Increased illicit substance use among the Zimbabwean adolescents and youths during the COVID-19 era: An impending public health disaster

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Zimbabwe’s illicit substance use problem has increased dramatically under the COVID-19 pandemic [1]. Of particular concern has been the upward trend in drug/substance use among adolescents and youths [1, 2]. Commonly used substances in Zimbabwe include glue, bronclee, mangemba, cane sprit, marijuana, codeine, and methamphetamine (crystal meth) [1, 2, 3]. In this letter, we discuss the aggravated substance use during the COVID-19 pandemic in Zimbabwe, and how it is a serious impending public health disaster.

Porous borders have seen drugs such as bronclee (containing codeine) finding their way illegally into the country in huge volumes. To further compound this, local production is now also rampant with drugs such as Musombodia, a colourless highly intoxicating drink made from ethanol and emblements powder, which is being illegally manufactured and distributed throughout Zimbabwe [2]. In the past, substance use was a common feature among homeless children who engaged in this behaviour for various reasons, among them relieving their stressful situations, getting courage for engaging in criminal activities, and as sedating substances to help them sleep. However, very high unemployment rates in Zimbabwe coupled by poverty and despair have resulted in increasing numbers of youthful citizens of the country also turning to using drugs as a way of entertainment [1]. This has been exacerbated by the ready availability and affordability of these substances to the adolescents and youths as they interact within their social circles. The ongoing COVID-19 lockdowns may also have compounded the situation as the youthful, including those of school going age, found themselves idle [4], with limited recreational activities, especially in the high-density suburb settings.

Additionally, the COVID-19 era has seen Zimbabwe witness a sharp rise in methamphetamine use [1]. Methamphetamine is a highly addictive stimulant commonly referred to as “crystal meth” or locally as “mutoriro”. This drug affects the central nervous system and can leave users in deep stupor. There has been verticalization of the number of hospital admissions due to methamphetamine use among adolescents and youth compared to other conditions during the COVID-19 pandemic [5]. Clearly, there is an impeding public health disaster here. For instance, some of the substances are significant factors for risky sexual behaviour, cardiovascular and neurological diseases and predispose to short and long-term psychiatric complications including addiction, stress, depression, anxiety, suicide and even psychosis. School going children who turn to using illicit substances are also at risk of conflict with the law and dropping out of school. Drug use also has serious socioeconomic repercussions and is
associated with a higher burden of violent activities, robberies, increased un-employability and the need for rehabilitation services.

There is need for an urgent review of the substance use reduction programs in the country to ensure they are tailored to adolescents and youth, an emerging key population needing these services. Strengthening social protection provision, substance regulatory frameworks, and law enforcement is urgently required to confront this impending disaster. To achieve this, a multi-stakeholder strategic approach for community awareness, legislative changes to ensure harsh penalties for suppliers, and expanded juvenile offenders social support are needed.

References