



Psychological and Behavioural Drivers of Adolescent Substance Abuse in Zimbabwe: A Socio-Ecological Review and Policy Framework

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Abstract

Adolescent substance abuse has become a significant public health and socio developmental issue in Zimbabwe, mirroring broader regional trends in Sub-Saharan Africa. Adolescence represents a critical developmental stage characterized by neuropsychological vulnerability, identity formation, and increased susceptibility to peer and environmental influences. In Zimbabwe, these vulnerabilities are exacerbated by structural conditions, including persistent poverty, high youth unemployment, family disruption, parental migration, and limited access to adolescent-friendly psychosocial services. This study systematically synthesizes recent empirical literature to investigate the psychological, social, and structural determinants of adolescent substance use in Zimbabwe and similar Sub-Saharan African contexts. A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, analysing peer-reviewed studies published between 2018 and 2025 from databases such as Scopus, PubMed, and Web of Science. Thematic synthesis was employed to identify recurring risk patterns and multilevel determinants across the included studies. The findings reveal that adolescent substance abuse is driven by interacting socioecological factors, including economic marginalization, weak family supervision, peer normalization of drug use, mental health distress, and increased availability of illicit substances. The rapid proliferation of crystal methamphetamine (*mutoriro*) highlights evolving regional drug market dynamics that intensify youth exposure to highly addictive stimulants. Evidence consistently indicates that adolescent substance use cannot be explained solely by individual behaviour but must be understood within broader structural and community systems. This study proposes an integrated conceptual framework linking structural pressures, psychosocial vulnerability, and social learning mechanisms. Policy implications emphasize multilevel interventions encompassing family strengthening, school-based prevention, community engagement, expanded mental health services, and coordinated supply- and demand-side regulatory responses.

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1. Introduction

Adolescent substance abuse is a critical global issue affecting public health and socio-development. According to the World Health Organization (WHO), approximately one in seven adolescents aged 10–19 worldwide face mental health challenges, which often heighten their susceptibility to substance use disorders (WHO, 2022). Data from global drug monitoring reveal that approximately 39 million individuals suffer from drug use disorders, with young people being notably overrepresented in new

usage trends (United Nations Office on Drugs and Crime [UNODC], 2023). Starting substance use at a young age greatly elevates the risk of addiction, academic failure, and enduring mental and physical health issues.

In sub-Saharan Africa, emerging evidence indicates an increase in adolescent substance use over the past decade, attributed to rapid urbanization, socioeconomic instability, and the expansion of illicit drug markets. Systematic reviews of African studies have revealed that alcohol, cannabis, inhalants, and increasingly synthetic stimulants are the most frequently reported substances among youth populations. The prevalence of these substances varies significantly across countries but shows upward trends in urban settings (Degenhardt *et al.*, 2018; WHO, 2022). However, surveillance systems in many African countries remain inadequate, hindering precise prevalence estimation and gender-disaggregated tracking.

In Zimbabwe, the intensification of economic challenges, coupled with high youth unemployment rates (estimated to exceed 30% in certain national labor surveys), currency instability, and the expansion of illicit drug markets, has heightened adolescent susceptibility to substance abuse. Recent reports from regional drug monitoring agencies and academic studies underscore the rapid proliferation of crystal methamphetamine, locally referred to as *mutoriro*, particularly within urban communities and informal settlements (UNODC, 2023; local empirical studies). The increased availability of synthetic drugs has significantly altered traditional substance-use patterns, introducing highly addictive stimulants into youth networks.

Despite growing concerns from national media and public health authorities about increasing drug use among adolescents, systematic epidemiological data in Zimbabwe remain scarce. Most existing studies focus on qualitative assessments, case reports, or institutional treatment data rather than nationally representative prevalence surveys. Additionally, gender-disaggregated data on adolescent substance abuse are limited. Global evidence indicates that males typically report higher rates of illicit drug use, while females often face greater stigma, underreporting, and co-occurring mental health issues (UNODC, 2023; WHO, 2022). However, in Zimbabwe, published studies seldom offer robust sex-disaggregated prevalence estimates for adolescents, highlighting a significant data gap in surveillance and research systems.

This study aims to address these knowledge gaps by synthesizing existing peer-reviewed literature on adolescent substance abuse in Zimbabwe and similar African contexts. Specifically, the study seeks to: 1. Identify the key psychological and behavioural drivers of adolescent substance abuse, 2. Examine the socioeconomic and environmental conditions influencing youth drug use, 3. Analyse the emerging crisis surrounding methamphetamine (*mutoriro*) use, and 4. Develop a multi-level conceptual framework explaining the determinants of adolescent substance abuse. By integrating global evidence with regional and national perspectives, this study aspires to provide a more comprehensive understanding of the structural and psychological dynamics driving youth substance abuse and propose evidence-based policy responses.

2. Literature Review

2.1. Global Context of Adolescent Substance Use

Adolescent substance use represents a significant global public health challenge with profound long-term consequences for morbidity, mortality, and socioeconomic development. Adolescence is a neurodevelopmental phase marked by increased reward sensitivity, incomplete maturation of executive functions, and a heightened propensity for risk-taking behaviours, collectively increasing vulnerability to experimentation with psychoactive substances (Casey, Jones, & Somerville, 2011) ^[6]. Early initiation of alcohol and drug use substantially elevates the likelihood of developing substance use disorders, mental health comorbidities, educational disruption, and social marginalization in adulthood. Globally, the burden of substance use remains considerable.

The United Nations Office on Drugs and Crime (UNODC) estimates that approximately 296 million individuals aged 15–64 years used drugs in 2021, indicating a significant increase over previous decades, with youth comprising a large proportion of new initiations (UNODC, 2023). Furthermore, an estimated 39 million people globally live with drug use disorders, underscoring the public health significance of dependency-related harm (UNODC, 2023). Alcohol consumption remains one of the leading risk factors for mortality among adolescents worldwide, contributing to injuries, violence, and long-term non-communicable disease risk (World Health Organization [WHO], 2022). Evidence from the Global Burden of Disease study indicates that substance use significantly contributes to disability-adjusted life years (DALYs) among adolescents and young adults, particularly through alcohol-related injuries, overdose, and mental health comorbidity (GBD 2019 Risk Factors Collaborators, 2020) ^[9].

Recent systematic reviews have demonstrated that adolescent substance use prevalence is rising in several low- and middle-income countries due to rapid urbanization, socioeconomic inequality, and weak regulatory enforcement of psychoactive substances (Degenhardt *et al.*, 2018; WHO, 2022). The globalization of illicit drug markets has further transformed substance availability. Synthetic stimulants, such as methamphetamine, and synthetic opioids are increasingly accessible due to lower production costs, adaptability of clandestine laboratories, and expansion through informal transnational trade networks (UNODC, 2023). These substances often proliferate rapidly within urban youth subcultures and digital communication networks, accelerating diffusion and normalization. The emergence of new psychoactive substances complicates surveillance systems and challenges public health responses due to limited toxicological detection capacity in many developing regions. Sex differences also characterize global patterns of adolescent substance use. International data indicate that males generally exhibit a higher prevalence of illicit drug use, whereas females demonstrate increasing vulnerability to prescription drug misuse and co-occurring mental health disorders (WHO, 2022; UNODC, 2023). However, sex-disaggregated surveillance data remain inconsistent across many countries, limiting precise comparative analyses and targeted prevention strategies. Overall, the global evidence underscores that adolescent substance abuse is not solely an

individual behavioural issue, but a structurally embedded public health concern shaped by neurodevelopmental susceptibility, socioeconomic inequality, globalized drug supply systems, and gendered risk patterns. These global dynamics provide an essential context for understanding emerging trends in Sub-Saharan Africa and Zimbabwe.

2.2. Overview of Adolescent Substance Abuse in Zimbabwe

Zimbabwe's demographic profile is characterized by a predominantly youthful population, with approximately 32–35% of individuals aged between 10 and 24 years, as indicated by recent census projections from the Zimbabwe National Statistics Agency (ZIMSTAT). This demographic structure presents both developmental opportunities and social vulnerabilities. The youth bulge suggests that challenges affecting adolescents, such as substance abuse, have significant implications for national development, human capital formation, and long-term economic productivity. Substance use patterns among adolescents in Zimbabwe are influenced by both global drug market dynamics and local socioeconomic conditions. Commonly abused substances include alcohol, cannabis, inhalants, prescription and over-the-counter pharmaceutical drugs, cough syrups containing codeine, and the rapidly increasing use of crystal methamphetamine, locally referred to as *mutoriro*.

Recent media reports and emerging public health assessments indicate that synthetic stimulants have gained considerable traction in urban areas due to their relatively low cost, high potency, and availability through informal distribution networks (United Nations Office on Drugs and Crime [UNODC], 2023). Evidence from regional drug monitoring reports suggests that Southern Africa has experienced an increasing circulation of methamphetamine and other synthetic stimulants, often linked to transnational trafficking networks and localized production hubs (UNODC, 2023). Zimbabwe has been identified as both a transit and consumption environment within these broader illicit supply chains. Although nationally representative prevalence surveys remain limited, treatment admissions and qualitative studies indicate a rising demand for substance-related services among the youth population. Urban informal settlements and high-density suburbs are frequently identified as hotspots for adolescent drug use. These environments are characterized by structural deprivation, limited employment opportunities, overcrowding, and restricted access to structured youth engagement programs. Empirical research in low- and middle-income settings has demonstrated that adolescents residing in socio-economically marginalized communities exhibit higher susceptibility to substance experimentation due to cumulative exposure to stressors, peer normalization, and easy drug accessibility (Degenhardt *et al.*, 2018; WHO, 2022).

The escalation of adolescent drug abuse in Zimbabwe must also be understood within the broader macroeconomic context of prolonged economic instability, currency volatility, high youth unemployment, and constrained social protection systems. Economic contraction and labor market stagnation reduce legitimate pathways for youth advancement, thereby increasing vulnerability to maladaptive coping strategies, including substance use. Public health research consistently shows that structural

deprivation is significantly correlated with elevated substance misuse risk among young populations (UNODC, 2023). Overall, the Zimbabwean context demonstrates that adolescent substance abuse is not merely an individual behavioural issue, but a structural and systemic challenge shaped by economic stress, urban marginalization, and expanding illicit drug markets.

2.3. Psychological Determinants of Adolescent Substance Abuse

Psychological vulnerability plays a crucial role in adolescent substance abuse by interacting with social and structural stressors to heighten risk. Adolescence is a developmental phase marked by identity formation, challenges in emotional regulation, and increased sensitivity to social evaluation. During this period, exposure to trauma, chronic stress, family disruption, and socioeconomic adversity significantly increases the likelihood of engaging in maladaptive coping behaviours, such as using psychoactive substances (World Health Organization [WHO], 2022).

Empirical evidence consistently shows that adolescents with symptoms of anxiety, depression, post-traumatic stress, or emotional dysregulation are significantly more prone to initiate and maintain substance use than their psychologically resilient peers. This link is supported by longitudinal studies that reveal a strong comorbidity between mood and substance use disorders across diverse global populations (Degenhardt *et al.*, 2018; Patel *et al.*, 2018) ^[20]. The “self-medication hypothesis” offers a theoretical explanation, suggesting that individuals may resort to drugs or alcohol to temporarily relieve psychological distress or manage negative emotions (Khantzian, 1997) ^[15]. Although not all substance use is driven by self-medication, evidence indicates that emotional distress increases vulnerability to experimentation and dependence.

Neurodevelopmental research further elucidates adolescent risk-taking through brain maturation processes. The adolescent brain undergoes structural and functional reorganization, particularly in the prefrontal cortex (executive control) and limbic system (reward processing). Increased dopaminergic activity heightens sensitivity to reward stimuli and peer approval, while incomplete maturation of impulse control mechanisms diminishes behavioural inhibition (Casey, Jones, & Somerville, 2011) ^[6]. Psychoactive substances directly activate the brain's reward circuitry, reinforcing drug-seeking behaviour through dopaminergic stimulation and neuroadaptive changes that strengthen dependency pathways.

Global burden data confirm that mental and substance use disorders are a leading cause of disability-adjusted life years (DALYs) among adolescents and young adults worldwide (GBD 2019 Mental Disorders Collaborators, 2022). Importantly, psychological distress does not function in isolation but is exacerbated by structural conditions such as poverty, unemployment, violence exposure, and social marginalization. Youth in economically constrained environments often experience chronic stress and uncertainty, increasing the likelihood of substance experimentation as a coping mechanism (UNODC, 2023; WHO, 2022).

In low- and middle-income contexts, such as Zimbabwe, limited access to adolescent-friendly mental health services further exacerbates psychological vulnerability. Treatment

gaps, stigma surrounding mental healthcare, and resource constraints hinder early detection and intervention, allowing substance-related problems to escalate untreated. Thus, the psychological determinants of adolescent substance abuse must be understood as the interplay between neurodevelopmental susceptibility, emotional distress, and structural stressors, rather than isolated individual pathology.

2.4. Social Learning and Peer Influence

Social learning theory provides a robust explanatory framework for understanding adolescent substance abuse by emphasizing that behaviours are acquired through observation, imitation, modelling, and reinforcement within social environments (Bandura, 1977; Akers, 2011) ^[3]. During adolescence, peer relationships increasingly replace parental influence as primary socializing agents, making peer networks a powerful determinant of behavioral choices, including substance use.

Empirical research has consistently underscored the influence of peer substance use as a significant factor in adolescent experimentation and ongoing drug involvement. Longitudinal studies reveal that adolescents exposed to peers using alcohol or illicit substances are markedly more likely to begin using these substances themselves, even when individual predispositions and family background factors are considered (Steinberg, 2014; Degenhardt *et al.*, 2018) ^[21]. This phenomenon can be attributed to observational learning, in which young individuals perceive substance use as normalized or rewarded behavior within their immediate social context.

In countless scenarios, the initial encounter with drugs takes place during peer gatherings, social events, or informal recreational spaces where substances are not only shared but also normalized. When adolescents witness their peers' using drugs without facing immediate negative consequences, the perceived risk plummets, while the allure of social reward skyrockets. This dynamic powerfully reinforces behavioural imitation through the potent forces of positive reinforcement and social acceptance. It is imperative to recognize and address this cycle to safeguard our youth from the insidious grip of substance abuse.

Peer dynamics also generate normative pressure that encourages conformity. Adolescents who refuse participation in substance use may experience exclusion, ridicule, or reduced group status. The psychological need for belonging and identity consolidation intensifies susceptibility to such pressures. Social Identity Theory further explains that youths may adopt group-consistent behaviours, including substance use, to strengthen membership within valued peer networks (Tajfel & Turner, 1986) ^[22].

In low- and middle-income settings, such as Zimbabwe, the scarcity of structured youth engagement opportunities, coupled with unemployment and urban marginalization, can intensify the reliance on peer groups as primary social reference systems. In instances where peer environments lack positive mentorship or supervised recreational alternatives, there is a potential for the inadvertent facilitation of substance normalization. Consequently, peer influence should not be perceived solely as individual susceptibility but rather as a socially embedded process reinforced by broader structural and environmental conditions.

2.5. Family and Household Influences

Family environments are among the most critical systems influencing adolescent substance use behaviour, serving as either protective or risk-enhancing factors. Within ecological frameworks, the family functions as a primary socialization unit that shapes behavioural norms, emotional regulation, supervision, and exposure to risky environments (Bronfenbrenner 1979; World Health Organization 2022) ^[5]. Empirical evidence has consistently indicated that family structure, parental practices, and household stability are significant predictors of adolescent vulnerability to alcohol and drug use. Household adolescents characterized by parental neglect, chronic conflict, domestic violence, parental migration, or parental substance abuse are at a markedly higher risk of initiating and continuing substance use.

Longitudinal studies have demonstrated that parental substance use facilitates the intergenerational transmission of substance-related behaviours through modelling, genetic predisposition, and environmental normalization (Hawkins, Catalano, & Miller, 1992; Degenhardt *et al.*, 2018) ^[11]. Exposure to substance-using caregivers diminishes perceived risk and weakens behavioural deterrents. Conversely, strong family cohesion, open communication, emotional warmth, and consistent supervision served as protective factors. Parental monitoring, defined as awareness of adolescents' activities, peer associations, and social engagement, is consistently linked to a reduced likelihood of substance experimentation and delayed initiation (Steinberg, 2014) ^[21]. Research across diverse cultural contexts suggests that effective parental supervision reduces exposure to high-risk peer networks and limits unsupervised access to substances. Economic hardship within households further complicates the protective capacity of a family. In contexts characterized by poverty and unemployment, parental stress and time constraints may diminish the effectiveness of supervision and weaken emotional support systems. Studies in low- and middle-income countries have shown that financial strain indirectly increases substance risk in adolescents by destabilizing family functioning and increasing exposure to community-level vulnerability (UNODC, 2023; WHO, 2022).

In Zimbabwe, prolonged macroeconomic instability, labour migration, and household income insecurity have contributed to changing family structures. Parental migration for employment, including diaspora migration, may enhance household income; however, this simultaneously reduces direct supervision. Such structural conditions create gaps in protective oversight and increase reliance on peer networks for social support. Thus, family influences function as both a buffer and a risk amplifier, contingent upon household stability, economic conditions, and parental engagement. Effective prevention strategies must therefore incorporate family-based interventions that enhance communication, supervision, and psychosocial resilience.

2.6. Structural and Socio-Economic Drivers

Adolescent substance abuse should be examined within broader structural and socioeconomic frameworks rather than being viewed solely as an individual behavioural issue. Perspectives from political economy and public health research illustrate that macro-level determinants, such as

poverty, unemployment, inequality, governance capacity, and the globalization of illicit markets, significantly influence patterns of youth drug exposure and vulnerability (UNODC, 2023; WHO, 2022). Persistent poverty and economic inequality create environments in which adolescents experience chronic stress, limited educational mobility, and constrained livelihood opportunities.

Evidence from low- and middle-income countries indicates that socioeconomic deprivation is strongly associated with an increased risk of substance initiation and progression to dependence, particularly when combined with weak social protection systems (Degenhardt *et al.*, 2018). Structural deprivation reduces access to recreational alternatives, mental health services, and youth empowerment programs, thereby increasing susceptibility to drug involvement. Youth unemployment is one of the most significant structural predictors of substance use. In contexts where formal labour markets fail to absorb growing youth populations, prolonged joblessness fosters frustration, social exclusion, and diminished future expectations.

Empirical studies suggest that unemployment significantly increases the likelihood of hazardous alcohol and illicit drug use as a coping response to economic insecurity and marginalization (International Labour Organization [ILO], 2023; UNODC, 2023). In Zimbabwe and similar economies experiencing macroeconomic instability, high youth unemployment intensifies exposure to informal survival strategies that may intersect with illicit drug economies. Rapid urbanization across African countries has further contributed to the expansion of densely populated informal settlements, characterized by limited infrastructure, weak regulatory oversight, and constrained public services. These environments often become focal points for informal drug distribution networks due to reduced surveillance and economic desperation among residents.

Research indicates that the spatial concentration of poverty and urban marginalization correlates with increased availability and commercialization of illicit substances (UNODC, 2023). Globalization and porous border controls have facilitated transnational trafficking networks that increase the availability of synthetic drugs, cannabis, and precursor chemicals across Africa. The proliferation of methamphetamine markets in Southern Africa demonstrates how international supply chains intersect with local demand dynamics to create accessible drug environments for adolescents (UNODC, 2023). Weak law enforcement and regulatory fragmentation further amplify this exposure. Structural drivers thus operate as upstream determinants that shape individual and household vulnerabilities. Effective prevention strategies must extend beyond behavioural interventions to include macroeconomic policy reform, youth employment creation, strengthened governance of drug markets, and improved urban planning systems.

3. Methodology

3.1. Search Strategy

A systematic literature review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews

and Meta-Analyses (PRISMA 2020) guidelines to ensure transparency, reproducibility, and methodological rigor (Page *et al.*, 2021). This review concentrated on peer-reviewed literature published between January 2018 and December 2025, aiming to capture recent empirical evidence on adolescent substance abuse and its determinants.

Five major academic databases were systematically searched:

- Scopus
- Web of Science
- ScienceDirect
- PubMed
- Google Scholar

To improve search accuracy and mitigate selection bias, structured Boolean search strings were formulated by integrating keywords with MeSH-related terms. Examples of search terms are as follows:

- “adolescent drug abuse” AND “Africa”
- “youth substance use” AND “Zimbabwe”
- “psychological drivers” AND “substance abuse”
- “methamphetamine” AND “Africa”
- “peer influence” AND “adolescent drug use”
- “structural determinants” AND “youth substance use”

Boolean operators (AND, OR) and truncation techniques were employed to encompass variations in terminology. Reference lists of eligible articles were manually examined to identify additional pertinent studies through backward citation tracking. Duplicate records were eliminated prior to the screening process.

3.2. Inclusion and Exclusion Criteria

Studies were included if they met the following criteria:

- Published between 2018 and 2025
- Peer-reviewed journal articles
- Focused on adolescents or youth aged 10–24 years
- Examined determinants, risk factors, or structural drivers of substance abuse
- Conducted in African contexts or providing comparative global evidence relevant to Africa

Exclusion criteria:

- Non-peer-reviewed publications (e.g., opinion pieces, editorials, news reports)
- Studies outside the defined age group without disaggregated youth data
- Articles lacking empirical data
- Duplicate publications

Only English-language publications were included due to resource constraints.

3.3. Screening and Selection Process

The study selection followed a three-stage screening procedure consistent with PRISMA methodology:

Table 1:

Stage	Records
Database search	215
Duplicates Removed	38
Titles & Abstracts screened	177
Full-text articles assessed for eligibility	94
Final studies included	68

After removing duplicates, titles and abstracts were screened for relevance. Articles that satisfied the inclusion criteria underwent a comprehensive full-text review. Studies that did not adequately address the determinants of adolescent substance use or lacked methodological clarity were excluded. The final dataset predominantly comprised cross-sectional quantitative studies, qualitative interviews, mixed-method research, and systematic reviews focusing on youth substance use in Africa. The synthesis approach employed a combination of thematic analysis and narrative integration to identify recurring patterns across structural, psychological, and social determinants.

4. Results AND Discussion

4.1. Conceptual Framework for Adolescent Substance Abuse in Zimbabwe

Substance abuse among adolescents in Zimbabwe can be understood as the result of interacting psychological, social, familial, and structural determinants that operate concurrently across multiple levels of influence (Figure 1). These factors are mutually reinforcing, creating cumulative vulnerability to substance initiation, continuation, and dependence. Empirical evidence from global and African public health research indicates that substance use among youths is rarely the result of isolated individual choices but emerges from structural deprivation, social exposure, and psychosocial stressors interacting within specific socioeconomic contexts (World Health Organization [WHO], 2022; United Nations Office on Drugs and Crime [UNODC], 2023).

Economic hardship, unemployment, inequality, and expanding illicit drug markets create structural conditions that heighten risk exposure. Studies have shown that young people living in contexts characterized by poverty and limited access to opportunity structures exhibit higher rates of substance misuse as a coping response to structural strain (Degenhardt *et al.*, 2018; Agnew, 2006) ^[2]. In Southern Africa, the increased availability of synthetic drugs and weak enforcement mechanisms have further intensified accessibility among adolescents (UNODC, 2023). Family environments constitute an intermediate layer that links

structural pressure to individual vulnerability.

Parental migration, divorce, single parenting, economic migration to the diaspora, and weak supervision reduce protective monitoring. Research consistently demonstrates that family cohesion and parental monitoring act as protective factors, whereas family conflict and parental substance use significantly increase adolescents' risk of drug involvement (Hawkins *et al.*, 1992; World Health Organization, 2022) ^[11]. Psychological factors arise from the interplay between structural stress and family instability. Adolescents subjected to chronic stress, trauma, depression, or feelings of hopelessness frequently resort to maladaptive coping mechanisms, such as substance use. Evidence from global mental health research substantiates the strong correlations between untreated psychological distress and heightened substance dependence among youth populations (Patel *et al.*, 2018) ^[20]. Social and behavioural factors further exacerbate risk through peer influence, youth subcultures, and exposure to digital media. Social learning theory elucidates how adolescents replicate behaviours observed within peer groups, particularly when substance use is normalized or socially rewarded (Bandura, 1977; Akers, 2011) ^[3]. In urban contexts in Zimbabwe, peer networks and online platforms often facilitate exposure to drug-related lifestyles, thereby reinforcing behavioural patterns.

4.2. Theoretical Alignment

This framework is consistent with Ecological Systems Theory, which posits that behaviour evolves through dynamic interactions between individuals and their surrounding environmental systems (Bronfenbrenner, 1979; WHO, 2022) ^[5]. It also embodies Social Learning Theory by underscoring the role of behavioural modelling within peer and social contexts (Bandura, 1977; Akers, 2011) ^[3]. Additionally, it integrates Strain Theory by recognizing the impact of structural deprivation on maladaptive coping mechanisms (Merton, 1938; Agnew, 2006) ^[2, 17]. Collectively, these theoretical underpinnings offer a thorough explanation of adolescent substance abuse in Zimbabwe's socio-economic context and support the need for multi-level prevention strategies.

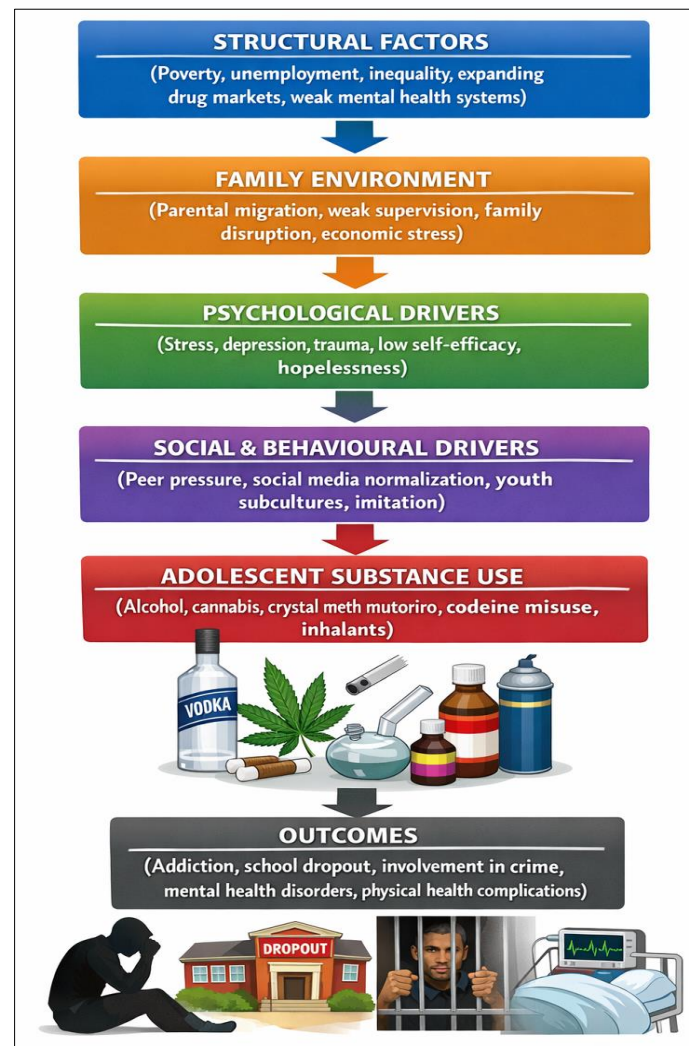


Fig 1: Conceptual Flow Diagram for Adolescent Substance Abuse In Zimbabwe

4.3. Theoretical Perspectives on Adolescent Substance Abuse in the Zimbabwean Context

To comprehensively understand adolescent substance abuse in Zimbabwe, theoretical models must incorporate both psychological vulnerabilities and the broader structural conditions influencing behaviour. The prevalence of drug use among Zimbabwean youth should not be perceived merely as a matter of individual misconduct. Instead, it is a phenomenon shaped by a confluence of socioeconomic pressures, family dynamics, peer influences, insufficient institutional support, and the growth of illicit drug markets. Research from both global and African perspectives underscores that substance use is the result of intricate, multilevel interactions rather than isolated personal decisions (United Nations Office on Drugs and Crime [UNODC], 2023; World Health Organization [WHO], 2022).

4.3.1. Social Learning Theory in the Zimbabwean Context

Social Learning Theory asserts that behaviours are acquired through observation, imitation, modelling, and reinforcement within social contexts (Bandura, 1977; Akers, 2011) [3]. In Zimbabwe, peer networks significantly influence adolescent experimentation with substances such as alcohol, cannabis, and emerging synthetic drugs, including crystal methamphetamine (*mutoriro*). Research indicates that

adolescents are more likely to initiate substance use when they observe peers or influential figures receiving social approval or perceived rewards from drug-related behaviours (Steinberg, 2014) [21].

In urban Zimbabwean settings, the normalization of substance use within informal peer groups, nightlife environments, and digitally mediated spaces enhances perceived acceptability. The proliferation of social media further reinforces exposure to substance-related imagery and identity construction around risky behaviours. Global evidence suggests that digital platforms can amplify peer modelling effects and contribute to the normalization of substance use among young populations (UNODC, 2023). In contexts where unemployment limits structured youth engagement, peer networks often become primary spaces for identity formation, sometimes reinforcing experimentation with drugs. Thus, within Zimbabwe's socioeconomic landscape, substance use reflects socially reinforced behaviour embedded in peer dynamics rather than purely individual moral failure.

4.3.2. Strain Theory and Structural Pressures

Strain Theory posits that deviant behaviour arises as a reaction to structural inequalities and obstructed opportunities. Within Merton's framework, individuals who encounter restricted access to legitimate means of achieving

societal goals may resort to alternative coping strategies, such as substance use (Merton, 1938; Agnew, 2006) ^[2, 17]. In Zimbabwe, the prevalence of high youth unemployment, macroeconomic instability, inflationary pressures, and limited educational and employment pathways have resulted in chronic structural strain among young people.

Empirical evidence indicates that economic marginalization significantly heightens vulnerability to drug use as a coping mechanism for stress and hopelessness (WHO 2022; UNODC 2023). When legitimate opportunities for upward mobility appear inaccessible, substance use may serve as a psychological escape from frustration and social exclusion. Research conducted in low- and middle-income countries has corroborated that economic deprivation and social inequality are strongly correlated with an increased risk of substance abuse among young individuals (Degenhardt *et al.*, 2018). Consequently, within the Zimbabwean context, drug involvement should be interpreted as an adaptive response to structural constraints rather than solely as individual pathology.

4.3.3. Socio-Ecological Model as an Integrative Framework

The socio-ecological model offers a comprehensive analytical framework by integrating individual, relational, community, and structural determinants of behaviour. Public health research underscores that substance abuse prevention is most effective when interventions simultaneously address multiple interacting levels (Bronfenbrenner, 1979; World Health Organization, 2022) ^[5]. In Zimbabwe, adolescent substance abuse can be analysed across the following levels:

- At the individual level, factors such as psychological distress, exposure to trauma, low self-efficacy, and emotional vulnerability were significant.
- At the family level, issues included parental migration, inadequate supervision, economic stress, and a disrupted household environment.
- At the peer level, factors such as peer pressure, the normalization of drug use within groups, and social reinforcement were prevalent.
- At the community level, concerns included the availability of illicit substances, the presence of informal drug markets, weak law enforcement, and limited youth engagement programs.
- At the structural level, challenges such as unemployment, poverty, macroeconomic instability, and gaps in policy enforcement are evident.

Research in global prevention science indicates that integrated multi-level interventions produce more robust and enduring outcomes than isolated individual-level strategies (UNODC, 2023; Patel *et al.*, 2018) ^[20]. This integrated approach forms the foundation of the study's conceptual framework and addresses the complex factors contributing to adolescent substance abuse in Zimbabwe.

4.4. Drivers of Adolescent Substance Abuse

4.4.1. Psychological Drivers

Adolescence represents a pivotal developmental phase, characterized by the formation of identity, challenges in emotional regulation, and increased sensitivity to social acceptance. During this period, psychological vulnerabilities,

including depression, anxiety, exposure to trauma, and low self-esteem, significantly heighten the risk of substance use. Empirical evidence indicates a strong association between mental health disorders and an elevated risk of alcohol and drug misuse among adolescents (World Health Organization [WHO], 2022; Degenhardt *et al.*, 2018). Substance use is frequently adopted as a maladaptive coping mechanism to manage stress, emotional distress, or unresolved trauma. Research suggests that youths exposed to poverty-related stressors, violence, parental migration, or family instability demonstrate higher rates of psychoactive substance use as a means of psychological escape (United Nations Office on Drugs and Crime [UNODC], 2023).

In low- and middle-income countries, the limited availability of adolescent-friendly mental health services exacerbates this risk, leaving psychological conditions untreated and increasing reliance on informal coping mechanisms. The integration of mental health services into primary healthcare and school-based systems remains limited in many African contexts, including Zimbabwe, further contributing to treatment gaps. Evidence from global mental health research underscores that early identification and psychosocial interventions significantly mitigate long-term substance-related harm (Patel *et al.*, 2018) ^[20].

4.4.2. Peer Influence and Social Networks

Peer relationships constitute one of the most influential determinants of adolescent behaviour. Adolescents are more likely to experiment with drugs when substance use is normalized within their peer groups or social networks. Social learning theory posits that behaviour is acquired through observation, imitation, and reinforcement within social contexts, thereby rendering peer modelling a potent influence on substance initiation (Bandura, 1977; Akers, 2011) ^[3]. Empirical studies indicate that peer substance use is a significant predictor of adolescent drug experimentation across diverse cultural settings (UNODC, 2023). When drug use becomes embedded within youth subcultures or informal social spaces, it gains perceived legitimacy and social acceptance.

In contexts where unemployment limits structured engagement opportunities, peer networks may become the primary arena for identity formation, sometimes reinforcing risky behaviours. Social identity theory further elucidates that adolescents may engage in substance use to enhance belongingness and group cohesion. Research indicates that perceived peer approval substantially increases the probability of experimenting with alcohol and illicit substances (Steinberg, 2014) ^[21]. Consequently, prevention programs that reshape peer norms and promote positive youth networks can mitigate the social reinforcement of drug use.

4.4.3. Family Environment

Family structure and parental involvement play a central role in shaping adolescent behavioural outcomes. Weak parental supervision, family conflict, domestic violence, parental substance use, and disrupted households increase vulnerability to adolescent drug use. Systematic reviews confirm that dysfunctional family environments are consistently associated with higher rates of substance initiation among youth (WHO, 2022).

Conversely, strong family bonds, consistent supervision,

open communication, and positive parenting practices function as protective factors. Parental monitoring reduces exposure to high-risk peer networks and delays the onset of experimentation with psychoactive substances (Hawkins, Catalano, & Miller, 1992; UNODC, 2023) ^[11].

In contexts such as Zimbabwe, economic migration and labour mobility often result in parental absence, weakening

supervision structures. Strengthening family-based prevention programs, caregiver education, and community support systems is therefore critical to mitigating substance abuse risks. Evidence suggests that family-centred interventions significantly reduce adolescent drug use when integrated into broader community health strategies. Table 1 summarises the major drivers of youth substance abuse.

Table 2: Major Drivers of Youth Substance Abuse

Driver Category	Key Factors	Mechanism
Psychological	Depression, trauma, anxiety	Self-medication
Peer Influence	Social pressure, peer modelling	Behavioural imitation
Family Environment	Weak supervision, conflict	Reduced protective control
Economic Conditions	Poverty, unemployment	Stress and frustration
Drug Availability	Cheap synthetic drugs	Increased accessibility

4.5. Zimbabwe Case Study: The Mutoriro Crisis

In recent years, Zimbabwe has witnessed a significant increase in the use of crystal methamphetamine, colloquially referred to as *mutoriro*, particularly among urban youth. This substance has gained popularity due to its relatively low cost, high potency, and growing availability within informal drug markets. Emerging evidence indicates that methamphetamine markets in Southern Africa have expanded considerably, driven by regional trafficking networks and inadequate regulatory control mechanisms. Regional drug surveillance reports reveal that methamphetamine production and distribution have escalated across Southern Africa, with Zimbabwe identified as both a transit and consumption zone within broader illicit supply chains. According to the United Nations Office on Drugs and Crime (UNODC), synthetic drug markets in Africa have expanded in recent years due to the globalization of precursor chemicals, porous borders, and limited enforcement capacity. These structural dynamics contribute to the proliferation of stimulant drugs in urban centres.

Empirical studies further demonstrate that methamphetamine use is strongly associated with economic marginalization, unemployment, and psychosocial stress among youth. Research across sub-Saharan Africa shows that young people facing limited livelihood opportunities are more susceptible to stimulant use as a coping mechanism for frustration and social exclusion (United Nations Office on Drugs and Crime [UNODC], 2023; Degenhardt *et al.*, 2018). In Zimbabwe, persistent macroeconomic instability and high youth unemployment exacerbate these vulnerabilities, reinforcing drug-related risks.

Qualitative research conducted among young drug users in Harare reveals significant barriers to accessing treatment services, including stigma, fear of arrest, limited treatment facilities, and financial constraints. Similar findings across African contexts indicate that substance use treatment coverage remains low due to resource limitations and weak integration of addiction services into primary healthcare systems (World Health Organization [WHO], 2022). These systemic gaps contribute to continued drug use without professional intervention. Overall, the *mutoriro* crisis represents not only a public health emergency but also a structural development challenge linked to unemployment, weak enforcement of drug control policies, and limited mental health infrastructure. Effective responses require

coordinated action involving law enforcement, public health systems, community-based rehabilitation, and youth economic empowerment initiatives.

4.6. Intervention Strategies

To prevent teenagers from using drugs, we must work at multiple levels. We should focus on both personal issues and the larger reasons why they might use drugs. In Zimbabwe, more young people are trying substances such as alcohol, cannabis, and new illegal drugs. This means that families, schools, communities, and policymakers must work together. Table 2 presents an overview of possible multi-tiered prevention strategies designed to address adolescent substance abuse at the individual, family, school, community, and policy levels.

At the individual level, mental health counselling and psychosocial support are not merely beneficial; they are essential for mitigating the psychological vulnerabilities linked to stress, trauma, unemployment, and academic pressure. Adolescents grappling with substance use challenges often endure depression, anxiety, or emotional distress; yet they face significant barriers to accessing professional services. It is imperative that we strengthen school-based counselling services, expand youth-friendly mental health clinics, and integrate substance abuse screening into primary healthcare. These actions are crucial for promoting early identification and intervention, ensuring that young people receive the support they need to thrive.

At the family level, parenting education programs and caregiver empowerment initiatives are not merely beneficial—they are essential. These programs significantly enhance supervision, communication, and emotional support, forming the backbone of a nurturing family environment. In Zimbabwe, the challenges of parental migration, economic hardship, and family fragmentation are eroding protective family structures. It is imperative that we implement interventions that strengthen parental engagement and equip caregivers with the critical skills needed to monitor peer influences and detect behavioural changes. By doing so, we can effectively curb early drug experimentation and foster a safer, more supportive environment for our youth. The time to act is now, and the impact of these initiatives cannot be overstated.

In the vibrant tapestry of school life, structured drug education programs and life skills training weave protective

cloaks around adolescents. These initiatives not only illuminate the shadowy risks of substance use but also sharpen decision-making and refusal skills. Schools are bastions of safety where the seeds of early prevention are sown, reaching the fertile minds of vast youth populations. At the community level, initiatives such as youth mentorship programs, faith-based engagement, sports activities, and vocational training have fostered positive social networks and provided constructive alternatives to drug involvement. Community stakeholders also contribute to reducing stigma and promoting collective responsibility for prevention. At the policy level, it is imperative to implement effective

regulations of illicit drug supply chains, enhance law enforcement, and improve coordination between public health and security institutions to reduce availability. Policy interventions must also address underlying structural drivers, such as unemployment and poverty, through youth empowerment programs and economic inclusion strategies. Overall, prevention efforts must operate in an integrated manner, recognizing that behavioural change is reinforced when supportive family systems, safe school environments, engaged communities, and strong policy enforcement work simultaneously.

Table 3: Multi-Level Prevention Strategies

Intervention Level	Strategy	Expected Outcome
Individual	Mental health counselling	Reduced psychological vulnerability
Family	Parenting education programs	Improved supervision
School	Drug education programs	Early prevention
Community	Youth mentorship initiatives	Positive social networks
Policy	Drug supply regulation	Reduced availability

Effective prevention strategies must address both behavioural and structural drivers of substance abuse.

5. Conclusion

In Zimbabwe, adolescent substance abuse represents a complex public health and socio-developmental issue influenced by the interplay of psychological vulnerability, social pressures, and structural disparities. Factors such as economic difficulties, youth unemployment, family instability, peer influences, and the growing availability of illegal drugs collectively foster an environment in which adolescents are more prone to experimenting with and continuing drug use. These interconnected factors indicate that addressing adolescent substance abuse requires more than individual-level interventions; it must be understood within broader social and economic frameworks. The swift rise and spread of methamphetamine, known locally as *mutoriro*, has heightened the urgency of the issue by exposing young people to highly addictive substances with serious health and social repercussions. This trend highlights the necessity for coordinated efforts that tackle both the demand and supply aspects of drug use. Effective strategies should therefore integrate preventive education, increased access to youth-friendly mental health and rehabilitation services, bolstered family and community support systems, and policy measures aimed at reducing the availability of illegal drugs.

Tackling adolescent substance abuse in Zimbabwe ultimately demands integrated, multisectoral approaches involving schools, families, health systems, communities, and policy institutions. Investments in youth empowerment, job opportunities, and social protection programs are equally vital in alleviating the structural pressures that contribute to substance use. Future research should focus on longitudinal and mixed-method studies to better understand youth drug use patterns and assess the long-term effectiveness of community-based and policy-driven prevention initiatives. Strengthening the evidence base will be crucial for developing sustainable and contextually appropriate responses capable of safeguarding the health and well-being of Zimbabwe's young population.

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