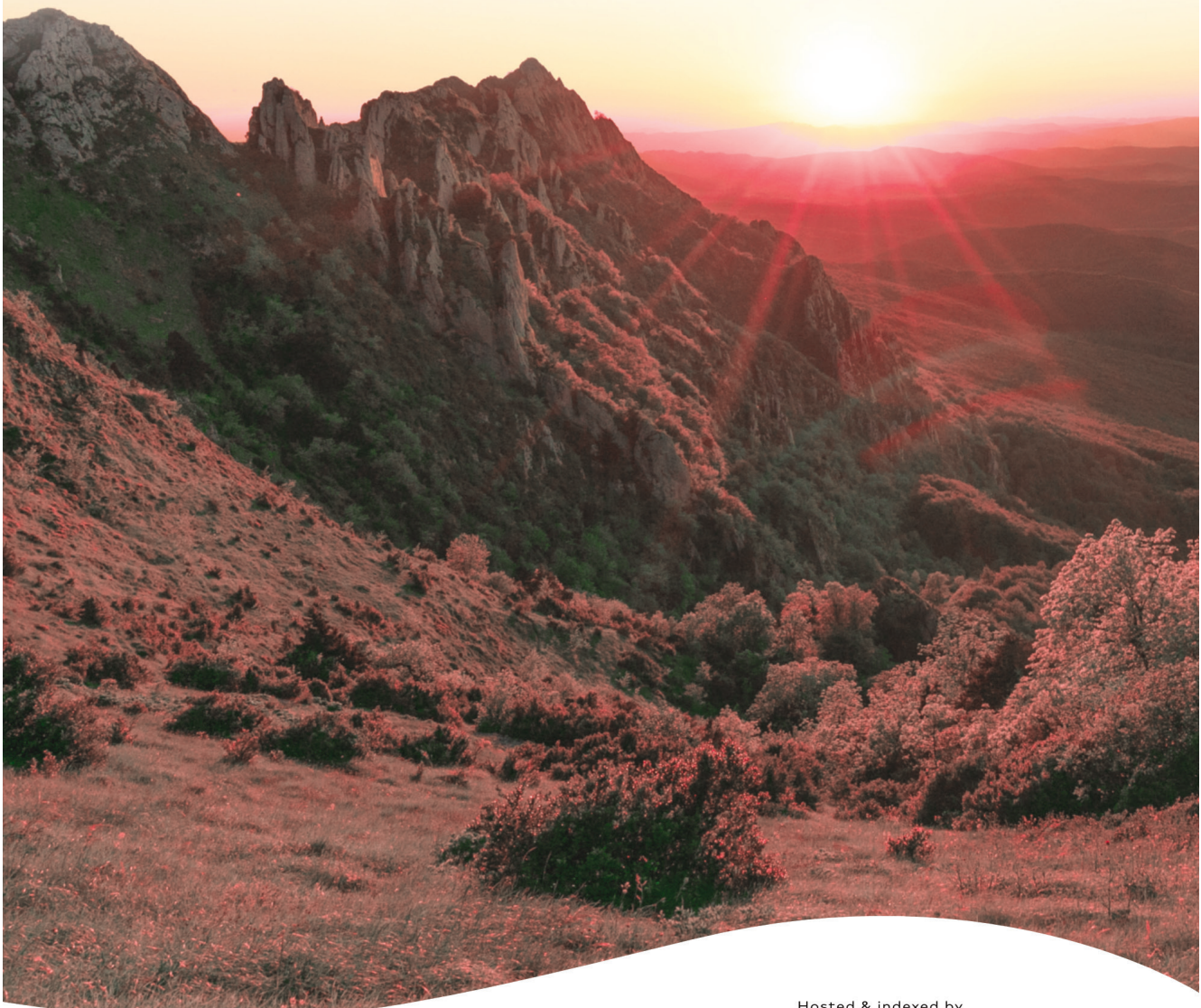


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Integrative examination of the cultural impact of substance (ab)use

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ABSTRACT

Culture influences every aspect of our lives, substance use included. As a result, practicing cultural humility is critical for treating everyone effectively. It is critical to consider cultural contexts when assessing and treating substance use disorders. Culture, on the other hand, impacts substance abuse in society. Based on a systematic integrative assessment, this paper investigates the cultural impact of substance abuse. The study discovered that the pendulum of cultural attitudes toward substance use has swung back and forth throughout history. Culture, in particular, can be a protective factor against substance abuse. Other cultures, on the other hand, encourage substance abuse. Substance abuse, paradoxically, leads to cultural loss. This paper, thus, discusses the societal implications of culture on substance abuse, and future research directions are proposed. The goal of this paper is to augment existing knowledge on drug and substance abuse by identifying the effects of culture on substance abuse in organisations, and society as a whole.

KEYWORDS: culture, drugs, substance abuse, substance use



Introduction

Culture can be defined as all the ways of life including the arts, beliefs, and institutions of a population passed from one generation to the other (LaMorte, 2016). Precisely, this way of life includes a code of manners, dress, language, religion, rituals, and norms of behaviour. Put differently, culture encompasses religion, food, what people wear and how they wear it; spoken language, and marriage practices, and these aspects are different all over the world (Stephanie & McKelvie, 2022). Thus, in practice, there are Eastern, Western, Latino, Middle East, and African cultures as some of the geographical names associated with the acquired knowledge people world over use to interpret and generate behaviour.

Drawing from the above definitions, and understanding, culture, in particular, can be a protective factor against substance abuse. Other cultures, like the Amarula festival and ancestral worship in South Africa, on the other hand, encourage substance use. Hence, in some instances, and pushed by cultural practices, people around the globe resort to the use of 'illegal' drugs or prescription drugs for other purposes other than they are meant to be used, usually in excessive amounts (National Cancer Institute Dictionary, 2023). Thus, various cultural beliefs persuade people of different ages to resort to drug abuse to cure different ailments, appease ancestral spirits, or merely as a result of drug addiction.

Also called substance abuse or drug abuse, this phenomenon is not without consequences. Drugs create vivid distortions in the sense of the users' consciousness. They can also impair users' sense of judgment resulting in accidents when driving or in violence, among other sinister aftermaths (Ikoh et al., 2019). In Zimbabwe, youths and adolescents' illicit substance abuse problems increased during the Covid-19 pandemic (Mukwenha et al., 2021). The commonly used substances include glue, broncleer, cane spirit, and crystal meth (Mukwenha et al., 2021).

From the foregoing, this paper provides a critical picture of the cultural impact of substance abuse. The paper thus uncovers such challenges useful in expanding the frontiers of knowledge on the cultural impact of substance (ab) use. Advancing scholarly work in this field would assist researchers, human resource practitioners, psychologists, and other professionals in the human service profession in adopting an enlightened and pragmatic approach to people management in different organisations. Eventually, the study results persuade government policymakers to develop stringent policies on drug abuse that would save lives and avoid culture erosion.

Review of Literature

Simha et al. (2021) study in India found significant positive associations between stigma toward alcohol-use-disorder, institutional collectivism, and assertiveness with a negative association with future orientation dimension. Like alcohol-use-disorder, stigma toward substance use disorder was also positively associated with institutional collectivism and assertiveness, but negatively associated with power distance. Furthermore, in Australia, Caltabiano and Li's (2017) study discovered that males had a higher prevalence rate of substance (ab)use than females. Findings also revealed that being female and involved in community groups, a retiree, and being a non-baby boomer were protective factors against substance (ab)use. In addition, it was observed that middle to upper-income earners were a risk factor for substance (ab)use. On the other hand, Brown et al. (2023) conducted a research study which discovered that cultural isolation and discrimination pose difficulties in navigating cultural identity for urban youths. Additionally, social, and cultural factors sometimes created opportunities and routes for substance use. However, it was discovered that culture provided a source of strength and resilience for urban adults, and that specific cultural values and traditions such as mindfulness, connection to nature, and a deep historical and cosmological perspective offer 'binding pathway' for positive behavioural health.

A Nigerian study by Ikoh et al. (2019) revealed that drug (ab)use was rampant among youths in the Lafia Metropolis. Ikoh et al. noted that causative agents were lack of parental control, easy access to drugs, and the emerging street culture of gangsterism. Consequently, the situation threatened urban security in the form of endless rough-and-tumble, and street warring, increased confrontation with the police, accidents, and injuries, as well as robbery and theft. In South Africa, Govender and Mpanza (2017) revealed that the effects of culture (for instance the Amarula festival and ancestral worship) exacerbate the (ab)use of substances. Moreover, the high rate of unemployment and poverty led to the production of home-brewed substances for sustainable living in some South African rural communities. Mabasa's (2018) study also revealed that socio-cultural practices contribute to the youth's use and abuse of substances in rural areas. The "Ke Moja" program that dealt with youth substance (ab)use was rarely received in the township of Alexandra, Gauteng Province. Mabasa's results revealed that alcohol and drugs serve as agents of socialisation in socio-cultural events. Results from provided empirical evidence found that there are different types of traditional home-brewed beers that the youth (ab)use almost

daily because they are cheap, easily accessible, and available. The findings also reveal that socio-cultural events contribute to substance (ab)use in rural areas. Importantly, it was revealed that socio-cultural events take place almost every weekend where the youth use the substance for socialisation.

Muwanzi and Mafumbate (2018) disclosed that there was an increase in substance (ab)use among juveniles in secondary schools as well as tertiary educational institutions as a result of the legal age of the majority which makes it difficult to manage the youths. Conversely, Nhunzvi et al. (2019) noted that poverty, low socio-economic status, and an unsupportive environment are risk factors to substance (ab)use among young adults in Zimbabwe. These risk factors are compounded by socio-cultural views where substance (ab)use is associated with masculinity, enhanced sexual pleasure, and risky sexual behaviours, and is to some extent an accepted form of leisure for Zimbabwean men. A qualitative research study conducted by Dube (2023) uncovered that there are numerous drugs being abused by most youths in Gweru urban areas. These substances include marijuana, bronclee, mangemba, cane spirit, PP tablets (blue, white, and pink), codeine, Tegu and ZED. It was found that young individuals also create drugs using green geisha, chalk dust, sanitizers, and a mixture of orange crush and Cerevita. Also, it was observed that the Catholic Church has been leading the way in advocating for spirituality as a means of addressing drug and substance abuse among young individuals. The church offers a range of programs aimed at assisting young individuals in finding their purpose, direction, and meaning in life.

A scrutiny of the aforementioned research indicates that there is a high rate of substance (ab)use among male research subjects in comparison with the other gender. Specifically, legal provisions, ancestral worshipping, street culture gangsterism, peer pressure in groups, and economic fortunes as cultural facets have an exacerbating effect on substance (ab)use. Accordingly, this revelation substantiates this article's opening broad cultural definitions proffered by LaMorte (2016) and Stephanie and McKelvie (2022). It can be observed that cultural practices influence substance abuse either in rural or urban setups. Laxness in some legal provisions results in drug (ab)use in adolescents and adults. Nevertheless, some cultural beliefs and traditional ceremonies have a spillover effect that goes to drug abuse among different age groups.

Theoretical Framework

In the circumstances laid above, a theoretical framework is required and assist in explaining phenomena, drawing connections, and making research predictions (Vinz, 2022). Several theories attempt to explain why various people use and (ab)use substances. In the context of this study, theories help psychologists and other practitioners in the human service profession with interventions, treatment, and prevention of drug abuse. Thus, a theory helps explain a phenomenon like substance (ab)use (Saunders et al., 2023).

The concept of drug abuse has evolved over the past decade, hence a shift in medical attention to substance use disorders. No one theory can explain substance use for every person with a substance use disorder. Borrowing from the aforesaid definition, researchers adopted the Biopsychosocial model of substance abuse and social learning theory to achieve theoretical triangulation for this study.

The biopsychosocial model of substance abuse

This theory presents a holistic, system of approach and identifies the influence as well as the interaction of various fields of the biological, social, psychological, spiritual, and cultural environment of a person. The Biopsychosocial Model of health and illness as proposed by Engel (1977) implies that behaviours, thoughts, and feelings may influence a physical state. He disputed the long-held assumption that only the biological factors of health and disease are worthy to study and practice. Engel also argued that psychological and social factors influence biological functioning and play a role in health and illness also.

This is a more realistic model in light of the role lifestyles play in society that has entered the 21st century, a seemingly cursed century where drug abuse is rampant. This model can be used in human behaviour schools to train human resource practitioners, counsellors, and psychologists in the art of good communication, understanding, and compassion. The model interfaces with modern health problems and could reasonably exert a considerable improvement in treating the same. Many contemporary illnesses such as heart disease and cancer have been found to have psychological and social components to their philosophy. For example, it has been estimated that 30% of cancers are associated with tobacco use and that diet accounts for some incidences of digestive tract cancers (Doll & Peto, 1981). Psychological factors such as self-esteem and perceived control

have been identified as potential markers to help increasing health-promoting behaviours like exercise and reduction of over-consumption (Doll & Peto, 1981). In sum, different interventions for modifying risk behaviours and incidences of diseases can be carried out on an individual or small group basis using stress-management or relaxation techniques.

Cognitive-behavioural therapies where practitioners alter the cognition of patients about their health and illness is one typical example of intervention enabled by the precise appreciation of this theory in social sciences. The theory is supporting that culture has a role to play in changing patient behaviour. This model has empirical support from published works (Sith & Dwamena, 2013; Smith et al., 2013; Miaskowski et al., 2020).

The Social Learning Theory

Social learning theory (SLT) was propounded by Albert Bandura in his seminal work of 1977, and it states that learning is a cognitive process that normally takes place in a social context through observation or direct instruction (Bandura, 1963).

Assumptions of the social learning theory

People learn through observations, especially from role models. Reinforcement and punishment have direct and indirect effects on the behaviour and learning of people in social life (Barton & Henderson, 2016). Generally, people formulate expectations about the potential consequences of future responses depending on whether current responses are punished or reinforced by authorities and society. Mediational processes influence behaviour and learning does not necessarily lead to change (Denver University, 2023).

Social Learning Theory in Practice

New employees in the workplace may imitate the behaviour of their peers to conform to organisational culture or may model co-workers' behaviour to help earn a good name with top managers. Similarly, students may emulate fellow students, celebrities, or mentors to garner attention. Children may imitate family members, friends and famous figures during traditional beer ceremonies. If they perceive that there is a meaningful reward for such behaviour, children will be tempted to keep on performing it in future. Thus, the possibility of drug (ab) uses in future, and the opposite would be true if incessant negative behaviour is admonished.

Reciprocal determinism is a central component of this social learning theory and proposes that human behaviour is determined by functional relationships between personal factors, the external environment, and the behaviour itself (Smith, 2021; Cherry, 2024). Bandura (1977) argued that behaviour, personal factors, and the environment are functionally related to one another. Bandura further argues that an environmental event will influence behaviour through traditional conditioning processes. Such an event, however, will change personal factors internal to the individual as well, such that a similar event might influence behaviour in an entirely different manner. This is because a new organism will have been created. In accordance to this model, the individual is in a constant state of evolution (Cook & Artino, 2016). Changes to the functional relationships between the three components of the model can occur at any point within the model, leading to continually evolving functional relationships between personal factors, the environment, and behaviour. Considering these relationships in the context of drug addiction, a framework that readily exposes the complexity of addiction and its resistance to treatment becomes apparent.

Using this model, drug addiction can be viewed as resulting from the functional relationships between an individual's personal characteristics, social environment, and drug-centric behaviours. Thus, addiction can be viewed as a chronically evolving biopsychosocial disorder, encompassing dimensions that are both internal and external to the concerned individual. Effective treatment interventions should, therefore, target all nodes of the model and the functional relationships between them, and they must constantly evolve with the progression of the disorder.

A central element of this social learning theory is the social environment. It is the influence of other people in different peoples' lives. Particularly those people with whom one desires to maintain most intimate relationships have arguably the largest impact on behaviour. Beginning at birth, most of the knowledge acquired about the world is obtained via constant interactions with others, and it is other individuals who determine many of the environmental contingencies that control human behaviour. Of most importance, however, is the social environment, which acts to either encourage or discourage drug (ab)use. Indeed, one of the strongest predictors of drug use is the drug-use behaviour of peers. Drug (ab)use may be transmitted socially using several mechanisms. For instance, modelling and imitation play a strong role in both the amount and pattern of drug use. Equally, social reinforcement can maintain and escalate drug use. The impact that other people have on an individual's

drug use is directly related to their physical proximity, with intimate partners, family members, and close friends having the largest impact on drug use.

Similarly, repeated drug use profoundly influences an individual's social environment. For instance, substance use, and addiction have negative effects on the quality of intimate relationships, domestic partnerships, and family dynamics. Moreover, substance (ab)use leads to changes in group affiliation as the person exits indigenous groups and enters groups that are more open to drug (ab)use by their members. When the social environment changes in ways that lead the individual to affiliate with social groups that promote drug use over self-control, there is a further increase in the likelihood that a person will escalate their drug use over time.

The theory can also be used in counselling in society and workplaces to support individuals with substance use disorders. Specifically, it allows supporters to focus on the interplay between individual, environmental, and societal factors. Although the social learning theory comes from psychology, its key tenets are very much applicable to the study of human behaviour in many other disciplines which involve human endeavour. Borrowing from Bandura's social theory, drug (ab)use can be considered a critical behaviour of interest in different social institutions and workplace setups. Thus, the possibility of controlling the challenge through behaviour understanding, monitoring and policy implementation. Moreover, the theory has empirical support from similar context-published scholarly works (Barton & Henderson, 2016; Smith, 2021).

This paper augments existing literature and advances the discourse on culture and substance (ab)use in Zimbabwean, regional and international communities. This emanates from the fact that literature (Mabasa, 2018; Nhunzvi et al., 2019; Stephanie & McKelvie, 2022) confirms that culture and drug (ab)use transcend international boundaries. Ultimately, with a clear understanding of culture and its influence on substance abuse, emerging trends, and associated gender, policies and other appropriate measures will be taken to thwart the menace. The study significantly contributes to the methodology for future culture and substance (ab)use studies.

Methodology

This paper adopted an integrative review to synthesize culture and drug (ab)use data from various research designs to reach an all-embracing and undeviating conclusion on the subject matter (Dhollande et al., 2021). An integrative review was conducted following Kutcher and LeBaron's (2022) guidelines. Yusuf et al. (2022) remark that integrative reviews offer a credible and transparent way of studying business and social issues. In this respect, drug (ab)use is a topical issue that is haunting parents in social institutions, government, and business leaders globally. Moreover, this methodology has empirical support of past published social science works (Falletta & Combs, 2020; Giermindl et al., 2021). Adopting scholarly advice (Bramer et al., 2017; Kutcher & LeBaron, 2022), three search databases were used to gather relevant information on the subject matter. Key search terms were culture, substance, and drug (ab)use.

A search of related literature using three databases (Taylor & Francis Online, Sage Journals Online, and Google Scholar) was conducted and yielded 2500 results. On the same note, a grey literature search through the world wide web yielded 25 results. To add credibility and substantiate the authoritativeness of this paper's contention, literature from not more than ten years ago sources was also used (Smart, 2020). More so, the study sought to provide an overview of the topic by identifying all potential shreds of evidence (Higgins et al., 2019). Data was organised, evaluated, analysed, and synthesized to conclude the study (Toronto & Remington, 2020; Oermann & Knafel, 2021).

To present the findings, researchers created a narrative synthesis of qualitative, quantitative, case study, commentary, and methodological studies. The research methodology is supported by empirical evidence from previously published works (Marler & Boudreau, 2017; Ushara & Chandrika, 2021; Giermindl et al., 2021). The inclusion and exclusion criteria for the utilised articles are as follows:

Inclusion Criteria

- Not more than ten years old
- Article in English Language only
- Relevancy to culture and substance abuse
- Full text-articles
- Business/social sciences article
- Only scholarly articles were included

Rejection Criteria

- Irrelevant to the study topic
- More than ten years old sources
- Not in the English language
- Pure science/medicine articles
- None scholarly articles

Eventually, 21 articles were reviewed based on the search criteria and relevancy to the study topic, achieving purposive sampling (Bryman & Bell, 2015). Notwithstanding a plethora of articles on culture and substance (ab) use, a key observation was that the number and pattern of current publications on the subject matter in searched databases remain extremely low. Figure 1 is the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram portraying how articles were prepared for the ensuing appraisal and synthesis.

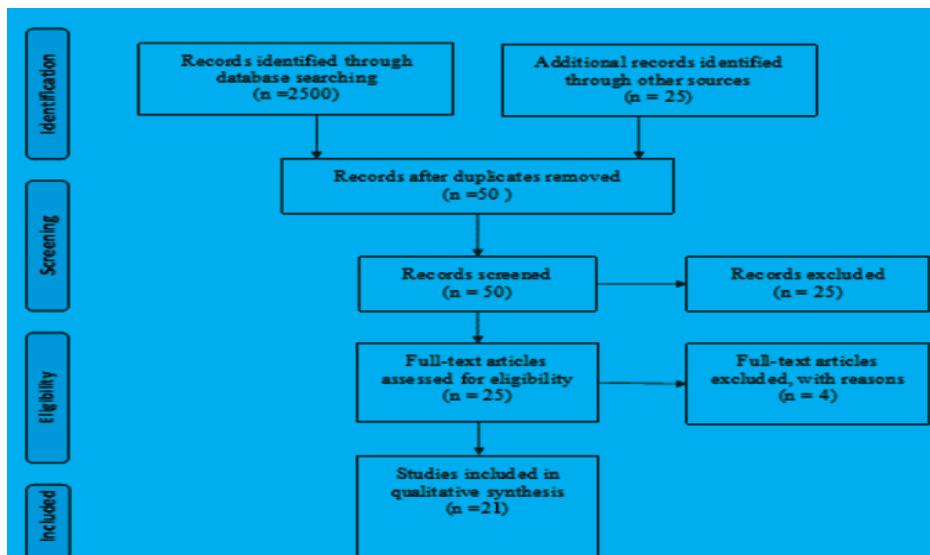


Figure 1: PRISMA Flow Diagram

Source: Own Research

Results

In the study, 21 sources were identified and included in the final qualitative synthesis, and thematic analysis then followed. Themes were identified from the scholarly survey and also as directed by the research questions. The themes were cultural trends of substance abuse, the protective role of culture against substance abuse and the role of culture in aiding substance abuse.

Cultural trends of substance abuse

For the last decade, much emphasis has been placed on the importance of cultural competence in addressing substance abuse issues in addition to known clinical methods of treatment (Robles et al., 2018). Intervention materials may be written in the native language when more culturally appropriate graphics and examples are used. In some cases, therapists may be required to modify their therapeutic skills or certain characteristics, style, and mannerisms to be more culturally appropriate for the target population. Despite the legitimacy and warm embrace of culturally adapted programs, empirical results by Fang and Schinke (2014) reveal inconsistencies in the adaptation of these prevention programs.

Similarly, it was discovered that the transferability of such culturally oriented intervention methods is difficult due to linguistic differences (Fang & Schinke, 2014). According to a study conducted by Hechanova et al. (2018) in the Philippines, more than 80% of drug addicts who surrendered to community social workers were treated using cultural methods such as cleaning, beautification, tree planting, recreational activities, counselling, and spiritual formation. The overwhelming number of patients in clinical centres has also pushed communities to develop their treatment options (Hechanova et al., 2018).

Cognitive behaviour therapy (CBT) has received the most robust evidence (Windsor, Jemal, & Alessi, 2015). Cognitive behaviour therapy is based on the assumption that drug use is a learned behaviour that can be unlearned through therapeutic strategies. It focuses on changing behaviours through the treatment of maladaptive cognitions and emotions that influence behaviour. The lack of resources allocated for mental health services is a major challenge in implementing community-based drug treatment in the Philippines. There is also a scarcity of mental health professionals, as well as an uneven distribution of them. For example, there is only one licensed psychologist for every 100,000 Filipinos, and the majority of psychiatrists and psychologists work in cities (Hechanova et al., 2015). According to Bhana (2017), substance use disorders

are complex and widespread public health issues affecting both adults and youth worldwide. However, developed countries continue to have the highest levels of alcohol consumption worldwide. Furthermore, problematic alcohol use has been reported in African countries such as Kenya and Ethiopia, as well as drug misuse in Nigeria and Tanzania (Salwin & Katz, 2014). Ajayi et al. (2019) discovered that a large Muslim population in Nigeria's North Central region consumes less alcohol than Christians.

Protective role of culture against substance abuse

It was discovered that cultural competency is the empowerment of diverse populations to develop and use their interventions for resolving substance abuse problems, drawing from the parameters and strengths of their culture (Hernandez Robles et al., 2018). Cultural strengths may be viewed as protective factors and should be the focus of prevention and treatment efforts. Fang and Schinke (2014) study discovered the significant efficacy of cultural therapies in helping African American adolescents to delay their alcohol use initiation and decrease their alcohol intake. Hechanova et al. (2018) asserts that a culture that is strongly rooted in spiritual and religious traditions draws inner strength and support from faith, and this functions as a protective factor, especially among survivors of natural disasters (Hechanova et al., 2015; Hechanova & Waelde, 2017). Participation in church rituals and prayer groups is a means to cope, and religious communities are important social capital. As such, community-based interventions may harness psycho-spiritual resources to enable healing. Research revealed that peers can influence one another to avoid drugs and the use of drugs, using a peer counselling strategy (Chidarikire, 2017).

Role of culture in aiding substance (ab)use

Communities are usually to be constructed within a particular cultural belief, and this influences the behaviour of people who subscribe to that particular culture, in this case, some residents can attach meanings to ancestral worship. Adolescents and young adults experience alcohol for the first time during cultural rituals, in which every member of the family is expected to take a sip of alcohol to be part of the ritual and be recognised by the ancestor (Mpanza & Govender, 2017). The availability of dagga/marijuana in rural areas plays a huge role in exacerbating the burden of substance abuse and the prevalence of the home-made substances is not well documented. According to Nhunzvi et al. (2019), poverty, low socio-economic status, and an unsupportive environment are risk factors for substance abuse among young adults in Zimbabwe. In some

families, children may be asked to hawk all types of goods on the streets to contribute to the family's income, and are, therefore, exposed to amoral habits and all vices associated with street lives (Ikoh et al., 2019). From this background, they emerge into the larger world where they find the basic lessons of their earlier childhood reinforced in various ways.

This is, therefore, the reason that exposure to gang initiation and drug use is common in the city. In many cultures in the world, drugs are used in traditional and religious rites and rituals. Wine is used in the Roman Catholic Church and other church organisations during weddings and other different religious and social gatherings (Muwanzi & Mafumbate, 2018). A local Zimbabwean study discovered that cannabis/dagga/marijuana is considered an integral part of the BaTonga culture. The age group 18-21 came out as the most involved in substance abuse.

Discussion

This paper examined the cultural impacts of substance abuse in society using an integrative review of the literature on drug and substance use. Subsequently, the research field was mapped using a theme-oriented approach as suggested by Leidner (2018).

Cultural trends of substance abuse

The common point from the results presented is that cultural competence plays a significant role in addressing substance abuse issues. Cultural competence involves understanding and adapting to cultural norms, language, and practices when addressing substance abuse. Culturally adapted programs use native languages, appropriate graphics, and examples to enhance effectiveness. Substance abuse therapists may modify their approach to be culturally appropriate for the target population.

Cultural Methods and Cognitive Behavioral Therapy (CBT) in substance abuse treatment:

In the Philippines, cultural methods (for example, cleaning, beautification, tree planting, counselling, spiritual formation) are used to treat drug addiction. The overwhelming number of patients has led communities to explore alternative treatment options. CBT is evidence-based and focuses on changing behaviors by addressing maladaptive cognitions and emotions related to drug use. However,

limited mental health resources and uneven distribution of professionals pose challenges for community-based drug treatment.

Global Trends:

- Substance use disorders affect adults and youth worldwide.
- Developed countries still have high alcohol consumption rates.
- African countries face issues related to alcohol misuse and drug abuse.

Religious and cultural influence, competency, and therapies

A large Muslim population in Nigeria's North Central region consumes less alcohol than Christians. Overall, findings highlight the importance of cultural competence, resource allocation, and evidence-based approaches in addressing substance abuse. Cultural competency empowers diverse populations to develop interventions based on their cultural strengths. These strengths serve as protective factors and should be central to prevention and treatment efforts. Fang and Schinke (2014) found that cultural therapies were effective in delaying alcohol use initiation and reducing alcohol intake among African American adolescents. Culturally rooted practices, such as spirituality and religious traditions, provide inner strength and support, especially for survivors of natural disasters.

Participation in church rituals and prayer groups serves as a coping mechanism. Religious communities play a vital role as social capital. Community-based interventions can harness these psycho-spiritual resources for healing.

Peers, therefore, can positively influence each other to avoid drug use through peer counselling strategies. Overall, recognising cultural strengths and integrating them into substance abuse prevention, and treatment, can enhance outcomes. As revealed by the results, cultural practices like church services and families assist in rehabilitating drug addicts and these findings corroborate the bio-psychosocial model of substance abuse. Advocates of this theory argue that psychological and social factors influence biological functioning and play a role in health and illness also. This is a more realistic model considering the role lifestyles play in the 21st century society, a seemingly 'cursed century' where drug abuse is rampant.

Cultural beliefs significantly shape community behavior. For instance, some residents attach meanings to ancestral worship, which can impact substance use. Adolescents and young adults often encounter alcohol during cultural rituals, where participation is expected as respect and recognition by ancestors.

The availability of dagga (cannabis) in rural areas contributes to substance abuse. Prevalence of homemade substances remains undocumented but likely plays an important role in controlling drug (ab)use. Poverty, low socio-economic status, and an unsupportive environment increases the risk of substance abuse among young adults in Zimbabwe. Children exposed to street life due to family income needs may encounter amoral habits and vices. Emerging from urban backgrounds, individuals may face exposure to gang initiation and drug use in cities.

Many cultures incorporate drugs into traditional and religious rites and rituals. Wine, for example, is used in the Roman Catholic Church during weddings and social gatherings. A local Zimbabwean study by Nhunzvi et al. (2019) found that cannabis is integral to Tonga culture. The age group 18-21 years appears most involved in substance (ab)use.

Overall, understanding cultural contexts and addressing risk factors are crucial for effective prevention and intervention. From the theoretical framework, the findings corroborate with the Social Learning Theory. The Social Learning Theory proposes that human behaviour is determined by functional relationships between personal factors, the external environment, and the behaviour itself (Smith, 2021; Cherry, 2024). Bandura (1977) argues that behaviour, personal factors, and the environment are functionally related to one another. Bandura further argues that an environmental event will influence behaviour through traditional conditioning processes, but that event will change personal factors internal to the individual as well, such that a similar event might influence behaviour in an entirely different manner because a new organism has been created. Indeed, according to this theory, the individual is in a constant state of evolution due to cultural influence, availability of substances and urban exposure.

Conclusion

The study examined the cultural impacts of substance abuse. From the foregoing results, scholarly evidence revealed that culture has a major role to play in substance (ab)use in communities around the globe. However, there is growing evidence pointing to new developments associated with a blended approach to substance (ab)use to complement known clinical methods of treating such challenges. Paradoxically, other conservative scholars believe that clinical methods are more effective than the cultural approach. Nevertheless, it is noted that culture still plays a dual role in the control of substance (ab)use. Thus, culture can play a protective role against substance use, at the same time culture can aid substance abuse in communities. It is also evident that culture and substance abuse transcend international boundaries across all gender. Researchers conclude that cultural methods of intervention in drug abuse are always vital because drug abuse practices are a result of food consumption patterns, individual/group behaviour, and religion. Notably, all these push factors towards drug abuse are facets of culture.

Researchers used three databases and the world wide web for a literature search for culture and substance abuse articles. Therefore, future researchers can use more than three databases and do ancestry searches to find out more information about the culture and its influence on substance abuse in society. Ancestry search would assist in revealing key patterns of culture and substance abuse problems, further, add credibility to the study findings and increase sample size. Moreover, human resource practitioners, psychologists, and social workers can be informed through this study, on key intervention strategies for drug abuse challenges. Furthermore, more fieldwork surveys can be conducted. Thus, evidence-based decision-making is enabled in organisational operations, social institutions, and government arms.

Systematic integrative reviews have research issues. Issues of combining empirical and theoretical reports bring bias and lack of rigour due to the complexities of incorporating diverse methodologies. This gap can be closed by undertaking further investigation through mixed methodologies or sole qualitative research studies. Finally, it is suggested that more studies of this nature be conducted worldwide to corroborate the aggregation of this work and intensify an apprehension of the subject matter.

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