An Assessment of Social-economic Behaviors Among Drug and Substances Abusers in Harare, Zimbabwe.

Natsai Gwitiri[1], Patricia Mambwe[2]

[1]Department of Environmental Health, School of Medicine and Health Sciences, Rusangu University, Box 660391, Monze, Zambia

[2]Department of Nursing, School of Medicine and Health Sciences, Rusangu University, Box 660391, Monze, Zambia

DOI: https://doi.org/10.47772/IJRISS.2026.100700256

Received: 11 July 2026; Accepted: 16 July 2026; Published: 29 July 2026

ABSTRACT

Drug and substance abuse have emerged as a significant public health and socio-economic challenge in Zimbabwe, particularly in urban areas such as Harare, where increasing numbers of young people are affected. The misuse of drugs and psychoactive substances has been associated with unemployment, poverty, family instability, criminal activities, poor health outcomes, and reduced productivity, thereby affecting both individuals and society (United Nations Office on Drugs and Crime (UNODC), 2023; World Health Organization (WHO), 2022). Understanding the socio-economic behaviors displayed by drug and substance abusers is essential for developing effective intervention strategies and informing evidence-based policy.

The study aimed to identify the socio-economic behaviors displayed by drug and substance abusers in Harare, Zimbabwe. Specifically, it examined how substance abuse influences employment, income generation, family relationships, educational attainment, social interactions, criminal behavior, and participation in community life. A mixed-methods research design was adopted, utilizing structured questionnaires, semi-structured interviews, and focus group discussions involving recovering drug users, healthcare professionals, social workers, and community stakeholders.

The findings revealed that drug and substance abuse is associated with several socio-economic behaviors, including unemployment and irregular income generation, dependence on family members, engagement in informal or criminal activities to sustain drug use, social isolation, poor interpersonal relationships, school dropout, reduced workplace productivity, and increased involvement in risky behaviors. The study further found that stigma and discrimination exacerbate these socio-economic challenges by limiting employment opportunities, reducing access to social support networks, and discouraging affected individuals from seeking treatment and rehabilitation services (Corrigan et al., 2017).

The study concludes that the socio-economic behaviors displayed by drug and substance abusers are shaped by a combination of addiction, poverty, unemployment, family dynamics, and social exclusion. It recommends strengthening community-based rehabilitation programmes, expanding employment and vocational training opportunities, enhancing family support systems, implementing public awareness campaigns to reduce stigma, and promoting multi-sectoral collaboration among government agencies, healthcare providers, civil society organizations, and local communities to facilitate successful rehabilitation and socio-economic reintegration.

Key words: Substance abuse, rehabilitation centers, socio-economic behavior

BACKGROUND INFORMATION

Drug and substance abuse have become one of the most pressing public health and socio-economic challenges globally. According to the United Nations Office on Drugs and Crime (UNODC, 2023), approximately 296 million people aged between 15 and 64 years used illicit drugs worldwide in 2021, representing a significant

increase over the previous decade. Cannabis remains the most commonly used illicit drug, with an estimated 219–243 million users globally, while the misuse of opioids, cocaine, amphetamine-type stimulants, and new psychoactive substances continues to rise (UNODC, 2023). The World Health Organization (WHO, 2022) notes that drug and substance abuse contribute substantially to the global burden of disease through mental disorders, disability, premature mortality, reduced productivity, and increased healthcare costs.

Beyond its health consequences, drug and substance abuse has profound socio-economic implications. Individuals who abuse drugs often experience behavioral changes that negatively affect their education, employment, family relationships, financial stability, and participation in community life. Research indicates that substance abuse is associated with increased unemployment, school dropout, family conflict, criminal activities, homelessness, poverty, and reduced economic productivity (National Institute on Drug Abuse (NIDA), 2024; WHO, 2022). These socio-economic behaviors not only affect individuals but also place significant social and economic burdens on families, communities, employers, healthcare systems, and government.

In many countries, socio-economic factors both contribute to and result from drug and substance abuse. Poverty, inequality, unemployment, peer influence, family dysfunction, rapid urbanization, and limited access to education and employment opportunities have been identified as major drivers of substance abuse, particularly among young people (UNODC, 2023). At the same time, prolonged drug use often reinforces these socio-economic challenges by reducing individuals' capacity to maintain employment, generate stable incomes, sustain healthy relationships, and participate productively in society (Volkow & Blanco, 2023). Consequently, drug and substance abuse create a cycle in which socio-economic disadvantage and substance dependence reinforce each other.

The problem of drug and substance abuse has increased considerably across sub-Saharan Africa (e.g. Zimbabwe). Rapid urbanization, population growth, youth unemployment, and expanding illicit drug markets have contributed to rising levels of substance use in many African countries (Castelpietra et al., 2019). UNODC (2023) reports that cannabis remains the most widely consumed illicit drug in Southern Africa, while the non-medical use of prescribed medicines, methamphetamine, codeine-based cough syrups, and other psychoactive substances is becoming increasingly common. These trends have resulted in growing concerns over crime, violence, family instability, poor educational outcomes, and declining labour productivity across the region.

Zimbabwe has experienced a marked increase in drug and substance abuse over the past decade, particularly among adolescents and young adults living in urban centers. According to the Zimbabwe Civil Liberties and Drug Network (ZCLDN, 2024), drug and substance abuse has become one of the country's most significant social challenges, with youths aged between 16 and 35 years constituting the largest proportion of users. An Afrobarometer survey (2024) found that approximately 79% of Zimbabweans believe that drug and substance abuse is widespread within their communities, with urban residents expressing the greatest concern. Commonly abused substances include cannabis, crystal methamphetamine ("mutoriro"), codeine-based medicines, alcohol, broncleer syrup, and illicit homemade substances.

Harare, as Zimbabwe's largest urban center, has become one of the areas most affected by drug and substance abuse. High levels of unemployment, economic instability, poverty, and rural-to-urban migration have increased the vulnerability of many young people to substance abuse. Reports indicate increasing admissions related to substance use disorders at psychiatric hospitals and rehabilitation centers, reflecting the growing magnitude of the problem (Africa News, 2022; ZCLDN, 2024). Beyond the clinical burden, communities continue to experience increased criminal behavior, family disintegration, violence, school dropout, homelessness, risky sexual behaviors, and declining workforce productivity associated with drug and substance abuse.

Several interventions have been introduced by the Government of Zimbabwe through initiatives such as the National Drug Master Plan and collaborations with civil society organizations to strengthen prevention, treatment, rehabilitation, and community awareness. Despite these efforts, many individuals continue to display socio-economic behaviors that hinder their recovery and social reintegration. Such behaviors include dependence on family members for financial support, engagement in informal or illegal income-generating activities,

unstable employment histories, poor interpersonal relationships, social isolation, reduced participation in community development activities, and persistent economic vulnerability.

Although previous studies in Zimbabwe have largely focused on the prevalence of drug and substance abuse, policy responses, treatment approaches, and rehabilitation services, relatively little empirical research has specifically examined the socio-economic behaviors displayed by drug and substance abusers and how these behaviors influence their livelihoods, family functioning, and community participation. Understanding these behaviors is essential for designing effective prevention programmes, rehabilitation interventions, employment initiatives, and social reintegration strategies that address both the health and socio-economic dimensions of substance abuse.

Therefore, this study seeks to identify the socio-economic behaviors displayed by drug and substance abusers in Harare, Zimbabwe. By examining the behavioral patterns associated with employment, income generation, education, family relationships, social interaction, criminal involvement, and community participation, the study aims to generate evidence that can inform policy formulation, rehabilitation programming, and community-based interventions aimed at reducing the socio-economic consequences of drug and substance abuse in Zimbabwe.

METHODOLOGY

A mixed-methods research design employing both quantitative and qualitative approaches was adopted for this study. A cross-sectional study was conducted at Gateway Mental Health Rehabilitation Centre and Restore Life Rehabilitation Centre in Harare, Zimbabwe. Purposive sampling was used to select the two rehabilitation centres because they are recognized facilities that provide treatment and rehabilitation services to individuals with drug and substance use disorders. The centres were also selected because they offered access to participants with direct experience of drug and substance abuse as well as professionals involved in rehabilitation services.

Within the selected rehabilitation centres, participants were selected according to their category, like those recovering from drug and substance abuse (n = 256) were purposively selected based on their willingness to share their experiences. Healthcare professionals (n = 25), counsellors (n = 26), social workers (n = 13), and rehabilitation administrators (n = 31) were also purposively selected because of their professional knowledge and direct involvement in the assessment, treatment, counselling, and reintegration of individuals recovering from drug and substance abuse. These participants were considered key informants capable of providing detailed information on the socio-economic behaviours displayed by drug and substance abusers.

Snowball sampling was used to select former drug and substance abusers (n = 51) who had successfully completed rehabilitation and were no longer staying at the rehabilitation centres. Initial participants identified eligible individuals who met the study inclusion criteria and referred them to the researcher. This approach allowed the researcher to access participants who were difficult to identify through institutional records while providing valuable insights into socio-economic behaviours during active substance use and after rehabilitation (Naderifar et al., 2017).

The inclusion of recovering substance abusers, former substance abusers, healthcare professionals, counsellors, social workers, and rehabilitation administrators ensured that data were obtained from participants with diverse perspectives and first-hand experience of the socio-economic behaviours associated with drug and substance abuse, treatment, and community reintegration.

Data were collected using structured questionnaires, semi-structured interviews, and documentary review of relevant rehabilitation records, where permission was granted by the participating institutions and ethical approval permitted such access. Quantitative data were analysed using descriptive and inferential statistical techniques, while qualitative data were analysed thematically to identify recurring patterns and themes relating to the socio-economic behaviours displayed by drug and substance abusers (Braun & Clarke, 2022; Creswell & Creswell, 2022).

Inclusion criteria

- Both male and female individuals who were receiving help from rehabilitation centers of Harare, present at the time of data collection
- Those who were willing to participate.
- Participants that have a history of substance abuse for at least six months to provide relevant insights into stigma.
- Ability and willingness to provide informed consent
- Registered rehabilitation facilities that were operating within Harare Metropolitan Province.
- Rehabilitation centers that provided drug and substance abuse rehabilitation services (inpatient or outpatient).
- Rehabilitation centers that had been in operation for at least two years, to ensure experience with a diverse client population.

Exclusion criteria

- Individuals with age restriction like those under 18 years of age were excluded from the study
- Individuals who were actively using drugs and different substances at the time of study
- Individuals diagnosed with severe mental health disorders like bipolar disorders
- Those who refused to participate in the study or who were unable to provide informed consent due to cognitive impairments or language barriers were excluded from the study.
- Those not residing in Harare
- Those who had previously participated in other studies examining stigma related to drug and substance abuse to avoid bias or repetition of experiences.

Sample size determination

To determine the sample size, the researchers used the Cochran's formula to determine the quantitative sample size. In this study, the researcher used the error margin of 5% (0,05) and the confidence level (Z) 1.96 at 95% confidence interval which enhances the reliability, validity, and generalizability of the quantitative findings. Since the estimated proportion of the population that has the attribute of interest was not known, the researcher therefore, used 0, 5 (50%) as it provides the maximum sample size required for accuracy. Therefore, 5% margin of error and 95% confidence level reflects standard practice in social and public health research, while also taking into account, ethical limitations in accessing vulnerable populations. For larger population like what the researcher had chosen, the formula used was as indicated below.

$$n = \frac{(z^2 . p . (1-p))}{E^2}$$

$$= \frac{1.96^2 \text{ X } 0.5\ (1-0.5)}{0{,}05^2}$$

$$= 384,\ 16$$

$$= 384 \text{ participants}$$

The research instruments were piloted at Mushandirapamwe Rehabilitation Centre, a facility with characteristics similar to those of the selected study sites. The pilot study was conducted to assess the clarity, relevance, appropriateness, and comprehensibility of the data collection tools, as well as to identify any ambiguities or practical challenges that could arise during data collection. Feedback obtained from the pilot exercise was used to refine the wording, sequencing, and formatting of the research instruments to enhance their validity and reliability. Data obtained during the pilot study were used solely for instrument refinement and were not included in the final analysis. The questionnaires were originally developed in English and translated into Shona, the local language spoken in the study sites, to ensure that all participants clearly understood the questions. Completed questionnaires were checked daily for completeness and consistency before being securely stored for subsequent data entry and analysis.

Reliability of data collection tool

The reliability of the data collection tools was enhanced through several measures. First, the questionnaire was piloted at Mushandirapamwe Rehabilitation Centre, which has characteristics similar to those of the selected study sites. The pilot study enabled the researcher to identify ambiguous, unclear, or inconsistent items and make the necessary revisions before the main data collection. Following the pilot study, the internal consistency of the questionnaire was assessed using Cronbach's Alpha coefficient computed in Jamovi statistical software. Cronbach's Alpha was used to determine the extent to which the questionnaire items consistently measured the same underlying constructs. A Cronbach's Alpha coefficient of 0.70 or higher was considered acceptable, indicating that the instrument was sufficiently reliable for the study. In addition, standardized data collection procedures were followed throughout the study, with all participants receiving the same instructions and questions administered in a consistent manner to minimize measurement errors and enhance the dependability of the data collected.

Ethical consideration

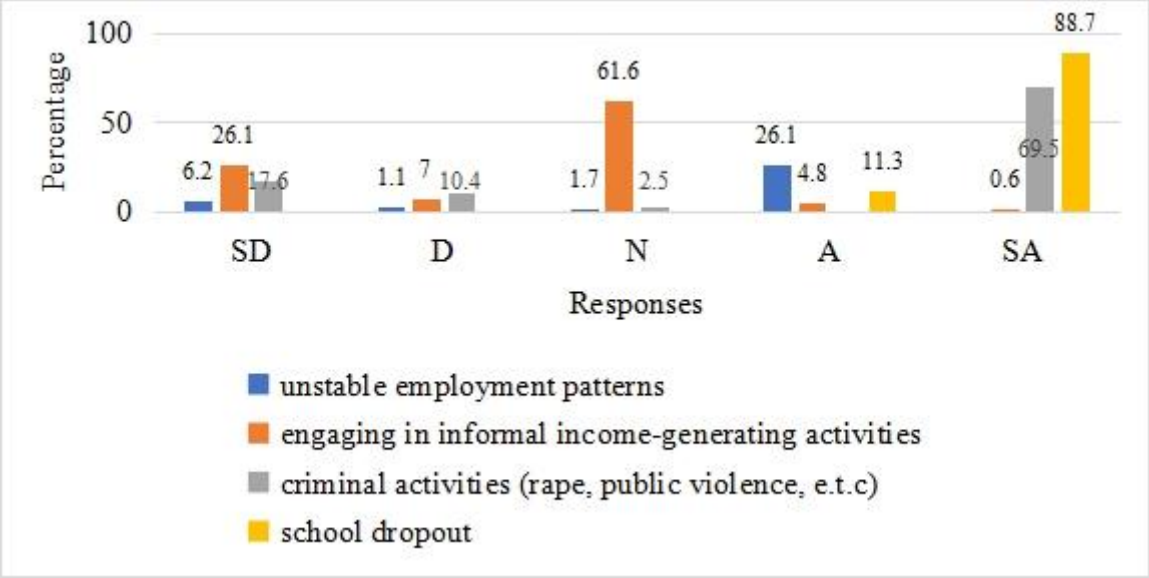
Given the sensitivity of the research and its focus on assessing the socio-economic behaviours displayed by this population, strict ethical principles were observed throughout the research process. The study was conducted in accordance with, the ethical guidelines of Rusangu University, the Medical Research Council of Zimbabwe (MRCZ), and international research ethics principles. Permission from the Directors of the rehabilitation centers was requested and a go ahead to conduct the study was given. Participation in the study was entirely voluntary. All participants were informed about the purpose of the study, the procedures involved, and their right to decline participation or withdraw from the study at any stage without any penalties. Verbal and written consent was obtained from each participant before data collection. Only participants aged 18 years and above were selected into the study and to protect their confidentiality, questionnaires did not contain their names or any other personal information. The participants responses were strictly confidential and were only used for the purposes of this research. All completed questionnaires were kept secure and only accessed and used by the researcher and the research supervisor. The information that was collected was not shared with either any other third parties.

RESULTS

Socio-Economic Behaviors of unstable employment patterns and engagement in informal income-generating activities

The findings in **(Figure 1)** reveal pronounced socio-economic vulnerabilities associated with drug and substance abuse in Harare. A significant proportion of respondents either agreed or strongly agreed that unstable employment patterns are common among substance abusers (26.1% agreeing, alongside a minimal proportion disagreeing at 6.2% and 1.1%), indicating precarious labour participation and economic instability. Similarly, engagement in informal income-generating activities was widely acknowledged, with 61.6% of respondents remaining neutral but a combined 5.4% (4.8% agreeing and 0.6% strongly agreeing) affirming its prevalence, while 33.1% (26.1% strongly disagreeing and 7% disagreeing) expressed contrary views, suggesting varied perceptions regarding livelihood strategies.

Figure 1: Socio-economic behaviors displayed by drug and substance abusers in Harare (N=357)



Socio-Economic Behaviors on criminal activities and school dropout

Criminal activities such as rape and violence were strongly associated with substance abuse, as evidenced by a substantial 69.5% of respondents strongly agreeing and 17.6% strongly disagreeing, reflecting polarized but largely affirmative perceptions. Furthermore, school dropout emerged as a critical socio-economic outcome, with an overwhelming 88.7% strongly agreeing and 11.3% agreeing that substance abuse contributes to educational discontinuity.

Socio-Economic Behaviors of household financial instability and increased family conflicts

Furthermore, the findings **(Table 1)** indicate that drug and substance abuse significantly undermine household stability and social cohesion of drug and substance abusers with their peers. An overwhelming majority of respondents (88% strongly agreeing and 6.1% agreeing) affirmed that drug and substance abuse contributes to household financial instability, with only 5.8% disagreeing. This strong consensus highlights the severe economic strain substance abuse places on families, including loss of income, misallocation of resources, and increased household vulnerability. Similarly, substance abuse was widely perceived to intensify family conflicts and domestic violence, with 61.8% strongly agreeing and 33.0% agreeing, while only small proportions disagreed (2.3% strongly disagreeing and 2.9% disagreeing).

Table 1: Socio-economic behaviors displayed by drug and substance abusers in Harare (N=357)

Variable	Response				
	SD	D	N	A	SA
household financial instability		5.8		6.1	88
increased family conflicts	2.3	2.9		33.0	61.8
financial dependence on relatives or friends	4.5	6.1	0.6	25.2	63.4

Socio-Economic Behaviors on financial dependence on relatives or friends

the majority of respondents indicated that drug users often depend financially on relatives or friends, with 63.4% strongly agreeing and 25.2% agreeing, compared to only 10.6% expressing disagreement and 0.6% neutrality.

Key informants from rehabilitation centers and community structures in Harare highlighted that drug and substance abuse significantly disrupts economic stability and productivity. They noted that many affected individuals struggle with consistent employment due to absenteeism, reduced performance, and employer mistrust. Once labelled, recovering individuals often face discrimination in the labour market, which reinforces unemployment, poverty, and economic dependency. Informants stressed that stigma plays a central role in limiting opportunities for reintegration. Secondly, informants emphasized the impact of substance abuse on family and household socio-economic dynamics. They reported frequent financial strain, conflict, and breakdown of trust within families, often linked to misallocation of resources and neglect of responsibilities.

DISCUSSION

The findings of this study indicate that substance abuse is closely associated with socio-economic vulnerability, including unstable employment patterns, engagement in informal income-generating activities, and educational disruption. These patterns suggest that substance abuse is not only a health issue but also a socio-economic challenge that affects productivity, livelihoods, and long-term economic stability. Educational discontinuity emerged as a particularly significant concern. An overwhelming proportion of respondents associated substance abuse with school dropout, highlighting the close relationship between substance use and educational disengagement. Previous research by Townsend et al. (2007) similarly demonstrated that substance use among young people is strongly associated with high school dropout, particularly in relation to substances such as alcohol, cannabis, and tobacco. Educational disruption can significantly limit future employment opportunities and increase vulnerability to poverty and social exclusion. These findings highlight the critical role of educational institutions in addressing substance abuse. Schools are not only spaces for academic learning but also important environments for promoting healthy behavior, decision-making skills, and resilience among young people. Therefore, effective responses to substance abuse should integrate education retention strategies, prevention programs, and rehabilitation initiatives.

Household financial instability emerged as another significant consequence of substance abuse. Most respondents agreed that substance abuse places severe financial strain on families through loss of income, increased expenditure on drugs and neglect of household responsibilities. These findings are supported by the World Health Organization (2021), which reports that substance use disorders impose substantial financial burdens on households through healthcare costs, lost productivity and reduced earning capacity. Similarly, Chidume and Mugambiwa (2024), working in Chitungwiza, Zimbabwe, found that substance abuse deepens household poverty and weakens the economic resilience of families. They recommended improving access to economic empowerment programs and strengthening community support systems for affected households.

The findings of this study also revealed that drug and substance abuse is closely associated with unstable employment patterns among individuals in Harare, Zimbabwe. Many respondents agreed that substance abuse negatively affects an individual's ability to obtain and maintain stable employment. This finding is consistent with a study conducted by Chidume and Mugambiwa (2024) among youths in Chitungwiza, Zimbabwe, which found that unemployment, poverty and economic hardship were both contributors to and consequences of drug and substance abuse. The study further revealed that many young people experienced prolonged unemployment and reduced productivity after becoming involved in substance abuse. The authors recommended integrated interventions that combine employment creation, skills development and substance abuse rehabilitation programs to facilitate economic reintegration. These findings tally with the current study, which also demonstrates that substance abuse perpetuates unstable employment and economic vulnerability among affected individuals.

Educational disruption was another major socio-economic behavior identified in this study. An overwhelming majority of respondents agreed that drug and substance abuse contribute to school dropout. These findings corroborate those of Townsend et al. (2007), whose study in the United States found that alcohol, cannabis and tobacco use significantly increased the likelihood of high school dropout among adolescents. Similarly, Mabhoyi and Seroto (2019), in a study conducted in Chitungwiza, Zimbabwe, reported that poor socio-economic conditions, substance abuse and family challenges contributed to irregular school attendance and school dropout among secondary school learners. They recommended strengthening family support systems, improving learner welfare and implementing inclusive educational programs to reduce school dropout. These recommendations

support the findings of the present study, which demonstrate that keeping young people in school should form part of broader substance abuse prevention strategies.

The present study also found that criminal activities, including violence, were strongly associated with drug and substance abuse. Similar findings were reported by Bennett and Holloway (2009) in the United Kingdom, who found that substance abuse increases the likelihood of offending because intoxication impairs judgement, self-control and decision-making. Likewise, a recent study conducted in Bulawayo, Zimbabwe, by Ncube et al. (2024) found that psychoactive substance abuse among youths was associated with violent behavior, disrespect for social norms and other antisocial behaviors. The researchers recommended strengthening community-based prevention programs, improving family supervision and expanding youth empowerment initiatives. These findings are consistent with the current study, which demonstrates that substance abuse contributes to behaviors that threaten community safety and social cohesion.

In a nutshell, the findings of this study demonstrate that drug and substance abuse is both a public health and socio-economic development challenge. Consistent with evidence from Zimbabwe and other countries, substance abuse challenges employment, education, family stability and economic productivity. Therefore, addressing the problem requires coordinated interventions involving government ministries, educational institutions, employers, families, rehabilitation centers and community organizations that would improve prevention, rehabilitation, social reintegration and sustainable livelihoods for individuals recovering from substance abuse

Conclusion

The socio-economic vulnerabilities reflect a deep marginalization and weakened support systems. Overall, the study concludes that socio-economic behaviors displayed by drug and substance abusers entrenches poverty, worsens mental health, limits access to employment and housing, and increases the risk of relapse. Sustainable recovery in Harare therefore requires integrated approaches that address socio-economic behaviors and balance law enforcement with public health-cantered strategies.

RECOMMENDATION

In light of the study findings which reveal socio-economic marginalization of drug and substance abusers in Harare's rehabilitation centers, the study recommends:

- Ministry of Public Service, Labour and Social Welfare should develop inclusive employment and vocational training programs specifically targeting recovering substance abusers to enhance economic empowerment and reduce relapse linked to poverty and exclusion.

- Zimbabwe Republic Police (ZRP) should adopt rights-based and non-discriminatory policing strategies by avoiding biased targeting of suspected drug and substance users, and instead implement constructive apprehension approaches that prioritize referral to rehabilitation services over punitive detention, thereby supporting recovery and reintegration.

ACKNOWLEDGEMENTS

The Authors would like to thank their families for their encouragement throughout this journey. Much appreciation goes to my supervising team as well as all the Rusangu team for the assistance.

Authors' contribution

Natsai Gwitiri was involved in conceptualizing the design, data collection, analysis and drafting of the manuscript.

Patricia Mambwe guided through, revised and approves the manuscript.

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