

# Lived Experiences of Families Supporting Early Adult Siblings with Drug and Substance Use Disorders - Insights from Chitungwiza, Zimbabwe

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## ABSTRACT

This study explored the experiences of families with early adulthood siblings who abuse drugs and substances. A qualitative research approach was employed and a sample was drawn from Chitungwiza (n =8), comprising four families with male siblings and four families with female siblings who were abusing drugs and substances. Data were collected using Focus Group Discussions (FGDs), and narrative analysis was applied. The findings revealed that families were experiencing significant emotional distress, including grief and loss, anxiety, anger, stress and depression. Relationship challenges were also reported such as conflict, helplessness, mistrust, and attempts to conceal behaviours. Practical challenges included financial burdens, social isolation, and legal consequences. Based on these findings, the study recommends that families consider individual and family therapy to address the impact of drug and substance abuse. Families are also encouraged to join support groups with others facing similar challenges, prioritize education on drug and substance abuse, support treatment engagement, celebrate progress and practice patience. Furthermore, the government should develop evidence based policies and programmes addressing drug and substance abuse, increase funding for treatment and support services, and promote research to inform policy and practice. Public –private partnership should also be strengthened to enhance prevention, treatment and rehabilitation efforts. Civic organisations should advocate for policy changes that support drug and substance abuse prevention, treatment and recovery, provide continuous services, such as counselling/therapy, support groups for families affected by drug and substance abuse, monitor trends and evaluate programmes linked to drug and substance abuse.

**Keywords:** Drug, substance, abuse, early adulthood, emotional relationships/practical relationships.

## INTRODUCTION

Zimbabwe is facing a growing crisis of drug and substance abuse which is having far reaching consequences for individuals, families, communities and the nation as a whole. The problem is widespread, affecting people of all ages, backgrounds and socio-economic statuses. The consequences of drug and substance abuse are far reaching, including devastating mental health impacts, the penetration of gender based violence and drug related crimes and economic stagnation. With families torn apart and human potential squandered. Reports of drug and substance abuse practices are frequently reported by several groups and or organisations, including the government, media, civil society, schools, churches, family support groups and United Nations agencies.

## BACKGROUND OF STUDY

Substance use in Africa is on the rise, with projections estimating a 40% increase in people who abuse drugs and substances between 2018 and 2030 (United Nations World Drug Report, 2022). According to Donnenfeld et al (2022), this represents the largest increase globally, with Sub-Saharan Africa projected to have the highest increase when compared to other regions in the world.

Southern African region has been plagued by the scourge of drug and substance abuse, with many countries struggling to contain the problem. For instance South Africa is notorious for its high levels of crystal methamphetamine production and consumption, while Mozambique has become a significant transit point for

heroin and other illicit substances. In Botswana, the abuse of alcohol and marijuana is widespread, particularly among the youths. Even more disturbing is the emergency of new Psychoactive Drugs and Substances (NPS) in the region. In Namibia, the rise of NPS, such as flaka and khat has become increasingly prevalent particularly among young people. Similarly in Zambia, the abuse of marijuana and other substances is a significant concern (Herald News Paper, 2025).

Denya (2024) indicated that approximately 1 in 30 households in Zimbabwe is affected by drug and substance abuse, which translates to over 533,334 individuals nationwide. According to Denya, the crisis has spiralled out of control, despite the combined efforts of various stake holders, drug and substance abuse remains a persistent problem in Zimbabwe. He went further and stated that the crisis has led to a significant increase in mental health issues with around 60% of institutionalised patients struggling with drug and substance related challenges. While rehabilitation centres are currently treating around 5 000 individuals, thousands or more remain without access to vital support.

Dzenga (2023) highlighted commonly abused drugs in Zimbabwe as follows: Methamphetamine (crystal meth) commonly known as mutoriro/meth/chalk. Bronclee (Bronco), Chlorpromazine (maragado/mangemba/cane spirit), Cocaine, Cannabis (mbanje/marijuana). In reality, individuals who can afford to indulge in expensive and hard-hitting drugs and substances like cocaine and heroin are often from affluent families. These individuals have financial means to sustain cocaine and heroin habits, which downplays the notion that unemployment is the primary driver of drug and substance abuse in Zimbabwe. In contrast individuals from lower income backgrounds are more likely to turn to cheaper and more accessible drugs and substances like illicit brews and crystal meth (Herald News Paper, 2025).

Statistics compiled in 2021 by the Zimbabwe Civil Liberties and Drug Network revealed that 60% of Psychiatric admissions countrywide are due to drug and substance abuse (News Day, 2024). It is sad that women and girls are being admitted for drug and substance abuse. The figures are rising although lower than those for males (Sunday News, 2023). There are also worrying signs, not least, drug and substance abuse has been linked to HIV and AIDS, a battle that was thought to be won by Government but could be fuelled by the drug and substance abuse crisis (Ministry of Health & Child Care - Government of Zimbabwe, 2023).

### **Multi-Sectorial drug and substance abuse plan (2024-2030)**

In 2023, the drug and substance abuse problem was declared a state of national disaster, with the government noting the problem had reached alarming levels, jeopardising not only the present but also the future (Chronicle News Paper, 2023). There is a general consensus that drug and substance abuse problem can lead to catastrophic results on the county's development agenda if not urgently addressed.

In a move to tackle the growing scourge of drug and substance abuse, government launched the Zimbabwe MultiSectorial Drug and Substance Abuse Plan (2024-2030). The comprehensive plan, developed through a collaborative effort involving various government ministries, agencies and stakeholders aims to create "A healthy and secure nation, free from illicit drug and substances over the next six years. The blueprint spells a multi-prolonged approach, focusing on seven critical pillars: Supply reduction, demand reduction, harm reduction, treatment and rehabilitation, psychosocial support and community reintegration, policy and legal enforcement and media and communication (UNICEF Report, 2024).

### **Aim of the study**

The aim of the study was to reveal experiences of families with early adulthood siblings abusing drugs and substances.

### **Objectives**

The specific objectives of this study are to:

- a. To probe experiences of families with early adulthood siblings abusing drugs and substances.

- b. Identify psychological elements being experienced by families with early adulthood siblings abusing drugs and substances.
- c. Identifying socio-economic challenges faced by families with early adulthood siblings abusing drugs and substances.
- d. Recommending effective ways in prevention of drug and substance abuse.
- e. Recommending effective ways in treatment and management of drug and substance addicts.

### Research questions

The specific research questions of this study are as follows:

- a. What are the experiences of families with early adulthood siblings abusing drugs and substances?
- b. What are the psychological elements faced by families with early adulthood siblings abusing drugs and substances?
- c. What are the socio-economic challenges faced by families with early adulthood siblings abusing drugs and substances?
- d. What effective ways can be recommended in preventing drug and substance abuse?
- e. What effective ways can be recommended in treatment and management of drug and substance addicts?

### METHODOLOGY

The researcher adopted a qualitative research approach, which according to Bhanadari (2025) involves collecting and analysing non-numerical data to understand concepts, opinions or experiences. Notably the strength of qualitative studies lies in their ability to provide textual and complex descriptions of why and how people experience certain phenomena (Cleland, 2017). According to Terry et al, it has the ability to explain processes and patterns of human behaviour that can be difficult to quantify. It is also adaptable as researchers pivot and revise research questions during a study. They reshape the research process as new insights emerge (Arora; 2025). Furthermore the findings of qualitative research can inform theory development, both through the generation of new theoretical formulations as well as by providing an opportunity to revise existing theories in light of new information (Willing; 2019). Its limitations are based on potential bias in data interpretation, time consuming data collection and analysis and challenges replicating the study (Vaughan, 2021).

A phenomenology research design was also incorporated, the design investigates the everyday experiences of human beings while suspending the researcher's preconceived assumptions about the phenomenon. In other words phenomenological research studies lived experiences to gain deeper insights into how people understand these experiences (Delve & Limpacher, 2022).

### Participants and Sampling

The sample frame included families in Chitungwiza . Having sampling frame is important in research as it helps researchers define the target population, target population selection, generalizability of findings and documentation (Kayonde-Sanni; 2024). Hence a combination of list-based sampling frame and location – based sampling frame was used (Akma; 2023).

Eight families participated in the research and were based in Chitungwiza and each family was represented with three members at most .Four families have male siblings and the other four have female siblings who were abusing drugs and substances all of early adulthood stage. Early adulthood refers to the period of adulthood typically ranging from approximately 20 to 39 years, characterised by significant life events such as graduation, starting a job or forming a family (International Encyclopaedia of Social & Behavioural Sciences, 2001).Drug

and substance abuse refers to use of illegal drugs or the use of prescription or over – the – counter drugs or substances for the purpose other than those for which they are meant to be used, or in excessive amounts (US Department of Health & Human Services,2025).

Convenience sampling was used to identify participants through the assistance of psychologists, counsellors and social workers in public, private institutions and Non-Governmental Organisations (NGO's).This method, convenience sampling was chosen because of the geographical proximity, availability at a given time and willingness to participate in the study (Nikolopoulou, 2023).Only families with early adulthood siblings abusing drugs and substances were considered.

### **Ethical considerations**

Participation in the study was on voluntary and the aim of the study was explained to families before the interviews. Informed consent was obtained from all participants who verbally agreed to take part in the study. Confidentiality was observed throughout the study. The right to withdraw from the study was explained and debriefing was done to provide closure, answer questions and ensure participants well-being.

### **Data collection procedure and instruments**

Focus Group Discussions (FGD) were conducted and unlike other research methods, they encourages discussions with other participants. The overall objective was to get close to participants understanding of perspectives on the topic rather than generating generalizable data (Miller,2000 cited by Brown,2018).The group process activated during an FGDs helped to identify and clarify shared knowledge among participants, which would otherwise be difficult to obtain with a series of individual interviews (Eeuwijk & Agehrn,2017).

The researcher used a facilitator's guide in moderating the discussions and the discussions followed a structured guide also. FGDs took two weeks, this depended on the availability of participants. A note book was used to write themes that came during the FGDs and note any observations during the discussions. Follow up discussions were conducted online to gather data which might have been missed during face to face discussions. This then paved way for clinical and formal assessments of depression, stress, anger and anxiety.

### **Data cleaning**

Data cleaning was conducted, it refers to the process of identifying and removing invalid data points from a dataset (Data Wiz Knowledge Base; 2025).The following six steps according to Costanzo were observed: discovering data, structuring data, cleaning data ,enriching data, validating data and publishing data. Participants were conducted through telephone to clarify both relevant and irrelevant data.

### **Data analysis**

Narrative analysis was incorporated, it is used to understand how individuals create stories from their personal experiences. The researcher emphasized on understanding the context in which the narratives were constructed, recognizing the influence of historical, cultural and social factors on storytelling (Mc Leod, 2024).More so the following steps according to Auton & Craicy (2023) were followed: reading and re-reading the transcripts, identifying events in the transcripts as told by the participants ,identifying experiences of the participants and note any images, feelings, reactions or meanings ascribed to experiences by participants, note explanations and excuses as told by participants, identify the sequence of events and key characteristics including plot lines and imagery used in the narratives and explore what this might represent, identify the beginning-middle-end of story.

### **Findings Of the Study**

#### **Emotional experiences**

Families are experiencing grief due to the loss of loved ones to drug and substance use disorders. There is anxiety linked to safety, health and well-being as well as potential consequences of addiction. Furthermore, families are angry and resentful towards their loved ones for that behaviour linked to drug and substance abuse. There is an

element of sadness and feeling guilt for not being able to prevent and or manage the situation. Stress and depression are also being experienced with their management being complicated because of relapses.

**NB:** Depression, stress, anger and anxiety were assessed online.

### **Relationship experiences**

Relationships are being strained within the families, leading to conflicts. Some feel helpless in their efforts to support their loved ones, some think that there is a hand of spiritual forces which fuel misunderstandings on which way to follow regarding treatment and management. Relating to the above mentioned trust is being compromised as families struggle to trust their loved ones due to drug and substance disorders. Nevertheless, some enable their loved ones behaviour by providing financial support, covering up for their behaviour.

### **Practical experiences**

Drug and substance disorders are placing a significant financial burden on families including the costs of treatment, especially on rehabilitation. Private institutions are very expensive in Zimbabwe and public institutions are overwhelmed and not coping well. Social isolation is being witnessed as families are sometimes avoiding social situations or feel embarrassed about the behaviour of their loved ones. Health concerns are being considered as families worry about physical and mental health, including the risk of overdose and diseases. Families are witnessing some drug addicts in the communities dying because of overdoses and diseases linked to drug and substance disorders. On the legal side there are issues of arrests attributed to ant social behaviour and termination of employment through medical boards or any other method depending with company policies.

## **DISCUSSION**

The findings suggest that families are experiencing grief due to the loss of loved ones to drug and substance abuse. As per the view of the researcher there is an element of ambiguous loss, which was described by Boss (1970) cited by Mooney (2023) as losses that are unclear or unconfirmed. In drug and substance abuse related situations there is psychological ambiguous loss, a person is psychologically absent but physically present. The person will be there in body, but disconnected emotionally or cognitively. In other words there are “here but not here”.

The experience of ambiguous loss can bring unrelenting confusion and unending torment as the mind tries to make sense of the situation .The goal of grief shifts from achieving closure to learning to live with the grief by finding meaning (Boss, 1970 cited by Mooney, 2023).Further more Mouton (2023) stated that ambiguous grief often leads to prolonged and complicated grief because of lack of recognition.

Drug and substance abuse causes’ significant emotional distress for family members who often experience a range of intense feelings such as anxiety, anger, sadness and guilty. These emotions can be triggered by witnessing a loved one decline or fearing for their safety. Family members may feel powerless, leading to frustration and helplessness. The on-going cycle of stress creates a cycle of anxiety and depression impacting overall emotional well-being (Buccaro, 2024).

Family members can feel guilty about the situation, resulting in self-blame tendencies. According to Hooker (2013) self-blame is the attribution that consequences one experiences are a direct result of one’s actions or character. This can manifest from various forms, including blaming oneself for flows and behavioural self-blame thus blaming specific actions. Self-blame may be either beneficial or harmful depending on if it leads to positive behaviour or increased negative affectivity and lack of behaviour change.

Drug and substance abuse of one family member can affect the entire family, leading to conflicts and family dynamics. The Family System Theory views the family as an interconnected and interdependent emotional unit where individual member’s behaviours are influenced by the relationships and patterns within the system. Key concepts include interdependency, systematic approach, emotional unit, hierarchal structure, feedback loops,

boundaries, homeostasis, subsystems, differentiation of self, emotional fusion, triangles, family projection process, multigenerational transmission and sibling position (Cohen, 2023).

Spiritual forces side was raised, Stackelroth (2021) explains the spiritual forces as supernatural meaning “outside the natural”, it is impossible to scientifically test using natural laws. Anything that conforms to natural laws is no longer supernatural. For that reason, the question “are spiritual forces real?” cannot be proven or disproven definitively one way or the other. However, just because it cannot be proved beyond doubt doesn’t mean we can’t examine the evidence and attempt to explain these beliefs persist.

Transpersonal theory by Abraham Maslow (1962) and Ken Wilber (1979) cited by Princy (2019) focuses on spiritual experiences, higher states of consciousness and self-actualisation. Thus it proposes that there are developmental stages beyond the adult ego, which involve experiences of connectedness with phenomena considered the boundaries of the ego. In healthy individuals, these developmental stages can engender the highest human qualities, including altruism, creativity and initiative wisdom. For persons lacking healthy ego development, however such experiences can lead to psychosis. Superficially, transpersonal states look similar to psychosis.

Spiritual crisis is not an official diagnostic term, but generally serves as a description of certain types of delusions and beliefs that can accompany serious mental health episodes. Symptoms include hallucinations, delusions, disorganised thinking, confusion, social withdrawal, declining self-care, difficulty responding to reality among others. It also focus on spiritual or religious beliefs (ReachLink; 2025).

The concept of spiritual forces can vary widely depending on cultural, religious and personal beliefs. The relationship between spirituality and drug and substance abuse is complex and further research is needed to fully understand the connections and potential benefits of spiritual interventions in recovery.

Trust is being compromised because of drug and substance abuse within family set ups. Trust perspective bring in the idea that trust is fundamental for higher functioning in all human systems, from family, friendships, work teams and social institutions. Every individual, group and organisation operates within a particular range along the continuum of high fear and high trust. The higher the level of trust, the more creative, innovative, dynamic and effective the group or organisation will be. In chronically low-trust environments, people “show up” less and less over time. There is an ever growing gap between what is expressed and what is underneath (Sotherland, 2024).

As some family members enable their loved ones behaviour by providing financial support and covering up for their behaviour, this usually leads to co-dependency. Sutton (2024) highlighted that co-dependency is linked to a relationship where one’s person behaviour significantly impact another, often leading to an imbalance of power and responsibility. This imbalance can manifest as one person enabling another’s self-destructive behaviours such as addiction or unhealthy relationships. Characterized by excessive emotional reliance on others, difficulty with boundaries and a tendency of prioritizing others needs over one’s own. Arman et al (2021) went further and explains that co-dependency can occur in any environment, individuals expecting too much support from one another, setting inappropriate boundaries and displaying unfounded loyalty.

Families affected by drug and substance disorders may experience a decline in financial resources due to cost of treatment, lost work and potential legal issues. They may also experience a decline in non-financial resources such as emotional support due to the strain relationship and emotional toll of caring for an addicted family member. According to Buccaro (2024), lack of resources can lead to a range of negative consequences for family functioning, for instance reduced financial resources can cause stress and conflict, while lack of emotional support can lead to social isolation and emotional distress. Families with fewer resources may have a harder time accessing necessary support services such as counselling and therapy, which increase the risk of addiction continuing and potentially worsening the situation for the addicted family member and other family members.

At the heart of the resource theory is the insight that humans rarely satisfy their physical and psychological needs in isolation and that social interactions and relationships provide the means by which individuals can obtain

needed resources from others such as love, services, goods, money, information and status (American Psychological Association,2020).

In relation to social isolation or withdrawal linked to family members abusing drugs and substances. It occurs when a person intentionally avoids opportunities to interact with others. Experiencing emotions like anger, shame and low self-esteem. The condition is usually rooted in anxiety, mood disorders or personality. When people choose to limit their opportunities for connection, it can lead to issues that impact their emotional, mental and physical well-being. It can even put them at risk of anxiety, depression, dementia or heart attack (Dexter, 2024).

In Zimbabwe individuals caught in possession of controlled drugs and substances may face charges ranging from misdemeanours to felonies, depending on the type and quantity of the drugs or substances, additionally, trafficking or distribution charges can result in severe penalties, including lengthy prison sentences. Other crimes are committed to sustain the addiction, the desperate need to feed an addict can drive individuals to commit crimes such as theft, fraud or robbery to obtain money for drugs and substances. On employment issues, many employees have strict policies against drug and substance abuse and can lead to termination or suspension. In addition to potential loss of income, individuals may struggle to secure future employment due to tarnished drug and substance abuse or criminal records.

The law plays a significant role in fostering accountability among citizens, government and private players. However existing legislation on drug and substance abuse in Zimbabwe does not adequately address challenges related to the issue. The Dangerous Drugs ACT (Chapter 15:02) and Criminal Law (Codification & Reform) ACT (Chapter 9:23) have not stayed up to date with current thinking on ways of mitigation, drug and substance abuse. Similar sentiments are shared in the National Strategic Plan on Mental Health Services, 2019 – 2023 (Accountability Lab Zimbabwe, 2023).

## **RECOMMENDATIONS**

### **Family recommendations**

- Should consider individual and family therapies to address the impact of drug and substance abuse.
- Should consider joining support groups with others experiencing similar problems.
- Should prioritize education about drug and substance abuse.
- Should encourage treatment, celebrate progress and be patient.

### **Government recommendations**

- Should develop policies and programmes linked to drug and substance abuse based on scientific evidence and practices.
- Should increase funding for drug and substance abuse prevention, treatment, management and support services.
- Should support research on drug and substance abuse to inform policy and practice.
- There should be public – private partnership to leverage resources and expertise in addressing drug and substance abuse.

### **Civic organisations recommendations**

- Advocate for policy changes that support drug and substance abuse prevention, treatment and recovery.

- Provide continuous services, such as counselling/therapy, support groups for families affected by drug and substance abuse.
- Monitor trends, and evaluate programmes linked to drug and substance abuse.

### Future research recommendations

The research was a Chitungwiza case study and focused on experiences of families with early adulthood siblings abusing drugs and substances, therefore in future a broader scope can be useful in exploring other age groups such as middle and older adulthood.

## CONCLUSION

Drug and substance abuse have devastating effects not on the user only, but to the family set up as well. The effects can be both short-term and long-term. Drug and substance abuse brings with it emotional distress (anxiety, anger, guilt, stress and depression). Family relations are also compromised resulting in conflicts, feeling helpless, thinking that there are spiritual forces behind. Practically drug and substance abuse results in financial burden on families. Also social isolation can be rampant. The legal side also come with it, rules and regulations which when not observed can result in negative consequences. Hence ways to prevent drug and substance abuse, treatment and management of addicts and would be addicts need a collaborative approach of government, civic organisations, families and society as at large.

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