

**PRESCRIPTION DRUG ABUSE AMONG THE URBAN YOUTH: CASE STUDY OF
GAZALAND HIGHFIELD AREA, HARARE**

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ABSTRACT

This study sought to investigate the abuse of prescription drugs by the youths in Harare. The research was conducted in High field Gaza land Area. Qualitative research methods were used in the collection of data .Non participant observation and unstructured interviews were used. The research revealed that unemployment, socialisation and peer pressure are the major causes of prescription drug abuse whilst crime, loss of morals and deaths are some of the effects of prescription drug abuse. The study recommends that the government should consider having a holistic drug policy that is evidence based, grounded in science, public health and human rights, also recommends that stakeholders in adolescents related fields must take measures to expose the youth to information on how prescription drug abuse affects their social, physical, psychological wellbeing and future life prospects.

Key words: Drugs, Prescription drug, Drug Abuse

Introduction

In Zimbabwe, prescription drug abuse seems to be on the rise and this may be attributed to the economic hardships the country is currently experiencing. The Zimbabwe Republic Police Magazine of 2005 postulates that urban youth are the major perpetrators of prescription drug abuse. Today most youth in Africa including Zimbabwe have developed a dependency

syndrome on prescription drugs which ruin their lives. According to a report by Medicines Control Authority of Zimbabwe in 1997, there are some weaknesses within their system which makes doctors overprescribe medication to their patients either for their own benefit – for sales on the informal market – or for patients who have exceeded the maximum period of use for a given medicine. According to SADC Human Development Report (2000) Zimbabwean youth are the dominant victims of prescription drug abuse and end up in correctional services and 13% of the youth had been in rehabilitation centres. This paper is motivated by the desire to investigate why the youths in urban areas have been abusing drugs and what are the effects of drug abuse on the lives of the youths and the community at large. The study was carried out in Highfields high density suburb one of the oldest residential areas in Harare. Focus group discussions and interviews were conducted with the urban youths in order to understand how and why the youths abuse the drugs and also how they organise the drug trade.

Prescription drug abuse defined

Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited (National Institute on Drug Abuse - NIDA, 2011). Prescription drug abuse is used interchangeably with the term nonmedical use. The definition given by NIDA is the same as that given by Mayo for Medical Education and Research - MMER (1998). Royal College of Physicians - RCP (2000) defined prescription drug abuse as the use of a drug in a socially unacceptable way that is harmful or hazardous to the individual or others. The World Health Organization – WHO (2011), recommended the use of the following terms with regards to misuse of alcohol and drugs: Unsanctioned use meaning a drug that is not approved by society, Hazardous use meaning a drug leading to harm or dysfunction, Dysfunctional use meaning a drug leading to impaired psychological or social functioning and Harmful use meaning a drug that is known to have caused tissue damage psychiatric disorders.

Groups of Prescription drugs commonly abused

The following are prescription drugs mostly abused by youth. Barbiturates are sedative drugs synthesized from barbituric acid. This type of drug is used to induce sleep replacing other acids such as alcohol and opiates and was widely prescribed in the United States before their toxic

effects were not fully understood in the 1930s. By 1942 there were campaigns against the non medical use of barbiturates and by 1950s it was one of the major drugs of abuse among adults in the United States of America.

Inhalants are a class of drugs defined by their mode of administration (inhalation) and by the form of the substance being administered (fumes), rather than by their chemical or psychoactive properties (NIDA 2012). Volatile nitrates, such as amyl nitrate a prescription drug used to treat angina is abused by youth. These chemicals are usually abused by young males and are popular among anal sex aficionados because they relax the sphincter muscle (Abadinsky 1997). While inhalant use may go unnoticed, even a single session of repeated inhalations can lead to death from cardiac arrest or asphyxiation. Chronic inhalant abuse can lead to cardiac, renal, hepatic, and neurological complications. Users may suffer serious injuries such as falls, burns, frostbite while intoxicated. Inhalant use may also be a marker for later use of other illicit drugs (Johnson et al., 1995).

Depressants are drugs that inhibit the function of the Central Nervous System (CNS) and are among the most widely used drugs in the world (Julien, 2001). The prescription drugs that affect the central nervous system are also referred to as downers, sedatives, hypnotics, minor tranquilizers, and anxiolytics or anti-anxiety medications. Possible effects of depressant use are lack of facial expression or animation, skin may feel cold and clammy, altered senses, reduced anxiety, behaviour similar to alcohol intoxication, staggering, stumbling, lack of coordination, slurred speech falling asleep (nodding), difficulty concentrating and depressants taken in combination with each other or with alcohol, have the potential to cause serious impairment or death (Royal College of Psychiatrists - RCP 2002).

Youth use these depressants other than what the doctor would have prescribed. As an example they take depressants for fun in order to get high or taking depressants not prescribed for them which belong to a friend or relative (Foundation for a Drug Free World- FDFW 2006). There are two commonly abused types of stimulants which are amphetamines and methylphenidate. Prescription stimulants are normally taken in pill form, but some people who abuse them crush

the tablets and snort or inject them, which can cause additional problems because ingredients in the tablets can block small blood vessels (National Institute on Drug Abuse for Teens - NIDAT 2014).

Bronhcleer is the mostly commonly abused prescription drug among the youth in Zimbabwe. It is brown syrup with a sweet chloroform and raspberry odour. Its rightful purpose is to stop a cough during a cold if taken under doctor's instruction. It contains a substance called codeine which causes drowsiness, confusion, sweating and a dry mouth. The youth who abuse this drug experience a sense of excitement before sedation takes place. They also have an endless thirst due to their dryness of the mouth and regular water intake helps them to maintain 'highness'. However overdose of bronhcleer may result in a coma or possible death. This prescription drug is not registered in Zimbabwe under the Medicines and Allied Substance Control Act Chapter 15.5 (DaTis 2012).

Dextromethorphan is a common ingredient in over-the-counter cold and cough medicines -- it helps stop the cough. But large doses can get a person high and cause hallucinations. It is popular among teens, since cough syrup is so easy to find in medicine cabinets. High doses also cause vomiting, rapid heart rate. According to the National Institute on Drug Abuse – NIDA (2014), Cough syrups and capsules containing dextromethorphan (DXM) are being abused. These over-the-counter (OTC)—meaning they can be bought without a prescription—cough medicines are safe for stopping coughs during a cold if one takes them as directed. Taking more than the recommended amount can produce euphoria (a relaxed pleasurable feeling) and dissociative effects (like one is detached from their body).

Midlands State University (2014), discovered nyaope a drug which is being abused by youth. This is a mixture of anti retroviral drugs, rat poison and heroin. This drug is also being abused in South Africa. The mixing of anti retroviral drugs meant for the treatment of HIV/AIDS, rat poison and heroin is just unethical according to the Medicines Control Authority of Zimbabwe and any other drug laws worldwide. This drug is most likely to cause unknown effects.

Reasons behind the abuse of prescription drugs

From the data collected, it revealed that unemployment and poverty was the major cause of prescription drug abuse among the urban youth. Some respondents asserted that they indulged in drugs because they had nothing to do and had no source of income to take care of their needs hence take up drugs to while up time. One of the participants aged 22 remarked:

I am always constantly under pressure from social problems. It is frustrating to look for a job and fail to get it while you watch your mother and siblings wallow in poverty, that scenery is too much for the mind, so better to take the drug that makes me forget my troubles.

Another participant aged 24 said that he came to Harare in 2010 in search of employment and up to this day he has not found anything to do. Instead he has resorted to broncleer a prescription drug that makes him forget the unemployment blues.

Socialisation plays a crucial role in an individual and shapes what one becomes in life. Some respondents acknowledge that they were socialised into taking drugs by their parents and guardians as evidenced by a girl aged 18. According to this girl, she started taking prescription drugs when she was sixteen as they were brought home by her mother and that her ten year old brother can smoke and drink and her father used a needle to inscript a tattoo on her two year old brother two weeks ago who cried all night.

From the research findings peer pressure was also noted as a cause for prescription drug abuse as friends introduce drugs to each other. Because one wants to belong to a certain group, they are forced to conform otherwise they stop to be part of that group. Another respondent stated that he never used to drink nor smoke until his friends introduced him to them and could not deny it as he wanted to remain part of the group.

Prescription drug abusers are of the view that beer is more expensive than prescription drugs and also easy to carry without being noticed by law enforcement agents. Another participant aged 24

responded as follows: Some youths have lost their identity such that they do not even respect the people they are talking to as evidenced by following respondent:

Youth are failing to respect their elders when they take drugs and end up involved in crime as evidenced by the following respondent who was part of a Focus Group Discussion.

Types and sources of drugs being abused by the youth

According to the data collected from The Drug and Toxicology Information Service (DaTIS), University of Zimbabwe College of Health Sciences, broncleer, histalix D, Pethidine, nyaope are prescription drugs being abused by youth in Zimbabwe. Majority of the respondents in Gazaland cited Broncleer as the most abused prescription drug. According to the non participant observation carried out by the researchers they noted that drug dealings were conducted in cars and usually the drugs are not kept at home for fear of confiscation by the police if the public blows the whistle. The researchers also noted that prescription drugs were kept in disused motor vehicles where a lot of young and older men are seen loitering around. Some vendors stalls were also selling these drugs but deceive the public and police into doing other business like sewing shoes or selling sweets and cigarettes yet under the stalls, broncleer and other illicit drugs would be hidden under those stalls.

Research findings show that youth get prescription drugs from their friends and at times at home as a girl aged 18 indicated that she started taking prescription drugs when she was 16 whenever her mother brought them home. This shows that prescription drugs being abused could be found even in the home.

Relationship between unemployment and prescription drug abuse

Giddens talks about reflexivity which refers to purposive action meaning that people have reasons why they do certain things or act in a certain way. Thus prescription drug abusers are of the view that prescription drugs help them to forget their social problems as evidenced by the research findings where a respondent aged 22 reiterated that he was constantly under pressure from social problems and that it was frustrating to look for a job and fail to get it while his mother and siblings were wallowing in poverty and ended up taking broncleer a prescription drug to forget about the troubles. This is further supported by Moser and Paul (2009) who state

that unemployment increases substance use because of the increased distress of not having a job. Heinemann (1986) have converging ideas with Moser and Paul as they postulate that employed persons are less likely than the unemployed youth to abuse prescription drugs.

According to a survey carried out by Peck and Plant in 1980 and 1986 revealed that unemployed male youth were more likely to abuse prescription drugs than the employed youth. A survey conducted by Spiller (2009) in which he studied the unemployment rate and the rate of opiate exposure in Kentucky revealed a positive correlation between higher unemployment rates directly related to opiate use which is a prescription drug being abused.

Peck and Plant scenario is also substantiated by research findings where all responses pertaining to prescription drug abuse because of unemployment came from the male unemployed youth.

Youths' perceptions on drug abuse

The youth indicated that they were not worried about the effects of abusing prescription drugs arguing that if it is death everyone was eventually going to die what was different was the way each person would die. The youths are aware of the negative consequences of abusing prescription drugs because they gave cases of people whom they know who had passed on because of the abusing of these drugs or they knew one or two people who were now mentally unstable as a result of abusing these drugs. One wonders why would these young men and women consume the drugs that they know will slowly kill. The youth have their reasons for consuming these drugs. Some indicated that the availability of bronchleer was a relief to them since they could not afford beer which was expensive .It was easy for the youth to get high even when one has as little as two dollars which is not enough when one chooses to drink beer. One young man in his early twenties indicated that bronchleer was now his life as he cannot spend a day without taking two or more bottles indicating that he was now addicted to an extent that beer was not tasting good enough. He said that even if he had the money to buy alcohol from the beer hall he would not do that because consuming litres and litres of alcohol for him to get high was no longer attractive because he can get high from consuming less than a litre of histulix. Despite these feelings that the youths have over the use of prescription drugs there are some who use these drugs who are afraid of the consequences of abusing these drugs .Three young women who

were interviewed separately indicated that though they use these drugs they were afraid of being arrested one day and also that they may fall sick like what other drug users had experienced.

Effectiveness of Zimbabwean laws on drugs

From the research findings, it was established that MCAZ is not mandated to prosecute drug abusers even if they see drug dealers selling drugs in the streets. This is evidenced by the response given by Mr Tembo who gave an example of Avondale and Fife Avenue Shops where the abuse of drugs is rampant. Part 111 of MASCA subsection 17.1 a, b (i) and (ii) with regards to the sale of medicines states that no person shall sell any medicine from any premises unless such premises are licensed in terms of Part VI of the Act, from any premises by wholesale unless such person holds a wholesale dealer's permit issued by the Authority in

Terms of Section 23 in respect of those premises and such premises are under the continuous personal supervision of a registered pharmacist or registered pharmacy technician approved by the Authority. This shows that despite having laws put in place by relevant authorities people continue to break the law by selling drugs at undesignated areas as evidenced by the research findings. This is also supported by Giddens (2001), when he asserts that humans are viewed as knowledgeable agents. Drug smugglers know that they are not allowed to sale their drugs in the streets but however continue to break the law. Illegal sale of drugs in the streets makes MCAZ face a problem of having no statistical data regarding the abuse of these drugs mainly because they are being sold illegally from unspecified and unlicensed premises and the buyers consume in secrecy and further compounds the inadequacy of information by creating an effective black market. This renders MCAZ ineffective.

The porous borders in Maitengwe Border Post in Matebeland South and Nyamapanda are examples given by ZIMRA officials where smuggling of drugs is rampant. According to a face to face interview carried out with a ZIMRA official, he cited that they are understaffed such that they are unable to cope with smuggling of that magnitude. This is further supported by Giddens (1984) where he states that people are not passive recipients; they find means and ways of circumventing the structures. In this case instead of using Beitbridge, Chirundu or Forbes border posts where the rules are constraining, they use Maitengwe and Nyamapanda.

Conclusion

The research revealed that unemployment, socialisation and peer pressure are the major causes of prescription drug abuse whilst crime, loss of morals and deaths are some of the effects of prescription drug abuse. The study recommends that the government should consider having a holistic drug policy that is evidence based, grounded in science, public health and human rights, also recommends that stakeholders in adolescents related fields must take measures to expose the youth to information on how prescription drug abuse affects their social, physical, psychological wellbeing and future life prospects.

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FOCUS GROUP DISCUSSION GUIDE

Location where Focus Group Discussion was held.....

No of Participants.....

Average age of participants.....

1. What can you say about prescription drug abuse?
2. Are there any reasons why youth engage in prescription drug abuse?
3. Have you tried to talk to your children concerning prescription drug abuse?
4. What are the effects of prescription drug abuse?
5. How do you describe the general welfare of the youth engaging in prescription drug abuse?
6. Have you established how these drugs are being administered?
7. As a community have you tried to deal with the problem?
8. Is the police assisting you in any way?

FACE TO FACE INTERVIEW GUIDE

1. Why are youth abusing prescription drugs?
2. Which are the types of prescription drugs being abused?
3. Which are the sources of prescription drugs?
4. What are the effects of prescription drug abuse?
5. How much does it cost you to get the prescription drugs?
6. How many bottles or how much in terms of quantity do you need to take per day?

7. Are there any differences between prescription drugs and alcohol?
8. Are you not afraid of the police?
9. How do you feel after taking prescription drugs?
10. How do your parents/guardians react when you get home intoxicated?

KEY INFORMANT INTERVIEW GUIDE

1. What are you doing as an organisation to curb prescription drug abuse?
2. How is your relationship with the other organisations that also work to curb the problem?
3. Have you suggested any legislation to the government on how the problem can be addressed?
4. Do you have any statistics concerning prescription drug abuse?