

The Friendship Bench: Grassroots intervention and the opioid crisis in Zimbabwe

By Ashley Mutasa

Abstract

Over the last ten years, the use of illegal opioids such as cough syrups and pain killers has risen dramatically across the African continent. In Zimbabwe, codeine-containing medications are easily accessible and smuggled across borders without any medical control. Opioids such as tramadol, which have no patents, are produced by foreign and local pharmaceutical companies in large quantities and flood the streets of rural communities in Zimbabwe. Unfortunately, the ongoing stress and uncertainty caused by the COVID-19 pandemic have further exacerbated the pre-existing drug epidemic in Zimbabwe. The harsh socioeconomic realities spurred by the COVID-19 pandemic have led many Zimbabweans to turn to various substances to cope with the pandemic's stress, anxiety, and uncertainty. Despite the growing evidence that substance and drug abuse is increasing, particularly among the youth, the Government is doing little. This paper focuses on identifying the social determinates of drug and substance abuse among young Zimbabweans and the interventions that can be implemented to address the current situation, given the limited resources.

Introduction and background

Drug abuse is becoming the leading cause of mental illnesses, death, unproductivity, and the disintegration of families (Volkow, 2020). According to the National Institute of Drug Abuse, more deaths, diseases, and disabilities from substance use than from any other preventable health condition. Illicit drug abuse among adolescents is correlated with poor academic performance and may be a risk factor for unsafe sexual practices and cigarette smoking (Kliewer & Murrelle, 2007). The prevalence of health-risky behaviors associated with adolescent illicit drug use has attracted growing international recognition, especially in Southern Africa, where unsafe sexual behaviors have significantly increased the HIV prevalence estimates in the region. In Zimbabwe, youth who abuse drugs are more likely to drop out of school, be unemployed, experience financial problems, and commit crimes (Pufall, Eaton, Robertson, Mushati, Nyamukapa, & Gregson, 2017). Drug abuse by the Zimbabwean youth has also devastated families and communities (Macheke & Masuka, 2019). Most drug abusers become hostile to their families, turning rebellious and exhibiting irrational anger (Mahiya, 2016). Despite the pronounced impacts that drug abuse has on the population, there continues to be an underinvestment in mental health care. The underutilization of mental health services in resource-poor countries has been partly attributed to stigma (Salwan & Katz, 2014). However, stigma might not be the only explanation for the unaddressed drug epidemic in low-resource countries. Many treatment regimens proposed by western countries are prohibitively expensive for these resource-poor communities. According to the American Addictions Centers (2017), a standard inpatient addiction treatment can cost between \$14,000 and \$27,000 for a 30-day program, and outpatient treatment can cost as much as \$500 per session. One reason for the high cost is that rehabilitation programs incorporate psychosocial interventions like counseling and psychotherapy to manage depressive episodes agitated and triggered by the withdrawal. Currently, In Zimbabwe, a country

with over 14 million people, there are only 14 clinical psychiatrists. Thus, there is a dire need for innovative solutions to providing psychotherapy and counseling services for people recovering from addiction. This need was dramatically illustrated in a recent documentary produced by vice and other international organizations, which showed that in the absence of appropriate therapies, African patients are chained to the floors of rehabilitation centers to prevent them from harming themselves or others("Zimbabwe's Codeine Cough Syrup Epidemic," 2021).

However, the situation is not hopeless; psychiatrists are reimagining how psychotherapy is delivered to people struggling with mental illness and substance abuse in resource confined areas. One of these innovative responses to the problem of mental illness in Zimbabwe is the Friendship Bench. The Friendship Bench uses a task-sharing approach to deliver mental health services to remote communities by training lay health workers to recognize mental illness. These lay workers then use locally validated assessment tools to provide evidence-based problem-solving therapy. Lay health workers who deliver the Friendship Bench program (LHWs) are trained and supervised by clinical psychologists and psychiatrists in the country's primary care facilities. The brief psychological intervention delivered through the Friendship Bench is based on problem-solving therapy (PST) with activity scheduling and behavior modification components. Key elements include *kuvhura pfungwa* (opening of the mind), *kusimudzira* (uplifting), and *kusimbisa* (strengthening) (Chibanda *et al.* [2015a](#)). Since its inception in 2006, the Friendship Bench Program has been scaled up to 72 clinics in Harare, Gweru, and Chitungwiza (total population 1.8 million) and has delivered treatment to over 40 000 people. The current COVID-19 pandemic has warranted the transition of these programs to online forms of delivery. A series of essential questions thus remain unanswered: How influential are these

grassroots modes of intervention? Does providing these services virtually affect their efficacy? What are the conditions under which they are effective? Specifically, my research asks when and how community-based interventions to deliver psychotherapy can effectively support recovering addicts who do not usually have access to these services.

Impact of COVID-19 on Drug Use

The COVID-19 pandemic and associated restrictions have only further exacerbated drug use worldwide. A Finish study published in 2020 found significant increases in buprenorphine, amphetamine, and cannabis abuse in post-mortem toxicology in the first eight months of 2020 compared to those in the previous five years from 2015 to 2019 (Mariottini, Ojanperä & Kriikku, 2020). Concerns have also been raised about the purity of many of these illicit substances during the COVID-19 pandemic. A report by the United Nations Office on Drugs and Crime (UNODC) found that border restrictions had disrupted drug supply chains, leading to opioid shortages, which in turn resulted in increased drug prices and reduced purity ("UNODC World Drug Report 2020: Global drug use rising; while COVID-19 has far a reaching impact on global drug markets", 2021). While the concern over the increases in drug abuse transcends borders, cultures, and race, the effects of the pandemic have disproportionately affected the poorest and most marginalized groups, making them even more vulnerable to drug abuse.

The covid-19 pandemic and associated economic hardships have significantly contributed to Zimbabwe's growing drug problem. Before the pandemic, unemployment stood at approximately 90 percent, with 70 percent of the population employed in the informal sector (Ncube, 2000).

With shrinking job prospects due to the pandemic lock-down measures, drugs served as an escape from bleak economic challenges. Although there is no consensus about whether poverty causes drug abuse, anecdotal evidence from documentaries by VICE suggests that many Zimbabweans turn to drugs as a means of escape from their worries. The rate of substance abuse in Zimbabwe was exceptionally high even before the COVID-19 pandemic. In 2014, the Washington Post reported that Zimbabwean men and women placed 6th and 7th respectively as Africa's top drinkers. According to Delta Beverages, a beer and soft drink company, Zimbabweans consumed almost 200 million hectolitres of their lager beer and more than 330 million hectolitres of opaque (millet) beer in 2012 ("In the context of high unemployment and a bleak future, drug and alcohol abuse is spreading in Zimbabwe," 2021). Before the COVID-19 pandemic, the health ministry of Zimbabwe reported that 57 % of all admissions to psychiatric institutions were attributed to substance abuse, with over 80 % of these admissions being between the age of 16 to 40 (Maraire, Devi Mariamdarani Chethiyar & Alif Bin Jasni, 2020). Shockingly, each year, the age of engagement in drug abuse continually decreases. Currently, there are reports of children as young as ten years of age abusing dangerous drugs and substances (Mazuru, 2018). Drug and substance abuse has become so rampant that approximately 43% of youths were reported to have engaged in drug use in 2017, 45% in 2018, and 57% in 2019 (Zimbabwe Civil Liberties and Drugs Network, 2019). The use of Crystal meth in Zimbabwe also skyrocketed during the pandemic. According to psychiatrists, the drug is relatively new in Zimbabwe. It costs only US\$3 a sachet, making it dangerously affordable ("'A way of healing the pain': Desperate Zimbabwean youth turn to meth | Africanews," 2021).

There are mounting concerns that addiction to meth, known by various Shona names including "mutoriro" or "dombo," could be the country's newest epidemic. Given that there are only 14 psychiatrists for a population of 14 million people, psychiatrists are struggling to fight crystal meth addiction with limited resources. In the absence of substance abuse rehabilitation services, many psychiatrists treat drug-induced psychosis at the expense of other mental health conditions such as anxiety and depression.

Methodology

The study used a qualitative research design. Desk research studies are appropriate in gathering existing data that can help explore a study, inform, and provide the foundation or recommendations for ground research (Maxwell, 2008). Given the COVID-19 pandemic, it was logistically challenging to conduct field research. However, studies have shown that desk research studies are low cost and are particularly effective when one is far from the research area (Johnson & Walsh, 2019). There are many potential benefits to desk research, particularly in Zimbabwe, which takes a stern approach to drug abuse (Nhapi, 2019). Given that drug abuse is a crime liable for prosecution, desk research protects the privacy and identity of individuals who might struggle with drug abuse.

Factors Influencing Recovery Following Drug Abuse

Recovery from substance abuse involves initiating and committing to abstinence from substances and making both interpersonal and intrapersonal changes to achieve prolonged sobriety

(Nhunzvi, Galvaan & Peters, 2017). Recovery from substance abuse is a process of change (Prochaska & DiClemente, 1986; Velasquez, von Sternberg, Dodrill, Kan, & Parsons, 2005; Prochaska, Norcross, & DiClemente, 2013). The Stages of Change Model describes the processes of change in addiction, whereby the change is initiated by internal motivation and maintained by active engagements. Still, setbacks can disrupt that change (Migneault, Adams, & Read, 2005). The purpose of recovery is to improve individuals' quality of life, which also benefits their families and society (Lowinson et al., 2005). However, recovery outcomes are modulated by several factors, including the legality of substances, the intensity of substance abuse, and societal perceptions (Luck & Beagan, 2015; Wasmuth et al., 2014; Wasmuth, Pritchard, & Kaneshiro, 2016). There is a shortage of substance abuse rehabilitation services in Zimbabwe, rendering recovery dependent on the individual's service capacity to negotiate required services and supports. There is a zero-tolerance to drug abuse in Zimbabwe. The Government has criminalized drug and substance use which causes fear in the youths to seek help about drug abuse effects (Matutu and Mususa, 2019). The harsh socioeconomic realities of the Zimbabwean context provided an essential perspective for exploring sustained sobriety and life change processes in a different context from those from which much of the research on the recovery from substance abuse originates.

Efficacy of Community-Based Interventions.

Numerous studies support the efficacy of cognitive-behavioral therapy (CBT) for treating alcohol and drug use disorders (Magill & Ray, 2009). For example, McHugh, Hearon & Otto (2010) conducted a meta-analysis review of CBT for drug abuse and dependence, which

included 34 randomized controlled trials (with 2,340 patients treated) and found an overall effect size in the moderate range ($d = 0.45$). Larger treatment effect sizes were found for the treatment of cannabis, followed by treatments for cocaine, opioids, and the smallest effect sizes for people simultaneously addicted to multiple substances. There is also evidence that supports the endurance of treatment effects over time (Carroll, 1994). For example, a study by Rawson and colleagues found that 60% of patients in the CBT condition provided clean toxicology screens at 52-week follow-up (Rawson et al., 2002). Although the Friendship bench has conducted no studies on the efficacy of their treatment in reducing substance use, they have conducted numerous studies that show the effectiveness of their approach in treating mental illnesses such as depression and anxiety. A cluster randomized clinical trial (RCT) of 573 randomized patients with common mental disorders and symptoms of depression showed that the group who received the intervention had significantly lower symptom scores after six months than a control group who obtained regular care (Chibanda et al., 2016). The Friendship Bench has also demonstrated some efficacy in improving adherence to ARV's in young people who typically have worse outcomes in terms of viral load suppression and mortality due to low compliance to treatment. A recent trial of the peer support model by Zvandiri showed an increase in viral load suppression among adolescents living with HIV of 42% compared to standard care due to increased treatment adherence (Mavhu et al., 2020).

The peers referred to as "CATS" work together with youth living with HIV to create positive mental health coping practices. Youth who are part of this program learn how to crochet using recycled plastic, which helps participants feel a sense of productivity and connection. The "CATS" consider themselves uniquely positioned to provide adequate support to ALHIV as they

have experienced adolescence with HIV-positive status. They understand the requirements of daily pills, adherence challenges, and maintaining secrecy to avoid stigma and discrimination. Ordinarily, this need for confidentiality can be disruptive to ALHIV's relationships, and wellbeing also prevents them from accessing social support, which could help them cope with difficult situations. However, while peer support may be effective, it is essential to understand that putting them in this role may put them at emotional risk when providing support and care. They also face the problems and vulnerabilities related to living with HIV: including discrimination and stigma, orphanhood, poverty, medical issues, and financial hardships. Additionally, the difficulties encountered by adolescents living with HIV (ALHIV) are primarily embedded in the socioeconomic environment instead of being internal (Wogrin et al., 2021).

It is important to note that most of these studies were conducted before the COVID-19 pandemic when sessions occurred in person. In recent years, pre-pandemic literature showed that online therapy and in-person therapy had comparable results in terms of the quality of the relationship between the therapist and client (Simpson and Reid, 2014), and that online therapy can be similarly effective (Simpson, 2009; Backhaus et al., 2012). However, most of this research is also confined to resource-rich countries where a majority of the citizens have access to digital technology. Little research remains available on the efficacy of digital forms of therapy across different cultural and socioeconomic contexts. While this research paper intended to explore this question by observing the perceived effectiveness of the friendship bench's virtual delivery of talk therapy, many logistical issues made this challenging. However, it appears that the friendship bench is conducting a randomized trial to determine the efficacy of delivering talk

therapy virtually. Given the stigma associated with substance abuse and therapy, providing such services remotely may improve treatment uptake and adherence.

In conclusion, while the Friendship Bench might prove effective in providing therapy for people struggling with drug abuse in Zimbabwe, policies need to be made to reintegrate these individuals into society and reduce the stigma associated with seeking treatment.

Future Research

A randomized control trial should be conducted by the Friendship Bench to determine whether their approach can be used to successfully treat substance use disorders, and whether this talk therapy is effective when delivered virtually.

Acknowledgements

I would like to thank the Laidlaw Program for the opportunity to conduct this research, and my faculty advisor, Jack Sidnell for guiding me through the process.

References

'A way of healing the pain': Desperate Zimbabwean youth turn to meth | Africanews. (2021).

Retrieved 23 September 2021, from <https://www.africanews.com/2021/07/30/a-way-of-healing-the-pain-desperate-zimbabwean-youth-turn-to-meth//>

Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., et al. (2012).

Videoconferencing psychotherapy: a systematic review. *Psychol. Serv.* 9, 111–131. doi: 10.1037/a0027924

Carroll KM, Rounsaville BJ, Nich C, Gordon LT, Wirtz PW, Gawin F. One-year follow-up of psychotherapy and pharmacotherapy for cocaine dependence. Delayed emergence of psychotherapy effects. *Arch Gen Psychiatry.* 1994;51:989–997.

Chibanda, D., Weiss, H., Verhey, R., Simms, V., Munjoma, R., & Rusakaniko, S. et al. (2016).

Effect of a Primary Care–Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe. *JAMA*, 316(24), 2618. doi: 10.1001/jama.2016.19102

Codeine syrup addiction is an opioid epidemic that is sweeping the African continent. (2021).

Retrieved 24 September 2021, from <https://thisisafrica.me/politics-and-society/codeine-addiction-opioid-epidemic-sweeping-africa/>

Edwards JM, Irritani BJ, Hallfors DD. Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sex Transm Infect* 2006;82:354-8

In the context of high unemployment and a bleak future, drug and alcohol abuse is spreading in

Zimbabwe. (2021). Retrieved 24 September 2021, from

<https://www.dandc.eu/en/article/context-high-unemployment-and-bleak-future-drug-and-alcohol-abuse-spreading-zimbabwe>

Kliewer W, Murrelle L. Risk and protective factors for adolescent substance use: Findings from a study in selected central American countries. *J Adolesc Health* 2007;40:448-55.

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.

Retrieved from ccsr.uct.ac.za

Magill, M., & Ray, L. (2009). Cognitive-Behavioral Treatment With Adult Alcohol and Illicit Drug Users: A Meta-Analysis of Randomized Controlled Trials. *Journal Of Studies On Alcohol And Drugs*, 70(4), 516-527. doi: 10.15288/jsad.2009.70.516

Maraire, T., Devi Mariamdarani Chethiyar, S., & Alif Bin Jasni, M. (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. doi: 10.20319/pijss.2020.62.625638

Mariottini, C., Ojanperä, I., & Kriikku, P. (2020). Increase in drugs-of-abuse findings in post-mortem toxicology due to COVID-19 restrictions—First observations in Finland. *Drug Testing And Analysis*, 13(4), 867-870. doi: 10.1002/dta.2982

Mavhu W, Willis N, Mufuka J, Bernays S, Tshuma M, Mangenah C, et al. Effect of a differentiated service delivery model on virological failure in adolescents with HIV in Zimbabwe (Zvandiri): a cluster-randomised controlled trial. *The Lancet Global Health*. 2020;8(2):pp.e264–e75. pmid:31924539

Ncube, M. (2000). Employment, unemployment and the evolution of labour policy in Zimbabwe. *Zambezia: The Journal Of Humanities Of The University Of Zimbabwe.*, 27(2). doi: 10.4314/zjh.v27i2.6749

- Nhunzvi, C., Galvaan, R., & Peters, L. (2017). Recovery From Substance Abuse Among Zimbabwean Men: An Occupational Transition. *OTJR: Occupation, Participation And Health*, 39(1), 14-22. doi: 10.1177/1539449217718503
- Rawson RA, Huber A, McCann M, Shoptaw S, Farabee D, Reiber C, Ling W. A comparison of contingency management and cognitive-behavioral approaches during methadone maintenance treatment for cocaine dependence. *Arch Gen Psychiatry*. 2002;59:817–824
- Salwan, J., & Katz, C. (2014). A Review of Substance Use Disorder Treatment in Developing World Communities. *Annals Of Global Health*, 80(2), 115. doi: 10.1016/j.aogh.2014.04.010
- Simpson, S. (2009). Psychotherapy via videoconferencing: a review. *Br. J. Guid. Couns* 37, 271–286. doi: 10.1080/03069880902957007
- Simpson, S. G., and Reid, C. L. (2014). Therapeutic alliance in videoconferencing psychotherapy: a review. *Aust. J. Rural Health* 22, 280–299. doi: 10.1111/ajr.12149
- UNODC World Drug Report 2020: Global drug use rising; while COVID-19 has far reaching impact on global drug markets. (2021). Retrieved 23 September 2021, from <https://www.unodc.org/unodc/press/releases/2020/June/media-advisory---global-launch-of-the-2020-world-drug-report.html>
- Volkow, N. D. (2020). Collision of the COVID-19 and addiction epidemics. *apcjournal* 173 (1), 61-62. <https://doi.org/10.7326/M20-1212>
- Wogrin, C., Willis, N., Mutsinze, A., Chinoda, S., Verhey, R., Chibanda, D., & Bernays, S. (2021). It helps to talk: A guiding framework (TRUST) for peer support in delivering

mental health care for adolescents living with HIV. *PLOS ONE*, 16(3), e0248018. doi:
10.1371/journal.pone.0248018

Zimbabwe's Codeine Cough Syrup Epidemic. (2021). Retrieved 24 September 2021, from
<https://www.vice.com/en/article/kzvxyw/watch-our-new-film-about-zimbabwes-codeine-cough-syrup-epidemic>