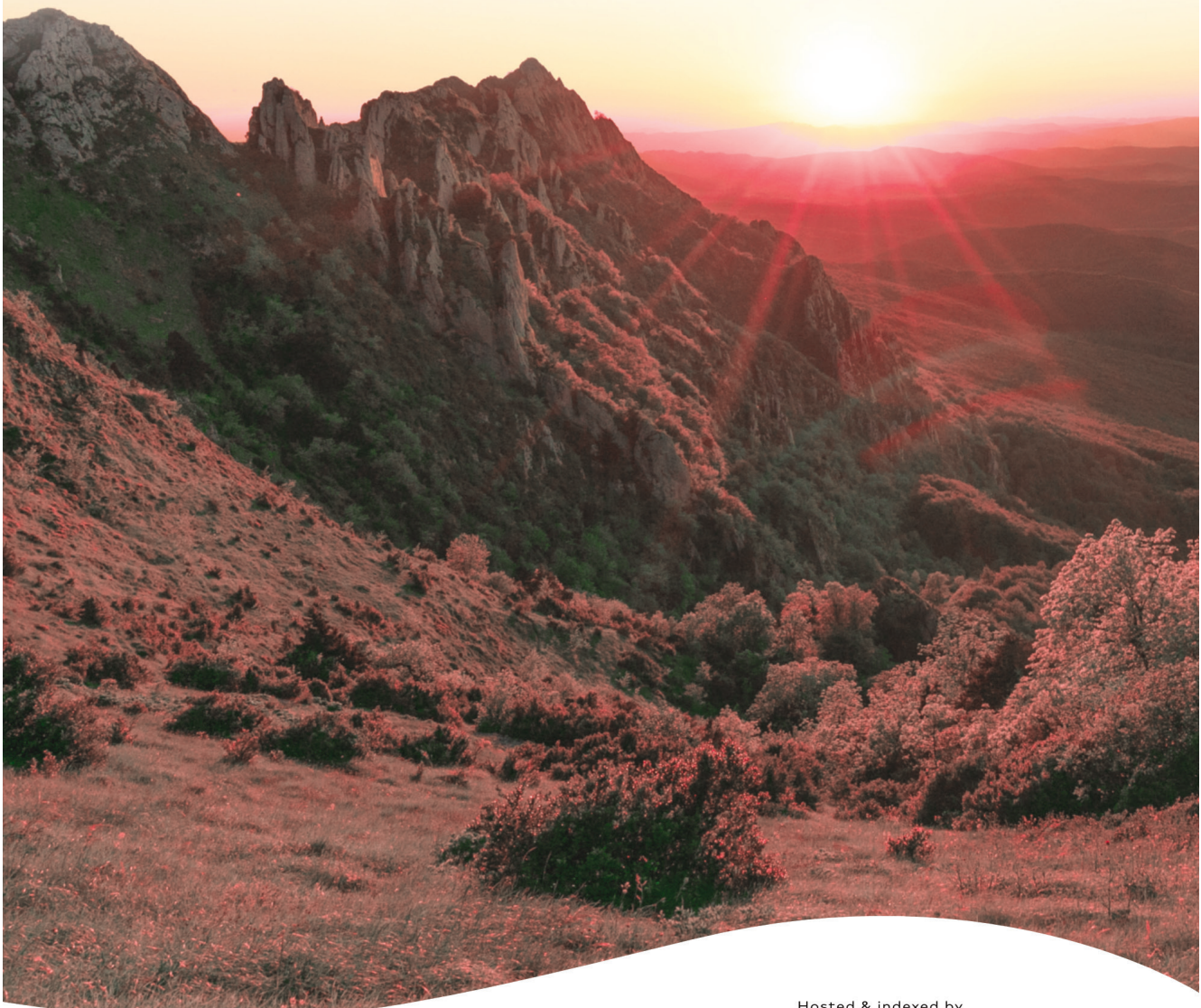


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## Christian spirituality as protective factors against drugs and substance abuse by Zimbabwean youths: A case of the Catholic church in Gweru urban.

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### ABSTRACT

Drug and alcohol abuse, among adolescents, is a global phenomenon that is not limited to a specific culture or religion. Zimbabwe faces an acute alcohol and drug addiction pandemic. The abuse of drugs by the youths has become a cause for concern and a growing body of research suggests that religion is an important protective factor against drugs and substance abuse; and that religion may help in the rehabilitation of drug addicts by enabling them find meaning, direction and purpose in life. The Catholic Church (in Zimbabwe) has taken a firm stance against substance abuse, in all forms, for centuries. This paper assesses how Christian spirituality can be used as a protective factor against drug and substance abuse. The study uses a qualitative approach, where a case study involving in depth interviews was used. A total of 22 purposively sampled congregants participated in the study. Data was analysed using thematic analysis. Results show that there are so many drugs being abused by most youths. These include marijuana, bronclee, *mangemba*, cane sprit, PP tablets (blue, white and pink), codeine, Tegu Tegu and ZED. It was discovered that, youths also make drugs out of green geisha, chalk dust, sanitizers, and a combination of orange crush and Cerevita. It was noted that the Catholic church has been at the forefront of promoting spirituality as a way of combating drug and substance abuse among young people. Through its various programs, the church provides guidance and support to young people, helping them develop a sense of purpose, direction, and meaning in their lives. This, in turn, helps reduce the likelihood of drug and substance use. It was concluded that, the church provides counselling and support services to young people struggling with addiction through awareness campaigns, workshops, congresses, meetings among other activities, in order to promote drug and substance abuse awareness. One of the recommendations was that, in order to increase capacity, the Catholic Church is working towards building partnerships and collaborations with other organisations and stakeholders. This involves partnering with the local government, non-profit organisations, and other community groups to expand access to prevention and treatment services.

**KEYWORDS:** Adolescence, Catholic church, Christianity, Congregation, Drugs, Spirituality, Substance use.



## **Introduction**

**D**rugs are substances that change a person's mental or physical state. They can affect the way one's brain works and how they feel and behave; understands and ones' senses. This makes one unpredictable and dangerous, especially to young people (Department of Health and Aged Care, 2019). These types of drugs are called Illicit drugs and they include, illegal drugs, prescription medicines illegally acquired or are not being used for medicinal purpose and other substances that are being used inappropriately. When these are taken, it is called drug abuse. Drug abuse is a cancer that is slowly, but dangerously destroying the country from within, to the point where it has become a pandemic (Rugoho, 2019). Despite efforts by the public and private health sectors to help drug-addicted youths quit and recover, drug abuse remains a widespread problem in Zimbabwe. Drug abuse has become a problem among Zimbabwe's youths, with the situation deteriorating to the point where more than half of the country's youth population, or approximately 57%, are involved in drug abuse (Maraire & Chethiyar, 2020). The youths are the most productive and active part of the community and nation as such they pay a critical role in building the economy of the country (Perckins et al., 2001).

**T**heir involvement in drug and substance abuse, therefore, means that the addicts are socio-economically inactive as they would not be able to participate soberly in socio-economic activities because of intoxication. Therefore, there is no meaningful production when dealing with a drugs or substance-intoxicated individual.

**T**he problem with drug and substance abuse is that, it affects not only the person actually taking them, but families, communities, churches, and the nation as a whole (Musonza & Chiwaridzo, 2020). Zimbabwean youth (10-35 years) are the most affected age group by drug and substance abuse, and the age group constitutes 67.7% of the total population (Rwafa et al., 2019). This study, therefore, focuses on Christian spirituality as a protective factor against drug and substance use in Zimbabwe.

## **Background**

**I**n Africa, drug and substance abuse are a worrisome pandemic where the prevalence rate is 5.2% to 13.5% of the total population (WHO, 2018). According to the World Drug Report (2020), within Africa, northern Africa accounted for 98% of all quantities of cannabis resin seized, and for 57 % of all cannabis herb

seized in 2018. In Tanzania, the lifetime prevalence of substance use among school-going adolescents (11–17 years) was 7%, with alcohol at 4.5% and drugs (3.1%), specifically marijuana, amphetamines, or methamphetamines being the most used (MoHCDGEC, 2017). Like other countries in Africa, Zimbabwe experiences drug abuse problems as well. According to Chinaka (2021 cited in Maraire et al., 2022), Zimbabwe has the highest number of young adults in Africa who abuse drugs where 70.7% are males and 55.5% are females. Sharing the same notion, the United Nations Office on Drugs and Crime (2021) revealed that, most countries in Africa, including Zimbabwe, are struggling with an increased number of youths abusing drugs.

The socio-economic crisis in Zimbabwe was identified to be the major influencing factor of drug abuse by the youth age group (Matai et al., 2021). Unemployment, poverty, disease and general unrest among the youth has become the order of the day (Magidi & Mahiya, 2021). All of these circumstances contribute to the youth feeling depressed, angry, stigmatised, unwanted, un-empathised, and misunderstood (Nhunzvi et al., 2019). Many of them subsequently resort to hiding their frustrations through drug and substance abuse. There are some Zimbabwean families and communities that are being sustained by drug dealing, whereby youths earn income through selling drugs and they end up abusing these drugs as well. The Zimbabwean community is full of unemployed people, as the youth unemployment rate in Zimbabwe is at 66.7% (Mazuru, 2018). With the economic situation in Zimbabwe, the youth engage in peddling drugs like marijuana as a form of employment (Mazuru, 2018). Zimbabwe, hence, has become a transit point for drugs being smuggled to neighbouring countries such as South Africa and Botswana (Makande, 2017). Sad revelations are that Zimbabwe is fast turning into a backyard manufacturer, transit point, and market of dangerous drugs, and communities are indirectly supporting drug abuse (Zvira, 2016).

The onset of the deadly Covid-19 pandemic exacerbated the situation. The Covid-19 pandemic ravaged economies, decimated livelihoods, and badly altered lifestyles (Mararire, 2022). The Covid-19 pandemic witnessed the closure of schools, tertiary institutions of learning, industries and areas of trade (Maphosa, 2021). Due to such immediate effects of the Covid-19 induced national lockdowns, there was an increase in drug abuse cases by the youth (Nyabeze et al., 2021) since they were idle, and had 'nothing' fruitful to do while quarantined at home. This made them even become more 'innovative' and started making drugs using readily available materials at home. It is against



this background that the current study sought to explore the extent to which Christian spirituality can be viewed as a protective factor against drugs and substance abuse.

## **Review of Literature**

### *Christian Spirituality and Drug abuse in Zimbabwe*

Spirituality is the personal quest for understanding answers to ultimate questions about life, meaning and relationship to the sacred or transcendent, which may (or may not) lead to, or arise from, the development of religious rituals and the formation of community (Wallace et al., 2020). The World Health Organisation (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages, of whom 76.3 million are affected by alcohol-related disorders (WHO, 2004). It is estimated that 9% of the global population aged 12 years are classified as dependent on psychoactive substances (Volkow & Li, 2005).

A recent systematic review in sub-Saharan Africa estimated the prevalence of substance use among adolescents (10–19 years) to be 41.6%, with alcohol being the most prevalent (40.8%) compared to other substances (Ogundipe, Amoo & Adelaye, 2018). The statistics on youth drug abuse in Zimbabwe increase yearly despite measures implemented by various stakeholders to fight the pandemic (Matutu & Mususa, 2019).

Jakaza and Nyoni (2018) lament that, the condition of drug misuse among Zimbabwean young is not improving, but rather worsening by the day. Makande (2017) comments on drug and substance abuse statistics in Zimbabwe stating that, there is no accurate information on the magnitude of drug misuse among Zimbabwe's youth. Hence, the country relies on calculated estimations. Drug addiction among Zimbabwean teenagers is so prevalent that roughly 43% of youths were found to be abusing drugs in 2017, rising to 45% in 2018 and 57% in 2019 (Zimbabwe Civil Liberties and Drugs Network, 2019). Mazuru (2018), on the other hand, contends that a lack of precise statistics on the subject of drug and substance misuse does not negate its presence. In fact, data on juvenile drug misuse are on the rise.

Drug use and misuse has also been an issue among Zimbabwean teenagers (Duffy et al., 2015), and, despite its well-known negative consequences, drug addiction is on the rise in Zimbabwe (Nhapi, 2019). A disturbing discovery is that the age of drug misuse is increasing, with children as young as 10 years old consuming harmful drugs and substances (Mazuru, 2018).

### *Drugs commonly abused in Zimbabwe*

According to Maraire et al. (2022), Cannabis / marijuana, also known as *mhanje* or *ganja*, is the most abused illicit substance in the African region. The highest prevalence and increase in use are being reported in West and Central Africa with rates between 5.2% and 13.5%. According to the World Drug Report (2020), Cannabis is grown all over Africa. The most frequently mentioned countries of origin, departure and transit in Africa over the period 2014– 2018 were in West and Central Africa: Ghana and Nigeria; in southern Africa: Mozambique, eSwatini and Malawi; in East Africa, Tanzania, Uganda and Kenya; and in North Africa, Morocco. Africa accounted for 19% of all quantities of cannabis herb (marijuana) seized in 2018. In Zimbabwe, it is also the most abused drug because it is easily accessible since some abusers grow it in their backyards, some buy it from drug dealers, and the price is affordable.

This is followed by Amphetamine-type stimulants (ATS) such as ‘ecstasy’ and methamphetamine which now rank as Africa’s second most widely abused drug type (WHO, 2018) and is also available in Zimbabwe. The youths in Zimbabwe also abuse a concoction of ethanol and emblems powders used in funeral parlours to preserve dead bodies (Zvira, 2016). This highly intoxicating concoction is popularly known as “*musombodhia*” in the Zimbabwean streets (Zvira, 2016). According to Zvira (2016), revelations are that Zimbabwe is fast turning into a back yard manufacturer and market of dangerous drugs. Substances such *musombodia* are being manufactured in Zimbabwe. *Musombodia* is a colourless high alcohol content substance that is made from ethanol and emblems powder in Mbare then distributed throughout Zimbabwe. These are found in well-known places in Harare where illicit transactions relating to drug abuse are being carried out. Women who pose as innocent vendors are said to be suppliers of dangerous drugs (Maraire et al., 2022). Hair saloons too are another space being used by women to transact illicit drugs. This has increased the availability of drugs to the youths.

The Zimbabwean youths also overdose anti-depressants drugs (Jakaza & Nyoni, 2018). Zoloft is one of the most prescribed anti-depression drugs and it somehow ends up in the streets with the youth (Zvira, 2016). Anti-depressants are not harmful (minus their manufactured side effects) when used as per correct prescribed dosage. Abuse or overdose of anti-depressants then makes it a dangerous drug. Diazepam, is a prescription drug, locally known as ‘*mangemba*’ (Mazuru, 2018). Diazepam is a medicinal drug in the anxiolytic class and is a

prescription drug according to the Medicines Control Authority of Zimbabwe (Matunhu & Matunhu, 2016).

Cough syrups, such as BronCleer and Histalix, are also popular among the Zimbabwean youths (Rugoho, 2019). These cough syrups contain ephedrine, codeine, and alcohol. Codeine is an opioid with morphine-like properties (Matunhu & Matunhu, 2016). Because they contain alcohol and codeine, BronCleer and Histalix are central nervous system stimulants that cause drowsiness, apathy, and euphoria in young people who consume them in greater quantities than authorised.

### *Effects of Drug Abuse Among Youths*

The usage of these illicit drugs has a significant impact on the African continent, in terms of bad health implications for the abusers, emotional stress for the abusers' loved ones, and a large financial cost on people, families, and society (Ndasauka & Kayange, 2019). When a family member consumes drugs, it impacts the entire family and community (Macheka & Masuka, 2019). Most drug users become antagonistic to their family, becoming rebellious, defiant, and displaying unreasonable rage (Mahiya, 2016). Drug users jeopardise productivity, harmony, and peace in the community (Jakaza & Nyoni, 2018). Drug addiction has a severe impact to the youths, resulting in a lack of productivity, unemployment, a decreasing quality of life, sexual abuse and increasing violence (Rwafa et al., 2019). According to Makande (2017), a significant percentage of Zimbabwean young drug users drop out of school and become a hazard to society, becoming violent and engaging in criminal activities. Peace in communities is also jeopardised since young drug users are hostile to other members of the community including their families (Maraire & Chethiyar, 2019). Drug and substance misuse among Zimbabwean adolescents is also costly to the Zimbabwean government in terms of cash spent on enforcing, prosecuting, incarcerating, and rehabilitating youth drug abusers (Nhapi & Mathede, 2016). Some inhalants cause mental and nervous harm, as well as sudden death from cardiac arrhythmia, renal, pulmonary, and teratogenic complications (Dell, 2006)

Some of these youths experience common short-term impacts of drug addiction, such as panic attacks, anxiety, hangovers, irritability, mood swings, hallucinating, withdrawals, paranoia, and feeling a crash (Pufall, 2017). Some people in this age range have long-term repercussions of drug misuse, such as stomach pains, early-onset Alzheimer's, paranoia, significant depression,

and other symptoms (Pufall, 2017). Drug abuse frequently leads to dangerous sexual conduct, such as street prostitution, sex trading for drugs, and coerced sex. These high-risk activities, along with drug use, may expose individuals to HIV, sexually transmitted illnesses, and violence (Embleton et al., 2011).

The consequences of drug misuse among Zimbabwean adolescents include health issues, with 45% of admitted patients in Zimbabwe's mental health institutions in 2019 being youth drug abusers (Rwafa et al., 2019 in Mararire et al., 2020). In 2018, 57% of all admissions to Zimbabwean mental health institutions were for drug abuse-related mental diseases, with the bulk, 80%, falling into the young category (ZCLDN, 2019).

### *Role of Christian Spirituality in minimizing drug abuse*

Religious adolescents, in particular, have been found to be less likely than their less religious peers to use alcohol or marijuana (Chinyowa & Chinyowa, 2020). This review gathers and synthesizes evidence on religion and spirituality as protective variables in substance use in an attempt to encourage therapy that is coherent with the literature. According to a recent assessment of over 150 studies on drug and alcohol usage, those who are more religious are less likely to use substances and are less likely to suffer from substance-related problems (Musonza & Chiwaridzo, 2020). Existing evidence also reveals that religion and spirituality are associated with better treatment outcomes and long-term sobriety among former substance abusers (NCID 2001). Religion and spirituality have long been used to help prevent and treat substance abuse. However, the causes for these correlations remain unexplained. Religion may influence substance use and rehabilitation by establishing moral order, allowing opportunity to gain new skills, and providing social and organisational bonds (Smith, 2003).

A variety of characteristics of religion have been discovered to lessen rates of substance misuse in religious populations that sanction its use. Religious participation clearly promotes a positive peer group that shares views and inhibits substance use (Hodge, Cardenas & Montoya, 2001). These common beliefs help to mitigate the normative influence of societal attitudes on alcohol and cigarettes. In fact, social support from religious peers counteracts negative peer pressure in reducing use start. Furthermore, having religious peers lowers access opportunities due to restricted access by religious friends. The likelihood of future use is reduced by nurturing and supportive modelling (Chinyowa & Chinyowa, 2021).



The most important component of spirituality is that it combats self-rejection and derogation, resulting in a positive sense of self. It enables the development of personal norms that reduce or restrict substance use (Musonza & Chiwaridzo, 2020). Individuals who identify as spiritual frequently spend a significant amount of time restraining their impulses, almost as a form of training to help them overcome the temptations of peer pressure. Coping mechanisms are formed because of a spiritual worldview and a sense of self and identity.

Religion and spirituality appear to be the most powerful predictors of non-abuse of drugs especially among the youths. Spirituality can boost a religious person's faith, the experienced aspect of their religion, and devotion to religious regulations. Religion can provide guidelines for spiritual people. Prayer, relationships, and positive religious views provide additional stress outlets for both (Mwangi & Twala, 2022). Some beneficial features of spirituality may not be solely spiritual, but rather overlap with religious communal support. As a result, additional studies have included them in religion, and the two together reinforce the social dimensions of believing. Some have even claimed that trust in a higher power is directly related to successful quitting of drugs (Murenzi & Gwisai, 2018)).

According to Mwangi and Twala (2022), studies have shown how religion is an important protective factor against substance abuse, and an important support for persons in recovery. Religious leaders are less likely than others to use drugs and less likely to experience negative drug related consequences. Hence, this gives them a pedestal from which to exert their massive influence in fighting the menace of alcohol and drug abuse within their spaces.

Religion and spirituality have long been used to prevent and treat substance misuse around the world. Religion may influence substance use and rehabilitation by establishing moral order, providing opportunities to gain new skills, forming support groups, and providing social and organisational linkages. This implies that faith-based organizations can collaborate with other organisations... to reduce drug and substance abuse (Mwangi & Twala, 2022). In this context, religious leaders should be aware that, as much as they would like to believe their flocks are loyal, docile, and spotless, sheep roam. The church is well placed to push the anti-drug campaign to the hundreds of thousands of students seeking education in these facilities, thanks to its extensive network of learning institutions.

A study by Murenzi and Gwisai (2018) reveal that the church's role as outlined in the Bible is not just concentrated on the spiritual wellbeing of the people in the community. Jesus himself cared for the people he ministered to, making sure to feed them, heal them and even raise the dead. Specifically, in the current scenario, when drugs and substance misuse, particularly among the youths, is on the rise, the church and faith-based groups have roles to play in the fight against substance abuse. Generally, research indicates that youths who are spiritually agile, participate in faith group activities, and participate in other religiously connected activities are less likely to use or abuse drugs and alcohol. Those who do not place a high value on religious beliefs, on the other hand, are more likely to smoke, binge on alcohol, and use marijuana than those who place a high value on religion in their daily life.

The church can help to change the public conversation about alcohol and other drugs by moving the emphasis from punishment to prevention and treatment. This is rooted in the Christian conviction in the possibilities for behaviour adjustment in the lives of individuals and, eventually, societies.

Evidently, numerous studies have reached the assertion that, self-control and self- concept enhancement through Christian means contribute to the recovery of people who: use drugs, and act as significant protective factors from relapse (Towl & Crighton, 2009, cited in Maraire et al., 2020).

## **Methodology**

The area under study was Gweru urban, Zimbabwe. The study used qualitative in-depth interviews. The interviews were conducted in the vernacular languages of the participants, and their responses were recorded, and later translated to English. Qualitative design was adopted because it provided experience-based data collection platforms. This helped in understanding complex issues related to drug and substance abuse by youths in Zimbabwe.

Purposive and snowball sampling were used to select key informants who were interviewed. A sample of 22 participants was used for this study. These included 12 Catholic youths from Catholic churches in the Gweru Deanery. The youths were selected using snowball sampling. The researcher first identified 2 youths who had recovered from drug and substance abuse after they had given testimonies at a Catholic Church youth meeting. These youths helped the researcher in identifying other youths who were also involved in drug and substance abuse, youths who had recovered from drug and substance abuse,

and those who had information about drug and substance abuse and were members of the Church.

The other participants who were purposively selected included, two Youth Advisers, who were working with the youth in church at Deanery Level, Catholic clergy who included two nuns and two priests who work with the youth at Deanery level; two Deanery Pastoral Council (DPC) members of Gweru deanery, the lay Apostolate and the Vicar General of Gweru Diocese. These worked closely with the youth as youth advisers so they had information about drug and substance abuse among the youth.

To collect data from the youths, the researchers used an in-depth interview guide which determined growing trends and substance usage among Zimbabwean youths. Key informant interviews were conducted to further the investigation of the topics under consideration. The Interviews were conducted in the mother language of the participants and their responses were later translated to English. The major informants were the youths in the Catholic church who were involved in drug abuse or had knowledge about drug abuse, the clergy, and the youth advisers at the deanery level.

Participants were informed about the study's objectives, and what they were expected to do; that participation was voluntary, that they could refuse to answer any questions which they felt uncomfortable with, and that they could discontinue at any point during the process before data collection began. Participants were assured that the information they provided would be kept anonymous, and that there would be no immediate benefits to participating in the study.

Data was analysed through thematic content analysis. This approach was used through extracting patterns from participants' responses. Pseudonyms were used to protect the identity of the respondents.

## **Results and Discussion**

### *Drugs being abused by youths and their effects*

Findings from interviews with the youths showed that cannabis/marijuana also known as *mbanje* or *ganja* is the most abused substance in Gweru deanery. This is mainly because, it is easily accessible because some abusers grow it in

their backyards and some buy it from drug dealers, and the price is affordable. One respondent said:

*Mbanje is easily accessible because we can grow it in the garden or in flower beds and at times our parents do not even know that there is mbanje in the garden (Respondent 2).*

Other participants highlighted that they get it from vendors in the streets. The vendors pretend to be selling vegetables late at night yet they will be selling mbanje to their customers who usually come late at night. According to respondents, most of their dealers get it from Chipinge and transport it in bags because it can be compacted. *Mbanje* was reportedly affordable than other drugs such that one could get it for US\$1 for two stubs and was reportedly chosen as one quickly gets 'high'. It was indicated that *mbanje* is also a recreational drug since it enhances pleasure and excitement. It was reported that, the youths bury their sorrows of the socio-economic challenges and other day-to-day problems they face, by continuously abusing cannabinoids to avoid realities in their lives (Kabugi, 2019). Within the African tradition, mbanje was taken as a medicinal herb and communities openly used it. However, with colonialism, the 'herb' was made illegal and classified as a dangerous drug when drug-control laws made it an illegal crop. Physicians became increasingly concerned about cannabis use and mental illness in African societies (Klantschnig, 2014).

Youths also admitted that they abuse bronclee, mangemba, cane sprit, PP tablets (blue, white and pink), codeine, Tegu Tegu and ZED. They also take heroine, inhalants, Central nervous system depressants (Benzos), Methamphetamine (*mutoriro*), sleeping pills, steroids (anabolic), Nicotine and Vaping and prescription drugs and over the counter medicines such as Broncleer and Broncotron-D and sedatives.

These are some of the new drugs that have flooded the market replacing marijuana and glue especially to those who can afford. After taking them, they complain of being 'sticken', a common street name in Zimbabwe among drug abusers where by the youth pause, failing to coordinate their physical activity (Makande, 2017). One participant said that:

*Some of these drugs are so strong that you may stick for three days or so. We like these because, for the three days you do not feel hungry, you do not think or worry about life, you are just ok, you don't know whether its day or night and you forget about all your problems (Respondent, 5).*

This response shows that, drugs reduce their physical and mental pressures, such as fatigue, sadness, sorrow, so taking them help them to feel as if everything is ok.

In addition, the youths abuse a mixture of ethanol and emblement powders used in funeral parlours to preserve dead bodies. In Zimbabwe, this is commonly referred to as 'musombodhia.' If consumed in large quantities, this concentrated ethanol is extremely poisonous, especially to the central nervous system, causing seizures and coma, blindness, and even death (de Oliveira et al., 2016). However, youth drug abusers in Gweru use this blend because it is inexpensive and one can go for a long time before reaching sobriety.

From the interviews with the youth, it was also established that youths do what they call 'hotspot' or 'Bluetooth'. This is whereby they make sure that one of their counterparts who can afford expensive drugs gets intoxicated. They then use an injection syringe to obtain intoxicated blood from the same person, and they all inject themselves making sure that they all get drunk or intoxicated. No one checks the status of the person whose blood they are injecting themselves with or the syringes they are using such that, if the person is infected with a disease, the whole crew also gets infected.

Another participant highlighted that the Covid-19 pandemic taught them to experiment with so many things since they were quarantined and could not have access to their usual drugs. The participant said that they can make a drug out of corn snacks (Cerevita) and water. To do this, they mix the two and make sure that they ferment, later they drink the mixture which will now be alcoholic, and get drunk instantly. He also said that they also use Cerevita and orange juice to make drugs. In this case, they mix the two and a high percentage of alcohol is created from the mixture. When consumed, they get drunk and become high.

One youth, who is still in school, said that they also make drugs out of chalk dust. On this, it was stated that school children take the chalk dust when the chalk board is rubbed or chalk dust which peels off the chalk board when the teacher is writing or they can steal chinks from their teachers at school. They crush them and consume the dust by sniffing using ball point pen barrels. It was said:

*You cough a lot after taking the chalk powder but after that you will be fine; intoxicated and it makes you high (Participant 8).*

He further said that they do the same with Sherbert and Jolly Juice powder all in the name of getting intoxicated.



From the interviews, youths also highlighted that they used sanitizers as drugs in order to get high. Instead of protecting themselves from Covid 19, youths instead found a drug in sanitizers. One participant said that:

*Sanitizers have a high alcohol percentage so, if you inhale sanitizer for some time, you get intoxicated. You can even put sanitizer on your musk and wear it. It is the easiest way of getting intoxicated without getting caught by the teachers or parents at home (Participant 11).*

Other youths said that, there is a drug called 'Kozodo' which they also use to intoxicate themselves. According to them, this drug is very affordable, and can be mixed with Pepsi drink such that one can drink it anywhere without people noticing that it is a drug. It is usually sold in small bottles without labels and the youths know where to get it. One participant said:

*If you drink an overdose of Kozodo, you can stick for even three days then you will be fine on the fourth day. For those three days, you will not feel hungry, you will be so excited or you can just sleep (Participant 4).*

Another youth participant said that they also used green Geisha soap to intoxicate themselves. It was reported that, the youths crush or grate, boil it and drink the mixture from which they get intoxicated. This shows that drug abuse is now a pandemic and almost anything can be used to make drugs.

## **The role of the Catholic Church in combating drug and substance abuse**

The Catholic Church has been at the forefront of promoting spirituality as a way of combating drug and substance abuse among young people. The Catholic Church, in particular, has played a significant role in promoting Christian values and spirituality among the youths. Through its various programs, the church provides guidance and support to young people, helping them develop a sense of purpose, direction, and meaning in life. This, in turn, helps to reduce the likelihood of drug and substance use.

One of the participants who was interviewed reported the Catholic Church conducts education and awareness campaigns on drug and substance abuse in the Deanery regularly. Both old and young people are educated on the dangers of drug and substance abuse. This is usually done through workshops, seminars, awareness campaigns and youth congresses. By increasing knowledge and awareness, young people are hoped to make informed decisions about drug and substance use. The participant highlighted that in June 2023 in Gweru

Deanery, there was a workshop on drug and substance abuse; Catholic non-Catholics youths were invited to attend.

On such occasions, different stakeholders are usually invited and experts who include psychologists, counsellors, the police, social welfare and medical doctors attend to help educate the youths and old.

According to one of the participants:

*one of the programs that the Catholic Church has implemented to combat drug and substance abuse is the Youth Ministry. This program according to the participant, aims to provide young people with opportunities to develop their spiritual, social, and emotional well-being.*

*The Youth Ministry organizes various activities, such as retreats, camps, and workshops, which help young people to connect with their faith and with each other. These activities also provide a platform for young people to share their experiences and challenges, which helps them to feel less alone and more supported (Participant 13).*

Another participant, part of the clergy who participated in the study, said that, there is also another program that the Catholic Church has implemented to combat drug and substance abuse which is the Catholic Youth Network for Environmental Sustainability in Africa (CYNESA). He said:

*This program aims to promote environmental sustainability through the empowerment of young people. CYNESA provides training and resources to young people, enabling them to become advocates for environmental protection and sustainability. This program helps to instil a sense of purpose and responsibility in young people, which can help to prevent drug and substance abuse (Participant 16).*

The Catholic Church also provides counselling and support services to young people who are struggling with drug and substance abuse according to Participant 12.

The Catholic Church recognises that addiction is a complex issue that requires a multi-faceted approach. Therefore, it provides a range of services, such as counselling, therapy, and support groups, to help young people overcome addiction. In support of this idea, another participant also said that, the church also works closely with other organizations and agencies to provide holistic support to young people who are struggling with drug and substance abuse.

One of the participants, who is among the clergy and is also in charge of the Education Department of the Church, said that the Catholic Church also tries to combat drug and substance abuse through collaboration. The Catholic Church collaborates with other organisations and agencies to implement comprehensive programs to combat drug and substance abuse. This involves

partnerships with schools, community organizations, and government agencies to provide a coordinated approach to prevent drug and substance use. One of the participants said:

*Recently, we hosted inter-catholic games competitions, where all Catholic schools meet and compete in sports and theatre arts activities. We give them, for example, a drama theme to do with drug and substance abuse so that through that drama, they are able to teach each other about drug and substance abuse. They also participate in public speaking and debate using the same theme. This helps the church to try and make the youth be aware of drug and substance abuse (Participant 9).*

The Catholic Church, according to Participant 7, also provides support to families affected by drug and substance abuse. This involves providing counselling and support to parents and family members, as well as programs to help families cope with addiction. The church has so many hospitals with professional counsellors who can provide those services to the families. Some counsellors, also Catholic, but who work in various other institutions also provide free counselling services to families who are affected by drug and substance abuse.

During interviews, another participant highlighted that the Catholic Church provide mentorship programs for young people, connecting them with older individuals who can provide guidance and support. Mentoring programs were noted as helping young people develop positive relationships while providing them with positive role models. It was reported that there are mentors who work with the youths from the parish level up to the national level. These mentors help in guiding the youth about good behavior and provide them with life skills which helps to keep them busy.

The Catholic Church also provides aftercare programs for young people who have completed rehabilitation programs as highlighted by Participant 8.

Aftercare programs can help young people to maintain their sobriety and provide ongoing support as they make a transition back into their communities. They try to assist them so that they do not relapse.

### **Advantages of using the Catholic Church**

From the interviews which were held with youth advisers and the clergy, most of the participants highlighted that, there are several advantages of using the church as a way to combat drug and substance abuse among the youths. Some of these include the fact that, the Catholic Church is a trusted institution in Zimbabwe, and young youths are more likely to listen to messages about

drug and substance abuse prevention when they come from a trusted source. She said that;

*Because of its significant contribution to refocusing public discourse on prevention and treatment rather than punishment in relation to alcohol and other drugs, the Catholic church has widespread trust. This is deeply rooted in the Christian conviction that every person can change their behavior, and eventually, communities may as well (Participant 15).*

Another participant indicated that, the Catholic Church is accessible to many young people in Zimbabwe, with churches and programs located in many communities. This means that young people access programs and services aimed at preventing drug and substance abuse which is another advantage.

One participant also said the Catholic Church provides a sense of community and belonging for young people, which can help to reduce feelings of isolation and loneliness that can lead to drug and substance abuse and besides that, it promotes values such as respect, honesty, and self-discipline, which are crucial in preventing drug and substance abuse. By promoting these values, the church helps to create a positive environment for young people.

Another advantage which was highlighted by participants was that the church has a holistic approach towards drug and substance abuse. The Church takes a holistic approach to preventing drug and substance abuse by providing a range of programs and services that address the physical, emotional, and spiritual needs of young people. This approach can be more effective in preventing drug and substance abuse than a one-dimensional approach. Another participant also highlighted that, the Catholic church provides support and guidance to young people who are struggling with drug and substance abuse without judgment. This non-judgmental approach can help young people feel more comfortable seeking help and support, therefore making it the best approach to combat drug and substance abuse.

### **Disadvantages of using the Catholic Church to combat drug and substance**

While there are many advantages to using the Catholic Church as a way to combat drug and substance abuse among Zimbabwean youths, there are also some potential disadvantages that should be considered as highlighted by participants. The participants indicated that the Catholic Church is a religious institution, and its programs and services are based on Catholic teachings and beliefs. This may not be acceptable or appropriate for all young people, particularly those from different religious backgrounds or ethicists and this may

distract them from getting the help that they need. Another disadvantage as participants said is the issue of stigma. While the Catholic Church can provide a sense of community, and belonging, there may also be a stigma attached to seeking help from a religious institution. Some young people may be reluctant to seek help from the church for fear of being judged or stigmatized so they would decide to stay away.

## **Conclusion**

**F**rom the discussion of findings above, it can be concluded that:

- Drug and substance abuse is a growing concern among young people; however, the Catholic Church has been at the forefront of promoting spirituality and Christian values as a protective factor against drug and substance use.
- There are so many drugs around Gweru which are being used by the youth to intoxicate themselves nowadays.
- Through its various programs, such as the Youth Ministry and CYNESA, the Church provides guidance and support to young people, helping them to develop a sense of purpose, direction, and meaning in life.
- The church also provides counselling and support services to young people who are struggling with addiction through awareness campaigns, workshops, congresses, meetings among other activities, in order to promote drug and substance abuse awareness.
- By promoting spirituality and Christian values, the Catholic Church is helping to reduce the likelihood of drug and substance use among the youth today.
- Although there are so many advantages of using the church as a protective measure against drug and substance abuse, there are also some disadvantages such as the issue of religion and stigma.



## **Recommendation**

- To ensure the effectiveness of programs and services, the Catholic Church can work with addiction experts and other professionals to develop evidence-based programs. These programs should be based on the latest research and best practices in addiction prevention and treatment.
- Parents and guardians are encouraged to be as close as possible to their children so that they may be able to monitor them and guide them.
- To address religious conflict, the Catholic Church can foster interfaith dialogue and collaboration with other religious institutions. This could involve working together to promote shared values and goals related to addiction prevention and treatment, while respecting each other's religious beliefs and practices.
- To increase capacity, the Catholic Church can work to build partnerships and collaborations with other organizations and stakeholders. This could involve partnering with local governments, non-profit organizations, and other community groups to expand access to prevention and treatment services.
- To ensure the sustainability of programs and services, the Catholic Church can work to secure long-term funding and support. This could involve seeking out grants and other funding sources, as well as developing partnerships with other organisations to share resources and expertise.

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