

**CHILDREN'S ADDICTION TO THE DRUG "NYAOPE" IN SOSHANGUVE
TOWNSHIP: PARENTS' EXPERIENCES AND SUPPORT NEEDS**

BY

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Dissertation for the degree of

MASTERS OF SOCIAL WORK

at the

UNIVERSITY OF SOUTH AFRICA

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JUNE 2013

DECLARATION

I declare that **CHILDREN'S ADDICTION TO THE DRUG "NYAOPE" IN SOSHANGUVE TOWNSHIP: PARENTS' EXPERIENCES AND SUPPORT NEEDS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Jan Masombuka

A handwritten signature in grey ink, consisting of a stylized 'J' and 'M' followed by a long, sweeping flourish.

Signature

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ACKNOWLEDGEMENTS

I would like to thank God for everything.

My Family for their unconditional love, support and sacrifices they made so that I can be a better person today.

Professor Qalinge for always being there, her unconditional support, professional guidance and belief in me.

Mrs Franita Botha for believing in me and providing me with all the opportunities to achieve my dreams.

Mrs Anna Bizos for always helping and supporting me with my studies.

All the parents who participated in the study and taught me so much.

Last, but not least, to thank everyone for their contribution, support and encouragement.

ABSTRACT

Substance abuse amongst children is a major problem in South Africa and world-wide. The trend of new drugs entering the drug market has increased in South Africa. Currently in South Africa, there is a new drug on the market known as “*nyaope*” being abused mostly by adolescents in the Townships. The negative consequences of substance abuse affect not only individuals who abuse substances but also their parents and significant others. The researcher observed that most literature in the field of substance abuse focuses on the children addressing issues such as causes, effects, psychological impact and others. Very little is documented on parents’ experiences and coping capabilities as well as the support they need or receive. This further contributed to the researcher’s purpose of conduct this study to explore parents’ experience and support needs with regard to their children’s addiction to *nyaope*.

KEY TERMS

Addicted, adolescent, child, experience, needs, family, *nyaope*, parent, substance/drug abuse, support.

ABBREVIATIONS

ATS-Amphetamine-type stimulants

CDA-Central Drug Authority

NASW- National Association of Social Workers

SANCA-South African National Council on Alcoholism and Drug Dependence

SACENDU-South African Community Epidemiology Network on Drug use

UNODC-United Nations Office on Drugs and Crime

UNISA- University of South Africa

WHO-World Health Organisation

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction and problem formulation

World-wide as well as in South Africa, substance abuse is a major problem which is on the increase. Drug abuse and dependence, has broken out of well-defined localised addict communities and evolved into a global problem which infiltrates all strata of society (Dos Santos, 2006:1). According to the World Drug Report issued by the United Nations Office on Drugs and Crime (2009:14), it is estimated that between 172 and 250 million persons used drugs at least once in the year 2007. These high figures include many casual consumers who may have tried drugs only once in the entire year.

According to the Department of Social Development (2007:8), the following are the most commonly used drugs in South Africa: alcohol, cannabis/dagga, cocaine and ecstasy. Indications are that between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk of having such a problem. This can be attributed to alcohol being easily accessible across the different age groups. The total global production of dagga is estimated at 40 000 metric tons with South Africa producing 3 000 metric tons. Half of the production is used by the local user population of approximately 5 500 persons who spend roughly R3 560 million annually on cannabis at R0.65 gram. Cannabis remains the most consumed and abused substance after alcohol. With reference to cocaine, it is estimated that the South Africa's user population of about 265 000 uses 4,6 metric tons annually with a street value of R1 430 million.

The main sources of ecstasy are from East and South-East Asia, North America and, to a lesser extent, the Netherlands, Poland and Belgium. Production of ecstasy in South Africa is a relatively recent phenomenon totalling just over 900 kilograms a year and there are no reliable estimates of the number of ecstasy users. In South Africa, there is currently a new drug on the market known as “*nyaope*” which is being abused mostly by adolescents. According to Hosken (2009:3) *nyaope* is a mixture of heroin and dagga and is sold in a tiny brown packet for R30 a packet. Hosken (2009:3) further elaborates: “The most popular way of using this drug in South Africa is smoking, traditionally called ‘chasing the dragon’. The drug is either put on a foil to heat it and the smoke is then inhaled with a straw or it is mixed with dagga and smoked. It is a highly addictive drug and many who tried it out for the fun, found themselves helplessly addicted to it years down the line”. Effects of smaller doses include euphoria, rush, a sense of warmth and well-being. The effects of larger doses include drowsiness, feelings of contentment, safety and being relaxed. Many who are addicted tend to lead chaotic lives that revolve around getting hold of the drug and various ways of getting money to buy it, which could include prostitution and stealing.

The researcher, as a social worker, has been told by parents during therapeutic sessions that they often find their money missing or household belongings such as electrical equipment (kettle, iron, music system, microwave, etc.) being sold by the abuser to get money to buy drugs. Other effects include severe addiction, bacterial infections of the blood vessels and heart valves, abscesses, liver or kidney damage, lung complications and infectious diseases (The Naked Truth Non-Profit Organisation: 2010). According to Diamond, Barrette, Tejeda and Preboth (in Dube, 2007:28), drug abusers often become so obsessed with the habit that everything going on around

them is ignored, including the needs and situations of other family members, leading to a breakdown of the family as a system.

According to the South African National Council on Alcoholism and Drug Dependence (SANCA) (2009-2010: 3), there was an increase of 47 clients younger than 13 years in the period of 2008/2009. A total of 22% (2528) of clients were younger than 17 years of age, which is an increase of four percent (4%) over the previous year. The trend is that young people abuse more than one substance. Although alcohol is the primary substance abused, it has decreased by 6% over the past five years to 44%. The highest number of clients with an alcohol dependency is 2417 in the age group of 36-59 years of age. The abuse of dagga showed a steady increase over the same period and is currently at 30%, with a sharp increase (1384 clients) in the age group 14 to 17 years abusing this substance. Crack/cocaine use decreased by 3%, whilst the use of heroin/opiates increased by 255 clients to 8% during 2006/2007. This was followed by 750 clients with methamphetamine as a primary substance (7%) of which 648 were from the Western Cape (South African National Council on Alcoholism and Drug Dependence, 2009-2010:5-6).

Drug abuse not only affects the abuser, it also affects significant others (e.g. parents, siblings, partners (spouse) and/or extended family members).

Barnard (2005:1) indicates that it is a simple yet largely ignored truism that drug problems have a profound impact on families. According to Bartlett and Stanton (in Schilit and Gomberg,1991:205), communication within families of drug abusers is characterised by unclear messages, vague information giving, lack of direct talk, avoidance of eye contact, frequent interruptions, and speaking for others. Parents are largely affected in the sense that the abuser might disappear from home for several days without a trace, leaving parents disillusioned. The researcher's experience is also supported by Barnard (2005:12) who indicates that, "...drug

abuse is associated with high level of unpredictability as drug users might disappear for days on end without consulting their family”.

Masemola (2006:5) states that the South African National Council on Alcoholism and Drug Dependence’s Castle Carey Clinic in Pretoria released a report highlighting its concerns about rampant drug abuse among the youth and the growing use of *nyaope*. However, in practice, parents of the children addicted to *nyaope* are reaching out for help. From his private practice, the researcher has referred several *nyaope* abusers to rehabilitation centres and most of them were brought to the researcher by their parent(s). The parents who reach out for help are from different socio-economic backgrounds, some are single parents and others are married couples. It was on this basis that the researcher needed to gain knowledge in order to come to an understanding of parents’ experiences and support needs, with regard to their children’s addiction to the drug “*nyaope*” in the Soshanguve Township. According to Fouché and De Vos (in De Vos, Strydom, Fouché and Delpont, 2005:91), one of the most salient sources of research topics are questions and problems that emerge from the daily practice of the caring professions.

1.2 Reasons/Rationale for research

As a social worker in private practice the researcher works, amongst others, with cases involving children abusing *nyaope* on a daily basis. Parents complain that they have lost valuable assets at home, such as TVs, microwaves, money, cell phones, etc. Some parents have reported that their children leave home early in the morning disguised as if going to school only for them to realize months later that they have been bunking classes or have not been to school at all. These reports from concerned parents motivated the researcher to conduct an investigation into the parents’ experiences and their support needs regarding their children’s addiction to the drug *nyaope*.

Fouché and De Vos (in De Vos et al., 2005:91) indicate that, for social workers, opportunities to study the familiar come from human services agencies where they are employed and from the clients they serve. This was the case with the researcher's interest and need to investigate the topic under discussion. The researcher further observed that most of the literature on drug abuse and children addresses issues such as causes, effects, psychological impact; etcetera and very little is documented on parents' experiences and coping capabilities as well as the support they need or receive. This further contributed to the researcher's interest in conducting the study in order to explore parents' experience and support needs with regard to their children's addiction to *nyaope*.

1.3 Research question

Maree and Van Der Westhuizen (in Maree, 2010:30) explain that a research question relates directly to the selected research topic. It is linked logically and conceptually by using the same terms as used in the research topic. A research question should be easy to understand and be able to be implemented on its own. Fouché and De Vos (in De Vos et al., 2005: 100) note that the "research question" stipulates what it is about the topic that the researcher wants to find out.

The research question for the purpose of this research project is:

What are parents' experiences and support needs regarding their children's addiction to the drug "*nyaope*"?

1.4 Research goal

Webster's Third International Dictionary as quoted by Fouché and De Vos (in De Vos et al., 2005:104) defines "goal" as "the end toward which effort or ambition is directed". At times, the

terms “goal”, “purpose” and “aim” are used as synonyms or interchangeably, but for the purposes of this research study the researcher used the word “goal”.

The goal for this research study is:

To gain an understanding of parents’ experiences and support needs regarding their children’s addiction to the drug *nyaope*.

1.5 Research objectives

The concept “research objective”, based on the researcher’s understanding, can be described as a summary of what is to be achieved by the study. The concept “objectives” is defined as the steps one has to take one by one realistically at grass roots level within a certain time span (Fouché & De Vos in De Vos et al., 2007:104).

In order to realise the aforementioned goal the following objectives were formulated:

- To explore parents’ experiences regarding their children’s addiction to *nyaope*.
- To explore parents’ support needs regarding children’s addiction to *nyaope*.
- To describe parents’ experiences regarding their children’s addiction to *nyaope*.
- To describe parents’ support needs regarding their children’s addiction to *nyaope*.
- To draw conclusions and make recommendations about the nature of support needed by parents whose children are addicted to *nyaope*.

1.6 Research methodology

Welman, Kruger and Mitchell (in Van der Westhuizen, 2010:16) state that the research methodology explains the logic behind the methods and techniques employed in a research

study. Mouton (2001:56) elaborates that research methodology focuses on the research process and the kind of tools and procedures to be used on the study. The research methodology applied in this research comprised of the following:

1.6.1 Qualitative research approach

There are two types of research approaches, namely, qualitative and quantitative research approaches. For the purposes of this research study, the researcher utilised the qualitative research approach. According to Fouché and Delpont (in De Vos et al., 2005:74-75), a qualitative research approach refers to research that “elicits participants’ accounts of meaning, experience or perception” whereas a quantitative research approach seeks to measure or test the predictive cause and effect relationship existing in the social world. Babbie and Mouton (2001:270) share the same sentiments with Fouché and Delpont that in a qualitative research approach the focus is “... always to study human action from the perspective of the social actors themselves...” Babbie and Mouton (2001:270) further indicate that this approach (qualitative) is defined as “describing and understanding own motivations”.

For the purposes of this research study, a qualitative research approach was used to enable the researcher to gain first-hand information from the participants. Through this approach, the participants would be able to describe their daily experiences about their children’s addiction to *nyaope*. This approach also allowed the researcher to probe more into the participants’ world. This method (the qualitative research approach) provided the researcher with an opportunity to assemble a detailed description of the social reality from the participants’ point of view.

According to Creswell (2009:175-176), the characteristics of a qualitative research approach are as follows:

- Qualitative research takes place in a natural setting- Qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study.
- In qualitative research the researcher is the key instrument in the process of data collection. Qualitative researchers collect data themselves through examining documents, observing behaviour, or interviewing participants. They may use a protocol- an instrument for collecting data- but the researchers are the ones who actually gather the information. They do not tend to use or rely on questionnaires or instruments developed by other researchers- such as used in quantitative research.
- Multiple sources of data are employed for the purpose of data collection. Qualitative researchers typically gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source. Then the researchers review all of the data, make sense of it, and organize it into categories or themes that cut across all of the data sources.
- In qualitative research an inductive approach to data analysis is followed. Qualitative researchers build their patterns, categories, and themes from the bottom up, by organizing the data into increasingly more abstract units of information. This inductive process illustrates working back and forth between the themes and database until the researchers have established a comprehensive set of themes. It may involve collaborating with the participants interactively, so that participants have a chance to shape the theme or abstractions that emerge from the process.

- Participants' meanings are central in qualitative research. In the entire qualitative process, the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue being studied, not the meaning that the researcher brings to the research or that writers express in the literature.
- In qualitative research, an emergent research design is preferred. This means that the initial plan for research cannot be tightly prescribed, and all phases of the process may change or shift after the researcher enters the field and begins to collect data. For example, the questions may change, the forms of data collection may shift, and the individuals studied and the sites visited may be modified. The key idea behind qualitative research is to learn about the problem or issue from participants and to address the research to obtain that information.
- Qualitative researchers often use lens to view their studies, such as the concept of culture, central to ethnography, or gendered, racial, or class differences from the theoretical orientations discussed. Sometimes the study may be organized around identifying the social, political, or historical context of the problem under study.
- Qualitative research is interpretive: a form of interpretive inquiry in which researchers make an interpretation based on what they saw, heard, and understand. Their interpretation cannot be separated from their own backgrounds, history, contexts, and prior understandings. After a research report is issued, the readers make an interpretation as well as the participants, offering yet other interpretations of the study. With the readers, the participants, and the researchers all making interpretations, it is apparent how multiple views of the problem can emerge.

- Qualitative research provides a holistic account of the topic investigated- Qualitative researchers try to develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges.

Based on the aforementioned descriptions of qualitative research and its characteristics, the researcher came to the conclusion that the qualitative research methodology is flexible and non-sequential. It is therefore more suitable when working with people especially if the researcher (as in the case of this study) wants to act as an active listener while the participants, as the “experts”, share their experiences and support needs regarding their children’s addiction to *nyaope*.

1.6.2 Research design

Nieuwenhuis (in Maree, 2010:70) explains that the research design is the plan or strategy that the researcher uses to implement his or her study. He further explains that this plan is based on the researcher’s approach to research. The concept “research design” refers to the plan or blueprint of how one intends conducting research (Babbie & Mouton, 2001:74).

It was, therefore, important that the research endeavour be designed in such a way that it would provide answers to the research question. Within a qualitative research approach, *an explorative, descriptive and contextual research design was utilised.*

1.6.2.1 Exploratory research design

Babbie (2007:88) describes exploratory research as an approach that occurs when a researcher examines a new interest or when the subject of study itself is relatively new. This research study took an exploratory research design dimension as the researcher wanted to explore the parents’

experiences and support needs regarding their children's addiction to the drug *nyaope*. The purpose of this exploration will hopefully lead to the development of hypotheses which can be investigated and tested later with more precise and more complex designs and data-gathering techniques (Neuman, 1997:19).

1.6.2.2 Descriptive research design

Descriptive research design entails the researcher observing and then describing what was observed (Babbie, 2007:89). According to Polit, Berk and Hungler (in Dhlamini, 2009:8), the main objective of descriptive research is “to accurately the characteristics of the persons, situations or groups and/or frequency with which certain phenomena occur”.

The researcher also included a descriptive strategy of inquiry to describe parents' experiences and support needs regarding their children's addiction to the drug *nyaope*.

1.6.2.3 Contextual research design

Contextual research studies seek to avoid the separation of participants from the large context to which they may be related (Schurink in De Vos et al., 1998:281). The intention of this research was to describe and explore the parents' experiences and support needs from the context of their children's addiction to the drug *nyaope*.

1.6.3 Population and sampling

According to McMillan and Schumacher (1997:169), a population is a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalise the results of the research. Kumar (in Van der westhuizen, 2007:13) describes a population as the “electorates” from which the researcher selects participants for the

research study. The population for this study can be defined as follows: *Parents in Soshanguve whose children are addicted to nyaope.*

Due to time and money constraints the whole population would not be included in the study and a sample was drawn to be analysed.

From the population a sample or subset of the population is selected for inclusion in the study (Yegidis and Weinbach, 1996:115). Qualitative researchers purposefully intentionally seek out participants for inclusion in the sample because of their knowledge of and ability to describe the phenomenon on part of the phenomenon under study (Donalek and Soldwisch, 2004:356).

There are two types of sampling methods, namely: probability and non-probability. For the purposes of this research study, the researcher applied non-probability sampling. According to Grinnell (1995:125), non-probability sampling “means not all the people in the population has equal chance or the same probability of being included in the sample and, for each one of them, the probability of inclusion is unknown”. There are four techniques followed in non-probability sampling namely: Availability sampling, quota sampling, purposive sampling and snowball sampling.

The researcher used purposive sampling. Purposive sampling is used when the researcher wants to purposefully choose a particular sample. McMillan and Schumacher (1997:397) describe purposive sampling as “selecting information-rich cases for in depth information” when one wants to understand something about those cases without needing or to generalise to all cases.

Purposive sampling was relevant in this study because participants with certain characteristics were purposefully selected for inclusion in the research study.

The criteria that the researcher used for the inclusion of participants in the sample were as follows:

- Parent/s residing in Soshanguve, whose children are addicted to the drug *nyaope* and living with their parents.
- Parent(s) who reached out for help at the researcher's private practice.
- Parent(s) who have received professional assistance from the researcher over the period of three years.
- Parent(s) who were willing to participate in the study.
- Parent(s) who were conversant in English, Setswana and/or IsiZulu.

A specific sample size cannot be determined at the outset of the study, but the number of participants to be included in the sample will only be known once the data has reached a point of "saturation", that is, when the information being gathered becomes repetitive (Tutty, Rothery and Grinnell, 1996:82; Donalek and Soldwisch, 2004:356; Fossey, Harvey, McDermott and Davidson, 2002:726).

1.6.4 Preparation for and method of data collection

The concept "data collection", based on the researcher's understanding, can be described as a process of collecting data from which conclusions can be drawn. The researcher began the process of preparing the participants, purposively selected for the process of data collection, by making contact with the participants individually at his private practice office. The researcher further requested the participants to voluntarily take part in the study once he had informed them in detail about the purpose of the research, the criteria for the inclusion of participants and that their rights were not going to be jeopardised in any way. Written consent was obtained from those participants who agreed to participate in the study (see Addendum A).

Participants were also informed that the contents of the data collected would be discussed with the researcher's supervisor at the University of South Africa (UNISA) and that the contents of the report might be published in a journal as an article. Participants were also informed that they would remain anonymous and that the researcher would use codes so that they cannot be linked to the contents of data collected in any way.

Creswell (2009:178) stated that the data collection steps include setting the boundaries for the study, collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials, as well as establishing the protocol for recording the information. For the purpose of this research study, **semi-structured interviews with the aid of an interview-guide were used as a data collection method**. According to Babbie and Mouton (in Dos Santos, 2006:96) semi-structured interviews provide much more flexibility than the more conventional structured interview, questionnaire or survey, as the participant gives a fuller picture and the researcher is free to follow up interesting avenues that emerge in the interview. The researcher used semi-structured interviews because they placed the participants in the position of expert.

Greeff (in De Vos et al., 2005:296) defines an interview guide as “a guide comprising of questions and request used by the researcher to guide the interviews”. Producing a guide beforehand forces the researcher to think explicitly about what he hopes the interview will cover.

The following questions were used as an interview guide for the research study:

- Tell me more about your child's addiction to *nyaope*. (i.e. When and how did it start, how did you come to know about it or what did you observe?)
- What effect does it have on your child?

- What effect does your child's addiction to *nyaope* have on you as a parent and on the family as a whole? And how do you react?
- What have you done thus far to assist your child to rid him/her from the addiction to this drug?
- What are your experiences and feelings regarding your child's addiction to *nyaope*?
- How do you cope?
- What are your needs for support?
- How would you like to be supported?
- By whom would you like to be supported?

The researcher used the following interviewing techniques as laid out by Creswell (1994:71–74):

- During all the interviews the researcher made a conscious effort initially to establish trust and build rapport and tried at all times to ask questions that were only related to the study.
- The researcher demonstrated that he was listening carefully by using verbal cues to show interest. Answers were clarified, for example: “*Are you saying that ...?*” and neutral but encouraging phrases, such as: “*Could you elaborate on that ...?*” were also used to provide feedback about the interview progress.
- Interviewees were always warned that the interview was coming to an end and an invitation was made for participants to ask questions if they had any.
- In view of the fact that the researcher wanted to give his undivided attention to the participants, and not to lose any of the information shared by the participants, he digitally

recorded the interviews and the participants' permission was obtained in this regard (see Addendum A).

1.6.5 Pilot study

Mason and Henningfield (2001:84) define a pilot study as a “small version of the proposed study, with a restricted sample of subjects”. A pilot study can also be the pre-testing or 'trying out' of a particular research instrument (Baker, 1994:182-3). The researcher interviewed two parents, who were as similar as possible to the target population but they were not included as participants of the study. Frankland and Bloor (1999:154) argue that piloting provides the qualitative researcher with a "clear definition of the focus of the study" which in turn, helps the researcher to concentrate data collection on a narrow spectrum of projected analytical topics.

1.6.6 Method of data analysis

De Vos (in De Vos et al., 2005:333) defines data analysis as the process of bringing order, structure and meaning to the mass collected data. This is the stage wherein the researcher needs to be patient and dedicated as the process, according to De Vos (in De Vos et al., 2005:334), “...is time consuming, ambiguous, creative and fascinating”.

On the other hand, Terre Blanche and Kelly (2002:141) point out that in qualitative studies there is a definite point at which information collection ends and interpretation or analysis begins. De Vos (in De Vos et al., 2005:335) concurs with the aforesaid authors, as she points out that information and analysis go hand in hand in qualitative studies.

Tesch (in Creswell, 2009:186) provides the following useful eight steps for qualitative data analysis which the researcher used in this study:

1. The researcher read all the transcriptions carefully. He then wrote down some ideas as they came to his mind.

2. The researcher picked one document (i.e. one of the transcribed interviews) - the most interesting one, the shortest, the one on the top of the pile. He went through it and asked himself, “what is it about?” He did not think about the substance of the information but its underlying meaning. He wrote down thoughts in the margin.
3. When he had completed this task for several participants, he then made a list of all the topics and clustered together similar topics. Topics were put in columns and arranged as major topics, unique topics, and leftovers.
4. This list was then taken and the researcher went back to his data. Topics were abbreviated as codes and the codes were written next to the appropriate segments of the text. A preliminary organising scheme was tried out to see if new categories and codes emerged.
5. The researcher then found the most descriptive wording for his topics and turned them into categories. He looked for ways of reducing his total list of categories by grouping topics that related to each other. Lines between the categories were drawn to show interrelationships.
6. The researcher made a final decision on the abbreviation for each category and alphabetised those codes.
7. The data material belonging to each category was assembled in one place and a preliminary analysis was performed.
8. Where necessary, the researcher then recoded his existing data.

1.6.7 Method of data verification

Guba’s model (in Krefting, 1991:214-222) of ensuring the trustworthiness of qualitative data was applied as a data verification method for the study. The four characteristics to ensure trustworthiness, namely truth-value, applicability, consistency and neutrality were applied.

1.6.7.1 Truth-value

According to Krefling (1991:215), truth-value is concerned with whether the findings of the study are a true reflection of the experiences of the participants. Truth value is established by the strategy of credibility and, for the purpose of this research, the researcher used the following criteria to ensure credibility:

- Interviewing techniques. The researcher made use of various interviewing techniques during interviews e.g. nonverbal and verbal expressions, observation, restating and summarising in order to enhance the credibility of the study.
- Authority of the researcher. The researcher is a social worker by profession and is currently running his own private practice. This position entails, inter alia, assessing and working with clients and families experiencing a *nyaope* addiction problem.
- Peer examination. The researcher also sought input from colleagues who are well-versed qualitative researchers and who clarified the study by asking him questions and generally making suggestions.
- Triangulation of data sources: The researcher interviewed the parents of different children addicted to *nyaope*.

1.6.7.2 Applicability

Krefling (1991:216) defines applicability as the degree to which the findings can be applied to other contexts and settings or to other groups. Applicability is established through the strategy of transferability. In order to achieve transferability, the researcher provided a dense description of the research methodology employed.

1.6.7.3 Consistency

According to Guba (in Krefting, 1991:216), consistency of data refers to “whether the findings would be consistent if the enquiry were replicated with the same subjects or in a similar context”. Consistency is established through the strategy of dependability and was achieved by using an independent coder. The researcher and the independent coder independently coded the data and subsequently had consensus discussions with the study leader on the themes, subthemes and categories to be presented as research findings.

1.6.7.4 Neutrality

Guba (in Krefting, 1991:216-217) proposes that neutrality in qualitative research should consider the neutrality of the data rather than that of the researcher, which suggests conformability as the strategy to achieve neutrality. However, the researcher attempted to be conscious of own biases and journal them when and where necessary. Furthermore, a dense description of the research methodology employed was provided to make a conformability audit possible.

1.7 Ethical considerations

Ethics in social work research are defined as a “set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct (and appropriate) conduct towards experimental subjects and respondents,(participants), employers, sponsors, other researchers, assistants and students” (Strydom in De Vos et al., 2005:57).

The researcher found the following ethical considerations relevant when conducting this study:

1.7.1 Informed consent

According to Mark (1996:40), the principle of informed consent is at the heart of efforts to ensure that all participation is truly voluntary. In order for the participants to make an informed decision whether or not to participate, the researcher must ensure that all the participants are adequately and fully informed about the goal of the research, what their participation will involve, their rights and what will happen with the information shared. This information was provided in writing (see Addendum A) and verbally. After being adequately informed and upon agreeing to participate, the participants were requested to give their consent in writing.

1.7.2 Privacy/anonymity/confidentiality

According to Strydom (2005:61), privacy, the right to self-determination and confidentiality can be viewed as synonymous. Sieber as quoted by Strydom (2005:61) defines privacy as “that which normally is not intended for others to observe or analyze”.

To provide anonymity the researcher made sure that every participant’s identity was withheld. Furthermore, the researcher made sure that the interview venue was private. Code names were given and only the researcher knew who was linked to which code name.

1.7.3 Release or publication of the findings

According to Strydom (2005:61), “the findings of the study must be introduced to the reading public in written form; otherwise even highly scientific investigation will mean very little and will not be viewed as research”.

The researcher made sure that all participants who took part in the research study were informed about the publication of the results. This aspect was also included in the informed consent letter.

Huysamen, Berk and Hungler as quoted by Strydom, (2005:65) “feels that it is desirable to present the findings to subject as a form of recognition and to maintain a future good relationship with the community concerned”. In addition, the researcher informed the participants that this research report will be submitted in the form of an article for possible publication, with his supervisor as co-author, to a scientific journal.

1.7.4 Debriefing of participants

According to Salkind as quoted by Strydom (2005:66), “the easiest way to debrief participants is to discuss their feelings about the project immediately after the session or to send a newsletter telling them the basic intent or result of the study”. The researcher made sure that the participants underwent a debriefing session directly after the interview session. This was more focused on going through the experiences and emotions they might have gone through during the interview process. Those who needed counselling were referred for professional help.

1.8 Clarification of key concepts

The following key concepts central to the research topic are clarified:

- *Addicted*: Physically dependent on a particular substance (Oxford South African Concise Dictionary, 2006: s.v. “addicted”).
- *Addiction*: Hornby (2006:17) defines addiction as the condition of being addicted to something.
- *Child*: A child means any person under the age of 18 years (Children’s Act Chapter One (Act No 38) of 2005).

- *Drug abuse*: Drug abuse according to the World Health Organisation (WHO) (in Schilit and Gomberg, 1991:4) is often associated with *addiction* or *dependence*. The World Health Organisation, as quoted by Schilit and Gomberg (1991:4), defines drug abuse as “a state, psychic and sometimes also physical, resulting from interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence”.
- *Experience*: Experience is a practical contact with and observation of facts or events (Oxford South African Concise Dictionary, 2006: s.v. “Experience”).
- *Needs*: Needs are physical, psychological, spiritual, material and social requirements for survival, wellbeing and self-actualization (New Dictionary of Social Work, 1995: s.v. “Needs”).
- *Nyaope*: *Nyaope* is a highly addictive drug used by youths and is often called by different street names which are area specific. Some popular names are “Sugars” in Durban (KwaZulu-Natal), “Ungah” in Western Cape, “Pinch” in Mpumalanga and “*Nyaope*” in Pretoria (Tshwane). *Nyaope* is a mixture of heroin and dagga and is sold in tiny brown packets for R30 a packet (Hosken, 2009:3).
- *Parent*: A father or mother; one who begets or one who gives birth to or nurtures and raises a child, or a relative who plays the role of guardian (<http://www.thefreedictionary.com/parent>).
- *Substances/Drugs*: Substances means chemical, psychoactive substances that are prone to be abused including tobacco, alcohol, over the counter drugs, prescription drugs and substances as defined in the Drugs and Drug Trafficking Act (Act No.140) of 1992.They

may also be prescribed by the Minister after consultation with the Medicines Control Council established in terms of section 2 of the Medicines and Related Substances Control Act (Act No. 101) of 1965 “Drugs” in the context of this Act has a similar meaning (Prevention of and Treatment for Substance Abuse Chapter One (Act No 70) of 2008).

- *Support*: Support is a technique in social work to a client through, for example encouragement, generalisation and acceptance in order to reduce tension and promote self-confidence (New Dictionary of Social Work, 1995: s.v “support”).

1.9 Structure/Format of the research report

This research report is divided into the following chapters:

In *chapter 1* an introduction and general orientation to the research report is provided with specific focus on the following: introduction and problem formulation, problem statement, reason/rationale for the study, research question, goal and objectives, methodology, clarification of key concepts, and the content plan of the research report.

Chapter 2 focuses on literature review: an overview of drug addiction and its effects on the abusers and their parents

Chapter 3 focuses on research methodology

In *Chapter 4* the research findings are presented and discussed, compared and contrasted with existing literature related to the topic.

Chapter 5 is a summary of the research report, and outlines the overall conclusions and recommendations.

1.10 Summary of the chapter

This chapter focused on an introduction and general orientation to the research report with specific focus on the following: introduction and problem formulation, problem statement, reason/rationale for the study, research question, goal and objectives, methodology, clarification of key concepts, and the content plan of the research report. The next chapter will provide an overview of drug addiction and its effects on the abusers and their parents.

CHAPTER 2

LITERATURE REVIEW: AN OVERVIEW OF DRUG ADDICTION AND ITS EFFECTS ON THE ABUSERS AND THEIR PARENTS

2.1 Introduction

A literature review serves to identify a relevant theoretical and conceptual framework for defining the research problem, lay the foundation for the study, inspire new ideas and determine any gaps or inconsistencies in the body of research, according to Polit et al., (cited in Mhlongo, 2005:18). Creswell (2009:25) further indicates that the purpose of the literature review is to share with the reader the results of other studies that are closely related to the one being undertaken. In this study, the literature review will focus on substance abuse with special reference to *nyaope*.

2.2 Substance abuse as a global problem

Globally, the United Nations Office on Drugs and Crime estimates that between 155 and 250 million people (3.5 to 5.7% of the population aged 15-64) used illicit substances at least once in 2008. Globally, cannabis users comprise the largest number of illicit drug users (129 - 190 million people). Amphetamine-group substances rank as the second most commonly used illicit drug, followed by cocaine and opiates. At the core of drug consumption lies the 'problem drug users': those who inject drugs and/or are considered dependent, facing serious social and health consequences as a result. Based on the global estimates of the number of cannabis, opiate, cocaine and amphetamine-type stimulants (ATS) users, it was estimated that there were between 16 and 38 million problem illicit drug users in the world in 2008. This represents 10% to 15% of all people who used drugs that year. It can be estimated that in 2008, globally, between 12% and 30% of problem drug users had received treatment in the past year, which means that between 11

and 33.5 million problem drug users did not receive treatment that year (World Drug Report, 2010: 13).

2.3 Substance abuse in South Africa

South Africa is facing a massive increase in substance abuse. According to the findings by the South African Community Epidemiology Network on Drug Use (2010:1), cannabis is still the most common illicit drug used, especially among youth attending specialist treatment centres. However, in Cape Town crystal methamphetamine (known locally as “tik”) remains dominant, and the proportion of patients admitted increased in the first half of 2009. A cheap form of heroin known locally as ‘sugars’ has become common in a largely Indian suburb in the Durban area (Chatsworth) and 17% of patients admitted in this period reported it as their primary substance of abuse. The proportion of admissions for cocaine remained stable in the Eastern Cape, where 8% of patients reported cocaine as their primary substance of abuse.

In Gauteng, the proportion of patients reporting cocaine as the primary or secondary substance also remained high (13%). The proportion of patients seeking treatment for heroin abuse increased in Durban, and this was related to the use of a cheap form of heroin (known as ‘sugars’) in Chatsworth. In Cape Town, heroin patients are mostly from the Coloured population group, and there was a marked increase over previous years. The proportion of Black heroin patients has also increased significantly in Gauteng and Mpumalanga over time. Club drugs and prescription or over-the-counter medicines are still more common as secondary substances. ‘Cat’ (methcathinone), a synthetic stimulant, has shown an increase in Gauteng in recent periods. Alcohol still, however, remains the most common primary substance in most areas across the country and no doubt still causes the biggest burden of harm in terms of ‘secondary risks’,

including injury, premature unnatural deaths, foetal alcohol syndrome, and as a potential catalyst for sexual risk behaviour and hence HIV transmission (South African Community Epidemiology Network on Drug Use, 2009:1).

According to research by Crime Research in South Africa, as quoted by the United Nation Office on Drugs and Crime (2004:4), which was conducted in 2000 with grade 7, 10 and 11 students from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal drugs being sold on their school grounds, whilst 42% had personally seen illegal drugs being sold in their neighbourhood. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs such as LSD, ecstasy, cocaine or heroin, the majority of Coloureds (79.3%) confirmed that they had. Of the other racial groups, approximately 57% of Indians/Asians, 40% of Whites and 37% of Blacks/Africans answered in the affirmative.

2.4 South African's prevention experience

According to the report by the United Nations Office on Drugs and Crime (2004:9), drug abuse prevention in South Africa has witnessed different approaches. In its earliest form, prevention was based on opinions rather than evidence. Scare tactics were often used to reinforce the message that drugs were dangerous. A later approach involved information dissemination. This was based on the assumption that once people knew the negative consequences of drug abuse, they would choose not to use drugs. In recent years, a greater emphasis has been placed on information-based programmes complemented with life skills approach.

According to the United Nations Office on Drugs and Crime (2004:9-10), the following are the main elements of such approaches:

2.4.1 The shock-horror approach- fear arousal and scare tactics

Fear tactics involve exaggeration or focusing purely on the extreme negative effects of drug use. The use of a poster depicting a body lying in the gutter with a needle in the arm would be an example of a scare tactic. Such approaches are now generally seen to have been unhelpful as they rarely influence behaviour positively. However, fear arousal still forms the basis for the work done in the field of prevention in South Africa (United Nations Office on Drugs and Crime (2004:9).

2.4.2 Information-based programmes

This approach is based on the premise that adolescents take drugs because they are unaware of the consequences. The reasoning is that once adolescents are provided with information they will refrain from using drugs. Some research indicates that excessively information-based programmes have, in some cases, actually resulted in an increase in drug use for the following reasons;

Increased allure of experimentation - by overly emphasising the risk of addiction, while failing to deal with any perceived positive aspects of drug use, the programmes have lacked credibility with at-risk youth. They may also make drug use appear interesting and exciting.

Increased knowledge of 'how-to' - they may have provided a menu of drugs and the mood changes which can be gained, thereby increasing drug use.

Too focused on the adult perspective- they tend to be derived into account the 'lived experience' of young people, e.g., the possibility that smoking may be seen by young people as a route to a slimmer body may be far more persuasive than the fact that they have a greater risk of contracting lung cancer in later years.

Programmes based on information alone do not always work because they often misunderstand the causes of drug abuse. They tend to assume that young people take drugs because they are unaware of the risks involved. However, as stated above, the reasons why many young people use drugs are more complicated. They include reasons not addressed by this approach, e.g., relief of boredom, anxiety or stress, to show maturity, to relieve stress, or for enjoyment (United Nations Office on Drugs and Crime (2004:10).

2.4.3 The life skills approach

This strategy seeks to have an impact by dealing with arrange of social skills. The underlying assumption is that drug use is at least partly due to poor social coping strategies, undeveloped decision-making skills, low self-esteem, inadequate peer pressure resistance skills, etc. When applied sensibly, these strategies have yielded positive results in the South African experience United Nations Office on Drugs and Crime (2004:10).

2.5 Abuse of *nyaope* as a form of drug in Gauteng

Maughan and Eliseev (2007:1) postulate that drug syndicates are targeting schools as they seek to grow a market of young *nyaope* addicts. In Gauteng and Pretoria alone, hundreds of *nyaope* addicts - some as young as 9 years old – are dying from overdoses. Desperate schoolchildren in Gauteng and Pretoria are prepared to do anything for their next hit of *nyaope*. School children are forming criminal *nyaope* “clubs” to beg or steal money for their addiction. Narcotics experts believe that the local drug market is being deliberately flooded to encourage addiction among youngsters. One fix is often enough to trap a child into addiction, with withdrawal symptoms including skin sores, excruciating muscle and bone pain, vomiting and insomnia (Maughan and Eliseev, 2007:1).

Dube (2007:14) asserts that drug abuse by children under the age of 16 is becoming more prevalent across the Tshwane area. The report further states that *nyaope*-dagga mixed with heroin - is becoming more popular among children, especially in townships to the north of the city (Pretoria). Although the Castle Carey Clinic treated only one patient under the age of 13 in 2006, the vast majority of the patients, namely 75%, were children between the ages of 14 and 16. Furthermore, Dube (2007:14) quotes Melani Kotze of the Castle Carey Clinic, who said: “We have found that over the past year abuse of *nyaope* has increased tremendously among children. Dagga is the most prevalent drug among children, but drug dealers are getting our children hooked on *nyaope*. Kotze advises that parents should not over react, make angry accusations but should not leave matters unresolved”.

The increase in the number of African children using heroin as their primary drug of choice is primarily due to the use of *nyaope*. According to the South African Community Epidemiology Network on Drug Use report (in Rice, 2008:108), heroin seems to be the primary substance of use for eight percent of individuals in treatment centres in Gauteng. It is not as high as alcohol and dagga (cannabis) but remains the third highest substance of primary use together with crack. This is worrying, as this is much higher than other harder drugs such as ecstasy, cocaine and methamphetamine.

The abovementioned statistics represent the extent of heroin abuse in Gauteng motivated by the use of *nyaope*. The profile of the average heroin abuser in Gauteng seems to be predominantly male with an average age of 24 years. Whilst the majority of heroin abusers in Gauteng are White, there has been an increase in the number of Africans that prefer heroin as their primary substance of abuse. However, black young people mainly resort to using *nyaope* because it is cheaper.

2.6 South Africa's approach to the use and abuse of alcohol and other substances

The Department of Social Development and the Central Drug Authority (CDA) in South Africa hosted the Second Biennial Substance Abuse Summit in EThekweni from 15-17 March 2011 with the theme: "An integrated approach towards a drug free society". The objective of the summit was to forge effective partnership and national consensus on measures to address the growing phenomena of alcohol and substance abuse in South Africa. The following are the commitments from the Summit (Department of Social Development, 2011:2-4):

- *Harmonisation of all laws and policies* to facilitate effective governance of alcohol, including production, sales, distribution, marketing, consumption and taxation. The regulatory framework must be national and applicable across all provinces and municipalities and should be guided by the principles and proposals agreed to by this summit and the Inter-Ministerial Committee on Alcohol and Substance Abuse.
- *A review of the structure and mandate of the* Central Drug Authority to allow for proper co-ordination by government structures and oversight by an independent body;
- *Reducing accessibility of alcohol* through raising the legal age for the purchasing and public consumption of alcohol from the age of 18 to the age 21.
- Imposing restrictions on the time and days of the week that alcohol can be legally sold. These restrictions must be uniform, that is, they must be applicable in all provinces.
- *Implementing laws and regulations that will reduce the number of liquor outlets,* including shebeens, taverns and liquor stores in specific geographical areas.

These laws and regulations should include stricter licensing laws and qualifying criteria and specific zoning laws and regulations that will prescribe the locations of different types of economic activity that can take place in residential areas. The zoning laws should for example, ensure that no liquor outlets are located near schools, libraries and places of worship.

- *Regulation and control of home brews and concoctions* informed by research that includes traditional utilization in rural areas.
- *Raising of duties and taxes on alcohol products* to deter the purchasing of alcohol. The tariffs should be implemented on a sliding scale commensurate with the alcoholic content.
- *Imposing health and safety requirements* for premises where liquor will be consumed including avoiding overcrowding, providing adequate lighting, food and water, and taking into account access to public transport and toilet facilities.
- *Prescribing measures for alcohol containers* such as the form of container, warning labels and the percentage alcohol content.
- *Increasing the criminal and administrative liability of individuals and institutions* (bars, clubs, taverns, shebeens and restaurants) that sell liquor when they sell alcohol to underage drinkers, intoxicated patrons and patrons whom they know are to operate motor vehicles.
- *Imposing a mandatory contribution by the liquor industry to a fund* that will be dedicated to work to prevent and treat alcohol abuse.
- *Intensifying campaigns* that seek to inform and educate people, in particular young people, about the dangers of alcohol and drug abuse.

- *Ensuring equal access to resources*, especially for civil society and organisations from rural areas.
- *Setting up a cross-departmental operational unit in government* that will take responsibility for the implementation of measures to stem the drug problem across its entire value chain. The unit will inter alia analyse drug production and trafficking trends, drug use patterns, develop and enforce policies and laws that will improve investigations, arrests, prosecutions and improve the legal framework with regards to confiscation of assets acquired through the proceeds of crime.
- *Ensuring that the criminal justice system becomes an effective deterrent for offenders* through harsher punishment of drug related offences, including the seizure of assets.
- The speedy finalization and implementation of legislation pertaining to the trafficking in persons;
- Assessment of the threat relating to the smuggling of migrants and an appropriate legislative response;
- Consideration of Extraterritorial jurisdiction relating to South African interests for drug trafficking to allow for effective interdiction of shipments (air or sea) of drugs;
- *Allowing for the obtainment of a preservation order* in terms of Prevention of Organised Crime Act to permit police officers to seize proceeds of crime temporarily.

- *A review of the International Assistance in Criminal Matters Act* to define the respective roles of the South African Police Service, the National Prosecuting Authority and the Department of Justice and Constitutional Development.
- Immediate implementation of current laws and regulations that permit the restriction of the time, location and content of advertising related to alcohol and in the medium term banning of all advertising of alcoholic products in public and private media, including electronic media. The short term intervention will include measures that will ensure that alcohol will not be marketed at times and locations where young people may be influenced and the content of the advertising should not portray alcohol as a product associated with sport, and social and economic status.
- *Banning all sponsorship* by the alcohol industry for sports, recreation, arts and cultural and related events.
- *Implementation of a continuum of care and a public health approach* that provides for prevention, early detection, treatment, rehabilitation and after care services.
- *Implementation of comprehensive prevention programmes including both universal and targeted approaches.* All young people need life skills and this should be taught in all schools. In addition in high risk areas this should be supplemented by more targeted approaches.
- *Strengthening of after care services* – including for young people (learners).

- *Utilisation of multiple approaches to prevention across different disciplines and structures* targeting for example families and schools. Programs like youth development and sport development can be used as channels.
- Public advocacy and messaging which advocates for a substance abuse free SA.
- *Development and implementation of multi disciplinary and multi modal protocols and practices* for the integrated diagnosis, treatment and funding of co-occurring disorders for both adults and children.
- Development of an acceptable definition and protocols for harm reduction in the South African context.
- *Increasing the provision of rehabilitation and after care* and ensuring that all communities have access to these services.
- *Reducing the current legal alcohol limit for drivers* to further discourage the consumption of alcohol of people operating motor vehicles.
- *Disallowing novice drivers (0-3 years after obtaining a driving license) from consuming any alcohol before driving.* This means that the legally permitted legal alcohol limit for drivers will not be applicable to novice drivers.
- Adopting policy to prevent and address substance abuse in the public service.
- Setting an example to the public by ensuring that all public service functions are alcohol free.

2.7 Parents faced with a drug abusing child

In the study conducted on parents' coping strategies when faced with a drug abusing child by Bauld and Butler (cited in Rice, 2008:110-111) , it was found that families usually try to cope in

isolation first before seeking help. This causes severe strain and parents often experience a range of negative feelings such as depression, anxiety, tearfulness and confusion. The strain experienced by parents can increase if they are faced with the financial difficulties associated with their belongings being stolen by the drug abuser. The initial realisation that a child is using drugs seemed to be a traumatic experience for the parents. Some feelings they highlighted in this study included the fear that the child was going to die; feelings of failure or responsibility for the addiction; and shame because of being judged by the community. Conflict between parent and child was another theme that was identified. The conflict was associated with assets being stolen from them and being deceived. Theft also meant financial loss as property had to be replaced and was often stolen again repeatedly. This left parents with a great sense of having lost trust in their child and feeling exposed as their assets were not secured in their own homes.

2.8 Theories of substance abuse

The causes of substance abuse are complicated and differ among individuals. There are various theories explaining the aetiology of substance abuse disorders (Mohasoa, 2010:11) which are described below:

2.8.1 Anomie theory

This theory asserts that if people are prevented from achieving their goals, they may be driven to drink or to use other drugs. According to this theory, drugs may be used as an escape to avoid the suffering caused by failing to achieve goals, or they may be used as a substitute to experience the “highs” and “feeling good” that users originally hoped to experience from successfully accomplishing their goals. This is typical of teenagers in South Africa. Children who find themselves not achieving or being uncomfortable at home because of overcrowding, normally go

to the streets where they meet with the wrong company that may expose them to substance abuse. Children from settlement areas or very underdeveloped areas tend to abuse *nyaope* with the view that they will forget their socio-economic circumstances or their failure to achieve their goals.

This theory further asserts that drug abuse can be reduced by having society set realistic goals that people can attain, and by society establishing legitimate means, which are available to everyone, for attaining these goals. It is, however, interesting that this theory fails to explain drug abuse by people who appear to be achieving their goals (Zastrow, 2000:93).

2.8.2 Psychoanalytic theory

This theory attributes substance abuse to an individual's addictive personality, which makes a person vulnerable to abuse of various chemical substances as well as other habits such as eating disorders (e.g. anorexia), sexual acting out (i.e. sexaholic), and excessive devotion to work (i.e. workaholic). Problems in the resolution of childhood trauma, which interfered with the development of a personality, are seen as the cause of an addictive personality (Smith, Coles, Poulsen and Cole, 1995: 31-32). Children who experienced childhood trauma such as loss of parent/s or abuse often use substances in the belief that using substances will help them forget their painful experiences.

2.8.3 Labelling theory

Labelling theory views drug abuse as due largely to the process in which some occasional users are labelled "abusers". Initially, occasional users indulge in drug abuse that is disapproved of by others, such as getting drunk or smoking marijuana. These users do not at this point view themselves as abusers. However, if their use is discovered and made an issue by significant

others (parents, police, or teachers), and if they are publicly labelled as “drunkards”, “pot heads”, or “addicts”, they are more closely watched. Under close surveillance, if they continue using drugs, the label is gradually confirmed. If these significant others begin to relate to them in terms of the label, the occasional users may come to identify with that label. When this happens, the occasional user is apt to embark on a “career” as a habitual drug abuser. Labelling theory asserts drug abuse can be reduced by avoiding labelling; that is, by refusing to treat occasional drug users as if they were abusers. One should note that labelling theory fails to explain drug abuse among “closet alcoholics” and others who abuse drug before being labelled as such (Zastrow, 2000:93).

2.8.4 Social learning theory

This theory assumes that the child who is reared in an environment where substance abuse is common will be affected in two ways. Firstly, the child is likely to experience stress as a result of non-optimal rearing patterns that may persist until adolescence and adulthood. Secondly, the child learns from observation of his or her family and the general culture that substance use and abuse are appropriate ways to deal with stress. Children whose parents are using or selling substances may abuse these substances in due course because they are exposed to them by parents.

Children regard their parents as role models and they tend to observe and imitate their parent’s actions and behaviour. Then, following these “models” of behaviour and internalisation, the individual acts in ways similar to those he or she has observed. Because behaviours associated with substance abuse are often reinforcing in the short-term, they tend to be maintained despite the probability of long-term negative consequences (Smith et al., 1995:32).

2.8.5 Systems theory

Systems theory views substance abuse as the result of a “dysfunctional” family system. In this perspective, the addictive behaviour of one or more individuals in the system results from the dynamic system, rather than individual actions or motivation. In addition to the substance abuser (usually the husband), there is a co-dependent (usually the wife) and other family members who maintain addictive behaviour by “enabling” the substance abuser (Smith et al., 1995:32). Children from dysfunctional families or with poor relationships with their parents are more likely to use substances with the view that they will overcome frustrations arising from these experiences.

2.9 Causes of drug abuse and addiction

According to Maithya (2009:16-17), it is important to note that all drugs are dangerous and that the deliberate ingestion of drugs is harmful to the individual, the family, the community and society as whole. Irrespective of the above theories, no consensus exists about the specific root causes of drug abuse and addiction for particular individuals. The reasons why people turn to narcotics are as varied as the types of people who abuse them. The factors associated with drug abuse are many and varied, and include individual predispositions, family characteristics and complex social and environmental determinants.

More causes of drug abuse are discussed below:

2.9.1 Peer pressure

Fraser (in Bezuidenhout, 2004:121) reports that there is broad agreement that drug abuse is associated with peer group influence. Peer groups act as subgroups, providing the individual with an opportunity to manifest behaviour that is not controlled by the external environment. The use

of drugs and their availability in such groups result in the new members experimenting with drugs or being initiated into the use of drugs by others or by drug dealers.

Karugu, Olela, Muthigani and Kamonjo (in Maithya, 2009:17) agree that there is a significant relationship between drug using behaviour and the involvement of their friends in drugs. According to these authors, if an adolescent associates with other adolescents who use drugs, the risk of involvement with drugs is further increased.

2.9.2 Curiosity

Neff (in Mhlongo, 2005:37) states that adolescence is “a time of trying new things. Adolescents use drugs for many reasons including curiosity because it feels good to reduce stress, to feel grown up or to fit in. It is difficult to know which adolescent will experiment and stop using drugs and which will develop serious problems by continuing using drugs.”

2.9.3 Personality

Individuals who are introverted, submissive and feel inferior, who lack confidence in themselves and others, and who have a great need for recognition may take drugs to acquire a sense of well-being. Prolonged drug use may result in drug abuse and, ultimately, in drug addiction, according to Newcomb and Bentler (in Bezuidenhout, 2004:123).

According to United Nations Office on Drugs and Crime (2004:5), there are certain specific factors that increase people's risk of using drugs and this could include:

2.9.3.1 Being male:

Gender makes a difference when considering the risk of drug use according to the United Nations Office on Drugs and Crime (2004:5). It is generally the case that in the majority of

countries more men than women use drugs. Drug use among girls and women tends to relate to abuse of licit or legal substances like 'over-the-counter' prescription drugs and alcohol, which are more socially accepted.

2.9.3.2 Being young:

When one is young, one is constantly struggling to define and affirm identity and this is a factor that may increase people's risk, according to the United Nations Office on Drugs and Crime (2004:5). In the course of this process young people often start experimenting as part of their search for an identity. They may use substances in order to define their belonging to a particular group or to relieve feelings of anxiety or stress in this 'search for the self'. However, while the transition, instability and change which characterise adolescence may well make the adolescent vulnerable to some degree, it is dangerous to think of adolescence *per se* as being the cause of drug taking.

2.9.3.3 Genetic factors

There is evidence to suggest that there are people who are genetically predisposed to becoming addicted. This means that if exposed to other personal or environmental risk factors, a minority of people are more vulnerable to becoming addicted because of their genetic make-up (United Nations Office on Drugs and Crime, 2004:5).

2.10 Effects of commonly used drugs including *nyaope*

Substance abuse has profound health, economic, and social consequences. The negative consequences of substance abuse affect not only individuals who abuse substances but also their families and friends, various businesses and government resources. The exact effect of a substance will depend on the substance used, how much is taken, in what way, and on each individual's reaction. Substances can be extremely harmful and it is relatively easy to become

dependent on them (Mohasoa, 2010:27). The following discussion describes the effects of commonly used drugs.

2.10.1 Cigarettes

Cigarettes regularly serve as starter drug delivering-agent. Cigarettes deliver the drug nicotine. Children become hooked on cigarettes at any age. Cigarettes cause the worst of all drug habits found in the smoking of tobacco (Mhlongo, 2005:27). Wood (in Mhlongo,2005:27) adds that cigarettes' toxic chemicals impair impulse and ethical controls, that is, cause addiction, brain damage, aboulia (impaired reasoning, ethical controls and will power).

2.10.2 *Nyaope*

According to Hosken (2009:3), *nyaope* is a mixture of heroin and dagga and is sold in a tiny brown packet for R30 a packet. Hosken (2009:3) further elaborates that the most popular way of using this drug in South Africa is smoking, traditionally called 'chasing the dragon'. The drug is either put on a foil to heat it and the smoke is then inhaled with a straw or it is mixed with dagga and smoked. Effects of smaller doses include euphoria, rush, a sense of warmth and well-being. Effects of larger doses include, drowsiness, feelings of contentment, safety and relaxation.

2.10.3 Alcohol

According to Zastrow (2000:94), alcohol is a colourless liquid that is in beer, wine, brandy, whiskey, vodka, rum and other intoxicating beverages. In South Africa, alcohol remains the most common primary substance in most areas across the country and no doubt still causes the biggest burden of harm in terms of 'secondary risks', including injury, premature unnatural deaths, foetal alcohol syndrome, and as a potential catalyst for sexual risk behaviour and hence HIV transmission (South African Community Epidemiology Network on Drug Use, 2009:1). Social drinking is highly integrated into social customs. In many areas local pubs, community taverns

and night clubs are the centres for meeting and socialising with friends and neighbours, and entertaining dates. Drinking has become so entrenched in many customs that those who do not drink are sometimes viewed as “weird,” “stuck-up,” or “killjoys” and are often assumed to have something wrong with them (Zastrow, 2000:96).

Zastrow (2000:96) further elaborates that alcohol slows mental activity, reasoning ability, speech ability and muscle reactions. It distorts perceptions, slurs speech, lessens coordination, and slows memory functioning and respiration. In increasing quantities it leads to stupor, sleep, coma, and finally death. A hangover (or after effects of too much alcohol) includes a headache, thirstiness, muscle aches, stomach discomfort and nausea.

2.10.4 Cocaine

Dube (2007:21) indicates that cocaine is an extremely addictive drug and is illegal to possess or deal in. The effects of cocaine use appear almost immediately after only a single dose and disappear within minutes. It makes the user feel euphoric, energetic, talkative and mentally alert, especially to the sensations of sight, sound, and touch. It can also temporarily decrease the need for food and sleep. The short-term physiological effects of cocaine include constricted blood vessels, dilated pupils, increased body temperature, increased heart rate, and an increase in the blood pressure. Dube (2007:21) further elaborates that the signs of cocaine dependence include:

- Small constricted pimples
- Injection marks
- Bruises on the arms, thighs, groins, ankles and neck
- Unnatural calmness
- Drowsiness
- Personality changes

- Decreased appetite
- Increased sexual drive

2.10.5 Heroin

According to Mohasoa (2010:32), heroin is referred to as ‘H’, ‘Horse’, or ‘Hary’ and is produced from morphine by a simple chemical process. Heroin can be smoked, snorted, or injected with the use of a hypodermic needle. The needle can be put into the skin (*skin-popping*) or intravenously (*spiking or maintaining*) into one of the main veins. Intravenous administration is regarded as the most practical and efficient manner to administer low-purity heroin. The injecting of heroin results in near-instantaneous analgesic and euphoric effects and the effects of heroin generally last three to four hours. The different effects produced by heroin do not show tolerance development at the same rate. There is a high level of tolerance for the analgesic, sedative, euphoric and emetic effects, as well as respiratory depression (Dos Santos, 2006:42).

2.11 Summary of the chapter

This chapter focused on a literature review with specific focus on: substance abuse as a global problem, substance abuse in South Africa, substance abuse in Gauteng. South African’s prevention experience, the country’s approach to the use and abuse of alcohol and other substances, parents facing a drug abusing child, theories of substance abuse, causes of drug abuse and addiction as well as the effects of commonly used drugs were also discussed. In chapter to follow, will describe how the qualitative research approach was applied in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology of the study. It explains the rationale behind the methodology employed, how the research was conducted and what steps were taken to ensure data verification. As such, research methods involve the forms of data collection, analysis, and interpretation that researchers propose for their studies (Creswell, 2009:15).

An overview of the research methodology employed in this study was provided in Chapter 1. The description of how it was implemented and materialised will be the focus of discussion in the latter part of this chapter. Methodology is concerned with issues such as why certain data was collected, what data was collected, from where it was collected, when it was collected, how it was collected and finally how it was analysed. The goal of the study was to gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug *nyaope*. In order to realise the goal of the study the following objectives were formulated:

- To explore parents' experiences regarding their children's addiction to *nyaope*.
- To explore parents' support needs regarding children's addiction to *nyaope*.
- To describe parents' experiences regarding their children's addiction to *nyaope*.
- To describe parents' support needs regarding their children's addiction to *nyaope*.
- To draw conclusions and make recommendations about the nature of support needed by parents whose children are addicted to *nyaope*.

3.2 Qualitative research approach

Qualitative methods are an approach to data collection that attempts to discover the quality of something i.e. its peculiar and essential character. These methods are inductive in nature and attempt to discover new explanations (Dudley, 2005:27-29). This author further elaborates that qualitative approaches have a flexibility that allows the researcher to gather data on topics not initially identified. These methods are more useful when little is understood about the phenomenon and flexibility is needed in the method used. In addition, these methods involve more semi-or unstructured searches. They ask questions or observe behaviours that are more likely to be open ended. Open- ended questions do not have a defined set of response categories from which participants choose their answers. Instead, participants write responses in their own words in a blank space on a questionnaire or share their responses in their own words in an interview.

Denzin, Lincoln and Patton (in Engel and Schutt, 2010:243-244) review the ways in which qualitative research differ from quantitative research:

- A focus is on meaning, rather than on quantifiable phenomena.
- Qualitative research is based on the collection of much data on a few cases, rather than a little data on many cases.
- Qualitative researchers study in depth and detail without predetermined categories or directions, rather than an emphasis on analysis and categories determined in advance.
- The researcher in qualitative research is an “instrument,” rather than the designer of objective instruments to measure particular variables
- Qualitative research is sensitive to context, rather than seeking universal generalisations.

- In qualitative research, attention is paid to the impact of the researcher's and others' values in the course of the analysis, rather than presuming the possibility of value-free inquiry.

Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participant setting, data analysis that inductively builds from particulars to general themes, and researcher making interpretations of the meaning of the data (Cresswell, 2009:3). Rubin and Babbie (2010:34-35) add that qualitative research studies typically begin with a more flexible plan, one that allows the research procedures to evolve as more observations are gathered. Rubin and Babbie further elaborate that qualitative methods may be more suitable when flexibility is required to study new phenomenon about which we know very little, or when we seek to gain insight into subjective of complex phenomena to advance our conceptualization of them and build a theory that can be tested in future studies.

Based on the aforementioned descriptions of qualitative research and its characteristics, the researcher came to the conclusion that the qualitative research methodology is flexible and non-sequential and therefore suitable to answer the research question. It is even more suitable when working with people, especially if the researcher (as in the case of this study) acted as an active listener, whilst the participants as the "experts" shared their experiences and support needs regarding their children's addiction to *nyaope*.

3.2.1 Research design

Research designs are plans and the procedures for research that span the decisions from broad assumptions to detailed methods of data collection and analysis. Research design is a plan that describes how the research will be conducted (Dudley; 2005: 134). In this study, the researcher used *an explorative, descriptive and contextual research design to gain understanding of parents*. The following description explains how the researcher utilised these research designs to achieve the goals of the study:

3.2.1.1 Explorative research

Explorative research seeks to learn how people get along in the setting in question, what meanings they give to their actions, and what issues concern them (Engel and Schutt, 2010:10). Kumar (in Van der Westhuizen, 2007:11) states that exploratory research is used to investigate a phenomenon where little knowledge exists. In this study little was known about the parents' experiences and support needs regarding their children's addiction to the drug *nyaope*. According to Neuman (in Grinnel and Unrau, 2011:22-23), the general goals of exploratory research as explained below helped the researcher to:

- Become familiar with the basic facts, people and concerns involved
- Develop a well-grounded mental picture of what was occurring
- Generate many ideas and develop tentative theories and conjectures
- Determine the feasibility of doing additional research
- Formulate questions and refine issues for more systematic inquiry
- Develop techniques and a sense of direction for future research

As indicated in chapter 1; this research study took an exploratory research design dimension as the researcher wanted to explore the parents' experiences and support needs regarding their children's addiction to the drug *nyaope*.

3.2.1.2 Descriptive research design

In a descriptive qualitative study the researcher observes and then describes what was observed. In qualitative studies, descriptive is more likely to refer to a thicker examination of phenomena and their deeper meanings. Qualitative descriptions tend to be more concerned with conveying a sense of what it's like to walk in the shoes of the people being described- providing rich details about their environments, interactions, meanings, and everyday lives- than with generalizing with precision to a larger population (Rubin and Babbie, 2010:42). According to Engel and Schutt (2010:9), descriptive research typically involves the gathering of facts.

The researcher also employed a descriptive strategy of inquiry to describe parents' experiences and support needs regarding their children's addiction to the drug *nyaope*.

3.2.1.3 Contextual research design

Contextual research seeks to gather evidence of participants' perceptions according to the large context in which they occur (Kayrooz and Trevitt, 2005: 10). According to Babbie and Mouton (2001:272), the concept "contextual" relates to the understanding of events against a specific background or from a specific context and how such a context gives meaning to the events concerned.

The participants were interviewed individually by the researcher at his private practice office in Mabopane. The context shared by the participants in this study was as follows: the parents' experiences and support needs regarding their children's addiction to the drug *nyaope*.

3.2.2 Population and sampling

As described in chapter 1; the concept "population" is a group of elements or cases, whether individuals, objects or events, that conform to specific criteria and to which we intend to generalise the results of the research (McMillan and Schumacher, 1997:169). Rubin and Babbie (2010:135) concur and note that the concept "population" is the theoretically specified aggregation of study elements. Rubin and Babbie (2010:135) also note that a study population is that aggregation of elements from which the sample is actually selected. Fossey et al., (2002:726) state: "qualitative sampling is concerned with information richness, for which two key considerations should guide the sampling methods appropriateness and adequacy. In other words, qualitative sampling requires identification of appropriate participants, being those who can best inform the study. It also requires adequate sampling of information sources so as to address the research question and to develop a full description of the phenomenon being studied". Qualitative researchers purposively or intentionally seek out participants for inclusion in the sample because of their knowledge of and ability to describe the phenomenon or part of the phenomenon under study (Donalek and Soldwisch, 2004:356).

The population for this study was comprised of the total number of parents in Soshanguve who sought professional assistance from the researcher. As it was impossible to include the whole population into the study due to time and money constraints, the researcher had to draw a sample from the population. Engel and Schutt (2009: 114) concur and note that often researchers do not

have the time or resources to study the entire population of elements in which they are interested, therefore they resolve to study a sample, a subset of this population of elements. Dudley (2005:23) defines sample as a subgroup of the population the researcher selects to study. In this study, eight parents in Soshanguve whose children are addicted to *nyaope* were selected.

There are two general kinds of sampling approaches i.e. probability sampling and non-probability sampling. Probability sampling is a sampling in which every person in the population has an equal chance of being selected. In other words, based on probability theory, it is probable that anyone in the population can be selected to be in the study. A sample that is selected by probability sampling is considered to be a representative sample and can be generalised to its population with some small degree of error. Non-probability sampling is sampling in which we do not know if every person in the population has an equal chance of being selected. Non-probability sampling is often used, because the intent of the study is not to generalise the findings. Both probability and non-probability sampling have specific approaches or strategies, as summarised below (Dudley, 2005:150):

Probability type

(Each unit in population has an equal chance of being selected.)

1. *Random*: selected by chance
2. *Systematic random*: selected systematically
3. *Stratified random*: stratified then randomly selected

Non-probability type

(Chance of being selected is unknown.)

1. *Convenience*: whoever can be found
2. *Quota*: stratified into subgroups before selection
3. *Purposive/criterion*: based on specific criteria

4. *Cluster*: multiple stages

4. *Snowball*: participants identify other participants

Based on the aforementioned descriptions of sampling methods, the researcher came to the conclusion that non-probability sampling was suitable for this study. Dudley (2005:154) states that non-probability sampling is suitable for studies in which the researcher(s) does not know much about the population, such as its size or its demographic characteristics. Examples of such populations might be parents whose children are abusing *nyaope*. At times it may not be easy to identify such populations because of intentional concealment to protect themselves.

As mentioned in Chapter 1; the researcher used purposive sampling. Rubin and Babbie (2010:148) indicate that sometimes purposive sampling is used not to select typical cases, but atypical ones. Rubin and Babbie further elaborate that this approach is commonly used in qualitative studies that seek to compare opposite extremes of a phenomenon in order to generate hypotheses about it. Creswell (2009:178) suggests that the idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem and answer the research question. The same author also notes that this does not necessarily suggest random sampling or selection of a large number of participants and sites, as typically found in quantitative research. Rubin and Rubin (in Grinnell et al., 2011:237) suggest three guidelines for selecting informants when designing any purposive sampling strategy. Informants should be:

- Knowledgeable about the cultural arena or situation or experience being studied
- Willing to talk
- Represent(ative of) a range of points of view

In addition, they suggest continuing to select interviewees until the researcher can pass two tests, namely:

- Completeness. What the researcher hears provides an overall sense of the meaning of a concept, theme, or process.
- Saturation. The researcher gains confidence that he/she is learning little that is new from subsequent interview(s).

The criteria that the researcher used for the inclusion of participants in the sample as mentioned in Chapter 1 were as follows:

- Parent(s) residing in Soshanguve, whose children are addicted to the drug *nyaope* and who are living with their parent/s.
- Parent(s) who reached out for help at the researcher's private practice.
- Parent(s) should have received professional assistance from the researcher over the past three years.
- Parent(s) willing to participate in the study.
- Parent(s) conversant in English, Setswana and/or IsiZulu.

No specific sample size was determined at the outset of the study, but after eight participants were interviewed and the interviews were transcribed and read through by both the researcher and the study's supervisor it was concluded that a point of "data "saturation" was reached, that is, the point when new interviews seemed to yield little additional information (Engel and Schutt, 2010:227) and the process of sampling more participants was subsequently terminated. This is confirmed by De Vos et al., (2002:335) by indicating that a specific sample size cannot be determined at the outset of the study, but the number of participants to be included in the sample

will only be known once the data has reached a point of “saturation”, that is when the information being gathered becomes repetitive.

3.2.3 Recruitment of participants

In recruiting participants, the researcher assessed all possible ways that a potential research participant might feel undue influence to participate. These included a personal appeal, a financial incentive, the status of being part of a special group, other tangible or intangible benefits, or simply the fear of repercussions. Based on this assessment, the researcher considered that the code of ethics includes standards that mandate researchers to obtain consent from the potential research participants without threatening to penalise anyone who refuses to participate and without offering inappropriate rewards for their participation (Grinnell and Unrau, 2011:82). The researcher started the process by going through his caseload to get more information (i.e. names of the potential participants who met the inclusion criteria for possible inclusion in the study). The researcher proceeded to contact the potential participants telephonically to secure an appointment with them individually. During face-to-face contact with the potential participants, the researcher reintroduced himself to them, explained the purpose and the criteria for inclusion and pointed out to them what their participation in the study entailed. They were informed that their participation in the study was voluntary and that they had the right to refuse to participate in the study. According to Grinnell and Unrau (2011:91), safeguarding the individual’s right to freely participate or not to participate in a research study is critical to ethical research conduct in addition to the validity and the ability of the data collected to be generalised.

It was also pointed out to them in clear, simple terms that should they not participate, they will not be discriminated against on the grounds of their refusal to participate. The potential

participants were also informed that the contents of the data collected will be discussed with the researcher's supervisor and that the contents of the report might be published in a journal as an article. However, they were all assured that they will remain anonymous and that the researcher will use pseudonyms so that they cannot be linked to the contents of the data collected and documented. Rubin and Babbie (2010:259) mention that the protection of participants' identities is the clearest concern in the protection of their interest and well-being in survey research.

Furthermore, the researcher went through the questions that were going to be asked during the interview. He mentioned that the interview would be digitally recorded and also sought their permission in this regard, should they consent to participate. According to Whittaker (2009:43), there are a number of advantages to recording the interviews. This author explains that when the researcher is recording the interview he/she will be able to give the participants his full attention rather than dividing it between writing and listening.

After sharing all the information verbally the researcher proceeded by giving each of the potential participants a letter detailing all the information mentioned thus far as well as an informed consent form (see Addendum A) for them to read in their own time and also to give them time to make the decision on whether or not to participate in the study. A follow-up appointment was then made for the potential participants to give an answer to whether they agreed or disagreed to participate and for the interview to be conducted. During this contact and based on the participants' decisions to participate, the researcher once again went through the letter requesting their participation, and the consent form afforded the potential participants an opportunity to ask questions. Upon completion of this session, the researcher requested them to sign the consent form as proof that they were comprehensively informed about the study and based on the information provided contented to participate voluntarily in the study. The third

contact was the collection of data through the use of face-to-face semi-structured interviews held at the office of the researcher.

3.2.4 Data collection

The researcher used semi-structured interviews with the aid of an interview-guide as a data collection method. Grinnell and Urau (2011:306) state that a semi-structured interview schedule may include some specific items, but considerable latitude is given to interviewers to explore in their own way matters pertaining to the research question being studied. Rubin and Babbie (2010:104) define an interview guide as a qualitative measurement instrument that lists in outline form the topics and issues that the interviewer should cover in the interview, but it allows the interviewer to adapt the sequencing and wording of questions to each particular interview. Rubin and Babbie further elaborate that the interview guide ensures that different interviewers will cover the same predetermined topics and issues, while at the same time remaining conversational and free to probe into unanticipated circumstances and responses.

Dudley (2005:229) states that it is important for data collectors to understand the principles and strategies of the qualitative research methods they will use, such as semi-structured interviews. The researcher used simple but helpful principles for conducting structured interviews as outlined by Taylor and Bogdan (in Dudley, 2005:229-230). These include:

- *Being non-judgemental:* The researcher created a safe atmosphere for the interviewees to openly disclose all kinds of information, including private thoughts and feelings, in the process of striving to be non-judgemental. An important way of encouraging openness is to be non-judgmental about what the interviewee says and does. As the interviewer, the researcher reassured participants that what they said is accepted, particularly when what

they said was embarrassing or very personal. Non-verbal expressions of acceptance, such as a nod of empathy, went a long way to communicate acceptance and a non-judgmental attitude.

- *Letting people talk:* The researcher listened well and conveyed this to the interviewee. Being comfortable with silence and allowing the interviewee to discuss things not relevant to the study often helped in letting people feel comfortable when talking. As conversation flowed, sympathetic gestures and relevant questions were used to bring the interview back to relevant topics.
- *Paying attention:* The researcher paid genuine attention to what the interviewee was saying and did not let his mind drift. Good eye contact, supportive nods, and other gestures that reveal attentiveness were displayed. Attentiveness is also very important to ensure that comments are recorded accurately.
- *Being sensitive.* Being sensitive to how to behave and what to ask are also important. For example, the researcher was friendly but not ingratiating, sympathetic but not patronising; asked probing questions but did not intrude in areas that should be left untouched.

The researcher, as a social worker by profession, followed the above-mentioned principles as they are also familiar and similar to the principles of social work practice. The researcher applied the skill of active listening during the interviews. Active listening is closely related to active attentiveness. It is a process of observation and listening and a prerequisite for all other communication skills and precedes all other skills. Listening can be defined as the active process of receiving auditory stimuli, attaching meaning to what we hear, and making sense of the raw vocal symbols are received (Grobler, Schenck and du Toit, 2003:141).

The researcher also applied attentiveness in communicating with the participants. Attentiveness may be describe as the way in which the facilitators orientate themselves physically and psychologically towards clients so that the clients will feel sufficiently at ease to share their experiences, ideas, and emotions (Grobler et al., 2003:128).

The researcher was able to gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug *nyaope* by allowing participants to answer the following research questions:

- Tell me more about your child's addiction to *nyaope*. (i.e. When and how did it start, how did you come to know about it or what did you observe?)
- What effect does it have on your child?
- What effect does your child's addiction to *nyaope* have on you as a parent and on the family as a whole? And how do you react?
- What have you done thus far to assist your child to rid him/her from the addiction to this drug?
- What are you experiences and feelings regarding your children's addiction to *nyaope*?
- How do you cope?
- What are your needs for support?
- How would you like to be supported?
- By whom would you like to be supported?

3.2.5 Pilot study

A pilot study is one of the mechanisms in qualitative research that is used to avoid or alleviate practical pitfalls prior to the research study being undertaken (Rubin and Babbie, 2010:205). To

recap, the concept “pilot study” as described in Chapter one: It is a small version of the proposed study, with a restricted sample of subjects (Mason and Henningfield, 2001:84). According to Mohasoa (2010:52-52), the pilot study is used to assess the feasibility of the study, identify logistical problems, to collect preliminary data, to test the adequacy of interview questions, to assess the proposed data analysis techniques in order to uncover potential problems, and to train the researcher in as many elements of the research process as possible. Mohasoa (2010:54) further elaborates that conducting a successful pilot study is not a guarantee for the success of the large scale study. There is a possibility of making inaccurate predictions and assumptions on the basis of pilot data. The researcher interviewed two parents, who were as similar as possible to the target population but they were not included as participants of the study.

The researcher transcribed the interviews and discussed them with his supervisors before he proceeded with data collection. It was then decided that the method of data collection and the research questions asked were indeed suitable to answer the research question.

3.2.6 Data analysis

According to Stake (in Engel and Schutt, 2009: 346), qualitative data analysis is an iterative and reflexive process that begins as data is being collected rather than after data collection has ceased. Miller and Crabtree (in Engel and Schutt, 2009:346) elaborate that carrying out this process successfully is more likely if the analyst reviews a few basic guidelines when starting the process of analysing qualitative data. According to Miller and Crabtree (in Engel and Schutt, 2009:346), the data analyst has to:

- Know him/herself, his/her biases and preconceptions.
- Know his/her questions.

- Seek creative abundance-he/she has to consult others, and keep looking for alternative interpretations.
- Be flexible.
- Exhaust the data-try to account for all the data in the texts, then publicly acknowledge the unexplained and remember the next principle.
- Celebrate anomalies-they are windows to insight.
- Get critical feedback-the solo analyst is a great danger to self and others.
- Be explicit.

In addition, Tesch (in Creswell, 2009:186) provides the following useful eight steps for qualitative data analysis which the researcher followed step by step:

1. The researcher read all the transcriptions carefully. He wrote down some ideas as they came to mind.
2. He picked one document (i.e. one of the transcribed interviews) - the most interesting one, the shortest, the one on the top of the pile, read through it, asking himself, “what is this about?” and wrote thoughts in the margin.
3. On completion of this task for several participants, he made a list of all topics and clustered together similar topics. These topics were then placed in columns arranged as major topics.
4. He then took this list and went back to his data and searched for abbreviations for the topics as codes and wrote the codes next to the appropriate segments of the text. He tried this preliminary organizing scheme to see if new categories and codes emerge.

5. The researcher found the most descriptive wording for his topics and turned them into themes. He looked for ways of reducing the total list of categories by grouping topics that related to each other.
6. He then made a final decision on the abbreviation for each category and alphabetised the codes.
7. The researcher assembled the data material belonging to each category in one place and performed a preliminary analysis.
8. Where he deemed necessary, he recoded existing data and on completion commenced with reporting the research findings to be found in the next chapter of this research report.

3.2.7 Data verification

Guba's model (in Krefting, 1991: 214-222) of ensuring the trustworthiness of qualitative data was applied as a data verification method for the study. The four characteristics to ensure trustworthiness are truth-value, applicability, consistency and neutrality were addressed.

3.2.7.1 Truth-value

According to Krefting (1991:215), the truth-value is concerned with whether the findings of the study are a true reflection of the experiences of the participants. Truth value is established by the strategy of credibility. In this study, the issue of credibility was addressed by interviewing eight parents from Soshanguve Township to explore their experiences and support needs regarding their children's addition to the drug *nyaope*. For the purpose of this research, the researcher used the following criteria:

Interviewing techniques. The researcher made use of various interviewing techniques during interviews e.g. non-verbal and verbal expressions, observation, restating and summarising in order to enhance the credibility of the study.

Authority of the researcher. The researcher is a social worker by profession and is currently running his own private practice. This position entails, inter alia, assessing and working with clients and families experiencing *nyaope* addiction problems.

Peer examination. The researcher obtained input from colleagues who are well-versed qualitative researchers and who clarified the study by asking him questions and generally making suggestions.

Triangulation of data sources: The researcher interviewed the parents of different children addicted to *nyaope*.

3.2.7.2 Applicability

Krefting (1991:216) defines applicability as the degree to which the findings can be applied to other contexts and settings or to other groups. Applicability is established through the strategy of transferability. In order to achieve transferability, the researcher provided a dense description of the research methodology employed. Since this study seeks to explore the experiences and support needs of parents from Soshanguve Township whose children are addicted to *nyaope*, it maybe possible to transfer or generalise this study's findings to similar settings in which researchers may work. Direct quotes from the interviews with the participants were included.

3.2.7.3 Consistency

According to Guba (in Krefting, 1991:216), consistency of data refers to "whether the findings would be consistent if the enquiry were replicated with the same subjects or in a similar context". Consistency is established through the strategy of dependability. As indicated earlier in this

chapter; the researcher stopped the interview process after interviewing eight participants as data appeared to be repetitive, thus indicating dependability of his findings. The researcher had consensus discussions with the study leader on the themes, subthemes and categories to be presented as research findings.

3.2.7.4 Neutrality

Guba (in Krefting, 1991:216-217) proposes that neutrality in qualitative research should consider the neutrality of the data rather than that of the researcher, which suggests conformability as the strategy to achieve neutrality. However, the researcher attempted to be aware of own biases and journalled them, when and where necessary. Furthermore, a dense description of the research methodology employed was provided to make a conformability audit possible.

3.3 Ethical consideration

Knight (in Van der Westhuizen, 2007:57) states that ethical practice in research is designed to prevent the researcher hurting the participants in any way. The National Association of Social Workers (NASW) is a parallel practice organisation that works to enhance the professional growth and development of practicing social workers. The NASW believes that social work practitioners should also know the basics of research. The following are the basic ethical research guidelines set for social work practitioners by the National Association of Social Workers (Grinnell and Unrau, 2011:2-3):

- a) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants.

- b) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from the participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.
- c) When evaluation or research participants are incapable of giving informed consent, social workers should provide appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.
- d) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent not feasible.
- e) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.
- f) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.
- g) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm danger or deprivation.

- h) Social workers engaged in evaluation or research should protect participation from unwarranted physical or mental distress, harm, danger, or deprivation.
- i) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.
- j) Social workers engaged in evaluation or research should ensure that anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.
- k) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.
- l) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

In order to ensure ethical practice in this research study, the researcher considered the following ethics:

3.3.1 Informed consent

According to Rubin and Babbie (2010:256), a major tenet of research ethics is that participation must be voluntary. Rubin and Babbie (2010:257) further state that participants must not be forced to participate and must be aware that they are participating in a study, be informed of all the consequences of the study, and consent to participate in it. As alluded to in Chapter 1: In

order for the participants to make an informed decision whether or not to participate, the researcher ensured that all the participants were adequately informed about the goal of the research, what their participation would involve, their rights and what would happen with the information shared. This information was provided in writing (see Addendum A) and verbally. After being adequately informed and upon agreeing to participate, the participants were requested to give their consent in writing.

3.3.2 Privacy/anonymity/confidentiality

According to Maithya (2009:56), the right to privacy refers to freedom of the individual to pick and choose for him or herself the time and circumstances under which to participate in the research. This author further elaborates that privacy should also involve the extent to which personal attitudes, beliefs, behaviour and opinions are to be shared with or withheld from others during and after completion of the study. The researcher also made sure that participants' identity was withheld. Furthermore, the researcher made sure that the interview venue was private. Code names were given and only the researcher knew who was linked to which code name.

3.3.3 Release or publication of the findings

As mentioned in Chapter 1, Huysamen in Strydom (2005:65) are of the opinion "that it is desirable to present the findings to subject as a form of recognition and to maintain a future good relationship with the community concerned". Researcher will submit an article for possible publication with his supervisor as co-author to a scientific journal. The researcher made sure that all participants who took part in the research study were informed about the publication of the results. This aspect was also included in the informed consent letter.

3.3.4 Debriefing of participants

Debriefing involves explaining the true purpose of the research study when completed, along with why the deception was necessary (Grinnell and Unrau, 2011:89). Grinnell and Unrau (2011:89) further elaborate that if there is psychological distress as a result of having been deceived by the study, participants must be offered adequate means of addressing this distress. The researcher made sure that the participants underwent debriefing session directly after the interview session. This was more focused on going through the experiences and emotions they went through during the process.

3.4 Summary of the chapter

The researcher discussed and motivated the use of qualitative research design. In addition, sampling, method of data collection, pilot study, method data analysis and method of data verification were discussed fully. Details on ethical issues and ethical measures were addressed in depth. In the chapter that follows, the presentation and discussion of the research findings will be outlined.

CHAPTER 4

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1 Introduction

The goal of this research study was to gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug *nyaope*. This chapter focuses on the presentation and discussion of the research findings. Creswell (2009:175) states that qualitative researchers typically gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source. Then the researchers review all the data, make sense of it, and organize it into categories or themes that cut across all of the data sources. In this study, being qualitative in design, different methods of data collection were used; such as individual interviews with the participants and observation during interviews.

Data analysis was done in various ways. The answers were first grouped according to content and then categorized into themes followed by subthemes, in the process endeavouring to be as objective as possible and trying to keep the researcher's interpretations to a minimum and constructing categories from the participant's own perceptions. The data had to be reduced to certain patterns, categories or themes and subthemes to allow interpretations to be made using different schema or techniques. This process was achieved through using tables where appropriate. Where applicable, the findings have been compared with theory from the literature review while the researcher sought the applicability of the different theoretical frameworks to the findings (Kang'ethe, 2006: 104).

Before presenting the themes and sub-themes that emerged from the aforementioned processes the profile of the participants will be presented in the next section.

4.2 Profile of the participants

The profile is given in terms of the participants' age, gender, employment status and marital status.

4.2.1 Age of the participants

The ages of the participants ranged from 30 to 69 years of age. Of the eight participants, three of them were between the ages of 30 and 39 years. Another three of the participants were between the age of 50 and 59 years. The remaining two were between the age of 60 and 69 years and 40 and 49 years respectively. Van Delft (2000:25) points out that middle adulthood (30-50 years) requires a special effort at keeping the body as healthy as possible. This is a life period during which people tend to neglect their health because of work pressure and the responsibility of caring for children and generally experiencing a busy life. As is true in this study, most of the participants were busy in different places of employment leaving their homes early in the morning and returning in the evening. All this is directed towards keeping their children happy by meeting their basic needs. It is also during this life stage when many adults become parents. Pillari (in Van Delft, 2000:31) identifies the following effects of parenthood:

- Money is spent on children and parents will often delay the gratification of their own needs if there is insufficient money
- The parents' time is no longer their own. Children lay claim on the parents to play, help with homework and so on.
- Children bring friends home and the parents have to make the friends feel welcome.
- Children introduce their parents to other parents and the social life of the parents' changes.

- Children make many demands on the parents when they are ill, are not doing well at school, or are the loggerheads with their friends. The parents must get involved and are no longer responsible only for themselves.
- Parents discover each other's ideas on education and experience each other's educational styles. These discoveries can cause friction between parents.
- Children create closer contact between the grandparents on each of the parent's sides. Grandparents want to contribute to the education of their grandchildren. Parents must therefore decide how they feel about the grandparents' influence on their children and their family life.
- The parents no longer have the privacy they had before they had children.
- If the child was not planned for, this may create mutual recriminations between the parents.

It should be noted that people in middle adulthood are working and therefore can be assumed to spend less time with family. This is confirmed in 4.2.3 below which indicates that the majority of the participants were employed. Mohasoa (2010:96) also confirms that as parents spend more time away from home, adolescents also spend more time with their peers and less with their families, which then puts them more at risk of substance abuse. Mohasoa (2010:96) further elaborates that there is a lack of proper monitoring and control over adolescents. Parents are no longer taking full responsibility once their children reach adolescence. As a result, this puts adolescents at risk of substance abuse among other things as they become aware that no one is monitoring their movements.

It should also be noted that the participants between the age of 50 and 69 are in late adulthood and most of them are retired or working towards retirement. It is therefore expected that they will spend quality time with family, although at this time children are expected to be at a stage where they can take care of themselves and be responsible for their lives. Van Delft (2000:42) postulates that people in late adulthood would be far more satisfied if they could stay actively involved in the community. At this age, people volunteer their services to the community in different ways. This helps them to adapt better after retirement. It would have been expected that since four of the participants are between the ages of 50 and 69, the children would be more stable. However, this does not conclusively mean that children of the parents who are in the late adulthood stage are not prone to substance abuse.

4.2.2 Gender of the participants

The majority of the participants were women. Only two of the participants were men. It may be assumed that mothers are normally more involved with the welfare of children as compared to fathers. This is confirmed by Bruce and Schultz (2002:9-13) that fathers are uninvolved and disengaged in the care of their progeny most of the time. Traditionally, a household maintained by a female head has been viewed by an American social scientist as a deviant family structure. Fatherless homes have been associated with adverse characteristics or behaviour of children. Problems such as delinquency and substance abuse have been cited by other people as results of fatherless home. Some have challenged this traditional view of the family. Several factors have contributed to a re-evaluation of this perspective, as there has been a rapid increase in single parent families. The single parent view, as is, should be studied as a family form in its own right. Exponents of this view have been those whose interest has been the fatherless home of the lower class, particularly the families of racial and ethnic minorities. This approach, known as the

“culture of poverty”, portrays the structure of the lower class family as a product of a distinctive and self-perpetuating cultural system of the class community. Various features of ghetto life (such as female household dominance and children’s addiction) are viewed as cultural characteristics of the poor community and are not to be understood as deviations from the norms and structures of the mainstream (Glasser ,Navarre, Fleck, Spray, Herzog, Sudia, Lewis, Moyonihan in McCarthy, Gersten and Langner, 2002:12-13).

It should also be noted that there is a relationship between the father’s involvement and children’s developmental outcomes. Children of involved fathers are associated with conformity to rules and positive moral behaviour. Having a close positive father-child relationship predicts a reduced risk of engagement in multiple first-time risky behaviours. In addition, when fathers have a positive relationship with their children, an increased risk of engaging in delinquent activity and substance use is reduced (Bronte-Tinkew, Moore, and Carrano in Allen and Dally, 2007:7). However, this is only a generalisation as having a father’s involvement does not necessarily protect children from engaging in substance abuse, as evident in this study where majority of participants were married and living with husbands or father of the children. This is confirmed in 4.2.4 which indicates that the majority of the participants were married.

4.2.3 Employment status of the participants

The majority of participants were employed. Out of the eight participants, six were employed. Only one of the participants was unemployed. Another one of the participants was retired; this was the participant in the age category of 60-69 years as indicated in 4.2.2. The employment status of the participants indicates that most of the parents of children who abuse *nyaope* are working which could indicate that their absence from home results in lack of supervision. Soshanguve, being a black township, is situated on the outskirts of the Tshwane area. Most

people travel long distances to and from work, thus increasing the hours that parents spend away from home. From experience, it is common for parents to leave home as early as 4am to catch a train to town and to return around 7pm. This practically means children are without parental supervision for the whole day. Children can decide not to go to school and the parent may not be aware of this.

Children may tend to be resentful of parents' absence and as a result they may turn to drug abuse. Grobler et al., (2003:40) postulate that experiences that conflict with the individual's self-perception are considered threatening to the self. The greater the number of such experiences, the more intent the self-structure becomes on self-preservation. Kiiru (in Maithya, 2009:26) indicates that youth from rich families abuse substances because they can afford them, while children from poor families normally abuse cheap drugs to deal with the frustrations and social pathologies faced by the family, e.g. long absence of parents from home due to working conditions.

Economic status is one of the largest external influences on a child's development. The income of a parent or parents directly influences the quality of care and the quality of life a child has. Children living in townships or low-income situations have their share of reasons to feel sad, fearful, and angry or to abuse drugs. These children are, often times, more prone to emotional difficulties than other children because parents have limited resources to address the children's needs and may discipline them inconsistently.

However, gaining higher economic status does not guarantee better child development. Middle-income parents are likely to project their own aspirations onto their children expecting their children to follow unrealistic development timetables. When the children fail to live up to these

aspirations, parents may become critical, overly directive, or even controlling. As a result of this, children might turn to substance abuse to try to escape the pressure that the parents are imposing on them. At times, substance abuse is perceived as a way of relieving the stress and unwanted feelings by the children.

Despite its necessity in most situations, employment can have negative consequences. When parents work, they must seek non-parental care. High employment numbers among parents are indicative of the fact that many American children are in non-parental care of some type including day care, care by extended family, or self-care (knol.google.com/k/children-in-america-effects-of-working-parents-on-child-development). This was true in the researcher's study. It would have been expected that since the majority of the participants are employed, the children would be more stable as they have the available resources to fulfil their basic needs. Availability of resources does not necessarily mean they are sufficient or adequate. This, however, does not conclusively mean that children of the parents who are unemployed are not prone to substance abuse.

4.2.4 Marital status of the participants

Five of the participants were married and two of them were single. Only one of the participants was divorced. According to Mohasoa (2010: 95), the family structure of the children has an impact on their social and psychological well-being. For example, the confirms that children from single parent families may not have father figures at home and this in turn puts them at a risk of substance abuse. Once again, this does not conclusively mean that children from families with both parents are not prone to drug abuse as Mohasoa (2010:95) confirms that children from nuclear families also used substances even though they had a father figure in their family.

Barlow (2008:1) defines marriage as a unique, opposite-sex union with legal, social, economic and spiritual dimensions. It is a fundamental and universal social institution and the mechanism by which every known society seeks to obtain for each child the love, attention and resources of a mother and a father. The happiness, development and productivity of a new generation are bound to the marriage and the family unit. Barlow (2008:1) postulates that the successful development of children is critical to the success and preservation of nations. Because of marriage's essential role, states and nations have chosen to provide unique benefits and incentives to those who choose to be married. There is now broad bipartisan recognition that healthy marriage affords substantial benefits for adults and their children. Stable marriage has a positive effect on the economic, emotional and psychological well-being of men and women and dramatically benefits the well-being of children. A wealth of social science research attests to this conclusion. Efforts to uphold marriage between one man and one woman as the foundation for the family – the fundamental unit of society – should be supported and strengthened. Families, communities and responsible governments should use all prudent means to encourage healthy, lawful marriage and to discourage pre-marital sex, out-of-wedlock childbearing, adultery, divorce and alternative family forms.

According to Barlow (2008:1), marriage leads to:

- Better health and greater longevity
- Less crime, less violence
- Safer homes
- Safer communities
- Less poverty, more wealth
- Healthier society

- Better intimate relations
- Less substance abuse and addiction
- Less hardship and better outcomes for children
- Less government, lower taxes
- More happiness

It would have been expected that since the majority of the participants were married, the children would be more stable as they enjoy the presence of both parents. However, this cannot be taken for granted as having two parents does not necessarily constitute a stable family. It should be noted that only two of the participants are single. It would have been expected that the majority of children of single parents would be more prone to substance abuse than children of married parents. However, this can also not be relied upon as having two parents does not necessarily constitute children being less risk of substance abuse. Out of eight participants, only one was divorced. It would also have been expected that the children whose parents are divorced would be more prone to substance abuse. The study revealed less of a relationship between children's substance abuse and parents' divorce.

Looking at the profile of the participants the following conclusions can be drawn regarding the sample involved:

- When parents spend more time away from home, adolescents may also spend more time with their peers which, in turn, put them more at risk of substance abuse.
- There is a minimal relationship between the presence of fathers in children's development and the risk of substance abuse.

- Children of employed parents are more prone to substance abuse than children whose parents are unemployed and retired.
- Children of married and employed parents are more prone to substance abuse than children whose parents are single, divorced and unemployed.

4.3 Presentation and discussion of the themes and sub-themes

The discussion that follows is a narrative analysis of the themes and sub-themes that emerged from all the interviews that were conducted with eight participants living in Soshanguve Township.

Table 4.1.1 Themes and sub-themes

Themes	Sub-themes
The onset of children's use of <i>nyaope</i>	<ul style="list-style-type: none"> • Change in friends • Stealing • Poor academic performance
Effects of <i>nyaope</i> on the child	<ul style="list-style-type: none"> • Poor appetite leading to weight loss • Poor personal hygiene • Withdrawal from the family
Effects of child's addiction to <i>nyaope</i> on parent/s and family as a whole	<ul style="list-style-type: none"> • Disharmony and disequilibrium • Conflict and fights
Parents' efforts to assist their children	<ul style="list-style-type: none"> • Parental advice

	<ul style="list-style-type: none"> • Religious help • Professional help
Parents' experiences and feelings with their children's addiction to <i>nyaope</i>	<ul style="list-style-type: none"> • Miserable • Shame and despair • Helplessness • Intimidation by the addicted child
The parents' coping strategies with children's addiction to <i>nyaope</i>	<ul style="list-style-type: none"> • Difficulty in coping
Support needs of the parents	<ul style="list-style-type: none"> • Reaffirmation and reassurance
Support required by parents	<ul style="list-style-type: none"> • Support groups
Resources for parents' support	<ul style="list-style-type: none"> • Support from community • Support from police • Support from the family • Support from the social workers and government

4.3.1 Theme 1: The onset of children's use of *nyaope*

The researcher was interested to find out how the addiction started and how the parents were able to detect it. This was based on what parents observed or saw over a period of time. It must be

noted that it is not always easy for parents to detect addiction as this is concealed from the family and also because parents spend more time away from home due to work conditions.

The following sub-themes emerged confirming parent's observations of how their children's addiction to *nyaope* started.

4.3.1.1 Sub-theme 1: Change in friends

The participants reported that it was after they observed their children's unusual behavioural patterns that they suspected they might be addicted to some form of drug. This started by the regular change in friends and spending increasing time on the streets. According to the United Nations (1992:15), drug users, like other people seek approval for their behaviour from their peers whom they attempt to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path.

The following story lines substantiate more about the parents' observation regarding their children's behaviour change:

"He started spending increasing time with new friends who were unknown to me."

"He is always in the company of friends that I don't know them."

"He started having lots of new friends."

"My child was always having lot of new friends."

There is a relationship between substance abuse and peer pressure. Children who keep company with others who do drugs are more likely to abuse drugs as well. As children grow older, the influence of the friends that surround them becomes more important. As a result of this influence, children start to develop a drug sub-culture with a unit of friends who also abuse drugs as well. Lawson (1992: 12-17) refers to the fact that adolescents take drugs because of a drug effect motive, a desire to produce a “high,” a mellowness, an ease with friends, and a feeling of greater creativity. This author further elaborates that certain signs of adolescent drug abuse include changing circles of friends and giving many excuses for staying out too late.

Gouws, Kruger and Burger (2008:131) state that peer group is a critical determinant in the development of a value system. Since acceptance by their peer group is essential for adolescents, they conform to the standards and limits for admissible behaviour set by the group. This is particularly the case in families in which parental influence has declined. Adolescents primarily turn to peers in reaction to parental neglect and rejection. The unstructured leisure hours spent with peers afford adolescents the opportunity to develop skills enabling them to assume roles. The peer group sets the standards and behaviour limits to which adolescents conform. Criteria for acceptance by the peer group sometimes clash with those that parents deem suitable. This was found to be true in this study. Parents reported that their children were spending increasing time with new friends who were unknown to them. It can be assumed that children were doing this in order to conform to the standards and behaviour limits set by their peer group. Unfortunately, in some other cases this new set of standards and behaviour limits set by the peer group tend to clash with those of their parents, since parents usually encourage adolescents to choose their friends from peers with the same value orientation that they have established in the home.

According to Thom (in Gouws et al., 2008:131-132), peer groups can help adolescents to attain autonomy with respect to a moral perspective or system of their own by the following means:

- Adolescents are increasingly treated as the equals of adults and they develop the self-confidence to decide together with their peer group about the implementation and the amendment of rules.
- During interaction with the peer group, adolescents become aware of the interchangeability of roles and of co-operation between individuals.
- Through increasing interaction with the peer group, adolescents come to realise that individuals behave differently because they maintain different sets of values, which means that other people's values are now considered.
- When adolescents meet, they have discussion that last for four hours, and these often result in clarity about existing values or changes in values.

4.3.1.2 Sub-theme 2: Stealing

The participant started to observe that their children had taken to stealing things in the house as family members continuously complained about missing items. All the participants indicated that they had been victims of theft by their own children. They further indicated that not only was money stolen from them but also items such as clothes, cell phones and other valuable assets at home. This gave them an indication that their children were stealing in order to get money to buy the drug (*nyaope*) which is highly addictive. Their experience was that they could not trust their own children in the home, and made the home feel like an unsafe place to be. This was expressed in the following utterances:

“He started by stealing money from me, stealing some items, my cell phones, CD’s in the house and small items that he can sell. He advanced to taking more expensive items such as his clothes, computers and anything that is valuable that he can carry.”

“My boy stole everything that he could get hold of in the house. I could not keep anything safe in the house because the next day it will be gone.”

“He stole money, cell phones and any valuable item at home. At school, I consistently got calls that he stole from teachers and other children.”

“He will just steal anything at his disposal at that time. You can’t put anything at home; he will just steal everything.”

Barnard (2005:13) confirms that abusers have a tendency to steal from family thus resulting in financial loss, as stolen items have to be constantly replaced. Hosken (2009:9) concurs with Barnard in indicating that *nyaope* addicts are also known to steal cutlery, water meters, window handles, clothes and electrical appliances from their homes. This leaves parents with a great sense of loss of trust in their children and feeling exposed because their assets are not secured and they themselves do not feel safe in their own homes. To the parents this was the worst experience of their lives as they were confused, suffered from denial and did not know how to deal with the problem. Initially, denial delayed parents from taking action early enough to confront and derail the addiction.

Copello, Templeton and Powell (2010:67) state that family members are frequently an unpaid and unconsidered resource, providing health and social care to their substance abusing relatives or family member. They may also carry a significant burden in terms of costs linked to the substance abuse of their addicted family member. Given what is known about the nature of drug

abuse and its impact on the family, it can therefore be assumed that the costs of substance abuse to families and societies are extensive and significant. This was found to be true in this study. The child's criminal behaviour to the family has significant negative consequences on the image and financial circumstances of the parents and family as a whole. Assets that have been stolen from the parents and family have to be constantly replaced by them. Parents also indicated that at times they reported the criminal behaviour of their addicted children to the police but the police just refused to open a criminal case against them. Parents reported that at times they had to consistently replace the assets that were stolen by the addicted child from other community members. The following story line confirms this: "*At times he will steal from other people in the community and I had to pay off or replace the assets that he has stolen from them*". This statement concurs with the findings of Serro (in Gouws et al., 2008:226) that drug abuse among children in South Africa has become so bad that all the role-players (National Prosecuting Authority, South Africa Police Service, drug rehabilitation centres, churches, shelters and schools) formed the organisation called Westsiders Against Addiction, among children.

4.3.1.3 Sub-theme 3: Poor academic performance

The participants sadly and tearfully indicated that their children's academic performance had dropped. They also mentioned that this is because they have been bunking classes and at times they will be pretending to go to school but never reach the school. The normal common scenario in townships is that parents leave home as early as 4 to 5 am to catch a train or bus to work leaving children still in bed, and they come back between 6 and 7pm. With the absence of a parent for the whole day, it is easy for a child to abscond from school without the parents' knowledge. This was a painful experience for parents as it indicated that their children will not have a bright future and will thus remain dependent on them for the rest of their lives. The

parents saw education as one factor that could restore dignity to their children. This was expressed in the following utterances:

“My child started by not performing well at school and I discovered that he was playing truancy. He changed schools regularly. One year he was completely out of school”

“He was also very disruptive in the class. Teachers and principal will always call and report to me that my child is misbehaving and not attending school regularly.”

“My child dropped out of school and he was a very intelligent child.”

Dube (2007:29) confirms that drug use is a problem for the school-going adolescent because it undermines a student's academic ability and performance. This made the parents feel inadequate, depressed and frustrated. Bezuidenhout (2004:127) explains that most addicts find it difficult to cope with school work and perform according to the expectations of their family. Lawson (1992:18) also confirms that children who are involved in substance abuse will display the following behavioural pattern academically: absenteeism, sudden drop in grades, incomplete assignments. Lawson further warns that parents should be concerned if they receive calls from school that their adolescent is missing class or exhibiting abusive behaviour; or, of course, find drug paraphernalia. This results in conflict, leaving parents feeling helpless and despondent due to their children's poor academic achievement. The addict may experience aggression from parents, resulting in the children leaving the home or attempting suicide which can be very challenging and frustrating for the parents.

Combrinck (in Gouws et al., 2008:223) states that it is easier for children to get drugs at schools today than to get a cigarette. When Combrinck visited schools to give talks on drugs, he found that most children could name all the drugs available on the market before he started his

presentation which indicated that drug abuse amongst school-going children is a cause for concern. Children are involved in drug abuse at a young age and as a result there is significant correlation between poor academic performance and drug abuse. Serro (in Gouws et al., 2008:223) argues that drug abuse in South Africa has become so bad that experts say that all the schools in the country have a drug problem and that it is out of control. Serro further states that the average age of first-time drug users in South Africa in 2002 was 19 years of age. Compared to the current situation where the age is 10 years. This is an indication that in the present era children starts experimenting with drugs very early in life.

4.3.2 Theme 2: Effects of *nyaope* on the child

Generally, all the participants indicated that *nyaope* had had negative effects on their addicted children. One of the fundamental characteristics associated with the adolescent stage is the pursuit of independence. In spite of a close bond between parent and child which may have existed for many years, the day comes when every child becomes independent. The increasing search for independence is an indication that individuals are beginning to feel secure that they can stand on their own. This search may initially be manifested in smoking, abusing drugs and so on (Van Delft, 2000:19-20). Participants indicated that their addicted children were regressing from the adolescent stage to childhood. They mentioned that their children were dependent on them for accomplishing basic tasks. They also mentioned that they had to regularly force them to eat food and constantly remind them about the importance of personal hygiene. Parents found themselves with the burden of looking after an adolescent as if they were taking care of a baby. To the parents this was draining, depressing and made them feel inadequate as parents.

The following sub-themes emerged confirming the effects of *nyaope* on the child:

4.3.2.1 Sub-theme 1: Poor appetite and weight loss

The participants mentioned that their children's appetite changed drastically. For example, participants indicated that their children did not eat food at home like they used to. They also mentioned that their children would wake up early in the morning and immediately disappear to look for their dose of *nyaope* without eating anything. Furthermore, they indicated that their children lost a lot of weight because of their poor appetite. They continuously worried about their child's health as they did not eat well; they were concerned about sexually transmitted diseases; and they worried whether their children would still be alive the next day. This led to a parent developing a sense of despair, giving up and feeling frustrated, resulting in grief and depression. These feelings were expressed in the following words:

"He didn't eat food like he used to. You will find that food is still like you left it and he lost lot of weight. To me as a parent this is the worst thing that can happen to the child."

"I started noticing that he lost lot of weight. His appetite dropped drastically. He will only eat brown bread at times. His focus is not on food anymore."

"His appetite was very poor; I had to force him to eat."

Masemola (2006:5) agrees that when a child is addicted to *nyaope* he does not see the need to wash, eat properly, or do anything normal. Instead, he spends more time playing dice, smoking, stealing, eating junk food, drinking alcohol and causing trouble. It is obvious that the users become 'slaves' to *nyaope*. The cravings for the drug drive the users' existence, their focus being to obtain the drug at all costs. According to the reports from other parents, children were leaving home early in the morning to work as taxi marshals, car guards or pushing trolleys at shopping centres, in an effort to earn money to buy *nyaope*. One participant was quoted as saying that

“he turned to become a taxi marshal so that he can generate money to feed his habit. This makes me feel sorry for him because I had better hopes for my child. I feel defeated.”

4.3.2.2 Sub-theme 2: Poor personal hygiene

One of the developmental tasks associated with the adolescent stage is the development of a positive body image. Adolescents often get involved in physical activities like sport so as to develop a positive body image and channel their energy into constructive and enjoyable activities such as personal hygiene (Van Delft, 2000:17-18). Contrary to these findings, participants found that their children neglected their personal hygiene and they could no longer care for themselves. The participants felt that their children did not listen to them anymore when they complained about their poor hygiene and this made them feel as if they had not done well in raising them.

Participants also indicated that their children would always wear dirty clothes and completely lost interest in their personal hygiene. This is confirmed by Bezuidenhout (2004:128) who indicates that drug abuse can affect the general behaviour of the individual and specific behavioural changes such as disinterest in their personal hygiene can be noted in them. Lawson (1992:18) also confirms that one of the signs of adolescent drug abuse is changing to worse physical hygiene. Participants expressed this as follows:

“He could not take care of himself any more like he used to, I had to follow him up to take a bath or to eat his food. He never listens to me; he ignores all what I say.”

“He started not to be neat, he was careless and his bedroom was always dirty. I do not know what else to say or do. I feel like giving up, but the love for my child makes me to keep trying. I cannot give up on him.”

“He was always untidy, he was careless and his bedroom was always dirty.”

4.3.2.3 Sub-theme 3: Withdrawal from the family

Generally, all the participants indicated that their children were spending less time with their family. Parents indicated that they could not stop crying over losing their children to the streets and dislodging themselves from the family. This is confirmed by Bezuidenhout (2004: 127-129) who indicates that as the addiction intensifies, there is a tendency to withdraw from previous relationships as the addict finds it difficult to simultaneously maintain and satisfy the urge for substances with intra and extra familial relationships. Bezuidenhout further explains that adolescents who abuse substances or who are addicted tend to run away from their homes. This is most evident in homes in which parents are not interested in the plight of their children, or who are not able to handle the situation constructively, or because the children are in need of an environment in which they can maintain their drug-centred lifestyle. Participants also confirmed that their children withdrew themselves from family relationships.

Du Pond (2001:20) points out certain warning signs of teenage drug abuse, such as loss of interest in family activities and disrespect for family rules. This may also be due to the reason that the child may want to conceal his/her addictive behaviour or may be preoccupied with where to get the next dose of *nyaope*. Zastrow (2000:100) refers to this as the “lost child”, as the addict begins to be uninvolved with the rest of the family. This leaves the parents with a sense of grief and depression. Parents indicated that they could not stop crying over losing their children to the streets. They were worried about their children’s safety while on the streets and the fact that they were continuously absent from the rest of the family. To them, this was a sense of loss hence the crying, grief and depression. This was expressed in the following words:

“My child started spending less time in the family and spends most of his time on the street. He will come late and leave early the following day.”

“I hardly see him or spend time with him as he is never at home. He avoids me at all cost and this is too painful for me to bear.”

“He was always spending less at home with the family and coming back home very late. I tried my best to talk to him to stay home but I don’t seem to succeed.”

4.3.3 Theme 3: Effects of child’s addiction to *nyaope* on parents and family as a whole

When family members become addicted, it affects the people who love them, too. It is especially heart-breaking for parents when their children are caught in the throes of addiction. When the child is a minor, it can be particularly frustrating as the parents feel responsible for their child’s behaviour.

The following sub-themes confirm how parents and the rest of the family are affected as well as the feelings of despair that the parents develop as they strive to cope with the addiction of their children within the family structure:

4.3.3.1 Sub-theme 1: Disharmony and disequilibrium in family

The general feeling of the participants regarding the effects of their children’s addiction to *nyaope* on them and the family as a whole, is that it causes a lot of disharmony and disequilibrium amongst the family members. The participants indicated that their children’s addiction was affecting the normal functioning of the family as a system. Watzlawick, Bavelas and Jackson (in Dhlamini, 2009:18) define a system as a set of components which are related to one another. For these authors, a system is not something on its own; there is a relationship

between the components of the system which ties the system together. This means that a variation in one part of a system affects the other parts, or the whole, because the parts are dependent on one another. A system can be seen as an individual, parent/s and children, as part of the family system.

The family as a system is one that thrives on the equilibrium that exists as a result of the harmonious functioning of the sub-systems. In the case of one member being addicted, the whole family system is disturbed, thus resulting in a state of disequilibrium. In this case, the communication, boundaries and roles within the system become blocked, thus causing confusion which may finally result in the collapse of the entire system. Dube (2007:28) explains that the devastating effects of drug abuse on the family are those that pose the greatest threat to the family at large. Dube (2007:28) further explains that when one member of the family abuses drugs, every family member suffers because it causes disruption and disharmony within the family. The following story lines substantiate the effects of a child's addiction to *nyaope* on the parent(s) and family as a system:

“My child’s addiction to nyaope brought lots of disagreement and disharmony in the family. We are always fighting a lot over what he does”.

“There is no happiness at all and no peace in the house. The relationships within the family deteriorated because of his addiction behaviour. It is a challenge for me to keep them close; it is difficult for me to discipline my child. This makes me resent my own child.”

“The behaviour of my child caused lot of disharmony and disagreement in my family, there was always fight between him and other siblings. I was always caught in the middle of conflict.”

4.3.3.2 Sub-theme 2: Conflict and fights

Participants indicated that their children's addiction is causing much conflict and many fights amongst the family members. The participants further indicated that family members would physically fight amongst themselves due to frustration and anger over the compulsive stealing behaviour of the addicted child. Often the participants indicated that they were caught in the middle of conflict between other family members and the child concerned. Participants are quoted as saying:

“As a parent, I was always caught in the middle of the conflict and fight between other family members and my addicted child”.

“My child's behaviour has caused lot of conflict as he will always use his manipulative mechanism to ensure that he create lot of fights among us as family so that he continues to be uncontrollable.”

“There is always a conflict and fight within the family because of his behaviour.”

The participants also mentioned that the conditions in their families continued to deteriorate as their children became more addicted. Bezuidenhout (2004:127) states that substance abuse by one family member may affect the whole family negatively. Bezuidenhout further explains that conflict between spouses may emerge and eventually lead to one or more of the married partners exhibiting unbecoming behaviour. Continuous conflict may result in one parent leaving the home or filing for divorce. This was found to be true in this study. It should be noted that although the majority of the participants were married (see Table 4.4), they mentioned that their marriages were threatened by their children's addiction and they were afraid it might lead to divorce. One

participant stated *“My child’s addiction has caused lot of problems in my marriage and we fight a lot and I am scared that my marriage will come to an end”*.

4.3.4 Theme 4: Parents efforts to assist their children to rid them of this drug

Parents, especially mothers as nurturers, always feel compelled or have a strong urge, to assist their children in whatever happens to them. Mothers are naturally protective of their children and when a child is an addict, parents will naturally try to do everything and anything they can to "fix" the problem, and many times worry themselves sick in the process. As the Setswana saying goes *“mmagwana o tshwara thipa ka fa bogaleng”* literally meaning ‘the mother is always ready to face danger in order to protect her child’ (<http://lefoko.blogspot.com/2008/10/setswana-dialele-maeleidioms-and.html>).

The following sub-themes confirm parents’ efforts to help their children with the addiction problem:

4.3.4.1 Sub-theme 1: Parental advice

The general feeling of the participants was that as parents, they tried different means to help their children to rid them of the addiction to *nyaope*. They also indicated that they found it difficult to cope irrespective of how much they tried to give parental advice. As parents, they continued to give parental advice and show love and understanding but found that this did not help in any way. The parents indicated defeat and feeling overwhelmed as expressed below:

“I was talking to my children and told them that this life that they are living (of abusing nyaope) is not the right one. I told my daughter that if she continues to live that kind of life she will end up becoming a prostitute and I urged her to change.”

“After I discovered that he is using drugs, I spoke to him and provided parental advice to him.”

“I tried to provide him with parental advice, but always hit against the wall. I ask myself where I went wrong.”

Page, Scanlan and Gilbert (in Mhlongo, 2005: 41) maintain that parents are responsible for their children’s behaviour as it reflects the way they were socialised. When a child is addicted to drugs, the feelings that manifest in the parent can be overwhelming. Parents are angry with their children for making the choice to indulge in drugs. They feel angry at themselves for not being better parents. They end up being addicted, as worrying about their children’s addiction becomes an addiction in itself.

4.3.4.2 Sub-theme 2: Religious help

The general feeling of the participants was that, as parents, when they realised that their children’s addiction problem was persisting despite talking to them, they tried to get religious help from faith-based organisations. Lawson (1992:509) explains that churches not only continue to respond to spiritual needs, but are also paying more attention to economic and social development issues. The churches found that they had to respond to more families under stress and living with substance abuse. This was found to be true in this study. The majority of the participants indicated that they took their addicted children to church for spiritual counsel. However, churches are also known to have been conservative in their attitude towards substance abuse, and this restricts the element of freedom to talk to conservative ministers. The church has sometimes been known to view substance abuse as immoral or indecent. Notwithstanding this, the religiously motivated view encouraged participants to seek religious help in order to assist their children to rid them from *nyaope* addiction. This was expressed in the following utterances:

“I took him to church because I am a spiritual person; I believe that God will help us. He stayed at the healing school (at church) for two weeks.”

“I took them to church because I am a born again Christian. I was trying to direct them towards their lives to God with the hope that they will change. But they went there and I could see that they were always bored and always sleeping while we were at the church. They ended up not going to church anymore.”

“I took him to church with the belief that he will be born again and change his drug abusing habit, But despite everything, he choose to continue with his habit.”

Gossop (2000:6-7) explains that the early teachings of the Christian church played a significant role in minimising the use of drugs. Gossop (2000:6-7) further explains that the Christian church felt that an altered state of consciousness was associated with more ‘primitive’ religions, or, in more dramatic cases, possession by evil spirits. Therefore, drug abuse was frowned upon and as such the use of drugs was severely limited. The participants felt that their children’s addiction problem was associated with being possessed by evil spirits or witchcraft. Therefore, they took their children to church in the belief that the possession by evil spirits (drug abuse by their children) would be removed through prayers to God. They further indicated that despite taking their children to church, the situation persisted.

Very, Hurlock, Rice and Dolgin (in Gouws et al., 2008:143) note that a personal religion means a faith and hope to which an adolescent can cling during the uncertainties and vicissitudes of development. Adolescence is commonly regarded as a period of strain and insecurity, and every adolescent needs a belief system that is personal and meaningful to him or her as an individual.

According to Thom, Herner, Spanier, Rice and Dolgin (in Gouws et al., 2008:144), religion is important to adolescents and indications that adolescents value religion include the following:

- The population of adolescents attending church indicates a high level of religious commitment.
- Organised religion as a moral, philosophical and social institution is of central importance to adolescents in the sense that the proportion of adolescents who rate religion as being important, shows a commitment to religious institutions.
- Adolescent religious dispiriting influence their moral behaviour and development.
- Moreover, adolescents need a faith that can imbue their lives with meaning

Lawson (1992:280) asserts that religious organisations play an important role within the inner city and within drug-affected communities. They are often focal points for community activities and family gatherings, providing spiritual support to the neighbourhood. In addition, the moral and ethical principles provided in spiritual guidance are incompatible with drug abuse values. Parents have resorted to seeking religious support with the belief that their addicted children will adopt “new accepted moral values” which in turn will help them to change their addictive behaviour.

4.3.4.3 Sub-theme 3: Professional help

Participants also indicated that they tried to get professional help and other means to help their children rid themselves of the addiction to *nyaope*. Lawson (1992:85) asserts that traditionally, treatment models have been based on the research theory of white, middle-class, males suffering from alcoholism and drug abuse. As the average age of patients admitted to substance abuse treatment programmes fell, the field began to notice that adolescents could have drug and alcohol

abuse problems that were serious enough to need professional treatment. Participants mentioned that they turned to a social worker, psychologist, psychiatrist and other appropriate professional support systems to help their children to rid them of the addiction to *nyaope* as indicated below:

“I took him to the psychiatrist and psychologist. I also took him to rehabilitation centre.”

“I even took him to prominent people to talk some sense to him because I am female, I thought if he can talk to the professional male he will be able to show him the right way.”

“I took him to the social worker at SANCA and he attended an out patient program once a week. Every time after attending, he will continue to smoke.”

As the addiction intensifies, the abuser will automatically have an uncontrollable urge to satisfy the need to repeatedly use the substance. As a result, the parents find it extremely difficult to control the behaviour of their addicted child. In an effort to rid their children of the addiction, parents will then resort to professional help. In other instances, parents will send their children to a treatment centre or a therapeutic community. According to Zastrow (2000:113), therapeutic communities are long-term residential treatment programmes with patients usually staying from twelve to eighteen months. Therapeutic communities focus on making lifestyle changes so that the person will find rewards for staying drug-free and will also function more appropriately in society.

According to Project Know.com (2012), counselling for parents with children on drugs is crucial for child development and such assistance for parents can emotionally, physically, and mentally assist parents to cope with the situation. Counsellors and therapists can provide an objective view and help parents take the emotion out of their decisions when handling their child's drug use.

4.3.5 Theme 5: Parents' experiences and feelings regarding their children's addiction to *nyaope*

Generally, all the parents expressed defeat as they found themselves unable to control their children's addiction to *nyaope*. When a child is addicted to drugs, the feelings that manifest in the parent can be overwhelming. Parents are angry with their children for being irresponsible, and angry at themselves for not being aware early enough to stop the addiction. They are sad about how quickly their child has degenerated: dropping out of school teams, failing classes, lying, and being bad tempered.

The following sub-themes emerged confirming parents' experiences and feelings regarding their children's addiction to *nyaope*:

4.3.5.1 Sub-theme 1: Miserable

Generally, all the participants viewed the situation as being very difficult to contend with. They indicated that their children's addiction exposed them to many challenges that were difficult to manage. According to the participants, they felt that they did not have sufficient skills to deal with their children's addiction to *nyaope*. They reported very little help and support from the authorities who showed no interest in the crimes committed by their children that they reported. Some police apparently told the parents to return home and take care of their addicted children, even though the children were involved in criminal activities. This led the parents to believe that the police and other authorities had no interest in drug abuse and the illegal activities often associated with drug-related crime. This made them feel miserable and useless. This was expressed in the following utterances:

“I could not cope with my two children at home. My life was miserable. I could not even buy food at home because when I tried to buy groceries, this boy will just pick it up and go and sell. I am living from hand to mouth. Whenever we needed to cook I had to go and buy whatever we had to cook at that time. We were hiding each and everything, cell phone and whatever.”

“His behaviour was completely uncontrollable and I felt miserable. It was difficult for me and I could not cope with him”.

“I am not coping with him and I feel so miserable.”

Orbot (in Mhlongo, 2005:38) maintains that the family’s lack of skills to manage a misbehaving youth can create a force that makes the adolescent inappropriately powerful in the family. Participants mentioned that they were forced to make some adjustment in their family life due to the effects of their children’s addiction on the family as a system. Because of the shame that the addicted child normally brings to the family, there is often withdrawal on the part of the parents from larger family interaction, thus creating more misery by being isolated.

4.3.5.2 Sub-theme 2: Shame and self- blame

Generally, the participants felt shame and blamed themselves for not being able to cope with their children’s addiction. They further indicated that they felt they had failed as parents because they were unable to carry out their parental duties accordingly and hence their children were victims of substance (*nyaope*) abuse. They thought of the things they may have done wrong throughout their children’s developmental years. They also mentioned that they blamed themselves for their children’s addiction to *nyaope*, leading to feelings of shame and self-blame. This was expressed in the following utterances:

“As a parent, I started feeling that maybe I am not doing enough. I did not give my child enough time or advices. I thought maybe as I look at other parents, their children are fine; it is as if I have failed to do my duty.”

“I feel ashamed. I feel that maybe because I am not spending quality time with him. I also blame myself for working night shift.”

“I blame myself for taking them to a private school in town. I thought that maybe they might have been exposed to the substances on their way back home. I feel like I have failed as a parent and this makes me feel bad. I wanted to give them the best education than other children, as they are my last children but I failed.”

Bauld and Butler (in Rice, 2008:113), confirm that the initial realisation that a child is using drugs seemed to be a traumatic experience for the parents. Some feelings that are highlighted included the fear that the child was going to die; a feeling of failure or responsibility for the addiction; and shame because of being judged by the community as a parent who cannot control his/her child.

4.3.5.3 Sub-theme 3: Helplessness

The participants generally felt that the situation became tougher by the day, making them feel helpless, as they would like to assist their children with the addiction to *nyaope* but they were incapable of doing so. They also indicated that in order to assist their children, they required finances and professional services which were not easy to obtain. One parent expressed this as follows: *“You need money, professional people and lot of things to try to help him”*. According to the participants, at times when they reached out for help from professional services, there was a lack of interest and very little support. They further indicated that some of the social workers

would often tell them that they had a large backlog and could not help them at that time. This exacerbated their feeling of helplessness. This was expressed in the following utterances:

“It is very sad to know that your child is taking substance that is actually killing and destroying him and he cannot stop that on his own. And also you as a parent you cannot help him to stop it. At the same time, people are laughing at you as if you have failed as a parent.”

“It is very difficult because I am carrying this pain alone and still again the support is not enough from my family and everybody around me.”

“I felt helpless as a parent because when I tried to reach for helps neither the police nor social workers showed interest.”

Mabusela (in Rice 2008:111-112), confirms that parents with a drug abusing child go through certain stages. The first stage commences when the parents realise or are told that their child is abusing drugs. It was found that during this stage, fear, shock and anger were the major emotions experienced by the parents and the financial loss was as a result of the children stealing from their parents. The second stage commences when parents seek help for the teenager. During this stage the emotions felt by the parents include helplessness, anger, shame, guilt, hope and distrust. The financial loss associated with this stage was the financial burden of paying for the treatment. The researcher's participants also indicated that it is difficult to get help for the child who is addicted to *nyaope* due to the financial cost involved in the process. From the above it would seem that parents of addicted children do not enjoy much support from the government and/or non-governmental agencies.

4.3.5.4 Sub-theme 4: Intimidation by the addicted child

Although intimidation by the addicted child was not specifically mentioned by the majority of participants, the researcher is of the opinion that it is important and relevant to focus on it as other parents may not have felt comfortable to mention it. As a private practitioner, the researcher has, on several occasions, when working with adolescents abusing drugs been confronted with such cases of parents being intimidated. The participants further stated that they were unable to cope with the behaviour of their children as they were always confrontational towards the parent. As addiction persists, the addicted child might turn to being aggressive towards the parent, in most cases the mother. Bezuidenhout (2004:128) states that besides the fact that the use of alcohol and drugs can affect the general behaviour of the individual, specific behavioural changes can also be listed. These will, however, be determined by the duration of the use, the type of substance used, the quantity used and the frequency of use. Bezuidenhout (2004:128) further elaborates that individuals tend to become aggressive, moody and uncooperative. It should also be noted that since the majority of the participants were females, it may be possible that other female participants may have been at risk of being intimidated by their addicted children. The following story lines attest to this:

“To me as a mother, he is always aggressive and too demanding. I always feel unsafe around him as I can’t trust him anymore”.

“I am not coping with him because he is aggressive especially towards me. His behaviour is very challenging for me.”

“Everyday before I could go to work, he will stand next to my door and threaten me that I am not going to leave the house unless I give him money to buy the substance. He will even get into

my bedroom and threaten to take anything unless I gave him the money. I am forced to give him money to go and buy nyaope because I am scared that he might even hurt me.”

In the study about the experiences of affected family members, Orford, Velleman, Copello, Templeton and Ibanga (2010:45-46) state that the unpleasantness of addicted family members' behaviour towards other family members was described as taking a number of different forms. Physical violence was universal from the addicted family member; some form of aggression was very common and was variously described as: irritability, verbal abuse, rudeness, criticism and domineering behaviour. Sometimes it escalates to threatening, pushing, punching and hitting or breaking furniture or other objects. To these forms of direct aggression were added deceitfulness and lying and sometimes the making of false accusations about the family member to other people.

4.3.6 Theme 6: The parents' coping strategies with children's addiction to *nyaope*

Family members are faced with the substantial and difficult life task of having to understand what is going wrong in the family and what to do about it. It involves mental struggle and many uncertainties. In particular, the central dilemma of how to respond to the child whose drug-taking behaviour is a problem. The ways of understanding reached by the family member at a particular point in time, and her (or his) actions, is what is referred to collectively as 'coping' i.e. how to respond, react or manage the addiction. The expression 'coping' is certainly not limited to well-thought out and articulated strategies. Family members may find some ways of responding to be more productive than others in buffering the effects of stress and hence preventing or reducing the strain they themselves or other members of the family such as parents, for example experience. Furthermore, family members may find some ways of managing the problem to be relatively effective and others relatively counter-productive in having a desired effect upon the

relative's substance use. Their particular circumstances and the resources available to them affect how family members can cope; but a basic assumption is that parents are not totally powerless and can both improve their own health and have an impact on their relatives' substance use (Orford et al., 2010:40-41).

The following subtheme emerged confirming how parents cope with their children's addiction to *nyaope*.

4.3.6.1 Sub-theme 1: Difficult in coping

All the participants confirmed it was difficult for them to cope with their children. Parents highlighted the difficulties they experienced in managing and coping with the addiction behaviour of their children. It emerged that parents were negatively affected by their children's addiction and they ended up not coping completely. Participants also indicated that due to the crisis and stress experienced as a result of their children's addiction, they expressed feelings of despondency and resentment as they felt they had exhausted all resources and nothing seemed to have been effective. They felt that nothing else would ever take them out of their misery except for their children to die. The parents indicated difficult in coping, defeat and feeling resentful as expressed below:

"I am not coping with their behaviour. I sometimes wish that they can overdose themselves with substance and die, so that I can just pick them up and bury them."

"It is difficult to cope with him, it's better for him to die. If he is dead, that will put an end to my misery."

"His behaviour is completely uncontrollable. It is difficult for me, I cannot cope with him."

Jackson, Usher and O'Brien (2006:323) in their study on fractured families, reveal that families became fractured and split as a result of the on-going destructive and damaging behaviour of the

drug-abusing adolescent family member. This had a profound effect on family functioning, touched every other member of the immediate family, and coloured every aspect of family life. Participants experienced parenting these young people as complex, demanding, overwhelming and highly stressful. These stressors had continued over years rather than months and as family members became exhausted by the demands of the drug abusing family member, family relationships were ruptured and damaged. Participants described a sense that their families were being torn apart and reported having to take previously unimagined steps such as asking these young people to leave the family home and thus wishing them dead.

4.3.7 Theme 7: Support needs of the parents

Every parent in distress needs support. Support, according to the New Dictionary of Social Work (1995:64), is a technique in social work to assist a client through, for example encouragement, generalization and acceptance in order to reduce tension and promote self-confidence. Parents with an addicted child are worried and they have good cause to be. They are worried about what is happening to the child, themselves and other members of the family. As responsible family members they want to find the best way of dealing with the situation they find themselves in. But that is no easy matter. The circumstances they face are not ones that people expect or have been taught how to deal with. They are faced with demands that create acute dilemmas: whether to demonstrate care, for example. Sometimes, family members have the experience of trying a number of different ways of coping, but none seem to work. ‘What can we do for the best?’ is the question that the affected family members especially parent(s) often ask (Orford et al., 2010:51).

The following sub-theme emerged, confirming the need for support.

4.3.7.1 Sub-theme 1: Professional help to give reaffirmation and reassurance

The general view from the participants regarding their needs for professional support is that they need more reaffirmation and reassurance as they blame themselves for their children's addiction to *nyaope*. They feel that they are incompetent; hence their children are abusing *nyaope*. They also indicated that they think some of the efforts and decisions they took to help their children were inappropriate. Therefore they indicated that they need counselling to reaffirm that they have done enough to discipline their children, so that they (participants) can stop blaming themselves for their children's addiction to *nyaope*. The following story lines help to substantiate more about the participant's needs for professional support:

“As parent, I need more counselling and reaffirmation. In most cases I take blame as if I have failed somewhere hence my child is addicted to nyaope. I feel that maybe I should have done something quicker or earlier.”

“I need more reaffirmation and reassurance to understand this thing the other way round and stop blaming myself.”

“I know as a parent, I have tried everything and anything to raise my child with good morals and values but seeing him abusing nyaope makes me feel I have failed. I need someone to assure me that the fact that my child is abusing substances doesn't mean that I did not do well in parenting him.”

Rogers (in Grobler et al., 2003:68) confirms that individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour. These resources can be tapped if a definable climate of facilitative psychological attitudes can be provided. Parents whose children are addicted to *nyaope* need

professional support because the effects of their children's addiction may work to distance them from others, as well as diminishing the confidence in what they know and believe in. It is imperative for parents whose children are addicted to *nyaope* to get appropriate professional help so that they can realise that they are not alone.

4.3.8 Theme 8: Support required by parents

As alluded to in the previous discussion, parents whose children are addicted to *nyaope* found it difficult to cope with the behaviour of their children. Therefore, they need support so that they can be empowered to deal with the situation effectively. Parents often blame themselves and feel responsible for their children's addiction and this diminishes the confidence they have in themselves and in what they know. To help alleviate despondency and burn-out participants felt they need to be supported through the following:

4.3.8.1 Sub-theme 1: Support groups

According to Toseland and Rivas (2009:20), the purpose of a support group is to foster mutual aid, to help members cope with stressful life events, and to revitalize and enhance members' coping abilities so that they can effectively adapt to and cope with future stressful life events. From the participants' point of view, support structures such as support groups could assist them to cope with their child's addiction to *nyaope*. Furthermore, the participants indicated that a support group would provide them with the opportunity to share their common experiences with other parents who are in a similar situation as them. This was expressed in the following utterances:

“Through a series of discussions and support groups, people who have been through what I have been through, talking to them; maybe advising me how to handle this thing and as they relate

their stories maybe I will find similarities and relate to their life experiences and be able to cope.”

“As a parent, I wish we could have support groups with other parents in the similar situation.”

Van Dyk (2000:94) confirms that within the general purpose of the social work profession, working with small groups may be directed towards many goals. These include helping the members to use the group for coping and resolving existing problems in their psycho-social functioning, towards preventing anticipated problems or maintaining a current level of functioning in situations in which there is danger of deterioration. A group is usually formed with the purpose of providing support to its members with similar experiences, so that they can realise that they are not alone with their problem. Toseland and Rivas (2009:17) mention that group treatment has the following advantages:

- Empathy from multiple sources- vicarious identification with and understanding of members’ situations by peers and the worker
- Feedback- multiple points of view shared by group members
- Helper-therapy- providing help and mutual support to other group members is therapeutic for the member who shares experiences and knowledge
- Hope- instillation of hope by other group members who have coped effectively with similar situations
- Mutual aid- members give and receive help
- Normalization- removal of stigma from problems seen as socially unacceptable by the larger society

- Practice of new behaviours- other members provide opportunities to try out new behaviours in the safe environment of the group
- Reality testing- sharing ways of being and getting feedback about whether they are realistic and socially acceptable
- Recapitulation- working through previously unsatisfactory relationships with family members, peers and friends with the help of group members
- Recreation of the family of origin- group members serve as surrogate family and symbolically represent family members
- Resources- a wide pool of knowledge about concerns and the resources and services to help with these concerns
- Role models- members and the leader serve as models
- Solidarity- connectedness with other members
- Socialization- opportunities to overcome isolation and learn social skills from others
- Social support- support from other members of the group
- Transcendence- members sharing how they adapted to and compensated for disabilities
- Validation- group members confirming similar experiences, problems, and concerns
- Vicarious learning- learning by hearing about other members' coping responses

4.3.9 Theme 9: Resources for parents' support

Living with a child who is addicted to *nyaope* can be highly stressful and parents need support and reassurance that their children's addiction is not of their making. When a child is addicted to substances, the feelings that manifest in the parent can be overwhelming. Parents often feel that

the situation is getting to a point when they need support. They are afraid to seek the necessary help and support based mainly on preconceived notions that they will be an outcast if they do.

The following subthemes emerged describing by whom the parents would like to be supported:

4.3.9.1 Sub-theme 1: Support from the community

There is an African proverb: *“It takes a whole village to raise a child”* (Department of Social Development, 2010:216). This means that it is not only the responsibility of the biological parent(s) of a child to raise him/her but rather a collective effort of all community members to engage and assist for the benefit of a child’s future within the community. This underpins the cultural value of *“ubuntu”* which in essence says: we all have a non-negotiable responsibility to protect and provide opportunities to our children and to support families within our community. In the Tswana language the same concept exists, and is called *“botho”*. It disapproves of anti-socialism, disgraceful, inhuman and criminal behaviour. It encourages the fact that human beings cannot exist in isolation. It also emphasises the importance of interconnectedness. This means that it is not only the problem of the biological parent(s) whenever the child is addicted to a substance (*nyaope*) but of the whole community. It also means that it requires collaborative effort within the community to deal with a child’s addiction to *nyaope*.

Overall, the participants felt that support from any ordinary community member is important for them. However, there was concern expressed that community members are not always genuine and caring. For example, community members have a tendency to promote criminal behaviour of addicts by buying stolen goods from the addicted children. By so doing, they continue to support the addictive behaviour of a child as they allow him/her to generate money to buy substances. In many instances, the drug dealers are the people who live in the same community as the addicted child. Often, communities are prejudiced against drug abusers in general. This reinforces

negative behaviour from the addicted child as he/she feels like an outcast. Families also tend to socially isolate themselves to hide away from negativity as their children are seen to be perverts. Parents feel that they are a “laughing stock” in the community. Community members often attach negative labels that create feelings of loneliness and apathy in families. This was expressed by participants as follows:

“I wish that our community members can be supportive and stop buying stolen goods from our addicted children.”

“Any person, even if is a community member around here I will appreciate his/her help and understanding.”

“I will appreciate a lot if we can be able to support one another as community members of Soshanguve.”

Liddle (2004:5) and Gordon (2004:14) state that adolescent substance abuse should be addressed by a number of people who play vital roles in the lives of adolescents, for example teachers, school counsellors, social workers, psychotherapist, parents, community, family members and different professional specialties, whose contribution will result in the appropriate developmental outcome of each teen.

4.3.9.2 Sub-theme 2: Support from the police

Participants indicated they were confident that the positive involvement of the police in a war against substance abuse would add significant value. Participants also expressed concern that although the police are, amongst others, expected to deal with corruption and protect communities against any criminal activities, this was not always happening. Instead, according to

the participants, some of the police officers are involved in corruption with the dealers. This, in turn, undermines the efforts in the fight against substance abuse. Participants believe that commitment by the police and more responsive law enforcement would add significant value to the war against substance abuse. Kekana (2011:2) provides an example of law enforcement: The police arrested a 43 year old woman from block JJ in Soshanguve where they found a large supply of *nyaope* hidden in a broken down fridge in the woman's kitchen. It should be noted that although participants believe there is lack of support and negative involvement from some of the police officers who are involved in corrupt activities with the drug dealers, it should be noted that there are also successful campaigns by the police related to substance abuse. The following storylines help to substantiate more about the participants needs for police support:

“Police should stop taking bribes from drug dealers and start to protect us. We expect police to do something positive when we report our children to them.”

“I wish that police can be supportive. They must always be vigilant in Soshanguve. We need their help all the time.”

“I wish that police can be more supportive and helpful. When a criminal behaviour of an addicted child is being reported by a parent(s) to the police, they must show interest instead of telling the parent(s) to go back home and deal with the child concern.”

In the wake for an upsurge in drug-related violence, governments have often redoubled efforts to reduce this phenomenon through the application of interventions aimed at addressing illicit drug use and supply and police have an instrumental role in this process. Generally, this approach has involved the increased allocation of resources to policing efforts, and governments continue to prioritise the punishment of drug users and the pursuit of drug dealers through law enforcement

interventions. Despite the on-going emphasis on policing as the primary means to reduce drug-related harms, the existing research on the association between drug law enforcement and violence had not been systematically evaluated (International Centre for Drug Policy, 2010:7).

4.3.9.3 Sub-theme 3: Support from the family

Over and over again, participants confirmed how very stressful it is living with the problem of a child's addiction. They further expressed the need to be supported by their family members. Participants revealed that the experience of having a drug-abusing adolescent family member had a profound effect on other members of the immediate family. Family relationships were damaged and split as a result of the on-going destructive behaviour of the drug-abusing young person. Participants also mentioned that due to the on-going damaging behaviour of addicted child, parents continued to blame and distance themselves from other family members. Participants highlighted that family ties were broken by their children's addiction. The family conflict, disintegration, disharmony and disequilibrium had led to the family being isolated and consequently, experiencing a lack of family support for the parent(s). This was described in the following utterances:

"I wish that my family can be supportive towards me because at times when I report the negative behaviour of my addicted child, they will just ignore me."

"Being a single parent as myself, I have raised this child alone, the father was not supportive, sometimes I called him trying to report to him, to help me with the child and trying to pursue him to play his role as a father but he was never there."

"I wish my family can be understanding and supportive and that it is not easy to disband a child even if he is addicted to nyaope."

Some emotional consequences of substance abuse on the family include depression, anxiety, frequent crying, feeling unsupported, drained and tired. These emotional consequences might affect family relationships and other aspects of the family members' lives (Rice, 2008:100).

4.3.9.4 Sub-theme 4: Support from social workers and government

Social workers are perceived as being a prominent source of information and support. Participants revealed concern about delayed government social work interventions in accessing rehabilitation services. The average waiting period for accessing government rehabilitation services is about three to six months. One participant stated that *"I would like to see parents with children addicted to nyaope able to access the rehabilitation centres easily and have information available"*. Referring social workers often have a backlog of substance abuse cases because of the high demand for rehabilitation services. There is also a shortage of government funded rehabilitation centres run by non-governmental organisations. For example, in Gauteng province there is only one government in-patient facility (Dr Fabian & Florence Ribeiro Treatment Centre) of which the catchment extends to other Provinces. This makes it difficult for people in need of services to get immediate assistance. This was expressed in the following utterances:

"I wish that government social workers can shorten the procedure to access a treatment centre for an addicted child, as it is currently take long time to access it."

"If government can build a big place whereby every child who is in the similar situation can get an easy way to attend treatment program. Again, the government should ensure that there is an effective out-patient programme for children who have been released from the rehabilitation centre."

Van Wyk (2011:80-81) agrees that South Africa faces logistical obstacles to improve its treatment efficacy in substance abuse. This author further explains that according to the national registry list of substance abuse facilities supplied by the Department of Social Development which indicates that of the 65 identified treatment facilities nation-wide in South Africa, only 2 are state owned and operated. Both are in-patient facilities that offer long-term treatment programmes, with only one providing detoxification services. Of the 63 privately-owned treatment facilities, 36 offer in-patient services and 29 offer out-patient services (of which 17 are run by the South African National Council on Alcoholism and Drug Dependence). Only 8 of the out-patient based treatment facilities offer short-term treatment options and only 22 facilities in total offer short-term treatment programmes. Thus, the criticism that was previously levelled against South Africa's substance abuse treatment services delivery being oriented to tertiary treatment of dependence with an emphasis on long-term residential treatment is proven correct. It is also important to note that, while not all treatment facilities will have been included due to lack of registration with the Department of Social Development or human error in list compilation, 31 of the 65 listed facilities (47.7%) are within Gauteng.

4.4 Summary of the chapter

This chapter provided an introduction and focused on the following: profile of the participants and a discussion of the results. Themes and sub-themes that emerged from the interviews with the participants were also identified. A literature review with the purpose of comparing the results with other findings was also presented and discussed. The next chapter will focus on a summary of previous chapters as well the findings and recommendations.

CHAPTER 5

FINDINGS AND RECOMMENDATIONS

5.1 Introduction

As indicated by Mouton (2001:124), this chapter is perhaps the most important in the researcher's thesis because it presents the end product of the researcher's endeavour. This chapter therefore reintroduces the rationale of the study and the central issues that prompted the researcher to undertake the study. A broad overview of the main findings will be presented in detail and will subsequently be linked to the recommendations. In addition, the overall conclusions will be drawn revealing the experiences and support needs of the parents of children addicted to *nyaope*.

Chapter One focused on an introduction and problem formulation, rationale for research, the research question, research goal and objectives as well as the proposed methodology to be employed to complete the study. Ethical considerations taken into account when conducting this study were briefly outlined.

Chapter Two focused on an overview of drug addiction and its effects on the abusers and their parents. Chapter Three described how the qualitative methodology was employed, while Chapter Four discussed the themes and sub-themes that emerged through the process of data analysis. The final chapter (this chapter) will provide a brief description of previous chapters as well as the limitations of the study. The researcher will also discuss the findings in relation to the research objectives as presented in Chapter One.

5.2 Rationale and context

Substance abuse is a maladaptive pattern of excessive use of a substance, in which the person cannot reduce or cease intake despite physical harm or impaired social and occupational harm (Sue, Sue & Sue, 1994:317). The new trend in substance consumption is seeing young children getting more and more involved in substance abuse, leaving parents astounded and unable to deal with the situation. This is confirmed by Dube (2007:14) who states that substance abuse by children under 16 years of age is becoming more prevalent across the Tshwane area. The findings of the South African National Council on Alcoholism and Drug Dependence (SANCA) sourced from the report of the Castle Carey Clinic also confirmed the staggering extent of drug abuse among the youth in the city of Tshwane. The report categorically states that *nyaope* is becoming more popular among children, especially in townships to the north of the city of Tshwane. Although Castle Carey Clinic had treated only one patient under the age of 13 in 2005, the vast majority of the patients, namely 75%, were children between the ages of 14 and 16. Melani Kotze, of the clinic, said: “We have found that over the past year abuse of *nyaope* has increased tremendously among children. Dagga is another drug that is most prevalent among children, but drug dealers are getting children hooked on *nyaope*” (Masemola, 2006:3).

Combrinck (in Gouws et al., 2008:223) describes how it is easier for children to get drugs at schools today than to get a cigarette. When schools are visited to give talks on drugs, Combrinck found that most children could name all the drugs available on the market before he started his presentation. Drug abuse amongst school-going children is thus an issue of concern. Children are involved in drug abuse at a young age and as a result there is a significant correlation between poor academic performance and drug abuse. Serrao (in Gouws et al., 2008:223) states that drug

abuse in South Africa has become so bad that experts say that all schools in the country have a drug problem and that it is out of control. Gouws et al., (2008:223) further found that the average age of first-time drug users in South Africa in 2002 was 19 years of age and in 2008 is 10 years.

From the literature review undertaken by the researcher, it became evident that most literature on drug abuse focuses on children, i.e. how it affects them, the causes and effects and the impact on their lives. Very little is said about the parents who at the end of the day bear the brunt of looking after or living with a drug addict. As much as government is doing its best to curb and protect young people from drug addiction, nothing is being done for the parents in the way of coping with their experiences and offering support. This is what prompted the researcher to embark on the study.

The focus of this study was therefore to gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug *nyaope* in the Soshanguve Township. In order to gain an understanding of the experiences and support needs of parents of children who are addicted to *nyaope*, the following objectives were formulated:

- To explore parents' experiences regarding their children's addiction to *nyaope*.
- To explore parents' support needs regarding children's addiction to *nyaope*.
- To describe parents' experiences regarding their children's addiction to *nyaope*.
- To describe parents' support needs regarding their children's addiction to *nyaope*.
- To draw conclusions and make recommendations about the nature of support needed by parents whose children are addicted to *nyaope*.

The researcher was able to gain an understanding of parents' experiences and support needs regarding their children's addiction to the drug *nyaope* by obtaining answers to the following questions posed to them during individual interviews as presented in chapter one:

- Tell me more about your child's addiction to *nyaope*. (i.e. When and how did it start, how did you come to know about it or what did you observe?)
- What effect does it have on your child?
- What effect does your child's addiction to *nyaope* have on you as a parent and on the family as a whole? And how do you react?
- What have you done thus far to assist your child to rid him/her of the addiction to this drug?
- What are your experiences and feelings regarding your child's addiction to *nyaope*?
- How do you cope?
- What are your needs for support?
- How would you like to be supported?
- By whom would you like to be supported?

5.3 Main findings

5.3.1 Feelings of helplessness and hopelessness

The participants generally felt that the situation became tougher by the day, making them feel helpless, as they would like to assist their children with the addiction to *nyaope* but they were incapable of doing so. According to the participants, at times when they reached out for help from professional services, there was often a lack of interest and very little support. It was further

revealed that some of the social workers often tell parents that they have a backlog and cannot help them at the time, which makes them feel helpless and hopeless. It also came to the fore that parents resorted to the use of private social workers and private facilities but, because of the high cost involved, they failed, thus creating further feelings of helplessness and hopelessness.

From the stories shared by the parents the researcher concluded that, parents of the children addicted to *nyaope* feel helpless and hopeless because they would like to assist their children but are incapable of doing so. They would like to receive help from professional services as they do not have the ability and resources to assist their children with their addiction to *nyaope*, but they do not always get the help they need.

5.3.2 Fear of losing the child to the streets and thereby losing out on education

Parents have an intense fear of losing their children to the streets as this means the children will lose out on education. This is evidenced by children spending increasing time with their new friends on the streets and less time with their family and their books. Parents indicated that they could not stop crying over losing their children to the streets and seeing them detach themselves from the family. They were worried about their children's safety while on the streets and the fact that they were continuously absent from school and family life. Many negative reports from the school authorities about the child's poor performance was the issue of concern. This was a painful experience to them as it indicated that their children will not have a bright future and will remain dependent on them for the rest of their lives.

Based on the participants' utterances, the researcher concluded that the parents of the children addicted to *nyaope* fear losing their children to the streets and them losing out on education. The

parents saw education as one factor that could restore dignity to their children and their absence from school was painful for them.

5.3.3 Victimization and intimidation by the addicted child

Parents, in their endeavour to deal with the addiction of their children, found themselves being victims of theft by their own children. Money and other valuable assets were stolen from them, giving an indication that their children stole in order to get money to buy the drug (*nyaope*) which is highly addictive. They could not trust their own children in the home, and made the home feel an unsafe place. Intimidation by her own child was the most painful experience of one parent, as she was unable to cope with the confrontational behaviour displayed towards her by her own child.

From the stories shared by the participants, the researcher concluded that parents whose children are addicted to *nyaope* are victimised of theft and physical and verbal confrontation. Because of this, they feel unsafe in their own home.

5.3.4 Breakdown of the family system

According to the researcher's understanding, a family is a group of people who are related by blood or adoption, irrespective of their dwelling place. One of the important elements about the family as a social unit is values and the obligation to care for one another. Parents of addicted children continue to carry responsibility for their children and yearn to keep them within the family by inculcating positive values and standards. However, this is not happening because the behaviour of their addicted children continually contributes to fights, conflicts and a state of disequilibrium within the larger family unit. This contributes to family disintegration and the

weakening of values and standards. As a result, this makes the addicted child inappropriately powerful in the family which is leading to the breakdown of the family system.

From the stories shared by the parents, the researcher concluded that the behaviour of the child addicted to *nyaope* threatens the stability of the family as a system.

5.3.5 Feeling despondent and resentful

The undertaken research has proved that it is difficult for parents to cope and manage the behaviour of their addicted children. It was confirmed that parents were negatively affected by their children's addiction due to the crises and stress experienced. Feelings of despondency and resentment were expressed as they felt that they had exhausted all possible avenues and yet nothing seemed to have been effective.

With reference to the participant's experience of their children's addiction behaviour, the researcher concluded that parents are traumatised about the behaviour of their children and this made them feel despondent and resentful towards them. The feeling of despondency made parents resent their own children to the extent that they wished them dead.

5.3.6 Feeling miserable, shame and self-blame

Parents of children addicted to *nyaope* experienced the situation as being very difficult to contend with, leading them to feel miserable, shame and self-blame. They felt that their children's addiction exposed them to many challenges that were difficult to cope with because they felt that they do not have sufficient skills to deal with their children's addiction to *nyaope*. They experienced shame, blamed themselves for not being able to cope with their children's

addiction, and perceived themselves as having failed as parents because they were unable to carry out their parental duties accordingly. They continuously thought of the things they may have done wrong throughout their children's developmental years. They reported very little help and support from the authorities who did not show any interest in reported crimes by their children. Some police apparently told the parents to return home and take care of their addicted children, even though the children were involved in criminal activities. This led the parents to believe that the police and other authorities had no interest in drug abuse and the illegal activities often associated with drug-related crime. This made them feel miserable and useless.

Based on the participant's feelings, the researcher concluded that the parents, whose children are addicted to *nyaope* experience misery, shame, self-blame, and need emotional support to assist them to deal with the situation effectively.

5.3.7 Loss of independence by their children

Parents were concerned about their children's loss of independence to accomplish basic tasks because they regularly had to force them to eat food and had to constantly remind them about the importance of personal hygiene. They felt burdened and overwhelmed at having to look after an adolescent as if they were taking care of a baby. This is because the cravings for the drug drive the user's existence; their focus is on obtaining the drug at all costs. They wake up early in the morning and immediately disappear to look for the dose of *nyaope* without taking care of their personal hygiene and/or eating anything. This, to the parents, is draining; depressing and makes them feel inadequate as parents as if they did not do well in raising their children.

From the stories shared by the parents, the researcher concluded that the parents are sad and angry that their children have no self control and independence and are totally dependent on *nyaope*.

5.3.8 Strong urge for help

Parents continued to have a strong urge to help their children to rid them of the addiction to *nyaope*. As parents, they continued to give parental advice and show love and understanding but found that this did not help in any way as the addictive behaviour of their children persisted. They were of the view that their children's addiction problem was associated with the possession of an evil spirits or witchcraft. Therefore, they took their children to church in the belief that the possession by evil spirits (substance abuse by their children) would be removed through prayers to God. However, despite taking their children to church, the situation persisted. Parents mentioned that they turned to a social worker, psychologist, psychiatrist or other appropriate professional support systems to help their children to rid them of the addiction to *nyaope*.

Based on the utterances made by the participants the researcher concluded that, notwithstanding the love, prayers and caring, the addiction continued to damage their children's lives, which was very painful to the parents.

5.3.9 Support needs of the parents

Parents with an addicted child were worried about what is happening to the child, themselves and other members of the family. It was also frustrating and sad for the parents to see their children taking a substance that is killing and destroying them. Parents attempted to cope with the situation but it was difficult as they blamed themselves for their children's addiction to *nyaope*. They felt they are incompetent; hence their children are abusing *nyaope*. They also indicated that

they thought some of the efforts and decisions they took to help their children, were inappropriate. Therefore, they indicated that they need counselling to reaffirm them that they have done enough to discipline their children, so that they (the participants) can stop blaming themselves for their children's addiction to *nyaope*.

From the utterances made by the parents regarding the support needs, the researcher concluded that professional help to give reaffirmation and reassurance is imperative because the effects of their children's addiction tends to distance them from others, as well as diminishing their confidence in what they know and believe in.

5.3.10 Need for support groups

Parents expressed the need for support groups to assist them to cope with their children's addiction to *nyaope*. According to the parents, support groups would provide them with the opportunity to share their common experiences with other parents who are in a similar situation.

From the stories shared by the parents, the researcher concluded that, it is imperative for parents whose children are addicted to *nyaope*, to join support groups so that they can realise that they are not alone.

5.3.11 Need to be supported by the community

Parents believe that support by community members would help them to cope effectively. Parents feel that they are a "laughing stock" in the community because often the community is prejudiced against drug abusers in general. Parents believe that the collective efforts by community members and themselves would bring about a positive outcome in dealing with their

children's addiction to *nyaope*. This is also linked to the African proverb that "*It takes a whole village to raise a child*".

From the utterances made by the parents regarding the need to be supported by the community, the researcher concluded that community support can go a long way in assuring the parents that their efforts are recognised and acknowledged and that they are fully accepted as members of the community.

5.3.12 Need for support from the police

Although the police are, amongst others, expected to deal with corruption and to protect communities against any criminal activities, the study proved this was not always happening because some of the police officers were apparently involved in corrupt dealings with drug dealers. This, in turn, undermines the efforts to fight against substance abuse. Parents believe that more commitment by the police and more responsive law enforcement would add significant value to the war against substance abuse.

From the stories shared by the parents, the researcher concluded that a commitment from the police to fight and expose drug dealers would make parents feel supported and protected.

5.3.13 Need to be supported by their family

The study confirmed that it is very stressful and hard living with the problem of a child's addiction. This experience has a profound effect on the other members of the immediate family. Family relationships are damaged and disorganised as a result of the on-going destructive behaviour of the drug-abusing child. Due to the on-going damaging behaviour of an addicted child, parents continued to blame and distance themselves from other family members, thus

weakening family ties. This creates isolation and lack of a sense of belonging. Parents expressed the need to be supported by their families, to strengthen family ties and enjoy a sense of belonging.

5.3.14 Need to be supported by social workers and government

The need to be supported by social workers came top of the parents' list for support. However, a concern about delayed social work interventions in accessing rehabilitation services was indicated. The average waiting period for accessing government rehabilitation services was about three to six months, due to the backlog and shortage of government funded rehabilitation centres. For example in Gauteng province there is only one in-patient facility (Dr Fabian & Florence Ribeiro Treatment Centre) of which the catchment extends to other Provinces. Parents emphasised the need to be supported by social workers and government so that they can easily access rehabilitation centres for their addicted children.

From the utterances made by the parents regarding the need to be supported by the social workers and government, the researcher concluded that parents are not satisfied with the type of support they get and that rehabilitation services are not readily available when needed.

5.4 Recommendations

The results of this empirical study indicate that the children's addiction to *nyaope* drug has negative effects not only on them but also on their significant others, especially their parents. It is therefore recommended that:

- Parents should maintain a balance between their employment commitments and the responsibility of caring for their children. This is because the more parents spend less

time at home due to employment commitments, the more the children spend time with their friends on the streets which, in turn might put children at risk of substance abuse among other things as they become aware that no one is monitoring them.

- Parents should be more vigilant and concerned with their children's involvement in *nyaope* if they start to display any of the following behavioural patterns or signs:
 - Change in friends
 - Associating with friends who are unknown to them (parents)
 - Spending increasing time on the street
 - Being involved in criminal activities
 - Poor hygiene
 - Loss of appetite
 - Poor academic performance
 - Absenteeism from school
 - Starting to change schools regularly
 - Continual reports of truancy

- Therapeutic interventions should be extended to parents whose children are addicted to the drug *nyaope*. These interventions should include:
 - Emotional support
 - Providing education to parents e.g. parenting skills
 - Psycho-social support for family members with an addicted member
 - Social work assessment of the support needs of parents
 - Anger management

- Support groups for parents
- More government funded rehabilitation services for substance abuse should be established so that they are readily available when needed by communities who have substance abuse challenges. This should include:
 - Strengthening of after care services
 - Increase capacity of Social Workers in the field of substance abuse
 - Introduction of specialisation for social workers providing drug and substance abuse rehabilitation services
- The Department of Social Development should collaborate with NGOs, FBOs and CBOs who are offering services to children addicted to substances (such as *nyaope*) to offer awareness and educational campaigns at schools and in communities to prevent the scourge of addiction to substances.
- The researcher in collaboration with non-profit organisations should mobilise interested groups e.g. churches, community activists to lobby government for the improvement of subsidies organisations. This would enable such organisation to offer accessible and sustainable prevention, treatment and rehabilitation programmes for children and those who are addicted to substance such as *nyaope*. It is disheartening to learn that social workers claim not to have time to assist parents whose children are addicted to substances. This is a major challenge for the profession and requires innovative ways of helping the Department of Social Development to ensure the involvement of social workers in the prevention of drug abuse and the rehabilitation programmes for children

who are abusing drugs including the establishment of support groups (in communities) for their parents and family members.

- Communities should be sensitised about *nyaope*. This should include:
 - Educating the community about *nyaope*
 - De-stigmatisation of addicted children and their families
 - Community vigilance and reporting of drug dealers
 - Re-instilling the value of *ubuntu*
 - Formation of community forums against drug abuse

- Involvement of religious institutions should be strengthened. This should include
 - Conducting more awareness campaigns in churches
 - Educating religious leaders and encouraging them to get involved in the fight against drug abuse

- Law enforcement in connection with *nyaope* should be more responsive. This should include
 - Introduction of a special agency to deal with *nyaope*/substance related crimes
 - Monitoring the involvement of police officers in corrupt activities with the drug dealers

- Empowerment of parents and other family members through:
 - Life skills education
 - Communication workshops

- Strengthening of parent-child relationship
- Parenting skills training

5.5 Recommendations for future research

It is recommended that:

- Since this study was confined to Soshanguve Township, it is recommended that a broader study including different townships be conducted to compare emerging patterns in different townships.

5.6 Limitations of the study

This study was limited to eight parents whose children are addicted to the drug *nyaope* living in the Soshanguve Township. Therefore, the findings cannot be generalised to other parts of the country as conditions may differ.

Other parameters of this research were limited for the following reasons:

- The size of the sample in this study was a limitation. The researcher stopped the interview process after interviewing eight participants as data appeared to be repetitive, thus indicating data saturation. The results of this study cannot therefore be generalised to all parents. This is because other parents may have different experiences and support needs regarding their children's addiction to *nyaope*.
- Only parents who reached out for help to the researcher's private practice were included. The views of parents who did not reach out for help at the researcher's private practice were not included. This study therefore does not reflect the experiences and support needs of other parents who have children addicted to *nyaope*.

- Only parents who were conversant in English, Setswana and/or IsiZulu from a mainly “black” community took part in the study. This does not reflect the demography of the country as it excluded other ethnic groups.
- The majority of the participants were females, thus limiting the gender perspective.

5.7 Conclusions from the study

The problem of *nyaope* addiction amongst children in the Soshanguve Township is escalating every year. As a result, this has devastating effect for the parents whose children are addicted to this drug. Parents, amongst others report the continuous feelings of depression, shame, bitter, resentment and helpless due to the *nyaope* related behavior by their children. Parents indicated that it is challenging for them to cope with the behavior of their children who are addicted to this drug as they (parents) continue to be victims of financial loss, family conflict and theft by their own children. Parents further indicated that they find it difficult to cope with the behavior of their children who are addicted to *nyaope* because they do not listen to them anymore and this make them to feel that they have failed to carry out their parental responsibilities accordingly. The uncontrollable behavior of the children as perceived by their parents as being “difficult” seems to be threatening the parent-child relationship.

Therefore, the following conclusions can be drawn from findings of the study:

- *Nyaope* is new in the South African illegal drug market and is rapidly destroying the future and well being of children around Soshanguve Township.
- Parents whose children are addicted to *nyaope* are ill- equipped and incapable to cope with the behavior of their children.

- Parents blame themselves for their children's addiction to *nyaope*.
- Children of employed parents are at greater risk of being addicted to *nyaope* drug than children whose parents are unemployed and retired.
- Children of married parents are at greater risk of being addicted to *nyaope* than children whose parents are single and divorced.
- Parents have a strong urge to help their children to rid them from the addiction to the *nyaope*.
- Parents whose children are addicted to *nyaope* need professional support.

Bibliography

Allan, S & Daly, K. 2007. *The effects of father involvement: An updated research summary of evidence*. Canada: University of Guelph.

Babbie, E. 2007. *The Practice of Social Research*, 11th Ed. United States of America: Thomson Wadsworth.

Babbie, E & Mouton, T. 2001. *The Practice of Social Research: South African Edition*. Oxford University Press.

Baker, T.L. 1994. *Doing Social Research*, 2nd Ed. New York: McGraw-Hill Inc.

Barlow, M. 2008. *A guide to family issues: The marriage advantage*. United States of America: United families international.

Barnard, M. 2005. *Drugs in the family: The impact on parents and siblings*. York: Joseph Rowntree Foundation.

Bernard, H.R. & Ryan, G.W. 2010. *Analyzing qualitative data: systematic approaches*. London: Sage Publishers.

Bezuidenhout, F.J.2004. *A reader on selected social issues*, 3rd Ed. Pretoria. Van Schaik Publishers.

Bruce, E & Schultz, C. 2002. Non-Finite loss and challenges to communication between parents and professionals. *British Journal of Special Education*, 29 (1): 9-13.

Children's Act (Act No 38) of 2005, see South Africa, 2006.

Copello, A. Templeton, L & Powell, J. 2010. *The impact of addiction on the family: Estimates of prevalence and costs*. United Kingdom: Taylor & Francis Ltd.

Creswell, J.W. 1994. *Research design: qualitative & quantitative approaches*. Thousand Oaks: Sage Publications: 20-24, 70-72.

Creswell, J.W. 2009. *Research design. Qualitative, quantitative, and mixed methods approaches*, 3rd edition. United States of America: Sage Publications.

De Vos, A.C. Strydom, H. Fouché , C.B & Delpont, C,S,L. 2005. *Research at Grass Roots For the Social Sciences and Human Service Professions*. Pretoria: Van Schaik Publishers.

De Vos, A.C. Strydom, H. Fouché , C.B & Delpont, C,S,L. 2005. *Research at Grass Roots For the Social Sciences and Human Service Professions*, 3rd Ed. Pretoria: Van Schaik Publishers.

Dhlamini, M.M. 2009. *Revisiting delinquency as a form of communication*. MA dissertation, Pretoria: University of South Africa.

Donalek, J.G. & Soldwisch, S. 2004. Demystifying nursing research: An introduction to qualitative research methods, *Urologic Nursing*, 24(4): 354 and 356.

Dos Santos, M.M.L.F.2006. *Defeating the dragon: Heroin dependency recovery*. MA. dissertation, Pretoria, University of South Africa.

Dube, D.J. 2007. *Social factors influencing adolescent drug abuse in high schools in Atteridgeville*, MA. Dissertation, Pretoria: Tshwane University of Technology.

Dudley, J.R. 2005. *Research methods for social work*. United States of America: Pearson Education, Inc.

Du Pond, R.L. 2001. *Children under 15 years with drug dependence: National Household Survey on Drug Abuse (2001) in the USA*. Washington, DC: Department of Health and Human Services.

Engel, R.J & Schutt, R.K. 2009. *The practice of research in social work*, 2nd Ed. United States of America: Sage Publications, Inc.

Engel, R.J & Schutt, R.K. 2010. *Fundamentals of social work research*. United States of America: Sage Publications, Inc.

Fouché, C.B. 2005. Qualitative Research Designs. In de Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L. (eds). *Research at grass roots for the Social Sciences and Human Service Professions*. 3rd ed. Pretoria: Van Schaik Publishers.

Fossey, E. Harvey, C. McDermott, F & Davidson, L. 2002. Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36: 717-732.

Frankland, J. & Bloor, M. 1999. Some issues arising in the systematic analysis of focus group material, in: Barbour, R. & Kitzinger, J. (eds), *Developing Focus Group Research: Politics, Theory & Practice*, London: Sage.

Gordon, C. 2004. Fighting against drug abuse and addiction, *American Journal of Early Addiction to Drugs*, 20(12):6-29.

Gossop, M. 2000. *Living with drugs*. England: Ashgate.

Gouws, E. Kruger, N. & Burger, S. 2008. *The Adolescent*, 3rd Ed. Johannesburg: Heinemann Publishers.

Grinnell, R.M. 1995. *Social Work Research and Evaluation*, 3rd Ed. Illinois: F.E. Peacock Publishers.

Grinnell, R. M. & Unrau, Y.A. 2011. *Foundations of evidence-based practice*. 9th Ed. Oxford: Oxford University Press, Inc.

Grobler, H. Schenck, R. & Du Toit, D. 2003. *Person-centred communication*, 2nd Ed. Oxford: Oxford University Press.

Hornby, A.S. 2006:513. *Oxford advanced learner's dictionary of current English*. Oxford: Oxford University Press.

Hosken, G. 2009. Two women held in bust at school. *Pretoria News*. November 11: 3.

Hosken, G. 2011. SA drug abuse rife, agency warns. *Pretoria News*. June 28.

International Centre for Science in Drug Policy. 2010. *Effect of drug law enforcement on drug-related violence: Evidence from a scientific review*. Canada.

Jackson, D. Usher, K. & O' Brien, L. 2006. Fractured families: Parental perspective of the adolescent's drug abuse on the family. *Contemporary Nurse* (2006–7) 23: 321–330.

Kang'ethe, S.M. 2006. *Contribution of caregivers in community home based care programmes: The case of Kanya, Botswana*. MA dissertation. Mafikeng: University of North West.

Kayrooz, C. and Trevitt, C. 2005. *Research in organisations and communities: Tales from the real world*. Australia: Allen & Unwin.

Kekana, S. 2011. Cops bust woman for nyaope. *Daily Sun*. January 11: 2.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3): 214-222.

Kumar, R. 1996. *Research Methodology: A Step by Step Guide for Beginners*. London: Sage Publications.

Lawson, A.W. 1992. *Adolescent substance abuse: Etiology, treatment and prevention*. Gaithersburg. Aspen Publishers.

Liddle, H. 2004. Professional interviews: *Psychiatric practice guidelines for variety of adolescent disorders and substance abuse*. 2 (15):5-26.

Maithya, R.W. 2009. *Drug abuse in secondary schools in Kenya: Developing a programme for prevention and intervention*. PhD thesis, Pretoria: University of South Africa.

Manual on family preservation services. see South Africa. Department of Social Development. 2010

Maree, K. 2007. *First steps in research*. Pretoria: Van Schaik Publishers.

Maree, K. & Van der Westhuizen C. 2010. Planning a research proposal, in: Maree, K. (ed), *First steps in research*. Pretoria: Van Schaik Publishers

Mark, R. 1996. *Research made simple; a handbook for social workers*. London: Sage Publications.

Masemola, L. 2006. *Dagga and heroin craze sweeps through townships*. *Pretoria News*. July 3: 5.

Mason, L. & Henningfield, D. 2001. Rotary International Report 2001. *Journal on Teens Drug Addiction Issues*, 6(10):40-46.

Maughan, K. & Eliseev, A. 2006. Heroin floods schools. *The Star*, August 16:1.

McCarthy, E.D. Gersten, J.C & Langner, T.S. 2002. *The behavioural effects of father absence on children and their mothers*. Columbia: Ebsco Publishing

McMillan, J.H. & Schumacher, S. 1997. *Research in education: A conceptual introduction*, 4th Ed. New York: Longman.

Mhlongo, G.T. 2005. *Drug abuse in adolescents in Swaziland*. MA dissertation, Pretoria: University of South Africa.

Mohasoa, I.P. 2010. *Substance abuse among male adolescents*. MA dissertation, Pretoria: University of South Africa.

Mouton, J. 2001. *How to succeed in your master's & doctoral studies*. Pretoria: Van Schaik Publishers.

National Drug Master Plan. 2006-2011, see South Africa, Department of Social Development. 2007.

Neuman, W.L. 1997. *Social research methods: Qualitative and quantitative research methods*. Boston: Allyn and Bacon Publishers.

New Dictionary of Social Work, 1995, see Terminology Committee for Social Work. 1995.

Orford, J. Velleman, R. Copello, A. Templeton, L. & Ibanga, A. 2010. *The experiences of affected family member*. United Kingdom: Taylor & Francis Ltd.

Oxford, 2006, see South African Concise Oxford Dictionary. 2006.

Prevention of and Treatment for Substance Abuse Act, 2008 (Published in the *Government Gazette*, (32150) Pretoria: Government Printer).

Ritchie, J. & Lewis, J. 2005. *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. Sage Publication, Ltd.

Rubin, A & Babbie, E. 2010 . *Essential research methods for social work*. (2nd Ed). United States of America. Pre-Press PMG.

Second biennial substance abuse summit, see South Africa. Department of Social Development. 2011.

South Africa. 2006. Children's Act (Act No 38) of 2005 *Government Gazette*, 492 (28944), June 19:1-217.

South Africa. Department of Social Development. 2007. *National Drug Master Plan 2006-2011*. RP 05/2007. Pretoria: Government Printer.

South Africa. Department of Social Development. 2011. *Second biennial substance abuse summit*. EThekweni, March 25.

South African Community Epidemiology Network on Drug Use. 2010. *Monitoring Alcohol and Drug Abuse Treatment Admissions in South Africa*. July to December 2009 (Phase 27).Tygerberg: Medical Research Council.

South African Concise Oxford Dictionary. 2006. Cape Town: Oxford University Press

South African National Council on Alcoholism And Drug Dependence (SANCA). 2009-2010. SANCA National Treatment Report.

Schilit, R. & Gomberg, S.L. 1991. *Drugs and Behaviour: A sourcebook for the Helping Professions*. Newbury Park, London, New Delhi: Sage Publications.

Smith, G.H. Coles, C.D. Poulsen, M.K. & Cole, C.K. *Children, Families, and substance abuse: Challenges for changing education and social outcome*. Baltimore. Brokes Publishing Co.

Strydom, H. 2005. Ethical Aspects of Research in the Social Sciences and Human Professions, in, de Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. *Research at grass roots for the social sciences and human service professions*, 3rd Ed. Pretoria: Van Schaik Publishers. .

Sue, D., Sue, D. & Sue, S. 1994. *Understanding abnormal behaviour*, 4th Ed. Princeton: Houghton Mifflin Company.

Terminology Committee for Social Work. 1995. *New Dictionary of Social Work*, rev. and comprehensive ed. Cape Town: CTP Book Printers.

Terre Blanche, M.T. & Kelly, K. 2002. *Research in practice: Applied method for the social science*. Cape Town: University of Cape Town.

Toseland, R.W. 2000. Research method in Grinnell, R. /M (Jr). *Social Work Research and Evaluation*. Itasca, Illinois: Peacock Publishers.

Toseland, R.W & Rivas, R.T. 2009. *Group work practice*, 6th Ed. United States of America: Pearson Education, Inc.

Tutty, L.M & Rothery, M.A & Grinnell, R.M. 1996. *Qualitative research for social workers*. London: Ally & Bacon: 50-87 (phase 2).

Two women held in bust at school: 2009. *Pretoria News*, 11 November: 3.

United Nations Office on Drugs and Crime: Regional Office for Southern Africa. 2004. *Conducting Effective Substance Abuse Prevention Work among the Youth in South Africa*. www.unodc.org (accessed 24 April 2010).

United Nations Office on Drug Control and Crime. 2009. *World Drug Report*. Malta: United Nations Printers.

United Nations. 1992. *The United Nations and Drug Abuse Control, (1992)*. Vienna. UN Publication.

Van Delft, W.F. 2000. *Developmental tasks, developmental resources/obstacles and competence development*. Pretoria: University of South Africa.

Van der Westhuizen, M. 2007. *Exploring the experiences of chemically addicted adolescents regarding relapsing after treatment*, MA (SW) dissertation, Pretoria: University of South Africa.

Van der Westhuizen, M.A. 2010. *Aftercare to chemically addicted adolescents: Practice guidelines from a social work perspective*, Unpublished D. Phil thesis, Pretoria: University of South Africa.

Van Dyk. A.C. 2000. *Welfare policy: Only Study guide for SCK 203-5*. Pretoria: University of South Africa.

Van Wyk, C. 2011. The burden of disease: Substance abuse in South Africa, *African journal of psychiatry*: 80-84.

Whittaker, A. 2009. *Research skills for social work*. Exeter. Learning Matters Ltd.

World Drug Report. 2010. *The United Nations and Drug Abuse Control*. New York: United Nations Publishers.

Yegidis, B.L. & Weinbach, R.W. 1996. *Research methods for social workers*. London. Allyn & Bacon.

Zastrow, C. 2000. *Social problems: issues and solutions*, 5th ed. Canada: Wadsworth.

<http://www.experiment-resources.com> (Accessed: 1 Oct.2010)

<http://www.knol.google.com/k/children-in-america-effects-of-working-parents-on-child-development> (Accessed: 14 Feb. 2012)

<http://www.projectknow.com> (Accessed: 1 March 2012)

<http://lefoko.blogspot.com/2008/10/setswana-diale-le-maeleidioms-and.html> (Accessed: 14 Feb. 2012)

http://www.tnt.org.za/index.php?option=com_content&view=article&id=92:effects-of-nyaope&catid=17:drug-facts&Itemid=48 (Accessed: 2 July 2010)

<http://www.thefreedictionary.com/parent> (Accessed: 2 July 2010)



ADDENDUM A (1)

A PREAMBLE TO AN INFORMATION AND INFORMED CONSENT DOCUMENT

Dear

I Jan Masombuka, the undersigned, am a social worker in service of Private Practice at Mabopane, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: Children's addiction to the drug "*nyaope*" in Soshanguve township: Parents' experiences and support needs.

In view of the fact that you are well-informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or

what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of parents who complain that they have lost valuable assets at home, such as TVs, microwaves, money, cell phones, etc. Some parents have reported that their children leave home early in the morning disguising to be going to school but only for them to realise months later that they have been bunking classes or have not been to school at all. These reports from concerned parents motivated the researcher to conduct an investigation into the parents' experiences and their support needs in relation to their children's addiction to the drug *nyaope*.

The information gathered from this study will contribute towards understanding parents' experiences and support needs in relation to their children's addiction to the drug *nyaope*.

Should you agree to participate, you will be requested to participate in face-to-face interview(s) that will be conducted at No 1097 Extension X Mabopane from March to April 2011. It is estimated that the interview(s) will last approximately two hours. During the interview(s) the following questions will be directed to you:

1. Tell me more about your child's addiction to *nyaope*. (i.e. When and how did it start, how did you come to know about it or what did you observe?
2. What effect does it have on your child?
3. What feelings do you experience in relation to your child's addiction to *nyaope*?
4. What are the effects of your child's addiction to *Nyaope* on you as a parent and the family as a whole? And how do you react?

5. What have you done thus far to assist your child to rid him/her from the addiction to this drug?
6. What are your experiences and feelings regarding your child's addiction to *nyaope*?
7. How do you cope?
8. What are your needs for support?
9. How would you like to be supported?
10. By whom would you like to be supported?

With your permission, the interview(s) will be audiotape. The recorded interviews will be transcribed word-for-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a locked office at No 1097 Extension X Mabopane and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor(s)/promoter(s), a translator (if they need to be translated into English), and an independent coder¹ with the sole purpose of assisting and guiding me with this research undertaking. My research supervisor(s)/promoter(s), the translator and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

¹The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and is appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will report the participants' accounts of what has been researched.

Please note that participation in the research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you will be requested to grant me an opportunity to engage in an informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact this number: 012 701 1265 or email janmasombuka@yahoo.com. Please note that this study has been approved by the Research and

Ethics Committee² of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you may direct your question/concerns/queries to the Chairperson, Human Ethics Committee³, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards

²This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

³This is a group of independent experts whose responsibility it is to help ensure that the rights and welfare of participants in research are protected and the study is carried out in an ethical manner.

Jan Masombuka

Signature of researcher

Contact details: (Tel) 012 701 1265

(Email) janmasombuka@yahoo.com

ADDENDUM A (2)

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT:

Children’s addiction to the drug “*nyaope*” in Soshanguve Township: Parents’ experiences and support needs.

REFERENCE NUMBER: 32408099

PRINCIPAL INVESTIGATOR/RESEARCHER: Mr Jan Masombuka

ADDRESS: No 1097 Extension X Mabopane 0190

CONTACT TELEPHONE NUMBER: 012 701 1265

<p>DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:</p>	<p><u>Initial</u></p>
<p>I, THE UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No _____] of _____ _____ _____ (address)</p>	
<p>A. HEREBY CONFIRM AS FOLLOWS:</p>	
<p>1. I/the participant was invited to participate in the above research project which is</p>	

<p>being undertaken by Jan Masombuka of the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	
<p>2. The following aspects have been explained to me/the participant:</p> <p>2.1 Aim: The investigator/researcher is studying</p> <p>To gain an understanding of parents' experiences and support needs in relation to their children's addiction to the drug <i>nyaope</i>.</p> <p>The information will be used to/for</p> <p>Submission of dissertation for a research in master's degree</p>	<p><u>Initial</u></p>
<p>2.1 I understand that my participation in the research is completely voluntary. I am not obliged to take part in the research.</p>	<p><u>Initial</u></p>
<p>2.2 Risks:</p> <p>The information I am going to share might leave me feeling emotionally upset, or perturbed, The researcher will be obliged to refer you to a counsellor for debriefing or counselling (should you agree).</p>	<p><u>Initial</u></p>
<p>Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.</p>	<p><u>Initial</u></p>
<p>Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.</p>	<p><u>Initial</u></p>

Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	<u>Initial</u>
3. The information above was explained to me/the participant by Jan Masombuka in Setswana/English/IsiZulu. I was given the opportunity to ask questions and all these questions were answered satisfactorily.	<u>Initial</u>
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.	<u>Initial</u>
5. Participation in this study will not result in any additional cost to me	<u>Initial</u>
<p>B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.</p> <p>Signed/confirmed at _____ on _____ 20__</p> <p>_____</p> <p>Signature or right thumbprint of participant Signature of witness</p>	

ADDENDUM A (3)

STATEMENTS AND DECLARATIONS

<p>STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)</p> <p>I, Jan Masombuka declare that</p> <ul style="list-style-type: none"> • I have explained the information given in this document to _____ (name of participant) and/or his/her representative _____ (name of representative); • he/she was encouraged and given ample time to ask me any questions; • this conversation was conducted in Setswana/English/IsiZulu and no translator was used. <p>Signed at _____ on _____ 20__</p>	
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<p>(place) (date)</p> <p><u>Jan Masombuka</u> _____</p> <p>Signature of investigator/representative</p> <p>Signature of witness</p>	
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ADDENDUM A (4)

IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT	
<p>Dear Participant/Representative of participant</p> <p>Thank you for your/the participant's participation in this study. Should at any time during the study</p> <ul style="list-style-type: none"> • an emergency arise as a result of the research, or • you require any further information with regard to the study, or • the following occur <p>_____</p> <p>_____</p> <p>_____ (indicate any circumstance which should be reported to the investigator), kindly contact _____ (name) at telephone number _____</p> <p>_____</p> <p>[It must be a number where help will be available on a 24-hour basis.]</p>	