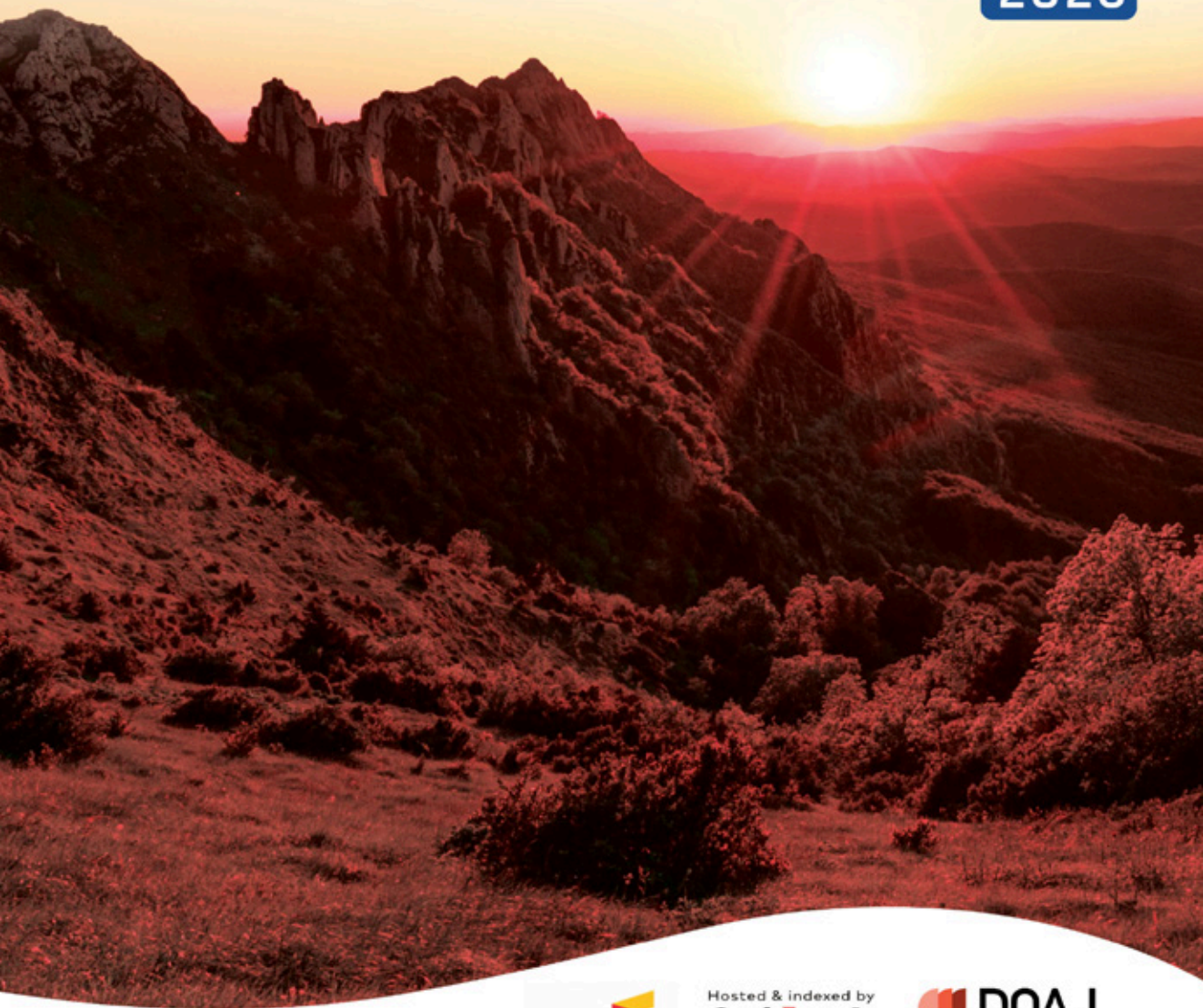


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Drug and substance abuse causes and consequences: A case of a state university community in Zimbabwe (2021-2022)

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Abstract

Substance abuse is a global phenomenon, and Zimbabwe is not immune to this pervasive pandemic throughout all segments of society. While the government has enhanced several policies and initiatives to deal with drug and substance abuse, Zimbabwe must design programmes that are multi-pronged and evidence-based. This study is based on research conducted in one state university community in Zimbabwe to appreciate drug and substance abuse among the students and employees at the university. The study focused on the push factors of drug and substance abuse such as peer pressure, stress, addiction, poverty, cultural ceremonies, family background and problems, easy access to illegal drugs and the prevalence of illicit drugs and substances. The study established consequences on users (students and employees), the university, families and communities, resulting in several socio-economic, psychological and physiological ills. The study also explores intervention efforts and challenges faced by stakeholders, namely, the government and law enforcement agents, civil society organisations, the state university and families. Against this backdrop, the study argues that there is rampant drug and substance abuse in the state university communities, resulting in notable effects on users and the community at large. The article concludes by recommending how various stakeholders and the government in Zimbabwe can jointly play a meaningful role in bringing substance abuse under control to ascertain human security among the students, workers and the surrounding community at large. The study adopts a qualitative approach, gathering data through focus groups and personal interviews from selected informants, and documentary analysis on the topic.

Keywords: Drug abuse, substance abuse, pandemic, addiction.

Introduction

The thrust of this study was to explore the causes and consequences of drug and substance abuse among students and employees at a state university in Zimbabwe, with a specific focus on one of its campuses during the period 2021–2022. The study concurs with Namada and Karimi (2022), who contend that drug and substance abuse constitutes one of the most pervasive and complex social and public health challenges confronting secondary schools and universities in Zimbabwe.

Evidence from research suggests that the prevalence of substance abuse escalated during the COVID-19 pandemic, with commonly abused substances including glue, Broncleer, *mangemba*, cane spirit, marijuana (*mbanje*), codeine, and methamphetamine/crystal meth (*mutoriro*) (ZIMFACT, 2021). The repercussions of substance abuse are profound and multifaceted, manifesting in severe social, economic, emotional, psychological, and physical consequences for both individuals and institutions.

Globally, the proliferation of illicit drug use has reached alarming proportions, transcending geographical, socio-economic, and cultural boundaries. No nation has been spared from the adverse effects associated with drug and substance abuse (Kundwei & John, 2020). Within this context, it becomes imperative to conceptualise the phenomenon with precision. Wainaina (2020) defines substance abuse as a maladaptive pattern of substance use that, although not necessarily indicative of dependence, disrupts key domains of functioning, including academic performance, occupational productivity, interpersonal relationships, and health outcomes. Similarly, Sahu and Sahu (2012) conceptualise substance abuse as the hazardous consumption of psychoactive substances such as alcohol, marijuana (*ganja/mbanje*), cough syrups, sedative tablets, cocaine, and tobacco. The authors further posit that substance abuse is often used interchangeably with drug abuse.

A drug may be understood as either a pharmaceutical preparation or a naturally occurring substance utilised to alter physiological, psychological, or biological states (Sahu & Sahu, 2012). While certain drugs possess legitimate therapeutic and medical applications, their misuse, whether legal or illegal, may result in harmful outcomes.

‘Drug use’ becomes drug abuse when substances are consumed for non-therapeutic purposes, or in quantities, frequencies, and methods that produce

psychological, physiological, behavioural, or social impairment. Importantly, virtually any substance, irrespective of its medical legitimacy, may become subject to abuse when used inappropriately (Sahu & Sahu, 2012). In this study, drug abuse is conceptualised as the use of substances in ways or quantities that are harmful to the individual or society. Such behaviour is typically characterised by compulsive drug-seeking tendencies and continued substance use despite known adverse consequences, thereby resulting in serious public health and social challenges (Namada & Karimi, 2022). This definition was adopted due to its conceptual clarity, consistency, and strong public health relevance. Against this backdrop, the study sought to unpack the socio-economic, psychological, institutional, and environmental factors driving drug and substance abuse, as well as its consequences on health, family relations, academic achievement, work performance, community wellbeing, and moral and ethical conduct.

Background

According to Ongwae (2016), drug and substance abuse has evolved into a deeply entrenched global socio-health crisis whose effects extend beyond individual pathology to undermine social stability, institutional productivity, and community wellbeing. Rather than constituting an isolated behavioural challenge, substance abuse increasingly reflects broader structural and socio-economic vulnerabilities affecting both developed and developing societies. Matowo (2013) estimated that nearly 200 million people, representing approximately 5% of the global population aged between 15 and 64 years, had engaged in drug use or abuse.

Such statistics illustrate the scale and transnational character of the phenomenon, while simultaneously exposing the limitations of conventional regulatory and rehabilitative frameworks in containing substance-related disorders. The implications are multidimensional, affecting public health systems, economic productivity, social cohesion, cultural norms, and national security structures. In the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2017), evidence from countries such as Nigeria, India, and South Africa demonstrates that learning institutions have increasingly become critical sites for the proliferation of substance abuse, with students engaging in the consumption of tobacco, miraa (khat), cannabis (blang), alcohol, cocaine, mandrax, and heroin. The variation in substances abused across regions further suggests that drug abuse is not merely an individual moral failing, but rather

a socially and geographically mediated phenomenon shaped by availability, cultural acceptance, economic conditions, and transnational drug networks.

Ngesu, Ndiku and Masese (2008) argued that no nation has remained insulated from the destructive consequences associated with drug and substance abuse. Their assertion underscores the globalisation of illicit drug economies and the increasing penetration of psychoactive substances into educational and occupational spaces. The accessibility and availability of drugs within communities and institutions have significantly normalised experimentation and consumption, particularly among youths transitioning from secondary education into tertiary learning environments. This growing normalisation has profound implications for institutional culture and performance.

In the Zimbabwean context, Mpofu (2011) observed that substance abuse among students and employees increasingly compromises both academic performance and workplace productivity, thereby transforming drug abuse from a personal health issue into a broader developmental and institutional governance challenge. Similarly, Chikuvadze (2023) contend that substance abuse among learners is strongly associated with academic failure, behavioural instability, school dropout, and social dislocation, suggesting that educational institutions are becoming vulnerable spaces where psychological distress, peer influence, and socio-economic precarity converge to reinforce harmful coping mechanisms.

Within occupational settings, the consequences of drug and substance abuse assume both economic and organisational dimensions. Njoki (2019), together with Frone and Brown (2010), argue that alcohol and substance abuse significantly erode organisational efficiency through absenteeism, presenteeism, workplace accidents, deteriorating interpersonal relations, and declining employee productivity. These outcomes reveal that substance abuse not only affects individual users but also disrupts organisational systems, labour relations, and service delivery processes. Mitchell, Driscoll and Healey (2004) further argue that substance-induced workplace accidents impose avoidable financial liabilities on employers, including compensation costs, medical expenses, and operational disruptions. In the United States, Smith (2004) estimated that employers lose approximately US\$81 billion annually due to drug-related expenditure and productivity losses. Njoki (2019) similarly posits that substance abuse contributes to increased insurance claims, chronic fatigue, excessive sick leave, reduced organisational morale, and the diversion

of productive time towards drug-related activities. Collectively, these studies demonstrate that drug and substance abuse constitutes not merely a health crisis, but also an economic and institutional threat with significant implications for human capital development and organisational sustainability.

As educational institutions and workplaces continue to experience escalating levels of drug and substance abuse, scholars increasingly argue that intervention frameworks must move beyond punitive approaches towards more preventative, psychosocial, and structural responses. Ongwae (2016), alongside Chikuvadze (2023), contends that the persistence of substance abuse within educational settings reflects broader failures in psychosocial support systems, value formation, and institutional responsiveness. Consequently, stakeholders within the education sector are increasingly compelled to design strategies aimed at equipping learners with critical life skills, resilience mechanisms, and awareness programmes capable of reducing vulnerability to substance abuse. Within occupational environments, organisations are similarly encouraged to institutionalise employee wellness programmes, counselling services, and sustained awareness campaigns targeting the behavioural and psychological dimensions of substance abuse. Existing scholarship on the causes, consequences, and intervention strategies associated with drug and substance abuse, therefore, provides an important analytical foundation for interrogating how the phenomenon manifests within specific institutional contexts. It is against this backdrop that the present study sought to investigate the causes and consequences of drug and substance abuse among students and employees at a public university in Zimbabwe.

Guided by this context, the study sought to answer the following research questions: What are the major causes and consequences of drug and substance abuse among students and employees at the state university? Which drugs and substances are most abused? How are these drugs and substances accessed and distributed within the university environment? What intervention strategies may be employed to curb drug and substance abuse within the university community?

Literature Review

Drug and substance abuse within university communities is understood as a multidimensional public-health, developmental and institutional problem rather than simply an expression of individual irresponsibility. Research locates harmful substance use within interactions among psychological vulnerability, peer relationships, family socialisation, economic insecurity, organisational culture, substance availability and institutional responses (Bandura, 1986, 2001; Degenhardt et al., 2016; Winters et al., 2021; WHO, 2022; UNODC, 2024). This multilevel interpretation is consistent with the background to the present study, which identifies stress, peer pressure, poverty, family problems, workplace frustration, illicit-drug availability and weak enforcement as interconnected drivers affecting both students and employees. The university must, therefore, be approached not merely as a physical location in which substance use occurs, but as an organisational and social environment that can either intensify or reduce behavioural risk.

The Zimbabwean situation demands analytical caution. Although public concern about alcohol, cannabis, methamphetamine, codeine-containing preparations and locally produced substances has intensified, the national evidence base remains fragmented. Marandure et al. (2023) argue that many claims about a nationwide substance-use crisis rely heavily on anecdotal reports, institutional records and media accounts rather than integrated prevalence data. Their observation does not diminish the seriousness of the problem; instead, it demonstrates the need for context-specific empirical studies capable of showing how substance use is experienced and sustained within institutions. Mukwenha et al. (2022) similarly associate growing substance use among Zimbabwean adolescents and youths during the COVID-19 period with disrupted education, unemployment, isolation, anxiety and diminished economic opportunities. These studies position substance use within a changing political-economic environment rather than presenting it as culturally static or morally predetermined (Mukwenha et al., 2022; Marandure et al., 2023; WHO, 2022).

Social Cognitive Theory provides a useful analytical bridge between these contextual conditions and the study's empirical concerns. Bandura (1986, 1991, 2001) conceptualises behaviour as the outcome of reciprocal interaction among personal cognition, enacted conduct and environmental influences. Individuals observe behaviour, interpret its rewards and costs, develop expectations

regarding likely outcomes and reproduce conduct that appears socially or psychologically rewarding. Substance use may be acquired through modelling, perceived social approval, coping expectations and reinforcement rather than through direct coercion alone (Giovazolias & Themeli, 2014; Smith, 2021; Winters et al., 2021). Reciprocal determinism is especially relevant because it recognises that users are influenced by their environments while simultaneously altering those environments through their conduct. Substance use may initially arise from stress or peer association, but its consequences, academic failure, workplace conflict, family tension or disciplinary action, generate new conditions that may either discourage consumption or intensify it.

The theory also explains why individuals exposed to similar university environments do not display identical behaviour. Peer exposure, financial hardship or workplace frustration does not automatically produce substance abuse. Behaviour is mediated by self-efficacy, prior experience, moral judgement, coping capacity, perceived risk and anticipated consequences (Bandura, 1991, 2001; Giovazolias & Themeli, 2014; Schunk & DiBenedetto, 2020). One student may associate alcohol or drugs with friendship, confidence and emotional relief, whereas another may associate them with illness, family disapproval or academic loss. Social Cognitive Theory, therefore, avoids environmental determinism by retaining individual agency. Nevertheless, agency is structurally constrained. Confidence in avoiding drugs or adopting alternative coping practices is more difficult to sustain where students face food insecurity, inadequate accommodation, limited counselling services and weak social support, or where employees experience poor remuneration and occupational instability (WHO, 2022; Mukwenha et al., 2022; Marandure et al., 2023).

Peer influence is one of the most consistently identified correlates of substance use among adolescents and emerging adults, but it should not be reduced to direct pressure. Borsari and Carey (2001) distinguish overt offers from modelling and perceived social norms, while Keyzers et al. (2020) demonstrate that peer pressure may influence emerging-adult substance use in both harmful and protective directions. Students may consume substances because repeated observation creates the impression that use is widespread, socially approved or necessary for belonging. Descriptive norms communicate what peers are believed to do, while injunctive norms communicate what peers appear to approve (Borsari & Carey, 2001; Neighbors et al., 2007; Frone & Brown, 2010).

Misperceptions may therefore exaggerate the apparent prevalence of drug or alcohol consumption and lower perceived risk.

Peer processes are also reciprocal. Young adults may select friends who share pre-existing attitudes towards substances, while membership of those networks subsequently reinforces consumption (Brechtwald & Prinstein, 2011; Allen et al., 2012; Montgomery et al., 2020). Substance-using groups are therefore not simply external forces acting upon passive students; they are relational networks in which members jointly reproduce norms, exchange information about accessibility and reward conformity. Social media has widened these observational environments by circulating representations that associate drinking or drug use with popularity, leisure and confidence (Moreno & Whitehill, 2014; Curtis et al., 2018; Hendriks et al., 2018). However, digital media is not inherently causative. It may also support prevention and treatment-seeking. Its influence depends on which behavioural scripts are repeatedly presented, who communicates them and what forms of social approval accompany them.

Psychological distress provides another important connection between the study's background and theoretical framework. Students frequently encounter academic overload, assessment anxiety, relationship difficulties, loneliness, financial strain and uncertain employment prospects (Auerbach et al., 2018; Bantjes et al., 2019; Limone & Toto, 2022). Employees may experience occupational pressure, inadequate remuneration, strained supervisory relations and organisational injustice (Frone & Brown, 2010; Frone, 2016, 2022). Such conditions do not inevitably cause substance abuse, but they can encourage individuals to develop expectations that alcohol or drugs offer emotional relief, confidence, wakefulness or temporary escape.

The self-medication perspective proposes that individuals may consume psychoactive substances to regulate distressing emotional states (Khantzian, 1997). Social Cognitive Theory extends this explanation by showing how short-term relief reinforces repeated behaviour. When consumption temporarily reduces anxiety or frustration, the individual learns to associate the substance with relief, increasing the likelihood of future use (Bandura, 1986; Giovazolias & Themeli, 2014). Yet this relief is temporary and potentially counterproductive. Continued use may weaken confidence in healthier coping strategies while producing academic, occupational, financial and interpersonal consequences that generate further stress. The relationship between distress and substance use is therefore recursive: distress may precede consumption, but consumption

may also deepen the conditions that originally stimulated it (WHO, 2022; Winters et al., 2021).

This relationship is particularly significant in Zimbabwe, where mental-health and substance-use services remain constrained. The WHO investment case identifies persistent limitations in financing, specialist personnel, treatment access and community-based support for mental, neurological and substance-use conditions (WHO, 2022). University counselling services may constitute the first or only accessible form of psychosocial support for many students and employees. Where such services are understaffed, stigmatised or poorly publicised, individuals may rely on informal coping practices that include substance use. The central issue is consequently not merely deficient personal resilience, but also the institutional availability and credibility of alternatives.

Family relationships similarly influence behaviour through modelling, monitoring, emotional support and the transmission of attitudes towards substances (Velleman et al., 2005; Ryan et al., 2010; Stone et al., 2012). Parental substance use may normalise consumption, while conflict, violence, inconsistent supervision and emotional neglect may increase vulnerability. However, family-deficit explanations become reductionist when they imply that students from difficult homes inevitably develop substance-use problems. University entry exposes students to competing sources of behavioural authority, including peers, lecturers, intimate partners, religious communities, employers and digital influencers. Family experiences may thus be reinforced, modified or challenged by subsequent environments. The relevant analytical question is not simply whether a participant comes from a “stable” or “dysfunctional” family, but how family relations interact with economic support, emotional security, residential conditions and peer networks.

Economic insecurity also operates through several pathways rather than as a direct cause. Poverty can generate chronic stress, unstable accommodation, food insecurity and limited access to recreation or counselling, thereby making immediate relief more attractive (WHO, 2022; Mukwenha et al., 2022). Financially distressed students may become vulnerable to exploitative relationships or informal distribution networks, whereas affluent students may possess greater purchasing power and privacy to sustain consumption. Economic position can therefore influence both vulnerability and market demand. The manuscript’s account of financially distressed students being recruited by “drug lords” or drawn into transactional relationships illustrates how material hardship may

intersect with social learning and environmental opportunity rather than independently producing substance abuse.

University employees require equal analytical attention. Much research frames university substance abuse primarily as a student problem, yet universities are also workplaces in which organisational norms affect employee behaviour. Frone and Brown (2010) found that workplace descriptive and injunctive norms predict employee substance use and impairment, while Frone (2016, 2022) connects occupational stress, coping motives and recovery-supportive workplace cultures to substance-use outcomes. Employees may serve as users, role models, informal suppliers, observers, security actors or providers of institutional support. Their conduct can therefore reinforce or contradict formal prevention messages. Campaigns that condemn student consumption while ignoring employee stress, drinking cultures or possible involvement in distribution risk appearing inconsistent and losing institutional legitimacy.

Availability provides the material link between behavioural willingness and actual consumption. Positive expectations or peer approval cannot sustain substance use where substances remain inaccessible. Zimbabwe's National Drug Master Plan identifies porous borders, diverted pharmaceutical products, informal production, illicit markets and enforcement weaknesses as components of the national drug environment (Ministry of Health and Child Care, 2020). Universities are porous institutions connected to surrounding suburbs, transport networks, pharmacies, entertainment spaces, informal markets and off-campus accommodation. Accessibility is, therefore, relational and spatial: substances may be difficult to obtain for individuals outside trusted networks but readily available to those embedded within them. The present manuscript similarly identifies surrounding residential communities, informal markets, employees and student networks as potential access points.

Perceived enforcement also shapes behaviour. Where students or employees observe others buying, selling or consuming substances without consequences, they may infer that sanctions are weak, inconsistent or negotiable. Environmental permissiveness therefore communicates behavioural information: it suggests that substances are available and that institutional risks are manageable. Punishment without confidential counselling and treatment pathways may intensify concealment, stigma and reluctance to seek assistance. Supply control and behavioural support must therefore operate together rather than as competing strategies (UNODC & WHO, 2018; UNODC, 2020; WHO, 2022).

The consequences of harmful substance use extend beyond individual health. Among students, they may include impaired concentration, absenteeism, disrupted sleep, missed assessments, unsafe behaviour, financial depletion and withdrawal from study. Among employees, effects may include presenteeism, workplace conflict, accidents, absenteeism and reduced productivity (Frone & Brown, 2010; Frone, 2016; WHO, 2022). Causality, however, remains complex. Substance use may contribute to academic decline, but academic failure may also increase distress and stimulate consumption. Workplace conflict may arise from intoxication or constitute a prior stressor encouraging use. Social Cognitive Theory accommodates this complexity because consequences function as feedback: declining performance, disciplinary action and family conflict alter self-beliefs and environmental pressures, potentially discouraging use or reinforcing it where substances remain the dominant coping mechanism.

Intervention literature rejects awareness campaigns and punishment as sufficient standalone responses. The UNODC and WHO prevention standards emphasise evidence-based, developmentally appropriate and multisectoral interventions involving families, educational institutions, health services, communities and regulatory authorities (UNODC & WHO, 2018). Knowledge alone seldom changes behaviour where consumption provides immediate emotional or social rewards. Social Cognitive Theory identifies more precise intervention points: correcting exaggerated peer norms, strengthening refusal and coping self-efficacy, modelling healthy behaviour, reducing favourable outcome expectations and reinforcing treatment-seeking (Bandura, 2001; Giovazolias & Themeli, 2014; Botvin & Griffin, 2014). Life-skills interventions are particularly relevant because they address social resistance, decision-making, emotional regulation and behavioural competence rather than merely communicating danger.

A university-wide response should combine confidential counselling, peer education, employee wellness, treatment referral, family engagement, clear disciplinary rules and cooperation with surrounding communities. Employee-focused mechanisms are essential because staff welfare and organisational culture form part of the behavioural environment experienced by students. Drug testing and punitive controls, where considered, require ethical safeguards, confidentiality, confirmatory procedures and referral options. Otherwise, institutions may identify exposure without addressing dependence, stress, social reinforcement or supply environments.

The literature demonstrates that university substance abuse emerges through reciprocal interactions among peer modelling, coping beliefs, family relations, economic insecurity, workplace culture, institutional support and material accessibility. Three gaps remain. First, Zimbabwean evidence is fragmented and requires institution-specific qualitative inquiry. Second, most university studies privilege students while underexamining employees who share and shape the same organisational ecology. Third, existing studies frequently list causes and consequences without explaining the mechanisms connecting environment, cognition, reinforcement and institutional outcomes. The current study addresses these gaps by analysing how students and employees within a Zimbabwean state university understand the causes, accessibility, consequences and control of drug and substance abuse. Social Cognitive Theory, therefore, functions as the explanatory connection between the study's background and empirical investigation, showing how environmental conditions become behaviourally meaningful through modelling, outcome expectations, self-efficacy and reinforcement.

Theoretical Framework

This study is anchored in Social Cognitive Theory, advanced by Albert Bandura (1991). The theory emphasises the role of self-beliefs, cognition, and environmental influences in shaping human behaviour, motivation, and decision-making. It posits that individuals exercise varying degrees of control over their thoughts, emotions, and actions through a self-regulatory system (Smith, 2017). Behaviour is, therefore, understood as a product of reciprocal interactions between personal, behavioural, and environmental factors. According to Giovazolias and Themeli (2014), individuals who engage in drug and substance abuse often develop favourable attitudes towards substance use through observation and imitation of peers. Substance abuse is, thus, socially learned and reinforced within environments where drug use is normalised. Njoki (2019) further highlights the concept of self-efficacy, referring to an individual's belief in their capacity to manage life circumstances and behavioural outcomes. Individuals with weakened coping mechanisms may resort to substance abuse as a maladaptive response to stress and socio-economic pressures.

Within the context of the public university in question, Social Cognitive Theory provides a useful framework for appreciating how peer influence, socio-economic challenges, environmental exposure, and psychological pressures

collectively shape patterns of drug and substance abuse among students and employees.

Methodology

This study adopted a qualitative research design to investigate the causes and consequences of drug and substance abuse among students and employees at a Zimbabwean public university. A qualitative approach was considered appropriate because it facilitates an in-depth exploration of participants' lived experiences, perceptions and interpretations of complex social phenomena within their natural context (Creswell & Poth, 2018; Denzin & Lincoln, 2018). Given the sensitive nature of substance abuse, the design enabled participants to describe their experiences and observations in ways that quantitative methods would have been unlikely to capture.

The study was conducted at the university's main campus (Campus A), whose population comprises approximately 14,000 students and employees. A total of 55 participants were selected using a combination of purposive and snowball sampling. Purposive sampling was employed to identify information-rich participants, including lecturers, departmental heads, non-academic staff and health personnel, because of their institutional responsibilities and interaction with individuals affected by substance abuse (Patton, 2015). Snowball sampling complemented this process by facilitating access to students and employees with relevant experiences through peer referrals, an approach widely recommended when researching sensitive or concealed populations (Noy, 2008).

The sample comprised 40 students who participated in five focus group discussions (FGDs) of eight participants each and 15 in-depth interview participants, consisting of 10 employees (academic and non-academic staff) and five students. To safeguard confidentiality, focus groups were coded FGD1–FGD5, while interview participants were assigned pseudonymous identifiers P1–P15.

Data were collected from both primary and secondary sources. Secondary data were obtained through documentary analysis of peer-reviewed journal articles, policy documents, conference papers and unpublished theses relating to drug and substance abuse. The documentary review informed the conceptualisation of the study and assisted in identifying empirical and contextual gaps. Primary data were generated through semi-structured in-depth interviews and focus group discussions conducted on campus and in surrounding residential areas

where many students and employees reside. Interviews lasted between 45 and 60 minutes, while focus group discussions ranged from 60 to 90 minutes. With participants' consent, all sessions were audio-recorded, transcribed verbatim and supplemented with field notes to enhance contextual richness and analytical accuracy.

Data were analysed using qualitative thematic analysis, following the six-phase framework proposed by Braun and Clarke (2006, 2024). Transcripts were read repeatedly to achieve data familiarisation before meaningful units were coded systematically. Related codes were then organised into categories and subsequently synthesised into overarching themes that reflected participants' accounts of the causes and consequences of drug and substance abuse. Documentary evidence was analysed through qualitative content analysis, enabling triangulation between documentary sources and participants' narratives, thereby enhancing the credibility and trustworthiness of the findings (Bowen, 2009; Lincoln & Guba, 1985).

Ethical principles were observed throughout the study. Ethical approval was obtained from the university authorities prior to data collection. Participation was voluntary, and written informed consent was obtained from all participants. Confidentiality and anonymity were maintained using pseudonyms and coded identifiers, while all electronic transcripts and field notes were securely stored and accessed only by the researchers. These procedures enhanced the ethical integrity, credibility, dependability and confirmability of the study (Lincoln & Guba, 1985).

Findings

The primary and documentary data were analysed in relation to the study's central objective of examining the causes and consequences of drug and substance abuse among students and employees at the state university. Participants provided experiential accounts of the prevalence, accessibility and institutional implications of substance use within the university community. The findings indicate that drug and substance abuse is not attributable to a single cause; rather, it arises from interacting social, psychological, familial, economic, occupational and environmental pressures. Consistent with Social Cognitive Theory, these influences shape behaviour through modelling, reinforcement, outcome expectations and perceived control, while substance-use behaviour simultaneously modifies the individual's social and institutional environment (Bandura, 1986, 1991, 2001; Giovazolias & Themeli, 2014; Winters et al., 2021).

Causes of Drug and Substance Abuse

Participants in FGD1 and FGD5 identified peer influence as a major driver of drug and substance abuse among both male and female students. Substance use was reportedly encouraged by the desire to belong to particular social groups, imitate friends, manage academic pressure and achieve what some participants perceived as improved concentration or prolonged wakefulness. One focus-group participant explained:

Both female and male students abuse drugs for various reasons, including peer pressure, the belief that drugs improve concentration during study, difficult family backgrounds, stress, anxiety and frustration, addiction, and media influence. (FGD1)

The account demonstrates that peer influence operates through more than direct coercion. Students may observe others consuming alcohol or drugs, associate the behaviour with confidence, sociability, academic endurance or emotional relief, and subsequently reproduce it. Social Cognitive Theory explains this process through observational learning: behaviours that appear to generate desirable outcomes are more likely to be imitated, particularly where they receive social approval or produce immediate psychological rewards (Bandura, 1986, 2001; Giovazolias & Themeli, 2014). Descriptive norms, beliefs about what peers commonly do, and injunctive norms, beliefs about what peers approve, may therefore normalise substance use even where actual consumption is less widespread than students assume (Borsari & Carey, 2001; Neighbors et al., 2007; Frone & Brown, 2010).

The perceived use of substances to enhance academic performance is particularly significant. Students may consume stimulants or other substances in the expectation that these will improve concentration, reduce fatigue or enable them to study for longer periods. Such beliefs represent positive outcome expectations rather than objectively established academic benefits. Continued use may be reinforced when a student temporarily remains awake, or experiences increased alertness, despite possible deterioration in sleep quality, judgement, memory and longer-term academic engagement. The findings therefore suggest that prevention initiatives should challenge not only drug use itself but also the beliefs that portray substances as effective academic aids.

Participants further reported that media and digital platforms contribute to the normalisation of substance use. Substance-related content can associate alcohol and drugs with leisure, attractiveness, confidence and social status,

thereby extending observational learning beyond immediate friendship networks (Moreno & Whitehill, 2014; Curtis et al., 2018; Hendriks et al., 2018). However, media exposure should not be treated as an automatic cause. Its effect depends on how users interpret the representations, the credibility of the models involved and the social rewards attached to the behaviour. The finding nonetheless demonstrates that contemporary substance-use interventions must engage both face-to-face and digital environments.

Stress, anxiety and maladaptive coping

Stress, anxiety, depression and frustration emerged consistently across the focus-group and interview data. Participants indicated that some students use alcohol and drugs to obtain temporary emotional relief from academic pressure, financial difficulty, loneliness, relationship problems and uncertainty about their futures. Muwanzi and Mafumbate (2018) similarly associate substance use with attempts to elevate mood, reduce distress and cope with anxiety or depression. Research among university populations further indicates that academic workload, financial strain, social isolation and uncertain employment prospects can intensify psychological vulnerability, although these pressures do not inevitably lead to substance abuse (Auerbach et al., 2018; Bantjes et al., 2019; Limone & Toto, 2022).

From a social-cognitive perspective, the central mechanism is the learned expectation that a substance can regulate negative emotions. When intoxication temporarily suppresses distress, the relief functions as reinforcement and increases the likelihood that the behaviour will recur (Bandura, 1986; Khantzian, 1997; Giovazolias & Themeli, 2014). Yet the relief is temporary and may generate further academic, financial and interpersonal difficulties. Substance use can therefore form a recursive cycle in which distress encourages consumption, while the consequences of consumption create additional distress. This relationship is consistent with reciprocal determinism because behaviour reshapes the personal and environmental conditions that initially produced it (Bandura, 1991, 2001; Winters et al., 2021).

The findings consequently challenge explanations that attribute substance abuse exclusively to weak character or poor discipline. Although personal choice remains relevant, coping choices are shaped by available support systems, prior learning, perceived alternatives and confidence in non-substance coping strategies. Where counselling services are inaccessible, poorly publicised or stigmatised, students may rely on peers or substances as

informal forms of emotional regulation. The institutional environment therefore influences whether stress is managed through constructive support or harmful consumption.

Socio-cultural exposure and normalisation

Participants also situated substance use within wider social and cultural environments. Alcohol consumption was associated with weddings, funerals, graduation celebrations, birthday parties, political events, Christmas gatherings, *kutamba bira*, *kurova makuva* and *panyaradzo*. Muwanzi and Mafumbate (2018) similarly observe that substance consumption occurs across diverse ceremonial and social settings in Zimbabwe, while Mpofu et al. (2003) associate repeated exposure to alcohol-centred environments with increased vulnerability to harmful drinking.

These findings should, however, be interpreted cautiously. The presence of alcohol at a cultural ceremony does not itself constitute abuse, nor should indigenous practices be pathologised. The more analytically relevant issue is how repeated exposure shapes expectations about when, why and how substances may be consumed. Ceremonial and social settings may model consumption as normal adult behaviour, but whether such exposure develops into harmful use depends on frequency, quantity, self-control, peer norms and subsequent impairment. Social Cognitive Theory is useful here because it directs attention to modelling and reinforcement rather than assuming that culture directly causes dependency (Bandura, 1986, 2001).

The findings, therefore, indicate that socialisation environments may both regulate and normalise consumption. Where communities maintain clear behavioural limits, social practices may constrain excessive use. Where intoxication is celebrated, weakly regulated or closely linked to masculinity, status and sociability, individuals may develop favourable expectations regarding substance use. The distinction between culturally situated consumption and harmful dependency is consequently essential.

Family instability, parental modelling and weakened supervision

Family background emerged as another prominent explanation. Participants associated substance abuse with family conflict, divorce, gender-based violence, orphanhood, parental migration, inconsistent discipline, emotional neglect, poverty and excessive privilege. Existing research similarly indicates that parental monitoring, family attachment, household conflict and caregiver

substance use can shape young people's vulnerability to harmful consumption (Newcomb & Loeb, 1999; Velleman et al., 2005; Ryan et al., 2010; Stone et al., 2012).

Parental or caregiver substance use can operate as behavioural modelling by presenting alcohol or drugs as normal responses to celebration, stress or conflict. Inconsistent monitoring may also reduce opportunities for early detection and intervention. Vaillant and Milofsky (1982) associate parental substance use with ineffective supervision and unstable disciplinary practices, while Matowo (2013) argues that employment and socio-economic pressures can limit the time available for parental guidance. Participants further suggested that peers, social media and other digital influences increasingly occupy gaps in family supervision.

Some participants perceived contemporary rights-based approaches to child discipline as having weakened parental authority. This view should be reported as a participant interpretation rather than treated as an established causal fact. Human-rights protections do not eliminate parental guidance; instead, they prohibit abusive and degrading forms of punishment. The finding may, therefore, reflect uncertainty about how families can maintain effective, non-violent discipline within changing social and legal environments. The more defensible interpretation is that inconsistent boundaries, weak communication and inadequate supervision may increase vulnerability, rather than that human rights themselves cause substance abuse.

Family conditions should also not be interpreted deterministically. Many students exposed to family disruption do not abuse drugs, while students from stable or affluent households may still engage in harmful use. University entry introduces new behavioural models and support networks that may reinforce, challenge or replace earlier family influences. The relevant issue is therefore how family experiences interact with peer groups, financial security, emotional support and individual coping efficacy.

Poverty, exploitation and transactional relationships

Participants P4, P5 and P15 identified poverty and financial distress as factors that expose students to exploitative relationships and drug-distribution networks. P15 explained:

Students distressed by poverty may be presented as being "rescued" by drug dealers or

financially powerful partners who recruit them to sell drugs or provide money in exchange for sexual favours. They may be introduced to substances to reduce fear, shame or resistance. Alcohol or drugs may also be used to impair another person's judgement to facilitate sexual activity. (P15)

This account shows that socio-economic vulnerability can create entry points into drug markets and transactional relationships. Poverty does not directly or inevitably cause substance use; rather, it constrains choices, increases stress and makes apparently supportive but exploitative networks more attractive. Students may be recruited into selling drugs as a source of income or introduced to substances within relationships characterised by unequal financial power. Mukwenha et al. (2022) similarly link youth substance use in Zimbabwe to unemployment, social disruption, and declining economic opportunities, while Marandure et al. (2023) emphasise the need for context-specific evidence on the pathways through which economic vulnerability translates into consumption.

The participant's account also raises serious concerns about the use of alcohol or drugs to impair judgement in sexual situations. Such conduct cannot be understood merely as ordinary peer influence; it involves coercion, exploitation and heightened vulnerability to sexual violence and other harms. The findings, therefore, demonstrate that substance abuse intersects with gender, economic power and personal safety. Institutional interventions should consequently integrate substance-use prevention with sexual-violence prevention, student financial support and confidential reporting mechanisms.

Earlier interpretation linked this account to Smith (2017), but the stronger theoretical explanation derives directly from Social Cognitive Theory. Students may learn substance-use behaviour through repeated exposure to networks in which drug dealing, transactional relationships and intoxication are rewarded materially or socially. Outcome expectations reduced self-efficacy and constrained alternatives may then reproduce the behaviour (Bandura, 1986, 1991, 2001). Nevertheless, this should not be interpreted as complete loss of agency. Rather, agency is exercised within conditions marked by significant economic and relational constraints.

Occupational stress and employee substance use

Participants P1, P7 and members of FGD4 reported that substance abuse also occurs among academic and non-academic employees. They associated employee consumption with inadequate remuneration, economic insecurity,

excessive workloads, strained supervisory relationships and toxic workplace interactions. One participant stated:

The national economic crisis has resulted in low salaries, while difficult relationships with supervisors and colleagues create frustration, anxiety and depression. Some employees consequently turn to alcohol, mbanje and mutoriro as ways of coping with occupational and personal stress. (P7)

This finding demonstrates that substance abuse at the university cannot be reduced to a student problem. The university is also a workplace in which organisational conditions, colleague behaviour and perceived workplace norms shape employee conduct. Njoki's (2019) study of employees in a Kenyan insurance company similarly identified workload, pressure to meet deadlines, poor remuneration, unfulfilled organisational promises, peer influence, financial difficulties and marital instability as factors associated with employee drug use. Frone and Brown (2010) further demonstrate that workplace descriptive and injunctive norms predict employee substance use and impairment, while Frone (2016) links occupational stress to alcohol use through negative affect and coping motives.

As with students, low salaries and difficult working conditions should not be treated as automatic causes. Their behavioural influence is mediated by coping beliefs, availability, peer modelling and organisational tolerance. Employees who repeatedly observe colleagues using alcohol or drugs to manage frustration may come to view such behaviour as acceptable or effective. Temporary relief then reinforces continued consumption, despite possible consequences for health, productivity and workplace relationships (Bandura, 2001; Frone, 2016, 2022).

The inclusion of employees is therefore a major contribution of the study. Employees may be substance users, behavioural models, observers, informal suppliers, disciplinary actors or providers of support. Their conduct shapes the institutional environment experienced by students. Prevention campaigns that focus exclusively on students while overlooking employee stress and workplace culture risk producing fragmented and potentially contradictory institutional messages.

The findings demonstrate that drug and substance abuse at the state university is produced through intersecting social, psychological, familial, economic and organisational processes. Peer modelling and media exposure shape perceived norms; academic and occupational distress increase the appeal of temporary

relief; family instability may weaken protective support; economic vulnerability exposes students to exploitative networks; and workplace conditions influence employee coping behaviour. These factors are mutually reinforcing rather than independent.

Social Cognitive Theory explains how these broader conditions become behaviourally consequential through observation, outcome expectations, self-efficacy and reinforcement (Bandura, 1986, 1991, 2001). The findings, however, also extend the theory by showing that agency is exercised within unequal material and institutional environments. Substance abuse within the university should therefore be addressed through an integrated framework combining psychosocial support, peer-norm interventions, employee wellness, financial assistance, family engagement, protection from exploitation and institutional regulation of substance accessibility.

Sources and accessibility of Drugs and Substances

The findings revealed that the accessibility of drugs and substances within the university community is shaped by interconnected social, institutional and environmental factors rather than by individual demand alone. Participants consistently indicated that the university is embedded within wider community networks that facilitate the distribution and consumption of illicit substances. P10, together with participants in FGD2 and FGD3, reported that some students allegedly obtain drugs through fellow students involved in distribution networks, while others access them from certain employees seeking to supplement their meagre salaries. Participants further identified surrounding residential areas such as Shumba, Nzou and Katsi as important supply points where drugs are readily available through informal markets and established distribution bases.

Both students and employees who abuse drugs access them from some employees who sell the substances to supplement their meagre salaries. Students connected to 'drug lords' are also given drugs to sell and benefit from the proceeds. Furthermore, Shumba, Nzou and Katsi are locations where drugs are easily sourced.

The findings suggest that substance accessibility extends beyond the physical boundaries of the university. The campus exists within a broader socio-economic environment where residential communities, entertainment facilities, informal markets and transport networks create opportunities for drug distribution. Participants observed that social interaction within these environments enables students and employees to identify suppliers and establish networks through

which substances are obtained. Similar observations were made by Namada and Karimi (2021), who argue that the commercial and residential environment surrounding educational institutions significantly influences students' exposure to drugs and substances. Entertainment outlets, restaurants, transport hubs and informal businesses often become contact points through which illicit substances are distributed.

The findings further revealed that participants perceived ineffective law enforcement as another major contributor to drug accessibility. Participants P3, P14, P15 and FGD1 argued that porous national borders, corruption and weak regulatory systems have increased the availability of illicit drugs, while some controlled pharmaceutical products are allegedly sold without appropriate medical prescriptions.

Ineffective law enforcement, porous borders and corruption have made illegal drugs widely available, while some pharmacies sell controlled medicines without prescriptions.

These perceptions are consistent with the Zimbabwe National Drug Master Plan (2020), which identifies porous borders, illicit cross-border trafficking, local production and weak enforcement mechanisms as major drivers of drug proliferation in Zimbabwe. Rather than viewing accessibility solely as a university problem, participants recognised that institutional challenges mirror broader national weaknesses in regulating drug production, importation and distribution. However, these assertions should be interpreted as participants' perceptions rather than independently verified evidence of criminal activity.

Globalisation and technological change also emerged as important factors influencing accessibility. Participants P9, P13, FGD4 and FGD5 explained that social media platforms, informal communication networks and public transport systems have made it easier to identify suppliers and exchange information about drug availability. Participants described how coded messages and local symbols circulating through communities assist users in locating suppliers without openly advertising illicit activities.

The findings indicate that accessibility is therefore both physical and social. Drugs are available because supply networks exist, but they are also accessible because information concerning their availability circulates through friendship networks, digital platforms and community interactions. Social Cognitive Theory explains this relationship through observational learning and reciprocal determinism (Bandura, 1986, 2001). Individuals learn where and how to obtain

substances by observing others, while repeated participation in these networks reinforces their continued existence. Substance accessibility is therefore sustained through the interaction between environmental opportunity, social learning and behavioural reinforcement.

Participants also expressed concern over the growing use of locally manufactured substances such as *mutoriro*, *musombodia* and *mudzepete*, together with the misuse of household and industrial products. These substances were perceived as inexpensive, readily available and increasingly attractive to financially disadvantaged users. Similar concerns are highlighted in the Zimbabwe National Drug Master Plan (2020), which identifies the proliferation of locally manufactured intoxicants as an emerging public-health challenge. The availability of these substances suggests that interventions focusing exclusively on imported illicit drugs are unlikely to be sufficient, as users increasingly substitute locally produced alternatives.

The findings demonstrate that drug accessibility within the university results from the interaction of community-based supply networks, weak regulatory systems, economic hardship, social learning processes and technological communication. Consequently, reducing drug availability requires coordinated action involving university authorities, surrounding communities, law-enforcement agencies, health regulators and local authorities rather than isolated campus-based interventions alone.

Participants consistently described drug and substance abuse as having profound psychological, academic, occupational, social and economic consequences that extend beyond individual users to affect families, colleagues and the university as an institution. FGD1, FGD5, P2 and P13 associated substance abuse with poor mental health, impaired judgement, absenteeism, declining academic performance, workplace inefficiency and risky behaviour.

Drug and substance abuse has resulted in mental health problems that lead to dropping out of school, absenteeism from work or studies, mood instability, fatigue, prolonged sleeping, poor concentration, antisocial behaviour and increased vulnerability to sexually transmitted infections, particularly where intoxicated individuals are coerced. (P13)

These findings demonstrate that substance abuse affects both psychological wellbeing and educational outcomes. Participants explained that prolonged drug use compromises concentration, memory, motivation and decision-making, resulting in missed lectures, failure to complete assignments, examination failure and, in severe cases, withdrawal from university for rehabilitation. Similar

observations have been reported by Muwanzi and Mafumbate (2018), who associate substance abuse with cognitive impairment, memory blackouts and reduced academic performance. Social Cognitive Theory explains this pattern through reciprocal determinism, whereby substance use initially adopted to cope with stress subsequently generates academic failure, which, in turn, reinforces further substance use as individuals attempt to escape worsening emotional distress (Bandura, 1986, 2001).

The consequences were equally evident among university employees. Participants P1, P6, P7 and P13 reported that substance abuse contributes to absenteeism, reduced productivity, workplace conflict, poor judgement and declining professional responsibility. Employees experiencing dependency were perceived to miss work because of hangovers, arrests, illness or involvement in criminal activities associated with substance abuse. These findings support workplace studies demonstrating that substance abuse reduces employee productivity through absenteeism, impaired performance and increased workplace accidents (Frone & Brown, 2010; Frone, 2016). Consequently, the university incurs indirect costs through reduced service delivery, increased supervision, staff replacement and declining organisational efficiency.

Participants also highlighted wider social and economic consequences. P3, P6, P9, P11 and FGD5 associated substance abuse with theft, unsafe sexual practices, financial irresponsibility, family conflict and workplace indiscipline. Students were reported to misuse tuition fees and living allowances to finance drug consumption, while some employees allegedly engaged in informal drug sales to supplement inadequate incomes. Families consequently experienced additional financial burdens through medical expenses, repeated tuition payments and rehabilitation costs. These findings illustrate that substance abuse is not merely an individual health problem but a broader developmental challenge affecting households, institutional performance and community wellbeing.

The findings further revealed that participants regarded effective intervention as requiring collaboration among multiple stakeholders rather than relying exclusively on punitive measures. P13 and P15 emphasised stronger law enforcement, improved border security, closer cooperation between the Zimbabwe Republic Police and university security personnel, and consistent application of existing drug legislation. Participants nevertheless argued that enforcement effectiveness is undermined by poverty and inadequate

remuneration among security personnel, creating opportunities for corruption and weakening institutional responses.

While participants strongly supported stricter enforcement, they also recognised that enforcement alone cannot eliminate substance abuse. FGD2, P5, P7 and P11 recommended a comprehensive university-wide response comprising compulsory drug education, peer education programmes, counselling services, group therapy, improved employee welfare and stronger parental involvement. Participants argued that students should receive continuous education on the dangers of substance abuse while simultaneously accessing confidential psychosocial support to address stress, anxiety and other underlying causes of drug use.

The recommendations align with the United Nations Office on Drugs and Crime (UNODC) International Standards on Drug Use Prevention, which advocate integrated interventions combining prevention education, counselling, family support, community participation and effective law enforcement. Rather than focusing exclusively on punishment, prevention programmes should strengthen students' self-efficacy, resilience, decision-making skills and ability to resist peer pressure while promoting healthier coping strategies (UNODC & WHO, 2018). Similarly, Social Cognitive Theory suggests that sustainable behavioural change requires modifying both the environment that reinforces substance use and individuals' beliefs regarding alternative coping mechanisms (Bandura, 2001).

Participants also emphasised the importance of improving employee welfare through adequate remuneration, supportive supervision and healthier working environments. They argued that reducing occupational stress would minimise employees' reliance on alcohol and other substances as coping mechanisms. Likewise, parents and guardians were encouraged to strengthen communication, supervision and moral guidance while working collaboratively with the university to identify behavioural problems before they escalate into substance dependence.

The findings demonstrate that drug and substance abuse within the university is a multidimensional phenomenon driven by interacting social, economic, psychological and institutional factors. Its consequences extend beyond individual users to undermine academic achievement, workplace productivity, family wellbeing and institutional effectiveness. The study therefore supports

a whole-university approach that integrates prevention education, counselling, employee wellness programmes, peer support, family engagement, effective law enforcement and coordinated stakeholder collaboration. Such an integrated strategy addresses both the structural conditions that facilitate substance abuse and the psychosocial processes through which harmful behaviours are learned, reinforced and sustained.

Conclusion

The study found that drug and substance abuse is a significant challenge affecting both students and employees at a state university. Participants identified alcohol, *mbanje*, methamphetamine (*mutoriro*), BronClear cough syrup, glue, cigarettes, weed cakes and other locally improvised substances as the most abused drugs. These substances were perceived to be readily accessible through surrounding residential communities, informal markets, retail outlets, some pharmacies, student distribution networks and organised drug suppliers operating around the university.

The findings indicate that substance abuse is driven by interacting psychological, social, economic and institutional factors, including peer pressure, stress, dysfunctional family backgrounds, financial hardship, low salaries and toxic working environments. Participants further associated substance abuse with poor academic performance, absenteeism, workplace indiscipline, mental and physical health problems, risky sexual behaviour, violence and financial burdens on families. The study concludes that addressing substance abuse requires a comprehensive university-wide approach combining prevention education, counselling and rehabilitation services, employee wellness programmes, strengthened law enforcement, community partnerships and interventions that address the underlying socio-economic and psychosocial factors sustaining substance abuse.

Recommendations

Based on the findings, the study recommends that the public university adopts a comprehensive, whole-university approach to preventing and managing drug and substance abuse. The University should strengthen employee welfare through improved remuneration, supportive working conditions and employee wellness programmes to reduce occupational stress associated with substance use.

Student support services should be expanded by providing accessible counselling, psychosocial support, peer education and financial assistance for vulnerable students. A compulsory university-wide drug and substance abuse awareness module should be introduced to promote informed decision-making and resilience. Regular awareness campaigns, workshops and outreach programmes should complement these initiatives.

The University should also strengthen campus security and collaborate with the state police, health authorities and surrounding communities to disrupt drug supply networks and improve surveillance around the campus. Parents and guardians should be actively engaged in prevention programmes through awareness initiatives that promote positive parenting, communication and early intervention. At the national level, government should strengthen the enforcement of existing drug-control legislation while enhancing rehabilitation services and addressing the socio-economic conditions that increase vulnerability to drug and substance abuse.

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