

Short Communication

Illicit Substance use among adolescents and youths in Zimbabwe: a stakeholder's perspective on the enabling factors and potential strategies to address this scourge

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ABSTRACT

Drug and illicit substance use among adolescents and the youth is a rising global health concern. In Zimbabwe, this problem has also been increasing in magnitude, with reports indicating that the COVID-19 pandemic accelerated the growth of the problem. Decisively dealing with the problem requires an understanding of the contributory factors from all significant stakeholders' perspective. We qualitatively explored the contributory factors to drug and substance use among the adolescents and youths in Zimbabwe from a significant stakeholders' perspective. We conducted three focus group discussions with relevant stakeholders to reach saturation point. Four themes emerged on enabling factors, namely idleness among the youths and the adolescents, increased access to illicit substances, low community awareness of the signs of drug and substance use leading to delayed identification, and absence of social workers in the communities. Four themes emerged as possible strategies to curb drug and illicit substance use in this age group, namely capacitation of mental health institutions, expanding community awareness programmes, tailored approaches for adolescent and youth programming, and strengthening law enforcement. A convergence with these relevant stakeholders is urgently needed to map strategies to deal with the enabling factors place, and to strengthen strategies to curb the problem.

Keywords: Drug, Illicit substance, Adolescents, Youth

INTRODUCTION

In 2020, there were 284 million drug users worldwide between the ages of 15 and 64 years, representing a 26% rise from the preceding ten years.¹ The majority of patients receiving treatment for drug and substance abuse (DSA) disorders in Africa are under 35 years of age.¹ DSA in Zimbabwe has been increasing over the past few years.² Adolescents are more likely than other age groups to use illicit substances because they have a great propensity for

experimentation, are curious, are vulnerable to peer pressure, rebel against authority, and have low self-esteem.³ DSA usage is highest among young people between the ages of 18 and 25 years and typically begins throughout the adolescent years.⁴ High self-esteem, religion, self-control, parental supervision, academic proficiency, and anti-drug use regulations are some of the factors that shield adolescents and young adults from DSA.⁵⁻⁷ The rise in DSA among young people in Zimbabwe is due to a number of factors. Some of these

include the ease with which drugs and other substances can be obtained and purchased, as well as the dearth of recreational resources, particularly in densely populated urban areas.² Increased rates of stress, trauma, and mental health problems are also linked to the socioeconomic difficulties the nation is experiencing, pushing more people, especially young people, into DSA.⁸ A greater number of young people are turning to DSA as a form of entertainment as a result of the nation's extremely high unemployment rates, poverty, and despair.⁹ Early onset of behavioural and mental health issues, peer pressure, inadequate parental guidance and connections, dysfunctional families, and a lack of opportunities are additional risk factors for DSA that have been discussed in the literature.³

DSA has increased as a result of the COVID-19 epidemic and the ensuing lockdowns. The COVID-19 pandemic brought about a number of socioeconomic difficulties, including the loss of jobs, and loved ones, and the need to spend a lot of time indoors, all of which contributed to stress and other mental health problems. It's possible that these psychological consequences contributed to a rise in DSA.² The lack of facilities with alcohol and drug treatment specialists makes the DSA issue in Zimbabwe worse.¹⁰ In Zimbabwe, methamphetamine, glue, cane spirit, alcohol, marijuana, and cough syrups with codeine are among the drugs and substances that are frequently abused.⁹ DSA has several adverse effects among adolescents and young adults.

DSA hinders the development of critical thinking and the acquisition of critical skills, which is why it makes it difficult for young people involved in DSA to successfully transition to adulthood.¹¹ DSA also has detrimental effects on sexual and reproductive health (SRH) outcomes. Young individuals who abuse drugs and other substances are more likely to report not using condoms, having more sexual partners, getting sexually transmitted infections (STIs), engaging in non-consensual activity, violence against intimate partners, and misusing contraceptives.¹² Additionally, DSA is linked to unfavourable reproductive outcomes including unplanned pregnancies, premature births, and mother and newborn morbidity and mortality.¹³ This underscores an urgent need to find the enabling factors of DSA in Zimbabwe so that civil society and other stakeholders can be galvanised to take action to protect adolescents and the youth from DSA, as well as strengthening drug use prevention. This study explored factors contributing to DSA among adolescents and youth in Zimbabwe from a stakeholder/ key informant perspective. Such knowledge may help in the formulation of strategies to curb this problem in the country.

Study design

A qualitative research design was employed. Three focus group discussions (FGDs) were convened to discuss, in-depth, enabling factors for illicit substance use among adolescents and youths in Zimbabwe and proffer

recommendations for potential strategies to curb this harmful practice. This research method was deemed appropriate to gather key stakeholders' perspectives¹⁴. Each session was moderated by a qualified social worker with experience moderating focus group discussions. The discussion was guided by a semi-structured interview guide with open-ended questions administered by the moderator. The FGDs were conducted in October 2021 virtually on the Zoom platform as in-person meetings were not permitted during COVID-19 lockdown restrictions. Interview data were recorded with permission from the participants. Additionally, FGD notes were recorded by a research assistant and a co-moderator who served as a scribe.

Sample size considerations and participant recruitment

The sample size of 12 was established by the investigators priori. Participants were purposively sampled and enrolled until saturation, based on the inclusion criteria – (i) Currently working on adolescent and youth drug use programming (ii) Currently involved in working with illicit substance use victims/survivors (iii) Actively involved in drug use policy discussions (iv) Willingness to participate freely.

Data analysis

Data analysis was conducted using manual coding guided by the grounded theory methodology. Debrief forms completed after each FGD session by the investigators guided the preliminary discussion on emerging themes and development of a codebook. Qualitative latent content analysis was employed to analyze and interpret the data. Unit of analysis was all words and phrases of FGDs in the transcripts. Within-case and across-case analysis of the FGD transcripts was undertaken to inductively generate key concepts across the FGDs. For each transcript, we shall conduct within-case analysis, retrieve, and code factor statements. Thereafter, we conducted across-case analysis by comparing participants' views. Similar codes were then put together to form categories. Themes were then developed by interpreting categories for their underlying meaning. The themes were, therefore, be the expression of the latent content (underlying meaning) of the textual data. Three reference points were used to identify emergent themes: recurrence, repetition, and forcefulness of ideas within the interview data. Through this analytical strategy, investigators were able to identify themes that cut across respondents but still grounded in individual perspectives. Results were summarized narratively.

Human subjects' considerations

Incentives: Participation in IDIs was voluntary; hence participants were not paid for participating in these FGDs.¹⁵ Potential Risks: To help minimise the risk of disclosure, FGDs did not collect any personal identifying information. Participants were informed of their right to refuse to answer any questions and discontinue

participation at any time. Confidentiality of data and privacy protection: To ensure the confidentiality of potential participants, no personal identifiers were

collected as part of the data collection process with FGD participants.

Table 1: Characteristics of study participants.

Sessions	Title	Affiliation	Role
Session 1			
1	Disability SRHR Activist	Independent Consultant	Raising awareness
2	Senior Medical Officer	Provincial Hospital	Provides medical care to victims
3	Programs Director	Mubatirapamwe Trust	Illicit substance and drug use programming
4	Youth and Women Programs Expert	Independent Consultant	Raising awareness
Session 2			
1	Member of Parliament	Parliament of Zimbabwe	Policy decision making
2	Director	Innecity Mission Zimbabwe Rehabilitation Centre	Provides mental health care to victims
3	Training and Capacity Building Officer	Elevation Zimbabwe	Youth programming expert
4	Psychologist	Women University in Africa	Raising awareness
Session 3			
1	Director and Disabled Youth Programs Expert	Tariro Foundation of Zimbabwe	Youth programming expert
2	Occupational Health Therapist	Innecity Mission Zimbabwe Rehabilitation Centre	Provides mental health care to victims
3	Youth Programs Director	Young Men Christian Association of Zimbabwe	Youth programming expert
4	Counselor/ Field Officer	Zimbabwe Health Interventions	Raising awareness

RESULTS

Characteristics of study participants

A total of 12 participants (7 male, 5 female) were enrolled in this study with three sessions of four participants. The participants were all subject matter experts in different aspects of adolescent and youth programming. More details are presented in (Table 1).

Illicit substance use among adolescents and youth enabling factors

Four themes emerged from the data on enabling factors for illicit substance and drug use among adolescents and youth in Zimbabwe.

Adolescents and youth are idle

Participants believed that the problem of DSA is brought about by idleness among the youth. Some participants commented that most of the youth were unemployed, and in the absence of recreational facilities, they do not have anything to do. To entertain themselves, the youth end up resorting to DSA. Other participants also reported that COVID-19 worsened the problem of DSA among the youth. They commented that the COVID-19 pandemic brought about several socioeconomic difficulties, including the loss of jobs, and loved ones, and the need to

spend a lot of time indoors, all of which contributed to stress and other mental health problems, which might have contributed to an increase in DSA among the youth. For instance, one participant commented on the association between COVID-19 lockdowns and DSA: “When you speak to the victims, the people who are using crystal meth, and ask them when they started using crystal meth, they say the first COVID-19 lockdown. Undoubtedly idleness was a huge factor” FGD 1 Speaker 1. Another participant also commented on the association between socioeconomic problems and DSA: “Our very limited research and feedback from the communities connect adolescents and youth taking on drugs to connect to limited economic and social empowerment” FGD 1 Speaker 3.

Access

Participants emphasised that there is a readily available supply of illegal drugs in the country. In the majority of suburbs, there are known drug distributors. In addition to being freely accessible, the participants disclosed that the medicines were also so inexpensive that even young people without jobs could obtain them. One participant commented on the accessibility and the cost of illicit drugs: “When you look at the problem we are facing now, you will notice that there are now abundant supplies in the communities. We have found that most teens and youths that are accessing illicit substances do not walk more than

5 km to access suppliers. That is how vast the supply now is.” FGD 2 Speaker 1.

Low community awareness of the signs resulting in late identification of cases

The participants agreed that there was little community awareness of DSA. They clarified that given that some DSA-involved youth have mental health issues, some community members believed that DSA is the work of evil spirits. Most African cultures in the country have a long history of linking any mental health issues to witchcraft and evil spirits. One participant explained how communities relate evil spirits to DSA.

Absence of social workers in the communities who are supposed to play the community watchdog role

The value of social workers in the management of DSA was acknowledged by the participants. They made the argument that because social workers have the expertise and abilities to assist their clients in recovering from DSA, they can lessen personal problems that lead to DSA. Several participants claimed that using their expertise, abilities, and client-focused, environment-supportive treatment approaches, social workers are typically able to detect the psychosocial problems that result in DSA. Nonetheless, several participants said that the department of social work had a shortage of social workers due to inadequate funding.

Also, they stated how several social workers fled the country in search of better working conditions. Below is one of the extracts from one participant “we have a department of social work that has limited funding, and no staff. So, you will see that we no longer have social workers in the community to detect these problems and respond before it gets to the levels that we are having now” FGD 1 Speaker 1.

Strategies to curb illicit substance use among adolescents and youth in Zimbabwe

When asked about potential strategies to curb drug and illicit substance use among adolescents and youth in Zimbabwe, discussants raised ideas that were grouped into four themes: capacitation of mental health institutions, expanding community awareness programs, tailored approaches for adolescent and youth programming, and strengthening law enforcement.

Capacitate mental health institutions to rapidly respond to the rising demand for care

Participants commented on the high risk of mental health disorders in young individuals who participate in DSA. They emphasized the importance of having enough mental health institutions in the country that are sufficiently resourced and staffed to handle the rising number of young people experiencing mental health issues as a result of

DSA. One participant commented on the important role mental health institutions play in dealing with DSA among adolescents and youth “mental health institutions need to be capacitated in terms of health workers, and other resources to effectively deal with this problem. We have unprecedented levels of drug abuse among our youth and it’s important that the institutions meant to provide care be equal to the demand” FGD 3 speaker 4.

Community engagement and expansion of programs that raise community awareness

Participation from the community is crucial for DSA prevention. The participants emphasized that many of the problems can be solved by communities. They noted that in order to solve the issue of DSA, community stakeholders including citizens, business and community leaders, educators, public servants, and law enforcement agents, among others, must pool their human and financial resources. Raising community knowledge of DSA, according to some participants, is crucial because it will ensure that people are aware of its signs and symptoms and may promptly refer those who are suffering from DSA to medical care. The participants added that a clear and focused strategic plan, a widely shared vision, a diverse membership, strong leadership, and committed partners are all necessary for the community's efforts to be successful. One participant emphasised that programs that are already in existence that raise the awareness of communities about the problem of DSA should be expanded.

Tailored approaches for raising awareness and averting enabling factors

Some participants said that teenagers and young people in Zimbabwe should be given comprehensive information regarding the physical and psychological impacts of DSA. Participants emphasised that the information should come from reliable sources, such as those who have experience with DSA. The participants also suggested introducing life skills training within the formal schooling curriculum. They underlined the necessity for life skills to support young people's stress management and positive behaviour. These abilities give the impacted population group the ability to accept their social obligations and deal with demands and expectations from others without hurting themselves or others. One participant brought up the possibility that providing teenagers and young people with vocational and educational training might guarantee that they do not remain idle, which is a crucial element at the beginning of DSA. The participant went on to say that since people will be kept busy when DSA therapy ends, learning a trade and finding work will also assist prevent a recurrence. One of the excerpts from one participant is included below. “help them through life skills that they can use to create income for themselves as it will help them and the community at large.” FGD 1 speaker 4.

Strengthen law enforcement

The participants emphasised the importance of community and police cooperation in the battle against DSA. Communities typically have knowledge of local drug sellers, the participants claimed, and if the police have this knowledge, the drug dealers can be apprehended. The police may be able to recognise and recommend people who require DSA rehabilitation programs with the support of strong community relationships. Some participants said that drug usage in their yards and towns could be decreased if the police educated landlords and local authorities on methods to discourage drug use. Some participants emphasised the need for police strategies in limiting the availability of illegal drugs. They made the argument that the authorities may target areas where there are high concentrations of criminal activity to make it riskier to buy and sell illegal drugs. According to one participant, the country's borders are open, making it simple for drugs to enter the country. To stop drugs from entering the country, the participant recommended tightening security at the borders. Below is one of the extracts from one participant, "we have reached out to the police. One of the officers from the Drugs section said they are about 60 people working in the section and they are overwhelmed but they are asking for the community to give them as much information as they can, and they investigate, and we have seen some places being raided. The biggest push the organizations need is not only for the police policing the community but the community policing itself. When you speak to every parent, they know who is selling drugs in their community and they know exactly where their child is." FGD 3, speaker 1.

DISCUSSION

According to this study, idleness among adolescents and young people in Zimbabwe is an enabling factor in DSA. The results of the study also show that the COVID-19 pandemic's effects worsened the DSA issue. These results are consistent with those of a study conducted in South Africa and Kenya, which found that COVID-19 aggravated DSA in adolescents.¹⁶ These results are not shocking given that adolescence is a crucial time for social and emotional growth. At this period, it's crucial to develop a social identity, become emotionally and personally independent of parents and other caregivers, and work toward independence. Since the majority of teenagers and young adults were unable to attend school in person, connect with their peers, or participate in sports and extracurricular activities, the COVID-19 pandemic disrupted this process. Isolation, doubt, and dread brought on by the epidemic are increasing the risk of DSA through isolation, uncertainty, anxiety, tension, and boredom.¹⁷ According to this study, COVID-19, and a lack of jobs in the nation are driving young people and adolescents toward DSA. These findings can be explained by the possibility that increasing DSA is caused by pressures like unemployment and economic difficulty, with young people turning to drugs as a coping strategy.¹⁸ Young

people in Zimbabwe who are unemployed find that they have a lot of free time and almost nothing to do. The difficult economic climate in the country has effectively shut down the young people's future goals and how they would have imagined their life to be. Young people have little hope in the face of a high unemployment rate and skyrocketing inflation. As a result, young people are left without any dedication, and someone who lacks a devotion to their work, future, achievement, and personal aspirations is more likely to commit crimes, including DSA.

According to this study, easy access to illicit drugs in Zimbabwean communities is causing a rise in DSA among young people. This finding is similar to that of a study conducted in Kenya, which showed that among undergraduate students, the availability of drugs was a significant predictor of DSA.¹⁹ These results make sense since difficult-to-find illicit drugs will prevent even those who want to use them from having easy access to them, which may give them time to consider if DSA is helpful. This study found that there was little knowledge of DSA in the general population, which led people to blame it on evil spirits. A study conducted in Nigeria also found that rural areas where communities had low levels of understanding of the risks associated with drug misuse were more susceptible to DSA.²⁰ Communities in Ethiopia, according to the results of another study, blamed evil spirits for DSA-related mental health issues.²¹ Where such ideas are prevalent, young people who experience mental health issues are not sent for medical care because the communities think that traditional healers are the only ones who can help. DSA is made worse by a failure to recognise that the persons need rehabilitation and treatment. This study also recognised the lack of social workers as a concern that is contributing to an increase in DSA. This finding is consistent with that of a South African study, which found that social workers were more prevalent in schools with fewer young people involved in DSA.²² According to the results of this study, there are a number of strategies that can be employed to decrease DSA among young people, including improving law enforcement, extending community awareness initiatives, and capacitating mental health facilities. Helping young people involved in DSA stop using drugs, find employment, or further their education is crucial if they are to become contributing members of society. The number of mental health facilities in the country that are equipped to handle the rise in the participation of young people in DSA ought to expand. These facilities ought to be accessible to all young people who require mental health services brought about by DSA. The government should also increase the training of social workers, psychiatric nurses, psychologists, and psychiatrists to ensure that mental health facilities are sufficiently staffed. Apart from increased training, these mental health professionals should also be offered adequate remuneration so that they remain in the country. Communities should be informed about the risks of DSA, how to prevent it, and the available treatment choices for people who are participating in DSA

as part of community awareness campaigns. To ensure that everyone can grasp the information, it should be distributed to the communities in plain language. Since young people tend to believe what their peers say, they may also benefit from obtaining information from peers who may have been active in DSA. Working collaboratively with the communities is essential to the effectiveness of law enforcement tactics since communities are typically aware of the issues they face and have solutions in mind. One of the strengths of this study is that the researchers were able to get the viewpoints of several people in a short time. Another strength is that the participants were able to voice their thoughts more fully because they were responding to what others had stated. Participants in this study were also all subject matter experts in various facets of programming for adolescents and young people. This study had several limitations. Some participants might have experienced discomfort in a group setting and might have been unable to openly voice their opinions. Another limitation is that the nature of the focus group discussions may have encouraged a group culture that might have stifled individual perspectives.

CONCLUSION

DSA has been rising in Zimbabwe during the past few years. In contrast to other age groups, adolescents are more prone to acquire DSA due to their high inclination for experimentation, curiosity, susceptibility to peer pressure, disobedience to authority, and low self-esteem. It is important for stakeholders in the Ministry of Health and Child Care of Zimbabwe, the Ministries of Education, stakeholders in youth empowerment and all other relevant stakeholders to realise the damaging consequences of drug and substance use among the youth, the potential to damage the future of the users and the country, and the long-lasting consequences. Hence, it's important to decisively deal with the enabling factors and put in place strategies to curb the problem urgently. Ongoing research is important to gain deeper insights into the scope of the problem.

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REFERENCES

- UNODC World Drug Report 2022 highlights trends on cannabis post-legalization, environmental impacts of illicit drugs, and drug use among women and youth. Available at: <https://www.unodc.org/unodc/frontpage/2022/June/unodc-world-drug-report-2022-highlights-trends-on-cannabis-post-legalization--environmental-impacts-of-illicit-drugs--and-drug-use-among-women-and-youth.html>. Accessed on 12 February 2023.
- Mukwenha S, Murewanhema G, Madziva R, Dzinamarira T, Herrera H, Musuka G. Increased illicit substance use among Zimbabwean adolescents and youths during the COVID-19 era: an impending public health disaster. *Addiction*. 2022;117(4):1177-8.
- Degenhardt L, Stockings E, Patton G, Hall WD, Lynskey M. The increasing global health priority of substance use in young people. *Lancet Psychiatr*. 2016;3(3):251-64.
- Nawi AM, Ismail R, Ibrahim F, Hassan MR, Manaf MR, Amit N, Ibrahim N, et al. Risk and protective factors of drug abuse among adolescents: a systematic review. *BMC Public Health*. 2021;21(2088):34-8.
- Drabble L, Trocki K, Klinger J. Religiosity as a protective factor for hazardous drinking and drug use among sexual minority and heterosexual women: findings from the National Alcohol Survey. *Drug Alcohol Depend*. 2016;161:127-34.
- Goliath V, Pretorius B. Peer risk and protective factors in adolescence: Implications for drug use prevention. *Soc Work*. 2016;52(1):113-29.
- Schinke S, Schwinn T, Hopkins J, Wahlstrom L. Drug abuse risk and protective factors among Hispanic adolescents. *Prev Med Rep*. 2016;3:185-8.
- Jakaza T, Nyoni C. Emerging dynamics of substance abuse among street children in Zimbabwe. A case of Harare central business district. *Afr J Soc Work*. 2018;8:63-70.
- Zimbabwe's drug, alcohol abuse problem under COVID-19. Available at: <https://zimfact.org/factsheet-zimbabwes-drug-alcohol-abuse-problem-under-covid-19/>. Accessed on 12 February 2023.
- Kemp CG, Concepcion T, Ahmed HU, Anwar N, Baingana F, Bennett IM, et al. Baseline situational analysis in Bangladesh, Jordan, Paraguay, the Philippines, Ukraine, and Zimbabwe for the WHO Special Initiative for Mental Health: Universal Health Coverage for Mental Health. *PLoS ONE*. 2022;17(3):e0265570.
- Crews F, He J, Hodge C. Adolescent cortical development: a critical period of vulnerability for addiction. *Pharmacol Biochem Behav*. 2007;86(2):189-99.
- Stidham Hall K, Moreau C, Trussell J. The link between substance use and reproductive health service utilization among young U.S. women. *Subst Abus*. 2013;34(3):283-91.
- Reardon D, Coleman P, Cogle J. Substance Use Associated with Unintended Pregnancy Outcomes in the National Longitudinal Survey of Youth. *Am J Drug Alcohol Abuse*. 2004;30:369-83.
- Plummer-DP. Focus group methodology Part 1: Considerations for design. *Int J Ther Rehabil*. 2008;15(2):69-73.
- Sim J, Waterfield J. Focus group methodology: some ethical challenges. *Qual Quant*. 2019;53(6):3003-22.
- Gittings L, Price Y, Kelly J, Kannemeyer N, Thomas A, Medley S, et al. Health and development-related priorities and challenges of adolescents and young people: findings from South Africa and Kenya prior to and during COVID-19 pandemic. *Psychol Health Med*. 2022;27(1):193-218.

17. Lundahl LH, Cannon C. COVID-19 and Substance Use in Adolescents. *Pediatr Clin North Am.* 2021;68(5):977-90.
18. Lee JO, Hill KG, Hartigan LA, Boden JM, Guttmanova K, Kosterman R, et al. Unemployment and substance use problems among young adults: Does childhood low socioeconomic status exacerbate the effect? *Soc Sci Med.* 2015;143:36-44.
19. Ngure J, Chepcheng M, Ngure P, Omulema B. Accessibility of substances, accommodation status, and extracurricular activities' influence on undergraduates in Kenya. *Afr J Health Sci.* 2019; 32(3):1-15.
20. Nwagu EN, Dibia SI, Odo AN. Community Readiness for Drug Abuse Prevention in Two Rural Communities in Enugu State, Nigeria. *SAGE Open Nurs.* 2020;6:58-60.
21. Teferra S, Shibre T. Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study. *BMC Psychiatry.* 2012;12:79.
22. Kheswa JG, Makhalemele TJ. Substance abuse among adolescent males: Social work and abusers' perspectives. *Int J Soc Sci Humanit.* 2012;12(2):400-15.

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