Research Article

JSDA

Journal of Social Development in Africa, Vol. 39(1), 18-44
DOI: 10.4314/jsda.v39i1.3

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http://ww5.msu.ac.zw
https://www.ajol.info/index.php/jsda
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Challenges for reintegrated youths recovering from substance use disorders in Harare, Zimbabwe: A phenomenological study

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Abstract

With the rise in substance use disorders in Zimbabwe, several interventions have been instituted, but the problem continues on an upward trajectory. One aspect that has been neglected is the reintegration of young people recovering from substance use disorders. As such, this study investigates the challenges that youths recovering from substance use disorders face in Highfield, Harare. We adopted a qualitative interpretative phenomenological design and interviewed 12 participants and 4 key informants. Data were analysed through interpretative phenomenological analysis. From the findings, youths recovering from substance use disorders face several challenges in their reintegration and these include social stigma, lack of empowerment programs, stress, idleness, relapse and lack of social support. We then

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Cite as: Matanga, A.A., Chiparausha, M., Kurevakwesu, W. & Charamba, S. 2024. Challenges for reintegrated youths recovering from substance use disorders in Harare, Zimbabwe: A phenomenological study. *Journal of Social Development in Africa*, 39(1), 18-44. https://dx.doi.org/10.4314/jsda.v39i1.3

recommended the need to extend reintegration and aftercare services through the case management system, the prioritisation of income-generating projects for reintegrated youths, community sensitisation, and the development of a substance use policy that addresses issues of reintegration, among others.

Keywords: reintegration, substance use disorders, youths, recovery

Introduction

This article explores the challenges young people recovering from substance use disorders (SUDs) face in their reintegration in Highfield, Harare. This study comes at a time when SUDs have become more prevalent in Zimbabwe over the past few years (Kurevakwesu et al., 2023)—a situation that was also exacerbated by the COVID-19 pandemic (Chineka & Kurevakwesu, 2021). If one is to assess the most prevalent disorders in Zimbabwe's psychiatric health units, they will be met with high statistics of SUDs that are spiralling out of control (Kurevakwesu, 2021). The World Health Organization (WHO) defines substance use as the harmful intake of psychoactive substances (WHO, 2014), while Adjei & Wilhite (2021) argue that substance use is not only limited to consumption but also trading or dealing drugs. If substance use becomes a habit, it can present delirious effects that breed SUDs. However, this is not only a Zimbabwean problem. SUDs are a global problem that affects everyone regardless of social-economic status and their effects are multi-faceted as they affect people in their social, psychological and economic dimensions (Maraire and Chethiyar, 2020; Kurevakwesu et al., 2023). Adjei & Wilhite (2021) also posit that substance use is associated with countless problems that can range from physical, psychological, social, financial as well as legal issues. Substance use is a growing problem and measures put forward to address it are not yielding positive outcomes as cases continue to spiral out of control (Mafumbate, 2018; Jakaza & Nyoni, 2018).

The United Nations Office on Drugs and Crime (UNODC) recently released statistics indicating a 22% rise in global drug use since 2010 (UNODC, 2021). The numbers demonstrate an increase from 269 million users in 2018 to 275 million in 2020 (UNODC, 2021). Sadly, over 35 million people

worldwide suffer from substance use disorders, and drug use resulted in the deaths of more than 500,000 individuals in 2019 (UNODC, 2021). In light of these findings, Donnenfeld et al. (2019) noted that the production of cocaine worldwide more than doubled between 2014 and 2019, exceeding 2,000 tonnes. Additionally, the UNODC (2021) reported that more than 2 million people used cocaine in Africa in 2020 alone. The UNODC (2021) also found that substance use among adolescents in developing countries increased at a faster rate than in developed countries from 2000 to 2018.

According to the Zimbabwe Civil Liberties and Drugs Network (ZCLDN), alarming statistics reveal that more than 43% of adolescents and young adults used drugs in 2017 alone. By 2018, this percentage had risen to nearly 45% and continued to increase to above 57% by 2019 (Maraire & Chethiyar, 2020). These concerning trends have negative impacts on youth development, as substance use is known to have detrimental effects (Chineka & Kurevakwesu, 2021). The UNODC (2021) emphasises that substance use not only hinders human and economic development but also poses threats to peace and security. Additionally, youths involved in substance use are more likely to engage in criminal activities of all kinds (Dube, 2019), ultimately putting lives at risk, disrupting families, leading to incarceration, and perpetuating poverty, among other social ills (Lander et al., 2013).

In response to ever-increasing cases of substance use, many psychological, social and medical interventions have been implemented to address the menace. WHO (1993) proposes three types of interventions i.e., (1) primary prevention done to reduce the occurrences of substance use, (2) secondary prevention done to treat and manage those with substance use disorders, and (3) tertiary prevention done to extend aftercare and reintegration services. However, much emphasis is put on primary and secondary interventions as opposed to tertiary interventions and these have little success rates in producing sustained sobriety because they are not supported with aftercare and reintegration services (Mahlangu and Geyer, 2018). Nhunzvi et al. (2019*)* state that recovery from SUDs is not an easy process but an intricate one that is threatened by relapse if reintegration services for young people recovering from SUDs are not adequate.

Reintegration relates to services provided to service users that repair and strengthen social bonds between the drug user and the community (Mahlangu and Geyer, 2018). These services are provided to service users to ensure that reach long-term recovery which is instrumental in attaining sobriety (Asante et al., 2021; Madill et al., 2022). Reintegration services are also interconnected with aftercare services. According to Mahlangu and Geyer (2018), aftercare services are those services that are given to service users to enable them to regain normal social functioning and independence after being discharged from drug treatment centres. These services include services offered to sustain gains made during treatment and also to prevent negative recovery by ensuring that service users partake in self-help activities.

In Zimbabwe, one clear thing, as argued by Kurevakwesu et al. (2023) and Maraire & Chethiyar (2020) is that SUDs are highly prevalent among young people between the ages of 15 to 35 years. Despite statistics and evidence on the rising statistics of SUDs in the country, especially among the young generation, there seems to be little being done to curb this problem (Matutu & Mususa, 2019). Reintegration services have progressively been established to rescue the situation, but several problems persist (Mahlangu and Geyer, 2018). Madill et al. (2022) highlighted that tackling SUDs in young people is a process which is centred on successful reintegration. In other terms, medical interventions need to be supported by long-term psychosocial support if progress is to be recorded because these interventions offer brief therapies (Madill et al., 2022). This assertion is supported by Asante et al. (2021) as they aver that services that are provided by drug rehabilitation centres are generally short to medium term and reintegration services ensure that patients obtain long-term care. Given the importance of reintegration services, young people recovering from SUDs face several challenges in Zimbabwe considering the sorry state of the economy in Zimbabwe. There have not been much efforts to investigate these challenges and this aspect of substance use treatment has been neglected over time, yet it warrants a thorough investigation if the problem of substance use is to be ameliorated.

These challenges derail efforts to curb the problem of substance use because people recovering from substances should be detached from the same

environmental conditions that led them to use substances. By remaining in such an environment, cases of relapse might defeat all rehabilitation efforts (Roma et al., 2021; Marandure et al., 2022). Mukwenha et al. (2022) revealed that the COVID-19 pandemic can also be blamed for shaming any gains that had been made in the rehabilitation and re-integration of young people suffering from SUDs because young people were severely affected by idleness which resulted in them revisiting their past maladaptation. The pandemic exposed gaps that exist in current policies and programming to address the challenges that young people recovering from drugs face (Mukwenha et al., 2022).

In addition, Earnshaw (2020) posits that young people recovering from substance use face social stigma. Just as in other contexts like mental health illnesses, stigma is a social determinant that can drag young people back into substance use again and this affects recovery. Stigma affects young people recovering from substance use at both the individual and structural levels. These two levels create and recreate stigma (Earnshaw, 2020). Stigma at the individual level targets individuals and this includes attacking the social standing of people recovering from substance use disorders (Earnshaw, 2020). On the other hand, structural stigma is the stigma that is embedded in systems and policies which create and sustain it (Earnshaw, 2020).

Challenges that are faced by young people recovering from SUDS also have a gender dimension. Madill et al. (2022) revealed that when helping young people recover from substances, it is also vital to be sensitive to the aspect of gender because each gender has its specific needs and services—meaning that the challenges that are faced by each gender group are unique. Madill et al. (2022) postulated that young women who use drugs face stigma and other health-related issues that are particular to them—yet limited rehabilitation services cater for them. Therefore, this calls for investment in rehabilitation services that are tailored to meet the unique needs of young women.

Gibbons (2019) identified several challenges that people recovering from substance use face. The first challenge is that as they recover from drugs, they have to develop and adopt new coping mechanisms that support their

recovery. As one is learning to return to normalcy, he or she faces challenges as the process needs time, resources and individual effort (Gibbons, 2019)—which one might not have. In that regard, these challenges can drive people recovering from drugs to experience relapse if they fail to cope. Another challenge noted by Gibbons (2019) is that when one is recovering from SUDs, he or she has to face trauma and shame. When one is experiencing shame and trauma, he or she may end up taking substances to gain 'strength' (Gibbons, 2019).

In addition, substance use results in the destruction of social relationships i.e., family relationships and social networks (Adjei & Wilhite, 2021). Gibbons (2019) revealed that as one is recuperating, they are encouraged to rebuild broken social bonds and build new social networks, and this can be challenging for some. It is a fact that social networks and social relationships are key support systems for recovery from SUDS. This point is also reinforced by Madill et al. (2022) who concluded that tackling substance use in young people is a long and complicated process that requires friends, family and community involvement to yield positive outcomes. However, in the absence of such networks, Gibbons (2019) opined that people recovering from substance use may experience moments of loneliness and boredom. This is so because when one is receiving therapy, there are scheduled tasks that keep them occupied. For example, the tasks may comprise support group meetings, sporting activities, self-reflection and leisure. However, when one completes treatment sessions, idleness kicks in and this is an ingredient for relapse.

In a related study by Sinclair et al. (2021), it is clear that people recovering from SUDs engage in what is known as substitute behaviours to compensate for the gap created by desistance from drugs. According to Sinclair et al. (2021), substitute behaviours have been seen to be common within the first year of recovery and if these behaviours are not managed, they can breed relapse and several other disorders. Substitute or compensatory behaviours adopted by people recovering from substance use disorders can include gambling, love addiction, overeating, withdrawal symptoms, excessive exercise and sports addiction (Sinclair et al. 2021). Some people can stop

using one substance and start using another—compounding the problem even further. Also, Javed et al. (2020) argued that the major risk factors for relapse were influence from peers, lack of family support, stressful experiences and poor mental and physical health.

Given the above discussion, this study sought to establish specific challenges that are being faced by youths recovering from SUDs in their reintegration in Highfield, Harare. By narrowing the study to focus on challenges that young people encounter in their recovery, the study bridges existing knowledge gaps, and this contributes to the amelioration of these challenges towards creating a drug-free generation that can actively participate in national development.

Research question

What are the challenges affecting the re-integration of youths recovering from SUDs in Highfield, Harare, Zimbabwe?

Research Methodology

Approach and design

The study adopted a qualitative approach because the study was exploratory and it sought to understand the challenges being faced by youths in their reintegration following rehabilitation from SUDs. A qualitative research approach was also used because it has the strength of soliciting thick explanations, descriptions and responses. According to Creswell & Creswell (2018), a qualitative approach focuses on exploring and understanding the meaning that research subjects give to a phenomenon under study. Moreover, an interpretative phenomenological research design was adopted and this was preferred because of its strength as it seeks to explain the lived experiences of the research participants from their idiographic perspectives (Peat et al., 2019). This meticulously idiographic and hermeneutic phenomenological approach helps in understanding each participant's experiences and how they relate to those of other participants, and not a general understanding of all responses—as is the case with descriptive phenomenology (Giorgi, 2012; Englander & Morley, 2023).

Sampling

The target population for this study was comprised of young people between the ages of 18 to 35 years who were recovering from SUDs in Highfield. Zimbabwe National Youth Policy (2013) views a young person as someone who is between 10 and 35 years of age. However, for this study, a young person is someone between 18 and 35 years of age. Reintegrated young people recovering from SUDs were purposefully selected and interviewed by the researchers. The sample size was determined by the principle of data saturation, and the researchers followed the guidelines given by Saunders et al. (2018) to ensure that saturation was reached with minimum bias. to constitute the sample size. Data saturation was reached after 12 interviews, and this became the sample size of the study. Of the 12 participants, 8 were male and 4 were female. Moreover, 5 of the participants were married, 2 were divorced and the other 4 were single. In addition, 4 key informants were also purposively selected from key professionals who work with youths recovering from substance use disorders (a social worker, psychologist, social development officer and a mental health nurse).

Data collection

The study adopted semi-structured interviews through in-depth interview guides to collect data from participants and key informant interview guides to collect data from key informants. The guides carried 5 open-ended questions that warranted responses related to the challenges that youths face in reintegration as they recover from SUDs. These questions, in line with the interpretative research design, allowed the collection of idiographic data from each participant and provided a basis for researchers to have a deeper appreciation of the unique challenges that each participant was facing. This helped the researchers to not generalise findings, but particularise them—which is the hallmark of qualitative research (Creswell & Creswell, 2018). Moreover, the key informant interview guides allowed the researchers to collect data from key persons within the realm of SUD treatment around the study setting. Their responses helped strengthen the dependability, confirmability and credibility of the findings as expressed by Cope (2014).

Ethical considerations

We received permission to conduct the study from the Harare City Council and Ethics Clearance from the Midlands State University, School of Social Work Departmental Ethics Clearance Committee (SSW11/1041/23). This study was considered to be of medium risk and we had to collect data with a clinical social worker close by to ensure that if any participant was affected by the research questions, they then received necessary assistance. However, none of the participants were disturbed by the questions that were asked by the researchers. Moreover, we upheld research ethics from the Helsinki Declaration i.e., informed consent, confidentiality, voluntary participation and anonymity.

Data analysis

Interpretative phenomenological analysis (IPA)—in line with the research design—was used to analyse the findings. This is because the researchers were concerned with understanding the idiographic experiences of each participant (how each participant makes sense of their own experiences), and as such, they could not use Braun & Clarke's (2006) generic thematic analysis. In analysing the findings of this study, we first transcribed recorded interviews whilst translating them into English. To ensure a credible, iterative, collective and trustworthy data analysis process, the interview transcripts were transcribed verbatim into soft copies which were then printed to obtain hard copies and then we made the analysis by using the colour codes and categorisation (this helped easily identify common themes).

After that, we observed the IPA guidance set forth by Moustakas (1994). In doing so, we had to (1) 'bracket' ourselves from the lived experiences of the research participants and fortunately, none of the researchers had experienced anything related to the phenomenon under study. This helped us to not interject our personal experiences into the 'lived experience' stories of the research participants. After that—in line with Creswell (2013)—(2) we developed a list of significant statements from interviews as a foundation for understanding the phenomenon. We then (3) took the significant statements and then grouped them into larger meaning units or themes. Subsequently,

(4) we grouped the significant statements to form a large unit of information, and under each unit, we wrote a description of what the participants experienced including verbatim quotes—a process known as textural description of experiences (Creswell, 2013). Successively, (5) we described how the experiences happened—a process called structural description and this helped us reflect on the setting and context in which each phenomenon was experienced. Finally, (6) in line with Creswell (2013, p. 194), we wrote fused descriptions of the phenomenon incorporating both the textural and structural descriptions under each theme. In doing so, the following section came out naturally.

Study findings

The findings of this interpretative phenomenological study show that young people who are being reintegrated into communities as they recover from SUDs face several challenges that stretch from social stigma, lack of empowerment programs, stress, idleness, relapse and lack of social support (family and significant others). These are discussed in the subsequent sections with predilection being given to idiographic data from participants.

Societal stigma

Stigma came out as the most prevalent challenge that was mentioned by young people recovering from SUDS in their reintegration in the Highfield district. Almost all of the research participants and key informants mentioned this challenge. Stigma was mentioned to be delaying the recovery process. According to the participants, the commonest sources of stigma included the family, community and workplace. This is evident in the following comments by research participants:

"*The major challenge for me is stigma, especially from the extended family and the community. Society won't forgive me, and it always labels me a drug addict instead of showing support. When I was discharged some community members came to see me not because they wanted to support me but to see for themselves if I had changed to them a person using drugs is classified as*

the same as someone suffering from schizophrenia disorder." **[Participant 2]**

"…the most pressing challenge that I face stigma is stigma. Substance use disorders especially if they are affecting the girl child… the stigma is just too much... I am a woman and with the fact that I was into drugs, I am labelled as a sex worker…" **[Participant 3]**

A key informant echoed that:

"…*When I got admitted into a mental health institution, I received labels upon coming back, and now everyone sees me as a mentally deranged person. It is hard to remove this label... I have tried…"* **[Participant 12]**

The above comments indicated that stigma is a common challenge that is being encountered by young people recovering from substance use disorders. From the above comments, it is clear that stigma had the potential to undermine the recovery process in several ways. Firstly, it affects the amount of support one is supposed to receive as people who stigmatise you are less likely to offer help. Secondly, when one is stigmatised, he or she is given a label. This label is difficult to remove and this may affect how one interacts with the members of society resulting in the client self-isolating himself or herself. This may push one to experience relapse again as a way of fighting loneliness. Thirdly, the findings also demonstrated that there was a gender dimension to this challenge as it was felt by the female gender. This means that interventions proffered by social workers to tackle stigma must be gender sensitive. Interventions proffered by mental health social workers should include measures to fight stigma like conducting advocacy and sensitisation programs.

Idleness

Apart from stigma, participants also mentioned idleness as the other common challenge they were facing in their recovery. The research participants submitted that:

"…I'm used to going to work so boredom of doing nothing is killing me…" **[Participant 6]**

"…Idleness to me is the major challenge when you're high on drugs you forget about it so now am not on drugs… I'm failing to adjust..." **[Participant 7]**

One key informant remarked:

"…Another challenge is lack of resources to empower patients so that when they are discharged… they start some income generating projects to tackle idleness…" **[Key informant 3]**

Given the above, it is clear that when young people who are recovering from SUDS are discharged from drug rehabilitation institutions, they find themselves free and unoccupied with nothing to do. As part of their treatment process in rehabilitation institutions, they are assigned tasks to complete as part of occupational therapy. Some of these activities are sporting activities, exercising and counselling sessions. These activities keep them occupied thereby killing idleness. However, when they leave rehabilitation centres and reintegrate their daily activity schedules change completely leaving them with nothing to do. Some may fail to cope with this change of schedule which may result in relapse as they may start to take drugs again as a coping mechanism to counter idleness.

Relapse

According to the participants, relapse was also one of the common challenges they were facing in their reintegration process. The participants had the following to share:

"…Also, the socio-economic environment pushed me back into drugs even after rehabilitation… I came back to the same environment… that pushes me to do exactly what I was doing before rehabilitation..." **[Participant 9]**

"The medication I'm taking suppresses appetite… I sometimes experience mood swings as the detoxification and adaptation continue to take place… So, these feelings push one to start taking drugs again..." **[Participant 10]**

This challenge was also echoed by one key informant who said that:

"…If they relapse, they are readmitted and they become used to institutionalization… They may fail to fit in in the community and depend on the institute for sobriety, hence, failing to move on with life." **[Key informant 1]**

It is evident from the participants' accounts that recovery from drugs is an intricate process which is not smooth as clients recovering from SUDS may encounter occurrences of relapse as a result of determinants like peer pressure, negative environment and lack of support from family and significant others. Young people who are recovering from SUDS are not stable and if exposed to triggers like stigma and stress coupled with maladaptive behaviour they easily enter into relapse. The majority of the research participants reported that they encountered some moments of relapses in their journey to recovery. They also reported that they experienced many episodes of relapse when they were reintegrated as compared to the time when they were receiving treatment in rehabilitation centres because in these treatment centres, they received professional and peer support which may be non-existent in their reintegration.

Stress

From the narratives of the research participants, it was also unearthed that stress was one of the challenges experienced by young people recovering from SUDS in their reintegration. The research participants aired the following comments:

"…Stress is also affecting me… will I ever get employed again and be able to provide for my family? The family is expecting me to take care of it, yet I'm not fit and not employed… I feel useless and sometimes I have suicidal thoughts..." **[Participant 6]**

"…The family does not understand how I would be feeling… This lack of acceptance is traumatising and stressful..." **[Participant 7]**

A key informant also echoed,

"…These challenges may also lead them into depression and anxiety as well as withdrawal syndrome… Some patients may even move out from family environments and move into streets thereby affecting adherence to their medication... Suicidal ideation is also another effect posed by these challenges. We had a client who was released in the morning and the same evening was brought back to the institution because he wanted to commit suicide… This is caused by failure to adjust to the new way of life and lack of acceptance in the society..." **[Key informant 1]**

It could be commented from the above narratives that stress might result as a result of failure by people recovering from SUDS to cope with new demands or expectations associated with the state of being in recovery. The family and significant others as well as the community may exert pressure on individuals recovering from drugs yet these individuals may not yet have reached a recovery stage to perform such duties and responsibilities that are done by sober individuals.

Lack of empowerment projects

It was also evident from the study findings that little to no assistance in terms of empowerment projects was being rendered to them on their reintegration. The participants reported that when they were reintegrated into the community, they found themselves being idle with no meaningful livelihoods to cater for their socio-economic needs. Government and other stakeholders like non-governmental organisations were reluctant to take steps to ensure that they access decent livelihoods so that they do not return to their old occupations which pushed them into drugs. The participants narrated that,

"…There is also little support from the government and NGOs. There is this NGO that sometimes helps us with our sexual rights but nothing in financial terms... ***Hatidye kudzidza*** *(we don't eat education) …"* ***[Participant 4]***

"…The government is doing little to help us... The moment I was discharged from the psycho-trauma institutions, they were done with me... There are no interventions from the government… There is no talk on reintegration but much focus is on wellness..." **[Participant 9]**

One key informant echoed:

"… The economy is the major barrier. People recovering from drugs should find something to do to keep them occupied but due to lack of employment opportunities and capital to start income generating projects they remain idle exposing them to relapse" **[Key informant 2]**

The above findings revealed that there were no or few empowerment projects that were being implemented to assist young people recovering from drugs in their reintegration. This could also be a sign of a knowledge gap in projects meant to empower young people recovering from substance use disorders. People who are recovering from drugs need to be empowered with livelihood projects so that they have decent livelihoods and to prevent them from engaging in criminal activities that may further push them into drugs. One of the reasons that pushes young people into drugs is the lack of socio-economic opportunities for them.

Lack of support (family and significant others)

The study also unearthed that young people recovering from SUDS received little or no support from their families and significant others. The family is regarded as a crucial support system that can contribute positively or negatively to recovery from drugs. The research participants had the following to share.

"…When I was discharged from a rehabilitation centre no one wanted to stay with me even my guardians I were staying with before admission asked me to find alternative accommodation... I faced accommodation challenges and as an orphan, these moments were hard on me I encountered episodes of relapse…" **[Participant 3]**

"…Another challenge is that the family thinks that I am now okay and yet I am not okay… They are giving me tasks to provide for the family yet I am not yet ready for that… The family is also not giving me financial support they say that I should not get hold of a lot of money as I may use that money to buy drugs…" **[Participant 1]**

One of the engaged key informants corroborated and commented that,

"…Yes! Some families and communities may refuse to take back the patients after their release preferring that the patient remains in rehabilitation centres. We had a case in Norton, where the patient was banished by the community after his discharge because before rehabilitation the patient used to commit robberies… Some families may even refuse to come and pick up their family members who are discharged as they no longer want to associate with such persons..." **[Key informant 1]**

It is clear from the above accounts that clients who are undergoing the reintegration process may face rejection from their families and caregivers and regarded as outcasts. Also, the community may not help people recovering from SUDS and exclude them from participating in conventional activities. Engaging in drug abuse may result in the weakening of social ties and this may call for the repairing of broken ties when one is reintegrated otherwise that recovering individual may not be accepted back in the society. If those broken social ties are not mended such people may find it difficult to be accommodated in the community. Lack of acceptance and support from the family and significant others may result in the recovering individual seeking help from peers who are into drugs who easily accept him or her, hence compromising the recovery process.

Discussion

Earnshaw (2020) confirms that one of the challenges faced by people recovering from drugs is stigma. He argued that just in other helping fields and professions like mental health illnesses, stigma is regarded as a social determinant that adds to the occurrence of SUDS or it may affect the recovery progression. Accordingly, Earnshaw (2020) revealed that stigma is a social

phenomenon that comprises labelling, loss of social status, shaming, stereotyping, name calling and discrimination. Best and Coleman (2018) believe that stigma emanating from the community contributes to negative recovery capital which may delay or hinder recovery at all. Stigma affects recovery from SUDS at two levels that is at personal and structural levels (Earnshaw, 2020). This means that mental health social workers and other professionals should not only come up with strategies aimed at eradicating stigma at the individual level but also advocate for policy change at the macro level.

The findings that stigma and other challenges faced by young people recovering from drugs have a gender dimension are also supported by Madill et al. (2022). Madill et al. (2022) explained that when extending interventions to address SUDS in young people, gender dimensions should also be factored in as each gender has specific challenges and needs. Madill et al. (2022) stated that young women who are recovering from SUDS encounter stigma and health problems that are peculiar to them, yet few or no rehabilitation and reintegration services cater for them. In that regard, this calls for the need to invest in rehabilitation and reintegration services that are gender mainstreamed.

In addition, the social bond theory by Hirschi (1969) gives weight to the argument that social stigma is a challenge faced by young people recovering from SUDS in their reintegration. According to this theory, people are born deviant (Krohn et al., 2016), however, they are restrained from being so by conventional institutions such as the family, workplace and religious institutions (Wu et al., 2021). This means that these conventional institutions can be the source of social stigma as measures they put to constrain young people from being deviant end up propagating social stigma. In that case, professionals working in mental health such as mental health social workers might use this theory to locate such organizations that need to be transformed to be sources of support for young people recovering from SUDS in their reintegration. Strategies to transform these conventional institutions may therefore include advocacy, lobbying and sensitization programs.

The findings concur with the works of Gibbons (2019) which indicated that people recovering from SUDS may experience boredom challenges due to idleness. This is so because when one is receiving therapy in rehabilitation centres, there are scheduled activities that keep one occupied (Gibbons, 2019). However, when one is discharged, he or she may experience boredom as a result of idleness as there is a change in daily habits. Nhapi (2019) add weight to this point citing that young people, if they are idle, engage in drugs. Thus, an individual may fail to cope with this new way of living resulting in boredom and reversion.

The discoveries of idleness from the study are in synch with the Social Control theory that there should be the participation of young people recovering from SUDS in conventional activities to fight idleness. According to the element of involvement of the social control theory, if individuals take part in conventional activities, they are likely to disengage in deviant behaviour (Wu et al., 2021). This element is premised on the adage that an idle mind is the devil's workshop (Hirschi, 1969). This means that young people who are involved in busy schedules such as work, sporting activities and many other conventional activities are likely to disengage from drugs (Richards, 2020). Hence, this element is strategic in ascertaining reintegration support systems that need to be reinforced like education, sports and recreational activities. This element also calls for the inclusion of young people in socio-economic and political spheres of life to reduce cases of drug abuse.

Sinclair et al. (2021) reinforce the issue of stress which was revealed in the study by highlighting that people recovering from drugs engage in what they termed compensatory or substitute behaviours as coping mechanisms for drug resistance-related challenges like boredom and idleness. Such behaviours have been observed to be highly prevalent during the first year of recovery and may include behaviours like gambling, love addiction, eating disorders and sports addiction (Sinclair et al., 2021). Some patients may stop abusing certain drugs and start using other drugs (Sinclair et al., 2021). Thus, young people who are receiving drug therapy should receive continuous monitoring in their reintegration. Given that, Nhapi (2019) recommends the

making of interventions that encourage the involvement of young people recovering from SUDs in socio-economic and political activities to address SUDs.

Gibbons (2019) reported that the major challenge that is experienced by people recovering from drugs is relapse. Risk factors like trauma, stress and peer influence as well as cravings for drugs which do not easily go away even after detoxification may push an individual to experience relapses after rehabilitation. The effects of these risk factors may be reduced through support systems like peer support groups, family support and other aftercare and rehabilitation services. Conventional institutions that are mentioned by Hirschi (1969) in his Social Bond theory may be utilized by mental health social professionals as support systems for young people recovering from SUDs in their reintegration. This notion is also supported by Bermea et al. (2018) who revealed that such interventions have produced desirable outcomes in the treatment of HIV and AIDS and are likely to be effective in fighting the substance use scourge if implemented by mental health social workers.

Also contributing to relapse, Javed et al. (2020) submitted that the major reasons for relapse include peer influence, lack of support from familial support, stressful experiences like stigma and poor physical and mental health. Other common causes listed by Javed et al. (2020) included poor drug supply and control mechanisms in the community and the commitment of individuals to mental health centres without their consent resulting in resentment. Most of the risk factors identified by Javed et al (2020) are predominant in the reintegration process. Thus, Javed et al. (2020) suggested that the commitment of mental health patients should be driven by the individual presenting mental health disorders and reinforced with interventions at the family level targeting psycho-social education.

The findings from the study revealed that stress is also a problem this is in agreement with the argument made by Gibbons (2019) who argued that when one is recovering from SUDs, he or she has to tackle issues such as trauma and shame not under the influence of drugs. To overcome shame and trauma,

an individual may resort to abusing drugs as a coping mechanism to gain strength which without the use of drugs may prove difficult. This means that tackling issues like shame and trauma in a sober sense may require a lot of effort and commitment which people recovering from drugs may not have (Gibbons, 2019). It is in cases like this that enough support systems are availed to achieve or maintain sobriety. As the client is working towards returning to sobriety, he or she encounters a myriad of challenges which may require time and effort to overcome (Gibbons, 2019) which one might lack resulting in stress which is a risk factor for relapse.

The concept of attachment explained by Hirschi (1969) in his Social Bond theory can be applied to address the challenge of stress which is experienced by young people recovering from SUDS in their reintegration. The social bond theory states that if there is a strong attachment among community members then the chances of abusing drugs are reduced (Richards, 2020). Hirschi (1969) also revealed that attachment involves being sensitive to the feelings, values and opinions of others. This means that the family and significant others should recognize and exercise sensitivity to the feelings and needs of young people recovering from SUDS in their reintegration and this might help to address the trauma, stigma and other challenges they would be encountering in their reintegration. Mental health professionals may exercise Biestek's principles of acceptance and non-judgmental attitude to assist such clients in sustaining recovery and sobriety.

Jakaza & Nyoni (2018) support the lack of empowerment projects by suggesting that some of the reasons given by young people who are into drugs are that they take drugs as a coping measure and also that they are involved in the drug business as a survival strategy because there are limited support systems and opportunities for them. Other studies done by Jakaza & Nyoni (2018) revealed that young people were reported to be involved in drug dealing as a survival strategy due to the absence of dignified support systems for young people living on the streets. National Drug Master Plan (2020-2025) also acknowledged that rising unemployment levels and lack of economic opportunities for young people are the major drivers of substance

abuse. Reintegration strategies should encompass empowering people recovering from drugs.

The need to empower young people recovering from SUDs is supported by Hirschi's (1969) concept of involvement. Hirschi (1969) argues that those who partake in conventional activities like work, sporting activities, education and operating income-generating projects are less likely to be involved in substance use (Richardson, 2020). In that regard, professionals and other stakeholders involved in the rehabilitation of young people who are into drugs need to prioritise empowerment projects for young people as part of the reintegration process.

The assertions of lack of support are in tandem with the social control theory which argues that people who have poor social relations are more likely to be deviant (Hirschi, 1969). In that regard, if young people have weak or broken social ties, they are prone to drug abuse and are also less likely to disengage from drug abuse (Wu et al., 2021). Contributing to relapse, Javed et al. (2020) argued that lack of family support is one of the causes of relapse in reintegration. This means that mental health professionals should be guided by the social work value of the importance of human relationships and conduct family therapy to restore positive family relationships to help reintegrate young people. The services of NGOs may be roped in to improve relations between young people recovering from SUDs and their respective communities. Social workers may engage the services of stakeholders like NGOs in advocacy and awareness creation. Asante et al. (2021) stated that NGOs in Ghana were involved in programs that advocated and lobbied on behalf of their mental health clients and provided mental health education and sensitization on substance use prevention in communities.

Recommendations

The challenges cited above negatively affect the recovery of young people in their reintegration. These challenges deny young people recovering from SUDs adequate resources, support and opportunities which are key to

sustained recovery and sobriety. Given the above challenges, we made the following recommendations:

1. It is recommended that the extension of reintegration and aftercare services be provided using the case management system to ensure that people recovering from SUDs receive the necessary support from all stakeholders that contributes to the realization of sustained recovery.

2. Given the challenge of lack of empowerment projects for people recovering from SUDs, there is a need by the government and other stakeholders like NGOs to prioritize the provision of funds for the setting up of sustainable and decent livelihood projects so that people who are in recovery embark in new occupations that are not linked to the old occupations that pushed them into substance use.

3. In addition, there is a need for social workers to work together with other mental health professionals to conduct mental health education and sensitisation on substance use prevention in communities with an emphasis on tackling stigma. This is key in removing challenges emanating from the families and the community.

4. There is also a need for the government to come up with a drug and substance use policy which addresses the issues of reintegration and aftercare services.

5. The study revealed a serious lack of information on the existence of some support programs being administered by the government. Against this background, social workers especially those engaged by the Department of Social Development were reminded to adhere to social work values of service and competence to successfully administer their duty in communicating social policy programs available to service users.

6. Lack of involvement and participation of young people in socio-economic and political spheres of life needs to be addressed by crafting policies that emphasize the inclusion of young people to address challenges like

idleness, stigma and lack of empowerment projects. The inclusion of young people should commence at the policy formulation level.

7. Continued applied research on the reintegration and aftercare needs of young people recovering from SUDs is highly recommended.

Conclusion

This paper has revealed that young people recovering from substance use disorders in their reintegration face several challenges. These are stigma, lack of empowerment programs, stress, idleness, relapse and lack of social support (family and significant others). These challenges potentially threaten the recovery process. Interventions that address these challenges should be strengthened and these should include legal and social policy reforms. There is also a need to adopt a systems approach in addressing these challenges which are multi-faceted and require many hands on the deck. As such, the collaboration of the government, politicians, NGOs, and communities becomes central. Without adopting such interventions, challenges associated with the reintegration of people recovering from SUDs will continue to erode all the gains attained before reintegration—affecting youth development and community health.

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