

**FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONG THE YOUTH IN  
ATTERIDGEVILLE, TSHWANE METROPOLITAN MUNICIPALITY, SOUTH AFRICA**

**By**

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**A mini dissertation submitted in fulfillment of the requirements for the degree of  
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## ABSTRACT

The abuse of substances among the youth is a global health problem which has a negative impact on their health and wellbeing, families, educational and professional life, as well as communities and limits their hopes and dreams. An estimated 246 million persons globally (about one out of twenty people) between 15 and 64 years have abused substances in the past three years. The global drug problem has increased to such an extent that more than 1 out of 10 drug abusers is affected by either disorder or drug dependence. The aim of the study was to explore the factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality. The study was conducted in Atteridgeville community. Atteridgeville is a portion of the City of Tshwane Metropolitan Municipality, west of Pretoria in South Africa. The design was qualitative in nature, using exploratory design. The researcher purposively chose the participants from the target population. The population and sampling method was on participants aged between 15 and 35 years, with substance abuse problem, who were referred to Atteridgeville Medical Health Centre for counselling. The researcher used a semi-structured interview guide for gathering data. In-depth interview was used to collect data. A proposed total of number of 20 participants was suggested, and it was guided by data saturation. Data was analysed by using thematic content analysis. A measure of trustworthiness was ensured. Ethical consideration was observed in this study. The findings states that substance abuse problem was identified and certainly noticed by everyone in the community. New drugs remain unchallenged, drug dealers are known, yet, not a single law enforcement institution attempt to raid their houses to search and arrest them. Community involvement is not enough to end the scourge of substance abuse problems in the community. Some police officers were identified and known to be part of drug dealings or have family relatives who are drug dealers. The researcher therefore recommends that parents should be involved in the community forums to deal with substance abuse problems. The community policing and law enforcement should be equipped by developing a tactical team specifically looking at the drug problems in the local communities. In conclusion, the research revealed that, South African citizens are people who see a problem happening but lacks to implement strategies to deal it immediately.

**Key words:** Abuse, Contributing factors, Substance, Youth.

## DECLARATION

I, **Mulaudzi Hulisani**, Student number 11572744, hereby declare that the proposal for a mini-dissertation for the Master of Public Health, University of Venda, titled '**Factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality**', hereby submitted by me, has not been previously submitted for a degree at this or any other university and that it is my own work in design and execution and that all reference materials contained herein have been duly acknowledged.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **ABBREVIATIONS AND ACRONYMS**

AIDS: Acquired Immune Deficiency Syndrome

AHRSE: Alcohol Harm Reduction Strategy for England

AOD: Alcohol and Other Drugs

ATS: Amphetamine-type stimulants

CDA: Central Drug Authority

DEUS: Drug Enforcement in the United States

DOH: Department of Health

DRT: Department of Roads and Transport

DSD: Department of Social Development

DUI: Driving Under the Influence

EFF: Economic Freedom Fighter

GDP: Gross Domestic Product

GDPO: Global Drug Policy Observatory

HIV: Human Immune Virus

HSRC: Human Sciences Research Council

IOL: Independent online news

KZN: Kwa-Zulu Natal,

MRC: Medical Research Council

NDCMP: National Drug Control Master Plan

NDCS: National Drug Control Strategy

NDMP: National Drug Master Plan

NIDA: National Institute of Drug Abuse

OJP: Office of the Justice Programme

SACENDU: South African Community Epidemiology National Drug Unit

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPS: South African Police Service

SES: Socio -Economic Status

SUD: Substance Use Disorder

UN: United Nations

UNODC: United National Office on Drugs and Crime

USA: United States of America

WDR: World Drug Report

WHO: World Health Organization

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## 1. INTRODUCTION

### 1.1 Introduction and background of the study

Substance abuse is an excessive, improper utilization of illegal/legal substances which results to addiction. People present with different symptoms, some of them abuse these drugs for a long time without being noticed due to different circumstances whereas some used them for a short period. Symptoms differ from one person to the other; however the most common symptoms are change in behaviour (such as being irritable, feeling of tiredness or being hyperactive, violent behaviour, restlessness), red eyes, sleepy eyes, weight loss and lack of interest in activities/work or family (Diagnostic Statistical Manual, 2013).

The use of substances among the South African youth is a global health problem which has a negative impact on their health and well-being, families, educational and professional life, as well as the communities. Substance abusers also limit their hopes and dreams. Substance abuse is often associated with poor academic performance, drug addiction, diseases, and vulnerability to criminal activities and injuries due to road traffic accidents by people under the influence of substances (House, 2015). According to the United Nations Office on Drugs and Crime (2008), drug dependence is an illness that requires treatment like any other medical condition.

An estimated 246 million persons globally or about one in twenty people, aged between 15 and 64 years have abused substances in the past three years (UNODC, 2016). One out of 14 people are ordinary abusers adding up to a total of 3.74 million people in South Africa involved in the use and abuse of substances

(<https://christiandrugsupport.wordpress.com/2016/04/21/latest-drug-statistics-south-africa-2016/>).

It is estimated by the United Nations (UN) that there are over 1.6 million drug abusers in Afghan cities and about 3 million were in the rural areas (Felbab-Brown, 2016). The Drug, Law and Human Rights (2016) report estimated that 83% of the population between 70 000 – 80 000 people in England and Wales were criminalised in the previous year for possession of drugs. In addition, charges from the government are estimated at \$100 billion each year.

According to the National Drug Control Strategy (NDCS, 2015), the United States of America (USA) has made progress in the reduction of illegal substances abuse among the youth between 12-17 years and 18-25 years. The intention was to reduce it by 0.2 percent in order to reach the 2015 target of 8.6 percent, with a 10 percent decrease in cannabis abuse between 2011 and 2013 (NDCS, 2015). Malaysia has a population of 29.72 million people, most of who were found to be substance abusers. Nearly 12.19 million of these citizens experience problems with substances through injecting drugs. Furthermore, approximately 1.65 million people who inject drugs were living with Human Immune Virus (HIV) in 2013 (World Drug Report, 2016).

Illicit drugs which are commonly abused by youth are the following: dagga, cocaine, nyaope, crack, codeine, ecstasy, and heroin as well as mandrax. Commonly abused prescribed drugs for pain relief include cough mixtures, tranquilisers and slimming tablets. In addition, domestic materials like glue, benzene, spray cans, and perfumes, which are very dangerous to health since this could lead to sudden death (NDMP, 2015).

The nature of the drugs–alcohol–tobacco relationship (with factors contributing to the abuse of drugs) among the youth differs and is indistinguishably associated with other characteristics of youth culture in each country, as well as to the availability of drugs, social norms, fashions and the influence of the leisure industry in most European countries (European Monitoring Centre for Drugs & Drug Addiction, 2007).

A substance abuse profiling indicated that most of young males who drink on a weekly basis experience difficulty in establishing communication with their family members because they spend more time drinking with their friends, which results in irregular school attendance, poor performance at school, bunking of classes or even feeling pressured to execute their school work, as compared to their female counterparts who were reported to have poor health, moody as well as negative perception towards their significant others (Kirby, Van der Sluijs & Inchley, 2008).

In Europe, studies indicate that the prevalence of first time cannabis abuse in Bulgaria, Cyprus, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Finland, Sweden, Turkey and Norway by the age of 13 is 0–4 % and in other countries except the United Kingdom it is between 5 % – 8 % (European Monitoring Centre

for Drugs and Drug Addiction, 2007). The manufacturing of drugs in Australia is mostly restricted to cannabis and amphetamine-type stimulants, particularly methamphetamine and to some extent, ecstasy both of which are also smuggled in bulk quantities (Australian Drug Report, 2008).

The Emirati and Arab drug legislations forbid the consumption of substances for medical reasons without the doctor's prescription (UNODC, 2013). Lebanon, on the other hand, considers the abuse of substances as a criminal violation normally warranting jail term, whereas the Lebanese interior security forces reported that, approximately 2000 substance abusers were sentenced annually between 2010 and 2012 (Aaraj & Chrouch, 2016).

The Sudanese government punishes abusers of substances with sentence of less than five years in jail and a fine of not more than five thousand Sudanese Pounds (850 United States Dollar). The government prohibits any illegal act including the consumption, importation, buying or owning of any form of illegal substances. There is no official tobacco control policy specifically targeting youth. However, smoking is prohibited at the university (Osman, Victor, Abdulmoneim, Mohammed, Abdalla, Ahmed, Ali & Mohammed, 2016). Tunisian law punishes any individual who consumes or owns an illegal substances business with a sentence of less than five years and a fine not more than three thousand Dinars (500 -1500 USD) unless one is authorized by the law to use a specific drug for medical purposes (Aaraj & Chrouch, 2016).

The adverse impact of illicit cultivation, trafficking, production and abuse of drugs in Nigeria is profound. The government has pursued a law enforcement approach to respond to these challenges (NDMP, 2015). However, the country itself lacks consistent and complete data on the occurrence of drug abuse. Hence, there are growing concerns about substances abuse and many people with substance disorders.

Existing data comes from hospitals, survey and studies. Just like any other country, Nigeria has an alarming increase in the abuse of cannabis, heroin and cocaine. Reports state that Nigeria had recorded a higher rate of drug abuse and trafficking in 2012 reaching up to 27 million or 1 in every 200 people. It was noted also that 50 % of the drugs, mostly heroin and methamphetamine, were transported to Europe and a little (32.25%) in South Africa in 2011 (NDCMP, 2015).

South Africa is amongst the 50 countries out of 189 states recorded in 2003 with the highest drug abuse statistics, as measured by the number of people with substance abuse problems from the age of 15 years as they consume an amount of 81 litres of alcohol (Central Drug Authority, 2010). Although the government is aware of the adverse effects of substance abuse in the country, the challenge faced is the lack of involvement at various departmental levels and police, as well as security cluster, to reduce the effects of both licit and illicit drugs that are consumed in the country (Human Sciences Research Council, 2015).

The 2003 South African demographic and health survey (Department of Health, Medical Research Council & OrcMacro, 2007), reported that *“33% (49% among males and 22% among females) in the overall sample (persons 15 years and older) confessed that they abused alcohol at some time in their life; 26% (39% males and 16% females) indicated that they abused it in the 12 months before the survey; and 18% (30% males and 10% females) indicated that they did so in the week before the survey”* (NDMP, 2013 – 2017).

A total of 4285 patients in Gauteng treatment centres were treated for drug-related problems during the period January–June 2015. Over 75% of that number was admitted for substances-related problems in the rehabilitation centres in Gauteng. The majority were found to have secondary school background, while a larger number of tertiary male students were admitted, compared to females student admitted between 2011 and 2015.

The most commonly-abused substance is cannabis globally, with 38% in the Gauteng province (Dada, Burnhams, Erasmus, Parry, Bhana, Timol & Fourie, 2016), and by young people under 15 years (European Monitoring Centre for Drugs and Drug Addiction, 2007). This is followed by alcohol, which is still stable, compared to the previous statistics in Gauteng province only (Dada et al., 2016).

A study amongst adolescents with substance abuse problems in Atteridgeville showed that there is a serious concern regarding the effects on their health and safety and the social consequences. On the 1<sup>st</sup> of June 2016 during the international child protection week in Atteridgeville, the State President addressed the community about the alarming issues of

drug problems in the society, as well as the need for children to be protected from involving themselves in substances (The Presidency annual report, 2015/2016).

Globalization is one of the major causes of the illegal drug trade which has been in existence for the past decades and has virtually left South Africa vulnerable to abuse threats. This trade goes across international borders in the global community. Weak border control support structures make South Africa regularly vulnerable for drug smugglers (Department of Social Development, 2006). South Africa's substance abuse problem keeps rising with 7.06% of the population abusing narcotics (<https://christiandrugsupport.wordpress.com/2016/04/21/latest-drug-statistics-south-africa-2016/>).

The psycho-socio-and economic impacts on people and increasing number of criminal activities, along with related social factors, have left many communities under immense pressure of alcohol and drug abuse (NDMP, 2013 – 2017). On the other hand, millions of people continue to be arrested and imprisoned over minor, non-violent drug-related offences (UNODC, 2016). This international crisis is seen as a challenge for public health systems considering the serious health consequences, cost of rehabilitation of drug abusers and treatment and prevention strategies, particularly in developing countries (Machete, 2015; UNODC, 2015).

Some common practices were identified by Kirby, Van der Sluijs & Inchley (2008), who observed that young people with substance abuse problems presented with poor health, low life satisfaction, difficulty in communicating with their parents, low educational aspirations, untidy environment, friends who smoke around the house most of who were reported to live with a single parent, step-family or grandparents, where they could come back home late at night, were lazy to keep their chores, living in a neighbourhood with low social economic status and more negative perceptions of the area where they live (Kirby, Van der Sluijs & Inchley, 2008).

One more aspect of concern is the abuse of over-the-counter (OTC) and prescription drugs for non-medical purposes by young people with substance abuse problems (Whitesell, Bachand, Peel & Brown, 2013). These drugs are mostly used in the prevention and treatment of signs and illnesses that do not require medical consultation. Usually, the most

abused prescribed medications include Adderall, Oxycontin, Ritalin, and Vicodin, which are addictive to the human body (WHO, 2000). Furthermore, the abuse of drugs among youth has other consequences such as the spread of Human Immuno Virus otherwise known as HIV and AIDS also known as Acquired Immune Deficiency Syndrome, escalating dangers of vehicular death toll, and behaviours associated with juvenile delinquency.

Substance abuse also increases the risk of contracting HIV due to the potential for sharing needles and participating in risky behaviours. A research conducted by Tshitangano & Oni (2016) attests that injuries caused by motor vehicle accidents, smoking, homicides and suicides, depression, personality disorder, unplanned sexual activity, and increased sexually-transmitted diseases also contribute to the high rate of school dropout, unemployment and poverty resulting from the behaviour of these substance abusers. In addition, short-term effects of cannabis abuse include high-risk sexual behaviour.

In addition, frequent use of cannabis can result in psychosis and dependence (Moosa, Matjila & Moodley, 2012). These consequences place a significant cost on the society, healthcare system and criminal justice system is in a state of dilemma balance of endless expenditures as well as lack of productivity in the workplace. It also resulted in increased HIV/AIDS transmission (DSD, 2005).

The illicit drug trade is also linked to international organised crime, terrorism, human trafficking, and money laundering and illicit arms trade. Statistics show that violence is one of the issues which are strongly related to the abuse of substances in South Africa (Parry, 2006). A report showed that most young South Africans who are currently using illicit drugs also convert themselves into business men and women who sell these types of street drugs (NDMP, 2013-2017).

The World Drug Report (2008) indicated that the types of illicit drugs abused globally including South Africa, have common or street names which constantly change or are adapted to meet the needs or fads of the abusers. Some of the South African street names are 'white pipe' (a combination of dagga and Mandrax), 'Nyaope' (a combination of dagga and heroin), and 'tik' or crystal methamphetamine a so-called amphetamine-type stimulant (ATS).

The most commonly abused substance is cannabis, with the largest number of abusers in South Africa being in Gauteng Province followed by Kwa-Zulu Natal (KZN) Province and Northern Region. In the Northern Region, Cape Region and Gauteng, patients with substance abuse problem were younger than 20 years and most Black/Africans were found to be abusing Heroin. This drug is also used as a secondary substance of abuse, with 15% of patients in the Western Cape, 31% in Northern Region, 7% in Cape Region and 19% in Gauteng reporting Heroin as both a preferred or secondary substance of abuse. The majority of patients who were admitted for Nyaope abuse in KZN (84%), Northern Region (84%) and Gauteng (96%) were Black/African (Dada et al., 2015).

In addition to the previous statistical report, Counselling@ Statistical Report (2015/2016) recorded that 36 males aged 18-45 years and 4 females aged 22-28 were out-patients with substance abuse problems. It also showed that 16 of the male patients with substance abuse problems were attending secondary schools and 20 male patients with substance abuse problems were either unemployed or school drop outs (Counselling Annual Report, 2015-2016).

## **1.2 Problem Statement**

Substance abuse in the Tshwane area is mostly prevalent amongst school going children (Jeram, 2009). Despite the Government and NGOs efforts in the implementation of drug reduction programs, the current Bluetooth drug transfusion trends which occurred in Pretoria on media reported as the most dangerous method close to the transfusion of blood filled with drugs from one person to the next which is also risk factors contributing to the spread of HIV and STIs (Khine & Mokwena, 2016).

The current misconception of the Western Cape High Court has brought confusion to the public about allowing the cultivation, possession, and abuse dagga at home, for private use to become a free will for everyone to abuse dagga as a legalised drug (News24, 2017-03-31).

Drug and substance abuse problems in Tshwane have reached epidemic proportions, with more than half of the young people in Atteridgeville abusing illegal substances (Jeram, 2009). Over fifty-one percent of young people in that area abuse drugs and the most

frequently abused substances are alcohol, cannabis and the notorious Nyaope (IOL newspaper, 2016). A recorded total number of 3989 patients were treated for using primary drug (dagga, nyaope, crack and heroin) at Gauteng treatment centres between January and June 2016, furthermore, mid-reports that this number of patients admitted increase as compared to the July to December 2015 from 3570, significantly increased in Gauteng from 26% to 38% (Dada et al., 2016).

The researcher worked for a non-profit organization as a Registered Counsellor between July 2013 and December 2016. During this period, the researcher observed that most patients between the ages of 15 and 40 years presented with substance abuse problems and they were referred by different health and social welfare organizations. Over 20 to 30 parents and family members reported these cases and complained about the loss of valuable kitchen items as well as many metallic items in the house.

Some parents complained that their children always cause violent incidences under the influence of drugs, their bedrooms are always kept untidy environments and they smell of cigarettes and alcohol most of the time. School principals raised the same concerns during forum meetings that some learners were influenced by peer pressure, lack of financial support and failure to achieve their school goals. Deviant peer affiliation, skipping school, availability of alcohol and other drugs in or around school premises, low academic aspirations, poor school performance and stealing to maintain the edge of using drugs are some of the problem identified amongst young people in Atteridgeville community.

### **1.3 Rationale for the study**

Parents and family members complained that their loved ones were selling street drugs as drug dealers. The researcher observed that most drugs were sold in open environments, such as shopping complex entrances and even near police station premises. During counselling sessions, some learners reported that they did not receive enough stipends from their parents, the money which is usually used for buying drugs. This experience prompted the researcher to initiate the study about the factors contributing to the abuse of substances amongst youth in the community.

Masombuka (2013) conducted a study titled “*young people’s addiction to the drug Nyaope in Soshanguve Township: exploring the experiences of parents and support needs*”. In addition, Moosa, Matjila, & Moodley (2012), conducted a study titled “Epidemiology of substance abuse among secondary school learners in the Atteridgeville secondary schools”. Substances-use-related studies were also conducted throughout the country (Gunnarsson, 2012; Machete, 2015; Mohasoa, 2010 & Choung, 2014). However, none of these studies have focused on the factors contributing to substance abuse amongst the youths in the Atteridgeville community.

#### **1.4 Significance of the study**

The study is important because the findings might assist policy makers and administrators in the Provincial Department of Social Development and any other government entity involved, other non-governmental organizations and municipalities to review and implement strategies and support programmes to eradicate the substance abuse problem in the communities and influence policies which govern and regulate the scourge of substance. The study may also add value in helping the community in realising the factors contributing to the abuse of substances amongst youth in the community.

#### **1.5 Aim of the study**

The aim of the study was to explore the factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality.

#### **1.6 Objective of the study**

The objectives of the study were to:

- Identify the common types of substances abused among the youth in Atteridgeville community
- Describe the factors contributing to substances abuse among youth in the Atteridgeville community

## 1.7 Definition of key terms

Conceptual and operational meanings will be used to define the following key terms:

- **Abuse**

It refers to the continued or irregular, overuse of substances, whether use of illegal substances and the prohibited use of substances (Prevention of and Treatment for Substance Abuse Act, 2008). In this study, abuse refers to an excessive use of any drug or chemical which affects the normal functioning of the body.

- **Factors**

These are facts, circumstances or influence that contributes to results (United States Department of Labour, 2015). In this study, contributing factors are agents (carriers) which contribute to substance abuse.

- **Substance**

This is a solid or liquid chemical which affects the human body and its function process through slowing or quickening the production of certain hormones (World Drug Report, 2009). In this study a substance refers to alcohol, cannabis, dagga or marijuana, ketamine, nyaope, heroin, cocaine, methamphetamines, stimulants and inhalants.

- **Youth**

It refers to any person aged between, 14 and 35 years (National Youth Commission Act, 1996 (Act No. 19 of 1996). In this study, youths refer to people aged between 15 and 40 years who consulted at Atteridgeville Medical Health Centre for substance abuse problems.

## **2. LITERATURE REVIEW**

### **2.1 Introduction**

A literature review was from the collected exploration works which has been discovered, and contains the main arguments and findings (Howitt & Cramer, 2011). In this section, the study will discuss the types of substance abused, including the prevalence of substance abuse, the most commonly-used substances including: alcohol, cannabis, tobacco, inhalants, nyaope, ATS, over the counter and prescription medication, as well as the factors contributing to substance abuse, including environmental factors which comprise the social, physical and psychological factors, as well as socio-economic and genetic risk factors, strategies used to prevent substance abuse in South Africa and also the legislation related to the control of substance abuse in South Africa and finally explore the theoretical framework related to the study.

### **2.2 Prevalence of substance abuse**

The global drug problem has increased to such an extent that more than 1 out of 10 drug abusers is affected by either use disorder or drug dependence (UNODC, 2015). The SACENDU report recorded a significant increase in the number of patients admitted to South African specialist treatment (rehabilitation) centres, from 9679 to 10540 patients throughout the country (Dada et al., 2016). In the USA, drug abuse usually begins during the adolescent years and is associated with early self-experimentation with psychoactive drugs, including tobacco and alcohol, which contributes to a greater risk of increasing drug problems in the later stages of life (NDCS, 2015).

Iran has the highest rate of opiate abuse in the area, with 2.3% of people between the ages of 15 – 64 years abusing opiates. Moroccan law penalizes with a sanction of less than one year plus a fine, or one of the two sentences, for anyone who illegally abuses substance (Chrouch, 2016). Cannabis was found to be the most frequently abused by 11.0% of the students in public secondary schools in Vihiga County in Kenya, while Cocaine and Heroin, which are smuggled, are mostly related to urban residents, particularly in Nairobi and Mombasa (Chebukaka, 2014).

Substance abuse is among South Africa is top 10 causes of road accidents, leading to death of 1 out of 3 people addicted to a drug (Department of Roads and Transport (DRT), 2016). Males living in the urban areas were found to have used more alcohol than their rural counterparts. The South African government is concerned with the increasing trend in the sale of alcohol from outlets without proper licences, which makes it difficult to control or regulate such sales. Depressants, stimulants, hallucinogens and poly-drug use are the most commonly-used and abused type of drugs in the country, with negative effects on the central nervous system. These types of drugs have their street names and the mixtures differ according to provinces, region and time (NDMP, 2013- 2017).

The SAPS crime report stated that between 2014 and 2015 there was an increase in the number of reported cases of criminal activities committed under the influence of drugs from 260 596 to 266 902 throughout the country (SAPS crime report, 2014-2015). Substance abuse increase has also drawn much attention with the international drug control regime being faced with challenges and democratic decision which are beyond other countries' jurisdiction because the legalization of cannabis is made for different reasons. Such policies go beyond the control of the United Nations Drug Control Convention (Global Drug Policy Observatory ((GDPO), 2014).

There have been reports of threats related to the apprehension and sanctioning of substance abusers. This is done in order to obstruct accessibility to lifesaving health services such as syringes and sterilized needles, naloxone for overdose, opioid substitution therapy, HIV and Hepatitis C stolen from health facilities by drugs abusers, as this contribute to avoidable deaths from blood borne viruses and drug overdose (UNODC, 2016). Substance intoxication also causes a distress to a person's judgment, and can subsequently contribute to the drug abusers engaging in unsafe sexual behaviours. The use of this substance exposes youth to different kinds of abuse, ranging from physical abuse, rape, abduction, and other forms of abuse and human trafficking (DSD, 2013).

For a while, plants like herbs and leaves have been used to heal and manage diseases. The use of substances in itself did not create any danger because drugs correctly administered have a beneficial effect (Fareo, 2012). Substances such as cannabis use were planted for medicinal and recreational purposes since the existence of human. These

herbs were manufactured in a form of food or drinks made to make them feel relaxed, stimulated, or euphoric (GDPO, 2014), while some drugs were used in the form of remedies. These substances were prepared from natural plants like mushrooms, herbs, roots and fungi. Most of these were used to reduce pain, aches and other body ailments through drinking, eating, rubbing the skin or inhaling. Moreover, some religious practitioners abuse these drugs to gain insights or experience visions, and to suppress the pain of ritual or circumcision rituals (Kupferschmidt, 2003).

The American government did not have specialized agencies and professionals who were responsible for the regulation of some substances; as a result, some doctors would just prescribe morphine and cocaine to treat pain (Drug Enforcement in the United States, 2014). Due to stigmatization of addicts, women hid their substance problems from their families and friends (Henninger & Sung, 2014).

There is high prevalence of alcohol abuse among youth who experience many negative outcomes, including academic, social, and legal problems, as well as unwanted, unplanned, and unprotected sexual activity (Meyers & Dick, 2013). The Substance Abuse and Mental Health Services Administration's (SAMHSA) provides data related to prevalence, shapes, and effects of tobacco, alcohol, and illicit drug abuse in the general in the U.S. civilian non-institutionalized inhabitants aged 12 years and older. Alcohol was found to be abused more by young people than tobacco or any illicit drugs in the United States (Meyers & Dick, 2013).

Approximately 1.3 Million United Kingdom youth are affected by parents who consume alcohol and abuse drugs (Alcohol Harm Reduction Strategy for England (AHRSE), 2004). The incidence among males is almost twice as much as that of females and there is extensive difference through ethnic groups (Dick, 2009). Drinking at an earlier age is related with a growth in possibility of addiction and other alcohol-related problems in adulthood (Truong, 2008).

Alcohol, tobacco, and illegal substance abuse amounts to over \$700 billion each year in the American government expenditure related to criminal activities, lost employment productivity and health care. There has also been an increase in illicit drug abuse an estimated number of 24.6 million Americans from the age 12 or older reported that about

9.4 % of the people abused drugs. This number increased from 8.3 percent recorded in 2002 with the abuse of cannabis rising as the most abused illicit drug since 2007 in the United States (National Institute of Drug Abuse (NIDA), 2015). Eleven percent of people who are charged with drunk and driving in Gauteng has increased from 25 794 to 32 287 recorded in 25.2 % compared to the previous years (SAPS, 2016).

## **2.3 Types of substances abused**

The researcher will analyze different literature on the various types of substance abused carried out by different authors. The study will specifically focus on Alcohol, Cannabis, tobacco, inhalants, nyaope, amphetamine-type stimulants (ATS), over-the-counter (OTC) and prescription medication.

### **2.3.1 Alcohol**

The study conducted in the treatment centres across South Africa found that alcohol remains the most abused substance in the Eastern Cape and Central Region and is still the biggest cause of medical conditions like cardiovascular related and diabetes (Dada et al., 2016). The high occurrence rate of alcohol intake and abuse among the youth has resulted in negative effects on young people's lives. Liquor remains the most legitimate substance abused in South Africa (Department of Basic Education, 2013). In addition, according to the National Drug Master Plan (Department of Social Development, 2013), alcohol is still the primary abused drug in South African between 7.5% and 31.5% have been affected by liquor-related problems.

Forms of alcohol consumption differ amongst societies (Peltzer, Ramlagan and Satekge, 2012). Young people who drink are prone to smoking cigarettes, compared to those who do not drink. Smoking, drinking and an abuse of illegal substances amongst young adults is associated with mental health disorders such as depression, interpersonal violence, motor vehicle accidents, drowning, risky sexual behaviour, and suicidal behaviour (Hanna, Yi, Dufour, & Whitmore, 2001; Page & Hall, 2006).

### **2.3.2 Cannabis/marijuana (dagga)**

Cannabis is still the most abused illegal substance across the country, although it is mostly abused in the Kwa-Zulu Natal, Northern Region and the Eastern Cape Regions (Dada et al., 2016). The abuse of cannabis has always been related with major health consequences, with dependency signs, cardiovascular and respiratory-related infections, impaired psychosocial development, psychotic consequences and road traffic deaths (Shi, Lenzi & In, 2015).

It is estimated that a population of 183 million have abused drugs in 2014 while the abuse of cannabis has remained stable over the past three years (WDR, 2016) and is related with an enhanced risk of psychotic consequences, and results in dose-response relationship between the level of abuse and the risk of later psychosis. Some individuals are more vulnerable to the psychogenic effects of cannabis than others. (Murray, Quigley, Quattrone, Englund & Di Forti, 2016). Exposure to cannabis in youth is related with an increased danger for advanced psychotic disorder in adulthood (Souza, Radhakrishnan, Sherif, Cortes-Briones, Cahill, Gupta, Skosnik & Ranganathan, 2016).

### **2.3.3 Tobacco**

Tobacco smoke is a mixture over 7,000 toxic substances which are poisonous and can cause harm in the body tissues. It quickly reaches the lungs, blood vessels, and other delicate tissues which become inflamed and damaged when a person smokes. Sudden haemorrhages, cardiovascular and respiratory-related diseases can be triggered by tobacco smoke. Nicotine is the most powerful and addictive chemical found in tobacco because it changes the chemical balance in the human brain (Surgeon General's report, 2010).

Tobacco constitutes the greatest preventable cause of death globally. Over 5.4 million deaths caused by tobacco are reported annually. The effects on health include high risk of carcinoma of the head and neck, oesophagus, lungs and pancreas, as well as many oral diseases. There is also evidence which showed that smokeless tobacco may also increase the risk of low-birth-weight babies (WHO, 2008).

#### **2.3.4 Cocaine**

Cocaine abuse was recorded to be stable across all areas of the country whereas there are growing concerns of heroin, which is mostly smoked and injected, and is one of the most common causes of HIV transmission (Dada et al., 2016).

Cocaine is an extremely addictive drug formed in a white sparkling powder and often diluted with other ingredients. It causes a huge addiction problem to many young people. This is because it affects the nervous system, with permanent and non-reversible injuries. It is the second most trafficked drug worldwide. It is called by different names such as coke, snow flake, snowbirds, blow hardy and nose candy (Ondieki & Mokuu, 2012).

Cocaine comes through two different drug products: cocaine in powder-form and a variety of cocaine products named “crack”. In addition, another powder form of cocaine is a milder drug frequently inhaled by the affluent, while crack is abused by less affluent people (UNODC, 2015). It has therapeutic effects of pain relief, euphoria effects and feelings of reduced fatigue, which is mostly abused in sporting activities on the other hand it was reported that cocaine provokes marked excitation, with an increase in intellectual activity, talkativeness and increased muscular strength as well as euphoric moments. The dosage of cocaine in the human body can cause a person to shiver, become nervous and convulsions (Mhlongo, 2005).

#### **2.3.5 Inhalants**

Opiates or by-products of the opium “poppy” are usually injected or smoked in advanced form, with heroin being the overriding opiate in South Africa; cocaine is inhaled or “snorted” in powder form; inhalants are substances which produce chemical vapours that can either be inhaled to induce a psychoactive, or mind-altering, effect. These chemical liquids come in a form of vapour or gas at room temperatures as well as produced inside spray paints, hair sprays, deodorants and fabric protector sprays, as well as vegetable oil sprays for cooking (NIDA, 2014; NDMP, 2013-2017).

### **2.3.6 Nyaope**

A reported increase in the newly-found drug called Nyaope or Whonga in Gauteng and Kwa-Zulu Natal region respectively as the primary drug of abuse has been noticed (Dada et al., 2016). It is a new addictive drug in the market, which is a combination of dagga (cannabis) and low quality of heroin. It is a dangerous and destructive street drug, unique to South Africa. Many media reports have indicated that since 2006 there is discouraging presence of substance abuse, predominantly the use of a mixture of cannabis, heroin and cutting agents, a mixture stated as Nyaope, by learners in Atteridgeville (Visser, 2003).

The drug is called by various other names, such as Kwape, Whonga or Plazana. It is a combination of low-grade heroin mixed with other powdered substances, such as rat poison, antiretroviral, household cleaning products and swimming pool chemicals, to enhance the drug's potency. It is smoked with a pinch of dagga. Household cleaning products are added by the dealer to increase sales volume, which comes at a price of R30 per packet (De Swart, 2013 in Masombuka, 2013).

### **2.3.7 Amphetamine-type stimulants (ATS)**

Methamphetamine was recorded as the second most abused drug, found amongst youth under the age of 20 in the Western Cape. It includes amphetamine, methamphetamine (also known as Tik), and their by-products, such as methcathinone "Cat", fenetylline, methylphenidate and methamphetamine (commonly called known as speed, ice, crystal or glass) (Dada et al., 2016).

These are manufactured in underground laboratories from readily available and cheap ingredients. They result in elevated awareness, respiratory rate, euphoria and arousal, elevated heart rate and libido; in addition, it causes an increase in blood pressure. Abusers also perceive heightened confidence, energy levels and physical strength. They can be snorted, smoked, injected, or used rectally. Compared with opioids, most abusers of ATS administer these substances through non-injecting methods (UNODC, 2015).

There is a strong association between HIV-related vulnerabilities with amphetamine group substance abuse, specifically among men having sex with men (Colfax, Santos, Chu, Vittinghoff, Pluddemann, Kumar & Hart, 2010).

### **2.3.8 Over-the-counter and prescription medication**

These are the types of drugs which are bought over the pharmacy counter or supplier of such medication or found as a prescription of a medical practitioner (NDMP, 2013 – 2017). They are highly addictive drugs which people take with an intention of dealing with stress and depression in their lives. Some become very strategic, so that they use prescription drugs in order to perform better at school, while others have some sophisticated usage approach to these drugs (WHO, 2000).

The drugs are mostly pain relief medicines which come in the form of tablets, capsules or liquid bottles. Symptoms coupled with constipation, confusion, feelings of nausea, coma, euphoria/feelings of joy, sedation, respiratory, depression and arrest, addiction, unconsciousness, drowsiness/lethargy, concentration problems, changes in physical activity, pinpoint pupils, appetite changes are common to most people who abuse these drugs ([www.drugfree.org](http://www.drugfree.org)).

## **2.4 Factors contributing to substance abuse**

A number of factors are reported to contribute to the abuse of substances, including behavioural and environmental factors, which comprise social, physical and psychological, as well as socio-economic and genetic risk-factors.

### **2.4.1 Behavioural factors**

Alcohol and other drug abuse behaviour is complex, while influenced by a range of genetic (family relations) and environmental factors. The environment plays a major role in the initiation of alcohol abuse and other substances. On the other hand, genes are more significant for determining alcohol dependence (Tround, 2008). In addition, young people who involve themselves in disobedient and anti-social activities are likely to abuse drugs (Brook et al., 2005) in Morojele, Parry, Ziervogel, & Robertson (2012).

Most of these people are less than 15 years old and living with single parents or a step family rather than biological parents. These children are prone to abuse drugs at an early age, compared to their counterparts. They find some influence from interpersonal relations such as friends who smoke or drink, spends more time after school and come back home

late, they start to lose interest in school work, bunk classes and marks deteriorates (Kirby et al., 2008).

These drugs produce an intense feeling of pleasure, coupled with euphoric feelings, followed by other related effects, depending on the drug. Others want to feel in control of the situation, while some just want to increase the energy to achieve something whereas some people just want to relax and feel satisfied (National Institute on Drug Abuse, 2014). People who suffer from psychological problems such as social anxieties, stress-related disorders and depression, begin abusing drugs in order to lessen the feeling of distress (Morojele, Parry, Ziervogel, & Robertson, 2012).

People such as sports and athletics players want to improve their cognitive and performance through the use of prescribed stimulants. The first feeling after using these drugs may seem like positive effects because people believe that they are in control. However this can quickly take over one's personal life. As time goes by, people may start to feel the need for more frequent doses, which later takes a habit of smoking tainted by signs of addiction (National Institute on Drug Abuse, 2014).

According to Wood (2012), lack of education has been associated with low community socio-economic status (SES) and social exclusion amongst young individuals as this also contributes to unemployment and criminal activities. Moreover, social exclusion also increases the likelihood for risk behaviours such as drinking and driving, unprotected sexual activities and violent activity as well as the abuse of substances.

Environmental and genetic (family relations) factors also influence the abuse of illicit drugs and drug dependence. Factors such as group of friends which an individual lives with, affect the probability that the person will take drugs while genetic factors affect whether these individuals would later become addicted to the drugs (Tam & Foo, 2012).

Gangsterism amongst youths on the other hand, promotes the succession of substance abuse, as the appeal of delinquent behaviour can attract adolescents to a gang, and, once membership is recognised, participation in the gang can foster further deviant behaviours and substance abuse. Cultural principles of particular traditional groups contribute as controlling or risk factors for juvenile substance abuse (Whitesell, 2012). All these

transmissible and environmental influences interrelate to determine a person's observable characteristics and behaviours (Thatcher, Duncan, Clark, 2008).

## **2.4.2 Environmental factors**

Factors such as social focusing on accessibility and availability of drugs, family related factors, homelessness, parental behaviour, peer pressure and physical environment, as well as the psychosocial factors, will be discussed under environmental factors. Lack of or low educational background and employment are also seen as contributory factors towards the abuse of drugs. Homeless youth are prone to adopt high-risk lifestyles including the abuse of drugs as well as the availability of drugs in the market, where the issue related to regulations is likely to be discouraged and not enforced (UNODC, 2004).

### **2.4.2.1 Social factors**

#### **2.4.2.1.1 Accessibility and Availability of Drugs**

This is one of the issues leading to the growth in drug abuse during current situations among the youth (Tam & Foo, 2012). Perceived alcohol and other drug accessibility have been significantly related with higher levels of substance intake amongst males and consumption of alcohol in public places by females (Tround, 2008).

Drug problems differ widely among neighbourhoods, towns and all kinds of cities where young people are influenced by media advertisements about drinking. Issues which make drinking look fun and sexy, include items with alcohol which they use well-known product names, and liquor firms which sponsors well-known events or provide free products to young people (Jernigan & O'Hara, 2004).

The selling of drugs on the internet has increased the publicity and ease of access of drugs to addicts. Herbal supplements which are sold on the internet are also linked to illegal substances such as marijuana and ecstasy. Students continue to inappropriately use drugs in and out of school, more-especially during school breaks, while unnecessary expenditures become some of the factors contributing to the increase in accessibility of illicit drugs (Tam & Foo, 2012; Spooner & Hetherington, 2004).

Masilo (2012) in DSD (2013) reported that the environment in which learners attend school might contribute to their engagement in drug abuse such as areas where there are many liquor outlets within reach of learners. Furthermore, the author indicated that learners were not only able to access alcohol but also dagga. Upon investigation, learners were found to smoke dagga in the school toilets.

#### **2.4.2.1.2 Family related factors**

Young people who grow up with parents or guardian who misuse substances are more likely to be involved in alcohol drink at least once due to their parental history of alcoholism and alcohol abuse (King & Chassin, 2004; Essau & Hutchinson, 2008).

Family members affected by alcoholism reported higher levels of conflict compared to families with no alcoholism problem, such as emotional or physical violence, increased family conflict, decreased family cohesion, increased family separation, decreased family organization, increased family stress, including work problems, illness, marital strain and financial problems and frequent family moves are always associated with alcoholism and drug problems ([www.nacoa.org](http://www.nacoa.org)).

According to Rhodes, Lilly, Fernandez, Giorgino, Kemmesis, Ossebaard, Lalam, Faasen & Spannow (2003), there is a strong relationship between commencement of current drug abuse style and a malfunctioned family.

#### **2.4.2.1.3 Homelessness**

Homeless youth are identified as some of the nation's most vulnerable populations in many countries. Most of these individuals are aged between 12 and 24 years and without well-established housing environment and being identified with the economy and culture of street living (Thompson, Bender, Ferguson & Kim, 2015).

Drug abuse amongst them is higher, compared to their housed counterparts. Dagga (Marijuana) has been recognized as the drug of choice for homeless youth. They find it easy to identify street culture and engage in accepted practices in order to earn money. They adopt street slang and come up with strategies in order to survive in the street. The norms of abusing substances become pretty simple for them because it exists amongst

everyone in their community. The abuse of drugs and alcohol is seen as a coping strategy amongst themselves and they perceive it differently from their counterparts (Gomez, Thompson & Barczyk, 2010).

Substance abuse is viewed as one of the main causes of homelessness. Alcohol is their street drug of choice. This is done to numb their daily life experiences in the streets, reduce stress and negative emotional effects of their traumatic events (National Coalition for the homeless people, 2009). Under the influence of these substances, they find it easy to sleep on the streets while smoking in order to keep themselves warm and suppress their hunger. The same drugs are abused to deal with the pain of living on the streets (Gomez et al, 2010). They abuse substances in order to reach temporary relief from their problems, although it worsens their difficulties and reduce their ability to accomplish employment constancy and get off the streets (National Coalition for the homeless people, 2009).

Street life is associated with poor living environments and struggles to meet basic human needs. There are risk factors such as interpersonal and environmental factors that increase the likelihood of behavioural problems, which result in illegal income generational behaviours such as prostitution, survival sex acts in order to trade for money, food, lodging, clothing or drugs (Ferguson, Bender, Thompson, Xie & Pollio, 2012).

The most common and noticeable crime-related acts such as pimping, child pornography, theft, selling stolen goods, dealing in drugs, or conning others for goods (Whitbeck, Chen, Hoyt, Tyler & Johnson, 2004; Thompson et al., 2015). Addictive disorders disturb relationships with their families and friends and often cause people to lose their jobs (National Coalition for the homeless people, 2009).

#### **2.4.2.1.4 Parental behaviour**

Lack of parental involvement can have huge impact in the growth of their children's lives (Independent Online news (IOL), 2013). Parenting practices and behaviours such as supervision, nurturance of children, and discipline, communication with children, and parental divorce and remarriage are some of the aspects encountered during the rearing stages of development (Griffin, Botvin, Scheier, Diaz & Miller, 2000). Parental condemnation of law-breaking and the abuse of drugs can counteract the peer pressure

adolescents experience to engage in these activities (Office of the Justice Programme, 2000).

Parental behaviour with respect to the use of substance can be related to the child's behaviour and cognition. The combination of paternal alcoholism with antisocial behaviour has been shown to predict child externalizing behaviour. The behaviours of parents are directly associated with the behaviours and outcomes of their children (Fischer & Lyness, 2005).

Parental distress decreases the possibility of alcohol consumption and other dangers of drugs other than cannabis. Substance abuse amongst family members has drastic effects. Increasing the threat, substance abuse, even monitoring for a variety of other influences, represents an important further danger of smoking amongst youth (Haase & Pratschke, 2010). In addition, parents or guardians who abuse or engage in criminal activities put their children at higher risk of developing the same problems since this is learned behaviour (NIDA, 2014).

#### **2.4.2.1.5 Peer pressure**

Peer groups are important to youth than their families, even though there may seem to be a connection between their family and their adult social roles (Berk, 2009). Youngsters look up their peers for support, approve their relationships, and want a sense of belonging, as they choose peers with similar interests to them. This is done in order to gain acceptance from their peers. They tend to dress in a same way, use similar speech patterns, be charmed of the same heroes, and listen to the same music. They want to avoid embarrassment, so they try to look and act like their peers to negative judgments and avoid disapproval (Vernon, 2002).

Most of these peer pressures often influences young people to engage in activities to gain one another's approval. Peer-group, antisocial and pro-social behaviour, parental attitude toward drugs and alcohol, parental monitoring, religiosity and socio-regional factor may lead to alcohol and drug abuse (Meyers & Dick, 2013). Underage drinking often happens at social gathering events that peer groups attend, such as sports events, live concerts, and parties (Office of Juvenile Justice and Delinquency Prevention, 2012).

### **2.4.2.2      *Physical environment***

Environmental factors have significant impact on the large group of individuals that share common living or working spaces in a range of health consequences on people who depend on drugs, such as non-communicable diseases, associated risk factors, injuries, and violence. Substance abuse problems give rise to very different effects when used in different settings.

Addicted substance abusers are prone to unhealthy lifestyle which contributes to chronic disease. Other physical activity such as exercising and sports level are affected by lack of or limited access to recreational facilities which contribute to the abuse of substances (Woolf & Aron, 2013).

Lack of proper shelter, resulting from poverty or insufficient capacity to pay rent and bills, further aggravate these risks (Wood, 2012). School environment and management are also associated with substance abuse in the sense that unfortunate school situations can increase the risk of using substances, such as illicit drugs (Gunnarson, 2012).

### **2.4.2.3      *Psychosocial Factors***

Factors such as social environment play an important role in the health of an individual, including those related to social disorder in general, safety, violence, and more specific factors related to the type, quality, and stability of social connections, including social cohesion, social participation, social capital, and the collective effectiveness of the neighbourhood (or work) environment (Ahern & Galea, 2011).

There are factors such as personality and the symptoms of psychological disorder, family, peers, and other environmental factors that either increase or decrease the risk of an individual developing an addictive disorder. There is no evidence present which is related to substance abuse personality disorder. However, there are many assumptions about some individual characteristics which are related to a particular substance than the pharmacological effects of the substances themselves (Rhodes et al., 2003).

Furthermore, behavioural symptoms like irritability, anxiety-related mood, temper tantrums, and social withdrawals are more likely to occur among young adults due to the abuse of substances from childhood and which are later accompanied by hyperactivity, aggressiveness, and rebellious activity that reflect poor impulse control which come along under the influence of substance (Routledge, 2005)

Patterns of abusing substance happens differently depending, on the individuals' mental or personality problems and often without any adverse effects (Rhodes et al., 2003). A variety of personality experiences are often associated with an increased tendency to abuse substances, including traits such as non-customary qualities, rebelliousness, dysphoria, and absence of accentuation on accomplishment among, and distrust and defensiveness among females. They announce that the propensity for hazard elements research to grasp multi-factorial strategies is polluted by an accentuation on interpersonal and ecological variables (Routledge, 2005).

Conduct disorders and drug abuse are associated with the same underlying syndrome. However, mental illness and socio-economic status has tended not to be a strong or reliable indicator of substance abuse (Fisher, Crome, Macleod, Bloor & Hickman, 2005-2007), yet there is a developing awareness in looking into the natural impacts on wellbeing and social welfare issues, all the more for the most part (Rhodes, Lilly, Fernandez, Giorgino, Kemmesis, Ossebaard, Lalam, Faasen & Spannow, 2003).

#### **2.4.2.4 Socio-economic factors**

Familial socio-economic status (SES) is also associated with substance abuse, yet there is little agreement on how the two are related. However, there is strong evidence that low socio-economic status is related to a bigger risk of substance abuse. Living in a disadvantaged community, with high crime rate and other social problems, has been also found to be related to substance abuse (Gunnarson, 2012). On the other hand, Carter, Brandon, Goldman (2010) have found that young adults from affluent families tend to consume alcohol in large amounts and more frequently which leaves them at a greater risk of developing some psychological challenges because of parental isolation with demanding careers (Patrick, Wightman, Schoen & Schulenberg, 2012).

Smoking among young people is associated with lower childhood family SES. This association is explained by social role and demographics. Alcohol and marijuana abuse in young adulthood were associated with higher childhood family SES, even after controlling for covariates (Patrick et al, 2012), but the nature of the relationship is not dependable across all SES indicators or race/ethnicity groups (Goodman & Huang, 2002).

Higher parental educational status and income are associated with sophisticated rates of binge drinking, marijuana and cocaine abuse in early adulthood furthermore, problems associated with substance abuse amongst young adults, including problems in school, decreased employment, increases in convictions of driving under the influence (DUI) and car accident deaths (Humensky, 2010).

### **2.4.3 Genetic risk factors**

Alcoholism runs through families, which likely results in transmission of genetics as well as familial environment (Meyers & Dick, 2013). Genetically, addictive disorders differ amongst substances, populations, ages, and sex. An individual's genetic risk for developing a certain disorder has been estimated by establishing a family with a history of the disorder. The availability of a Substance abuse Disorder in parents has associated with a strong risk factor for adolescent any other Drug of abuse and Substance use Drugs (Dick, 2009).

Children of parents with problems of alcohol and other drugs have been constantly been studied over times and the findings were that there is a strong relationship between their drinking behaviour compared to their parents. Such children easily involve themselves in cocaine, heroin, or other illegal drugs. In addition, they tend to use tobacco earlier than their counterparts, and to have increased rates of illegal drug abuse and Substance use Drugs symptoms (Clark et al. 1999) in Thatcher, Duncan, Clark (2008).

Females who abuse alcohol during pregnancy are less likely to keep their antenatal appointments. Drinking during pregnancy by women leads to low birth weight, premature birth, impairment to the central nervous system and several abnormalities. There is evidence about the strong relationship between parental drinking and the child's emotional development and well-being. Most children describe the feelings of anger, frustration, anxious, sadness and depressed and such people are likely to experience a variety of

psychological problems and psychiatric disorders from an early age (Welsh Assembly Government, 2004).

## **2.5 Strategies used to prevent substance abuse in South Africa**

### **2.5.1 Demand reduction strategy**

Demand reduction strategy is intended at preventing the occurrence of substance abuse or dependence and eradicating the effect contributing to the abuse of substances by implementing ultimatum reduction policy which will produce permanent results (NMDP, 2015). Furthermore, poverty reduction, prevention programmes encompassing outreach and awareness, knowledge sharing and empowerment are useful strategies.

### **2.5.2 Information-based programmes**

The technique depends on the possibility that youngsters do drugs without being mindful of the outcomes. The programme stresses the need to give information to youngsters about the dangers of substances, the programme can be effective in the event it is coordinated with support skills talks, where the causal assumption is that substance utilize is in any event halfway because of poor social coping strategies, youthful basic leadership abilities, low self-regard, lacking associate weight resistance skills (United Nations Office on Drugs and Crime, 2004).

Presenting educational talk shows on the most proficient method to avoid drug issues, for example, through the Ke Moja substance guidance programme, the different projects displayed by the South African Police Service (SAPS) (NDMP, 2015) can also be applied.

Seizing and ending those antecedent and crude materials and items, refined medications, generation, manufacturing and dispersion facilities, and assets can also help. Making legitimate moves against the utilization, abuse, and managing the course of and access to uncooked drugs and forerunner materials, makers, deal, controlling the creation, and circulation and trafficking and carrying of medications, and assembling offices should also be implemented (NDMP, 2015).

## **2.6 Legislation related to the control of substance use in South Africa**

### **2.6.1 Prevention of and Treatment for Substance Abuse Act No. 70 of 2008**

The policy states that in order to fight against substance abuse in a coordinated style, there is a need to provide all programmes and services, including community-centred services and those provided in treatment centres and halfway houses. This will generate situations and measures for the admission and discharging persons to or from treatment facilities and provide prevention, early intervention, treatment, reintegration and after-care services to deter the onset of and alleviate the impact of substance abuse.

### **2.6.2 The National Drug Master Plan**

The Department of Social Development established the Inter-Ministerial Committee to work on policies, laws and strategies that seek to reduce the supply and demand for substances drugs by guiding and observing the governments' departmental actions to reduce the demand and supply of substances associated with their abuse causing harm. The plan is intended to help realise the department's vision of a society free of substance abuse, so that more attention can be focused on raising the quality of life of the unfortunate and susceptible, and of developing the people to achieve their true potential in order to deal with problems related to substance abuse within communities. This can be achieved by reducing availability of substance in the community and replacing them with diversion programmes and recreational facilities that prevent vulnerable populations from becoming substance dependents (NDMP, 2013 – 2017).

### **2.6.3 Drugs and Drug Trafficking Act (No. 140 of 1992)**

The Act's essential objective is to report the difficulties of medical utilization, manhandling and trafficking in the South African culture. Besides it gives and characterizes it as unlawful to utilize or be in control of, or to bargain in, medications and in specific cases to produce or supply substances identified with the medication exchange. In addition, it characterizes the obligation to deliver certain data to the police, and how they may utilize their forces to manage sedate offenses.

#### **2.6.4 Tobacco Products Control Amendment Act (No. 63 of 2008)**

The act prevents everyone from advertising the use of tobacco, trade-marks, brands and logos or even company names to promote tobacco within the country through the use of direct or indirect means including sponsorship for sporting codes, events, physical establishment like projects, programmes or bursaries and scholarships. No person is allowed to sell or import for following sale to any non-prescribed tobacco product.

#### **2.6.5 Liquor Act, 2003 (No. 59 of 2003)**

This Act controls the manufacturing, distribution and advertising of alcohol by prohibiting the sale of alcohol to persons under the age of 18 years (minors), and bans alcohol promotion which targets minors. Any person who is under the age of 16 years is also not allowed to be involved in any action related to the manufacturing or delivery of alcohol, except the person is undergoing a learnership or training.

#### **2.6.6 Policy Guidelines for Youth and Adolescent Health (2001)**

The policy is aimed at preventing and responding to particular medical issues among the young, moreover to advance the solid living and improvement of all adolescents. Substance manhandle is incorporated among the 8 health need ranges, and schools are recognized as an office for wellbeing advancement, through joining wellbeing training into the educational modules learning programme (DOH, 2001).

#### **2.6.7 National School Health Policy and Implementation Guidelines (2003)**

This approach aimed at supporting teachers and the school-based groups in destroying the wellbeing-related obstruction to learning, by giving access to wellbeing administrations and supporting with the arrangement of wellbeing instruction and wellbeing advancement. It additionally underscores that wellbeing advancement ought to be consolidated with territories, for example, life abilities preparing and substance abuse instruction (DOH, 2002).

## **2.6.8 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988**

The Convention seeks to advance joint efforts among the gatherings, keeping in mind the end- goal to address different parts of unlawful movement in opiate drugs and psychotropic substances all the more successfully. The gatherings should consider essential measures, including legislative and authoritative measures, in similarity with the imperative necessities of their own residential parliamentary frameworks.

## **2.7 Theoretical framework**

### **2.7.1 Theory of Planned Behaviour**

Theory of Planned Behaviour (Ajzen & Fishbein, 1985) was set up to perceive the relationship between dispositions, conduct and goals towards the utilization of substances. The hypothetical ideas are concerned with individual motivational impacts as reasons for the likelihood to play out an exact conduct and subjective standard, consider control over execution of the conduct of the behavioral aim as being controlled by disposition towards the conduct and social standardizing recognitions towards the consumption of substances.

The theory includes obvious control over the conduct, considering conditions where they may not be a complete essential controller over a conduct. Disposition is determined by the individual's certainty about outcomes or characteristics of achievement of a specific conduct, weighted by evaluations of those outcomes or qualities. An individual who holds solid positive esteemed results will come about because playing out the conduct will have an inspirational mentality towards the conduct. In the event that the individual trusts that by taking substances will make his or her vibe great, the individual will have an inspirational demeanor towards the conduct. This means an individual holds a solid negative esteemed result will come about because playing out the conduct will have a negative disposition towards and maintain a strategic distance from the conduct.

An individual's subjective standard is determined by his or her standardizing convictions, whether the vital referent people affirm or object to playing out the conduct, weighted by his or her inspiration to agree to those referents. If there should arise an occurrence of substance consumption, the individual may utilize substances on the grounds that the companions or group individuals affirm the conduct. The individual who trusts that specific

reference will hold a positive subjective standard. Similarly, an individual who trusts these referents believe she ought not playing out the conduct which will have a pessimistic subjective standard, and a man who is less persuaded to agree to those referents will have a generally nonpartisan subjective standard (Montano and Kasprzyk in Glanz, Rimer & Viswanath, 2008).

Theory of arranged conduct likewise proposes that apparent control is an autonomous determinant of behavioral expectation, alongside state of mind towards the conduct and subjective standard connected with the utilization of substances. Ajzen & Fishbein (1985) in Naidoo and Wills (1994) state that individual's view of the simplicity or trouble of behavioral execution will influence his/her behavioral aim.

Different elements including statistic and natural qualities are accepted to work through model ideas and don't autonomously add to clarify the probability of playing out a conduct (Montano & Kasprzyk in Glanz, Rimer, Viswanath, 2008). In this review it will be vital to distinguish individual and natural elements adding to substance abuse in the Atteridgeville community and can be utilized appropriately and adequately to plan and usage of substance abuse aversion programs among youth.

### **3. RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This section was focusing on the research method that was used, in the study including the study design, target population, setting in where the study was conducted, the sampling method, and sampling procedure were used. In addition, the section also described the instrument and method that the researcher used to collect data, data analysis and ethical issues as well as the measures taken to ensure trustworthiness.

#### **3.2 Study design**

The research was qualitative in nature. The researcher adopted exploratory design. Taylor, Bogdan & De Vault (2016) define qualitative design as the widest logic to research which produces descriptive data about people's own written or spoken words and observable behaviour. The study design was chosen as it enabled the researcher to get a better understanding about the factors that contribute to substance abuse through first-hand experience. Qualitative research often concentrates on conversational and related interactions amongst those interviewed (Howitt & Crammer, 2011).

#### **3.3 Area of study**

The study was conducted in the Atteridgeville community. Atteridgeville is part of the City of Tshwane Metropolitan Municipality, a township located 13 kilometers to the west of Pretoria in South Africa. The township comprises of a population of 64,425 and about 16,456 households (Census, 2011). According to the Global Health Scale (2013) in Statistics South Africa (2015) there were 19 368 (36, 6%) youth who are within the age group 15–34 years.

Educational facilities include 20 primary and secondary schools, over 30 Early Child Development crèches. Health facilities include 4 primary health care clinics and 1 hospice as well as 1 tertiary hospital. There are number of private medical facilities alarming due to self-employment and job creation by different registered health professionals, presently, over 20 private medical facilities are available in Atteridgeville. These are recorded in the municipal register (City of Tshwane annual report, 2014-2015).

Atteridgeville is a township with residents who speak a variety of languages. According to the 2011 census, the most widely spoken language is Northern Sotho/Sepedi (41.38%), followed by Tswana (16.67%) and Sesotho (12.34%). A variety of languages such as IsiZulu (7.18%), Xitsonga (6.96%), Tshivenda (3.63%), IsiNdedele (3.39%), English (2.57%), IsiXhosa (1.90%), SiSwati (1.41%), others (1.27%) and Afrikaans (0.69%), Sign language (0.62%) reside in the Atteridgeville community. The last three are sometimes attached together to form what is a unique linguistic style in the township with an insignificant preference to slang, known as '*Tsotsi taal*'.

The Tshwane Rehabilitation centre is situated in the centre of Pretoria towards the Soutpansberg and Steve Biko Streets near the Tshwane District Hospital, whereas Dr Fabian and Florence Ribeiro Treatment Centre is situated in Zonderwater Road in Cullinan-Rayton, and it provides in-patient treatment to youth and adults abusing substances.

Patients get referrals via an external social worker (Provincial Office, Non-Governmental Organizations such as Sithuthukisa Bonke Crisis centre and Christ Centred Counselling at Tshwane situated in the Atteridgeville Medical Health Centre facility and social workers in private and public and practice in the areas where the clients reside. The Atteridgeville Medical Health Centre facility is one of the private medical facilities placed in the inner centre of Atteridgeville, on the same street as the Lucas Moripe Stadium, The South African Police Services, Engen Filling Station, the Atteridgeville shopping complex and Regional Magistrate Court, Child Welfare Centre and the Municipality Offices, as well as the Atteridgeville train station.

### **3.4 Study population and sampling**

#### **3.4.1 Population**

According to Newmann (2012) a research population is a generally great collection of individuals or objects that is the key focus of the study query and have similar characteristics. The population of this study was all the substance abusers between the ages of 15 to 35 years found in the Atteridgeville community.

### **3.4.2 Sampling**

Non-probability purposive sampling was used because all the participants were known to the researcher and they had similar characteristics which the researcher was interested into studying. According to Kothari & Gari (2014) non-probability sampling is a sampling technique which does not require any basis for estimating the likelihood that each item amongst people has of being included in the sample. The purposive sampling method was adopted by the researcher because the researcher wanted to focus on those who consulted with drug-related problems, which best enabled participants to answer the researcher's questions.

According to Crossman (2017) a purposive sample is a non-probability sample that is selected based on characteristics of a population and the objectives of the study. A sample of 20 participants was selected among the clients with substance use problem who were referred for counselling at Atteridgeville Medical Health Centre and Sithuthukisa Bonke crisis centre from April 2015 to the time of the study but the number of participants was determined by data saturation.

### **3.4.3 Inclusion criteria**

The selection of the participants was based on the following inclusive criteria:

20 participants were selected by using the available file and system,

Clients were residents from Atteridgeville regardless of their SES, gender, culture or ethnic group.

Participants were between the age of 15 and 38 years.

Participants have presented with substance abuse related problems.

### **3.5 Data collection instrument**

The researcher was using a semi-structured interview guide as an instrument for data collection. The interview guide covered the following areas: What do you think are factors that contribute to the abuse of substances (social, psychological, environmental, family, peer pressure and so on.) (Appendix D). This type of interview allows the researcher to focus, discuss and allow the participants and the researcher to explore issues in order to determine participants' opinion, perception, facts, and reactions.

### **3.6 Pre-testing of the instrument**

Before the actual data collection, the researcher conducted a pre-test on three participants who consulted for counselling with substance-related problems at Atteridgeville Medical Health Centre from April 2015 to the time before the study. The participants in the pre-test were not included in the main study. This was done to assess if the questions were clear for the participants to give the relevant responses. The assessment included the wording of questions, the appropriateness of the meaning it communicated, whether different respondents were interpreting questions in a different manner. Following the pre-test, questions was modified, depending on the problems encountered.

### **3.7 Data collection method**

The researcher adopted individual in-depth interview to collect data from the participants. According to Kothari & Gari (2014), an interview is the method of gathering information through the involvement of presentation of oral-verbal stimuli and answer in terms of oral-verbal responses. An In-depth interview on the other hand, was the technique used in a qualitative research study to conduct a concentrated one-on-one conversation with minimum number of respondents in order to discover their perceptions on a specific issues, programme, or circumstance (Boyce & Neale, 2006). Participants were called telephonically to request if they were interested in becoming part of the study. The researcher met with the participants in order to make arrangements on the date, place and time of the interviews. A day before the interview, the researcher reminded the participants about the appointment telephonically.

The interviews were conducted at the convenient place for each participant. Additional techniques was used, such as taking down field notes, observation of non-verbal communication and using an audio tape recorder with permission from the participant to capture the discussion with participants during the interviews. The researcher spent approximately 45 minutes with each participant. The scope of the data collection was determined by data saturation, where no new information was coming up. In order to contain the emotional atmosphere during the interview, the researcher used a research assistant with counselling skills to manage the participants' emotional break-downs.

The data collected was stored on the CD-ROMs disk, flash drive and back up drive to avoid losing information. Consent forms which were signed by participants were saved on the file stored in the briefcase. Audio records were also stored on the cloud drive and the flash drive. They information was store according to the date and time of the research.

### **3.8 Data analysis**

According to Polit and Beck (2014), analysis of data is seen as a logical organisation and combination of research data. The researcher used thematic content analysis to analyse the transcribed and translated data. The data was transcribed verbatim. The researcher requested the assistance of an independent coder to assist with the quality improvement of the findings.

#### **3.8.1 Phases of Thematic analysis**

- Phase 1: Becoming familiar with the data

The information from the tape recorder was transcribed through verbatim and the researcher listened to the recordings several times to ensure correct transcription. The researcher familiarised himself with the breadth and depth of the contents. Data was read from start to end at least three times before coding, as the ideas, and the identification of possible patterns was shaped in the process of reading through (Polit & Beck, 2014).

- Phase 2: Generating initial codes

The researcher took notes of important information, such as statements and words, then examined the information closely (Polit & Beck, 2014). The researcher came up with initial codes from the data for identifying the features of the data in order to evaluate in a meaningful way.

- Phase 3: Searching for themes

The researcher categorized the codes into significant themes following the coding, then sort the different codes into potential themes (Polit & Beck, 2014). The researcher used diagrams, mind maps or flash cards to sort codes.

- Phase 4: Reviewing themes

Thematic procedures was followed to analyse the interview transcripts by categorizing the data into codes, themes and sub-themes. The researcher organised and clustered themes according to the similarities and differences. Similar data were grouped together in order to create one meaning.

- Phase 5: Transcription of verbal data

The essence and aspects of the data theme were captured in order to create a complete description of the data and analysis of each theme as per individual narratives. Voice records were stored in a computer and flash disk to avoid loss of information.

- Phase 6: Producing the report

The last phase involves a final writing up of a report based on the different themes which will be accumulated from the data. Themes gave a clear picture of the data that was collected. The write up must provide evidence of the themes which were accumulated from the data (Polit & Beck, 2014).

### **3.9 Measures to ensure trustworthiness**

The four principles which were useful in order to ensure trustworthiness in the study; truth value, consistency, dependability and applicability (Bhattacharjee, 2012).

#### **3.9.1 Credibility**

According to Neuman (2011), credibility explains how one established confidence in the findings of a particular inquiry. It was ensured by lengthening contact time and engaging participants and persistent observation, in order to acquire an in-depth understanding of the existing problem. Prolonged interaction were ensured by allocating enough time for individual in-depth interviews. In the study, non-verbal communication was documented. Credibility was ensured by categorizing data and themes during data analysis, and also ensuring that both relevant and irrelevant data was included.

The researcher involved academic professionals to assist with the quality improvement of the findings. In addition, the researcher sought to gain a deeper understanding of the topic as well as specific aspects of the participants' perceptions through the interviews. In order to ensure accuracy, credibility, and transferability, the researcher provided feedback to the respondents in order to hear the respondents' views. Member checks were done after a review is finished by offering the majority of the discoveries to the members included. This permits members to basically examine the discoveries and remark on them.

### **3.9.2 Dependability**

Dependability addresses the issue related to reliability. It involves appropriateness of inquiry, decision and methodological changes. If the same research is to be repeated in the same setting with the same participants, will the same results be obtained (Brink, Van der Walt & Rensburg, 2012). This is called a "thick description", it gives the research a context, and states the meanings that organize the study. It traces the development of the research and presents the action as a text that can then be interpreted (Ponterotto, Mathew & Raughley, 2013).

In this study, the success of dependability was determined by describing the research data, findings, interpretations and recommendations, in order to attest that the investigation was supported by data and was internally coherent. The researcher also considered the use of a tape recorder during the interview in order to increase reliability of data.

### **3.9.3 Transferability**

According to Collins and Hussey (2009), transferability focuses on whether the research findings can be applied to other circumstances with other respondents. The researcher provided a complete description of the research methodology findings and verbatim quotes from individual interviews to ensure applicability of the study to other contexts with the assistance of the experienced independent coder to randomly read selected transcripts and identify major categories, so that readers may have a clear picture of the findings.

### **3.9.4 Conformability**

Brink et.al (2012), describes conformability as the extent to which the research results could be verified by other researchers. To ensure conformability the researcher clearly outlined the methodology used and give a clear step by step framework of how the

research instrument was administered and how data was collected. The criterion of data saturation was applied to discontinue data collection (De Vos, 2010).

### **3.10 Ethical considerations**

Polit & Beck (2014) define ethics as an organization of good principles that is concerned with the amount to which research processes keep to qualified, lawful and collective responsibilities to the training of participants. The following will be taken into consideration:

#### **3.10.1 Institutional ethics**

##### **3.10.1.1 Ethical clearance**

The researcher presented the research proposal to the School of Health Sciences Higher Degrees Committee and University Higher Degrees Committee in order to obtain an approval and for quality control purposes. Then the University of Venda, Health, Safety and Research Ethics Committee also gave ethical clearance.

##### **3.10.1.2 Permission to conduct study**

After obtaining the ethical clearance from the Ethics Committee, permission (Appendix C) was sought from the Sithuthukisa Bonke crisis centre in order to conduct the study.

#### **3.10.2 Ethical principles**

##### **3.10.2.1 Informed consent**

An information letter (Appendix B) was given to selected participants before data collection of the study, to ensure that they participated in the study out of their will and knowing what they were involved in. The participants were informed that they had the right to withdraw from participation at any time, should they feel uncomfortable or threatened by the research data collection.

The researcher ensured the respondents were aware of the type of information needed, why the information was required, for what purpose, how participants were expected to participate in the study and how the study was directly or indirectly affect them. After thoroughly reading the letter, the participants were given the consent forms (Appendix C) to sign as an indication of agreement of participation in the study. Parents of the participants under the age of 18 were requested to sign consent forms on their behalf.

### **3.10.2.2 Confidentiality and Anonymity**

The participants were assured that the information provided would be treated confidentially and that only the supervisors and the researcher would have access to the data; and that the information recorded on tapes were kept in a safe place where no one can reach them. The use of pseudo names helped to ensure anonymity.

### **3.10.2.3 Harm to participants**

The researcher assured participants that there will be no bodily or psychological harm which will be inflicted on them. The researcher constructed questions in an appropriate manner and not in a judgmental way, to avoid inflicting anxiety and psychological discomfort during the process of responding to the interview guide. Other possible dangers were looked at and the researcher guarded against them. In order to contain the emotional atmosphere during the interview, a research assistant with counselling skills was available to support and manage the participants' emotional break-downs.

## **3.11 Dissemination of results**

The findings and recommendations made are kept at the University of Venda Library. Three copies were submitted to the Sithuthukisa Bonke Crisis Centre and Department of Social Development Provincial Office. The study findings will be published in accredited nationwide and universal peer-reviewed journals, and presentation at seminars and symposiums. A proper formal feedback was given in one of the arranged meetings and in the Local Drug Action Committee forum.

## CHAPTER 4 DATA ANALYSIS AND RESULTS FINDINGS

### 4.1 Introduction

This chapter will be discussing presentation of the results findings and data analysis. The aim of the study was to explore the factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality. The research addressed the following key variables namely: demographics including age, marital status, level of education, employment status. The research presents the types of substance abused. The researcher will also address the behavioral and environmental which include social and physical factors. In order to protect the identity of the participants, numerical codes were allocated to distinguish the participants. Data was transcribed verbatim and analyzed using thematic content analysis.

The objectives of the study were to:

- Identify the common types of substances abused among the youth in Atteridgeville community
- Describe the factors contributing to substances abuse among youth in the Atteridgeville community

The researcher selected 20 participants by using the available file and system obtained from the organization. The permission was granted from Sithuthukisa Bonke Crisis Centre where patients were referred for further substance related problem and screening for pre-rehabilitation hospitalization. Participants were between the age of 22 and 38 years. Participants have presented with substance abuse related problems.

Participants were called telephonically to request their interest in becoming part of the research. Participants presented themselves to the organization. The interview session occurred for 5 days and the participants were interviewed in English and Sepedi. Participants who were able to read the consent form and able to understand the communications that took place regarding the purpose and procedure of the study, and who were willing to voluntarily participate, were given consent forms to sign.

The researcher conducted a pre-test on three participants who consulted for counselling with substance-related problems. The researcher used a semi-structured interview guide as an instrument for data collection. Only 16 participants were interviewed through one on one interview. Data saturation was reached on the 16<sup>th</sup> participant and it was achieved relatively to the major themes and most sub-themes and confirmed through identification of more verbatim quotations and excerpts from the transcription used in the analysis.

The interview guide covered the following areas:

1. How old are you?
2. What is your marital status?
3. What is the level of your education?
4. What is your employment status?
5. Who do you stay with?

Opening questions:

- What types of substances have you abused?
- What do you think are factors that contribute to the abuse of substances (social, psychological, family, peer pressure and so on.)

Probing questions

- What motivated you to start taking substances?
- Would you like to share with me how you became involved in substances?
- What suggestions can you give on how to prevent the abuse of substances in Atteridgeville?

The following data analysis was presented according to the themes and aligned to the objectives of the research. Themes were also arranged on table 4.1.

## 4.2 Section 1: Participants demographic profile

**Table 4.1: Demographic table**

Number of years	Age In %	Gender		Marital status		Level of education (Grades)				Employment status	
		Male	Female	Single	Married	10	11	12	Post matric	Employed	Unemployed
22-24	18.8	20	0	18.8	0	6.26	6.26	6.26	0	0	25
25-28	25.0	26	0	25.0	0	0	12,5	12,5	0	0	25
29-32	25.0	20	0.6	25.0	0	6.26	12,5	0	6,25	0	37,5
33-35	18.8	20	0	18.8	0	0	6,26	0	6,25	0	6,25
36-38	12.5	13	0	12.5	0	6.26	6,26	6,26	0	0	6,25
<b>Total</b>	<b>100</b>	<b>99</b>	<b>1</b>	<b>100</b>	<b>0</b>	<b>18.8</b>	<b>43,8</b>	<b>25.0</b>	<b>12.5</b>	<b>0</b>	<b>100</b>

Participants were between the ages of 22 to 38 years and 16 participants volunteered and consented to become part of the research study. The research consisted of Fifteen (15) males and one (1) female participants. Two (2) participants completed Grade 10 in school. Six (6) participants dropped out of school in Grade 11. Six (6) participants completed their school in grade 12. Two (2) have post-matric qualifications. Participants indicated that they were single, while four of them reported that they were in a relationship. Three (4) participants were self-employed while Twelve (12) participants indicated that they were unemployed. All participants showed that they were staying with their mothers and siblings in the house.

According to Saad, Iganus & Marama (2002) participants' level of education, their occupation, marital status, number of children, choice of spouse, age at which parents died or separated plays a major role in the abuse of substance abuse. The ruthlessness of male hegemony under apartheid was copied in distorted patterns of masculinity in the form of Gangsterism, violence against women and drug abuse (Chetty, 2017). Low level of education and being single were significant predictors of relapse in substance abusers in the study. Furthermore, high rates of unmarried or single substance abusers and associated this factor with poor outcome and frequent relapse in future (Sharma, Upadhyaya, Bansal, Nijhawan & Sharma, 2012).

### 4.3 Section 2: The common types of substances abused among the youth in Atteridgeville community

**Table 4.2: Types of substances**

Substances	Street language used for substance
Alcohol	Alcohol, Dop, booze, shot, spinza
Cannabis/marijuana (dagga)	Weed, Grass, Pot, Zol, Joint and Ganja
Tobacco	Cigar/ Cigarette, gwai, entjie,
Cocaine	Rock (Brown and White form), Crack
Inhalants	Benzene, Myth elated "Spirit",
Nyaope (Heroin)	H, Thai White, brown Sugar, Nyaope(Mixed with Dagga), Woonga, Sugars, Ungah, Pinch, Kwape, Whoomba
Amphetamine-type stimulants (ATS)	Tik, Cat
Over-the-counter (OTC) and prescription medication	Methadone

Cigarette smoking remains a leading cause of morbidity and mortality globally (Syamlal, Mazurek & Dube, 2014). According to Statistics South Africa (Stats SA; 2017) only 7% of women and 36% of men still smoke. The prevalence of cigarette smoking among women is much higher in urban areas than in non-urban areas (9% versus 2%). Estimated 38.6% of South African did not complete their secondary school and 34.2% of South African citizens completed secondary and more than 32% completed their secondary school.

The report further reported that one in four women (26%) age 15 and older has ever drunk alcohol. Alcohol consumption is more common among men than women. Six in 10 men (61%) age 15 and older have ever drunk alcohol and 4 in 10 (37%) report they have drunk alcohol in the past 7 days.

Current data shows that just under 40 percent of illicit drug abuse by young people is marijuana and research is indicating that the abuse is on the increase. Marijuana is perceived as a “low risk” drug and, falsely, believed to be non-addictive. Marijuana causes psychological dependence, which is in no way less dangerous or damaging than physical addiction ([www.wedorecover.com](http://www.wedorecover.com)). Participants did not see it as dangerous while they were willing to try it in order to get rid of their boredom.

Nyaope is a drug that is becoming the drug of choice among thousands of young people, specifically, South Africans ([www.wedorecover.com](http://www.wedorecover.com)). Nyaope addiction is a substantial health and social problem affecting young South African in different communities around the country. With reported Nyaope rehabilitation success rates of less than 3% and estimated dropout rates of 40%, improvement in the rehabilitation rates is essential (Fernandes & Mokoena, 2016).

To increase the high and make it last longer, bicarbonate of soda, pool cleaner or even Rattex are mixed into it. Young people who abuse Nyaope are three times more likely to be involved in violent crimes than those using other drugs. Nyaope gives the abuser a rush or feeling of euphoria or when heavier doses are abused, it causes drowsiness and feelings of being relaxed ([www.wedorecover.com](http://www.wedorecover.com)).

Cannabis in South Africa is reported as the primary substance of abuse by the majority of patients who are younger than 20 years; Approximately three percent of patients have cocaine as a drug of abuse; mostly, heroin is smoked, but five percent of patients with heroin as their primary drug of abuse report injection use; Heroin is used as a secondary substance of abuse by 13 percent of patients; and 40 percent of patients suffering from mental health problems were found in the Western Cape (SACENDU, 2015). A reported Nyaope/Whoonga (low grade heroin and other ingredients smoked with dagga), continued to pose a problem, with 4% of patients in GT (SACENDU, 2016).

The abuse of alcohol is extremely dangerous. It lowers one’s inhibitions and impairs judgement, thus contributing to traffic fatalities, domestic violence and a range of violent crime (Parliament liaison office, 2016). Townships such as Atteridgeville have different sectors from suburban to peri-urban. Some participants chose to rent in order for them to get freedom to smoke without anyone saying anything about their lives. Some rarely met

with their families since they joined a pack of street life of dealing and smoking drugs such as Nyaope and Tik.

The SAPS (2015) crime report recorded a significant decrease of crime related statics from 266 902 to 259 165 with 2.9%. However there was an increase of 11.1% on crime related committed under the influence of alcohol and drugs. Participants illustrated the history of how they started smoking including the drug of their choice which was Nyaope as one of the most considered substance in the community.

Lebese, Ramakuela and Maputle (2014) acknowledged that there is an increase of drug consumption ranging from alcohol, cigarettes, marijuana, cocaine, heroin, glue to “Nyaope” and many others are readily available to teenagers in almost every village or residential in South Africa.

Participant 4 indicated that *“I started smoking cigarettes and I smoked dagga and then I started Nyaope and after Nyaope it was cocaine and then later on I was involved in smoking Rock. I am currently smoking Nyaope. And In one day I smoke twelve to thirteen times. I have already smoked four times since the morning and lately I smoked three times and now I’ve already smoked seven times since the morning. It depend on the availability of the money. No days goes by without me smoking. I didn’t know that it had consequences and I started craving it more often”*.

All participants stated that *“we started smoking cigarette just to experiment but we didn’t know that this will harm us and then later I started smoking dagga then we elevated to smoke Nyaope”*.

Participant 10 *“Nyaope is a mixture of different contents like tar, rat poison, blu52 for pools, these Nyaope differs is a white stuff also known as Thai white, which is very strong when you’re injecting it otherwise known as ‘spiking’ as compared to the one mixed with Dagga because this one is weak. And there is also brown Nyaope which is used to mix with Nyaope. We all react differently towards the drugs while other smoke and still not crave for it”*.

The participant further illustrated that *“some of our fellow use “Cat” otherwise known as Monopi (Crystal Meth) which was mainly abused by celebrity like Brenda Fassie. Some drink Methylated spirit mixed with milk or Sweet aid. Now they are no longer smoking one for R50 but they smoke the one for R200, and they buy it in Sunnyside and West Park as well as Pretoria West. Most of them hide themselves and they don’t want to be seen that they can smoke this things, remember that these people are supporting family members”.*

Participant 12 *“This environment is very different, when you’re not smoking Nyaope, its either you’re smoking or injecting on crystal meth (CAT/Monopi) or drinking methylated spirit.*

*There are more drugs than CAT and Nyaope like Tik, Poten, Doerie which we mix with Dagga and break the bottle to squash in between them and slot it inside, place a piece of box to and smoke. There is a new drug called ‘Flakka’ otherwise known as a “Zombie Drug” and it has destroyed whole lot of families here in Atteridgeville. Another guy was reported to have killed his mother because of this Flakka. Flakka is a mixture of Heroin, Cocaine and Dagga, along with another powder which I don’t know. There another drug extracted from the plasma TV part although I don’t know what they call it”.*

Participant 16 *“I prefer to use injections because they are harmless and I always prefer to share it with my partner only. I also consider caring an extra injection because I won’t know the person whom I’m going to visit whether they are HIV or not, so I have to carry extra one in order to avoid such crisis. Although many other people prefer to share needles and share blood transfusion. What we call ‘Bluetooth’. People share their blood because there is no enough drugs left for them to share.”*

### 4.3 Section 3: The factors contributing to substances abuse among youth in the Atteridgeville community perceived behavioural factors

**Table 4.3: Theme and sub-themes**

<b>Theme: Factors</b>	<b>Sub-theme: Sub-factors</b>
4.3.1 Perceived behavioral factors	4.3.1.1 Stealing 4.3.1.2 Drop out of school 4.3.1.3 Street fights and injuries 4.3.1.4 Bunking classes and School absentia 4.3.1.5 Healthy lifestyle 4.3.1.6 Poverty 4.3.1.7 Unemployment 4.3.1.8 Lack of skill development 4.3.1.9 Poor self-esteem (friends influence) 4.3.1.10 Poor attitude, temper and tantrums 4.3.1.11 Stress 4.3.1.12 Addiction 4.3.1.13 Boredom
4.3.2 Environmental factors	4.3.2.1 Change of environment 4.3.2.2 Living conditions at home 4.3.2.3 Accessibility and availability of drugs 4.3.2.4 Homelessness 4.3.2.5 Lack of recreational facilities 4.3.2.6 Peer pressure 4.3.2.7 Social capital 4.3.2.8 Social cohesion 4.3.2.9 Family problems

During the interviews, the researcher was informed that substance abuse is the most common problem among youth in Atteridgeville and the surrounding communities. The above mentioned factors were stated by the participants as responsible for substance abuse in their community.

The researcher was interested in identifying the factors which contributed to the abuse of substance amongst youth in Atteridgeville. According to Kirby et al., (2008) young people from an early age as 15 years old and living with single parents or a step family rather than biological parents. They find some influence from interpersonal relations such as friends

who smoke or drink, spends more time after school and come back home late, they start to lose interest in school work, bunk classes and marks deteriorates (National Drug Master Plan, 2013-2017).

Almost similar to rebelliousness, antisocial behaviour like theft, fighting was also reported to have had an influence on young people abusing drugs just like tendency to seek excitement and curiosity (Bahati, Nyemara & Muganga; 2017).

The discussion that follows is a narrative analysis of the themes and sub-themes that emerged from all 16 participants that were interviewed living in Atteridgeville community.

#### **4.3.1 Section 4: Theme 1: Behavioural factors**

The following sub-themes were addressing some of the perceived behavioural factors which the participants described as contributing to substance abuse are stealing of household items, they drop out of school due to drug problems, street fights causing injuries amongst each other, bunking of classes and school absentia due to influence under drugs, considering healthy lifestyle in order to reduce harm, poverty and unemployment which aggravated the abuse of drugs, lack of skill development centres in the community, poor self-esteem (friends influence) and attitude, temper and tantrums, stress and addiction as well as boredom.

Wood (2012) confirmed that inadequate educational grade (less than grade 12 pass) and poor educational background or any other factors have been associated with low community socio-economic status (SES) and social exclusion amongst young individuals which later lead to poor future income and a high chance of unemployment and is seen as a contributory factor to crime, social exclusion and also increases the likelihood for early risk behaviours such as reckless driving, unprotected sexual activities and violent activity as well as the abuse of substances.

Participants indicated that some of their problems were caused by situations which were out of their own will and they felt that they couldn't talk to anyone about. They became stressed, felt bored and most of all, they decided to smoke. According to National Institute on Drug Abuse (2014) people who suffer from psychological problems such as social

anxieties, stress-related disorders and depression, begin abusing drugs in order to lessen the feeling of distress.

Other psychosocial factor is drug addiction which results into a mental illness such as depression; Inability to connect with others, lack of friends; poor performance at work or school and poor stress coping skills (Gopal, Collings & Marimuthu, 2015). According to Pretorius, van den Berg & Louw (2003) boredom is one of the most underrated pressures in our society. It seems to be a major cause of distress and is associated with anxiety, hopelessness and depression. Males with pathological gambling consistently report more problems with alcohol and drug abuse, while females consistently report more depression and anxiety disorders, than the general population (Sinclair, Pretorius & Stein; 2014)

Addict may commit theft in order to feed their addiction. Families of addicts may return home to find that appliances and other valuables have been stolen and sold, and there are also instances where social security money is stolen, particularly child support grants and old age pensions. Such thefts impact severely on the vulnerable (parliament liaison office, 2016).

Mohasoa (2010) in Masombuka (2013) further elaborates that there is a lack of proper monitoring and control over adolescents. Parents are no longer taking full responsibility once their children reach adolescence. As a result, this puts young people at risk of substance abuse among other things as they become aware that no one is monitoring their movements.

#### **4.3.1.1 Sub-theme 1: Stealing**

Criminal activities among substances abusers is one of the factors which they find themselves involved in, in to obtain quick money. They steal valuable goods such as lightweight electrical kitchen appliances in households and they considered stealing as normal in order to get money to buy drugs.

Participant 4 confirmed this statement by saying “*the challenge around when people start to realise that there were items missing in the house for example something light like memory card and USBs, My mom’s old unused shoes and I don’t ask her first, I just take*”.

And further stated that *“The problem is no longer affecting me but then I have seven years since I came back from rehab last year, I found that there was too much pressure and I felt so depressed and I was thinking a lot. I sold everything that I owned, cell phones, clothes and gadgets. I was ashamed and overthinking about those things which I sold, so one day I started smoking to get rid of the urge”*.

Participant 9 also indicated that *“and now I started taking pots and stole money from my mother, she would chase me away for five days and call me back over the weekends and they would sit down with me and tell me that the things which I’m doing are not right and I’d apologize, but then later, I’ll develop an urge to smoke and then I decide to take a pack of meat from the fridge just to sell and buy Nyaope, but then I’d regret after I realize that there is no feat at home”*.

Participants 2 indicated that *“I sometimes take home appliance and sell them in order to get quick money to buy drugs and all this cause trouble at home. I only take the items which I can sell and get money quickly, for example, phone, pans and kettles to buy this Nyaope. It cost me R25 but full package costs R30 per packet which I have to smoke 2/3 times every hour which cost around R 150 a day”*.

Participant 8 said *“I once committed a crime of theft, I shoplifted due to hunger and because I smoked this nyaope and I became hungry, I had no food to eat then I realized that shoplifting will be a solution to my problem”*

#### **4.3.1.2 Sub-theme 2: Drop out of school**

School dropout is one of the most common factors in most participants who left school before they could complete their matric and further their studies. This is mainly due to cravings and initial stage of drug addiction. Most participants indicated that they bunked school just to smoke in the woods and stay there until school is out.

Participant 3 said *“I went to culinary school but I dropped out after a month and then I had to drop out because I didn’t have money to pay”*.

Participant 15 stated that *“I have completed school, I have a diploma in accounting but instead of pursuing my studies, I dropped out because I was already addicted to the abuse of substance”*.

#### **4.3.1.3 Sub-theme 3: Street fights and injuries**

The researcher observed that most of the participants had scars on their faces. Street life is about survival of the fittest and the participants showed that they would do anything in the power to get whatever they want in order for them to end up smoking Nyaope, they illustrated that they need this drugs to enhance their street survival. Drugs help them to survive and cope with the street life.

Some of the fights are influenced by smoking Nyaope while some are caused by person who is looking for Nyaope to smoke. According to Chetty (2017) the confluence of neighbourhood disadvantage, gang membership, drug selling, and violent behaviour indicates that joining a gang is a crucial life course transition that facilitates or enhances participation in violence.

The researcher observed that lot of participants had sign of injuries and scars on the faces and hands. Some participants mentioned that they used razors to cut themselves in order to relieve the pain and struggle for dealing with craving to smoke or inject themselves with drugs. Most participants indicated that they used injections in order avoid smoking as it helped them to become high more than when they were smoking and prevent infections.

Participants 12&15 *“Here you only got caught and beaten up if you’re were found stealing”*

Participant 10 *“there was once a guy who was selling this drugs. He refused to sell it to me because I was running short of R5, and because I was desperate, I had to fight for it. We had a huge fight that left both of us injured but then I won”*.

Participant 11 *“sometimes I use to a razor to cut myself to reduce the craving because I don’t have money to buy drugs and then later”*.

Participant 5 illustrated that *“I once fought with the guy who used to sell drugs because he refused to sell it to me because I was running short of R5. The drug was costing R40 and I had R35 and it took time for me to sell him. I had to go back with my friend to rob him and he came back with his pack, we picked up a huge fight that night”*.

Participants 2 & 13 also stated that *“I stopped drinking alcohol because when lots of people are drunk, they pick fights and end up being hurt. Street is about surviving, we need to smoke in order to cope with the outside world”*.

#### **4.3.1.4 Sub-theme 4: Bunking classes and School absenteeism**

Bunking of classes and school absenteeism is one of the most common factors which resulted from the urge to smoke. Most participants said that they would bunk school just for smoking or some days they felt that they can't stay in a class until school is off for just a day. Participant 6 stated that *“I started smoking 17 years ago when I was at school at Laudium and drugs were simple to get. We could bunk school in order to smoke drugs”*.

Participant 12 said that *“When we start smoking, we thought it is something good but as time goes on we realized that this thing is dangerous. When we crave for Nyaope we just bunk classes or not come at all. Sometimes I could just attend two class periods in one day”*. And the participant further stated *“I smoked for three years without anyone noticing that I'm smoking Nyaope, but then later on, people started noticing that there is something weird about me because of the action, temper and bunking of classes.”*

#### **4.3.1.5 Sub-theme 5: Healthy lifestyle**

In order for participants to avoid cravings otherwise referred to as “Alostro” in the streets, they always carried bottles of water and they preferred to eat more than three times a day from the moment when hunger kicks in.

Participant 12 *“we carry this bottle of water because we avoid to be dehydrated, and for you to smoke the whole day, one needs to eat and make sure that you had enough. We prefer drinking cold drinks and juice to gain energy”*.

Participant 8 *“I cannot smoke without eating first. I need food to sustain myself”.*

#### **4.3.1.6 Sub-theme 6: Poverty**

Poverty is perceived as a contributory factor by participants as it cause them to abuse substances. Participants indicated that they were coming from different family backgrounds with different socio economic status also differs. Participants’ parents were pensioners. Low socio-economic status was one of the challenges found in participants. According to Radebe (2015) financial hardships are the determinants of families living in a poorly developed area with limited infrastructure, where there is overcrowding, ten family members residing in a single unit with one working person who sees to their basic needs.

The evidence by Fernandes & Mokoena (2016) shows that being unemployed is also the start of a vicious circle where unemployment contributes to drug abuse while it increases the chances of the abuser losing his/her job, decreasing his/her chances of gaining employment ever again, which in turn contributes to further drug abuse aggravating the circle of poverty.

All participants said that *“If only I could get a job I will be able to live a better life. If only I could get something which will keep me busy because were poor and we have no money except if we do some piece jobs, some of us end up stealing in order to buy something to smoke or eat. I only smoke because have been stressed that I have no job and meaning that there nothing which I was doing.”*

#### **4.3.1.7 Sub-theme 7: Unemployment**

Participants’ highest school class was grade 12, only two of them furthered and completed their studies. In Atteridgeville for one to get a job with grade 12 only is not easy considering the 27.7% of unemployment in South Africa (STATSSA, 2017). Lack of job creation in South Africa is very limited which makes it very hard for these participants to be employed. This was one of the main factors which contributed to the abuse of substances in Atteridgeville community member. According to Hadebe (2015) unemployment is seen as linked to self-employment or entrepreneurship in the marketing of drugs in the area.

Participants 2, 9, 10, & 11 stated that *“if there was employment, we wouldn’t have been where we are right now, obviously when you team up with wrong people you end up doing wrong things altogether”*.

Participant 8 *“I worked at the garage to wash cars, the job ended last year and then I was left with nothing to do, so I have a problem that I’m currently unemployed then, I started smoking, sometimes I sell drugs in order to survive”*.

Participants 13 & 14 *“we’re all stressed because we are not working. We are broke and we have nothing to do, at least if we’re working, we wouldn’t be involved in this rubbish”*.

#### **4.3.1.8 Sub-theme 8: Lack of Skill development**

Participants who have been in rehabilitation before had difficulty in creating jobs for themselves with the qualification required during the rehabilitation process. All participants also indicated that in Atteridgeville there were skills development centres which were not registered and had unskilled trainers. Moreover participants were concerned about having a day in job which they can be able to sustain themselves.

Participants 15 & 16 *“During our rehabilitation span, we were trained to conduct facilitations, however it is hard for us to use this qualifications because we do not know what to do with them”*.

Participants 14 *“I did my apprenticeship at BMW but it ended, now I don’t know how to start my own business to fix cars because I am a mechanical engineer”*.

Participant 16 *“there are few training facilities but I don’t trust them because they look as if they are not registered, few other have dropped out many years ago, only building left with no people in them”*.

Participant 9 *“I just want to return back to school or get few trainings which I can do something with my hands in order to sustain myself”*.

#### 4.3.1.9 Sub-theme 9: Poor self-esteem

Most participants indicated that their friends are the ones who motivated them to start smoking drugs which is a sign of poor self-esteem and lack of self- image. Some of their friends went to rehab and recovered from their addiction whereas some of them relapsed and returned back to the streets and they are still smoking. Most of them turn to rely on their friends' advises which end up making them involved in dangerous activities.

Few participants stated that they had seen their siblings more especially brothers smoking few drugs before they started smoking. Few participants indicated that they started smoking Nyaope after they found left over of drugs from their brothers.

Participants 6, 10 & 12 *"we started smoking our brother's Nyaope left overs, none of us learnt to smoke from our parents because none of them is smoking this things"*.

Participants 5, 6, 7 & 13 mentioned that *"I think it is because most of us as young people turn to have peer pressure and get boredom here at home because we're not doing anything. I started smoking due to my friends smoking, competition and not being busy with my life. I started smoking in 2009 December. We used to think that smoking drugs will make use clever"*.

Participant 5 *"I was motivated to smoke because of the pressure I received from my friends, I wanted to compete with them so that I can show that them how better and clever I am"*.

Participant 12 *"When my friends and I start smoking, we thought it was something good but as time goes on we realized that this thing is dangerous"*.

Participant 4 stated that *"By then I wasn't smoking but my friends always used to come to my place and asked me to buy drugs for them because my grandmother was selling and that's where I started smoking because I started experimenting drugs while I was with them"*.

Participant 2 *“I sold almost everything that I had because I was seeking attention for my parents to help me deal with my problems but I guess they were busy stressing about their own”*

Most participants stated that they started smoking because of their unresolved personal and interpersonal problem, for example family relations or disruptions. All participants described their stress as caused by lack of employment.

Participants 2, 4, 7, 11 & 13 *“I become stressed a lot because I am not working and now I have nothing to do except to smoke. I wish there was something we can do”*.

Participants 6 & 11 *“Most of us smoke because of stress caused by our family matters, some of our parents forced us to get jobs but we’re unable to get jobs because we lack good educational background”*.

#### **4.3.1.10 Sub-theme:10 Poor attitude towards others**

Participants stated that they were already used to throwing each other with tantrums and they saw it as normal and none of them felt offended unless one needed to pick fight with the other. No one motivate another person to do something positive.

Participant 10 *“after I smoked this Nyaope, I develop a temper which I don’t know where it comes from. I become angry at myself and people around me, this makes me angry a lot because I don’t know what to do. We actually look upon you guys to assist us because amongst ourselves no one can say something positive or motivational to warn us against the use of this drugs”*.

#### **4.3.1.11 Sub-theme 11: Stress**

Most participants stated that they started smoking because of their unresolved personal and interpersonal problem, for example family relations or disruptions. All participants indicated that they smoke in order to deal with their stressful situation.

Participants 2, 4, 7, 11 & 13 *“I become stressed a lot because I am not working and now I have nothing to do except to smoke. I wish there was something we can do”.*

Participants 6 & 11 *“Most of us smoke because of stress caused by our family matters, some of our parents forced us to get jobs but we’re unable to get jobs because we lack good educational background”.*

#### **4.3.1.12 Sub-theme 12: Addiction**

All participants admitted that they were addicted to the abuse of substance and they had difficulty in relapsing or refraining from using of drugs. Some of participants tried to stay indoors for longer hours in order to reduce the urge also known as ‘Alostro’. One of the participants illustrated a story of one of their friends who was sick and dying to an extent that the addiction was too much that even before he died he would crawl from his house just to go and smoke then they would pick him up to his bed.

Participant 6, 10 & 12 *“my addiction led me to bunk school, some days I just didn’t want to go to school because I’d be high”*

Participant 15 *“The way I’m so addicted to Nyaope I could travel from Giyani to Polokwane just to buy them, even when I’m in Atteridgeville, I make sure that I sleep at least I smoked once. There is no day that goes by without smoking Nyaope. Another thing is that I like to be high a lot. I’ve been in different rehab for more than four times, but it never worked for me. I’ve sent for apostolic churches, they chained me and placed me near the fire to sweat and get rid of my addiction but it never work”.*

Participant 16 *“ I prefer to use injection than to smoke it, I like it all natural and pure, I make sure that each day I have injected more than 5 times a day and then I feel high, that all I want”.*

#### **4.3.1.13 Sub-theme 13: Boredom**

Lack of entertainment, job opportunities and skill development as well as recreational activities contributed to participants’ boredom. They remained at home with nothing to do and they end up stealing or breaking houses. According to Pretorius, van den Berg & Louw

(2003) substance abusers are more likely to experience leisure time as boring, than non-substance abusers. If leisure activities fail to satisfy their need for optimal arousal as well as to match skills with challenges, boredom results and drug abuse may be the only alternative to relieve this negative state.

Participant 5 *“sometimes we get bored while sitting at home. Our parents buy us everything we need and I find it very useless to buy anything I can use for myself. Due to boredom, I started smoking drugs, we use to ask for piece jobs like car wash and also few other part time jobs”*.

Participant 6 & 11 *“we get bored by sitting at home because we have nothing to do, we see smoking as the only option to keep us away from this boredom”*

Participant 8 & 14 *“we sometimes get bored because we have no money to buy drugs to smoke. We have sometimes tried to steal in order to have something in our pockets”*

#### **4.3.2 Section 5: Theme 2: Environmental factors**

The researcher identified that the environment in which the participants were found allowed them to influence each other somehow to stay in the streets. All the participants indicated that they perceive physical and social environment as another contributory factors to substance abuse in their lives due the following aspects: change of environment, living conditions at home, accessibility and availability of drugs, lack of recreational facilities, peer pressure, social capital, social cohesion and family related factors are some of the factors which contributed to drugs abuse by participants.

The researcher also identified that the community had three hotspots for substance abusers which were all close to where the drug dealers could be found. Environmental factors such as a lack of stimulating activities has a huge contribution in the abuse of substances to cope with the boredom (Pretorius, van den Berg & Louw, 2003).

Environmental factors such as change of environment, accessibility and availability of drugs, living conditions at home, lack of recreational facilities, peer pressure, social cohesion, family related factors and social capital were identified as the contributory factors.

#### 4.3.2.1 Sub-theme 1: Change of environment

Some participants indicated that environment played a huge role in shaping the behaviour and lifestyle of a person. Other participants stated that they wish that they never knew the place where they were staying because all they could think of is causing troubles to their family members.

Participant 12 indicated that *“Just like when I’m not around here, I don’t smoke this things where I’m going. Immediately when I come this side and see Atteridgeville board, they I wake up to realise that I’m back to that place. All along when I’m in Limpopo I never crave for Nyaope. Which means that the environment I’m staying plays a very huge impact in my life.”*

Participants 15 also indicated that *“The way I’m so addicted I could travel from Giyani to Polokwane just to buy drugs, same goes when I’m in Atteridgeville, there is no day that goes by without me smoking Nyaope. Another thing is that I like to be high”.*

#### 4.3.2.2 Sub-theme 2: Accessibility and availability of drugs

As previously confirmed that drugs are available in the community, drug dealers are known people who live around and near substance abusers. They are also known by the police officials but there is no one acting upon them. Most of the drug dealers are found near hotspots where most drug abusers are consuming such products.

According Alhyas, Al Ozaibi, Elarabi, El-Kashef, Wanigaratne, Almarzouqi, Alhosani & Al Ghaferi (2015) to almost all participants of different age groups stated that tobacco products and drug related products were widely available and affordable in their communities, where they could be easily purchased with their pocket money.

The drug lords have close relationships with the police, when community members blow the whistle about wrongdoing, the drug lords will be informed first to clear up, they have bodyguards who are from the system and they are never confronted with any wrongdoing but those who have reported them have been killed with no arrests thereafter (Radebe, 2015).

Participants 1 & 11 illustrated that *“it’s easy to accessing these drugs. Gaining access is simple because the dealers are around. These are the people we see and interact with every day. No need to climb a taxi, it is just next door or next street”*.

Participant 4 also showed that *“The place where we used to buy drugs is very near the school. We used to buy and smoke it by the bushes. I started with one pull and it kept on increasing”*.

#### **4.3.2.3 Sub-theme 3: Living conditions at home**

The unhealthy or unhygienic environment can be viewed as of the contributory factors in the places like Atteridgeville, more especially in the family where more than 5 people are sharing the same shelter. Some participants drink alcohol and smoke their drugs in the same house bedroom where one is sharing with another person.

The smell, untidy clothes and bed sheets is a result of neglect and lack of self-care which is brought by the influence of smoking Nyaope. Smoking around children can also be a huge challenge more especially if the person is involved in this kind of drug dependency. Few participants indicated that they started involving themselves in drugs after seeing their family members smoking or drinking alcohol.

Participant 2 said that *“I started smoking after I found some pieces and left overs which my brother was smoking. It started very little and then later I had to do it more often”*

Participant 4 said that *“I started smoking because my grandmother was selling drugs at home at home, she used to sell it to my friends”*

Participant 9 stated that *“I stay with my mother and stepfather, my younger sisters and elder brother, and we both some, our parents moved us to stay in the backroom because we were not cleaning our bedroom everyday”*.

Participant 14 stated that *“sometimes is not nice to stay at home with the family because I’d stay in the house and start smoking all day and when everyone comes back, they find that I’m high and I cannot do anything, not even clean the house”*.

Participant 2, 4, 8, 9, 10&11 *“I only stay with my mother, and I make sure that the house I cleaned because in the morning I don’t have anything to do”*

Participant 13 *“I moved out of the house because my uncle was not happy with me smoking this Nyaope”*.

Participant 9 *“every day I have to make sure that I bath my child before she goes to school and then I’ll clean the house then later come to smoke with the guys”*.

Participant 12 *“None of us here is homeless, we just come here to smoke and spin, then late at night we all go home until the next day. But there are some of those guys that you see in town begging for food and money, those guys are coming from very rich families, they were spoiled, and now that is why they end up being in the street because their parents used to send them to buy thing in town, then, they would go to town and buy drugs, smoke and sleep then because they were ashamed of coming back home since they used their parents’ money”*.

#### **4.3.2.4 Sub-theme 4: Lack of recreational facilities**

Participants complained that their community had no entertainment and recreational facilities, and they ended up being bored and decided to smoke. Lack of leisure activities affect their need for optimal arousal as well as to match skills with challenges, boredom results and drug abuse may be the only alternative to relieve this negative state. Sports and recreational activities have typically been promoted as “deterrents” to antisocial activities such as substance abuse (Pretorius, van den Berg & Louw, 2003).

Participants 1, 2, 3 & 5, stated that *“it is because we lack recreational facilities, we also do not have enough space like playground where we can spend more time playing”*. Participant 5 illustrated that *“I used to run Athletics but because there are no competitions, and also place to run, then I stopped playing”*.

Participants 12 & 16 *“we have since stopped being involved in sporting activities because we had no competitions, also that we used to think that this is only school activities”*.

Participant 5 *“the way we’re bored, we requires something that will keep us busy, something like sporting activities because we have nothing to do”*.

Participant 6 *“we lack parks and recreational settings where we can relax and even participate in some sports. If only the government could provide us such entertainment”*.

Social factors like peer pressure, social capital, social cohesion and family related factors such as divorce and lack proper monitoring amongst substance users affect the communication with everyone around them. Most of the participants stated that they still feel lucky that although they were drug abusers, their families still cared and supported them. They felt that their community had rejected them and treated them as outcasts. According to Chetty (2017), high poverty contexts are fertile grounds for drug abuse and crime.

#### **4.3.2.4 Sub-theme 5: Peer pressure**

Most of the participants started being involved in drugs at an early stage through a specific friend who influenced them to experiment. According to Pretorius, van den Berg & Louw (2003) peer pressure from the group becomes increasingly significant, relatively to the family as a socialising context and the need for acceptance by a peer groups. They seek approval by a group that is already using drugs in order to fill the gap of rejection from families.

Furthermore, Pretorius, van den Berg & Louw (2003) illustrated that peer groups have their own unique and identifiable characteristics. They determine to a large extent where, when and how drugs are used and they help to shape their attitudes and beliefs about drugs, as well as to form the rationales that they use to explain and excuse drug abuse. Young people comply with peer standards to achieve status and identity within the peer group, which can be a critical factor preceding youthful experimentation.

Having friends who abuse substances was seen by the study participants as a major risk factor for experimenting or using substances. Others stated the measures taken if extra money was needed and school allowances were not enough to purchase drugs, such as asking parents for more money, stealing, borrowing money from friends, selling personal belongings and valuables (Alhyas, Al Ozaibi, Elarabi, El-Kashef, Wanigaratne, Almarzouqi, Alhosani & Al Ghaferi; 2015).

Participants 1, 7 & 13 mentioned that *“my friends influenced me to smoke because every time they smoked Nyaope I will feel like I should taste in order to feel what they feel, but I used to smoke dagga when they were smoking Nyaope, and later on we started Nyaope together”*.

Participant 11 illustrated that *“we wouldn’t have been where we are right now, obviously when you teamed up with wrong people you end up doing wrong things altogether”*.

#### **4.3.2.6 Sub-theme 6: Social cohesion**

Participants illustrated that smoking also help them to find a place to belong, a friend to call, laugh and have good time with, some just wanted to be around people for their own personal reasons which were not identified. Some of them use this as an opportunity to deal with their family rejection. According to Chetty (2017) found that access to full gang membership, together with respect and status, is attained through an aspiring member demonstrating courage to use violence, which in some gangs means killing a person. This severe form of violence is a sign that the member is able to protect himself, other members of the gang and even the neighbourhood from external and internal threats. Hence, it is noted that concrete evidence of violence such as killings and stabbings, are the entry requirement and in many cases, innocent persons fall victim of this ritual.

Participant 12 *“Obviously when you’re chased away from home, you’ll go in the street to find friends to smoke with and that’s how you turn to become acceptance in the society of ‘mzuchi’”*.

Participant 1 & 3 *“You only smoke with group of people because you want to belong with”*

Participant 13 *“I used to smoke even when I was still staying with my uncle until he got tired and then he chased me away, instead of being homeless I decided to rent a place. Now that I have my friends around me, I have no worries”.*

#### **4.3.2.7 Sub-theme 7: Family related factors**

There are lots of family factors which were identified by participants as contributing to the abuse of substances. Parental divorce/separation came out a lot during the discussion as being the cause of substance abuse. According to Chetty (2015) Boys from such disrupted households, full of the anger and humiliation they observe in their parents’ unjust predicament and poverty, form gangs to demonstrate a degree of manly defiance and pride in their desolate communities. This culture of anger, violence and criminal behaviour among the younger boys has been created by injustices past and present experiences.

Most of the participants who abused substances had conflicts with their family members and this contributed to them being involved in using drugs on countless times. Other participants called for parents to be more supportive, embracing and not punishing their children for their unwanted behaviours (Alhyas, Al Ozaibi, Elarabi, El-Kashef, Wanigaratne, Almarzouqi, Alhosani & Al Ghaferi; 2015)

Participant 4 illustrated that *“I was motivated to start smoking when my parents get divorced. I couldn’t take the pressure of my parents’ separation. I wanted to forget about the problem. If my father was around because he was the only person whom I looked up to. I’ve spent around seven years without seeing him but then I don’t have the courage to go and see him because he is married to someone else and my mother is still single. That is why I am saying that their divorce has torn me into pieces”.*

Participants 2 & 3 *“I started smoking from the time when my parents got divorced”.*

Participant 3 *“After my parents separated, I had to stay with my dad and grandmother for Six months and then later my mother would come with the police to fetch me. Another Six months to come same thing happened and I end up dropping out of school because of that”.*

Participant 4 *“I couldn’t take the pressure of my parents’ separation. I wanted to forget about the problem. If there my father was around because he was the only person whom I looked up to. I’ve spent around seven years without seeing him but then I don’t have the courage to go and see him because he is married to someone else and my mother is still single”.*

#### **4.3.2.8 Sub-theme 8: Social capital**

Participants involved themselves in different gambling games in order to bring income at home or buy drugs to sell. Some social capital activities include social clubs and society clubs for financial support each month. Participants from different groups for contributed an amount of R150 per month.

Participant 1, 2 & 3 *“I only spin in order get money so that I can buy Nyaope. This is because we need to generate money so that we can sustain ourselves. We only manage to spin and get around R150 each time so that we can smoke. We also have social clubs to borrow each other money close to R150 per month to buy drugs”.*

Participant 4 *“I used to play dice in school and the people I used play with smoke drugs a lot. By then I wasn’t smoking and the always asked me to buy drugs for them and that’s where I started smoking because I started experimenting with drugs”.*

Participant 10 *“if you’re not spinning then you should be working piece jobs in order for you to get money to buy drugs. We always trade places to buy drugs, and when it is your time, you’re should make a plan for us to smoke”*

#### **4.4 Section 5: Strategies used to prevent substance abuse in their community**

Participants suggested some of the strategies which might bring a resolution to their drug problems. However, they had no knowledge of policy related to the abuse of substances.

Participant 5 *“I would love to suggest that if I find more bible studies to help lift my spiritual life, it will be simply for me to deal with this drug problem, and also indoor entertainment like games, pay stations and television to keep us busy”.*

Participant 6 *“We need park for recreational purpose, and we need a place for entertainment, we also need support groups from church and from different organisations in order for us to deal with this drug problem. Elderly people should encourage young people to be involved in sporting activities instead of staying in the street because they’ll end up looking like us”.*

All participants *“We need jobs, the government should give us jobs in order for us to stay away from using drugs”.*

Participant 10 *“the problem with the police system, they are very corrupt. We’re failing to deal with the drug problem because some police officials are related to the drug dealers here and they always protect them. If we could root out corrupt police then, we’ll be able to have less drug problem in Atteridgeville”.*

#### **4.5 Section 6: Conclusion**

During the research process, more participants were males than female, unemployed and most of them dropped out of school. Factors that lead to drug abuse were identified and discussed from the types of substances, factors like behavioral and environmental factors contributing to the abuse of substances, motivation and experience shared as well as strategies suggested by participants.

## CHAPTER 5: RECOMMENDATIONS AND CONCLUSIONS

### 5.1 Introduction

This chapter presented the summary of the findings, the research recommendations and the conclusion from the research findings.

### 5.2 Recommendations

The research showed that there were lot of elements which should be considered when dealing with substance abuse related problem. The substance abuse problem was identified and certainly noticed by everyone in the community. Parents and school teachers suffered the most due to this over boisterous behaviour which remain unaddressed for decades. New drugs remain unchallenged, drug dealers are known, yet, not a single law enforcement institution attempt to raid their houses to search and arrest them. Community involvement is not enough to end the scourge of substance abuse problems in the community. Some police officers were identified and known to be part of drug dealings or have family relatives who are drug dealers.

- The researcher therefore recommends that parents should be involved in the community forums to deal with substance abuse problems. The community policing and law enforcement should be equipped by developing a tactical team specifically looking at the drug problems in the local communities.
- There is also a need for Health practitioners and community health workers as well as Social welfare organizations working with drug problem should start engaging with parents to raise awareness about the drug problems in the community.
- Parents also have to start championing themselves to become the ambassadors for the community in dealing with the scourge.
- The study should further investigate community needs assessment of way to deal with the substance abuse problem as well as the need to profile the substance abuser in the community.

The Tshwane Mayoral office has lately release a bill that enforces the prohibition of smoking inside the Municipality premises which was commended by lot of stakeholders.

- It is every crucial to start implementing the policies developed by the government, more especially the NMDP (2017) should be revisited and monitored by the team involved in the substance problem occurring the communities.

- Rehabilitation centred should provide variety of skills training as the correctional services have in order to assist with the skills development.
- The municipality should play a role in the monitoring of skills development centres compliance available in the communities.
- Young people need to be equipped with entrepreneurial skills in order to sustain themselves with the knowledge they acquire from the skill development and rehabilitation centres.
- It is also very crucial to track down the development of new drugs, the manufacturer, distributor and also the dealers working on specific or recently introduced drugs in order to make defuse and arrest as early as possible.
- Drug dealers are known in the community, and it is very important to consider setting an example by arresting and charging them for criminal activities they have performed in bringing the community into disrepute.
- Further research should identify strategies used to monitor and evaluate the impact of substance abuse amongst the youth the local communities. The findings suggest to test the relationship between the parents and substance abusers.
- The research should also suggest the mechanisms for supporting community organizations dealing HIV&AIDS and substance abuse.

### **5.3 Conclusions**

In conclusion, the research revealed that, South African citizens are people who see a problem happening but lacks to implement strategies to deal it immediately. Most of the drug problems occur around us and they are reported on different media platform but the challenges come when we start delaying the process in order to deal with the situation at hand.

One of the challenge is that government hardly take charge of the situation as it emanates. Parents spend sleepless nights worried about their children at night, they feel helpless because they have no idea on how to deal with the problem which had just fell in front of them. Throughout this research, the researcher had identified lots of challenges which occurs around the community and remains a daily topic with no action.

The research also concluded that the theory of planned behaviour which illustrated that an individual who holds solid positive esteemed results will come about because playing out the conduct will have an inspirational mentality towards the conduct. In the event that the individual trusts that by taking substances will make his or her vibe great, the individual will have an inspirational demeanor towards the conduct.

The research testify that drugs were taken by young people to live a happy life, away from their daily problems and stresses. They found influence on each other somehow in order to remain happy all the times.

This means an individual holds a solid negative esteemed result will come about because playing out the conduct will have a negative disposition towards and maintain a strategic distance from the conduct. Which of course in this case, the research found out that there were lot of young people who engaged themselves to the abuse of drugs with an intention to please themselves, however they have shown that this has brought them shame and disrepute hence they never knew that drugs have such negative impact in their later stage of their lives. Some of the participants concluded that involving themselves in substance abuse when they were young was a big mistake which they regret every day.

The study was limited to participants who were between the ages of 22 to 38 years although the anticipated age was from 15 to 38. This was because of the hype of patients who consult at the organization prior rehabilitation. The research was had a limitation of lack of school children who are drug abusers to be part of the research.

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## APPENDIX A: INFORMATION SHEET

### **Title: Factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality**

My name is **Mulaudzi Hulisani**. I am a Masters student at the University of Venda registered for the Masters in Public Health (MPH) in the school of Health Sciences. I am doing this study to fulfil the requirement of my Master of Public Health degree. My study topic is entitled “**Factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality**”. The aim of this study is to explore the factors contributing to substance abuse among youths in Atteridgeville, Tshwane Metropolitan Municipality

This study is important, as the municipality region can be involved in making sure that halfway houses are available to accommodate substance abusers after rehabilitation. Stakeholders might also benefit from the outcomes of this study in order to influence the policies which govern and regulate the scourge of substance.

To make the study a success, I am inviting you to participate in this study through an interview. It will take 30-45 minutes. Please note that any information you provide will be treated as confidential and therefore will not be divulged to anyone without your consent. The data will solely be used for academic purposes and high level of anonymity shall be maintained, also note that your participation is voluntary, meaning that you are free to discontinue at any time, should you feel uncomfortable during the course of the interview.

## APPENDIX B1: CONSENT FORM (English)

**Title of the study: factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality.**

I .....have read and understood the contents and terms of this invitation to participate in this study. I hereby declare that I am voluntarily participating in this research.

Participant's signature..... Date.....

Signature of researcher..... Date.....

For more information contact: [mulaudzihulisani@gmail.com](mailto:mulaudzihulisani@gmail.com) or call on 0722659698  
: [Henry.Akinsola@univen.ac.za](mailto:Henry.Akinsola@univen.ac.za) or call on 0781113792

## APPENDIX B2: FOROMO YA TUMELELO (Sepedi)

**Hlogo ya thuto: Mabaka ao a susumedi tsego go hlatloga ga tshomiso ya diakobatsi gareng ga baswa ba Atteridgeville, Masipala moholo wa Tshwane**

Nna..... ke badile le go kweisisa boteng le mabaka a taletso ya go tsea karolo mo thutong. Ke ya ikana gore ke e thaopa go tsea karolo mo dinyakisisong.

Tshaeno ya Motseakarolo..... Letjatji.....

Tshaeno ya Monyakisisi..... Letjatji.....

Ditaba ka botlalo letsetsa nomoro ye: [mulaudzihulisani@gmail.com](mailto:mulaudzihulisani@gmail.com) kgoba 0722659698

: [Henry.Akinsola@univen.ac.za](mailto:Henry.Akinsola@univen.ac.za) kgoba 0781113792

## APPENDIX B3: FOROMO YA TUMELANO (Setswana)

### **Setlhogo sa dipatlisiso: Dilo tse di dirang gore tiriso ya diritibatsi e oketsege mo maqareng ga batsha mo Atteridgeville, Masipalatuna wa Tshwane.**

Nna.....ke boisitse gape ke tlhalogantse diteng le tiriso ya go lalediwa ga me go tsaya karolo mo patlisisong e. Ke ekanya gore ga kea patelediwa gon na ntlha ya patlisiso e, fela ke ethaopile.

Tshaeno                      ya                      Motsegakarolo.....

Letsatsi.....

Tshaeno                      ya                      Mmatlisisi.....

Letsatsi.....

Ditaba ka botlalo letsetsa nomoro ye: [mulaudzihulisani@gmail.com](mailto:mulaudzihulisani@gmail.com) gotsa 0722659698

: [Henry.Akinsola@univen.ac.za](mailto:Henry.Akinsola@univen.ac.za) or gotsa 0781113792

## APPENDIX C: REQUEST TO CONDUCT RESEARCH

University of Venda  
Private Bag X5050  
Thohoyandou 0950  
27/02/2017

Sithuthukisa Bonke  
4859 Mokoena Street  
Lotus Garden  
0025

Dear Mr Abel Phega

### **RE: REQUEST TO CONDUCT A RESEARCH PROJECT ON FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONG THE YOUTH IN ATTERIDGEVILLE, TSHWANE METROPOLITAN MUNICIPALITY, SOUTH AFRICA**

I **Mulaudzi Hulisani** am a Masters Student at the Department of Public Health of the University of Venda hereby request for permission to undertake a study. This is part of the requirement for the fulfilment of the degree of Masters in Public Health. The study is entitled: Factors contributing to substance abuse among the youth in Atteridgeville, Tshwane Metropolitan Municipality, South Africa

This study has been prompted by the problem of abuse of substances like nyaope, marijuana and alcohol that has been shown to be relatively high in Tshwane District Municipalities. Most of the people consulting with the problem attend counselling services, especially in communities from resettlement areas in Atteridgeville. Addiction counselling can reduce mental health problems in the community because it also helps in improving the future of the youth who are involved in such activities. People who consult and seek help early are at an advantage of increasing their drug awareness and also changing sooner than later.

The study will involve the following:

To identifying the participants, giving of information to them about the aim of the study and eventually interviewing them individually. All information gathered in this study will be kept strictly confidential, and no information will be used for the purposes other than those it is

intended for. A respondent's decision to participate in this research will be voluntary and withdrawal from the study at any time will be allowed. Anonymity will be assured through the use of pseudo names.

I trust my request will meet with your approval. Your assistance in facilitating the research will be highly appreciated. Ethical clearance from the University of Venda is attached

Thanking you in advance for your cooperation.

Yours sincerely

Mulaudzi Hulisani

(Student number 11572744, [mulaudzihulisani@gmail.com](mailto:mulaudzihulisani@gmail.com), Cell: 0722659698)

## APPENDIX D1: INTERVIEW GUIDE: English

### A. Demographic information

- How old are you?
- What is your marital status?
- What is the level of your education?
- What is your employment status?
- Who do you stay with?

Opening questions:

- What types of substances have you abused?
- What do you think are factors that contribute to the abuse of substances (social, psychological, family, peer pressure and so on.)

Probing questions

- What motivated you to start taking substances?
- Would you like to share with me how you became involved in substances?
- What suggestions can you give on how to prevent the abuse of substances in

Atteridgeville?

## APPENDIX D2: TSHEDIMUSHO YA POLEDISHANO: Sepedi

### A. Tshedimusho ka ga Maemo

1. Ona le mengwaga e mekae?
2. Seemo sag ago sa lenyalo ke sefe?
3. Diphihlollo tsa gago tsa dithuto ke dife?
4. Ke eng seemo sag ago sa tsa mesomo?
5. O dula le mang?

Pulo ya dipotsiso

- ka rata go abelana le nna gore go tlile bjang gore o tsene mo diakobatsong
- Ke eng seo se go hlohleeditsego gore o tsee diokobatsi?
- Nagana gore e k aba mabaka afe ao a go susumeditsego mo tsimosong ya diokobatsi (tsa leago, tsa monagano, tsa lapa, kgatelelo ya segwera, bjalobjalo.)
- Ke dikakanyo dife tse o ka difago, neelanogo ka tsona go thibela tshomiso ya diokobatsi mo Atteridgeville

## APPENDIX D3: SUPATSELA YA POLEDISANO: Setswana

### A. Tshedimosetso ya tsa loago

1. Onale dijara tse kae?
2. Kemo ya gago ya nyalo ke efeng?
3. Maemo a gago a thuto ke a mafeng?
4. Kemo ya gago ya tiro ke efeng?
5. O nna le mang?

Potso ya gobula:

- Ke dilo tse difeng tse o akanyang gore di dira gore diritibatsi di dirisiwe (Tsa Botshelo, tsa tlhaloganyo, tsa selegae, kgatelelo ya balekane, jaalo le yalo)

Dipotso tsa go batlisisa

- Ke mefuta efe ya diritibatsi tse o di dirisitseng?
- Ke eng se see go rotloeditseng kgotsa se see go kgaraeditseng gore o simolole go tsaya diritibatsi?
- Ke dikakanyo tse difeng tse o akanyang gore di ka thusa go thiba tiriso ya diritibatsi mo Atteridgeville?
- A o ka mpolelela gore go tlike jaang gore o ekgolaganye le diritibatsi, kgotsa o dirise diritibatsi?

## APPENDIX E: UHDC APPROVAL LETTER

### UNIVERSITY OF VENDA

#### OFFICE OF THE DEPUTY VICE-CHANCELLOR: ACADEMIC

TO : MR/MS H. MULAUDZI  
SCHOOL OF HEALTH SCIENCES

FROM: PROF J.E. CRAFFORD  
DEPUTY VICE-CHANCELLOR: ACADEMIC

DATE : 30 AUGUST 2017

#### DECISIONS TAKEN BY UHDC OF 24<sup>TH</sup> AUGUST 2017

Application for approval of Mini-dissertation proposal in Health Sciences: H. Mulaudzi (11572744)

Topic: "Factors contributing to substance use among youth in Atteridgeville, Tshwane Metropolitan Municipality, South Africa."

Supervisor  
Co-supervisor

UNIVEN  
UNIVEN

Prof. H.A Akinsola  
Mr. B.S Manganye

**UHDC approved Mini-Master's proposal**



\_\_\_\_\_  
Prof J.E. CRAFFORD  
DEPUTY VICE-CHANCELLOR: ACADEMIC

## APPENDIX F: ETHICAL CLEARANCE

RESEARCH AND INNOVATION  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

**Mr H Mulaudzi**

Student No:

**11572744**

PROJECT TITLE: **Factors contributing to substance abuse amongst the youth in Attredgeville community, Tshwane Metropolitan Municipality in South Africa.**

PROJECT NO: SHS/17/PH/25/0611

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof HA Akinsola	University of Venda	Supervisor
Mr BS Manganye	University of Venda	Co- Supervisor
Mr H Mulaudzi	University of Venda	Investigator – Student

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: November 2017

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: 

Name of the Chairperson of the Committee: Senior Prof. G.E. Ekosse

UNIVERSITY OF VENDA DIRECTOR RESEARCH AND INNOVATION 2018 -01- 24 Private Bag X5050 Thohoyandou 0950
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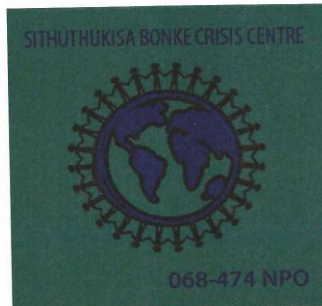
University of Venda

PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA  
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060

*"A quality driven financially sustainable, rural-based Comprehensive University"*

## APPENDIX G: PERMISSION TO CONDUCT RESEARCH

### SITHUTHUKISA BONKE CRISIS CENTRE (S.B.C.C)



Stand No: 4859 Mokoena Street, Lotus Gardens Phase 2, Atteridgeville, 0008  
POBOX 63 LOTUS GARDENS 0025

EMAIL: [info@sithuthukisabonke.org.za](mailto:info@sithuthukisabonke.org.za)

[www.info@sithuthukisabonke.org.za](http://www.info@sithuthukisabonke.org.za)

Tel: 012 770 1700 or 1701

Dear Mr Mlaudzi Hulisani

**Re: PERMISSION TO CONDUCT A RESEARCH PROJECT ON FACTORS CONTRIBUTING TO SUBSTANCE ABUSE AMONG THE YOUTH IN ATTERIDGEVILLE, TSHWANE METRO MUNICIPALITY.**

SITHUTHUKISA BONKE CRISIS CENTRE(SBCC) will like to acknowledge the received of your request letter from you Mr Mlaudzi Hulisani (Student number 11572744) to conduct a research for the above mentioned project.

SBCC grants you permission to do the research project from our organization for the said period which is the 12 September 2017 till 15 September 2017

Hope you will find everything in order

Regards

  
Abel Pega

Sithuthukisa Bonke Crisis Centre-SBCC

Centre Manager

[abelpega@gmail.com](mailto:abelpega@gmail.com)

Cell: 0733121646/ 0127701701/2/3

## APPENDIX H: PROOF READING LETTER

PROOF-READING LETTER

Aloma Foster

Dip. Library Science, University of Cape Town

B.A English studies, University of Western Cape

M.A Population studies, University of Exeter (UK)

19 Naxos

Without Street

Weltevreden Park

Johannesburg

1709

04 April 2018

TO WHOM IT MAY CONCERN

I hereby confirm that I have proof-read the document entitled “**Factors contributing to substance abuse among youth in Atteridgeville community, Tshwane Metropolitan Municipality, South Africa**” authored by Mulaudzi Hulisani.

Each of us have our unique voice as far as both spoken and written language is concerned. In my role as a proof-reader I tried not let my own “written voice” overshadow the voice of the author, whilst at the same time attempting to ensure a readable document.

Please refer further queries regarding this research proof-reading to me

Aloma Foster

Signature.....

Date.....