



**PREVENTION OF SUBSTANCE ABUSE AMONGST THE YOUTH IN VHEMBE
DISTRICT: A CASE STUDY OF THE DEPARTMENT OF SOCIAL DEVELOPMENT**

BY

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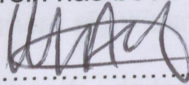
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DECLARATION

I, **Avhahudzani Honest Mutwanamba**, hereby declare that this dissertation entitled: *Prevention of substance abuse amongst the youth in Vhembe district: a case study of the Department of Social Development* for the Degree of master of public management at the University of Venda submitted by me has not previously been 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 material contained therein has been duly acknowledged.

Signature.....



Date.....

8/03/16

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I would like to extend my gratitude and thanks to the following persons:

- I would like to express my sincere gratitude to my supervisor, Prof. M.P Khwashaba and co-supervisor, MR.E Mahole, whose outstanding supervision made the compilation of this dissertation a success.
- Special thanks to my research participants without whom the compilation of this dissertation would have been impossible.
- Lastly and more significantly, I would like to thank God Almighty for giving me courage, strength, wisdom and keeping me safe throughout my studies.
- To all my siblings for supporting me and for being a source of inspiration during the process of writing this dissertation.

DEDICATION

- This degree is especially dedicated to my beloved wife Mrs. Rendani Emmely Mutwanamba whose unconditional love and support kept me going throughout my studies.
- To my sons: Asakundwi and Muvhusi Mutwanamba for understanding my absence during my studies.
- To my dear parents, Mr. Nyadzani Johannes Mutwanamba and Mrs. Nyawasedza Mutwanamba for always encouraging me to pursue my studies.
- To all my siblings for supporting me and for being a source of inspiration during the process of writing this dissertation.

The study investigated the challenges faced by the Department of Social Development with regard to the prevention of substance abuse amongst youth in Vhembe district. South Africa is faced with a growing and multifaceted substance abuse problem within both rural and urban areas. Many people are becoming involved in drug taking and trafficking, especially young people. The age of the first experimentation with substances has dropped to between nine and ten years.

The research process was both qualitative and quantitative in nature. Purposive sampling method which is a non-probability sampling was used to select participants of the study. A survey questionnaire and interview schedule was used to collect data. Two data analysis methods were used, namely, Statistical Package for Social Sciences (SPSS) and thematic analysis. The following ethical aspects were considered and applied when conducting the study and they are: Informed consent, Voluntary participation, Anonymity, Confidentiality and Discontinuance of participants.

The major findings of the study are:

- There is poor capacitation of staff on matters of substance abuse,
- The National sphere of Government does not recognize implementer's inputs when developing policies on substance abuse,
- There are insufficient resources for substance abuse prevention programme,
- There is a need for good coordination amongst role players in substance abuse prevention,
- Peer pressure is the leading cause of substance abuse by the youth, followed by poverty and unemployment, social problems, media advertisement, experimentation, exploration, boredom, low self-esteem, poor school performance, poor relationship with parents and being pessimistic about the future,
- Dagga, Alcohol and Cigarette are the commonly abused substances by the youth, followed by, Glue, prescribed medication and Nyaope and
- That there is a need for recreational facilities in all residential areas.

The recommendations of the study are:

- All Departments that are implementing substance prevention programme should regularly train their staff on substance abuse issues,
- The National Sphere of Government should consult with the implementers on the ground before formulation of any policy,
- Enough resources to be made available to all Government departments and non-Governmental organizations that are implementing substance abuse prevention programmes,
- For good coordination substance abuse prevention activities should be led by the District Municipality at the local level and the Premier's Office at the Provincial level,
- That an integrated approach by both Government (DSD,SAPS and DOH) and non-Governmental organizations (NGOS) should be employed to address challenges facing the youth,
- More awareness campaigns should be conducted to educate the youth on the dangers of abusing substances especially Dagga, Alcohol and Cigar rete, and
- That municipality must ensure that recreational facilities are established in all residential areas.



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ABBREVIATIONS

AIDS	Acquired immunodeficiency Syndrome
CBO	Community Based Organization
CDA	Central Drug Authority
DOH	Department of Health
DSD	Department of Social Development
HIV	Human immunodeficiency Virus
LSP	Learners' Support Programme
NDMP	National Drug Master Plan
NGO	Non-Governmental Organization
SACENDU	South African Community Epidemiology Network on Drug use
SANCA	South African National Council on Alcoholism and Drug Dependence
SGB	School Governing Bodies
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

The study will focus on the challenges faced by the Department of Social Development with regard to the prevention of substance abuse amongst youth in Vhembe district. South Africa is challenged by a growing and multifaceted substance problem within both rural and urban areas. Many people are becoming involved in drug taking and trafficking, especially young people. The age of the first experimentation with substances has dropped to between nine and ten years.

The chapter will outline the background of the study, problem statement; aim of the study, specific objectives of the study, critical research questions, significance of the study, delimitation and limitation of the study; definition of operational concepts and organisation of the study.

1.2 BACKGROUND OF THE STUDY

The rapid globalisation of the drug trade over the past decade has ensured that virtually no country is immune to its threat and South Africa is no exception. In his opening of the parliament speech in 1994, the former president of South Africa, Mr. Nelson Mandela, singled out alcohol and drug abuse as social pathologies requiring urgent attention. Substance abuse is the major contributor to crime, poverty, reduced productivity, unemployment, dysfunctional families, political instability, the escalation of chronic diseases such as Acquired Immunodeficiency Syndrome (AIDS) and Tuberculosis (TB), injury and premature death (Drug Master Plan, 2006-2011:4).

Substance abuse problem reaches across social, cultural, language, religious and gender boundaries and affects everyone either directly or indirectly. The combined effects of tobacco, alcohol and other drugs take a greater toll on the health and well-being of South Africans than any other single preventable health problem. A cause for concern is the fact that drug use amongst the youth has been rising and the age of onset has dropped to ten years (Drug Master Plan, 2006-2011:25). The major emphasis of prevention programmes should therefore be on the youth and "gateway" substances such as tobacco, alcohol and dagga. Prevention involves education about the risk of substance abuse as well as ways to

avoid addiction or dependence. Substance abuse has become a global scourge affecting virtually every country, not excluding South Africa in general and Vhembe district specifically, though the extent and characteristics vary. The most commonly used and abused substances are cigarettes, cannabis and alcohol. Alcohol use is increasingly becoming a public health concern. Other common substances which have emerged recently include nyaope, Taiwan and khilibidi.

Youth drinking and alcohol related problems reveal a pattern of widespread use and abuse by the underage people. Adolescence is characterized primarily by the transition from childhood to adulthood and the changing demands and expectations from different role players and society at large. All changes bring with it stress and instability. Generally, substance abuse prevention programmes focused on information giving, public education and awareness. The notion is that once people know the negative consequences of substance abuse, they will choose not to use substances. However, opposite seem to be the case with the youth, the more information they have about drugs and alcohol the more curious they are to experiment or use them. (Substance use, misuse and abuse amongst youth in Limpopo Province 2013:14).

1.3 PROBLEM STATEMENT

Section 8 of the Prevention of and Treatment for Substance Abuse Act 2008 (Act 70 of 2008) provides that the Minister of Social Development must, in consultation with the Ministers of other Government departments, facilitate the establishment of integrated programmes for the prevention of substance abuse. Substance abuse among youth continues to be a major problem worldwide (United Nations Office On Drugs and Crime, 2009:47). In South Africa, 12% of youth experiment with alcohol use before 13 years of age (Substance use, misuse and abuse amongst youth in Limpopo Province 2013:20).

In response to this challenge, the Department of Social Development has drafted a National Policy on the management of substance abuse. The department has therefore been given the mandate to take full responsibility for the overall management of the implementation of the said policy in the entire country, both in the public and private sector.

Despite the provisions of the aforementioned Acts and policies, the Department of Social Development continue to face challenges with regard to the prevention of the substance abuse. According to Clayton (1994:159); the following are some of the risk factors/conditions, the economically disadvantaged, children of substance abusing parents, victims of physical, sexual and psychological abuse, runaways or homeless youth, school

dropout and pregnant adolescents. This study is conducted in order to come up with possible solutions to the challenges facing the Department of Social Development with regard to the prevention of substance abuse amongst youth.

1.4 AIM OF THE STUDY

The main aim of the study is to investigate challenges faced by the Department of Social Development with regard to prevention of substance abuse amongst youth.

1.5 SPECIFIC OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

- To determine the challenges facing the Department of Social Development in the prevention of substance abuse amongst youth.
- To determine the causes of substance abuse by the youth.
- To identify the types of substances that is commonly abused by the youth.
- To explore mechanisms that can be employed to minimise the use of substance by youth.

1.6 CRITICAL RESEARCH QUESTIONS

- What are the challenges facing the Department of Social Development in the prevention of substance abuse amongst youth?
- What are the causes of substance abuse by the youth?
- What the types of substances that are commonly abused by the youth?
- What are the mechanisms that can be employed to minimise the abuse of substances by the youth?

1.7 SIGNIFICANCE OF THE STUDY

The findings of the study will benefit the Department of Social Development greatly as it will implement its substance abuse prevention programmes amongst youth from an informed perspective that is, by knowing the contributory factors for substance abuse as well as commonly abused substance by the youth. Furthermore the Department of Social Development will be able to employ new mechanisms in dealing with the challenge of substance abuse prevention as well as developing new or updating the existing policies on the management of substance abuse in South Africa.

1.8 DELIMITATION OF THE STUDY

The study will focus only on prevention of substance abuse amongst youth and will involve only social workers (of all ranks) who are focusing and facilitating substance abuse program, Police Officers (of all ranks) who are working under crime prevention unit and Nurses (of all ranks) who are working under mental health unit in Vhembe District ,Limpopo, South Africa.

1.9 LIMITATION OF THE STUDY

The study does not have any source of funding hence in funding for stationary, travelling and editing the researcher will use own salary. Some research participants may find the topic to be sensitive and may feel that giving some information may put them or their Department in jeopardy in future. The language used in the data collection instruments (questionnaire and interview) is English which a second language to the research participants, it is possible that some questions might be wrongfully understood and thereby given wrong responses.

1.10 DEFINITIONS OF OPERATIONAL CONCEPTS

The following concepts have been defined for the purposes of the study:

- **Challenges**

According to oxford paperback dictionary (2000:131) challenges refers to a call to demonstrate one's ability or strength or a difficulty or demanding task.

- **Abuse**

Persistent or periodic excessive drug use inconsistent with or unrelated to acceptable medical practice (substance use, misuse and abuse amongst the youth in Limpopo Province 2013:9).

- **Substance abuse**

The term refers to the misuse and abuse of legal licit substances such as Nicotine, alcohol, over the counter drugs, prescribed drugs, alcohol concoctions, indigenous plants, solvents and inhalants as well as the use of illicit drugs (Van Heerden 2006:111 and Drug Master Plan 2013-2017 : 19).

- **Prevention**

According to the Department of Social Development Policy on the management of substance abuse, prevention is an intervention strategy which involves education about the risk of substance use and the building of awareness about substance abuse and ways to avoid addiction. The Drug Master Plan (2013-2017:18) defines prevention as a proactive process that empowers individuals and systems to meet the challenges of life's events and transitions by creating and reinforcing conditions that promote healthy behaviour and lifestyles.

- **Youth**

Is a broad term referring to the development stage of childhood and Adolescence (Bennet 1991:142) for the purpose of this study youth will include any person between the age of 12 and 21 years.

- **Drugs**

According to the National Drug Master Plan (2006:20011) a drug is a substance that is used with the intention of bringing about change in some existing process or state that is, psychological, physiological or biological.

- **Licit Drug**

A drug that is legally available by medical prescription in the jurisdiction in question or sometimes a drug that is legally available without medical prescription (substance use, misuse and abuse amongst the youth in Limpopo Province 2013:12).

- **Illicit Drug**

A psychoactive substance, the production, sale or use of which is prohibited (substance use, misuse and abuse amongst the youth in Limpopo Province 2013:12).

- **Dependence**

A person is dependent on a drug or alcohol when it becomes difficult or even impossible for him/her to refrain from taking the drug or alcohol without help after having taken it regularly for a period of time. The dependence may be physical or psychological or both (Drug Master Plan 2013-2017: 17).

- **Addiction**

According to Doweiko (1993:6) addiction refers to dependence on a chemical.

- **Kemoja, i'm fine without drugs**

Is a brand name for the Government of South Africa's drugs and substance abuse prevention programme (Kemoja Integrated Strategy Manual, 2008-2012: 9).

- **Drug Master Plan**

The United Nations Drug Control Programme (UNDCP) defines a drug master plan as a single document covering a national concerns regarding drug control (National Drug Master Plan, 2006 – 2011: 6).

1.11 ORGANISATION OF THE STUDY

The study will consists of five chapters, that is, chapter one: introduction and background, chapter two: literature review, chapter three: research design and methodology, chapter four: data presentation, analysis and interpretation, and chapter five: findings, conclusion and recommendations.

Chapter 1: Introduction and background of the study

This chapter will focus on the challenges faced by the Department of Social Development with regard to the prevention of substance abuse amongst youth in Vhembe district. The chapter will outline the background of the study, problem statement; aim of the study, specific objectives of the study, critical research questions, significance of the study, delimitation and limitation of the study; definition of operational concepts and organization of the study.

Chapter 2: Literature review

This chapter will outline the legislative framework on substance abuse, causes of substance abuse by youth, theoretical perspectives on the causes of substance use and abuse, types of substances and their effects, the role of the Department of Social Development in substance abuse prevention and consequences of youth substance abuse.

Chapter 3: Research methodology

In this chapter the researcher will presents research design and methodology that will be used when conducting the study .The other aspects to be discussed in this chapter include ;study area ;population of the study; sampling method and sampling size; data collection ;data analysis and ethical considerations.

Chapter 4: Data presentation, analysis and interpretation.

This chapter will present information collected from the respondents according to the type of the instrument used. The data will be presented in a meaningful way. Data collected through interviews will be analyzed using thematic analysis method. Data collected through questionnaire will be analyzed by a statistical analysis method. Statistical Package for Social Science (SPSS) will be used. The collected data through questionnaire will be presented in a graphical tabular form, frequencies and percentages.

Chapter 5: Findings, conclusion and recommendations

This chapter will focus on a discussion of the study findings and recommendations, which include implications of the study findings in the substance abuse field and future research projects in the same field and a conclusion or summary.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews literature related to challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. The chapter will outline the legislative framework on substance abuse, causes of substance abuse by youth, theoretical perspectives on the causes of substance use and abuse, types of substances and their effects and the role of the Department of Social Development in substance abuse prevention.

2.2 LEGISLATIVE FRAMEWORK ON SUBSTANCE ABUSE

There are various legislations that have been passed by Parliament in order to ensure maximum control with regard to substance abuse in South Africa, a few of which will be discussed here under.

2.2.1 The Constitution of the republic of South Africa, 1996

Sections 10 to 12 of the Constitution of the republic of South Africa 1996 (Act No. 108 of 1996) grant citizens the right to have their dignity respected and protected and the right to life, freedom and security. To realize these rights, the South African government is committed to reducing the supply of illegal drugs and the demand for such drugs through a wide range of measures and programmes.

2.2.2 The Prevention of and Treatment for Substance Abuse Act, 2008 (Act No. 70 of 2008)

The Prevention of and Treatment for Substance Abuse Act, 2008 (Act No. 70 of 2008) aims at the provision of a comprehensive national response for the combating of substance abuse, to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and re-integration programmes, to provide for registration and establishment of treatment centers and halfway houses, to provide for the committal of persons to and from treatment centers and for their treatment and rehabilitation and skills development in such centers and to provide for the establishment of the Central Drug Authority

2.2.3 The Drugs and Drug Trafficking Act,1992 (Act No. 140 of 1992)

The Drugs and Drug Trafficking Act,1992 (Act No. 140 of 1992) provides for the prohibition of the use or possession, or the dealing in, of drugs and of certain acts relating to the manufacture or supply of certain substances. It further provides for the obligation to report certain information to the police and for the exercise of powers of entry, search, seizure and detention in specified circumstances. It regulates the transportation of illegal drugs into South Africa and thereby limiting their accessibility to its citizens particularly the youth.

2.2.4 The Prevention and Treatment of Drug Dependency Act,1992 (Act No. 20 of 1992)

Section 6 of the Prevention and Treatment of Drug Dependency Act,1992 (Act No. 20 of 1992) calls on the Minister of Social Development to establish a programme which is aimed at: prevention of drug dependency, providing information to the community on the abuse of drugs and education of the youth in regard to the abuse of drugs. It is through education that the youth are able to make informed decisions with regard to the use of drugs and are also able to resist peer pressure.

2.2.5 The Road Traffic Amendment Act,1998 (Act No. 21 of 1998)

The Road Traffic Amendment Act,1998 (Act No.21 of 1998) makes provision for the mandatory testing of vehicle drivers for Drugs .The legally acceptable blood alcohol level has been reduced from 80mg to 50mg of alcohol per 100ml of blood. Alcohol and drugs alter both thinking and vision and they are the major contributors of accidents and deaths on our roads. The youths are known to be risk takers hence the implementation of the Road Traffic Amendment Act,1998 (Act No. 21 of 1998) will deter them from drinking and driving.

2.2.6 The Tobacco Products Control Amendment Act,1999 (Act No .12 of 1999)

The Tobacco Products Control Amendment Act,1999 (Act No .12 of 1999) provides for the control of tobacco products, the prohibition of smoking in public places ,of advertisements of tobacco products and of the sponsoring of events by tobacco industry(National Drug Master Plan 2006-2011). It is through the media (advertisements) that most of the youths find themselves experimenting with all sort of drugs. Hence proper implementation of the

Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999) will ensure that the usage of Tobacco products by the youth decreases.

2.2.7 The South African Institute for Drug Free Sport Act, 1997 (Act No. 14 of 1997)

The South African Institute for Drug Free Sport Act, 1997 (Act No. 14 of 1997) is aimed at amongst other things; the establishment of educational programmes which will increase the skills and knowledge base of all stakeholders with regard to drugs in relation to sport. The majority of youths engage themselves in various sporting codes hence proper implementation of the South African Institute for Drug Free Sport Act, 1997 (Act No. 14 of 1997) can help to prevent them from experimenting with drugs.

2.3 CAUSES OF SUBSTANCE ABUSE BY YOUTH

According to Bezuidenhout (2006:121) the following are some of the contributing factors to substance abuse by the youth, Genetics, peer group influence, availability and accessibility of drugs, curiosity, family and school environment, the media; boredom and stress, parents alcohol use.

2.3.1 Genetics as a cause of Substance abuse

While many people use drugs, only a small percentage abuse drugs, but it has been noted drug abuse often runs in families, suggesting genetics is one of the causes of drug abuse. While having parents that abuse substances puts a child at risk, it is possible for the child to grow up without drug abuse problems. It is also possible to abuse drugs without having any other drug abuser in the family. It is clear genetics alone is not the cause of substance abuse.

Substance abuse often occurs alongside other conditions like mental illness. While mental illness itself is not thought to cause substance abuse, one condition may indicate, and be complicated by, the other. One of the causes of substance abuse may be the attempt to manage the symptoms of an underlying mental illness.

The relationship between mental illness and substance abuse is quite strong, with the National Alliance on Mental Illness reporting that more than one half of all substance abusers are also dealing with a mental illness issue. For some, the substance abuse comes as they attempt to deal with the distress and pain that a mental illness can cause. For others, substance abuse triggers a series of chain reactions that can allow a mental illness

to take root and grow. There are others who have genetic propensities that might make them vulnerable to both addictions and mental illnesses, although experts caution that more studies should be done on this issue before a definitive line can be drawn. In any case, it's clear that having a mental illness seems to go hand in hand with substance abuse, and once the connection has been forged, it can be difficult to break without help (National Survey on Drug Use and Health, 2006:1).

Sometimes, the way a person thinks and the way a person reacts in a given situation can lead to substance abuse. For example, some people are impulsive, and they're given to simply acting on a stimulus instead of thinking through their options and making decisions based on future consequence and current benefits. Impulsivity like this could allow people to experiment with drugs, while people who are more cautious might never dare to do so. A study in the journal *Health Psychology* also found a link between substance use and personality factors such as poor self-control and a "difficult temperament". People like this may have few friends and an inability connect with others, and drugs might seem like an ideal way to soothe their pain. It's reasonable to say that personality traits like this could lead to substance abuse (Substance Abuse: The National's Number One Health Problem, Prepared by the Schneider Institute for Health Policy, 2001:1).

2.3.2 Peer Group Influence

The peer group constitutes a world with its own customs, traditions and sometimes language and dress. The youth want to be accepted as part of this world and therefore endeavors to slot in with a particular group by conforming to its codes of dress, speech and conduct, thus contracting a temporary dependence on the group's approval. The peer group offers the youth a bridge that enables them to gradually gain independence from the parents. In their groups youths are forced to stand on their own feet and make their own decisions (Substance use, misuse and abuse amongst youth in Limpopo Province 2013:32).

The peer group serves as a socializing agent and meets youth's needs for comradeship and friendship. It gives them the opportunity to practice their social skills, form close friendships and communicate with members of the opposite sex. Acceptance by the group and popularity are highly important to the youths because they fear loneliness. The peer group's acceptance and support of the youth's behaviors, appearance and ideas often form a stark contrast with the criticism and disapproval of parents and of society. The peer group's acceptance and support of the youth's behaviors, appearance and ideas often form a stark contrast with the criticism and disapproval of parents and of society. The peer group is to

the youths a primary agent in the development of an outlook on life and the world at large (Bezuidenhout 2006:121)

As a result of the youth's need to be accepted, the motivation to conform to the group's values, customs and facts increases. Although conforming behaviours is therefore more common in youth than during any other stage of human development, youths differ markedly from each other in the extent to which they conform. Peer group influence plays an important role in the beginning of alcohol and substance abuse. The testimonies of drug users often include phrases such as 'to be like others' and to be liked by my friend. Generally, the more that youths spend time with friend who use drugs or alcohol, the less their families influences them in a positive sense (Gouws ,Kruger and Burger ,2000:75).

Gouws , Kruger and Burger (2000:77) maintained *that* youths share a great deal of their lives with the peer group, they go to school with them, participate in sport with them, spend leisure time with them, sleep over at their homes, use them as a sounding board from their ideas, thoughts and concerns and Discuss matters with them that cannot be discussed with parents (e.g. Teachers, Clothing, and Hairstyles, the future, sex, contraception, drugs and alcohol).

2.3.3 Curiosity

Initial drug and alcohol use has been widely attributed to curiosity. Curiosity is not solely a youthful characteristic; nor does it explain why some people after drug initiation continue use or become heavy or problem users. Curiosity is the second leading cause of drug and alcohol abuse among young people (Mutwanamba,1998:22). Some adolescents want to explore adult ways of behaving, or to satisfy their curiosity about drug taking, or to take on challenge and risks. While they are curious about the outcome of such explorations, they also want to prove their social competence (Parry,1998:102).

2.3.4 The media

The media portray alcohol use in an appealing and fascinating light. Sports heroes, models and pop culture icons reinforce the idea that drinking is widely accepted by society. Even if the adolescent is being told alcohol use at this stage is inappropriate, mixed messages such as these will confuse yet intrigue him or her further (Davison,2000:272).

2.3.5 Family and School Environment

There are certain life circumstances, particularly among younger users, that are risk factors for, rather than the direct cause of, substance abuse. Parental abuse and neglect are commonly seen as part of the cause of substance abuse. An adolescent or pre-adolescent

may be trying to gain attention from an inattentive parent or escape an abusive one by using drugs. A drug user, or the presence of drugs in the home, can also be a major cause of drug abuse. Youth with close family ties are unlikely to use alcohol or substances. They are connected to their families and thus do not need to prove themselves to a peer group to obtain membership. Youths with substance – abusing parents experience a higher rate of family problems than youths whose parents do not abuse substance (Bezuidenhout (2006:125).

According to Fraser in Bezuidenhout (2006:122) poor parent child attachments lead to a lack of commitment to convention activities and this in itself is a reason why youths resort to drug taking. Furthermore Fraser maintained that youths with poor home support tend to seek support and understanding outside the home. They may then find affection, understanding and support in the lifestyle of a subgroup whose members are substance abusers.

Similarly, living in an environment in which drug use is rampant may also contribute to addiction. People may see their neighbours buying drugs on the street, and they may walk by needles and other drug paraphernalia on a regular basis. Calls from drug dealers might ring out through the night air, and the person might be approached by dealers on a regular basis. Once again, this behaviour can normalize drug use and make the person feel as though abuse is both common and harmless. Additionally, living in a crime-laden neighbourhood like this can be stressful, and some people may turn to substance abuse in order to soothe their fears and worries. Drugs seem like a way to fit in and get relief, and the allure can be hard to resist (National Survey on Drug Use and Health, 2006:6).

The world isn't always a safe place in which to live, and from time to time, people are exposed to trauma, The link between this kind of trauma during childhood and adult substance abuse is quite clear, and it's alarming, as the National Child Traumatic Stress Network reports that one in four American children experience at least one event like this prior to age 16. Proper therapy can help people to process these events so they won't be tempted to lean on drugs, but those who don't get this kind of therapy may be vulnerable to addictions down the line (National Survey on Drug Use and Health, 2006:3).

The school environment is by nature, formal and impersonal. The individual has to cope with strictly enforced rules of behavior and is constantly subjected to competition and evaluation. The youth has to prove his or her ability and worth. While some youths learn to cope in such an environment, there are others who fail to do so. In an attempt to cope with the demands placed on them, youths learn innovative behaviors, one of which may be drug

taking. The continued use of drugs to suppress inner conflict, insecurity and anxiety results in addiction (Bezuidenhout 2006:121).

2.3.6 Parent's alcohol use

Children of parents who drink will very probably also use alcohol, as is suggested by the proposal that through interaction the observer learns to attach meaning to a specific behavior, and then acts it out according to the value he or she attaches to it. Parents' behavior communicates a message to their children, and when alcohol is used by them or allowed in the house, they are informing the children that it is permissible for the adolescent child to drink alcoholic beverages (Substance use, misuse and abuse amongst youth in Limpopo Province 2013:34).

The home in which a person grows up could have a great deal of influence over substance use and abuse. A study in the Archives of General Psychiatry bears out this theory quite well, as researchers looked at drug and alcohol use in genetic twins who had been raised in different homes. It's possible that living in homes like this causes such intense stress that using substances seems like a reasonable solution, but it's also possible that growing up in a home like this normalizes substance abuse. As the child grows and sees parents abusing substances, that child learns to also abuse substances (National Survey on Drug Use and Health, 2006:2).

2.3.7 Availability and accessibility

Availability of substances within reach of youth also contributes to misuse by the youth. Substances such as glue, petrol, benzines and jeyes fluid also contributes to consumption of substances by youth because they are readily available as they can be bought over the counter in retail shops and supermarkets without restrictions. This was supported by Donald (2007) where it was reported that teenagers had a strong desire for substances because these substances are easily available in their families, communities and they afford to buy them. Thus, they were able to satisfy their desire to use these substances (Lebese, Ramakuela and Maputle, 2014:3).

Although there are laws governing the sale of alcoholic beverages, their availability on the open and black markets make them easily accessible. The availability of less expensive alcohol beverages increases the opportunity for more persons to consume alcohol. The legal age in South Africa for buying and consuming alcohol is 18, yet adolescents report having easy access to alcohol. They obtain alcohol from a number of sources, even from their parents, own cupboards, alcohol cabinets and refrigerators. The price and availability of

both alcohol and drugs are important influences on the pattern of use and misuse by young people (Mutwanamba,1998:23).

2.3.8 Boredom & Stress

If the community or the residential area lacks recreational, educational and sport facilities or does not have sufficient amenities to meet the demand from them, it is likely that the adolescent and young adults in the area will become bored. When they reach a stage of extreme boredom, they are more likely to consume alcohol or use drugs. Stress is normal part of growing up. Teens who do not have effective strategies for dealing with stress and change may perceive drugs and alcohol as a functional way of coping with such stress and frustration. When parents and others use drugs and alcohol as a means to “kick back and relax”, this behavior by adolescents is reinforced (Bezuidenhout 2006:123).

2.4 Theoretical Perspectives on the causes of substance use and abuse.

The causes of substance use are complicated and differ among individuals. There are various theories explaining the etiology of substance use disorders. These include disease or Biological theories, psychological theories, learning theories, symbolic interaction theory, and availability theory (Cicchetti: 2007 and Crain: 2004).

2.4.1 Disease or biological theories

Disease or biological theories recognize substance abuse as a disease requiring medical treatment. As disease, substance abuse has symptoms and may be acute, chronic or progressive (Canadian Centre on Substance Abuse, 2007). These theories consider biological and genetic factors that contribute to substance use. According to these theorists, an individual's genetic make up predisposes him or her to substance abuse (Berk, 2007, Carson, 2000, Parrott, 2004, Pressley and McCormick, 2007 cited in Mohasoa 2010:16).

Furthermore, people with family members who abuse drugs are more likely to follow suit and it seems substance abuse runs in families. A family history of drug abuse and dependence substantially increases the risk of such problems among members (United Nations Office on Drugs and Crime, 2008:44). Research has shown that some people, such as the children of alcoholics, have a high risk of developing problems with alcohol because of an inherent motivation to drink or sensitivity to the drug. Children who have parents who are extensive alcohol or drug abusers are vulnerable to developing substance abuse and related problems themselves (Liddle & Rowe, 2006:312).

Teenagers who drink alcohol are firstly exposed to parents who themselves drink and their peers who act as models for heavy consumption. The parents not only show inappropriate behavior such as antisocial tendencies and the rejection of their children. When such children loosen their parental ties, they tend to be strongly influenced by peers who are also heavy drinkers. However, children who are exposed to drinking by their parents, do not necessarily grow up to be problem drinkers. Having a genetic predisposition or biological vulnerability to alcohol abuse, is of course not a sufficient cause of the disorder. The person must be exposed to the substance to a sufficient degree for the addictive behaviour to appear (Mohasoa, 2010:16).

2.4.2 Psychological theories

Psychological theories consider the underlying psychological problems within an individual as causing substance abuse. Risk behaviour such as substance abuse can therefore be related to individual psychological factors such as self-esteem, locus of control, need for acceptance, anxiety levels, sensation seeking and eagerness to act like adults (Carson, 2000, Davison, 2004, Rice and Dolgin, 2007, Visser and Routledge, 2007 cited in Mohasoa 2010:18).

The above mentioned theorists believe that individuals who use substances receive some form of psychological reward from alcohol or other substance abuse. Substance use is therefore reinforcing, either by enhancing positive mood states or by diminishing negative ones. This is evident from some adolescents who reported that they used substances because they wanted to be sociable, to feel good or to relax, because they like the taste of alcohol or enjoy drinking. Thus, adolescents often use substances as a means of escaping tension, boredom and the pressures of life (Yalom.2012:139).

In addition to that ,local research has shown that the most common reasons reported for substance use include habit,to alter mood states, to improve health, to cope with personal, social or interpersonal situations or for enjoyment or taste (Mohasoa . 2010 :18).

2.4.3 Learning theories

Learning theories holds that substance abuse is a learnt behaviour (Carson,2000, Shaffer and Kipp, 2007). Social learning theories focus on the interaction between the individual and the environment in shaping patterns of substance use. According to these theories, adolescents abuse substances because they have seen their parents, peers, and other people abuse substances The experiences and lessons that adolescents learn from important figures in society have a significant impact on them. Children who are exposed to

negative role models early in their lives or experience other negative circumstances because the adults around them provide limited guidance often falter on the difficult steps they must take in life. These formative experiences can have a direct influence on whether a youngster becomes involved in maladaptive behavior such as alcohol or substance abuse (Fetting,2012:79).

Parents influence substance use through their attitudes, values, behaviour, and through the kinds of relationships they have with their children. Parents who believe that substance use is harmful, socially unacceptable or morally wrong and who convey these attitudes to their children, are less likely to have children who engage in substance use. However, parental use of alcohol, tobacco, cannabis and other illegal substances positively correlated to the illegal use of these substances by their children (Conger. 1991:220).

Another strong motive for experimenting with substances is the social pressure to be like friends or to be part of a social group, while other adolescents reported that their peers influenced them to use substance. Unconventional adolescents tend to select deviant peers who share characteristics similar to their own personality attributes. If an adolescent uses substances, he or she is more likely to associate with substance-using peers, which in turn, increases the chance of the adolescent's maintaining or increasing his or her own substance involvement (Liddle & Rowe. 2006:193).

2.4.4 Symbolic interaction theory

Theorists who subscribe to the symbolic interaction theory focus on adverts of alcohol and cigarettes as the cause for adolescents to use those substances (Davison.,2004; Parrott et al., 2004). Adolescents are brainwashed by the huge advertising industry from the early years of childhood (Rice, 1992). An increasing number of cigarette adverts is designed to appeal to teenagers. Over 90% of teenagers are aware of such adverts and most say the adverts influence their behaviour (Berk. 2007:206).

Billboards equate cigarettes with excitement, relaxation, or being in style (Davison et al., 2004; Parliamentary Portfolio Committee on Health, 1998). Furthermore, cigarette smoking is identified with masculinity, independence, nature, beauty, youth, sex appeal, sociability, wealth, and the good life (Conger,1991, Parrott ,2004, Rice,1992 cited in Mohasoa,2010:22).

The sensory, cognitive, and psychomotor components of smoking can also be pleasurable; spending money, breaking open the new packet, lighting up, and the sensorimotor manipulations of fingers and lips. Movies also play an important role, in that smoking is generally portrayed as sexy and pleasurable, rather than addictive and problematic.

Smokers are thus bombarded by positive advertising images for smoking, which is why funding for accurate health information is so important (Parrott, 2004:231).

The appeal is always to the emotions and to the desire for acceptability, popularity and sexual allure. The presenter in the advertisement's sultry voice, the society setting, the back-to-nature promises, are all rewards teenagers seek (Rice, 1992:312). Evidence from previous studies indicates that advertising does influence smoking. In a longitudinal study of non-smoking adolescents who had a favourite cigarette advert were twice as likely to subsequently begin smoking or to be willing to do so. Studies conducted in South Africa also confirm that cigarette adverts do influence adolescent to smoke. Adolescents are also bombarded with TV commercials in which beer is associated with athletic-looking males, bikini-clad women and good times. Thus, it seems adolescents use drugs because they succumb to the persuasive message targeted at them. Most adverts, especially those for beer, associate substance use with success and happiness (Mohasoa, 2010 :22).

2.4.5 Availability theory

According to the availability theory, adolescents use substances because all kinds of substances are readily available. Furthermore, availability theorists points to the fact that the degree to which alcoholic beverages are accessible to people affects the amount and pattern of alcohol use. Alcohol is present in many social settings such as cultural ceremonies and parties. There are currently almost 23 000 licensed liquor outlets with an estimated 150 000 to 200 000 unlicensed outlets yielding approximately one liquor outlet for every 190 persons in South Africa (Parry, 1998:78).

Adolescents tend to buy alcohol, tobacco, and other substances if they are available in stores. Research has shown that school-going youth find it easy to buy alcohol from bottle stores, supermarkets, bars, and shebeens. With regard to smoking, if cigarettes are perceived as being easy to get and affordable, the rate of smoking increases. In addition, chemicals for manufacturing methamphetamine are readily available, although recent laws such as the Methamphetamine Control Act of 1996, have been passed to try to cut off the supply (Davison, 2004:309).

Availability has increased because the trafficking of substances such as cocaine and heroin through South Africa has increased. This may be ascribed to factors such as the decrease in local controls following the collapse of apartheid, increased travel to South Africa as a result of more tourism and trade links, and increased economic and political migration to South Africa. Illicit substances are more dominant in peripherals of urban regions as well as in

localities where the level of poverty is high. Thus, the easy availability and low prices of substances have greatly contributed to adolescent use (Davison,2004,Parry,1998, Liddle and Rowe,2006 cited in Mohasoa, 2010 :26).

2.5 TYPES OF SUBSTANCES/DRUGS AND THEIR EFFECTS

According to the classification by the Centre for Alcohol and Drug Studies (SANCA,1996 cited in Van Heerden,2006:104-106), most drugs can be classified as depressants(downers) or stimulants(uppers) of the central nervous system, or hallucinogens and over the counter medications.

2.5.1 Depressants

The use of depressants aids relaxation and depresses the functioning of the central nervous system. Some examples are the following:

2.5.1.1 Alcohol

(juice, drop, booze) is a socially accepted drug, legally available to persons over 18 years. When alcohol is used in large volumes it removes your inhibitions, you no longer feel shy or anxious, you can relax and forget about whatever is troubling you. Alcohol also makes you feel drowsy and unable to think clearly and can impact on your social behavior, personal relationships and ability to work. Alcohol use can contribute to car accidents, the commission of crimes, high-risk sexual behavior, and family problems such as poverty and abuse. The long term effects are even more serious. Using alcohol for many years can cause liver and kidney damage as well as mental deterioration, blackouts, convulsions and severe physical dependence. Overdosing can even cause death. The economy suffers if people drink too much alcohol because alcoholics are often absent from work and not productive workers. (Van Heerden .2006 :105).

2.5.1.2 Narcotics

such as morphine (morph, miss emma), heroin (herries, hose smack) and methadone are powerful painkillers and highly addictive. They are used to create a feeling of extreme happiness and to eliminate worries. People who take heroin and morphine are characterized by small restricted pupils, injection marks, unnatural calmness, drowsiness, decreased appetite and personality changes when craving another dose. The long-term effects and dangers of these drugs are mental deterioration, impotence, sterility, weight loss, loss of interest in the outside world, convulsions, coma and death from over dosage and severe physical dependence. Withdrawal symptoms involve exaggerated pain, cramps in

muscles, severe vomiting and abdominal pains and anxiety. Specialized help is needed to assist a person through withdrawal (Jordan,2013:2).

2.5.1.3 Mandrax

A mixture of dagga and crushed mandrax is white pipe or Cremora in South Africa. Mandrax is a central nervous system depressant and small doses will help the user to relax, feel peaceful, calm and happy. It can also produce drowsiness, dizziness, restlessness, headaches, nausea, vomiting and slurred speech, faulty judgment and emotional instability. An overdose can cause convulsions and disorganization of heart rhythm. When combined with alcohol, it can become fatal as the joint effect of the two drugs may depress breathing. Mandrax produces psychological and physical dependence. Tolerance to the drug develops rapidly, meaning that the user must constantly increase the dose to repeat the sensation. Sudden withdrawal produces a number of symptoms such as headaches, stomach cramps, vomiting, depression, anxiety, insomnia and convulsions.(Van Heerden .2006:105)

2.5.1.4 Solvents

Various household items such as glue, aerosols and paint strippers intoxicate when inhaled, causing disorientation, light-headedness, drowsiness and vivid fantasies. It can result in forgetfulness, tremors, illogical thinking, feelings of persecution, irritability and hostility. Dependence can develop and even death by suffocation or choking is possible. The danger of using solvents is damage to the central nervous system, kidneys, liver and respiratory system. An additional danger is that solvents are cheap and easily obtainable (Jordan 2013:1).

2.5.2 Stimulants

Stimulants are those drugs that stimulate, activate or enhance performance:

2.5.2.1 Cocaine

(coke, snow) and amphetamines are stimulants that keep the user awake and excited with high levels of energy. They also contribute to loss of sleep and appetite and create a false sense of confidence and elation. Regular consumption can easily bring psychological dependence and symptoms like involuntary movement, unnatural excitement, loss of appetite, sleeplessness and a rapid pulse. Withdrawal symptoms can involve cramps in muscles, depression and drowsiness. Long-term dangers of cocaine use are high blood

pressure, cardiac failure, convulsions and death from over dosage. Cocaine has powerful addictive qualities (Substance use, misuse and abuse amongst the youth in Limpopo Province,2013:31).

2.5.2.2 Ecstasy

Is a 'designer drug' (drugs that are considered to be sophisticated or 'cool' and socially accepted). It is one of the most popular rave drugs to be taken during 'drug hopping'. It creates feelings of positiveness, warmth and love. The user's sensory perception improves and there is endless energy to dance all night. It is important to drink lots of water to prevent dehydration. Psychological dependency is a danger, as well as physical exhaustion and cardiac failure, In the long term, mental deterioration can take place. Another danger is that the composition of the drug is not always specified, other chemicals can be added, resulting in a much different effect (Van Heerden 2006:106).

2.5.3 Hallucinogens

Hallucinogens alter thinking and feeling patterns and create euphoria:

2.5.3.1 Cannabis or marijuana

(dope, zol, boom, joint, grass, skyf, dagga) is one of the world's most widespread drugs. When smoked it brings the user a relaxed feeling of euphoria and wellbeing as an escape from reality. There are still heavy debates for and against the use of marijuana, as well as myths relating to its curative properties. There are also debates about the degree to which physical dependency forms. It contributes to a psychological dependency of wanting to feel that way again and an inability to function optimally without it. It contributes to a distorted view of reality and at times causes severe anxiety and fear. When taken over a long period, the user will experience bloodshot eyes, sleeplessness, uncontrolled moods and impaired perception. It can cause erratic behavior and bronchial problems. Withdrawal symptoms involve sleeplessness, nausea, headaches, restlessness and aggression. The danger of long- term use include anxiety, physical damage such as bronchial irritation, lung cancer, chromosome damage and sterility (Substance use, misuse and abuse amongst the youth in Limpopo Province,2013:31).

2.5.3.2 Psychedelics

This is the most unpredictable group of drugs, including LSD (Acid, candy, smarties, strawberry fields, white lightening) and 'magic mushrooms' (mescaline). It leads to an altered state of consciousness, enhances and distorts perception and sensations and induces

hallucinations. Signs of dependence include emotional swings, paranoia, flashbacks, visions and hallucinations and disruption of thinking sometimes this can be psychologically traumatic. The danger of long term use involves losing contact with reality, accidents due to distorted perception, neurological damage, depression, paranoia and intense anxiety (Jordan,2013:1)

2.5.4 Over - the counter medication

There are large numbers of over-the-counter-medications such as painkillers, sleeping tablets, tranquilizers and appetite suppressants with substances that can lead to physical dependency when used in large doses. Codeine, found in cough mixtures, is a depressant and highly addictive if taken in large doses. When taken for none-medical reasons these drugs are just as damaging as the illegal drugs (SANCA, 1996 cited in Van Heerden 2006:106).

2.6 THE ROLE OF THE DEPARTMENT OF SOCIAL DEVELOPMENT IN THE PREVENTION OF SUBSTANCE ABUSE AMONGST YOUTH

The National Drug Master Plan (2006-2011:32) pointed out the following roles of the Department of Social Development in the prevention of substance abuse in South Africa:

- Development of a comprehensive legal and policy framework for service delivery on substance abuse,
- Development and refinement of programmes on prevention; early intervention and treatment for substance abuse,
- Facilitating capacity building and training of all stakeholders in the substance abuse field,
- Monitoring and evaluation of the implementation of policies and programmes on substance abuse, and
- Development of minimum norms and standards for service delivery in the field of substance abuse (National Drug Master Plan 2006-2011:32).

The Department of Social Development through its foot soldiers (social workers) is ever implementing its substance abuse prevention programme commonly known as “kemoja” to both in and out of school youth. Social workers visit and make presentation to youth in schools, communal gatherings (*Khoro/Tshivhidzo*), Churches and political imbizos. The main aim of this programme is to raise awareness amongst the youth on the harmful effects of substance abuse and this is done in partnership with others stakeholders.

The other programme which is being implemented by the Department of Social Development for the youth is called, Learner's Support Programme (LSP). In this programme Social Workers provide training to parents, School Governing Bodies (SGB) and Learners' representatives (peer educators) on various types of drugs and their effects for them to be able to identify any learner who may be using them and refer such to professionals for intervention (Ke Moja Integrated Strategy, 2008-2012:9).

2.7 CONCLUSION

This chapter reviewed literature related to the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. The chapter has outlined the legislative framework on substance abuse such as the Constitution of the Republic of South Africa of 1996 (Act No.108 of 1996), the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No.70 of 2008), the Drugs and Drug Trafficking Act,1992 (Act No. 140 of 1992), the Prevention and Treatment of Drug Dependency Act,1992 (Act No. 20 of 1992), *the Road Traffic Amendment Act,1998* (Act No. 21 of 1998), the Tobacco Products Control Amendment Act,1999 (Act No .12 of 1999) and the South African Institute for Drug Free Sport Act,1997 (Act No. 14 of 1997). The causes of substance abuse by youth as discovered by other researchers were, Genetics, peer pressure, boredom and stress, Parent alcohol use, availability and accessibility ,curiosity, media and family and the school environment, theoretical perspectives on the causes of substance use and abuse consulted were: disease or Biological theories, psychological theories, learning theories, symbolic interaction theory and availability theory.

The types of substances and their effects as explained by other writers included the following: depressants (downers) or stimulants (uppers) of the central nervous system, or hallucinogens and over the counter medications. The role of the Department of Social Development in substance abuse prevention include: development of legal and policy framework, development and refinement of programmes on prevention; early intervention and treatment for substance abuse, capacity building and training of all stakeholders, Monitoring and evaluation and development of minimum norms and standards for service delivery. There are policies and legislations in place for substance abuse prevention and a lot has already been researched or written about the subject.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher will presents research design and methodology that will be used when conducting the study. The other aspects to be discussed in this chapter include, study area, population of the study, sampling method and sampling size, data collection, data analysis and ethical considerations.

3.2 RESEARCH DESIGN

According to Creswell (2012:20) research design are the specific procedures involved in the research process: data collection, data analysis and report writing. Bless, Higson-Smith and Kagee (2006 :185) define research design as a set of procedures that guide the researcher in the process of verifying a particular hypothesis or explanations. The researcher will use field study as research design the reason being that it allows the research to go to field and investigate the challenges facing the Department of Social Development with regard to the management of substance abuse prevention amongst the Youths.

3.3 RESEARCH METHODOLOGY

According to Babbie and Mouton (1998:647) research methodology is a method; techniques and procedure that are employed in the process of implementing the research design or plan as well as the underlying principles and assumptions that underlie their use. Brynard and Hanekom (1997:25) defined research methodology as a strategy for research which clearly indicate the methods of data collection either within a quantitative or qualitative methodology as well as the techniques for data collection such as questionnaires and measurement. Both qualitative and quantitative research methods will be used in the study.

Schneider , Elliot , Bean land ,Wood and Haber (2004:447) defined qualitative research as a study of broadly stated questions about human experiences conducted in natural setting and using descriptive, narrative data. Qualitative methodology refers to research which produces descriptive data-generally people`s own written or spoken words, usually no numbers or counts are assigned to observations (Brynard and Hanekom:1997:29).This research method is chosen because the researcher want to interact with the research subjects/ respondents in their working environments.

Quantitative methodology refers to research which involves the assignment of categories or numeral codes to items or behaviours that represent the amount of a possessed characteristic (Schneider et al, 2004:447). Brynard and Hanekom (2006:29) concur with Schneider's definition when they say that in quantitative methodology the researcher assigns numbers to observations. By counting and measuring "things" or "objects", data is produced. The two methodologies will be employed in the study because the researcher wants the findings of the research to be more reliable.

3.4 STUDY AREA

The study will be conducted in Vhembe District which is one of the five districts in the Limpopo Province of South Africa. The district is the gateway to central Africa via Beitebrige Bordergate. It is located in the far North of the Limpopo Province bordering Zimbabwe on the North, Botswana on the west and Mozambique on the East. It is composed of four Local Municipalities, namely Makhado, Thulamela, Mutale and Musina. The most spoken languages in the district are Tshivenda and Xitsonga (Vhembe District Municipality IDP 2012/2013).

3.5 POPULATION OF THE STUDY

Population of the study is that group usually of people about whom the researcher want to draw conclusion (Babbie and Mouton 2006:100). According to Creswell (2012:142) a population is a group of individuals who have the same characteristics for example all nurses would make up the population of nurses. The population of the study are social workers, Police Officers and Nurses working in Vhembe District. Currently there are 405 social workers, 3177 Police Officers and 1660 Nurses working in Vhembe District and these will constitute the Population of the study. The total population of the study will be 5242.

3.6 SAMPLING

Brynard and Hanekom (1997:43) define, a sample as a small group or portion selected from the population for study purposes, but which is representative of the large group (population). A sample is part of the whole (population) taken to be studied, which is an accurate reflection of the whole. The manner in which the sample is drawn determines to what extent it can be generalize from the findings of the study (Dixon, Bouma and Atkinson 1987:134). In this study only social workers of all ranks (with 3 and above years work experience) who are focusing and facilitating substance abuse program, Police Officers of all ranks (with 3 and above years work experience) who are working under crime prevention unit and Nurses of all ranks (with 3 and above years work experience) who are working

under mental health unit in Vhembe District will be selected to participate because the researcher judged that they are having relevant information.

3.6.1 Sampling method

For the purposes of this study the researcher will use non-probability sampling with its subtype Purposive sampling method. It will be purposive because respondents /participants will be selected based on their knowledge and experience. The standard used in choosing participants in purposive sampling, is whether they are "information rich" (Creswell 2012:206).

3.6.2 Sampling size

The sampling size of the study will consist of 45 respondents, which are: 25 Social Workers, 10 Police Officers and 10 Nurses.

TABLE 3.1 Sampling size

Respondents	Population	Sampled
Social workers	405	25
Police Officers	3177	10
Nurses	1660	10
Total	5242	45

3.7 DATA COLLECTION

Schneider, Elliot, Bean Land, Wood and Haber (2004:442) define data as information systematically collected in the course of a study. Two data collection instrument will be employed in the study, that is, questionnaire and open-ended interview.

Questionnaire refers to forms used in a survey design that participants in a study, complete and return to the researcher. Participants Mark answers to questions and supply basic, personal, or demographic information about themselves (Creswell.2012:626).The questionnaires will be hand delivered to the respondents and the respondents in turn will be expected to complete and provide information in writing.

Interview is defined as a data collection encounter in which one person (an interviewer) ask questions of another who is a respondent (Babbie and Mouton.2001:643). According to Schneider et al (2004:444) Interview refers to a method of data collection in which a data collector questions a subject verbally. Interviews may be face-to-face or performed over the telephone and they may consist of open-ended or closed-ended questions, allows for two-way interaction between the researcher and participants including clarification or questions or response. Interviews occur when researchers ask one or more participants, general, open-ended questions and record their answer (Creswell. 2012: 622). In this study structured interview will be used. The researcher will interview the respondents individually in order to obtain in-depth information. The respondents will be interviewed in their workplaces.

3.8 DATA ANALYSIS

Data analysis is a process of placing observations in numerical form and manipulating them according to their arithmetic properties to derive meaning from them (Monette.1990: 492). Data analysis is conducted so that the researcher can detect consistent pattern within the data such as consistent co-variance of two or more variable. Data analysis process allow the researcher to generalize the finding from the sample used in the research conducted (Bless, Higson Smith and Kagee, 2006:163). In this study two data analysis methods will be used to analyse data.

Data collected through questionnaire will be analyzed by a statistical analysis. Statistical Package for Social Science (SPSS) will be used, it is powerful statistical software which manipulates large amounts of data, it helps the researcher to, summaries data, compile appropriate tables and graphs, examine relationships among variables, perform tests of statistical significance and develop fairly sophisticated models. The collected data through questionnaire will be presented in a graphical tabular form, frequencies and percentages. Information will be presented in a narrative form. Data collected through interviews will be analysed using thematic analysis method. The researcher will adopt the following steps of data analysis by Cresswell (1994:142) to critically analyse data collected through interviews:

- **Planning for recording of data**

The researcher must plan for the recording of data in a systematic manner that will facilitate analysis before data collection commences. The researcher should ensure that techniques for recording observations, interactions and interviews do not interferes with the ongoing flow of daily events.

- **Data collection and preliminary analysis**

Data analysis in a qualitative research necessitates a twofold approach. The first aspect involves data analysis at the research site during data collection. The second aspect involves data analysis away from the site, following a period of data collection. Data collection and analysis thus typically go hand in hand in order to build a coherent interpretation of the data.

- **Managing or organizing data**

This is the first step in data analysis away from the sites. The researcher organizes the data into file folders, index cards or computer files. Besides organizing files, researchers convert their files to appropriate text units e.g. a word, a sentence or an entire story, for analysis either by hand or by computer (Cresswell, 1994:143).

Getting organized for analysis begins with an inventory of what you have. The researcher should ask the following questions: Are there any glaring holes in the data that can still be filled by collecting additional data before the analysis begins? Are all the data properly labeled with a notation system that will make retrieval manageable (dates, places, interview, identifying information)? Are interview transcriptions complete? The researcher should make a backup copy of all the data.

- **Reading and writing memos**

After organization and conversion of the data, the researcher will continue analysis by getting a feeling for the whole database. Agar (1980) as quoted in Cresswell (1994:337) said: "Read the transcripts in their entirety several times. Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts". Writing memos in the margins of field notes or transcripts or under photographs helps in this initial process of exploring a database. These memos are short phrases, ideas or key concepts that occur to the reader (Cresswell, 1994:143).

- **Generating categories, themes and patterns**

Category formation represents the heart of qualitative data analysis. The researcher should classify information into categories in order to reduce it to a small manageable set of themes to write into the final narrative.

- **Coding the data**

Coding data is the formal representation of analytic thinking. Coding is a process whereby data are broken down into their component parts and those parts are then given labels. The analyst then searches for recurrences of these sequences of coded text within and across cases and also for links between different codes. Codes may take several forms: Abbreviations of key words, coloured dots or numbers depending on the choice of the researcher.

- **Testing emergent understanding**

As categories and themes are developed and coding is well underway, the researcher begins the process of evaluating the plausibility of his developing understandings and exploring them through the data. This phase involves evaluating the data for their usefulness and centrality

- **Searching for alternative explanations**

As the researcher discovers categories and patterns in the data, he should critically challenge the very patterns that seem so apparent. The researcher should search for other explanations for these data and the linkages among them. Alternative explanations always exist, the researcher must search for, identify and describe them and then demonstrate why the explanation offered is the most plausible of all (Marshall and Rossman, 1999:157).

- **Writing the report**

This is the final phase of data analysis wherein the researcher presents the data through packaging of what was found in text, tabular or figure form. According to Marshall and Rossman (1999:157) writing about qualitative data cannot be separated from the analytic process. It is central to that process, for in the choice of particular words to summarize and reflect the complexity of the data, the researcher is engaging in the interpretive act, lending shape and form meaning to massive amounts of raw data. The research report remains the primary mode for reporting the results of research.

3.9 ETHICAL CONSIDERATIONS

The researcher will respect the rights, needs, values and desires of the respondent, for the purpose of the study the researcher will consider the following ethics.

3.9.1 Informed Consent

Informed consent refers to the fact that participants have a right to know what the research is about, how it will affect them, the risks and benefit of participation, and the fact that they have the right to decline to participate if they choose to do so (Bless, Higson Smith and Kagee, 2006:142). Usually a researcher will take some time to explain to participants what the study entails and what is required of them in terms of participation.

3.9.2 Voluntary participation

Voluntary consent refers to the researcher's responsibility to ensure that the subject who are asked to participate in the study are not unduly influenced or forced to participate or made to feel obliged to do so (Babbie,2008:67). They must feel confident that refusal to participate will not prejudice them in way.

3.9.3 Anonymity

Anonymity refers to the act of keeping individuals nameless in relation to their participation in the research (Bless, Smith and Kagee, 2006:143). Information related to participants or to the fact that certain individuals have participated in a study should not be available to anyone beyond the immediate research team.

3.9.4 Confidentiality

Confidentiality refers to the researcher's responsibility to protect all data gathers within the scope of the research and to protect it from being divulge or made available to any other person(Babbie 2008: 70). It should be kept closed and only people involved in the research should have access to it, unless the researcher has been given explicit permission to make it known.

3.9.5 Discontinuance of participants

According to Bless et al (2006:143), discontinuance refers to the social ethics where the participants are given every assurance that they are free to discontinue their participation at any time without being required to offer explanations

3.10 CONCLUSION

In this chapter, the researcher presented the research design and methodology that has been used when conducting the study. The other aspects discussed were: study area, population of the study, sampling method and sampling size, data collection, data analysis and ethical considerations.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter presented research design and the subsequent methodologies that the researcher intends following and which indicate the structure and the procedures that were followed to answer the researcher's study questions. It has been revealed that the study was conducted in mixed methodologies and in this chapter, data is presented, analyzed and interpreted. The following sections focuses on reporting the empirical investigation by providing answers to the perceptions and understanding of the challenges faced by the department of social development with regard to prevention of substance abuse amongst youth in Vhembe District Municipality.

4.2 ANALYSIS OF DATA COLLECTED THROUGH QUESTIONNAIRE

In this section the researcher analyzed the responses collected by the questionnaires and data will be presented in a graphical tabular form and are followed by a brief synthesis of the findings for the item.

4.2.1 Section A: Demographic Information of Respondents

In this section, the researcher presents the demographic information of the respondents who took part in this study. The information are presented in graphical tabular forms and followed by a synthesis of the findings and the detailed findings are discussed in chapter 5.

Table 4.1 Gender of respondents

	Response	Frequencies	Percentage
1	Male	15	37.5%
2	Female	25	62.5%
	TOTAL	40	100%

Table 4.1 presents the biographical details of the respondents in terms of gender. A total of 40 respondents took part in the study, and out of the 40 respondents, 25 (62.5%) were females, whereas 15 (37.5%) were males. From the above information, it can be concluded

that majority of respondents were females. All targeted 40 respondents managed to return the questionnaires, and all the questionnaires were analysed.

Table 4.2 Position of respondents

	Response	Frequencies	Percentage
1	Social Workers	20	50.0%
2	Police Officers	10	25.0%
3	Nurses	10	25.0%
	TOTAL	40	100%

Table 4.3 indicate that majority of the respondents at 20 (50.0%) who took part in this study were social workers. Ten, 10 (25.0%) of the respondents were police officers, and another ten, 10 (25.0%) were nurses. It can therefore be concluded that majority of the respondents who took part in the study were the social workers.

Table 4.3 Attached Unit/Programme of respondents

	Response	Frequencies	Percentage
1	Substance Abuse	20	50.0%
2	Crime Prevention	10	25.0%
3	Mental Health	10	25.0%
	TOTAL	40	100%

With regard to unit or programme attached to respondents, the above table indicate that majority of the respondents at 20 (50.0%) who took part in this study were attached to substance abuse. Ten, 10 (25.0%) of the respondents were attached to crime prevention unit, while the other 10 (25.0%) were attached to mental health unit. It can therefore be concluded that majority of the respondents who took part in the study were attached to substance abuse programme.

Table 4.4 Working Experience of Respondents

	Response	Frequencies	Percentage
1	Less than 3 years	05	12.5%
2	4 to 5 years	07	17.5%
3	6 to 10 years	16	40.0%
4	11 years and above	12	30.0%
	TOTAL	40	100%

Majority of the respondents at 16 (40.0%) who took part in this study were having 6 to 10 years working experience. Twelve, 12 (30.0%) of the respondents were having 11 years and above of working experience, and 07 (17.5%) were having 4 to 5 years working experience. Few respondent at 05 (12.5%) were having less than 3 years working experience. It can therefore be concluded that in this study, majority of the respondents were having 6 to 10 years working experience.

4.2.2 Section B: Challenges of substance abuse by youth

In this sub-section, data is analyzed using graphical statistics which is further divided into four themes which arose from the survey questionnaire. The four themes are; challenges facing the Department of Social development with regard to prevention of substance abuse amongst youth; causes of substance abuse by youth; types of substances commonly abused by youth; and the mechanisms that can be employed to minimize the abuse of substances by the youth.

4.2.2.1 Challenges facing the Department of Social development with regard to prevention of substance abuse amongst youth

This sub-section presents data regarding the challenges facing the Department of Social development with regard to prevention of substance abuse amongst youth. The data is presented in the form of tables followed by brief interpretation.

Table 4.5 There is regular training of staff on substance abuse

	Response	Frequencies	Percentage
1	Strongly agree	03	7.5%
2	Agree	13	32.5%
3	Not sure	05	12.5%
4	Disagree	15	37.5%
5	Strongly disagree	04	10.0%
	TOTAL	40	100%

Table 4.5 indicates that 04 (10.0%) of the respondents strongly disagreed with the idea that there is regular training of staff on substance abuse and 15 (37.5%) of the respondents disagreed with the statement. On the other hand, 03 (7.5%) strongly agreed and there was 13 (32.5%) respondents who agreed that there is regular training of staff on substance abuse. Five, 05 (12.5%) respondents were not sure whether there is regularly training of staff on substance abuse or not. The statistics above shows that almost close to a half of the respondents 19 (47.5%) disagreed that there is regular training of staff on substance abuse.

Table 4.6 The National Sphere of government recognizes the implementer's inputs when developing substance abuse policies

	Response	Frequencies	Percentage
1	Strongly agree	03	7.5%
2	Agree	08	20.0%
3	Not Sure	12	30.0%
4	Disagree	15	37.5%
5	Strongly disagree	02	5.0%
	TOTAL	40	100%

With regard to the statement that the National Sphere of government recognizes the implementer's inputs when developing substance abuse policies, 15 (37.5%) of the respondents disagreed, while 08 (20.0%) agreed with the statement. Twelve, 12 (30.0%) of the respondents were not sure whether the National Sphere of government recognizes the implementer's inputs when developing substance abuse policies or not. Three, 03 (7.5%) of the respondents strongly agreed with the idea that the National Sphere of government recognizes the implementer's inputs when developing substance abuse policies, while two, 02 (5.0%) strongly disagreed with the statement. From the above statistics, a conclusion can be drawn that majority of the respondents 17 (42.5) who took part in the study disagreed that the National Sphere of government recognizes the implementer's inputs when developing substance abuse policies.

Table 4.7 There is enough resources for substance abuse prevention Programmes

	Response	Frequencies	Percentage
1	Strongly agree	01	2.5%
2	Agree	05	12.5%
3	Not Sure	06	15.0%
4	Disagree	20	50.0%
5	Strongly disagree	08	20.0%
	TOTAL	40	100%

Table 4.7 indicate that half of respondents at 20 (50.0%) disagreed that there is enough resources for substance abuse prevention programmes, while 05 (12.5%) agreed with statement. Eight, 08 (20.0%) of the respondents strongly disagreed with the idea that there is enough resources for substance abuse prevention programmes, while only 01 (2.5%) strongly agreed with statement. Six, 06 (15.0%) of the respondents were not sure whether there is enough resources for substance abuse prevention programmes or not. From the above statistics, a conclusion can be drawn that majority of the respondents at 28 (70.0%) disagreed with the statement that there is enough resources for substance abuse prevention programmes.

Table 4.8 Good coordination amongst role players in the prevention of substance abuse is crucial

	Response	Frequencies	Percentage
1	Strongly agree	13	32.5%
2	Agree	21	52.5%
3	Not Sure	03	7.5%
4	Disagree	03	7.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Majority of respondents at 21 (52.5%) agreed with the idea that good coordination amongst role players in the prevention of substance abuse is crucial, while only 03 (7.5%) of the respondents disagreed with the statement. Thirteen, 13 (32.5%) of the respondents strongly agreed that good coordination amongst role players in the prevention of substance abuse is crucial, while there was no respondent who strongly disagreed with the idea. Three, 03 (7.5%) of the respondents were not sure whether good coordination amongst role players in the prevention of substance abuse is crucial or not. The above information revealed that good coordination amongst role players in the prevention of substance abuse is crucial as 34 (85%) of the respondents agreed with the idea that good coordination amongst role players in the prevention of substance abuse is crucial.

Table 4.9 Staff who are doing generic work are able to implement the substance abuse programme

	Response	Frequencies	Percentage
1	Strongly agree	06	15.0%
2	Agree	17	42.5%
3	Not Sure	09	22.5%
4	Disagree	07	17.5%
5	Strongly disagree	01	2.5%
	TOTAL	40	100%

Majority of respondents at 17 (42.5%) agreed with the idea that Staff who are doing generic work are able to implement the substance abuse programme, while only 06 (15.0%) of the respondents strongly agreed with the statement. Seven, 07 (17.5%) of the respondents disagreed that Staff who are doing generic work are able to implement the substance abuse programme, while only one, 01 (2.5%) of respondents strongly disagreed with the idea. Nine, 09 (22.5%) of the respondents were not sure whether Staff who are doing generic work are able to implement the substance abuse programme or not. The above information revealed that Staff who are doing generic work are able to implement the substance abuse programme this was confirmed by more than a half of respondents 23 (57.5%) who agreed with the statement that Staff who are doing generic work are able to implement the substance abuse programme.

4.2.2.2 Causes of substance abuse by youth

This portion presents the causes of substance abuse by youth. The information in this section are presented in graphical and tabular forms and followed by a discussion of the findings.

Table 4.10 Youth without parents are vulnerable to substance abuse

	Response	Frequencies	Percentage
1	Strongly agree	16	40.0%
2	Agree	17	42.5%
3	Not Sure	02	5.0%
4	Disagree	03	7.5%
5	Strongly disagree	02	5.0%
	TOTAL	40	100%

Table 4.10 indicate that 17 (42.5%) of respondents agreed that youth without parents are vulnerable to substance abuse, while 16 (40.0%) strongly agreed with the statement. Three, 03 (7.5%) of the respondents disagreed with the idea that youth without parents are vulnerable to substance abuse, while only 02 (5.0%) strongly disagreed with the statement. Two, 02 (5.0%) of the respondents were not sure whether youth without parents are vulnerable to substance abuse or not. From the above statistics, a conclusion can be drawn that majority of the respondents at 33 (82.5%) agreed with the statement that youth without parents are vulnerable to substance abuse.

Table 4.11 Living with substance abusing parents is a negative role model to the youth

	Response	Frequencies	Percentage
1	Strongly agree	22	55.0%
2	Agree	15	37.5%
3	Not Sure	0	0.0%
4	Disagree	03	7.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

With regard to the statement that living with substance abusing parents is a negative role model to the youth, 22 (55.0%) of the respondents strongly agreed, while 15 (37.5%) agreed with the statement. Three, 03 (7.5%) of the respondents disagreed with the idea that living with substance abusing parents is a negative role model to the youth, while there was no one who was either not sure or strongly disagreed with the statement. From the above statistics, a conclusion can be drawn that majority of the respondents 37 (92.5%) who took part in the study agreed that living with substance abusing parents is a negative role model to the youth.

Table 4.12 Availability of drugs and alcohol makes it difficult for youth to resist them

	Response	Frequencies	Percentage
1	Strongly agree	18	45.0%
2	Agree	18	45.0%
3	Not Sure	02	5.0%
4	Disagree	02	5.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Majority of respondents at 18 (45.0%) strongly agreed and eighteen 18(45.0%) of respondents agreed with the idea that availability of drugs and alcohol makes it difficult for youth to resist them, while only 02 (5.0%) of the respondents disagreed with the statement and there was no one who strongly disagreed. Two, 02 (5.0%) of the respondents were not sure whether availability of drugs and alcohol makes it difficult for youth to resist them or not. The above information revealed that availability of drugs and alcohol makes it difficult for youth to resist them.

Table 4.13 Most of the youth are engaged in substance abuse activities due to boredom

	Response	Frequencies	Percentage
1	Strongly agree	07	17.5%
2	Agree	27	67.5%
3	Not Sure	02	5.0%
4	Disagree	03	7.5%
5	Strongly disagree	01	2.5%
	TOTAL	40	100%

Twenty seven, 27 (67.5%) of the respondents agreed with the idea that most of the youth engaged in substance abuse activities due to boredom and 07 (17.5%) of the respondents strongly agreed with the statement. On the other hand, 03 (7.5%) respondents disagreed and only 01 (2.5%) respondent strongly disagreed that most of the youth are engaged in substance abuse activities due to boredom. Two, 02 (5.0%) respondents were not sure whether Most of the youth engaged in substance abuse activities due to boredom or not. The above information revealed that the majority of respondents 34 (85%) agreed with the idea that most of the youth are engaged in substance abuse activities due to boredom.

Table 4.14 Most of youth abuse substances due to influence by their peers

	Response	Frequencies	Percentage
1	Strongly agree	26	64.0%
2	Agree	13	32.5%
3	Not Sure	0	0.0%
4	Disagree	01	2.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Table 4.14 indicate that majority of respondents at 26 (64.0%) strongly agreed that most of youth abuse substances due to influence by their peers, while 13 (32.5%) agreed with the statement. One, 01 (2.5%) of the respondents disagreed with the idea that most of youth abuse substances due to influence by their peers and there was no one who either strongly disagreed or was not sure with the statement. From the above statistics, a conclusion can be drawn that majority of the respondents at 39 (96.5%) agreed with the statement that most of youth abuse substances due to influence by their peers.

4.2.2.3 Types of substances commonly abused by youth

This portion presents the types of substances commonly abused by youth. The information in this section are presented in graphical and tabular forms and followed by a discussion of the findings.

Table 4.15 Alcohol is socially and culturally accepted and is not restricted to youth

	Response	Frequencies	Percentage
1	Strongly agree	06	15.0%
2	Agree	20	50.0%
3	Not Sure	02	5.0%
4	Disagree	09	22.5%
5	Strongly disagree	03	7.5%
	TOTAL	40	100%

Table 4.15 indicate that half of respondents 20 (50.0%) agreed that alcohol is socially and culturally accepted and is not restricted to youth, while six 6 (15.0%) of respondents strongly agreed with the statement. On the other hand 09 (22.5%) of the respondents disagreed that alcohol is socially and culturally accepted and is not restricted to youth, while 03 (7.5%) of respondents strongly disagreed with the statement and only 02 (5.0%) of respondents were not sure whether alcohol is socially and culturally accepted and is not restricted to youth or not .The above information revealed that alcohol is socially and culturally accepted and is not restricted to youth this was confirmed by majority of respondents 26 (65.0%) who agreed with the statement that alcohol is socially and culturally accepted and is not restricted to youth .

Table 4.16 Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth

	Response	Frequencies	Percentage
1	Strongly agree	27	62.5%
2	Agree	10	25.0%
3	Not Sure	03	7.5%
4	Disagree	0	0.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Twenty seven, 27 (62.5%) of the respondents strongly agreed with the idea that Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth and 10 (25.0%) of the respondents agreed with the statement. On the other hand, 03 (7.5%) respondents were not sure whether Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth or not and there was no one who disagreed or strongly disagreed with the statement. The above information revealed that the majority of respondents agreed with the idea that marijuana/Dagga is the leading cause of psychiatric disorder amongst youth this was confirmed by majority of respondents 37(87.5%) who agreed with the statement that marijuana/Dagga is the leading cause of psychiatric disorder amongst youth.

	Response	Frequencies	Percentage
1	Strongly agree	27	62.5%
2	Agree	10	25.0%
3	Not Sure	03	7.5%
4	Disagree	0	0.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Table 4.17 Glue is easily accessible and affordable to the youth

	Response	Frequencies	Percentage
1	Strongly agree	20	50.0%
2	Agree	17	42.5%
3	Not Sure	02	5.0%
4	Disagree	01	2.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

With regard to the statement that glue is easily accessible and affordable to the youth, majority of the respondents at 20 (50.0%) strongly agreed, while 17 (42.5%) agreed with the statement. One, 01 (2.5%) of the respondents disagreed with the idea that glue is easily accessible and affordable to the youth, while there was no one who strongly disagreed with the statement. Only two 02 (5.0%) of the respondents were no sure whether glue is easily accessible and affordable to the youth or not. From the above statistics, a conclusion can be drawn that majority of the respondents 37 (92.5%) who took part in the study agreed that glue is easily accessible and affordable to the youth.

Table 4.18 Of all over-the counter medications, painkillers are the most preferred drug by youth

	Response	Frequencies	Percentage
1	Strongly agree	12	30.0%
2	Agree	08	20.0%
3	Not Sure	17	42.5%
4	Disagree	03	7.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Seventeen, 17 (42.5%) of the respondents were not sure whether of all over-the-counter medications, painkillers are the most preferred drug by youth or not, while 12 (30.0%) respondents strongly agreed with the statement and 08 (20.0%) respondents agreed with the statement. Three 03 (7.5%) respondents disagreed with the statement that Of all over-the-counter medications, painkillers are the most preferred drug by youth and there was no one who strongly disagreed with the statement. The above information revealed that half of the respondents 20 (50.0%) agreed with the idea that of all over-the-counter medications, painkillers are the most preferred drug by youth.

Table 4.19 Cases of youth arrested or found in possession of cocaine are beginning to be common in our communities

	Response	Frequencies	Percentage
1	Strongly agree	05	12.5%
2	Agree	17	42.5%
3	Not Sure	17	42.5%
4	Disagree	01	2.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Table 4.19 demonstrates that, 17 (62.5%) of the respondents agreed with the idea that cases of youth arrested or found in possession of cocaine are beginning to be common in our communities and 05 (12.5%) of the respondents strongly agreed with the statement. On the other hand, 17 (42.5%) respondents were not sure whether cases of youth arrested or found in possession of cocaine are beginning to be common in our communities or not and only 01 (2.5%) of respondents disagreed with the statement, while there was no one who strongly disagreed with the statement. The above information revealed that majority of respondents 22 (75%) agreed with the idea that cases of youth arrested or found in possession of cocaine are beginning to be common in our communities.

4.2.2.4 Mechanisms that can be employed to minimize the abuse of substances by the youth

This section provides a description of the mechanisms that can be employed to minimize the abuse of substances by the youth, and the information in this section are presented in graphical and tabular forms and followed by discussions.

Table 4.20 There are policies in place for the prevention of substance abuse

	Response	Frequencies	Percentage
1	Strongly agree	08	20.0%
2	Agree	19	47.5%
3	Not Sure	12	30.5%
4	Disagree	01	2.5%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Majority of respondents at 19 (47.5%) agreed that there are policies in place for the prevention of substance abuse, while eight 8 (20.0%) of respondents strongly agreed with the statement. On the other hand 01 (2.5%) of the respondents disagreed that there are policies in place for the prevention of substance abuse, while there was no respondents who strongly disagreed with the statement and 12 (30.5%) of respondents were not sure whether there are policies in place for the prevention of substance abuse or not. The above information revealed that the majority of respondents 27 (67.5%) agreed with the idea that there are policies in place for the prevention of substance abuse.

Table 4.21 An impact evaluation of substance abuse programme are conducted

	Response	Frequencies	Percentage
1	Strongly agree	17	42.5%
2	Agree	19	47.5%
3	Not Sure	04	10.0%
4	Disagree	0	0.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

With regard to the statement that an impact evaluation of substance abuse programme are conducted, 19 (47.5%) of the respondents agreed, while 17 (42.5%) strongly agreed with the statement. Four, 04 (10.0%) of the respondents were no sure whether an impact evaluation of substance abuse programme are conducted or not and there was no respondents who either disagreed or strongly disagreed with the idea that an impact evaluation of substance abuse programme are conducted. From the above statistics, a conclusion can be drawn that majority of the respondents 38 (90%) who took part in the study agreed that an impact evaluation of substance abuse programme are conducted.

Table 4.22 There are various programmes developed for substance abuse prevention

	Response	Frequencies	Percentage
1	Strongly agree	12	30.0%
2	Agree	15	37.5%
3	Not Sure	13	32.5%
4	Disagree	0	0.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Table 4.22 indicate that 15 (37.5%) of respondents agreed that there are various programmes developed for substance abuse prevention, while twelve, 12 (30.0%) of respondents strongly agreed with the statement. Thirteen, 13 (2.5%) of the respondents were not sure whether there are various programmes developed for substance abuse prevention or not and there was no respondents who either disagreed or strongly disagreed with the statement. The above information revealed that the majority of respondents 27 (67.5%) agreed with the idea that there are various programmes developed for substance abuse prevention.

Table 4.23 Enough financial resources should be availed for substance abuse prevention

	Response	Frequencies	Percentage
1	Strongly agree	25	62.5%
2	Agree	11	27.5%
3	Not Sure	02	5.0%
4	Disagree	02	5.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Table 4.23 demonstrates that 25 (62.5%) of the respondents strongly agreed with the idea that enough financial resources should be availed for substance abuse prevention and 11 (27.5%) of the respondents agreed with the statement. On the other hand, 02 (5.0%) respondents were not sure whether enough financial resources should be availed for substance abuse prevention or not and only 02 (5.0%) of respondents disagreed with the statement, while there was no one who strongly disagreed with the statement. The above information revealed that the majority of respondents 36 (90%) agreed with the idea that enough financial resources should be availed for substance abuse prevention.

Table 4.24 Recreational facilities need to be established in all residential areas

	Response	Frequencies	Percentage
1	Strongly agree	29	72.5%
2	Agree	11	27.5%
3	Not Sure	0	0.0%
4	Disagree	0	0.0%
5	Strongly disagree	0	0.0%
	TOTAL	40	100%

Majority of respondents at 29 (72.5%) strongly agreed that recreational facilities need to be established in all residential areas, while eleven 11 (27.5%) of respondents agreed with the statement. There were no respondents who either disagreed or strongly disagreed or not sure with the statement that recreational facilities need to be established in all residential areas. The above information revealed that hundred percent (100%) of respondents agreed with the idea that recreational facilities need to be established in all residential areas.

4.3 ANALYSIS OF DATA COLLECTED THROUGH INTERVIEW

This is an analysis of data collected through interview from five respondents. The data will be presented, analyzed and interpreted in a narrative form and the detailed findings are discussed in chapter 5.

4.3.1 Question 1: What are the challenges facing the Department of Social

Development in the prevention of substance abuse amongst youth?

Participant A:

In response to the question of challenges facing the Department of Social Development in the prevention of substance abuse amongst youth, Participant A indicated shortage of resources particularly finance.

Participant B:

With regard to the challenges facing the Department of Social Development in the prevention of substance abuse amongst youth, Participant B mentioned shortage of resources (transport and promotional materials), lack of staff training and lack of recreational facilities.

Participant C:

Responding to the question of challenges facing the Department of Social Development in the prevention of substance abuse amongst youth, Participant C indicated shortage of resources (finance, transport and stationary) and high rate of youth unemployment.

Participant D:

In as far as the question of challenges facing the Department of Social Development in the prevention of substance abuse amongst youth is concern, Participant D mentioned high unemployment of youth and lack of resources (transport and promotional materials).

Participant E:

In response to the question of challenges facing the Department of Social Development in the prevention of substance abuse amongst youth, Participant E indicated shortage of resources (transport and promotional materials) and non-existence of impact evaluation.

From all the responses of the five participants that were interviewed they seem to be pointing to the fact that, lack or shortage of resources (finance, stationary, transport and promotional materials) is the leading challenge facing the Department of Social Development in the prevention of substance abuse amongst youth.

4.3.2 Question 2: What are the causes of substance abuse by the youth?

Participant A:

On the question of the causes of substance abuse by the youth, Participant A mentioned the following; peer pressure, poverty, unemployment, social problems, and lack of guidance or positive role models and media advertisement.

Participant B:

With regard to the question of the causes of substance abuse by the youth, Participant B indicated the following: peer pressure, social problems, experimentation, exploration and media advertisement.

Participant C:

In response to the question of the causes of substance abuse by the youth, Participant C said the following: peer pressure, poverty, unemployment, social problems and boredom.

Participant D:

On the question of the causes of substance abuse by the youth, Participant D mentioned the following: peer pressure, poverty, unemployment, low self-esteem, poor school performance, poor relationship with parents and being pessimistic about the future.

Participant E:

With regard to the question of the causes of substance abuse by the youth, Participant E only indicated two issues that is, peer pressure and experimentation.

Based on the above responses it can be concluded that peer pressure is the leading cause of substance abuse by the youth followed by poverty, unemployment, social problems and boredom, experimentation, exploration and media advertisement, low self-esteem, poor school performance, poor relationship with parents and being pessimistic about the future.

4.3.3 Question 3: What are the types of substances that are commonly abused by youth?

Participant A:

On the question of the types of substances that are commonly abused by the youth, Participant A indicated the following: Dagga, Alcohol, Glue and Cigarette.

Participant B:

With regard to the types of substances that are commonly abused by the youth, Participant B mentioned the following: Dagga, Alcohol, Glue, Cigarette and prescribed medication (drugs).

Participant C:

In response to the question of the types of substances that are commonly abused by the youth, Participant C said the following: Dagga, Alcohol, Glue and Nyaope.

Participant D:

On the types of substances that are commonly abused by the youth, Participant D mentioned the following: Dagga, Alcohol, Glue and Cigarette.

Participant E:

Responding to the question of the types of substances that are commonly abused by the youth, Participant E indicated the following: Dagga, Alcohol and Cigarette.

From the above presented data conclusion can be drawn that Dagga, Alcohol and Cigarette are the commonly abused substances by the youth followed by Glue, Nyaope and prescribed medication (drugs).

4.3.4 Question 4: What are the mechanisms that can be employed to minimize the abuse of substances by the youth?

Participant A:

On the question of mechanisms that can be employed to minimize the abuse of substances by the youth, Participant A indicated awareness campaigns by all stakeholders in the field of substance abuse, establishment of recreational facilities and provision of life skills program.

Participant B:

With regard to mechanisms that can be employed to minimize the abuse of substances by the youth, Participant B mentioned the following: establishment of recreational facilities, training of more staff to conduct campaigns, provision of life skills programme, restrictive laws on the advertisement of drugs and alcohol and restriction on the issuing of liquor outlet licenses.

Participant C:

In response to the question of mechanisms that can be employed to minimize the abuse of substances by the youth, Participant C indicated the following: strengthening awareness campaigns, creation of employment and establishment of recreational facilities.

Participant D:

Responding to the question of mechanisms that can be employed to minimize the abuse of substances by the youth, Participant D said the following: ensuring that awareness campaigns reach all the youth, involvement of youth on various sporting codes, licensing of liquor outlet to be stricter and engagement of youth to lead in substance abuse awareness campaigns.

Participant E:

Responding to the question of mechanisms that can be employed to minimize the abuse of substances by the youth, Participant E indicated the following: sports and recreational facilities, healthy lifestyle promotions and more awareness campaigns.

Based on the above presentation it can be concluded that strengthening awareness campaigns and establishment of recreational facilities are the two mechanisms that can be employed to minimize the abuse of substances by the youth.

4.4 CONCLUSION

In this chapter, data collected through both questionnaires and interviews were presented, analysed and interpreted. Data collected through questionnaires were presented in a graphical tabular form and those collected through interviews were presented in narrative form.

CHAPTER 5

FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The main aim of the study was to investigate challenges faced by the Department of Social Development with regard to prevention of substance abuse amongst youth. The study employed both qualitative and quantitative research designs. A quantitative questionnaire and an interview schedule were used to gather data. The collected data was then analysed and interpreted. This chapter will present the findings of the study, conclusion and recommendations.

5.2 MAJOR FINDINGS OF THE STUDY

The major findings of the study will arise from the research objectives of the study which were: to determine the challenges facing the department of social development in the prevention of substance abuse amongst youth, to determine the causes of substance abuse by the youth, to identify the types of substances that is commonly abused by the youth and to explore mechanisms that can be employed to minimise the use of substance by youth.

5.2.1 Major findings on the challenges faced the Department of Social development with regard to prevention of substance abuse amongst youth

The first objective of the study sought to determine the challenges faced by the Department of Social Development in the prevention of substance abuse amongst youth and the study found out that, there is no regular training of staff on substance abuse, almost 19 (47.5%) respondents disagreed with the statement that there is regular training of staff on substance. The researcher found out that the National sphere of Government does not recognize implementer's inputs when developing policies on substance abuse as the majority of the respondents 17 (42.5) who took part in the study disagreed with the statement that the National Sphere of government recognizes the implementer's inputs when developing substance abuse policies. The study also found out that there is no enough resources for substance abuse prevention programme as the majority of respondents of the study 28 (70.0%) disagreed with the statement that there is enough resources for substance abuse prevention programmes. The study also revealed that there is a need for good coordination amongst role players in substance abuse prevention this was supported by majority of respondents at 34 (85%) who agreed with the statement that good coordination amongst

role players in the prevention of substance abuse is crucial. Furthermore the study also found out that doing generic work does not hinder staff members from implementing substance abuse programme as majority of respondents at 23 (57.5%) agreed with the statement that Staff who are doing generic work are able to implement the substance abuse programme.

The researcher also found out that, lack or shortage of resources (finance, stationary, transport and promotional materials) is the leading challenge facing the Department of Social Development in the prevention of substance abuse amongst youth.

5.2.2 Major findings on the causes of substance abuse by youth

The second objective of the study sought to determine the causes of substance abuse by the youth and the study found out that, Youth without parents are vulnerable to substance and this was confirmed by majority of the respondents at 33 (82.5%) who agreed with the statement that youth without parents are vulnerable to substance abuse. The study revealed that, Parents who abuse substance is a negative role model to the youth as majority of the respondents 37 (92.5%) who took part in the study agreed that living with substance abusing parents is a negative role model to the youth. The researcher also found out that availability of drugs and alcohol makes it difficult for youth to resist them 36 (90%) of respondents of the study agreed with the idea that availability of drugs and alcohol makes it difficult for youth to resist them. Boredom is one of the contributory factors to youth substance abuse and this was confirmed by majority of respondents 34 (85%) who agreed with the statement that most of the youth engaged in substance abuse activities due to boredom. Most of youth abuse substances due to influence by their peers, the majority of the respondents of the study at 39 (96.5%) agreed with the statement that most of youth abuse substances due to influence by their peers.

Furthermore the study also revealed that peer pressure is the leading cause of substance abuse by the youth.

5.2.3 Major findings on the types of substances commonly abused by youth

The third objective of the study sought to identify the types of substances that are commonly abused by the youth and the study found out that, Alcohol is socially and culturally accepted and is not restricted to youth this was confirmed by majority of respondents of the study at 26 (65%) who agreed that alcohol is socially and culturally accepted and is not restricted to youth. The researcher found out that, Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth as majority of the respondents 37 (87.5%) of the study agreed with

the idea that Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth. The study also revealed that, Glue is easily accessible and affordable to the youth this was confirmed by majority of the respondents 37 (92.5%) who took part in the study who agreed to the statement that glue is indeed easily accessible and affordable to the youth. It also came out of the study that, of all over-the counter medications, painkillers are the most preferred drug by youth, half of the respondents of the study 20 (50%) agreed with the idea that of all over-the counter medications, painkillers are the most preferred drug by youth. It was discovered by the that, cases of youth arrested or found in possession of cocaine are beginning to be common in our communities majority of respondents of the study 22 (75%) agreed with the idea that cases of youth arrested or found in possession of cocaine are beginning to be common in our communities.

Furthermore it was revealed during the study that, Dagga, Alcohol and Cigar rete are the most commonly abused substances by the youth.

5.2.4 Major findings on the mechanisms that can be employed to minimize the abuse of substances by the youth

The fourth objective of the study sought to explore mechanisms that can be employed to minimize the use of substance by youth and the study found out that, there are policies in place for the prevention of substance abuse this was confirmed by majority of respondents 27 (67.5%) who agreed with the idea that there are policies in place for the prevention of substance abuse. The study revealed that an impact evaluation of substance abuse programme are conducted majority of the respondents 38 (90%) who took part in the study agreed that an impact evaluation of substance abuse programme are conducted. The study discovered that there are various programmes developed for substance abuse prevention 27 (67.5%) of respondents of the study agreed with the idea that there are various programmes developed for substance abuse prevention. The research also found out that, enough financial resources should be availed for substance abuse prevention 36 (90%) of respondents of the study agreed with the idea that enough financial resources should be availed for substance abuse prevention. It also came out of the study that recreational facilities need to be established in all residential areas 40 (100%) of respondents of the study agreed with the idea that recreational facilities need to be established in all residential areas.

Furthermore it was revealed by the study that, strengthening of awareness campaigns and establishment of recreational facilities in all residential areas are the mechanisms that can be employed to minimize the abuse of substances by the youth.

5.3 RECOMMENDATIONS OF THE STUDY

The following are the recommendations that are made based on the findings of the study:

From the findings of the study on the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth it can be recommended that, all Departments that are implementing substance prevention programme should regularly train their staff on substance abuse issues, that National sphere of Government should consult with the implementers on the ground before formulation of any policy, enough financial resources to be made available Government departments and non-Governmental organizations that are implementing substance abuse prevention programmes and for good coordination substance abuse prevention activities should be led by the District Municipality at the local level and the Premier's Office at the Provincial level.

It is also recommended based on the findings regarding the causes of substance abuse by youth, that an integrated approach by both Government and non-Governmental organizations (NGOS) should be employed to address challenges facing the youth particularly, Peer pressure, poverty and unemployment. Boredom was also found to contribute to the use of substances by youth it is therefore recommended that municipalities must ensure that recreational facilities are established in all residential areas so as to keep the youth busy. Availability and accessibility of drugs and alcohol also contribute to their use and abuse by the youth so it can be recommended that stricter laws and by-laws should be passed to regulate both operation and the issuing of Liquor outlets licenses. Dagga, Alcohol and Cigar rete were found to be the most commonly abused substances by youth based on this it is recommended that, more awareness campaigns should be conducted by all role players to educate the youth on the dangers of abusing these substances.

With regard to mechanisms that can be employed to minimize the abuse of substances by youth it be recommended that there should be intensification of awareness campaigns and all substance abuse prevention programmes ("kemoja" and learners' support programme(LSP) should be made available to all. It is further recommended that all the substance abuse prevention programmes that are implemented should be continuously monitored and evaluated.

5.4 RECOMMENDATIONS FOR FUTURE STUDIES

The study investigated the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth with specific focus on the causes of substance abuse by the youth, types of substances that are commonly abused by the youth and mechanisms that can be employed to minimize the use of substance by youth. The respondents of the study were Social workers, Police Officers and Nurses hence it is recommended that future studies should include the youth to be respondents themselves.

5.5 CONCLUSION

The study investigated the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. The objectives of the study were to determine the challenges facing the department of social development in the prevention of substance abuse amongst youth, causes of substance abuse by the youth, identify the types of substances that are commonly abused by the youth and to explore mechanisms that can be employed to minimize the use of substance by youth.

A review of existing literature was done to gather the available literature on the main objective of the study. The literature review covered the legislative framework on substance abuse such as the Constitution of the Republic of South Africa of 1996 (Act No.108 of 1996), the Prevention of and Treatment for Substance Abuse Act, 2008 (Act No.70 of 2008), the Drugs and Drug Trafficking Act,1992 (Act No. 140 of 1992), the Prevention and Treatment of Drug Dependency Act,1992 (Act No. 20 of 1992), the Road Traffic Amendment Act,1998 (Act No. 21 of 1998), the Tobacco Products Control Amendment Act,1999 (Act No. .12 of 1999) and the South African Institute for Drug Free Sport Act,1997 (Act No. 14 of 1997). The causes of substance abuse by youth covered in the study were: Genetics, peer pressure, boredom and stress, Parent alcohol use, availability and accessibility, curiosity, media and family and the school environment. Theoretical perspectives on the causes of substance use and abuse included in the study were: disease or Biological theories, psychological theories, learning theories, symbolic interaction theory and availability theory.

The research process was both qualitative and quantitative. The research adopted a mixed methodology wherein qualitative and quantitative research instruments were used. A survey questionnaire and interview schedule was used. The sampling size of the study consisted of 45 respondents, which were: 25 Social Workers, 10 Police Officers and 10 Nurses. The following ethical aspects were considered and applied during the study and they are: Informed consent, Voluntary participation, Anonymity, Confidentiality and Discontinuance of

participants. Data collected through questionnaires were presented in a graphical tabular form and those collected through interviews were presented in narrative /thematic form. Two data analysis methods were used, namely, statistical analysis (Statistical Package for Social Sciences) and thematic analysis.

The major findings of the study were: that there is no regular training of staff on substance abuse, the National sphere of Government does not recognize implementer's inputs when developing policies on substance abuse, there is no enough resources for substance abuse prevention programme, there is a need for good coordination amongst role players in substance abuse prevention, peer pressure is the leading cause of substance abuse by the youth, Dagga, Alcohol and Cigar rete are the commonly abused substances by the youth, and that there is a need for recreational facilities in all residential areas.

The recommendations of the study are: that all Departments that are implementing substance prevention programme should regularly train their staff on substance abuse issues, the National Sphere of Government should consult with the implementers on the ground before formulation of any policy, enough financial resources to be made available to all Government departments and non-Governmental organizations that are implementing substance abuse prevention programmes, for good coordination substance abuse prevention activities should be led by the District Municipality at the local level and the Premier's Office at the Provincial level, that an integrated approach by both Government and non-Governmental organizations (NGOS) should be employed to address challenges facing the youth particularly, Peer pressure, poverty and unemployment, more awareness campaigns should be conducted to educate the youth on the dangers of abusing substances especially Dagga, Alcohol and Cigarette, and that municipalities must ensure that recreational facilities are established in all residential areas.

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To: The District Executive Director
District Executive Manager
Station Commander

11.12.2015

**REQUEST FOR PERMISSION TO COLLECT INFORMATION FOR STUDIES OF
MR. MUTWANAMBA A.H STUDENT NUMBER: 9413015.**

The above matter refers.

We hereby wish to confirm that Mr. Mutwanamba A.H (Student No.: 9413015), a registered Master of Public Management (MPM) student at the University of Venda is researching on the following topic: **“Challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth in Vhembe District”**. In order for him to complete his studies, we request your Department to provide him with the information that he might need for his study project. As an Institution of Higher Learning, we believe that the research he is undertaking will yield the results that might also assist your Department. We therefore encourage your Department to assist him with the necessary information that will be collected through questionnaires and interviews. We undertake that the information that will be provided to him will be solely used for this study.

We hope that you find this to be in order and therefore, anticipate your assistance. If any queries, please feel free to contact me at Cell: 079 422 7369 or Email: Matodzi.Khwashaba@univen.ac.za

A handwritten signature in black ink, appearing to read 'Khwashaba'.

.....
Prof. M.P Khwashaba
Promoter: Department of O.R Tambo Institute of Governance and Policy Studies



University of Venda

SCHOOL OF MANAGEMENT SCIENCES
PRIVATE BAG X305, THOHOYANDOU, 0950.
LIMPOPO PROVINCE, SOUTH AFRICA
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FAX 015 962 4749

LETTER TO RESPONDENT

Enquiry: Mutwanamba A.H

Cell No: 079 498 8088

Email: Emmelyrendani@gmail.com

Box 877

Thohoyandou

Phangami

0904

07 December 2015

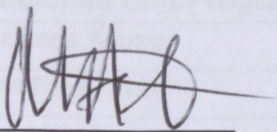
Dear Respondent

I, Mutwanamba Avhahudzani Honest, am a registered student at the University of Venda registered for Master of Public Management (MPM). I am conducting a research study on the **“Prevention of substance abuse amongst the youth in Vhembe District: A case study of the Department of Social Development”**

I am requesting you to be part of the study by completing the research questionnaire / interview schedule.

Hope you find this to be in order.

Yours Faithfully



Mr. Mutwanamba A.H



INSTRUMENT –QUESTIONNAIRE

**PREVENTION OF SUBSTANCE ABUSE AMONGST THE YOUTH IN VHEMBE DISTRICT:
A CASE STUDY OF THE DEPARTMENT OF SOCIAL DEVELOPMENT**

This study investigates the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth in Vhembe district. This is an opportunity for to be part of the study where you can provide your view on the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. Note that there is no right or wrong answer. Please put a cross (x) after an answer of your choice.

SECTION A: DEMOGRAPHIC INFORMATION OF RESPONDENT

1. Gender of respondent

Male	
Female	

2. Position of respondent

Social Worker	
Police Officer	
Nurse	

3. Attached Unit/Programme for the respondent

Substance Abuse	
Crime Prevention	
Mental Health	

4. Work experience of respondent

Less than 3 years	
4 to 5 years	
6 to 10 years	
11 years and above	

SECTION B: CHALLENGE OF SUBSTANCE ABUSE BY YOUTH

Item No.	Challenges facing the Department of Social Development with regard to prevention of substance abuse amongst youth.	Place an X in the box that applies to you
----------	--	--

		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
5.	There is regular training to staff on substance abuse.	1	2	3	4	5
6.	The National sphere of Government recognizes the implementer's inputs when developing substance abuse policies.	1	2	3	4	5
7.	There is enough resources for substance abuse prevention programmes.	1	2	3	4	5
8.	Good coordination amongst role players in the prevention of substance abuse is crucial.	1	2	3	4	5
9.	Staff who are doing generic work are able to implement the substance abuse programme.	1	2	3	4	5

Item No.	Causes of substance abuse by youth.	Place an X in the box that applies to you				
		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
10.	Youth without parents are vulnerable to substance abuse.	1	2	3	4	5
11.	Living with substance abusing parents is a negative role model to the youth.	1	2	3	4	5
12.	Availability of drugs and alcohol makes it difficult for youth to resist them.	1	2	3	4	5
13.	Most of the youth are engaged in substance abuse activities due to boredom.	1	2	3	4	5
14.	Majority of youth, abuse substances due to influence by their peers.	1	2	3	4	5

THANK YOU FOR YOUR TIME AND CONTRIBUTIONS!

Item No.	Types of substances commonly abused by youth.	Place an X in the box that applies to you				
		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
15.	Alcohol is socially and culturally accepted and is not restricted to the youth.	1	2	3	4	5
16.	Marijuana/Dagga is the leading cause of psychiatric disorder amongst youth.	1	2	3	4	5
17.	Glue is easily accessible and affordable to the youth.	1	2	3	4	5
18.	Of all over-the counter medications, painkillers are the most preferred drug by youth.	1	2	3	4	5
19.	Cases of youth arrested or found in possession of cocaine are beginning to be common in our communities.	1	2	3	4	5

Item No.	Mechanism that can be employed to minimize the abuse of substance by the youth.	Place an X in the box that applies to you				
		Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
20.	There are policies in place for the prevention of substance abuse.	1	2	3	4	5
21.	An impact evaluation of substance abuse programmes should be conducted.	1	2	3	4	5
22.	There are various programmes developed for substance abuse prevention.	1	2	3	4	5
23.	Enough financial resource should be availed for substance abuse prevention.	1	2	3	4	5
24.	Recreational facilities need to be established in all residential areas.	1	2	3	4	5

“THANK YOU FOR YOUR TIME AND CONTRIBUTIONS”

3. What are the types of substances that are commonly abused by the youth?

APPENDIX D

INSTRUMENT - INTERVIEW SCHEDULE

**PREVENTION SUBSTANCE ABUSE AMONGST THE YOUTH IN VHEMBE DISTRICT: A
CASE STUDY OF THE DEPARTMENT OF SOCIAL DEVELOPMENT**

This study investigates the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth in Vhembe district. This is an opportunity for to be part of the study where you can provide your view on the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. Note that there is no right or wrong answer.

1. What are the challenges facing the Department of Social Development in the prevention of substance abuse amongst youth?

2. What are the causes of substance abuse by the youth?

3. What are the types of substances that are commonly abused by the youth?

4. What are the mechanisms that can be employed to minimize the abuse of substances by the youth?

“THANKS FOR YOUR TIME AND CONTRIBUTIONS”

INSTRUMENT –QUESTIONNAIRE

**PREVENTION OF SUBSTANCE ABUSE AMONGST THE YOUTH IN VHEMBE DISTRICT:
A CASE STUDY OF THE DEPARTMENT OF SOCIAL DEVELOPMENT**

This study investigates the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth in Vhembe district. This is an opportunity for to be part of the study where you can provide your view on the challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth. Note that there is no right or wrong answer. Please put a cross (x) after an answer of your choice.

SECTION A: DEMOGRAPHIC INFORMATION OF RESPONDENT

1. Gender of respondent

Male	
Female	

2. Position of respondent

Social Worker	
Police Officer	
Nurse	

3. Attached Unit/Programme for the respondent

Substance Abuse	
Crime Prevention	
Mental Health	

4. Work experience of respondent

Less than 3 years	
4 to 5 years	
6 to 10 years	
11 years and above	

SECTION B: CHALLENGE OF SUBSTANCE ABUSE BY YOUTH

Item No.	Challenges facing the Department of Social Development with regard to prevention of substance abuse amongst youth.	Place an X in the box that applies to you
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11.12.2015

To: The District Executive Director
District Executive Manager
Station Commander

**REQUEST FOR PERMISSION TO COLLECT INFORMATION FOR STUDIES OF
MR. MUTWANAMBA A.H STUDENT NUMBER: 9413015.**

The above matter refers.

We hereby wish to confirm that Mr. Mutwanamba A.H (Student No.: 9413015), a registered Master of Public Management (MPM) student at the University of Venda is researching on the following topic: **"Challenges faced by the Department of Social Development with regard to substance abuse prevention amongst youth in Vhembe District"**. In order for him to complete his studies, we request your Department to provide him with the information that he might need for his study project. As an Institution of Higher Learning, we believe that the research he is undertaking will yield the results that might also assist your Department. We therefore encourage your Department to assist him with the necessary information that will be collected through questionnaires and interviews. We undertake that the information that will be provided to him will be solely used for this study.

We hope that you find this to be in order and therefore, anticipate your assistance. If any queries, please feel free to contact me at Cell: 079 422 7369 or Email: Matodzi.Khwashaba@univen.ac.za

A handwritten signature in black ink, appearing to read "M. Khwashaba".

.....
Prof. M.P Khwashaba

Promoter: Department of O.R Tambo Institute of Governance and Policy Studies



University of Venda

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