

Pandemic after pandemic: Adopting the multidimensional family therapy approach for youth drug abuse in Zimbabwe

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Abstract

Youth drug abuse in Zimbabwe has become a topical issue such that hardly a day passes without the mainstream media, social media, and other communication platforms mentioning drug abuse amongst youth and school children. The term new pandemic has been used to describe the drug abuse among Zimbabwe youth after the covid-19 pandemic. Several measures have been put in place by the Government of Zimbabwe to combat the 'new pandemic'. The measures among them were criminalization of drug victims and suppliers of drugs, however, with limited success. The main objective of the study was to unpack the multidimensional factors that influence youth to indulge in drug abuse in Zimbabwe. The study adopted a qualitative desk research approach to unveil the topical problem. The study reveals the multidimensional influences of youth drug abuse and the multidimensional solutions to the problem. The study was underpinned by two theories: the bioecological and family systems theories. Research findings were that problems of youth drug abuse were a result of drugs being regarded as a business venture, rising urbanization without the corresponding industrialization, socio-economic challenges, social fabric breakdown, youth collective idleness, and unattended/unsupervised children. The study recommends that the nation should embark on a massive exercise to train adolescents, parents, families, communities, and the whole nation to deal with drug abuse among youths.

Keywords: Communities; drug abuse; multidimensional family therapy; youth; Zimbabwe

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1. Introduction

Zimbabwe like other countries in the world over was hit by the coronavirus pandemic since March 2020. It needed everyone's effort to combat the pandemic. When everyone thought that the coronavirus pandemic was over, another local pandemic emerged in the name of drug abuse. The paper argues for the adoption of Multidimensional Family Therapy (MDFT) to deal with drug abuse in Zimbabwe among the youths. The emergence of the Multidimensional Family Therapy (MDFT) a systemic family therapy approach was a result of the dissatisfaction with the effectiveness of psychoanalytic and other individual therapies (Liddle et al., 2009). A multidimensional method is grounded on the understanding that various risk factors add to drug use commencement and drug misuse among adolescents. In MDFT, adolescent drug abuse is regarded as a multifaceted phenomenon in which personal issues, interpersonal relationships, family functioning, and social forces must all be addressed to effect change in an adolescent's life (Liddle et al., 2009). All dimensional elements need to be dissected so that understanding the whole requires the sum of its parts. Drug abuse and other mental health problems affecting adolescents are multidimensional as such they require multidimensional conceptualizations that yield multi-systems interventions into the multiple systems of influence (Chen et al., 2021; Yousef et al., 2022). MDFT allows paying particular attention to the 'risk environment' that includes the family, peers, school, and communities among others which influences drug dealing among adolescents (Liddle et al., 2008).

Multidimensional family therapy brought in a new way of offering help with its emphasis on the multidimensionality of the sources of mental health problems affecting adolescents due to substance abuse. It brought in a different approach to understanding adolescents' challenges. MDFT is rooted in the precepts of the Family Therapy and the Ecological systems theory by Bronfenbrenner, (1974) and Haley (1976) respectively. The theories argue that human development generally was shaped by the interface of an individual with the immediate social contexts (Henderson, Dakof, Greenbaum, and Liddle, 2010). The theories, however, were further refined by Liddle, (2002) in dealing with youth drug abuse. In each adolescent setting, it was observed that there are several risk and protective factors that influence, reinforce, and shape adolescent behavior toward drug misuse. As such, Multidimensional Family Therapy was established to mediate in multiple systems, targeting risks and reinforcing protective factors in the adolescents' environments (Liddle, 2002). Family therapy believes that psychological problems are developed and sustained in the social context of the family where individuals live.

a. Conceptual Background

The President of the Republic of Zimbabwe Emmerson Dambudzo Mnangagwa, argues that a collective approach was a necessity in fighting youth drug abuse at both family, household, community, and business levels. It was no longer a government issue alone but a pandemic that required all to put their heads together. MDFT's view of human nature is deterministic, is a result of cause and effect. Human nature is not independent but is determined by multiple facets that cannot be ignored (Hartnett et al., 2017). Hence there is a need for everyone to find out all possible deterministic factors that lead to drug abuse. Substance abuse behaviors exhibited by adolescents are multi-determined. The behavior of an adolescent is a product of many factors. Drug abuse and antisocial problems exhibited by adolescents were noted to have multi-perspective contributory factors (Blows & Isaacs 2022). Subsequently, it then views human behavior as a response to the reciprocal nature of human interaction, (Hartnett et al., 2017).

The multidimensional approach indicates that several perspectives contribute to the understanding of adolescent behavior problems in communities. The perspectives include environmental, cognitive, biological, emotional, behavioral, and developmental (Ibid). Change in human behavior is multi-determined and multifaceted as well. A change in one component will have a cascading effect on other components. The enthusiasm by

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youngsters to modify their behaviors is not assumed to be existing in them but the family/parents were observed to be the fundamental change negotiators.

The malfunction behavior exhibited by adolescents due to substance abuse is a manifestation of the malfunction of the elements of the environment (Macheka and Masuku 2019; Silva et al., 2021). On that note, adolescents do not live in a vacuum, the surrounding environment plays a key role in shaping behavior. It is not the person with the problem, but components of the environment that have challenges leading to adolescent drug abuse (Henggeler et al., 2009). The critical point is that if multiple risk factors together with complex influences have created and sustained drug abuse amongst adolescents, then it is necessary to target the same multifaceted influences for change. Problem behavior can desist when meaningful, concrete alternatives are created, accepted, attempted, and adopted (Ibid).

Given the multifaceted causes of drug abuse among youths, the MDFT's deterministic approach would then require dealing with all risk factors that affect youth behaviors towards substance abuse. In the year 2022, the World Health Organisation reported that 57% of reported mental health cases in Zimbabwe were a result of drug abuse. Local Hospitals in Zimbabwe, Sally Mugabe central Hospital, and Parirenyatwa Group of Hospitals admitted 250 substance abuse patients in 2022 (The Sunday Mail, 2023).

According to Moses, 2020, it was reported that mental health experts and medical experts advocated for the inclusion of families in drug abuse response to provide family therapy. The argument was that with MDFT full participation of families was critical to escape adolescents trying drugs that may lead to drug use-associated disorders. It is very difficult to isolate the behavior of drug abusers from the whole system. One cannot be fully understood in isolation from the surroundings. MDFT is a family-focused intervention for adolescent substance abuse and associated mental health and behavioral challenges that seek to decrease emotional signs and develop progressive functioning by enabling change in different spheres. Undesirable consequences of substance misuse such as disruption of family members' routines, roles, celebrations, family finances, and communication, require the use of MDFT (Volkow, 2020; Fadhel, 2020).

In MDFT, adolescent drug abuse is regarded as a multifaceted phenomenon in which personal issues, interpersonal relationships, overall family functioning, and social forces must all be addressed to effect change in an adolescent's life. As such, a mark of the Multidimensional Family Therapy model was the significance attached to dealing directly with the adolescent in unison with parents, the family members as a unit, and extra-familial influences (Liddle et al., 2005). All dimensional elements need to be dissected so that understanding the whole requires the sum of its parts. Drug abuse and other mental health problems affecting adolescents are multidimensional as such they require multidimensional conceptualization which yields multi-system interventions into the multiple systems of influence (National Institute on Drug Abuse. 2018). MDFT allows therapists to pay particular attention to the 'risk environment' that includes the family, and peers, among others which influences drug dealing among adolescents.

Multidimensional family therapy sought to meaningfully decrease a youngster's substance misuse and improve general family functioning. The general objective of MDFT was to foster family connections, through generating a stable alliance amongst family members and encouraging healthy communication between the adolescent and the rest of the family. The ultimate goal of MDFT is to improve youth functioning by reducing or eliminating drug/ substance abuse, helping in emotional regulation, violence control, coping, and the ability to solve own problems (Yassa & Badea 2019). Drug abuse is just a symptom of societal problems, therefore, dealing with symptoms without addressing the core problems will not cure the disease. There is a need to target the disease rather than the symptoms (National Institute on Drug Abuse, 2018).

Just like how countries fought COVID-19 where it all started from family-level prevention to community-level prevention and national-level prevention, drug abuse requires putting heads together from the family level to the

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community level and national level (National Institute on Drug Abuse. 2018). A lot needs to be done from home monitoring, and community mobilization to national consensus if everyone wants to fight against drugs and substance abuse thus the thrust of MDFT. From a behaviorist point of view, society can take a child and can make a child into anything. Our youths have been conditioned through interaction with the environment, hence youths' behavioral responses are a result of environmental stimuli as such MDFT will address every negative environmental stimulus.

In as much as the legal route might be taken with policing arresting suspects parents at home must do the same. Leaving out families in the fight against adolescents' drug abuse will yield minimum results. An adolescent's ecosystem forms the environment in which behavior is shaped, influenced, and controlled (National Institute on Drug Abuse, 2018). Knowledge of the components of the ecosystem that make up the environment helps in targeting fault elements. Need to target the environment for change purposes. An adolescent's environment is multi-dimensional hence the need to interrogate the environment.

MDFT therapists are expected to reason from a multi-faceted viewpoint (since an adolescent's drug misuse is a multidimensional disorder), there is a need to work with the general system and the subsystems concerned, focusing mainly on the emotional expressions, the parental and adolescent enactment a cog of behavior modification and intervention (Matutu and Mususa, 2019). Since adolescent substance abuse is multifaceted, it is the participants who can help the therapist to know the roots of the problems. This information can only be known when therapists encourage participants to discuss their views of the problem.

In Zimbabwe MDFT has not been fully used, it is normally used in the United States of America and other European countries with huge success. It was used in a clinical setup. The paper sought to borrow the tenets of MDFT in understanding youth drug abuse in Zimbabwe. Its tenets might help deal with drugs because it seeks to be holistic toward the conceptualization of the problem. It empowers the adolescent child, parents, families, communities, and the wider environment. The substances that are most commonly used in Zimbabwe include alcohol, cannabis, heroin, mangemba, cane spirit, marijuana, glue, cough mixtures such as histalix and bronclee, and crystal meth (mutoriro) (Ibid). Cannabis (mbanje) remains the most popular illicit drug mainly because it is grown locally or smuggled in from neighboring countries like Malawi and Mozambique.

The study's niche area was the adoption of the use of MDFT in dealing with youth drug abuse in Zimbabwe. The study did not look into the clinical issues surrounding the use of MDFT. The purpose is on how MDFT in general could open a new way of looking into youth drug abuse. All national discussions around youth drug abuse point to the principles of MDFT, hence, the need to understand drug abuse from an MDFT perspective. The study looks mainly at the multidimensional influences of youth drug abuse in Zimbabwe. Other factors which were not environmentally linked were excluded from the study. Therefore, the paper sought to understand youth drug abuse from a multifaceted point of view in Zimbabwe.

b. Literature Review

In the United States of America, various agencies and institutions have recommended the use of Multidimensional Family Therapy. It was noted that it had a multi-component, wide-ranging, theoretically and empirically supported treatment for adolescent drug misuse. It was initially applied in 1985, among youths from various cultural and socio-economic upbringings, and in a variety of contexts. MDFT was applied in various European States, including, Belgium, Netherlands, Germany, Belgium, Switzerland, and France (Rigter et al., 2013).

According to (Liddle et al., 2001) MDFT is a family systems-oriented outpatient mediation mainly for youngsters. Generally, MDFT is an effective treatment for cannabis use disorders and other substances like cocaine or alcohol. Its intervention was designed to address problems occurring at various levels which are mainly the adolescent; the adolescent's parents; the adolescent's family; and the adolescent's extra-familial network, which involves friends, peers, and school, work, or leisure settings (Volkow, 2020).

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The central belief concerning MDFT is that the family plays a critical role in treating youth drug abuse by assisting the adolescent to form different, adaptive lifestyle substitutes. At first, it was launched targeting the specific treatment of cannabis generally in five European States (Switzerland, France, Netherlands, Germany, and Belgium) (Rigter et al., 2010). The aim of the randomized controlled trial (RCT) was to initiate an evidence-based cannabis consumption treatment for adolescents. At present, MDFT is the greatest commonly offered systems-based Cannabis Specific Treatment program in Europe (Volkow, 2020). Adolescent behavior alteration develops from contact with systems, levels of systems, people, and areas of functioning that include intra-personal and inter-personal processes (Ibid). A Drug Report from UNODC in 2019 revealed that 271 million people between the ages 15 and 64 had used drugs, with an estimated 35 million suffering from drug use-related disorders Internationally.

c. Theoretical framework

The current study used the bioecological systems and the family systems theories to unravel the underpinnings of MDFT. The bioecological systems theory looks at a child's development within the context of the system of relationships that form the environment (Liddle et al., 2008). The theory by Bronfenbrenner explains intricate strata of surroundings, with each taking an influence on a child's development. The interface among factors in the child's development, the immediate family and or community environment, and the general landscape fuels and steers development and behaviors among youngsters (American Psychological Association, 2018). To study an adolescent's drug abuse tendencies there is a need to look not only at the child and immediate environment but also at the interaction of the larger environment as well. Bronfenbrenner's bioecological systems theory explains the influence of social environments on human development. The theory emphasizes the importance of studying adolescents in multiple environments.

Another theory used was the family systems theory postulated by Murray Bowen 1990; It defines the family unit as a multifarious societal organization in which members network to influence each other's behavior (Liddle et al., 2008). Family members interconnect, making it appropriate to view the system as a whole rather than as individual elements.

The relevance of these two theories is that MDFT is multifaceted in nature. It explains that human behavior is affected by multidimensional factors therefore, the bioecological systems theory caters to the various layers that affect a child when growing up (National Institute on Drug Abuse, 2018). The family systems theory caters to emotional attachment and family interconnectedness. Under the MDFT this is covered by the adolescent, parent, and family domains.

d. Purpose of study

The application of MDFT in Zimbabwe towards understanding youth drug abuse was non-existent. However, MDFT has been shown in other countries to be an effective approach to dealing with youth drug abuse (Hartnett et al., 2017). As such the study sought to borrow the tenets of MDFT to explain youth drug abuse in Zimbabwe. The main objective of the study was to unpack the multidimensional factors that influence youth to indulge in drug abuse in Zimbabwe; To determine youth drug abuse solutions using the MDFT perspective.

2. Materials and Method

The study adopted a qualitative research approach and a desk research design was embraced. The desk study was applicable in collecting facts and existing data that can assist in searching a study. Newspapers and peer-reviewed appropriate articles on youth drug abuse in Zimbabwe were considered for the study. Keywords and terms were selected as a way of searching for relevant information. Applicable material that suits the scope of the study was selected. Data analysis was done thematically and collated to come up with an appreciative idea of youth drug abuse from the MDFT view in Zimbabwe.

3. Results

a. Causes of youth drug abuse from a multidimensional perspective

The findings that are presented were mainly taken from newspaper articles written about drug abuse among the youths in Zimbabwe. As such they were presented in a way that reflects the core principles and underlying assumptions of MDFT which states that adolescents' behavior is determined by multiple factors. Hence it is these multiple factors that the researcher presented as the causes of youth drug misuse in Zimbabwe. As the name suggests, drug abuse among adolescents is multifaceted, and interwoven such that the use of a single worldview would not unlock the reality of drug abuse. Since human behavior is deterministic in nature from the MDFT perspective, it would be prudent to understand the complex causes of drug abuse among adolescents borrowing from the principles of MDFT.

i. Drugs as a business venture

One of the findings from the research was that drug dealing was now a big business with huge profits (Gumbodete, 2023). Drugs have become a business, a source of survival for some, and apparently, a business that seems to be thriving well and making other people rich. Once it is a business, dealing with users will mean affecting the source of wealth for suppliers. A complicated net of influential persons, dishonest police operatives, and vendors have been bringing drugs to consumers on the streets, in particular Zimbabwean youngsters.

The targeted customers are adolescents and school-going children because they are perceived as good buyers of drugs. Harare's drug dealers say business is booming as more young people, some at school, use mutoriro (Chingono 2021). An illegal commodity becoming a source of livelihood for some will be an existential threat to suppliers once drugs are banned. The harsh socio-economic challenges bedeviling Zimbabwe led people to engage in illegal livelihood activities for survival. In some cases, police officers are involved in drug dealings through kickbacks and participation in drug trafficking and distribution syndicates. Therefore, using the MDFT approach, dealing with drug abuse requires cleaning up factors that lead people to engage in illegal activities for survival (Gumbodete, 2023).

ii. Rising urbanization without the corresponding industrialization

From the MDFT's perspective behavior is a result of its environment as such it was noted that the rise in urbanization through the construction of many high-density suburbs without the corresponding industrialization played a role in fueling youth drug abuse. Zimbabwe has witnessed a sharp increase in the construction of high-density suburbs some of them took a long to be finished and were being used as hide-outs in urban areas and fueling substance abuse. Drug abuse was an evil shared amongst youths from the ghetto, Zimbabwe's poor and crime-ridden suburbs.

For instance, in Zimbabwe Vuzu parties which are wild indoor gatherings organized by teenagers have been a major talking point in Bulawayo. This is where adolescents engage in all sorts of vices including drug abuse, and unprotected sex with multiple partners. Rising urbanization without the corresponding industrialization was attributed to be one of the causes of youth drug abuse in the country. Due to the lack of industrialization, youths will be stuck in poverty, lack of employment, and drug addiction as they seek to escape the punitive truths of Zimbabwean life. Need to put into perspective that the youth population is increasing whilst job opportunities are decreasing.

iii. Socio-economic challenges

It has been reported widely that Zimbabwe's deteriorating socio-economic challenges were fueling youth to engage in dangerous drugs. Zimbabwe has been experiencing serious economic challenges since the turn of the millennium. Some children who were supposed to be in school were not at school due to lack of funds. Those who

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had finished their educational careers were confronted with the harsh realities of life such as unemployment. They ended up on the streets partaking in criminal activities (Marandure et al., 2023).

iv. Social fabric breakdown

Drug and substance abuse among youths reflects social fabric decay at the family, societal, and national levels (Gumbodete, 2023). At the family level, parents are no longer spending time with their children discussing problems they face and monitoring their children. Extensive drug and substance misuse amongst youths is suggestive of a broken-down socio-economic system in a country.

Breakdown in the social structure may lead to social change and ultimately social disintegration which is the falling apart or destruction of the social fabric, resulting in a widespread loss of identity, apathy, and social conflict. The breakdown of social capital the relational links and norms of reciprocity and trustworthiness within families, neighborhoods, and larger communities leads to a lack of community and if one does not have a community to reach out to, then one's hopelessness will not have any place to go (Gumbodete, 2023).

A clear example that demonstrates social fabric decay was when youths revealed that they would not accept any judgments from society because society helps in organizing and sponsoring Vuzu parties including some religious leaders. It was highlighted that the other contributing factor of Vuzu parties was the growing trend of the breakdown of family units. Young people do not have positive role models not only at home but also in society. The case of absentee fathers was a big factor that came out (Gumbodete, 2023)

v. Youth collective idleness

The research found out that part of the extra-familial causes of youth drug abuse from MDFT's perspective was youth collective idleness which results in youth collective desperation leading to youth collective maladaptive coping strategies. These maladaptive coping strategies range from smoking, drinking, and sex competitions. Collective idleness among the youth is a pathway for illegal activities like drug abuse. In broad terms, the problem of idleness has been equated with unemployment. An idle mind is the devil's workshop. To 'kill' time and deal with excessive thinking as a result of being idle, adolescents engage in drugs to have a different life feeling (Elfindri et al., 2015).

It is psychologically unhealthy for an adolescent/youth with high energy to spend the whole day doing nothing. The moment youths congregate without a day's plan will end up engaging in illicit drug abuse behaviors. Planning a beautiful day from a positive psychological point of view works against drug abuse. However, it seems as if the majority of the youth spend a lot of their time loitering in the streets (Elfindri et al., 2015).

vi. Unattended/unsupervised children

Another issue that was highlighted was unattended or unsupervised children left by parents migrating to other countries for greener pastures. Socio-economic challenges affecting Zimbabwe led to many parents leaving their children alone. Child-headed families and grandparents-headed families were increasing. Children whose parents were living abroad have been noted to be fueling drug abuse among youths. It was pointed out that some households in Bulawayo were headed by children with their parents having left for greener pastures outside the country. Children misuse money sent by their parents in the diaspora and divert it to acquire drugs and alcohol (Zimbabwe observer.com). Child-headed families lack positive parenting hence children's emotional expressions would not be regulated at the family level. The MDFT requires that in the family and parental domain, parents should have time with their children to control their emotions and deal with self-confidence. At the family level, children should be able to express their emotions, communicate, and interact with other family members well (Gunda and Mbwirire, 2020).

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The Vuzu parties were responsible for introducing youths to the world of drug abuse. Vuzu gatherings are common private indoor get-togethers, typically held by youngsters, where they will be consuming beer, and drugs and having spontaneous sex. Teenagers would have a Vuzu party at child-headed homes whose owners were in the diaspora.

b. Interventions for drug abuse using the multidimensional family therapy approach

When dealing with adolescent drug abuse the MDFT approach would address all influential areas that lead to youth drug abuse and they have been put in domains. The mentioned domains will affect multidimensional environmental influences of youth drug abuse

i. Adolescent domain

One of the critical goals of MDFT for the adolescent consists of changing a drug-using way of life into a developmentally normative lifestyle for the benefit of the adolescent's well-being (American Psychological Association, 2018). The goal for the youngster is to change from a drug-reliant life into a healthy lifestyle that meets the social and psychological requirements of the adolescent, comprising assisting adolescents to develop a robust intellect of self, positive and productive peer interactions, and positive relationships with school and other organizations (Robbins et al., 2006)

The parents, families, communities, and the nation at large should teach adolescents to understand the roots and triggers of drug use. They need to be educated about re-assessing and ultimately avoiding friends who abuse drugs. Adolescents are to be further taught on improving drug abuse refusal techniques from peers and other influential members of society. There are some automatic thoughts about drug use that adolescents need to recognize so that they can handle these thoughts and drug abuse impulses well (Volkow, 2020). Instead of engaging in drug abuse adolescents need to increase prosocial, non-drug-related ways to have fun and feel good.

It seeks to help adolescents learn more about their feelings and thinking patterns which are detrimental to their psychological wellbeing. It further seeks to assist adolescents in communicating effectively with parents and other adults in a respectful manner (Liddle et al., 2008). Youth idleness would be managed well if the adolescent domain had been correctly dealt with.

ii. Parental domain

At home, parents are expected to play their role in good faith and teach their children good behavior to ensure they shun drugs. Positive parenting of children should be done by all parents and taking children for rehabilitation where necessary. It is the responsibility of both parents to be observant for example take note of a child's academic performance and seek help early. The parent needs to learn how to set healthy boundaries by allowing children to develop independence, and gain a deeper understanding of adolescent development (Volkow, 2020).

Positive parenting improves an adolescent's developmental trajectory within the home environment (Robbins et al., 2006). This could be witnessed by love, affection, communication and even playing together. Under the parental domain, the therapist seeks to motivate parents to obtain substance abuse or mental health treatment for themselves, if need be. At times an adolescent child might be coping parents' habits, therefore, it would be prudent for parents to seek treatment as part of parental self-care. Parents play a big role in changing adolescents' behaviors. Parental supervision of children is important. Leaving children unattended, especially when parents go outside the country for greener pastures has been noted to be a catalyst for youth drug abuse.

iii. Family domain

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Generally, the family is the first line of social support system hence family therapy empowers every member of the family to support a patient to full recovery. The active involvement of families can significantly reduce recidivism. Within the family domain, the objective of the MDFT is to reduce conflict among family members. Substance abuse is associated with a lot of family conflict, misunderstandings, and a failed family. Drug abuse causes a lot of family problems like stealing, robbery, and other community vices, hence there would be a need to equip the family with effective problem-solving skills and family management practices (Matutu and Mususa, 2019). It is important to reinforce psychological attachments and feelings of love and connection among family members by altering how the family teens and parents talk together about conflict and resolve problems and how they love and support one another (National Institute on Drug Abuse, 2001). From the ecological theory, the family is a principal developmental arena that includes details on how both intrapersonal and intra-familial processes are affected by and affect extra-familial systems (Bronfenbrenner and Morris, 2006).

iv. Community Domain

From the MDFT point of view, one of the goals for the community sphere comprises building protective factors in external structures of influence, such as school, social services, mental health services, neighborhood, peer supports, and health, and decreasing risk factors that may include deepening participation with negative peers, as well as school failure (Liddle, 2002). The extra familial domain sought to create a collaborative relationship amongst all social systems in which the adolescent contributes and to foster a greater sense of family experience and participation in these key institutions. At the extra-familial level, community supervision of children should be embraced. A child belongs to the whole community. It allows for all members to participate in the community against drug abuse by youths and children. Every community member would be duty-bound to monitor children's activities in the surroundings. The community has a role to play in protecting social fabric (Macheka and Masuku, (2019). Traditionally in Zimbabwe, a child belonged to the whole community as such it protected the community's social fabric. At the national level, it is the responsibility of the government to provide employment opportunities for youth so that they do not feel hopeless (Chingono, 2021).

4. Discussions

Using MDFT to understand youth drug abuse brought a new dimension to the discourse of drug abuse among youths. There is a need for a holistic approach in conceptualizing this 'new pandemic' in the country. It brought in a wide spectrum in which people can view drug abuse. Even the way to deal with the problem was further informed by the tenets of MDFT. Currently in dealing with drug abuse, the country is mainly using the law through law enforcement agents who are arresting drug users and suppliers. Treating drug abuse victims as criminals will lead to people not coming out for psychological help. The MDFT argues that since there are multidimensional causes, it follows that even when dealing with drug abuse, the solutions should be multidimensional. Therefore, there is no one-size-fits-all approach. Dlamini (2023), reported that the police arrested 2,152 suspects for crimes involving unlawful possession, use, trafficking, or dealing in illegal substances.

Dlamini, (2023) further reported that eight teenage students at a private girls' school in the capital Harare were expelled after school authorities found illicit drugs in their bags during a school trip. From a community domain point of view, there is a need to have positive institutions that foster positive emotions among children. Expelling the children was the best option from the school's point of view, however, it did not deal with the problem of drug abuse. Children bringing in drugs to school simply put means the drugs were supplied by the community. In February 2021, police arrested 10 people who were hosting a Vuzu party in Emganwini Suburb in Bulawayo. newzimbabwe.com. This shows how Zimbabwe has been heavily relying on the use of the law to deal with drug abuse. Again, in October 2022, 16 people were arrested in Kuwadzana, Harare on public nuisance charges after they held a sex party. newzimbabwe.com. A report from (Gumbodete, 2023) reported that the government of Zimbabwe had declared war on drug lords and users, launching a national anti-drug operation

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dubbed “No to Dangerous Drugs and Illicit Substances; See Something Say Something.” As such over 2 000 people were arrested during the operation (Gumbodete, 2023).

The President of the Republic of Zimbabwe Emmerson Mnangagwa in the year 2023 called for a concerted approach in fighting the scourge (Dlamini, 2023) and this can only be best done when using the MDFT approach to drug abuse. Knee-jerk responses and criminalization of drug abusers need to be carefully examined as they might not lead to long-term desired results. According to the MDFT using the systems and the ecological theories there would be a need to examine and map all elements of a social system, including interactions between the various components, to identify major structural, economic, social, and institutional deficits. Only with such a broadly conceived, coordinated approach can the challenges of drug abuse be met.

There is a need for a coordinated approach to drug abuse. It is a multi-sectorial problem that needs a combined effort between government, non-governmental organizations, the community, family, parents, and the adolescent level (National Institute on Drug Abuse, 2018). Zimbabwe was experiencing economic dislocation such as factory closures. There is a need to fix the economy of the country to lessen the burden of expectations from drug victims. Idleness is a wasted human capacity as a result of youth underutilization that should contribute to economic development. Among school graduates, the duration of unemployment is a particular interest. If graduates spend a lot of time without finding alternative employment, it might lead to hopelessness among youths which will eventually result in drug abuse. National Institute on Drug Abuse (2018), family functioning is instrumental in creating developmentally healthy lifestyle alternatives for adolescents, however, the challenges the country is facing have led to the migration of a lot of household heads to greener pastures thereby affecting the family unit. When both parents stay together, they fight in front of children turning the home environment into a war zone, coupled with the fact that young people do not have a space where they can unwind positively leads to adolescents engaging in drug abuse.

It has been noted that for adolescents, primary risk factors leading to substance abuse among others include alienation or isolation, general school failure, associating with deviant peers, and engaging in delinquent activities (Maraire et al., 2020). Primary risk factors for parents and families include parental disengagement, parental substance abuse, inadequate parenting practices, parental stress and social isolation, family conflict and distancing, and poor communication among family members (Latimer et al., 2003). Multi-sectorial interventions that dovetail with the philosophy of MDFT would be handy in dealing with adolescent drug abuse (Maraire et al., 2020). For example, the community is a key factor in combating youth drug abuse (Mtemeri and Nhamo, 2019).

For the school-going adolescent, there is a need to have academic planning with school authorities including teachers and other educational resources that would be relevant to the child (Ibid). School failure was one of the challenges of adolescent drug abuse, therefore, academic planning would help the child to do better academically. For out-of-school youths designing a beautiful day helps in dealing with drug abuse and unnecessary idleness. Usually, an idle mind is the devil’s workshop as such it is very important to encourage adolescents to engage in positive extracurricular activities. A worth-mentioning intervention technique is discussing friendship choices that an adolescent child makes and the associated consequences of bad friendships. Peer pressure is one risk factor for adolescent substance abuse; hence it would be prudent to highlight the negative consequences of such relationships (Ibid).

A very important intervention technique that should be used by therapists is drug refusal and resisting skills through the use of psycho-education (Zimbabwe Civil Liberties and Drugs Network, 2022). Adolescents need to be imparted with drug refusal and drug resisting skills. Being able to say ‘NO’ to drugs would be very critical for reducing substance abuse among adolescents. The use of MDFT would allow parents and the family to engage in drug counseling and other social support groups as an intervention technique. This would help for normal family

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functioning and better family well-being. Social support has been noted to be a beneficial intervention and help in reducing stress and anxiety levels.

5. Conclusion

Borrowing from the general principles of MDFT Youth drug abuse can be understood from a multifaceted, multidimensional, multilayered perspective. The study concluded that from a multidimensional point of view, there are many causes of youth drug abuse like drugs being used as a business venture by drug lords, associated socio-economic challenges the country is experiencing, the general rise of urbanization without the corresponding industrialization, the breakdown in the social fabric that acts as the glue for social order, the general collective idleness among youth due to unemployment and the migration of parents or guardians to other countries leaving children unattended thereby abusing drugs. The interventions that could be used to deal with drug abuse from a multilayered perspective involve the family level system plays a crucial role in a decline in youth drug abuse, dealing with the adolescent domain on emotional regulation and emotional intelligence, dealing with the parental domain, community domain and the extra-familial domain. All efforts that could be made should not leave families behind because adolescents stay in their homes. The study demonstrated the usefulness of using MDFT to diagnose the various angles that leads to youth drug abuse.

The study recommends that drug abuse can only be dealt with from a holistic point of view. The piecemeal approach leaves room for other critical spheres to be exploited by the youth. All stakeholders and interested parties should join hands in condemning drug abuse by youth and further putting punitive measures towards caught drug dealers. The Government is recommended to come up with community mental health lay persons who are easily accessible and close by in the communities for mental health help. The Government is further encouraged to deploy community law enforcement agents who will deal with all criminal activities associated with drug abuse. Communities should find alternatives for youth unemployment in trying to curb collective youth idleness that could lead to drug abuse.

References

- American Psychological Association (2018). Multidimensional Family Therapy. Retrieved from <http://www.apa.org/pubs/videos/4310853.aspx?tab=2>
- Blows, S., & Isaacs, S. (2022). Prevalence and factors associated with substance use among university students in South Africa: implications for prevention. *BMC psychology*, 10(1), 309. <https://link.springer.com/article/10.1186/s40359-022-00987-2>
- Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of childhood. *Child development*, 45 (1), 1-5.
- Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model of Human Development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development* (6th ed). 793–828, John Wiley & Sons, Inc. <https://psycnet.apa.org/record/2006-08774-014>
- Chen, X., Qiu, N., Zhai, L., & Ren, G. (2021). Anxiety, loneliness, drug craving, and depression among substance abusers in Sichuan province, China. *Frontiers in Pharmacology*, 12, 623360. <https://www.frontiersin.org/articles/10.3389/fphar.2021.623360/full>
- Chingono, N. (2021, March 16). “We forget our troubles”: Crystal Meth use rises during lockdown in Zimbabwe. *The Guardian*. <https://www.theguardian.com/global-development/2021/mar/16/crystal-meth-mutoriro-drug-use-rises-zimbabwe-lockdown>
- Dlamini, N. (2023). *Zimbabwe Battles Youth Drug Abuse*. Chinadaily.com.cn. <https://global.chinadaily.com.cn/a/202302/16/WS63ed85e3a31057c47ebaf15f.html>

- Mudzingeri, A. (2023). Pandemic after pandemic: Adopting the multidimensional family therapy approach for youth drug abuse in Zimbabwe. *Global Journal of Psychology Research: New Trends and Issues*, 13(2), 139-151. <https://doi.org/10.18844/gjpr.v13i2.9211>
- Elfindri, E., & Soebiakto, B., & Harizal, H., & Rezki, F. (2015). Youth Idleness in Indonesia. *Asian Social Science*, 11(13). https://www.researchgate.net/publication/277917941_Youth_Idleness_in_Indonesia
- Fadhel, F. H. (2020). Exploring the relationship of sleep quality with drug use and substance abuse among university students: a cross-cultural study. *Middle East Current Psychiatry*, 27, 1-9. <https://link.springer.com/article/10.1186/s43045-020-00072-7>
- Gumbodete, P. (2023, February 23). "Drug, substance abuse among youths reflects social fabric breakdown." *Newsday*. <https://www.newsday.co.zw/local-news/article/200007835/drug-substance-abuse-among-youths-reflects-social-fabric-breakdown>
- Gunda K and Mbwirire J, (2020): Causes of drug abuse in Secondary Schools. A case study of Zengeza 4 High School, Chitungwiza, Zimbabwe. *International Journal of Humanities, Art and Social Studies (IJHAS)*, 5(1). <https://airccse.com/ijhas/papers/5120ijhas05.pdf>
- Haley, J. (1976). Problem-solving therapy. Jossey-Bass, San Francisco.
- Hartnett, D., Carr, A., Hamilton, E., & O'Reilly, G. (2017). The effectiveness of functional family therapy for adolescent behavioral and substance misuse problems: a meta-analysis. *Family Process*, 56(3), 607–619. <https://pubmed.ncbi.nlm.nih.gov/27731494/>
- Henderson, C. E., Dakof, G. A., Greenbaum, P. E., and Liddle, H. A. (2010). Effectiveness of multidimensional family therapy with higher severity substance-abusing adolescents: Report from two randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 78(6), 885–897. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4892370/>
- Henggeler, S. W., Sheidow, A. J., & Lee, T. (2009). Multisystemic therapy (MST). In J. H. Bray & M. Stanton (Eds.), *The Wiley-Blackwell handbook of family psychology*, 370–387. Wiley Blackwell. <https://doi.org/10.1002/9781444310238.ch25>
- Latimer, W.W., Winters, K.C., D'Zurilla, T., Nichols, M. (2003). Integrated family and cognitive behavioral therapy for adolescent substance: a stage efficacy study. *Drug Alcohol Depend*, 71(3), 303-317. <https://pubmed.ncbi.nlm.nih.gov/12957348/>
- Liddle, H. A., Rodriguez, R. A., Dakof, G. A., Kanzki, E., & Marvel, F. A. (2005). Multidimensional Family Therapy: A Science-Based Treatment for Adolescent Drug Abuse. In J. L. Lebow (Ed.), *Handbook of clinical family therapy*, 128–163. John Wiley & Sons, Inc. <https://psycnet.apa.org/record/2005-11556-006>
- Liddle, H., Rowe, C., Dakof, G., Henderson, C. and Greenbaum, P. (2009). Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 77(1), 12-25. <https://psycnet.apa.org/record/2009-00563-004>
- Liddle, H.A. (2002). Multidimensional family therapy for adolescent cannabis users (Cannabis Youth Treatment Series. Vol. 5. Center for Substance Abuse Treatment, SAMHSA, Rockville <http://lib.adai.washington.edu/clearinghouse/downloads/Multidimensional-Family-Therapy-for-Adolescent-Cannabis-Users-207.pdf>
- Liddle, H.A., Dakof, G.A., Parker, K., Diamond, G.S., Barrett, K., Tejada, M. (2001). Multidimensional family therapy for adolescent drug abuse: results of a randomized clinical. *Am J Drug Alcohol Abuse*, 27(4), 651-88. <https://pubmed.ncbi.nlm.nih.gov/11727882/>
- Liddle, H.A., Dakof, G.A., Turner, R.M., Henderson, C.E., and Greenbaum, P.E. (2008). Treating adolescent drug abuse: A randomised trial comparing multidimensional family therapy and cognitive behavior therapy. *Addiction*, 113(9). <https://pubmed.ncbi.nlm.nih.gov/18705691/>
- Macheka, T., & Masuku, S. (2019). Youth participation structures in Zimbabwe: A lens into the experiences of rural youth within WADCOS and VIDCOS. University of Cape Town.

Mudziringi, A. (2023). Pandemic after pandemic: Adopting the multidimensional family therapy approach for youth drug abuse in Zimbabwe. *Global Journal of Psychology Research: New Trends and Issues*. 13(2), 139-151. <https://doi.org/10.18844/gjpr.v13i2.9211>

<https://humanities.uct.ac.za/cssr/youth-participation-structures-zimbabwe-lens-experiences-rural-youth-within-wadcos-and-vidcos>

Maraire, T., Chethiyar, S. D. M., and Jasni, M. A. B. (2020). A general review of Zimbabwe's response to drug and substance abuse among the youth. *People. International Journal of Social Sciences*, 6(2), 625-638.

https://www.researchgate.net/publication/346741433_A_GENERAL_REVIEW_OF_ZIMBABWE'S_RESPONSE_TO_DRUG_AND_SUBSTANCE_ABUSE_AMONG_THE_YOUTH

Marandure, B.N., Mhizha, S., Wilson, A., Nhunzvi, C. (2023). Understanding the nature of substance use in Zimbabwe: State of the art and ways forward: A scoping review protocol. *PLoS ONE* 18(3), e0272240.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0272240>

Matutu, V. & Mususa, D. (2019). Drug and Alcohol Abuse Among Young People in Zimbabwe: A Crisis of Morality or Public Health Problem <https://ssrn.com/abstract=3489954> or <http://dx.doi.org/10.2139/ssrn.3489954>

Moses, M. (2020). *Experts want families on board in drugs response*. The Herald.

<https://www.herald.co.zw/experts-want-families-on-board-in-drugs-response/>

Mtemeri, J., & Nhamo, M. (2019). Interrogating Challenges of Youths Unemployment in Rural Areas of Masvingo, Zimbabwe: A Search for Alternative Options. *Journal of African Interdisciplinary Studies*,3(5), 16-27.

https://www.academia.edu/43785597/Interrogating_Challenges_of_Youths_Unemployment_in_Rural_Areas_of_Masvingo_Zimbabwe_A_Search_for_Alternative_Options

National Institute on Drug Abuse (2001). Effective Drug Abuse Treatment Approach.

National Institute on Drug Abuse. (2018). Behavioral Therapies Primarily for Adolescents.

Rigter H., Pelc I., Tossmann P., Phan O., Grichting E., Hendriks V., Rowe C. (2010). INCANT: A transnational randomized trial of Multidimensional Family Therapy versus treatment as usual for adolescents with cannabis use disorder. *BMC Psychiatry*, 10(28).

Rigter, H., Henderson, C. E., Pelc, I., et al., (2013) Multidimensional Family Therapy lowers the rate of cannabis dependence in adolescents: a randomised controlled trial in Western European outpatient settings, *Drug, and Alcohol Dependence* 130(1-3), 85–93. <https://pubmed.ncbi.nlm.nih.gov/23140805/>

Robbins, M. S., Liddle, H. A., Turner, C. W., Dakof, G. A., Alexander, J. F., & Kogan, S. M. (2006). Adolescent and parent therapeutic alliances as predictors of dropout in multidimensional family therapy. *Journal of Family Psychology*, 20(1), 108–116. <https://doi.org/10.1037/0893-3200.20.1.108>

Silva, M. C. D., Cruz, A. P. M., & Teixeira, M. O. (2021). Depression, anxiety, and drug usage history indicators among institutionalized juvenile offenders of Brasilia. *Psicologia: Reflexão e Crítica*, 34. <https://www.scielo.br/j/prc/a/d5XPVM6QVLTjXywyBGFZzq/?lang=en>

The Sunday Mail. (2023, February 25). *New noise in fighting "silent pandemic."* <https://www.sundaymail.co.zw/new-noise-in-fighting-silent-pandemic>

Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. *apcjournals* 173(1), 61-62. <https://pubmed.ncbi.nlm.nih.gov/32240293/>

Yassa, H.A., & Badea, S.T. (2019). Patterns of drug abuse in Upper Egypt: cause or result of violence? *Egypt J Forensic Sci* 9, 14 <https://doi.org/10.1186/s41935-019-0117-7>

Yousef, A.M., Mohamed, A.E., Eldeeb, S.M. et al., (2022). Prevalence and clinical implication of adverse childhood experiences and their association with substance use disorder among patients with schizophrenia. *Egypt J Neurol Psychiatry Neurosurg* 58, 4 <https://doi.org/10.1186/s41983-021-00441-x>

Zimbabwe Civil Liberties and Drug Network: Zcldn Zim. (2022, February 15). <https://zcldnzim.net/>