zambia, where interventions also rely heavily on community structures and local leadership. However, Zimbabwe faces additional challenges such as limited funding, high youth unemployment, and widespread poverty, which can undermine the effectiveness of prevention programmes. Unlike South Africa which has integrated monitoring systems to track substance use outcomes, Zimbabwean interventions often lack rigorous evaluation mechanisms, making it difficult to measure long-term impact (Peltzer & Pengpid, 2018).

In comparison to global practices, community-based interventions in Zimbabwe are more constrained in terms of scope, resources and comprehensiveness. Globally, countries such as Chile, the United States and European nations implement multi-component community-based programmes that integrate education, policy enforcement, health services, and long-term monitoring frameworks (Contreras et al., 2022; Gates et al., 2025). These interventions are typically evidence-based, well-resourced, and systematically evaluated. In Zimbabwe, while programmes are culturally relevant and participatory, they are often smaller in scale and less formally integrated across sectors. This limits their ability to replicate the measurable outcomes observed in global interventions.

Despite these constraints, Zimbabwean community-based programmes have distinct strengths. Their reliance on local community networks, including families, religious institutions, and youth organisations, enhances cultural relevance and community ownership. These features align with global evidence that participatory, locally grounded interventions are more likely to achieve sustainable behaviour change (Toumbourou, 2024). Additionally, national programmes often focus on early prevention, targeting adolescents before they initiate substance use, which is consistent with both regional and global best practices.

To improve effectiveness, Zimbabwe can draw lessons from both regional and global interventions. This includes adopting multi-sectoral approaches that integrate prevention, treatment, and rehabilitation as seen in Chile and the United States. Strengthening monitoring and evaluation systems would allow programmes to track outcomes and continuously improve. Furthermore, addressing structural factors such as unemployment, poverty, and limited access to education is critical for enhancing the long-term impact of community-based interventions. Finally, investing in capacity building for local stakeholders including social workers, teachers, and peer educators would enhance the quality and sustainability of programmes.

In conclusion, community-based interventions in Zimbabwe play a crucial role in mitigating drug and substance abuse. Compared to the Southern African region, Zimbabwe's interventions are similar in their reliance on community structures but are constrained by limited resources and evaluation mechanisms. Compared to global interventions, they are less comprehensive and systematically monitored but maintain cultural relevance and community participation. Enhancing their effectiveness will require a combination of increased resourcing, multi-sectoral

collaboration, rigorous monitoring, and structural interventions that address the root causes of substance abuse.

2.4.1.3:Family-based interventions

Family-based interventions have gained global recognition as a key solution for preventing and reducing drug and substance abuse among the youths. These interventions focus on strengthening family communication, supervision, emotional support, and conflict resolution within the home recognising that family processes significantly influence substance use behaviours (Kumpfer et al., 2018). Unlike individual-focused interventions, family-based strategies address the family system as a whole thereby creating protective factors that reduce risk behaviours and enhance youth resilience.

One widely implemented model is the Strengthening Families Program (SFP), designed to improve parenting skills, family communication and youth resilience. Research conducted between 2019 and 2025 across the United States, Europe, and Latin America demonstrates that SFP reduces substance use initiation among adolescents and improves family dynamics (Kumpfer et al., 2018). Meta-analyses indicate that the positive effects of SFP persist for up to two to three years post-intervention, highlighting its long-term impact on family functioning and youth behaviour.

Another evidence-based approach is Brief Strategic Family Therapy (BSFT), which engages entire families in therapeutic interventions to reduce adolescent substance use and behavioural problems. Clinical trials in the United States and Europe show that BSFT significantly decreases drug use frequency by improving family communication and problem-solving skills (Santisteban et al., 2020). These interventions enhance family engagement in treatment and are particularly effective for high-risk adolescents.

Multidimensional Family Therapy is an integrative intervention model addressing individual, family, and community factors that contribute to substance use. Recent meta-analyses and longitudinal studies (Champion et al., 2021; Liddle et al., 2023) show that youths receiving Multidimensional Family Therapy show reductions in substance use and delinquent behaviour.Multidimensional Family Therapy also improves parental supervision and adolescent

self-regulation, demonstrating that targeting multiple levels of influence simultaneously can yield substantial benefits.

Globally, family-based interventions have been adapted to diverse contexts. In the United States, MDFT and BSFT are implemented through community health centers and juvenile justice systems, yielding significant long-term effects compared to individual therapy alone. European countries, including the Netherlands and the UK, report reductions in adolescent alcohol use when family skills training is combined with school and community programmes. In Latin America, adaptations of SFP in Chile and Brazil have successfully reduced risk behaviours among adolescents in vulnerable communities. Similarly, Australia has implemented family-centered prevention programmes that enhance parental confidence and reduce the risk of adolescent substance misuse (Kumpfer et al., 2018; Santisteban et al., 2020; Champion et al., 2021).

However, socio-economic stressors such as unemployment, household substance use, and family conflict may limit the ability of families to engage effectively in these interventions, particularly in marginalized communities (Brook et al., 2019; Lander et al., 2019). Much of the strongest evidence originates from high-income countries, leaving questions about effectiveness in low- and middle-income countries where family structures and socio-economic stressors differ (Champion et al., 2021). These programmes are resource-intensive, requiring trained facilitators, multiple sessions, and sustained engagement with caregivers, which challenges scalability in under-resourced contexts. Cultural adaptation is crucial, as interventions may lose efficacy if family dynamics and social norms are not appropriately considered (Santisteban et al., 2020). Furthermore, long-term follow-up and standardized measurement of outcomes remain limited, complicating cross-study comparisons (Liddle et al., 2023).

To maximize the effectiveness of family-based interventions globally, they should be integrated with school and community programmes, culturally adapted to local contexts and supported with robust monitoring and evaluation systems (Kumpfer et al., 2018; Champion et al., 2021). Training local facilitators and ensuring stakeholder engagement can improve sustainability and reach, while addressing socio-economic and structural factors can further enhance outcomes. Evidence suggests that family-based interventions are most effective when used as part of multi-

component strategies that concurrently target individual, family, and community risk factors (Santisteban et al., 2020).

Family-based interventions have increasingly been recognised in the Southern African region as an important strategy for mitigating drug and substance abuse particularly among adolescents. These interventions focus on strengthening family relationships, improving parental supervision, and enhancing communication within households, which are critical protective factors against substance use. In contexts such as South Africa, Zimbabwe, and Zambia, family-based approaches are often implemented through community programmes, social welfare services, and non-governmental organisations targeting vulnerable families (Peltzer & Pengpid, 2018).

In the Southern African region, family-based interventions commonly include parenting programmes, family counselling, home visits, and community support groups. For example, in South Africa, family-focused prevention programmes have been integrated into broader community and school-based initiatives, aiming to improve parental monitoring and reduce adolescent risk behaviours (Dada et al., 2018). These interventions often emphasise strengthening family cohesion and equipping parents with skills to guide and support their children in resisting substance use. Similarly, community organisations across the region have implemented family strengthening initiatives that address socio-economic stressors such as poverty and family instability, which are closely linked to substance abuse among youth (Peltzer & Pengpid, 2018).

Empirical evidence from the region suggests that family-based interventions contribute to reducing substance use by improving family functioning and increasing parental involvement in adolescents' lives. Studies indicate that adolescents who experience strong parental supervision and supportive family environments are less likely to engage in drug and substance use (Peltzer & Pengpid, 2018). Furthermore, interventions that involve both parents and children have been shown to improve communication and reduce behavioural problems associated with substance abuse. However, the evidence base in Southern Africa remains relatively limited compared to global contexts, with fewer large-scale and longitudinal studies evaluating effectiveness.

Despite the challenges, family-based interventions in Southern Africa have notable strengths. Their integration within community structures enhances accessibility and cultural relevance, as

they often align with local values and family systems. Extended family networks, which are common in African contexts, provide an additional support system that can be leveraged in intervention programmes. This community-oriented approach is consistent with global evidence suggesting that interventions are more effective when they are participatory and contextually grounded (Kumpfer et al., 2018).

To improve the effectiveness of family-based interventions in the region, there is a need to adapt and scale evidence-based models from global contexts while maintaining cultural relevance. This includes strengthening training for facilitators, developing standardized programme frameworks, and investing in monitoring and evaluation systems to generate reliable evidence on outcomes. Additionally, integrating family-based interventions with school and community programmes can enhance their overall impact. Addressing socio-economic challenges that affect family functioning, such as poverty and unemployment, is also critical for achieving sustainable results.

In Zimbabwe, family-based interventions have emerged as an important strategy in mitigating drug and substance abuse, particularly among adolescents and vulnerable youth. These interventions are largely implemented through collaborations between government institutions such as the Ministry of Public Service, Labour and Social Welfare, non-governmental organisations (NGOs), and community-based structures. Family-based approaches in Zimbabwe typically focus on strengthening parental guidance, improving communication within households and providing psychosocial support to families affected by substance abuse. Such interventions recognize the central role of the family in shaping behaviour and influencing young people's decisions regarding substance use (Mutsikiwa, 2021).

Common family-based interventions in Zimbabwe include parenting education programmes, family counselling services, home visits by social workers, and community support groups. For instance, NGOs and community organisations have implemented peer-supported family programmes that equip parents with skills to monitor and guide adolescents effectively. These programmes often target high-density urban areas and rural communities where substance abuse is prevalent, and they aim to address both behavioural and socio-economic challenges affecting families (Chikumba & Chigariro, 2020). In addition, faith-based organisations play a significant role in providing family counselling and moral guidance, reflecting the cultural importance of religion and community in Zimbabwean society.

Evidence suggests that family-based interventions in Zimbabwe contribute to improved family functioning and reduced likelihood of substance abuse among adolescents. Studies indicate that strong parental supervision, open communication, and supportive family environments are associated with lower rates of drug and substance use among young people (Peltzer & Pengpid, 2018). Furthermore, interventions that involve both parents and children have been shown to enhance trust and reduce risky behaviours. However, similar to the broader Southern African region, empirical evidence remains limited, and many programmes lack rigorous monitoring and evaluation systems to assess long-term effectiveness.

When compared to the Southern African regional context, Zimbabwe's family-based interventions share many similarities with those implemented in countries such as South Africa and Zambia. These include reliance on community structures, integration with social welfare services, and a focus on addressing socio-economic challenges that influence substance abuse. However, Zimbabwe faces additional constraints, including economic instability, limited funding, and high levels of unemployment, which place pressure on families and reduce the effectiveness of interventions. Unlike some regional counterparts, Zimbabwe has fewer large-scale, institutionalized family intervention programmes, and many initiatives are small-scale and donor-dependent.

In comparison to global practice, significant differences are evident. Globally, family-based interventions such as the Strengthening Families Program (SFP), Brief Strategic Family Therapy (BSFT), and Multidimensional Family Therapy (MDFT) are highly structured, standardized, and supported by extensive empirical evidence demonstrating their effectiveness in reducing substance use and improving family dynamics (Kumpfer et al., 2018; Santisteban et al., 2020; Liddle et al., 2023). These programmes are typically implemented within well-resourced systems that include trained professionals, established protocols, and strong monitoring and evaluation frameworks. In contrast, family-based interventions in Zimbabwe are less formalized and often lack standardization, making it difficult to measure outcomes and ensure consistency across programmes.

Another key difference lies in the level of integration and sustainability. In high-income countries, family-based interventions are often integrated into broader health, education, and social service systems, allowing for comprehensive and long-term support (Champion et al.,

2021). In Zimbabwe, however, interventions are frequently implemented as standalone projects with limited coordination between sectors. This fragmentation reduces their overall impact and sustainability. Additionally, while global interventions often focus on behavioural and psychological factors, Zimbabwean programmes must also address structural issues such as poverty, unemployment, and family disintegration, which significantly influence substance abuse patterns.

Despite these challenges, Zimbabwean family-based interventions have notable strengths. Their strong grounding in community and cultural structures enhances relevance and acceptability. Extended family systems, which are common in Zimbabwe, provide additional support networks that can be leveraged in intervention programmes. Moreover, the involvement of community leaders, religious institutions, and social workers promotes community ownership and participation, which are critical for sustainability. These strengths align with global evidence suggesting that culturally relevant and participatory interventions are more effective in achieving long-term behaviour change (Kumpfer et al., 2018).

To improve the effectiveness of family-based interventions in Zimbabwe, there is a need to adopt and adapt evidence-based models from global contexts while maintaining cultural sensitivity. This includes developing standardized intervention frameworks, strengthening training for social workers and facilitators, and investing in robust monitoring and evaluation systems. Additionally, integrating family-based interventions with school and community programmes can create a more comprehensive approach to substance abuse prevention. Addressing underlying socio-economic challenges, such as poverty and unemployment, is also essential for improving family functioning and reducing substance abuse.

In conclusion, family-based interventions in Zimbabwe play a critical role in mitigating drug and substance abuse by strengthening family relationships and promoting positive parenting practices. While they share similarities with regional approaches, they are more constrained by economic and institutional challenges. Compared to global interventions, they are less structured and less systematically evaluated but remain culturally relevant and community-driven. Strengthening these interventions requires a balanced approach that combines global best practices with local realities to ensure effectiveness and sustainability.

2.4.1.4: Awareness Campaigns

Awareness campaigns are among the primary prevention strategies employed nationally to reduce drug and substance abuse, particularly targeting youths. Awareness campaigns are widely used across the world as a preventive strategy to mitigate drug and substance abuse, particularly among adolescents and young people. These campaigns focus on increasing knowledge about the risks associated with substance use, shaping attitudes and influencing behaviour through communication channels such as mass media, schools, and digital platforms.

At the global level, awareness campaigns have been integrated into national and international drug prevention frameworks and utilise multiple platforms to reach diverse populations. Awareness campaigns are implemented by governments, international organisations, and non-governmental organisations as part of comprehensive public health strategies aimed at reducing substance abuse (Wakefield et al., 2018). For example, in countries such as the United States, Australia, and the United Kingdom, campaigns use television, radio, and social media to deliver targeted messages to young people through the government. These campaigns often apply evidence-based communication strategies such as social norm correction, peer influence, and behaviour change messaging to discourage substance use (Stevens et al., 2020). Research indicates that such campaigns are effective in improving knowledge and influencing attitudes, particularly when they are well-designed and sustained over time.

Real world evidence further shows that awareness campaigns can delay the initiation of substance use among adolescents and increase understanding of the risks associated with drugs. Digital and social media platforms have enhanced the reach and engagement of campaigns, especially among youth populations. However, studies also highlight that awareness campaigns alone have limited impact on long-term behaviour change unless they are combined with other interventions such as family-based, school-based, and community-based approaches (Champion et al., 2021). Additionally, campaigns that rely heavily on fear-based messaging may sometimes produce unintended negative effects, such as resistance or curiosity among young people.

In the Southern African region, awareness campaigns are also widely used as a strategy to address the growing problem of drug and substance abuse. Governments, NGOs, and community-based organisations implement campaigns through schools, community outreach programmes, radio broadcasts, and public events. Countries such as South Africa, Zambia, and

Botswana have integrated awareness campaigns into their national drug control policies, often targeting youth in both urban and rural areas (Peltzer & Pengpid, 2018). These campaigns typically focus on educating communities about the dangers of substances such as alcohol, cannabis, and emerging drugs.

While awareness campaigns in Southern Africa have contributed to increased knowledge about substance abuse, their effectiveness is often constrained by resource limitations, inconsistent implementation, and lack of rigorous evaluation. Many campaigns are short-term and dependent on donor funding, which affects sustainability. Furthermore, high levels of poverty, unemployment, and social inequality in the region influence substance use behaviours, limiting the impact of awareness messages alone (Peltzer & Pengpid, 2018).

Despite these challenges, awareness campaigns in the region have notable strengths, particularly their integration within community structures and cultural contexts. Community leaders, schools, and religious institutions often play a key role in disseminating information, which enhances trust and acceptance of campaign messages. This community-based approach aligns with global evidence suggesting that participatory and culturally relevant interventions are more effective in influencing behaviour (Wakefield et al., 2018). However, there remains a need for more structured and evidence-based campaign designs to improve effectiveness.

In Zimbabwe, awareness campaigns are a key component of efforts to mitigate drug and substance abuse especially among youth. These campaigns are implemented by government ministries, NGOs, the ZRP and community organisations through school programmes, community outreach and media platforms. Initiatives often include educational workshops, public awareness events, and the use of radio and social media to disseminate information about the risks associated with substance use (Mutsikiwa, 2021). Campaigns frequently target high-risk groups, including adolescents in urban areas and vulnerable communities.

Evidence from Zimbabwe suggests that awareness campaigns have been effective in increasing knowledge and raising public concern about drug and substance abuse. However, similar to the regional context, their impact on behaviour change remains limited when implemented in isolation. Factors such as economic challenges, limited funding, and inadequate coordination between stakeholders reduce the overall effectiveness and sustainability of these campaigns

(Chikumba & Chigariro, 2020). Additionally, the lack of comprehensive monitoring and evaluation systems makes it difficult to assess long-term outcomes.

When compared to both regional and global contexts, awareness campaigns in Zimbabwe face greater structural and resource constraints. Unlike in high-income countries where campaigns are supported by strong institutional frameworks and advanced technologies, Zimbabwean campaigns often rely on traditional communication methods and short-term funding. However, they benefit from strong community involvement and cultural relevance which enhances their reach and acceptance. Integrating awareness campaigns with other interventions such as school-based and family-based programmes could significantly improve their effectiveness.

In conclusion, awareness campaigns play an important role in mitigating drug and substance abuse by increasing knowledge and shaping attitudes at global, regional, and national levels. Globally, these campaigns are well-resourced, evidence-based, and integrated into broader prevention strategies, making them more effective in influencing behaviour. In contrast, awareness campaigns in Southern Africa and Zimbabwe, while culturally relevant and community-driven, face challenges related to limited resources, lack of sustainability, and weak evaluation systems. Across all contexts, evidence suggests that awareness campaigns are most effective when implemented as part of a comprehensive approach that includes family-based, school-based, and community-based interventions. Strengthening design, funding, and evaluation mechanisms, as well as leveraging digital technologies, will be essential for enhancing their impact.

2.5. Challenges in Implementing Drug and Substance Abuse Prevention in Marginalized Communities

The implementation of drug and substance abuse interventions faces multiple challenges that differ in scale, intensity, and context globally, regionally, and nationally. Understanding these challenges comparatively helps to identify where interventions can be strengthened.

2.5.1 Lack of Funding and Resource Constraints

This remains one of the most significant hindrances to implementing successful drug use interventions worldwide, especially in LMICs. Many governments allocate limited financial resources to prevention, treatment, and rehabilitation programmes, often prioritizing other urgent

health and economic issues. According to the United Nations Office on Drugs and Crime (UNODC, 2022), a large proportion of individuals who require treatment for substance use disorders worldwide do not receive it due to underfunded health systems and inadequate infrastructure. For example, in parts of Latin America and Asia, community-based rehabilitation centres operate with insufficient funding, resulting in overcrowding and limited service delivery. Compared to other global health programmes such as HIV/AIDS interventions, substance abuse programmes tend to receive less financial support, which weakens their overall effectiveness. Strengthening international funding partnerships, integrating substance abuse services into primary healthcare systems, and increasing government budget allocations would enhance the sustainability of these interventions.

In Southern Africa, the challenge of funding is more pronounced due to widespread economic constraints, high unemployment levels, and competing development priorities. Many countries in the region rely on donor funding to support social and health programmes, and substance abuse interventions are often under-prioritized. Peltzer and Pengpid (2018) note that limited financial resources have led to inadequate prevention programmes, poorly resourced treatment facilities, and a shortage of trained professionals. For instance, in countries such as South Africa and Zambia, rehabilitation services are often concentrated in urban areas, leaving rural communities underserved due to funding limitations. Compared to the global context, Southern Africa faces deeper structural funding challenges, including dependence on external donors and fragile economic systems, which affect programme continuity and effectiveness. Expanding public-private partnerships, decentralizing services, and prioritizing substance abuse within national development agendas would significantly improve intervention outcomes in the region.

In Zimbabwe, lack of funding and resource constraints are even more severe, significantly undermining efforts to mitigate drug and substance abuse, particularly in marginalized communities. Economic instability, inflation, and limited fiscal capacity have reduced government spending on social services, including prevention and treatment programmes. Chikumba and Chigariro (2020) highlight that many intervention initiatives in Zimbabwe are underfunded, resulting in limited outreach activities, inadequate rehabilitation centres, and shortages of trained social workers and counsellors. The increasing prevalence of substances such as “mutoriro” has not been matched by sufficient investment in intervention strategies,

leaving many affected individuals without access to support services. Compared to both regional and global contexts, Zimbabwe's economic challenges intensify the impact of resource constraints, making it difficult to scale up interventions effectively. Strengthening domestic resource mobilization, improving coordination between government and non-governmental organizations, and integrating substance abuse programmes into existing community development initiatives would be essential in addressing this challenge.

2.5.2 Stigma and Negative Social Attitudes

Stigma and negative social attitudes towards drug and substance abuse present a major challenge to the implementation of effective interventions globally. Substance use is often viewed as a moral failing rather than a public health issue which discourages individuals from seeking help and limits community support for intervention programmes. The World Health Organization (WHO, 2021) emphasizes that stigma significantly reduces access to treatment services and contributes to the marginalization of individuals struggling with substance use disorders. For example, in many parts of the world, individuals with substance use problems face discrimination in healthcare settings, workplaces, and communities, which further isolates them and reduces their willingness to participate in intervention programmes. Compared to other health conditions, substance abuse continues to carry a heavier social stigma, which weakens prevention and rehabilitation efforts. Promoting public awareness, adopting rights-based approaches, and integrating substance abuse into general health services would help reduce stigma and improve programme effectiveness.

In Southern Africa, stigma is deeply embedded within cultural and social norms, which complicates efforts to address drug and substance abuse. Certain substances, such as alcohol, may be socially accepted, while others are heavily stigmatized, creating contradictions in how substance use is perceived and addressed. Peltzer and Pengpid (2018) note that stigma in the region often discourages individuals and families from seeking professional help, leading to delays in intervention and worsening of substance use problems. In addition, communities may label affected individuals as deviant or morally weak, which reinforces exclusion and limits the success of community-based programmes. Compared to the global context, stigma in Southern Africa is often reinforced by strong cultural beliefs and limited awareness about substance use as a health issue. Strengthening culturally sensitive awareness campaigns, involving community

leaders, and promoting open dialogue about substance abuse would help reduce stigma in the region.

In Zimbabwe, stigma and negative social attitudes significantly hinder efforts to mitigate drug and substance abuse, particularly in marginalized communities. Individuals who use drugs are often labelled and discriminated against, which discourages them from seeking help and participating in intervention programmes. Chikumba and Chigariro (2020) highlight that stigma in Zimbabwe is reinforced by limited public awareness and moral interpretations of substance abuse, which frame it as a personal failure rather than a social or health issue. This not only affects individuals but also discourages families from supporting affected members due to fear of social judgement. Compared to regional and global contexts, stigma in Zimbabwe is intensified by economic challenges and limited access to information, which further reduces the effectiveness of interventions. Expanding community education programmes, promoting inclusive and non-judgmental approaches, and integrating substance abuse services into general healthcare systems would be critical in addressing this challenge.

2.5.3 Weak Policy Implementation and Poor Coordination

A recurring obstacle to effective drug and substance abuse prevention globally, regionally and nationally is the gap between policy design and on-the-ground delivery. The UNODC (2022) has documented this pattern extensively: even where comprehensive national strategies exist, they are frequently undermined by insufficient institutional capacity, fragmented service delivery, and the absence of reliable monitoring mechanisms. When responsibility for drug control is distributed across multiple agencies without a coordinating body, duplication of effort and resource wastage follow.

This challenge is amplified in Southern Africa, where limited administrative capacity and donor-dependent funding models create structural fragility. Myers et al. (2020) note that prevention programmes in schools are rarely well-linked to community health or social services, leaving young people who need continuing support without clear pathways. In Zimbabwe specifically, Mutsikiwa (2021) highlights that weak integration between government departments, civil society, and community structures has produced interventions that address parts of the problem in isolation rather than comprehensively. Awareness campaigns proceed without referral systems; rehabilitation services exist without follow-up support. Coordinating these elements

through dedicated inter-agency mechanisms and clearer accountability frameworks would represent a more impactful use of the limited resources available.

2.5.4 Peer Pressure and Social Influence

Social conformity and peer expectations among youths act as key drivers for substance use and misuse, posing a major challenge to intervention efforts. Adolescents are particularly vulnerable to adopting behaviours observed within their social networks, including substance use. According to the United Nations Office on Drugs and Crime (UNODC, 2022), peer influence is one of the strongest predictors of substance use initiation among young people. For example, studies in North America and Europe show that youths are more likely to experiment with drugs when their peers engage in such behaviours. Compared to other risk factors, peer influence is more immediate and difficult to control, as it operates within everyday social interactions. Strengthening peer education programmes, promoting positive role models, and creating supportive social environments would help reduce the influence of negative peer pressure.

In Southern Africa, peer pressure is intensified by socio-economic challenges and limited opportunities for youth engagement. In many communities, substance use is normalized within peer groups, making it difficult for individuals to resist involvement. Peltzer and Pengpid (2018) note that adolescents in the region are more likely to engage in substance use when exposed to peers who use drugs, particularly in environments where supervision is limited. For instance, in informal settlements and underserved communities, peer groups often become primary sources of identity and support, increasing the likelihood of adopting risky behaviours. Compared to the global context, peer influence in Southern Africa is often stronger due to close-knit social structures and fewer alternative recreational activities. Expanding youth development programmes, strengthening school and community engagement, and promoting positive peer networks would help mitigate this challenge.

In Zimbabwe, peer pressure plays a critical role in driving drug and substance abuse among youths, particularly in high-density urban areas and marginalized communities. Many young people are introduced to substances such as “mutoriro” through friends and social networks, making peer influence a key factor in the spread of substance use. Chikumba and Chigariro (2020) highlight that limited employment opportunities and lack of recreational facilities increase the time youths spend in peer groups, which can expose them to negative influences.

Compared to regional and global contexts, peer pressure in Zimbabwe is exacerbated by economic hardship and limited youth engagement opportunities. Strengthening youth empowerment initiatives, promoting life skills education, and creating safe recreational spaces would be essential in addressing this challenge.

2.5.5 Weak Family Support Systems

Weak family support systems present a major challenge to mitigating drug and substance abuse globally, particularly among adolescents and young people. Families play a crucial role in shaping behaviour, providing guidance, and offering emotional support. However, when family structures are unstable or dysfunctional, youths are more likely to engage in substance use. The World Health Organization (WHO, 2021) notes that lack of parental supervision, poor communication, and family conflict are key risk factors associated with substance abuse. For example, in many high-income countries, family breakdown and neglect have been linked to increased substance use among adolescents. Compared to other intervention areas, addressing family-related challenges requires long-term and holistic approaches, which can be difficult to implement. Strengthening parenting programmes, promoting family-based interventions, and improving communication within households would help address this issue.

In Southern Africa, family support systems are often weakened by socio-economic pressures, including poverty, migration, and changing family structures. Peltzer and Pengpid (2018) observe that many families in the region struggle to provide adequate supervision and support due to economic challenges and long working hours. In some cases, parents migrate in search of employment, leaving children without proper guidance and care. Compared to the global context, family instability in Southern Africa is more closely linked to economic hardship and social change. This increases the vulnerability of youths to substance abuse, as they may seek support and identity from peers instead of family. Strengthening community-based family support programmes, promoting parental involvement, and addressing socio-economic challenges would improve outcomes.

In Zimbabwe, weak family support systems are a significant factor contributing to drug and substance abuse among youths, particularly in marginalized communities. Economic instability, unemployment, and migration have disrupted traditional family structures, reducing parental supervision and involvement in children's lives. Chikumba and Chigariro (2020) highlight that

many families are unable to provide the necessary emotional and social support, increasing the risk of substance use among young people. Compared to regional and global contexts, family challenges in Zimbabwe are intensified by economic conditions and limited access to support services. Strengthening family counselling services, promoting community-based support systems, and enhancing social protection programmes would increase efficiency in addressing this challenge.

2.6. Components of a community youth model to mitigate drug and substance abuse among youths in economically marginalized communities in Zimbabwe.

Community-based models for preventing drug and substance abuse among youth are grounded in the idea that prevention is most effective when it is contextualized, participatory, and mobilizes local assets. These models recognize that youth interact within social, family, and community systems that shape risk and protective factors for substance use, and that engaging these systems can lead to sustained positive outcomes. Research supports the use of community-oriented strategies that go beyond awareness alone by involving youth, families, and diverse stakeholders in designing and implementing prevention activities (National Institute on Drug Abuse, as summarized by Youth.gov, 2025).

Drug and substance abuse among youths can be mitigated through integrated interventions that address both behavioural and environmental factors. These strategies can be better understood when linked to Ecological Systems Theory, which focuses on environmental influences, and Social Learning Theory, which explains how behaviour is shaped through observation and interaction.

2.6.1. Vocational Training and Youth Empowerment

Globally, vocational training is used to reduce youth involvement in substance abuse by addressing unemployment and economic vulnerability. Programmes in countries such as Germany and the United States have demonstrated that when young people gain employable skills and access to income, their likelihood of engaging in risky behaviours declines (UNODC, 2022; World Bank, 2019). This is because employment reduces idleness and increases self-esteem among youths. This intervention is strongly linked to Ecological Systems Theory, as it

targets the broader socio-economic environment (exosystem and macrosystem) that shapes behaviour. By improving economic conditions, vocational training reduces environmental stressors that often push youths toward substance abuse.

In Southern Africa, vocational training programmes are implemented to address high levels of youth unemployment, which is a key driver of substance abuse. Countries such as South Africa and Botswana have introduced skills development initiatives aimed at economically disadvantaged youths (Peltzer & Pengpid, 2018). However, these programmes often face resource and infrastructure constraints. Compared to global contexts, the intervention is more focused on survival and livelihood creation. The relevance of Ecological Systems Theory is even more pronounced here, as poverty and inequality within the environment significantly influence youth behaviour.

In Zimbabwe, vocational training initiatives focus on skills such as carpentry, tailoring, and agriculture to empower youths in marginalized communities (Mutsikiwa, 2021). These programmes reduce economic vulnerability and provide alternatives to substance use. However, limited funding affects their reach and sustainability. Compared to regional and global contexts, Zimbabwe's programmes operate under more severe economic constraints, making environmental interventions even more critical. This further reinforces the application of Ecological Systems Theory, as improving the immediate environment becomes essential in influencing behaviour.

2.6.2. Life Skills Education

Life skills education is widely used globally to equip youths with the ability to make informed decisions, resist peer pressure, and cope with stress. Evidence shows that such programmes reduce substance use among adolescents by strengthening cognitive and behavioural competencies (WHO, 2021). This intervention is closely linked to Social Learning Theory, as it equips individuals with the skills needed to respond to social influences and learned behaviours. By enhancing self-control and decision-making, youths are better able to resist negative behaviours they observe in their environment.

In Southern Africa, life skills education is often integrated into school programmes and youth initiatives, particularly in South Africa (Peltzer & Pengpid, 2018). However, these programmes

sometimes lack trained facilitators and adequate resources. Compared to global contexts, implementation is less consistent, but the need is greater due to higher exposure to risk factors. The intervention continues to reflect Social Learning Theory, as it helps youths navigate strong peer and social influences common in the region.

In Zimbabwe, life skills education is implemented through schools and NGOs to help youths develop coping mechanisms and awareness of substance abuse risks (Chikumba & Chigariro, 2020). Despite resource limitations, these programmes play a key role in behaviour change. Compared to regional and global contexts, the intervention is often less structured but still critical. Its link to Social Learning Theory is evident, as it directly targets behavioural responses to social pressure and environmental challenges.

2.6.3. Peer Education Programmes

Peer education programmes are widely used globally to influence youth behaviour through peer networks. Research shows that young people are more likely to adopt behaviours promoted by their peers (UNODC, 2022). This intervention directly aligns with Social Learning Theory, which explains that individuals learn through observation and imitation. Positive peer role models can therefore promote healthy behaviours and discourage substance use.

In Southern Africa, peer education has been widely used in HIV prevention and extended to substance abuse interventions (Dada et al., 2019). The strong social networks among youths make this approach particularly effective. Compared to global contexts, peer influence is often more pronounced, increasing both risk and opportunity. The application of Social Learning Theory is therefore highly relevant, as behaviour is heavily shaped by group dynamics.

In Zimbabwe, peer education programmes are implemented by NGOs and community organisations to address drug and substance abuse among youths (Mutsikiwa, 2021). These programmes are cost-effective and relatable but sometimes lack formal structure. Compared to regional and global contexts, peer education is one of the most practical approaches due to limited resources. Its effectiveness is strongly explained by Social Learning Theory, as youths are influenced by those they interact with daily.

2.6.4. Community Awareness Campaigns

Globally, awareness campaigns are used to educate communities about the risks of substance abuse and promote prevention strategies (WHO, 2021). These campaigns aim to shape societal attitudes and reduce stigma. This aligns with Ecological Systems Theory, as it targets the broader social environment (macrosystem), influencing norms and beliefs that affect behaviour.

In Southern Africa, awareness campaigns are often delivered through community meetings, radio, and outreach programmes (Peltzer & Pengpid, 2018). Compared to global contexts, these campaigns are more community-driven but may have limited reach. The intervention reflects Ecological Systems Theory, as it seeks to transform community attitudes and social norms that influence youth behaviour.

In Zimbabwe, awareness campaigns focus on educating youths about the dangers of substances such as "mutoriro" through schools and community programmes (Chikumba & Chigariro, 2020). However, these campaigns are often inconsistent. Compared to regional and global contexts, their impact is limited by resource constraints. The intervention remains grounded in Ecological Systems Theory, as changing community perceptions is key to influencing behaviour.

2.6.5. Family-Based Interventions

Globally, family-based interventions such as parenting programmes and family therapy have been effective in reducing substance abuse among youths (Kumpfer et al., 2018). These programmes improve communication, supervision, and emotional support within families. This intervention is linked to both Ecological Systems Theory and Social Learning Theory. The family represents the microsystem where direct interaction occurs, while parents serve as role models whose behaviours are observed and imitated by children.

In Southern Africa, family structures play a central role in shaping youth behaviour, although economic pressures may weaken their effectiveness (Peltzer & Pengpid, 2018). Compared to global contexts, family interventions are less formalized but culturally significant. The relevance of both Ecological Systems Theory and Social Learning Theory remains strong, as family environments and role modelling influence behaviour.

In Zimbabwe, family-based interventions are implemented through counselling and social welfare programmes (Chikumba & Chigariro, 2020). However, economic challenges and family

instability can limit their effectiveness. Compared to regional and global contexts, the family's role remains critical but constrained. The intervention continues to reflect both theories, as behaviour is shaped within the family environment and through observed parental actions.

2.7 CHAPTER SUMMARY

This chapter provided a comprehensive review of literature and theoretical perspectives relevant to the development of a community youth model aimed at mitigating drug and substance abuse in economically marginalized communities, with a focus on Gadzema, Chinhoyi. The chapter began with the theoretical framework, grounding the study in Ecological Systems Theory and Social Learning Theory, which helped explain how environmental and behavioral factors contribute to drug abuse among youth.

Key concepts central to the study such as "drug abuse," "substance abuse," "marginalization," and "community-based interventions" were conceptualized to create a common understanding and frame the problem contextually. A global, regional, and national overview illustrated that youth drug abuse is not only a Zimbabwean concern but a broader social issue affecting many countries, especially in low-income and marginalized settings. The chapter also examined literature under thematic areas aligned with the study objectives, covering the effectiveness of existing interventions, challenges in program implementation, and the need for a tailor-made youth model. Several gaps were noted, particularly the lack of youth involvement, poor coordination among stakeholders, and weak policy enforcement.

By identifying these gaps and analyzing relevant studies, this chapter laid the foundation for the development of a practical and community-oriented model in the next chapter. The reviewed literature supports the justification for localized, youth-inclusive solutions that reflect the realities of communities like Gadzema.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research methodology that was used to collect data for this study in Gadzema, Chinhoyi. It describes the research philosophy, approach, design, study population and sampling procedures utilized in the research. Additionally, it explains how participants were selected to gather information necessary for developing a community youth model aimed at mitigating drug and substance abuse among youth in economically marginalized communities.

3.1 Research Philosophy

Every research inquiry rests on philosophical assumptions about the nature of knowledge and how it can be produced. These assumptions collectively referred to as research philosophy determine what questions a researcher considers legitimate, what counts as valid evidence and which methods are appropriate (Saunders, Lewis & Thornhill, 2019). This study was guided by an interpretivist philosophy, which holds that social phenomena are best understood through the subjective experiences and meanings that individuals attach to them, rather than through measurement or objective observation alone. Interpretivist was appropriate here because the study sought to understand how youth and community stakeholders in Gadzema perceive and experience drug and substance abuse knowledge that is inherently contextual and cannot be reduced to numbers.

3.2 Research Approach

A research approach involves the systematic procedures used in research typically categorized into qualitative, quantitative or mixed methods depending on how data is collected and analyzed (Creswell, 2018). According to Saunders et al. (2019), a research approach is the method by which a researcher develops knowledge, distinguishing between deductive and inductive approaches. This study adopted a qualitative research approach which was suitable as it enabled the researcher to explore the experiences, perceptions and views of youth and professionals regarding drug and substance abuse in economically marginalized communities. This approach facilitated the gathering of in-depth information that helped understand the factors contributing to drug and substance abuse and the potential strategies to address the issue. Furthermore, the

qualitative approach allowed participants to freely express their opinions and experiences related to drug and substance abuse prevention programs.

3.3 Research Design

Creswell (2018) defines research design as a set of procedures that researchers use to collect, analyze and interpret data to answer research questions or hypotheses. Saunders et al. (2019) also describes research design as a general plan that helps answer research questions by specifying data sources, collection methods and analysis techniques. This study utilized a descriptive research design and this facilitated the collection of detailed information about drug and substance abuse among youth in Gadzema. The descriptive design also allowed the researcher to outline the challenges faced in implementing drug abuse prevention programs and to explore potential solutions through the development of a community youth model. This design was deemed suitable as it focuses on describing the existing situation without manipulating any variables.

3.4 Study Setting

The study was conducted in Gadzema, a densely populated suburb in Chinhoyi, Zimbabwe. Gadzema is characterized by overcrowding, limited access to resources and socio-economic challenges that affect the well-being of residents especially the youth. This makes Gadzema a relevant setting for examining community-based interventions aimed at addressing social problems such as drug and substance abuse. The area is experiencing significant economic marginalization which is contributing to persistent poverty, high unemployment rates and increased vulnerability among young people. According to the Zimbabwe National Statistics Agency (2022), unemployment and limited economic opportunities remain major challenges for youth in urban and peri-urban communities. These conditions often lead to social exclusion and reduced access to essential services thereby increasing the likelihood of engagement in risky behaviors.

Choosing Gadzema as the study setting was appropriate as it also provides a context where youth unemployment, economic hardships and substance abuse intersect. This environment is ideal for developing a community youth model aimed at mitigating drug and substance abuse. The setting

allowed the researcher to gather relevant data from participants directly affected by these issues and this enhanced the validity and relevance of the study findings.

3.5 Target Population

Saunders et al. (2019) define target population as the complete set of cases or individuals from which a researcher selects a sample and about which conclusions are to be made. The target population for this study consisted of youth aged 15 to 35 years living in Gadzema. These youth were considered suitable and important as they are the ones most affected by drug and substance abuse. The study also included professionals working with youth and substance abuse issues such as social workers, health professionals and community leaders who possess knowledge and experience regarding drug abuse prevention programs and youth development initiatives within communities.

3.6 Sampling Techniques

Sampling techniques refer to the methods through which a researcher selects a portion of the population to represent the whole, ensuring that data collection is manageable and cost-effective (Kothari, 2014). Similarly, Saunders et al. (2019) define sampling techniques as strategies employed to select units of analysis from a population with the choice of method depending on research objectives required data type and population characteristics. This study employed two non-probability sampling techniques which are purposive sampling and snowball sampling. These methods ensured that participants with relevant experience and knowledge of youth drug and substance abuse were included. They were chosen since the study focuses on understanding lived experiences and community dynamics rather than generating statistically generalizable results.

3.6.1 Purposive Sampling

Purposive sampling also known as judgmental or selective sampling involves deliberately selecting participants considered knowledgeable or experienced regarding the research problem (Saunders et al., 2019). In this study, purposive sampling targeted youth affected by substance abuse, recovered users, professionals such as social workers and community leaders. This method was chosen to gather detailed insights and expert perspectives required for developing a community youth model. By focusing on participants with direct experience, the study ensured

that the data collected was rich, relevant and context-specific which is vital for designing effective interventions in economically marginalized communities like Gadzema.

3.6.2 Snowball Sampling

Snowball sampling is a technique where initial participants refer other potential participants who meet the study criteria (Kothari, 2014). This method was particularly useful for reaching individuals who were difficult to identify including active youth drug users and marginalized community members. Snowball sampling was used in this study to complement purposive sampling. Given the sensitive nature of drug and substance abuse, some youth were reluctant to participate and were not easily accessible. Using referrals from initial participants allowed the researcher to reach a wider pool of relevant participants ensuring comprehensive data collection and inclusion of diverse experiences.

3.7 Sample Size

According to Kothari (2014), a sample is a portion of the population that is chosen to reflect the characteristics of the entire population, enabling the researcher to make inferences without studying every individual. Sample size refers to the total number of participants or units included in a study. Creswell and Creswell (2018) define sample size as the total number of participants selected from the target population to provide sufficient data for meaningful analysis, considering study objectives, research approach, and feasibility.

For this study, a sample of twenty five participants was selected comprising of eighteen youths and seven key informants. This sample size was deemed relevant as the study employed a qualitative research approach which emphasize depth and richness of data rather than large-scale generalization. Using purposive and snowball sampling techniques, participants were selected based on their relevant experience, knowledge and insights into youth drug and substance abuse. The sample included youth affected by substance abuse, recovered users, social workers, community leaders and NGO staff involved in youth programs.

A sample size of twenty-five individuals also allowed the researcher to collect manageable yet comprehensive data while ensuring that diverse opinions from different stakeholders were captured. As noted by Kothari (2014) and Creswell (2018), qualitative studies often employ small focused samples to gather detailed experiences and generate meaningful themes. This

approach aligns with the study's aim to develop a community youth model to mitigate drug and substance abuse in economically marginalized communities. Consequently, a sample of twenty-five participants was sufficient to achieve the research objectives and provide reliable, rich qualitative data for analysis.

3.8 Data Collection Methods

Kothari (2014) defines data collection methods as techniques employed to collect data in a structured and organized manner, ensuring the accuracy and reliability of research findings. According to Creswell (2018), data collection involves identifying participants and using appropriate instruments and procedures to obtain meaningful information that answers research questions. In this study, qualitative data was collected using semi-structured interviews, focus group discussions and key informant interviews. These methods were selected as they allowed for in-depth exploration of participants' experiences, perceptions and suggestions regarding drug and substance abuse among youths in economically marginalized communities.

3.8.1 Semi-Structured Interviews

Semi-structured interviews were conducted with eleven youths residing in Gadzema using an interview guide. This method involved open-ended questions that allowed flexibility for the researcher to probe further and gain deeper insights into participants' experiences. The interviews focused on understanding existing interventions, challenges faced by youths in accessing drug and substance abuse prevention programs and possible solutions to drug and substance abuse.

These interviews were carried out at a local small sports stadium in Gadzema, providing a convenient and familiar environment for participants. Each interview lasted approximately 30 to 45 minutes, allowing sufficient time for participants to express their views in detail. Data was recorded using an audio recording device with the consent of participants to ensure all responses were captured accurately. Additionally, the researcher took field notes to record key points, observations and non-verbal cues during the interviews. This method was appropriate as it enabled the collection of detailed and personal experiences from the youths.

3.8.2 Focus Group Discussions

Focus group discussions were conducted with three groups of youths separately, each group consisting of six participants. A discussion guide was used for these focus group discussions. This method involved bringing participants together to discuss specific topics allowing them to share ideas, interact and build on each other's responses. Focus group discussions were useful in capturing collective views on drug and substance abuse, community responses and potential solutions. These discussions were held at the local small sports stadium in Gadzema which ensured easy accessibility and comfort for participants. Each focus group discussion lasted between 60 to 90 minutes as the group setting required more time for interaction and participation from all members. Data from the discussions was collected through audio recordings and note-taking. The audio recordings ensured all contributions were accurately captured, while notes documented group dynamics and key observations. This method enhanced the depth and richness of data by incorporating multiple perspectives from the participants.

3.8.3 Key Informant Interviews

Key informant interviews were conducted with professionals including social workers, community leaders and representatives from CADASA organization, using an interview guide. These interviews aimed at gathering expert knowledge on existing interventions, challenges in program implementation and recommendations for developing a community youth model. The interviews took place in Chinhoyi town park which was a neutral and accessible meeting point for all the participants. Each interview lasted approximately 45 to 60 minutes allowing for in-depth discussions based on the participants' professional experience. Data was collected using audio recording also and note-taking to ensure completeness and accuracy. This method was important in providing professional and institutional perspectives that complemented the views obtained from the youths. Overall, the use of multiple data collection methods enabled triangulation thereby enhancing the credibility, reliability and validity of the study findings.

3.9 Data Collection Tools

According to Kothari (2014), data collection tools are devices or instruments used to collect relevant information needed to address the research problem. Creswell (2018) also defines data collection tools as structured instruments designed to obtain data from participants consistently and reliably. In this study, the researcher utilized interview guides and discussion guides as the main data collection tools. These included a semi-structured interview guide for youths, a focus

group discussion guide and a key informant interview guide for professionals. All tools were designed in alignment with the research objectives and were structured into thematic sections addressing existing interventions, challenges and possible solutions to drug and substance abuse. The semi-structured interview guide (Appendix 1) was used to collect data from individual youth participants. The guide consisted of open-ended questions which allowed the participants to express their experiences, opinions and suggestions freely. Open-ended questions were preferred as they provide detailed and in-depth responses, enabling the researcher to probe further where necessary. The interview guide was organized into sections covering demographic information, existing interventions, challenges faced and proposed solutions.

The focus group discussion guide (Appendix 2) was used during group discussions with youths. Like the interview guide, it consisted mainly of open-ended questions designed to encourage interaction and discussion among participants. The guide allowed participants to share ideas, build on each other's responses and provide diverse perspectives on drug and substance abuse within the community. This tool was appropriate for capturing collective views and community dynamics. The key informant interview guide (Appendix 3) was used to collect data from professionals including social workers, community leaders and representatives from non-governmental organizations. The questions in this guide were also largely open-ended allowing participants to provide detailed professional insights on existing interventions, gaps, challenges and recommendations for developing a community youth model. In addition to these guides, tools for recording data were also utilized. Data was captured using audio recording devices ensuring participants' responses were accurately recorded for later transcription and analysis. Furthermore, the researcher used note-taking to document key points, observations and non-verbal cues during interviews and discussions. These recording tools enhanced the accuracy, completeness and reliability of the data collected. Overall, the use of structured interview and discussion guides, combined with appropriate recording tools ensured that data was collected in a consistent, detailed and reliable manner aligned with the qualitative nature of the study.

3.10 Data Collection Procedure

Data collection procedures involve the processes of gaining access to participants, obtaining permissions and implementing data collection methods in a structured way (Creswell, 2018). Kothari (2014) explains that data collection procedures outline the sequence of activities

undertaken to ensure data is collected accurately, ethically and efficiently. The purpose of collecting data in this study was to gather in-depth information on youth drug and substance abuse in Gadzema, including the effectiveness of existing interventions, the challenges faced by youths in accessing drug and substance abuse prevention programmes and possible community-based solutions for developing a youth model to mitigate the problem.

The data collection process began with the researcher seeking permission from relevant authorities in Chinhoyi. The researcher first obtained approval from the Department of Social Development and the Ministry of Health and Childcare as these institutions are directly involved in social welfare and public health issues related to substance abuse. This step ensured that the study was conducted within legal and institutional frameworks. Following this, the researcher consulted the local ward councillor in Gadzema to gain community entry and support which was important for building trust within the community and facilitating access to participants, particularly youths and key informants.

After gaining institutional and community approval, the researcher proceeded to identify and recruit six participants. To obtain sufficient and relevant participants, snowball sampling was employed where initial participants referred the researcher to other potential participants who met the study criteria. This approach was particularly useful in reaching youths affected by drug and substance abuse who were difficult to identify. Ethical considerations were also strictly observed during the recruitment process. Participants were informed about the study's purpose and their voluntary participation was emphasized. Informed consent was obtained from all participants who were required to sign consent forms before participating in the study.

Once all permissions were secured and participants recruited, the researcher proceeded with data collection using semi-structured interviews, focus group discussions and key informant interviews. These methods were guided by the respective data collection tools outlined in the appendices. Data was collected in a conducive and accessible environment within Gadzema allowing participants to freely express their views. Throughout the data collection process, the researcher maintained professionalism and ensured ethical standards were upheld.

3.11 Data Presentation and Analysis

Data analysis refers to the systematic process of organizing, interpreting and deriving meaning from collected data to answer research questions (Creswell, 2018). Bryman (2016) defines data analysis as the process of examining data to identify patterns and relationships that address research objectives. Data presentation involves organizing and displaying the data in a clear concise and logical manner to effectively communicate the findings and insights to the audience (Creswell and Creswell, 2018). This study adopted a qualitative data analysis approach specifically thematic analysis which is used to identify and analyze patterns within qualitative data. Thematic analysis refers to methods of identifying, analyzing and reporting patterns or themes within qualitative data (Braun and Clarke, 2021) Thematic analysis was appropriate for this study as it allowed the researcher to gain an in-depth understanding of youths' experiences, perceptions and community perspectives regarding drug and substance abuse in Gadzema. The analysis of data followed several systematic stages as outlined below:

- **Data Familiarization**

The researcher began by familiarizing himself with the data through repeated listening to audio recordings and careful reading of the transcribed interviews and focus group discussions. Field notes taken during data collection were also reviewed to enhance familiarity with the data. This process helped the researcher gain a deep understanding of participants' responses and identify initial patterns related to drug and substance abuse.

- **Data Transcription**

All audio-recorded interviews and discussions were transcribed verbatim. This process involved writing down participants' responses exactly as they were expressed to ensure accuracy and preserve the original meaning of the data.

- **Coding of Data**

The researcher systematically organized the data by assigning codes to meaningful segments of text. Codes were developed based on recurring ideas and concepts such as unemployment, peer pressure and lack of opportunities among youth.

- **Development of Themes**

Codes with similar meanings were grouped together to form broader themes. These themes reflected key issues emerging from the data including the challenges faced by youth, the effectiveness of existing interventions and possible community-based solutions.

- **Interpretation of Data**

The final stage involved interpreting the identified themes in relation to the research objectives. The researcher analyzed how these themes explained the problem of drug and substance abuse among youth in Gadzema and how they informed the development of a community youth model to address the issue.

3.12 Trustworthiness of the Study

Trustworthiness in qualitative research refers to the extent to which the findings of a study are credible, dependable and accurately represent the experiences of participants. According to Lincoln and Guba (1985), trustworthiness is the quality that ensures research findings are believable and grounded in participants' realities. Creswell (2018) explains that trustworthiness involves using rigorous strategies to ensure the accuracy, consistency and neutrality of qualitative findings. In this study on developing a community youth model to mitigate drug and substance abuse among youth in Gadzema, trustworthiness was ensured through the following four key elements:

3.12.1 Credibility

Credibility refers to the confidence in the truth and accuracy of the findings. In this study, credibility was achieved through the use of multiple data collection methods including semi-structured interviews, focus group discussions and key informant interviews. This approach allowed for triangulation of data from different participants such as youth and professionals, to validate the findings. Prolonged engagement with participants also enabled the researcher to gain a deeper understanding of issues related to drug and substance abuse in Gadzema.

3.12.2 Transferability

Transferability refers to the extent to which the results from the study can be applied to other similar contexts. In this study the researcher provided detailed descriptions of the study setting including the socio-economic conditions of Gadzema and the characteristics of the participants. This information allows other researchers or practitioners to determine whether the findings can be applied to other economically marginalized communities facing similar challenges related to youth drug and substance abuse.

3.12.3 Dependability

Dependability is concerned with the consistency and reliability of the research process over time. In this study dependability was ensured through the use of structured interview guides and focus group discussion guides which helped maintain consistency in data collection. Additionally, the researcher wrote down all procedures followed during the study which is important for transparency and the possibility of replication in similar contexts.

3.12.4 Confirmability

Confirmability refers to the extent to which the findings are shaped by the participants and not influenced by researcher bias. In this study confirmability was achieved through the use of audio recordings, detailed field notes and verbatim transcription of interviews and discussions. The researcher also applied systematic coding and thematic analysis to ensure that the findings accurately reflected the views of the participants on drug and substance abuse and potential community-based solutions.

Overall, by applying these four elements of trustworthiness the study ensured that the findings were credible and grounded in the lived experiences of youth in Gadzema, thereby strengthening the reliability and usefulness of the proposed community youth model.

3.13 Ethical Considerations

According to Bryman (2016), ethical considerations involve ensuring that participants are treated fairly, their rights are protected and that the research does not cause harm. Creswell (2018) emphasizes that ethical research practices include obtaining consent, maintaining confidentiality

and respecting participants' autonomy. For the protection and welfare of all participants, the following ethical considerations were ensured by the researcher.

3.13.1. Informed Consent

All participants were provided with clear information about the purpose, objectives and procedures of the study. They were also informed about the nature of their involvement, the use of collected data and their right to withdraw at any time without penalty. Participants were required to sign consent forms before participation and this ensured that their involvement was fully voluntary and based on understanding.

3.13.2 Voluntary Participation

Participation in the study was entirely voluntary. Everyone participated willingly and none of the participants was forced to take part in the research. They were made aware that they could decline to answer any questions or withdraw from the study at any stage. This principle protected participants' autonomy and ensured that the data collected was genuine and freely given.

3.13.3 Anonymity and Confidentiality

The identities of the participants were kept anonymous and any information that could reveal their identity was not included in the study reports. Data collected was stored securely and used solely for academic purposes. This protected participants from potential social stigma or negative consequences related to discussing the sensitive issue of drug and substance abuse.

3.13.4 Minimizing Harm

The study was designed to avoid any psychological, social or physical harm to participants. Sensitive topics were approached with care and respectful communication was maintained throughout. Participants were encouraged to share only what they were comfortable with and the researcher ensured a safe environment during interviews and discussions. By adhering to these ethical principles the study upheld the rights, dignity and welfare of participants while ensuring that the data collected was credible and responsibly obtained.

3.14 Limitations of the Study

All research studies face certain limitations that may affect the scope, depth or generalizability of the findings. Acknowledging these limitations demonstrates transparency and provides context for interpreting the results (Creswell, 2018). In this study several factors were identified as potential constraints and measures were taken to address them.

One primary limitation was the sensitive nature of drug and substance abuse. Discussing issues related to substance use can make participants feel uncomfortable or hesitant to share information openly particularly when there may be fear of judgment or disclosure of illegal activities. To address this the researcher ensured strict confidentiality and anonymity creating a safe, non-judgmental environment during interviews and focus group discussions. Participants were also reminded of their right to skip questions they were uncomfortable with or to withdraw from the study at any time. The geographic and environmental context of Gadzema presented another limitation. As a high-density and an economically marginalized community with high crime rates, safety concerns could have limited access to participants or affected their willingness to engage fully. To respond to this the researcher coordinated with the local ward councillor and community leaders to identify safe and accessible venues for data collection and a a small local sports stadium was chosen as a neutral and secure environment.

The study was also limited by a relatively small sample size of 25 primary participants. While this sample provided rich and in-depth qualitative data it limited the generalizability of the findings to other communities. To mitigate this the researcher employed snowball sampling to reach participants most relevant to the study objectives ensuring diversity within the sample and richness in the data collected.

Time constraints posed an additional limitation as the study was conducted within a fixed period potentially affecting the depth of engagement and follow-up with participants. The researcher addressed this by carefully planning the data collection schedule prioritizing key informant interviews and conducting multiple sessions of focus group discussions to ensure comprehensive coverage.

Finally, the qualitative nature of the study introduced the potential for researcher bias. To minimize this risk of this limitation, the researcher maintained objectivity throughout data

collection, relied on audio recordings and verbatim transcriptions and conducted systematic coding and thematic analysis. These strategies ensured that the findings reflected participants' perspectives rather than personal assumptions.

By acknowledging these limitations and implementing strategies to mitigate their effects, the study maintained credibility and reliability while producing meaningful insights into youth drug and substance abuse and potential community-based interventions in Gadzema.

3.15 Delimitations of the Study

Delimitations are the boundaries or scope deliberately set by the researcher to define the focus of a study and make it manageable. According to Creswell (2018) delimitations refer to the conscious choices made by the researcher regarding the research population, setting, variables and methodology which help narrow the scope of the study. Simon (2011) also defines delimitations as the parameters set by the researcher to limit the focus of the study and ensure that the research remains feasible, relevant and specific to the objectives.

For this study several delimitations were established to ensure that the research remained focused and achievable. The study was limited to youths residing in Gadzema, a high-density and economically marginalized community in Chinhoyi. This decision was made because youths in this area are most affected by drug and substance abuse and focusing on this population allowed for an in-depth understanding of their experiences and the community context.

The study also deliberately focused on drug and substance abuse as it relates to community-based youth interventions excluding other social issues such as crime, early marriage or general unemployment except where they directly influenced substance abuse. Furthermore, the study employed qualitative research methods only using semi-structured interviews, focus group discussions and key informant interviews to collect rich descriptive data. Quantitative methods, surveys or broader epidemiological data were not included as the study aimed to explore perceptions, experiences and community solutions in depth.

Lastly, the study was limited to the period during which data collection occurred capturing a snapshot of the current situation in Gadzema rather than historical or longitudinal trends. These

delimitations ensured that the study remained focused, practical, and directly aligned with the objectives of developing a community youth model to mitigate drug and substance abuse.

3.16 Chapter Summary

This chapter presented the research methodology employed in this study detailing the systematic approach used to investigate the development of a community youth model to mitigate drug and substance abuse among youths in Gadzema, Chinhoyi. The chapter began by outlining the research philosophy, approach and design emphasizing a qualitative approach that allowed for an in-depth exploration of participants' experiences and perceptions. The population and sampling strategies were described including the purposive and snowball sampling techniques used to recruit primary participants and key informants who were directly involved or affected by youth substance abuse in the community.

The chapter also provided a detailed description of the study setting highlighting the socio-economic challenges in Gadzema such as high youth unemployment, economic marginalization and crime which influence the prevalence of drug and substance abuse. The data collection methods and tools were discussed including semi-structured interviews, focus group discussions and key informant interviews as well as the data collection procedure which involved obtaining institutional and community permissions, securing informed consent and ensuring ethical compliance throughout the research process.

A comprehensive explanation of the data analysis process was provided with thematic analysis used to identify, code and interpret patterns within the qualitative data. The chapter also addressed the trustworthiness of the study highlighting strategies to ensure credibility, transferability, dependability and confirmability. Additionally, ethical considerations were discussed including informed consent, voluntary participation, anonymity and minimizing harm to participants. The chapter concluded by reflecting on the limitations and delimitations of the study explaining how each was addressed to maintain the integrity and focus of the research.

Overall, Chapter 3 provided a clear and structured account of how the study was conducted, demonstrating the systematic and ethical processes used to collect and analyze data in a manner that supports the development of a contextually relevant community youth model for addressing drug and substance abuse in Gadzema.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0: INTRODUCTION

This chapter presents, interprets, analyses and discusses data that was collected for the study on the development of a community youth model for mitigating drug and substance abuse in economically marginalized communities with specific reference to Gadzema. The presentation of the results is guided by the objectives of the research and the questions outlined in chapter one and the methodological framework presented in chapter three. The chapter begins by presenting

demographic information of both primary and secondary participants who took part in this study in order to provide contextual understanding of the research sample. Thereafter, findings are presented according to the three major study objectives and these outcomes were not presented in isolation. Each theme incorporates presentation, interpretation, analysis and discussion of findings through integration of results based on data provided by the participants in the study. In relation to objectives and research questions of the study, data from the participants will focus on the nature of the problem, causes and effects of drug and substance abuse among youths, available interventions and gaps in existing strategies in dealing with the problem. These findings will then be interpreted in relation to theories and literature that have been reviewed in this study to provide useful insights on the development of a community youth model in dealing with drug and substance abuse among youths.

4.1: Demographic Characteristics of Participants/Participants

Table 4.1: Participatory Category Distribution

Participant Category	**Frequency**
Primary participants	18
Key informants	7
Total	25

Table 4.1 shows the total number of individuals who participated in the research. The table shows that the majority of the participants were the youths, with 17 in that group, while 7 were secondary participants .This highlights that the research relied more on direct, unfiltered experiences from youths affected by drug and substance abuse.

Table 4.2: Gender Distribution of Participants by Category

Participant Category	Male	Female	Total
Primary participants	15	3	18
Key informants	6	1	7
Total	21	4	25

The above table presents the gender distribution of participants by category. Among the primary participants, 15 were males whilst 3 were females and this shows that males are the ones who are engaged in drug and substance abuse more as compared to girls Zimbabwe. Of the 7 key informants, 6 were males and one was a female. Overall, male participants dominated the study sample with 21 participants compared to 4 female participants.

Table 4.3: Age Distribution of Participants

Age group (years)	Frequency
12-20	5
21-25	10
26-30	6
31-35	3
36+	1
Total	25

The table above shows the age distribution of the participants who took part in the study. The majority of the participants were aged between 21-25 years, constituting 10 out of 25 participants. This was followed by participants in the 26-30 age group with a frequency of 6 while those aged 12-20 accounted for 5 participants. The 31-35 age category had 3 participants and these were key informants. The table also shows that only 1 participant was aged 36 years and above. This reveals that the study was able to include a greater number of young adults who

are usually more vulnerable to the problems of drug and substance abuse and substance addiction.

Table 4.4: Education Level of Participants

Education level	**Frequency**
Primary education	0
Secondary education	9
Tertiary education	3
No formal education	6
Total	18

The education level of the primary participants indicate that half of them had attained secondary education while a significant proportion had tertiary education and none of the youths had only primary education. This suggests that the study engaged mostly with participants with at least basic literacy, which may have influenced their understanding of issues related to drug and substance abuse in the community.

Table. 4.5 Professional background of key informants

Professional Role/ Organization	Frequency
Social workers (Department of Social Development)	2
Community leader (Ward councilor)	1
CADASA organization members	4
Total	7

The key informants included 2 social workers from the department of social development, a community leader who is also the ward councilor for Gadzema and four members 4 members from CADASA organization. The majority of the informants were from CADASA , which is

actively involved in drug and substance abuse awareness and prevention programmes. This composition provided both institutional and community based perspectives on youth drug and substance abuse challenge.

4.2:The efficacy of existing interventions in addressing youth drug and substance abuse in the community

One of the objectives of this study was to asses the efficacy of interventions already put into practice in dealing with drug and substance abuse among young people in Gadzema. Results from the interview and focus group discussion analysis showed that various interventions are being undertaken in the community to counter drug and substance abuse among youths.While recognizing the existence of these interventions, most participants indicated that they are less effective in addressing the increasing incidence of drug and substance abuse among youths. This was blamed on inconsistencies in their delivery, poor resource allocation, lack of stakeholder coordination and neglecting socioeconomic factors that contribute to drug and substance abuse. The various interventions cited are outlined below.

4.2.1 Awareness Campaigns

Awareness campaigns emerged as a popular intervention that is currently being used to respond to the challenge of youths drug and substance abuse in Gadzema. The outcomes show that most awareness programs have been held through schools, churches and even in communities, while few are held by local organizations and government departments. The results of the interviews show that awareness programs aim at educating youths on the negative impacts of substance abuse and abuse of drugs including addiction, poor health, low academic performance, criminal activities and family disunity.

Participant 4 mentioned:

> "*Mamwe mazuva tinodzidziswa kuchikoro nemukutamba matisnosangana zvakshatira ma drugs , uye nekut anoti destroyer sei sevana vadiki vachine pfungwa dzisati dzakwana ku develope*r." (Some days at school, we are taught about the dangers of using drugs and substances and how they can destroy us as young people who are still growing).

Participant 8 explained also:

> *Sometimes we do church sessions where we are educated about drug and substance abuse and how to behave well in the community.*

According to the key informants, awareness campaigns are crucial in the process of prevention because it helps in sharing information and dispelling myths around substance abuse.

A social worker pointed out:

> *"Awareness campaigns are important since they educate youths, who do not know the serious consequences of substance abuse. Awareness campaigns equip them with knowledge on the dangers and long-term consequences associated with substance use. When youths are informed at an early stage, they are more likely to make responsible decisions, resist peer pressure and avoid experimenting with harmful substances in the first place."(Key Informant 2)*

The findings suggest that awareness campaigns have positively contributed to enhancing knowledge among youths. Stevens(2020) also supports the idea that awareness through different channels including media is crucial for addressing the challenge of drug and substance abuse. It is clear from the results of this study that increased awareness is seen to be beneficial in preventing the young people from experimenting with drugs for the first time.

Nonetheless, although there may be these advantages, the majority of the participants expressed that awareness campaigns are not always carried out consistently and are sporadic events that do not include any follow-ups.

Participant 9 expressed:

> *"Awareness campaigns are conducted sometimes, then after some time things go silent again. During those periods, youths receive information and encouragement, but because these programmes are not conducted consistently, the message gradually fades and many young people end up going back to their usual behaviours."*

A key informant stated;

> "*Since these programmes are resource dependent, they happen sometimes and at other times they don't. Their implementation largely depends on the availability of funding, materials and trained personnel, and when these are lacking, the programmes cannot be sustained. As a result, interventions tend to be inconsistent and fail to provide continuous support to young people." (Key Informant 3)*

These observations show that although awareness campaigns can still serve as an effective measure, they lose their value due to lack of consistency and sustainability. The results also align with UNODC (2022) which identifies awareness programmes as important in prevention yet less effective when implemented without follow ups. Integrating drug and substance abuse education into existing community structures such as schools, churches and community development programmes can help improve the efficacy of awareness campaigns in mitigating drug and substance abuse among youths in economically marginalized communities. Regular community outreach activities, collaboration between the government and non-governmental organizations and community leaders and the use of social media campaigns can may also help awareness campaigns to be more effective and sustainable.

4.2.2: School-Based Interventions

School based interventions were also identified as a strategy that is being used to respond to the increasing challenge of drug and substance abuse in Gadzema. Some participants pointed out that schools are providing education on drug and substance abuse including counselling lessons, anti drug education and some life skill programmes. Many participants viewed schools as important for early prevention due to their direct access to young people.

Participant 6 had this to say

> "*Kuchikoro tinoita ma guidance and counselling sessions musi we Friday wega wega tichidzidziswa zvakashatira ma drugs nekut munhu unozvidzivirira sei kuti usapinde muma drugs nekudzidziswa ma life skills akasiyana siyana."* (At school our teachers conduct guidance and counselling sessions with us every Friday, where they teach us

about the dangers of drug and substance abuse, how to fight peer pressure and some life skills).

Participant 13 added

> *"Sometimes at school, professionals from different organizations are invited to talk to us about substance abuse and how it affects our education and our future".*

A key informant explained that school based interventions play a crucial role and are particularly important as they target young people before drug and substance abuse escalates into addiction and dependency.

Key informant 2 stated that:

> *"Schools are strategic entry points because they provide opportunities to engage young people before harmful behaviours become normalized. Since learners spend a significant amount of time within the school environment, schools create an ideal platform for early intervention through education, guidance and counselling, life skills development and continuous monitoring of behavioural patterns among youths." (Key Informant 2)*

These findings suggest that school based programmes are very useful in promoting awareness and positive behaviour among pupils and they are consistent with existing literature on school-based interventions in mitigating drug and substance abuse. The United Nations Office on Drugs and Crime (2018) stresses that school based programmes which focus on life skills are effective in equipping learners with skills to resist peer pressure and make informed decisions. Similarly, Tomokawa (2020) found out that school based interventions in African contexts are more effective when they include life skills development and participatory approaches such as peer education. However some participants identified notable limitations. Several participants argued that many youths who are actively involved in drug and substance abuse are school drop outs or irregular attendees and these programmes are limited to students who are still attending school only. This is also supported by Dada et al (2019) and UNODC (2020) who explained that school based interventions often fail to reach those youths who are no longer attending school, thereby limiting their overall efficacy in economically marginalized communities.

Participant 18 said

"There are a lot of many young people here in Gadzema who are no longer attending school due to different reasons. These children are now at high risk of engaging in drug and substance abuse as they are no longer able to access these services at school. These interventions are helpful but they only work for those still attending school.

These outcomes highlight that while school based interventions are effective and crucial for in-school youths, they have a limited reach and fail to adequately address the needs of youths who are no longer attending school and they may be more vulnerable. Similar findings were also reported by Munyoro (2020) who found that school-based programmes are effective in reaching in-school youths however, they often exclude those failing to attend school.

4.2.3: Peer Education Programmes

Peer education programmes also emerged as an intervention that is currently being used to address the issue of drug and substance abuse in Gadzema. Participants reported that peer education involves young people sharing information and advices with fellow youths regarding the dangers that are associated with drug and substance abuse. The majority of the participants perceived peer education as an important and necessary intervention as young people are often more comfortable discussing sensitive issues with individuals from their own age group. Participants noted that peer educators are generally able to communicate with fellow youths in relatable language and within familiar social settings thereby making messages more acceptable and less intimidating compared to those delivered by adults or authority figures.

Partcipant 10 said;

"Young people understand each other better especially when they are on their own. Sometimes advice from fellow youths is much easier to accept and youths here in Gadzema should do and attend these peer education programmes".

Similarily , participant 12 explanied:

"Kana munhu wezera rangu achitaura nezvekurega zvinodhakwa zvinonzwisisika chaizvo nekuti anenge achiziva matambudziko atinosangana nawo sevakomana nevasikana vachiri kukura. (When someones from my age group talks about quitting

drugs, it becomes very easier to understand because they know the challenges that we face).

Another participant also noted:

> *"Dzimwe nguva hatidi kuudzwa nevakuru nekuti vanoita kakusanzwisisa hupenyu hwedu ama2k" (Sometimes we do not want to be advised by older people because they seem to fail to understand our experiences and lives.)*

These results highlight that most young people in Gadzema perceive this intervention as positive and effective due to its participatory and youth friendly nature . Participants viewed peer educators as role models who can reinforce positive behaviours among the youths and influence behavioural change by promoting healthy choices and discourage substance use.

Key informants also explained the importance of peer education in influencing the attitudes and behaviour of youths.

A key informant explained:

> *"Peer education is effective because it uses existing social networks to spread positive messages. Young people are more likely to listen to someone they identfy with than to authority figures. Peer educators therefore play an important role in prevention* (Key informant 5).

Despite these perceived benefits , some participants identified several weaknesses affecting the effectiveness of peer education programmes in Gadzema. The most common concerns included lack of structured programmes in the community, shortage of peer educators and insufficient resources to support activities.

Participant 7 said:

> *"Peer programmes are not well organized, sometimes it is just random advice among friends".*

Participant 24 stated:

"Vanhu vanongotiudza zvekurega zvinodhaka as hapana hurongwa hwakajeka kana ma activities anoramba achiitwa" (People simply tell us to stop using drugs, but there is no clear programme or ongoing activities.)

The results therefore indicate that peer education is regarded as a promising intervention in addressing the challenge of drug and substance abuse as it leverages peer influence positively. Peer-led interventions for substance abuse prevention in Zimbabwe are being utilized and positive results are being seen (Mutsikiwa, 2021). However, its efficacy in Gadzema is currently limited due to inadequate programme structure, poor coordination and insufficient training. Strengthening peer education through formal training, continuous support and integration into broader community based interventions may enhance its impact in mitigating drug and substance abuse.

4.3: Challenges Faced in Implementing Drug and Substance Abuse Prevention Programmes in Economically Marginalized Communities.

This theme sought to explore the different various challenges that are being faced in implementing drug and substance abuse in Gadzema. Although the participants acknowledged the existence of several interventions in Gadzema such as awareness campaigns, peer education, counselling services and school based intervention, outcomes of the research revealed that these interventions face multiple barriers which limit their effectiveness and sustainability in the community. Poverty and unemployment, inadequate funding , lack of rehabilitation centres, weak parental supervision and negative peer influence were the major challenges that the participants highlighted that are affecting the implementation of these programmes. These challenges were perceived as interconnected and the participants emphasized that drug and substance abuse cannot be effectively addressed without addressing the socio-economic realities that are affecting the youths in Gadzema.

4.3.1: Poverty and Unemployment

Poverty and unemployment came out as one of the major dominant challenges affecting both the prevalence of youth drug and substance abuse and the implementation of prevention strategies in Gadzema. The majority of the participants indicated that many youths in Gadzema are living in poverty and most of them are not employed and they have limited opportunities for productive engagement. Participants explained that lack of employment opportunities and incoming generating projects contributes idleness and hopelessness among the youth which in turn increases the chances of engaging in drug and substance abuse.

Participant 16 explained:

> *"Vakawanda vechidiki havana mabasa sala vanopedzisira vava kungogara vasin avzekuita vozotanga kushandisa zvinodhakwa*."(Many young people are unemployed, so they end up idling and eventually begin substance abuse).

Participant 12 also said this:

> *"When young people are lacking employment opportunities and jobs or activities to do which brings them income or distract their minds from this challenge of drug and substance abuse, they easily get influenced into drug and substance abuse because they are always looking for strategies and ways to escape reality which brings them stress."*

Another participant further highlighted the psychological burden associated with unemployment stating:

> *"Kushaya basa kunoita kuti vamwe vatadze kufunga zvakanaka vozopedzisira vava kutiza matambudziko kuburikidza nezvinodhakwa" (Unemployment makes some young people mentally overwhelmed and at the end they escape their problems through substance abuse).*

These findings from the research show that poverty and unemployment are not simply contextual but are instrumental in making youths susceptible to drug and substance abuse. Poverty is perceived as providing a context that makes youths engage in drug and substance abuse as a coping strategy and as a means of socializing with others. This concurs with Bronfenbrenner (1979) who argues that individual behaviour is shaped by broader environmental and socio-economic systems. Moreover, it was noted that prevention efforts do not yield optimal results

when youths' economic needs are not met, since awareness campaigns might not suffice to solve the problems faced by youths.

A key informant stated:

> "*Interventions against drug and substance abuse cannot be effective without economic empowerment because even if youths are aware of dangers of drug and substance abuse, they still remain vulnerable to it when unemployed.*" (Key Informant 3)

These findings are consistent with existing literature which identifies poverty and unemployment as major drivers of youth vulnerability to drug and substance abuse. The study has shown that young people from economically marginalized communities often experience idleness, hopelessness and limited access to opportunities which are productive and these increase the likelihood of engaging in drug and substance abuse as a coping mechanism. The UNODC (2020) notes that socio-economic disparities and limited employment opportunities increase youth vulnerability to risky behaviours including drug and substance abuse, particularly in economically marginalized communities. Dada et al. (2020) also observed that young people living in disadvantages environments are more likely to engage in substance abuse due to limited economic opportunities and social exclusion. These results also support the Ecological Systems Theory (Bronfenbrenner, 1979), which explains that individual behaviour is influenced by broader environmental, social and economic systems. This therefore suggests that interventions which focus sorely on behaviour change may have limited efficacy if underlying structural challenges such as poverty and unemployment are not addressed.

Based on ecological systems theory, this implies that strategies focusing on changing youths' behaviors might not be effective in such socio-economic environments.

4.3.2: Inadequate funding and Limited Resources

Inadequate funding and limited resources were also identified as significant barriers affecting the implementation of drug and substance abuse intervention strategies in Gadzema. During the research, participants indicated that many programmes that are designed to address the challenge

of drug and substance abuse are often implemented inconsistently due to shortage of financial resources, transport challenges, insufficient materials for using and limited human resources.

A key informant had this to say:

> *"Most of these intervention programmes depend mostly on available funding. Without or with limited financial resources, it becomes difficult to organize workshops, outreach activities and follow up services*.(Key informant 2)

Participant 8 also noted:

> *"Kana pasina mari zvinonetsa kuti ma programmes acho aenderere mberi. Tinongoona zvinongoita ma 2 minutes zvobva zvamira nekuti hapana zvekushandisa"* (When there is no money, it is difficult for these intervention programmes to continue. We just see these programmes for a short period of time only and then they end due to shortage of resources).

Participant 18 said:

> "S*ometimes new programmes for preventing drug and substance abuse are brought into our community but they are not consistency and they always end before yielding results probably due to lack of resources".*

These responses from the participants suggest that shortage of resources and lack of funding negatively affects programme consistency, quality and sustainability. This was also reported by WHO (2021) which noted inadequate funding as a major challenge affecting sustainability of community drug and substance abuse interventions. Participants viewed this as frustrating because interventions often fail to provide continuous support. The irregularity of programmes was seen as a reducing participant engagement and weakening trust in intervention processes also.

A community leader (ward councilor) further explained:

> *"Such crucial programmes require resources for transport, refreshments, educational-materials and personnel and these are limited and programmes end up collapsing".*

These outcomes suggest that resource limitations affect and undermine the implementation capacity and restrict programme reach. These results concur with literature reviewed in chapter two, which highlighted inadequate funding as a common challenge facing community based prevention programmes in economically marginalized communities such as Gadzema.

4.3.3: Lack of Rehabilitation Centres

During the research, participants also brought out shortage of rehabilitation services and youth friendly services as another barrier for implementing drug and substance abuse intervention programmes in Gadzema. While prevention strategies were acknowledged as important, some participants highlighted that young people that are already struggling with drug and substance abuse require specialized support which is limited and expensive to access within the community.

Participant 19 had this to say:

> *"Mumaraini medu kuno akuna kwekuti munhu ane addiction yema drugs aende kunonyatsobatsirwa chaizvo zvinoenderana naye ari ega*" (There is nowhere nearby for someone addicted to drugs to receive proper treatment specifically for that person.)

Similarily, participant 17 explained:

> *"Vanhu vakatopinda mune zvinodhaka vanoshaya kwekuenda kunobatsirwa kana vachida kurega"* (Some ,of those who are already addicted to substances often have nowhere to go for assistance when they want to quit).

A key informant said:

> *"Awareness is useful for prevention, but communities also need rehabilitation and referral services for those already dependant on substances"*. (Key informant 1)

These insights show that there is a critical service gap between prevention and treatment of this challenge. Some participants indicated that existing intervention programmes primarily focus on awareness and prevention while limited attention is given to rehabilitation and long term recovery support. This creates challenges for youths who require more intensive intervention

beyond counselling or community awareness. The absence of rehabilitation facilities was therefore interpreted as weakening the overall effectiveness of community drug and substance abuse interventions.

4.3.4: Weak Parental Supervision and Family Challenges

Another challenge that emerged during the research was weak parental supervision and family challenges. These were also seen as barriers affecting the implementation of drug and substance abuse programmes in Gadzema. Participants indicated that inadequate parental monitoring, poor communication and family conflict increase vulnerability to substance abuse among youths.

Participant 13 stated:

> *"Vamawe vabereki mu community muno havana basa nekuti vana vavo varikuswera kupi uyeye nanani and izvi zvinosiya vana varipma risk ekuita zvezvinhu zvinodhaka."* (Some parents in this community do not care where their children spend the day at and the people they associate with and this can give young people an opportunity to engage in drug and substance abuse).

Participant 12 also added on saying:

> *"Kana vabereki vakasatarisa vana vavo kuti vanoswera kupi nekutarisa type yeshamwari dzinotamba nemwana zvinogona kuti mwana atambe nevamwe vanoita zvinhu zvakashata mwana akazopedzisiira avekuitawo izvozvo"* (If parents do not supervise and monitor where they play and the kind of their peers, it might make the child vulnerable to peer pressure and end up engaging in negative behaviours and activities such as drug and substance abuse).

Participants further noted that parental absence due to migration, work commitments or family separation contribute largely to reduced supervision and emotional support. This makes young people vulnerable from drug and substance abuse .

Key Informant 6 explained:

"Families are the first line of prevention when it comes to drug and substance abuse. Where there is weak communication and limited supervision, the risk of substance abuse increases."

These results align with existing literature which identifies weal family support systems as a significant risk factor for youth drug and substance abuse. The World Health Organization (2021) notes that lack of parental supervision, poor communication and family conflict are major factors associated with drug and substance abuse among young people. Similarity, Peltzer and Pengpid (2018) indicated that in Southern Africa, socio-economic pressures such as poverty, migration and changing family structures often weaken parental monitoring and emotional support, thereby increasing youth vulnerability to substance abuse. In the Zimbabwean context, Chikumba and Chigariro (2020) highlight that economic instability, unemployment and migration have disrupted traditional family structures limiting the ability of many families to provide adequate guidance and support to young people. These findings also support the Ecological Systems Theory which identifies the family as a critical microsystem which influences youth behaviour and development.

4.3.5: Negative Peer Influence

Negative peer influence also emerged as another significant challenge. The participants indicated that peer pressure contributes to both initiation and continuation of substance among youths. Many participants reported that first exposure to drug and substances often occurs through friendships networks.

Participant 7 explained:

"Most young people begin experimenting with drugs because their friends are already involves. Negative peers can influence others to do the same behaviours that they are doing"

Participant 13 added:

"Zvinonetsa kurega kushandisa zvinodhaka kana shamwari dzako dzese dzichizvishandisa" (It s difficult not to engage in drugs and substances when all of your friends are in it.)

These results indicate that peer networks can reinforce substance abuse behaviours by normalizing drug use and discouraging attempts to quit. Although peer education programmes were identified as beneficial under theme one, participants also noted that peer influence can also function negatively depending on the values and behaviours within dominant youth social groups.

Key informant 4 remarked:

"Peer influence can either support prevention or worsen substance abuse depending on the social environments"

This demonstrates the dual role of peer networks in shaping youth behaviour either positively or negatively. These outcomes corroborate with existing literature which identifies peer influence as both a risk and protective factor in youth development. The UNODC (2020) identifies peer influence as one of the strongest predictors of substance use initiation among young people . Peltzer and Pengoid (2018) also note that adolescents are more likely to engage in substance use when they are exposed to negative peer influence or to peers who normalize drug abuse. This suggest that peer networks can either reinforce substance abuse behaviours or promote positive behavioural change depending on the nature of peer group interactions.

Overall, the findings under this theme revealed that the implementation of drug and substance abuse prevention programmes in economically marginalized communities such as Gadzema is constrained by different multiple interrelated barriers. These include unemployment, poverty, inadequate funding, shortage of rehabilitation services, weak parental supervision and negative peer influence. These challenges reduce the effectiveness, accessibility and sustainability of these prevention programmes. The outcomes from this study therefore suggest that successful responses to youth drug and substance abuse need integrated approaches that include prevention, treatment, psychosocial support and social-economic empowerment also.

4.4: Suggested Components for the Development of a Community Youth Model for Mitigating Drug and Substance Abuse in Economically Marginalized Communities.

This theme sought to explore the views of the participants regarding the development of a community youth model for mitigating drug and substance abuse among youth in Gadzema. Results from the findings showed that participants strongly supported the establishment of a holistic and community-driven model integrating prevention, treatment, rehabilitation and youth empowerment strategies. Participants stressed that addressing this challenge of substance abuse requires collaborative involvement from families, schools, churches, community leaders, government department, non- governmental organizations and the youths themselves since they are the ones who are being affected mostly. The outcomes also revealed that an effective and sustainable community youth model should include skills development programmes, psycho-social support services, recreational services, rehabilitation services and strengthened stakeholder coordination.

4.4.1: Skills Development and Economic Empowerment

Skills development and economic empowerment was brought up as one of the most strongly recommended components of the proposed community youth model for mitigating drug and substance abuse in Gadzema. Participants repeatedly emphasized that lack of employment opportunities and other economic opportunities create environments for youths and young people to engage in activities such as drug and substance abuse. As such, participants recommended vocational training, entrepreneurship support and income-generating project as key intervention strategies for mitigating drug and substance abuse.

Participant 4 explained:

> *"Isu vana vechidiki tinodawo ma opportunities anoita kuti tirambe tiri busy achitibatsirawo kuwana mari. Kana izvi zvikakwanisa hatizowane time yekuswera tichitsomana nezvinodhaka" (* Us as young people who are still growing, we need practical opportunities which can keep us busy and help us earn a living. If this is done, we will not find the time to spend looking for drugs and substances.)

Similarily participant 12 said:

> *"Kana vana vechidiki vakawana mabasa emaoko ekuita kana kudzidziswa ma skills vamwe mabasa, vanoderedza nguva yekungogara vasina zvekuita*" (When young people are given jobs to do or given opportunities to gain skills, they reduce time that they spent idling.)

Participant 16 added on saying:

> *"Most youths are into drugs is because of shortage of employment opportunities. Giving them these opportunities would help to reduce the chances of them getting into drugs."*

During the discussions, most participants viewed economic empowerment as both a preventive and rehabilitative strategy, arguing that productive engagement reduces idleness and strengthens self worth. This is also consistent with Sen's Capability Approach which emphasizes expanding opportunities and capabilities as a pathway to improved well-being. Botvin et al.,2018 also noted that life skills train9ng programmes have been shown to reduce adolescent substance use by improving decision making and resistance skills.

Key informant 3 stated:

> *"Interventions for drug and substance abuse should not focus on awareness only. Youths need programmes which empower them and address their economic realities. Many young people in marginalized communities engage in substance abuse partly because of unemployment, poverty and idleness, therefore sustainable interventions should include vocational training, entrepreneurship support and other income-generating opportunities." (Key Informant 3)*

These findings suggest that sustainable and effective solutions to the challenge of drug and substance abuse require integration of livelihood support within prevention frameworks. This concurs with literature that was reviewed in chapter two where economic empowerment was identified as important protective factor against substance abuse.

4.4.2: Counselling and Psycho-social Support Services

Participants also recommended strengthening counselling and psychosocial support as another component of the proposed model. Many participants stated that youths usually engage in drug and substance abuse as a coping mechanisms for stress, family conflicts, trauma ans emotional disasters and psycho-social support can help address these.

Participant 7 explained:

> *"Many young people in this marginalized community are not using drugs for fun only. Some of them are doing so as a way to deal with underlying emotional suffering and other personal problems. Even in universities some youth are engaging in drug and substance abuse due to different emotional stresses which come from the school enthronements"*

Participant 11 also noted:

> "*Chimwe chakaita kuti vamwe vana vechidiki vatange kuita zvemadrugs mu community muno inyaya yematambudziko avasikusangana nawo mudzimba nekuzvikorokana kushusikana" (*One of the things which is making young people in this community to engage in drug and substance abuse is family problems and emotional stress at school.)

Key informant 1 had this to say:

> *"Mental health and psycho-social support are crucial and because many causes of drug and substance abuse are linked to unresolved emotional problems."*

Participants recommended the establishment of youth-friendly counseling spaces within schools and communities and a stronger referral system as well for youths in need of specialized intervention. These insights from the focus group discussions and key informant discussions suggest that psycho-social support should form an essential component of any comprehensive intervention model for drug and substance abuse.

4.4.3: Recreational Activities and Positive Youth Engagement

Participants further proposed recreational activities as an important strategy for lowering youth idleness and promoting healthy lifestyles. During the discussions, participants suggested

activities such as sports tournaments, youth clubs, talent development programmes and community events.

Participant 5 stated:

> *"Kana paine ma sports kanama club ema youth ekuti isu vechidiki tinoenda tichinosangana neku promotana mental health yedu tinenge tine zvinhu zvekuita zvekuti atizopedzisira tave kuita zvema drugs."* (If there are sporting activities and local clubs for youth where young people can socialize and promote mental health , we will have meaningful activities instead of engaging in drug and substance abuse.)

Participants argued that recreational spaces create opportunities for positive peer interaction and reduce exposure to harmful environments. Some youths went on to explain that keeping themselves occupied reduces the time of idling which may push them into drugs.

A community leader explained:

> *"Sports and recreational programmes are important because they redirect the energy of young people into positive and structured activities that keep them engaged and focused. Instead of spending idle time in environments that may expose them to risky behaviours, youths are given a healthy outlet where they can develop discipline, teamwork, and responsibility. These programmes also promote physical fitness, mental well-being, and social interaction, helping young people build confidence and a sense of belonging within their communities. Over time, consistent participation in such activities can reduce involvement in drug abuse, crime, and other harmful behaviours while encouraging personal development and goal-setting."*

These results indicate that positive youth engagement is important in prevention and social inclusion.

4.4.4: Rehabilitation and Referral Services

Participants also highlighted the importance of incorporating rehabilitation and referral services within the proposed youth model for mitigating drug and substance abuse in economically marginalized communities. While awareness and prevention were viewed as important, participants also stressed that youths who are already into drugs need specialized care.

Participant 8 had this to say:

> *"Ma awareness campaigns ega haakwanise kubatsira munhu akatotanga kuita zvema drugs kare. Pamwe pacho munhu anenge achida rubatsira rwake rwakanangana naiye ega nema follow ups."* (Awareness campaigns are mot enough for someone who has an addiction of drugs already. Sometimes, they need proper treatment specifically for them and follow ups also.)

Participant 14 also explained:

> "*Mu community medu muno tine vakawanda vakatanga kuita zvezvinodhakwa kare vasisatodzoereke nekudzidziswa ende vanhu ava vanoda nzvimbo dzekubatsirwa kuti vadzokere kuhupenyu hwakanaka"* Here in Gadzema, we have a lot of young people who are addicted to drugs and substances and education alone cannot help them and such people require centres where they can receive help and recover.)

A social worker stated:

> *"A functional model should include clear and well-structured referral pathways that connect individuals to rehabilitation services within the community. These pathways ensure that people in need are not left unsupported but are guided through a coordinated system of care, where they can access appropriate services at the right time. Effective referral systems also promote collaboration among stakeholders such as health facilities, social services, community organisations, and rehabilitation centres, ensuring continuity of care. By strengthening these linkages, the model improves access to treatment, supports recovery, and enhances the overall effectiveness of community-based interventions."*

These findings suggest that the proposed model should bridge the gap between prevention and treatment.

4.4.5: Multi-Stakeholder Collaboration and Youth Participation

Participants strongly recommended stakeholder collaboration in addressing the issue of drug and substance abuse among youths. Participants emphasized that effective intervention requires

coordinated efforts from families, schools, churches, the community at large, health workers, NGO and government institutions.

Participant 6 explained:

> *"Nyaya yezvema drugs haikwanisike kuti ipezdwe nemunhu one kana organization kana mapurisa ega, asi zvinotoda kuti vanhu ava vabatirane pamwe chete voita chinhu nekuti izvezvi vamwe vanouya voita zvavo, mangwana kwaouyawo vamwe futi vachiitawo zvimwe of which vanhu ava vakabatana dambudziko iri rinokwanisa kupera"* (This issue of drugs cannot be solves by one person or one organization and even the police alone, but there is a need of these professionals to work together and do the same thing because right now, some professionals can come and do what they do and then the next different come also and do different things of which if these people work together , this issue can be addressed.)

Participant 7 noted:

> *"Munhu wese mu community anofanirwa kubatirana nevamwe panyaya iyi nekuti dambudziko iri rino affecta munhu wese"* (Everyone in the community should work together when it comes to addressing this issue as this challenge is affecting everyone)

Participants also stressed that youth participation is crucial in planning and implementing drug and substance abuse intervention programmes. Similar observations were made by Patel et al.(2020) who found that multi-sectoral collaboration improves sustainability of community based interventions.

Participant 6 noted:

> *"Vana vechidiki vanofanirwa kuiswawo mukugadzirwa kwema programmes ekurwidza dambudzko rema drugs nekuti vanonzwisisa zvinenge zvichiitika"* Young people should be included in creating programmes which seek to reduce drug and substance abuse as the youths really understand what is really happening.)

A Key informant remarked:

> *"Youth participation increases programme relevance, ownership and sustainability."* (Key informant 4)

These findings indicate that community ownership and stakeholder coordination are central to the success of any proposed intervention model.

Results under this theme showed strong participant support for a holistic community youth model integrating economic empowerment , psycho-social support, recreational activities, rehabilitation services and collaborations among different stakeholders. During the discussions, participants reported that sustainable solutions to youth drug and substance abuse require interventions that address individual behavioural factors and broader socio-economic conditions affecting youths in Gadzema. These findings therefore informed the development of a proposed community youth model grounded in prevention, empowerment, treatment and community participation.

4.5 CHAPTER SUMMARY

In this chapter, the researcher highlighted, interpreted, analyzed and discussed findings obtained from the research conducted about the development of a community youth model in mitigating youth drug and substance abuse in economically disadvantaged communities, focusing specifically on Gadzema. First, demographic characteristics of Participants in terms of participant category, gender, age, education level and profession were presented. The first major theme of the discussion revolved around the efficiency of interventions currently being carried out in Gadzema. In general, it was established that interventions such as awareness campaigns, school-based interventions and peer education programmes are currently being utilized in addressing youth drug and substance abuse in Gadzema. However, the participants recognized that these interventions have some limitations such as inconsistency, insufficient resource allocation and sustainability.

Challenges experienced in implementing youth drug and substance abuse programs in economically disadvantaged communities was the second major theme in this chapter. Major challenges included poverty and unemployment, insufficient funding and resources, inadequate

availability of rehabilitation services, poor parental control, and negative peer influence. These challenges were found to affect the effectiveness and sustainability of interventions used in tackling youth substance abuse. This final theme addressed participants' opinions concerning the proposed community-based model for addressing youth drug and substance abuse. It was evident that participants strongly supported a comprehensive and community-based approach which involves economic empowerment, psychosocial interventions, recreation, rehabilitation/referral programs, as well as collaborative efforts from stakeholders along with youth involvement.

In conclusion, the findings seem to show that for there to be any significant success in addressing youth drug and substance abuse problems among economically disadvantaged communities, it will have to involve an integrated, sustainable and appropriate intervention process.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This present chapter provides an overview of the results, discusses the study's conclusions, implications of the study, suggestions, areas for future study and the proposed community youth model for reducing drug and substance abuse among young people in economically marginalized communities with specific focus to Gadzema in Chinhoyi. The study sought to explore the efficacy of existing interventions to drug and substance abuse among youths in Gadzema, examine the challenges that are being faced in implementing drug and substance abuse programmes and to develop a community youth model for mitigating drug and substance abuse among youth in economically marginalized. The summary of the findings will be discussed using these three objectives of this study. The study employed a qualitative research approach and data was collected through interviews and focus group discussions with youths from Gadzema and key stakeholders.

5.1. Summary of Findings

This section gives an overview of the main results of the study in line with the research objectives. The study aimed to assess the effectiveness of current measures in addressing youth substance misuse, identify barriers encountered in rolling out prevention programmes in under-

resourced communities and propose a community-based youth framework designed to reduce drug and substance use in Gadzema, Chinhoyi. The results shared in this section are drawn from themes derived from information collected through interviews and discussions with participants and are arranged according to the study objectives.

5.1.1. The efficacy of existing interventions to drug and substance abuse among youths in Gadzema.

The study found that several measures have been introduced to respond to the issue of drug and substance use in Gadzema. These include awareness campaigns, school-based initiatives, family support initiatives, community outreach activities, and counselling services. During the study, participants recognized that these measures had helped to raise awareness of the risks of getting involved in drug and substance use among young people. School-based initiatives have proven to be very useful in teaching young people in schools about risks linked to substance misuse. Community awareness campaigns also helped to stimulate public discussions around drug misuse. However, the results also showed that despite these measures, the problem of drug and substance use remains widespread in Gadzema. It was found that these measures for youth drug and alcohol use are viewed as fragmented, inconsistent with a youth focus that stayed limited and poorly developed. It was also noted that most of these measures focused more on awareness creation than long-term recovery support, psychosocial support, and economic empowerment.

5.1.2. Challenges Faced in Implementing Drug and Substance Intervention Programmes Abuse Among Youth in Economically Marginalized Communities.

The study identified several interconnected barriers affecting the implementation of drug and substance use prevention programmes in Gadzema.. Inadequate funding and limited resources was identified as the major challenge affecting the implementation of these interventions strategies. The participants indicated that many programmes aimed at addressing youth drug and substance abuse often face lack of financial support which restricts their ability to conduct regular awareness campaigns, provide rehabilitation and implement strategies which are sustainable. Due to limited funding, many initiatives are implemented on a small scale and fail to reach all vulnerable youths within the community. In addition to that, socioeconomic challenges such as poverty and lack of employment opportunities were found to be underlying factors that undermine prevention efforts . Participants reported that many youths in Gadzema engage in

substance abuse as a coping mechanism for stress, idleness and hopelessness associated with unemployment and financial difficulties. As long as these structural challenges remain unresolved, prevention programmes alone may have limited success.

Another challenge that was highlighted by participants was the shortage of trained professionals, particularly social workers, psychologists and rehabilitation specialists. Participants noted that while drug and substance abuse cases continue to increase, there are very few professionals trained to provide counseling. Psycho-social support and rehabilitation services to affected youths. This shortage limits access to timely and effective intervention, leaving many youths without enough support. The study also found weak coordination among stakeholders as a major barrier to effective implementation of drug and substance abuse intervention programmes. Participants explained that government organizations often operate in isolation rather than collaboratively. As a result of this, interventions remain disjointed, duplicated in some areas and absent in others. The lack of coordinated community reduces the overall impact of these prevention strategies.

Peer pressure and normalization of substance abuse were also highlighted as critical barriers. Participants explained that substance use has become increasingly normalized among some youth groups making it difficult for prevention messages to be effective. Youths often face pressure from peers to experiment drugs as a way of fitting in and coping with daily challenges. Participants also noted lack of rehabilitation and mental health support services as another challenge affecting the implementation of drug and substance abuse intervention programmes in Gadzema. Young people who are struggling with drug addiction have limited opportunities for professional treatment, recovery and reintegration. This gap creates a break in the care process as awareness campaigns encourage behaviour change but may fail to provide practical recovery pathways for affected individuals.

Overall, the results from the research suggest that implementing drug and substance abuse prevention programmes in marginalized communities such as Gadzema in constrained by resource limitations, weak institutional support, and broader socio economic conditions. These findings demonstrate the need for more coordinated adequately resource and community driven approaches to drug and substance abuse prevention.

5.1.3: Development of a Community Youth Model for Mitigating Drug and Substance Abuse Among Youth in Gadzema.

The study found strong support from the participants for developing a community based and youth centred model to mitigate drug and substance abuse among youth in Gadzema. Participants emphasized that existing interventions are insufficient as they largely focus on awareness while neglecting long term prevention, rehabilitation, empowerment and meaningful youth involvement. The participants highlighted that a sustainable intervention model should address both the immediate effects and root causes of drug and substance abuse.

One of the main components that was proposed by the participants was youth empowerment through vocational training and income generating activities. Some participants argued that unemployment and idleness are the two major drivers of drug and substance abuse among young people in Gadzema. Therefore, empowering them with practical skills such as vocational training and access to economic opportunities was viewed as essential in reducing youth vulnerability to substance abuse. Participants also suggested that when youths are engaged in productive activities and have realistic opportunities for income generation, they are less likely to resort to substance use. In addition, peer education was also highlighted by the participants as an important component for developing a community youth model for mitigating drug and substance abuse in Gadzema. The study found that peers influence can influence youth behaviour positively or negatively. As such, the Participants proposed the use of trained peer educators, youth mentors and role models who can engage other youths in awareness activities, counseling and behaviour change activities. The participants also suggested involving recovering substance users as mentors as a strategy for promoting hope and practical learning among youths.

The participants also proposed family strengthening as another critical component of the suggested model. The study noted that family dysfunction, weak parental supervision and poor communication within the family contribute to youth vulnerability. Therefore, the model should include parenting education, family counseling and interventions aimed at strengthening family support systems. Strong family relationships were viewed as protective factors against substance abuse. Moreover, the study further found that counseling ,psycho-social support and rehabilitation services are essential components of an effective community youth model, The participants stressed the need for accessible counseling services, support groups, mental health

interventions and referral pathways to rehabilitation facilities. This would ensure that affected youths receive professional support for recovery and reintegration.

Participants also recommended recreational and sporting activities as an important component of a community youth model. Some participants explained that the lack of recreational spaces and structured activities leaves youths idle and vulnerable to substance abuse. Establishing youth clubs, sports tournaments, talent development initiatives and community recreational programmes was seen as a practical strategy for positively engaging youths. Furthermore, participants additionally emphasized the need for multi-stakeholder collaboration in addressing youth drug and substance abuse. The proposed model should involve coordinated participation from families, schools, churches, community leaders, NGOs, health institutions and local authorities. Participants stressed that addressing substance abuse requires collective responsibility rather than interventions.

Overall,the findings suggest that an effective community youth model for mitigating drug and substance abuse in Gadzema should be holistic, youth participatory and context specific. The proposed model should integrate prevention, empowerment, rehabilitation, family support and stakeholder collaboration while positioning youths as active participants rather than passive beneficiaries. Such a model is likely to provide more sustainable and relevant solutions to youth drug and substance abuse in economically marginalized communities.

5.2 Conclusion

The study successfully explored the issue of drug and substance abuse among youths in economically marginalized communities with particular focus on Gadzema in Chinhoyi. The results indicated that drug and substance abuse among youths is influenced by multiple social, economic and environmental factors including poverty, unemployment, peer pressure, family challenges and limited youth access to economic opportunities. Although there are several interventions that are currently being implemented in Gadzema, the study noted that they are insufficient due to inadequate resources, weak coordination among stakeholders, stigma and rehabilitation services. The study further establishes the need for a more coordinated, community based and youth centred approach for mitigating the challenge of drug and substance abuse. The proposed community youth model emphasizes youth empowerment, peer mentorship, family

strengthening, counseling services, recreational activities and stakeholder collaboration as critical components in addressing both the causes and consequences of substance abuse. Therefore, the study concludes that substance abuse in economically marginalized communities requires collective action and meaningful involvement of youths as active participants in prevention and intervention efforts.

5.3. Implications for Social Work

The outcomes of this study carry key implications for social work practice, training, policy, and community-based responses to substance misuse among young people in under-resourced areas. The study confirmed that youth substance use is shaped by several linked factors, including economic hardship, unemployment, peer influence, limited family support, weak access to treatment and mental health care. These findings align with Ecological Systems Theory, which argues that human conduct is shaped by interactions between people and their social contexts such as family, peers, schools and wider community systems. The findings also support the Social Learning Theory, which views conduct as acquired through observation, imitation, and reinforcement. The study showed that peer influence and normalization of substance use within communities contribute to youth involvement in drugs and alcohol. This highlights the need for interventions that address both individual and contextual drivers.

In terms of social work methods, the study suggests that practitioners should use integrated approaches that blend case management, group work, and community-level intervention in responding to substance use among young people. Case management can be applied in delivering individual counselling, psychosocial support, and referrals for affected youth. Peer support groups, recovery programmes, and youth empowerment initiatives can be facilitated through group work. Community-level practice is vital for engaging stakeholders, boosting community involvement, and rolling out prevention programmes at grassroots level.

The results also have implications for social work practice settings. Practitioners working in schools, clinics, rehabilitation centres, community-based organizations, and government departments should enhance early detection, prevention, intervention, and reintegration support for youth affected by substance use. Stronger collaboration between these settings is needed to ensure continuity of care and comprehensive support for those affected. The study also reaffirms

core social work values such as advancing social justice, upholding human dignity, maintaining confidentiality, and avoiding bias when working with youth impacted by substance use. Practitioners should confront stigma and discrimination linked to substance use by promoting inclusive and supportive practices that prioritize the well being and recovery of affected youth.

The study further points to implications for social work training and education. There is a need to strengthen the training of social workers in substance use prevention, mental health intervention, counselling, recovery support, and youth development programming. Social work training institutions should equip future professionals with practical skills for responding to emerging substance use challenges in marginalized communities. At policy level, the study emphasizes the need for stronger implementation of youth-focused and community-driven prevention strategies.

5.4: Recommendstions

Based on the outcomes of this study, the following recommendations are proposed to strengthen efforts aimed at mitigating drug and substance abuse among youths in economically marginalized communities such as Gadzema.

5.4.1: Recommendations to Government and Policy Makers

The study recommends that the government of Zimbabwe should strengthen implementation of youth centred drug and substance abuse prevention policies through increased funding and resource allocation for community based interventions. Financial support should also be directed towards awareness campaigns, counseling programmes, rehabilitation services and youth development initiatives that address both prevention and recovery. Government departments which are responsible for youth development such as the Ministry of Youth, health education and social development should strengthen coordination and collaboration to ensure more integrated and sustainable responses to substance abuse challenges. In addition, policy makers should prioritize the establishment of accessible rehabilitation and mental health services in marginalized communities to improve treatment, recovery and reintegration of affected youths..

5.4.2: Recommendations to Social Workers and Health Practitioners

The study also recommends that social workers and other health professionals intensify community based interventions for youths who are at risk of engaging in drug and substance abuse. Social workers should strengthen counseling services, psychosocial support, family

interventions and rehabilitation referral systems to ensure early identification and timely support for youths who are affected. There is also need for these professionals to facilitate peer support groups, awareness programmes and community dialogues aimed at reducing stigma and encouraging help-seeking behaviour. Health practitioners and rehabilitation service providers should work closely with social workers to strengthen continuity of care, relapse prevention and reintegration services for youths who are recovering.

5.4.3: Recommendations to Schools and Families

Schools are recommended to strengthen life skills education and school based drug and substance abuse prevention programmes by integrating substance abuse awareness into educational activities and learner support services. Educational institutions should also provide accessible counseling support services for learners who are vulnerable and affected by the challenge of drug and substance abuse and collaborate with parents in monitoring the behaviour of the youths. Families should also tighten parental supervision, communication and emotional support for young people as relationships were found to significantly influence youth vulnerability to substance abuse. Parenting programmes and family based interventions may further increase protective factors within households and improve early prevention.

5.4.4: Recommendations to Community Leaders, Churches and Local Organizations

The study recommends community leaders, churches and local organizations to improve community awareness and other programmes aiming to mitigate drug and substance abuse. These stakeholders should promote campaigns against drug and substance abuse, community dialogues, mentorship programmes and community based programmes which encourage healthy behaviour and positive lifestyle choices. In addition, communities should invest in recreational spaces, sporting activities and structured youth engagement programmes that reduce idleness and create alternative spaces for positive social interaction.

5.4.5: Recommendations on Youth Empowerment and Economic Support

A key recommendation is to establish and improve youth empowerment initiatives including vocational training, entrepreneurship support, skills development and income generating projects. Since lack of employment opportunities, poverty and idleness were identified as major drivers of substance abuse, empowering the youths may reduce their vulnerability and improve

resilience against drug and substance abuse. Community stakeholders, government departments, NGOs private sector actors should collaborate in creating opportunities that promote youth self - reliance and meaningful economic participation.

5.4.6: Proposed Community Youth Model for Mitigating Drug and Substance among Youths in Economically Marginalized Communities.

The study also recommends the implementation of the proposed community youth model as a holistic and sustainable strategy for mitigating drug and substance abuse among youths in Gadzema and other similar marginalized communities. The model promotes coordinated collaboration among families, schools, social workers, health institutions, community leaders, government departments and the youths themselves in addressing both the root causes and consequences of substance abuse. Through integration of prevention, rehabilitation, empowerment and community participation, the proposed model has potential to strengthen long term responses to drug and substance use among youths.

5.5: Areas for Future Study

The study focused on the development of a community youth model for mitigating drug and substance abuse among youths in economically marginalized communities with specific focus on Gadzema in Chinhoyi. However, the study mainly focused on youths within one community and therefore the results may not fully represent the experiences in other settings. Future studies may therefore focus on comparative studies between urban and rural communities in order to examine differences in the causes, prevalence and intervention approaches that are related to youth drug and substance abuse. Future researchers may also examine the effectiveness of rehabilitation and reintegration programmes for recovering youths affected by drug and substance abuse. Such studies may provide deeper understanding of long term recovery processes, relapse prevention and challenges faced by recovering substance users after rehabilitation.

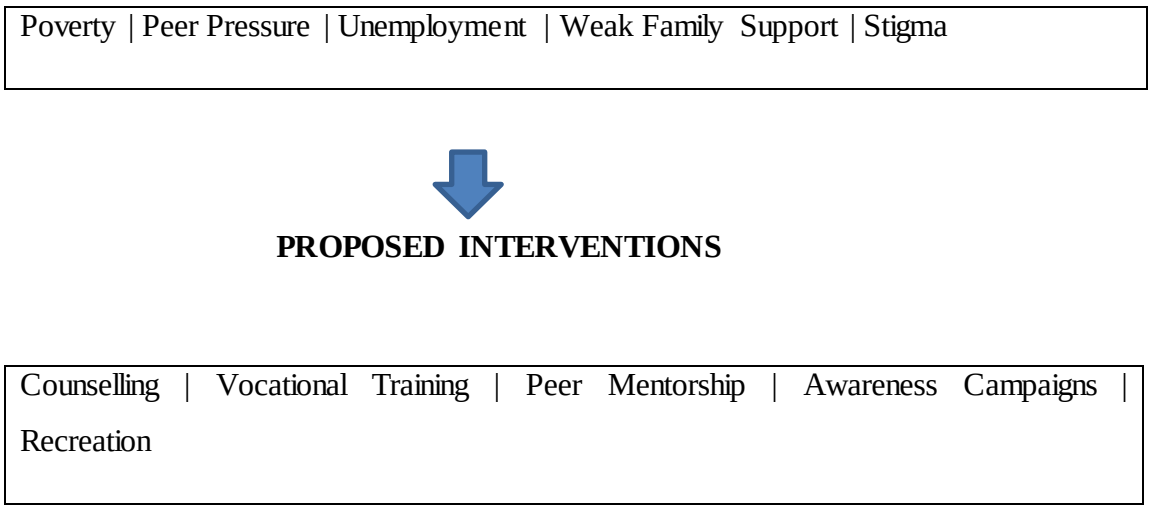
In addition, there is need for further research on the influence of social media, technology and other digital platforms on drug and substance abuse behaviours among the youths. This may assist policy makers , educators and social workers in developing strategies and policies which are modern and context-relevant . The study further recommends future research on the role of families, peer groups, schools and community support systems in preventing youth drug and

substance abuse. Such studies may contribute towards strengthening community based and family centred intervention models. Future studies may also focus on evaluating the effectiveness of the proposed community youth model in mitigating drug and substance abuse among youths in marginalized communities. This may help in determining the practicality, sustainability and impact of the model in different community settings. It may also tighten theory, policy formulation and community based social work interventions aimed at mitigating youth drug and substance abuse.

5.6: Proposed Community Youth Model for Mitigating Drug and Substance Abuse

Based on the findings of this study, a community youth model is proposed to mitigate drug and substance abuse in economically marginalized communities such as Gadzema. The proposed model is informed by the challenges identified during the study and these include poverty, unemployment, peer pressure, weak family support systems, inadequate rehabilitation services and limited stakeholder collaboration. The model emphasizes a holistic, community based and youth centred approach that integrate prevention, intervention, rehabilitation and empowerment strategies. It also seeks to address both the root causes and consequences of drug and substance abuse among youths in marginalized communities.

Figure 5.1 Proposed Community Youth Model





STAKEHOLDERS

Social Workers | Families | Schools | NGOs | Churches | Government | Youth Leaders



EXPECTED OUTCOMES

Reduced Drug Abuse | Empowered Youths | Improved Well-being | Strong Family Support



LONG-TERM GOAL

Drug-Resilient and Socially Functional Youth Population

5.6.2 Explanation of the Proposed Model

The proposed community youth model is based on the understanding that drug and substance abuse among youths is influenced by interconnected social, economic, environmental and family related factors. Therefore, effective intervention requires coordinated efforts from multiple stakeholders working together to address both the causes and effects of substance abuse. The model emphasizes prevention through youth empowerment, awareness programmes, peer mentorship, family strengthening and recreational activities. At the same time, the model also promotes rehabilitation and reintegration through counselling services, psychosocial support, mental health interventions and accessible rehabilitation services for affected youths. The proposed framework also recognizes the importance of stakeholder collaboration in addressing youth substance abuse. Social workers, families, schools, community leaders, churches, NGOs,

health institutions and government departments are expected to work together in implementing sustainable interventions. Youths are viewed not only as beneficiaries of intervention programmes but also as active participants in developing community-based solutions. Through integration of prevention, empowerment, rehabilitation and community participation, the proposed model seeks to reduce youth involvement in drug and substance abuse while promoting healthier, empowered and socially functional youths within economically marginalized communities such as Gadzema.

5.7 Chapter Summary

This chapter wraps up the study by consolidating key results, deriving conclusions, examining implications, and proposing recommendations. It also identifies gaps for further research and introduces a proposed community-based youth framework aimed at reducing drug and substance misuse among young people in under-resourced communities, using Gadzema, Chinhoyi as the case study.

Findings were organized around the study objectives and showed that youth substance misuse stems from a mix of socio-economic, familial, and environmental factors. These include economic hardship, joblessness, influence from peers, fragile family support networks, and poor access to treatment and counselling services. The chapter further noted that while various interventions exist, their impact is constrained by limited funding, poor coordination among stakeholders, social stigma, and a lack of youth-focused strategies. The implications for social work practice, professional ethics, research methods, service settings, training and policy were explored, emphasizing the need for integrated, community-driven approaches. Practical recommendations were made for government agencies, social workers, schools, families, community leaders, and health facilities to improve responses to youth substance use. Potential areas for future research were also outlined to advance theory, policy, and intervention design. Lastly, the chapter presented a proposed youth-centred community model based on the findings, with core pillars of prevention, empowerment, recovery support, and multi-stakeholder collaboration as important components for reducing drug and substance abuse among the youths in economically marginalized communities.

REFERENCES

African Union (AU). (2020). *Continental Report on Drug Control 2020*. Addis Ababa: AU Commission.

Afrobarometeri. (2024). Zimbabweans say drug and substance abuse is pervasive in their communities, trust schools and family members to combat the problem.

Akers, R. L. (2017). Social learning and social structure*: A general theory of crime and deviance. Routledge.*

Banda, R. (2023). Youth, drug and substance abuse and policy in Zimbabwe. *International Journal of Research and Innovation in Social Science.*

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Bronfenbrenner, U. (1979). The Ecology of Human Development*: Experiments by Nature and Designn*. Cambridge, MA: Harvard University Press.

Cerdá, M., et al. (2025). Community-based harm reduction interventions and their impact on drug use outcomes. *Harm Reduction Journal.*

Contreras, D., Elacqua, G., Martínez, M., & Miranda, Á. (2022). Effects of a community-based prevention program on adolescent substance use: Evidence from Chile. *International Journal of Environmental Research and Public Health*, 19(8), 1–15. https://doi.org/10.3390/ijerph19084567

Champion, K. E., et al. (2021). A systematic review of family-based interventions for adolescent substance use. *Addictive Behaviors106839. https://doi.org/10.1016/j.addbeh.2020.106839*

Chanda, P. (2024). Adaptive intervention to drug abuse: *Guidance and counselling teachers opine syllabus efficacy*. The Dyke.

Chikadzi, V. (2019). Social work and substance abuse prevention among youth in Zimbabwe: Current approaches and future directions. *African Journal of Social Work*, 9(2), 45–54.

Chikoko, V., & Chikadzi, V. (2020). Community responses to substance abuse among youth in Zimbabwe. *African Journal of Social Work*, 10(2), 45–55.

Chikumba, P., & Chigariro, T. (2020). Community-based prevention of substance abuse among urban youth in Zimbabwe: Challenges and prospects. *Journal of Social Development in Africa*, 35(2), 45–60.

Chirisa, I., Ndhlovu, P., & Matamanda, A. R. (2021). Substance abuse in urban Zimbabwe: A socio-spatial crisis. *Journal of Social Development in Africa*, 36(2), 73–92.

Chitiyo, M., & Wheeler, J. (2020). Community-based interventions in mitigating youth substance abuse in Southern Africa. *International Journal of Social Work*, 23(1), 78–90.

Chuma, M., & Mukwenha, T. (2021). Monitoring and evaluation in community-based interventions: A case of youth programs in Zimbabwe. *Journal of Social Development in Africa*, 36(1), 57–72.

Dada, S., et al. (2018). Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa. *South African Medical Research Council.*

Degenhardt, L., Peacock, A., & Larney, S. (2018). Global burden of disease attributable to illicit drug use and dependence: *Findings from the Global Burden of Disease Study 2017.* The Lancet Psychiatry, 5(12), 987–1012.

Egga, D. K.,Oduyoye, O., Onwochei, V. N., & Nwaru, B. I (2024). Which school based substance abuse intervention is effective for Nigerian schools? A system review. *African Scientific Frontiers Initiative Research Journal*, 20204(000060T).

Gates, S., et al. (2025). Effectiveness of comprehensive community initiatives for reducing substance use and related harms: A systematic review. *Journal of Community Health.*

Gleason-Comstock, J., et al. (2024). Community-based outreach interventions and access to substance abuse treatment services. *Substance Abuse Treatment, Prevention, and Policy*. https://doi.org/10.1186/s13011-024-00601-1

Jones, H. E., & Mccauley, J. L. (2019). Adolescent substance use: *A review of effective interventions.* Current Psychiatry Reports, 21(12), 1–10.

Kumpfer, K. L., et al. (2018). Evidence base for the Strengthening Families Program: Effects on family functioning and youth substance misuse. *Journal of Family Theory & Review*, 10(4), 621–642.

Liddle, H. A., Dakof, G. A., Henderson, C. E., & Rowe, C. (2023). Multidimensional Family Therapy for adolescent substance use outcomes: *A ten-year update. Family Process.*

Mabhena, C., & Chikadzi, V. (2020). Exploring multi-stakeholder collaboration in drug abuse prevention in Zimbabwe. *Journal of Social Work Practice in the Addiction*s, 20(4), 388–403.

Makurumidze, R., & Ndlovu, N. (2021). Socio-economic empowerment as a strategy to combat youth substance abuse in Zimbabwe. *African Journal of Social Work*, 11(3), 143–151.

Meyers, R. J., Roozen, H. G., & Smith, J. E. (2024). The community reinforcement approach: *An update of the evidence. Frontiers in Public Health.* https://doi.org/10.3389/fpubh.2024.1229262

Ministry of Health and Child Care (MoHCC). (2021). *National Mental Health Assessment Report*. Harare: Government of Zimbabwe.

Mnyaka, P., & Mngoma, N. (2022). Substance abuse among youth in South African townships: *Challenges and community responses. South African Journal of Psychology,* 52(1), 75–87.

Mtetwa, E., & Muchena, P. (2021). Substance abuse and youth vulnerability in Zimbabwean communities. *Journal of Social Development in Africa*, 36(1), 89–104.

Munyoro, G., & Chikadzi, V. (2020). Peer-led interventions in preventing substance abuse among Zimbabwean youth: An exploratory study. *International Journal of Child and Adolescent Health*, 13(2), 109–117.

Mupedziswa, R. (2017). The role of social workers in contemporary Zimbabwe: Challenges and opportunities. *Social Work/Maatskaplike Werk*, 53(4), 491–503.

Mutanda, D., & Gukurume, S. (2018). Youth, unemployment and political violence in Zimbabwe. *African Security Review*, 27(3-4), 210–224.

Mutsinze, N., & Nyatsanza, M. (2023). Zimbabwe's response to drug and substance abuse: *Policy rhetoric vs practical action. Zimbabwe Journal of Public Policy*, 4(1), 40–58.

Mutsikiwa, M. (2021). Peer-led interventions for substance abuse prevention in Zimbabwean adolescents. *African Journal of Drug and Alcohol Studies, 2*0(1), 75–88.

Myers, B., Carney, T., & Wechsberg, W. M. (2020). "Not on the agenda": Health system barriers to substance abuse treatment in South Africa. International Journal of Drug Policy, 75, 102626.

Nabavi, R. T. (2017). Bandura's social learning theory and social cognitive learning theory.

Ncube, B., & Dube, L. (2018). The role of indigenous knowledge systems in youth behavior change and development in Southern Africa. *Journal of African Cultural Studie*s, 30(2), 215–227.

Nkomo, N., Chinangure, F., Bangezhano, M., Mbuba, J., Tadiwanashe, F., & Mutakwa, S. (2024). Understanding and addressing drug and substance abuse among youth in Zimbabwe: *A comprehensive review* (2016–2024). UJOE Journal

Obot, I. S. (2018). Substance use and related problems in sub-Saharan Africa. *African Journal of Drug & Alcohol Studies*, 17(1), 1–12.

Peltzer, K., & Pengpid, S. (2018). Prevalence and determinants of substance use among adolescents in Africa: A systematic review. *International Journal of Adolescent Medicine and Health*.

Santisteban, D., et al. (2020). Brief Strategic Family Therapy and adolescent drug use: Evidence and mechanisms. *Journal of Marital and Family Therapy*, 46(1), 15–29.

Sen, A. (1999). Development as freedom. Oxford University Press.World Health Organization. (2021). *Global status report on alcohol and health 2021. World Health Organization.*

Shamu, B. (2024, January 26). Poor funding stalling drug abuse fight: Report. *Newsday Zimbabwe.*

Stevens, M., et al. (2020). Effectiveness of digital media campaigns in preventing substance abuse among youth. Journal of Public Health, 42(2), e123–e130.

Tomokawa, S., et al. (2020). Effectiveness of school-based interventions for preventing substance abuse in African contexts.

Toumbourou, J. W. (2024). Community-based prevention systems and their role in reducing substance use. *Prevention Science.*

UNODC. (2021). *World Drug Report 2021*. United Nations Office on Drugs and Crime.

United Nations Office on Drugs and Crime (UNODC). (2022). *Southern Africa Drug Report*. *Vienna: United Nations.*

United Nations Office on Drugs and Crime (UNODC). (2023). *World Drug Report 2023*. *Vienna: United Nations.*

Wakefield, M. A., Loken, B., & Hornik, R. C. (2018). Use of mass media campaigns to change health behaviour. The Lancet, 376(9748), 1261–1271.

World Bank. (2019). Youth employment programs and outcomes.

World Health Organization (WHO). (2018). *Global status report on alcohol and health 2018*. Geneva: WHO Press.

Zastrow, C. (2022). Introduction to social work and social welfare *(13th ed.). Cengage Learning*

Zhou, G., & Zvoushe, H. (2020). An analysis of substance abuse among Zimbabwean youth: A case of urban areas. *Journal of African Youth Studies*, 5(2), 102–119.

Zimbabwe Civil Liberties and Drug Network (ZCLDN). (2022). *Annual Report on Drug Abuse Trends in Zimbabwe.*

Zimbabwe National Statistics Agency (ZIMSTAT). (2022). *Labour Force and Child Labour Survey Report*. Harare: ZIMSTAT.

Zvoushe, H., & Mutangi, G. (2022). Mental health and substance abuse among marginalized youth in Zimbabwe: Policy and practice gaps. *African Journal of Health Policy and Management*, 4(1), 25–33.

APPENDIX 1: SEMI-STRUCTURED INTERVIEW GUIDE FOR YOUTHS

Research Topic:

Development of a Community Youth Model in Mitigating Drug and Substance Abuse among Youths in Economically Marginalized Communities in Zimbabwe: A Case of Gadzema, Chinhoyi

Introduction:

Thank you for agreeing to take part in this interview. The purpose of this study is to understand issues related to drug and substance abuse among youths in Gadzema and to explore community-based solutions that can help address this problem. Your participation is voluntary, and there are no right or wrong answers. You may choose not to answer any question or withdraw at any time. All information shared will be kept confidential and used strictly for academic purposes.

Demographic Information

Age

Gender

Education Level

Section A: **To explore the efficacy of existing interventions in addressing youth drug abuse in the community**.

1. What drug and substance abuse prevention activities currently exist in your community?

2. How effective do you think these interventions are in reducing youth drug abuse?

3. Have you or other youths benefited from any of these programmes? Please explain.

Section B**: To identify the challenges faced in implementing drug abuse prevention programmes in marginalized communities**.

1. What challenges do youths face when trying to access drug abuse prevention services?

2. How do poverty and unemployment influence youth involvement in drug and substance abuse?

3. What barriers make it difficult for prevention programmes to succeed in your community?

Section C: **To propose a community-based youth model tailored to mitigate drug and substance abuse in Gadzema.**

1. What type of support do youths need most to avoid drug and substance abuse?

2. Who should be involved in supporting youths (family, community leaders, NGOs, government)?

3. If you were to design a youth-based programme, what three key components would it include?

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE FOR YOUTHS

Introduction

Thank you for participating in this discussion. This discussion aims to gather your views on drug and substance abuse among youths, existing community responses, and possible solutions. Please feel free to express your opinions and respect those of others. All discussions will remain confidential and used only for research purposes.

Demographic Information

Age

Gender

Education Level

Section A: **To explore the efficacy of existing interventions in addressing youth drug abuse in the community.**

1. What programmes or activities currently target youth drug and substance abuse in this community?

2. How do youths generally respond to these programmes?

3. Which intervention do you think works best, and why?

Section B: **To identify the challenges faced in implementing drug abuse prevention programmes in marginalized communities.**

1. What challenges prevent youths from participating in drug abuse prevention programmes?

2. How do peer pressure and social environment contribute to drug use among youths?

3. What community factors make it difficult to control drug abuse?

Section C: **To propose a community-based youth model tailored to mitigate drug and substance abuse in Gadzema.**

1. What kind of youth activities could help reduce drug and substance abuse?

2. How can youths themselves be involved in preventing drug abuse?

3. What should a successful community youth model include to be sustainable?

APPENDIX 3: KEY INFORMANT INTERVIEW GUIDE FOR PROFESSIONALS

Introduction:

Thank you for taking part in this interview. This study seeks to understand youth drug and substance abuse in marginalized communities and to develop a community-based youth model to address the problem. Your professional insights are valuable. All information shared will be treated with confidentiality and used solely for academic purposes.

Demographic Information

Age

Gender

Professional Role/ Organization

Years of Experience

Section A: **To explore the efficacy of existing interventions in addressing youth drug abuse in the community.**

1. What interventions currently exist to address youth drug and substance abuse in Gadzema?

2. How effective are these interventions in your professional opinion?

3. What gaps have you observed in the current approaches?

Section B: **To identify the challenges faced in implementing drug abuse prevention programmes in marginalized communities.**

1. What major challenges affect the implementation of drug abuse prevention programmes?

2. How do resource limitations affect service delivery in marginalized communities?

3. What institutional or community barriers hinder programme success?

Section C: **To propose a community-based youth model tailored to mitigate drug and substance abuse in Gadzema.**

1. What key elements should be included in a community youth model to address drug abuse?

2. Which stakeholders should play a leading role in implementing the model and why?

3. How can the effectiveness of the proposed model be monitored and evaluated?

Official Communications should be addressed to Individuals.

ZIMBABWE

Provincial social development officer
Mashonaland West Province
Private Bag 654
Chinhoyi

Telephone: (067) 21945 / 21375

23 February 2026

Dear Gamuchirai Munongerwa
45 Magamba Way
Chinhoyi

RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT ON THE TOPIC ENTITLED: THE DEVELOPMENT OF A COMMUNITY YOUTH MODEL IN MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTH IN ECONOMICALLY MARGINALIZED COMMUNITIES. A CASE STUDY OF GADZEMA, CHINHOYI.

Receipt of your letter dated 11 February 2025 with reference to the above mentioned is acknowledged.

Please be advised that permission is hereby granted for you to carry out a study on the topic entitled **THE DEVELOPMENT OF A COMMUNITY YOUTH MODEL IN MITIGATING DRUG AND SUBSTANCE ABUSE AMONG YOUTH IN ECONOMICALLY MARGINALIZED COMMUNITIES. A CASE STUDY OF GADZEMA, CHINHOYI.**

Please take note that permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Degree in Social Work with Bindura University and not for **PUBLICITY** and that the identity of participants will be protected.

You are kindly requested to submit a copy of your final research document to the Department of Social Development upon your completion as your research topic has a bearing on the Department's mandate.

Provincial Social Development Officer
Mashonaland West Province

PROVINCIAL SOCIAL DEVELOPMENT OFFICER
MASHONALAND WEST PROVINCE
23 FEB 2026
P. BAG 654, CHINHOYI
TEL: (067) 21945 / 21375