THE PERCEPTIONS OF YOUTH ON THE PREVENTION OF SUBSTANCE USE DISORDER IN THE CAPE FLATS: SUGGESTIONS FOR SOCIAL WORK PRACTICE

by

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DEDICATION

This dissertation is dedicated to my husband Simon Mukwarami and my daughter Natasha who have been a constant source of support and encouragement during the challenges of school life. I am truly thankful for having you in my life.

DECLARATION

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"The perceptions of youth on the prevention of substance abuse in the Cape

Flats: Suggestions for Social work practice"

I declare that the above dissertation 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.

I further declare that I submitted the dissertation to originality checking software and

that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for

examination at Unisa for another qualification or at any other higher education

institution.

30 June 2023

SIGNATURE

DATE

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ABSTRACT

Youth participation is a recognised strategy in the prevention of substance abuse. Different preventative strategies require a concerted effort involving various stakeholders to prevent and reduce substance abuse. This study described the perceptions of youths on the prevention of substance use disorder. A qualitative approach, supported by three research designs was utilised to answer TWO overarching research questions. Non-probability purposive sampling was employed to recruit youth residing in the Cape Flats to participate in face-to-face interviews and focus groups discussions. The community development theory and triangle of youth participation theory were utilised as theoretical frameworks for this study. The data were analysed following the eight steps of Tesch, while Lincoln and Guba's model was used for data verification. Informed consent, confidentiality, anonymity was applied to ensure ethical practice. The findings culminated in the presentation of suggestions for social work practice, recommendations for policy, education and future research. The findings revealed the severe impact of substance abuse on youth and their communities. It was evident that different sectors i.e., Faith Based, Recreational skills training programmes, Street committees and Law enforcement are trying their best to have a community free of substances. However, 90% of the participants articulated that the existing programmes are not effective. In addition, the study highly recommended the collaboration between stakeholders to jointly implement substance abuse prevention programmes to address the substance abuse problem amongst the youth. Moreover, the participants further recommended that preventive programmes must be appropriate, attractive and must be tailored for specific community.

KEY TERMS: Substance abuse; prevention programmes; youth; social work intervention; coping strategies; Cape Flats communities.

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LIST OF ACRONYMS

ABCD Assets-Based Community Development

CASA Centre on addiction and substance abuse

CDA Central Drug Authority

DBE Department of Basic Education

DOCS Department of Community Safety

DSD Department of Social Development

DSM-5 Diagnostic and Statistical Manual of Mental Disorder

FAS Foetal Alcohol Syndrome

FBOs Faith-Based Organisations

NGO Non-Governmental Organisation

NPOs None-Profit Organisations

SA South Africa

SACENDU South African Community Epidemiology Network on Drug Use

SANDMP South Africa National Drug Master Plan

SAPS South African Police Service

SASSA South African Social Security Agency

SUDs Substance Use Disorders

UNODC United Nations Office on Drugs and Crime

WCSP Western Cape Safety Plan

WHO World Health Organisation

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CHAPTER 1

GENERAL ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

It is generally agreed that substance abuse, also referred to as substance use disorder (SUD), is historically an on-going global problem which has not successfully been dealt with since we became aware thereof for the first time (Yusuph & Negret, 2016:1). South Africa is no exception, and the Cape Flats area is seriously affected (Ramson & Chetty, 2016:80). Not only does it have extensive health and social consequences (Diraditsile & Rasesigo, 2018:2; Manu, Maluleke & Douglas, 2017:1; Letamo, Bowelo & Majelantle, 2016:75; Setlalentoa, Ryke & Strydom, 2014:349; Nyabadza, Njagarah & Smith, 2012:1; The National Centre on Addiction and Substance Abuse at Columbia University [CASA], (2011:2); Mazloomy-Mahmoodabad, Khoshab, Vafa, Fallahzadeh and Ardekani (2017:102), but it has been revealed that substance abuse poses a serious threat to the cultural and economic structures of society by destroying the balance, growth, and development in societies. It was further stated that no country can consider itself fully immunised from substance abuse; the only difference between countries is in their consumption patterns (Mazloomy-Mahmoodabad et al., 2017:102). It is estimated that between 3.5% to 7.0% (between 162 million and 324 million) of the world's population aged between 15 and 64 years have used an illicit substance (Naidoo, Mangana-Chaurura, Khan, Canham & Malope-Rwodzi, 2016:01). The World Drug Report (United Nations Office on Drugs and Crime [UNODC], 2011:13) pointed out that initial estimations suggest that 13.8 million young people worldwide aged 15-16 years have used cannabis in the past year, equivalent to the rate of 5.6% of the substance abusing population. Therefore, alcohol and illicit substance abuse contributes to nearly a tenth (9.8%) of the global burden of disease in young adults between the ages 15 and 29 years. The World Drug Report Booklet 1 (UNODC, 2018a:7) indicates that 31 million people who abuse substances suffer from substance use disorders, meaning that their abuse is dangerous to the extent that they may require treatment. In line with the above, Letamo et al. (2016:75) contend that substance abuse among the youth contributes to intentional and unintentional injuries, mental health problems as well as reproductive health problems.

Substance abuse is therefore recognised as a worldwide phenomenon, contributing significantly to morbidity and mortality in South Africa (Mpanza & Govender, 2017:1). The phenomenon of substance abuse is of great concern due to the severe impact it has on individuals, families, and communities (Mpanza, 2014:2). The impact of substance abuse has affected many, particularly those in disadvantaged communities. Its troubling consequences and severity are discussed in depth in the next section.

1.1.1 Effects of substance abuse

The Diagnostic and Statistical Manual of Mental Disorder (DSM-5) defines substance abuse as patterns of symptoms resulting from the use of substances that users continue to take, despite experiencing problems as a result (American Psychiatric Association DSM-5, 2020:5). According to the DSM-5, substance use disorders involve substance abuse and substance dependence disorders. The effects of substance abuse are broad and diverse. Not only does substance abuse have negative consequences for the abuser, but it also impacts the entire family as well as the broader community in which he/she lives (The National Drug Master Plan [NDMP], 2013-2017:4-5; Department of Social Development [DSD] & Central Drug Authority [Central Drug Authority CDA], 2011:8). Substance abuse places a heavy burden on public health systems in terms of the provision of prevention, treatment, and care of substance abusers and the consequences impacting their health (UNODC, 2015a:3). According to the World Drug Report (UNODC, 2016:65), the study on the global implication of diseases indicates that opioids, cocaine, amphetamines, and cannabis combined accounted for almost 12 million life years lost due to premature death or disability. Globally, in 2015, it was estimated that 29.5 million people experienced problems with substance use, impacting not only their lives but those of others around them (Gabriel, 2017:5), contributing to family neglect and abuse. Poor attachment to school and community, and eroding social norms and environments, tend to foster substance use in children as they grow up in marginalised and underprivileged communities (Valkov, 2018:97).

Furthermore, the risk factors for substance abuse contribute to individual, social, and economic vulnerabilities (Chan, Sidhu, Lim & Wee, 2016:556; Somani & Maghani 2016:2; Sen, Victor & Saxena, 2016:2403) amongst young persons who are likely to

suffer from serious, sometimes even fatal, physical, and mental health problems (Morojele & Ramsoomar, 2016: 551). In their study conducted in Lubelskie Province in Poland, Cur, Szymona, Domanski, Opolska, and Jojlzuk (2015:194) investigated the need for preventive measures for families affected by substance abuse in their country. The findings of their study revealed communication difficulties in families where a family member abuses chemical substances. In addition, family life is characterised as chaotic and unpredictable (Ramson & Chetty, 2016:69). These findings support those of South African researchers Diraditsile and Mabote (2019:12) which reveal that students involved in the abuse of chemical substances are unable to interact with fellow classmates and educators in a positive manner. Moreover, substance use disorder has a negative impact on learners' academic performance and is linked to academic difficulties, absenteeism, and dropping out of school (Department of Basic Education (DBE) [SA], 2013a:11). Furthermore, Maina, Ogenchuk, Phaneuf, and Kwame (2021:1); Lander, Howsare, and Byrne (2013:197); Copello, Templeton, and Powell (2010:64) reported that the impact of substance abuse on the family is remarkably similar all over the world. Maina et al. (2021:1) further explained that the experience of living with or having a close relative with a serious substance abuse problem has been likened to living with other difficulties such as disability or terminal illness. Mathibela and Skhosana (2019:88) revealed that problems associated with substance abuse behaviour include neglect of everyday activities and responsibilities, which subsequently cause financial problems, criminal behaviour, and ultimately, loss of employment as well as failed relationships (Khan, 2013:3). Other related social problems include, amongst others, substance-related crimes, violence impacting communities, and the abuse of chemical substances, all of which negatively affect families (Olawole-Isaac, Ogundipe, Amoo & Adeloye, 2018:79; Setlalentoa, Ryke & Strydom, 2015:82; DBE [SA], 2013b:4). The World Drug Report (UNODC, 2016:65) point out that parents of young adults involved in the abuse of chemical substances have linked the deterioration of their own physical and psychological health to family substance stress and associated parent-youth conflict. These problems could be addressed through comprehensive prevention programmes or other interventions. Such intervention programmes may involve the family, school, and community.

1.1.2 The prevalence and extent of substance abuse among the youth

The UNODC (2018b:6) points out that substance abuse is higher among the youth than in other age groups. The prevalence of substance abuse in South Africa is reported as being twice that of the world norm (Zinyama, 2019:2; (Central Drug Authority CDA), 2011:5). This is alarming as substance abuse contributes to many of the social, economic, and health ills troubling the nation (Appollis, 2016:1). Statistics reported by the UNODC (2014:4) indicate that 7.06% of South Africa's population abuses chemical substances of some kind and that one in every 14 people are regular users. In their study conducted in Cape Town's peri-urban settlements, Puljevic and Learmonth (2014:183) investigated the need for the initiation of regional youth chemical substances prevention programmes due to the high levels of substance abuse. Additionally, Olivier, Curfs, and Viljoen (2016:103) found that South Africa stood out as one of the countries with the highest rates of foetal alcohol syndrome (FAS) in the world. Furthermore, according to the DBE (SA) (2013a:11), the prevalence of abuse and levels of alcohol related injuries reported in trauma centres across South Africa have increased compared to global figures.

In addition, the Third Biennial Conference on substance control (2016:10) held at the Sandton Convention Centre in Johannesburg, indicated that alcohol is found to be the primary chemical substance of abuse by young people admitted to treatment centres in Kwazulu-Natal, the Eastern Cape, Free State, North West Province, and Northern Cape. Cannabis is found to be the most common chemical substance abused by patients in treatment centres in Gauteng, Mpumalanga, and Limpopo. In the Western Cape, the use of various substances remains high; 34% of patients are admitted for methamphetamines/tik; 31% for cannabis; while 25% of those under the age of 20 abuse alcohol which affect persons in both rural and urban areas.

A study conducted at Grabouw, a town located in the Western Cape Province, found alcohol to be the most frequently used substance in South Africa, with approximately 30% of the rural population having a drinking problem (Mudavanhu & Schenck, 2014:371). A further alarming finding was that 5% of children starting school in Grabouw had FAS due to their mothers' abusing alcohol while pregnant (2014:371). In another study conducted in the same province, Marinus (2014:4) explored the experiences of the children of farm workers who are substance dependent as they are

susceptible to poverty, crime, and domestic violence. Both these studies identified a need for access to services and long-term interventions to ensure the holistic treatment of substance dependent youth or the children of substance dependent parents.

1.1.3 Types of commonly abused substances

According to the World Drug Report (UNODC, 2018a:16), the world's largest *illicit* substance product in terms of volume is cannabis, followed by cocaine, and then heroin. The study of Mensah (2016:3) conducted in Accra, Ghana highlighted that the consequences of substance use among the youth are not limited to any one country but can be felt universally. Likewise, More, Jackson, Dimmock, Thornton, Colthart, and Furzer (2017:2) are of the view that today's youth, throughout the globe, have greater exposure to illicit substances and alcohol than previous generations. On the same note, Hamdulay and Mash (2011:7) reported that substance abuse contributes to nearly a tenth of the global burden of disease for youth between the ages of 15 and 29 years. The World Drug Report (UNODC, 2013:8) indicates that globally, Hepatitis C among young people is seen as a major public health concern that can lead to liver diseases such as cirrhosis and cancer. There is also worldwide recognition that substances together with organised crime jeopardise the futures of our young people (UNODC, 2018a:15).

In the study of Huang, Ho, Lee, Gee, Lan, and Hsieh (2015:417) conducted in Taichung, Taiwan investigated adolescents' use of substances in different socioeconomic regions. The findings of the study revealed that the tendency to use alcohol, tobacco, cannabis, and other forbidden substances is higher in rural areas with greater poverty levels. Moreover, the study of More et al. (2017:2) conducted in Perth, Western Australia note that the primary substance of misuse varies between alcohol, individuals. and that nicotine. marijuana, methamphetamines, pharmaceuticals were the most abused substances in Australia. Furthermore, the study of Mensah (2016:3) further highlighted that the unstable political climate in most African countries has disrupted substance control laws. Consequently, public health problems related to substance use has surged on the African continent in recent times.

On the same note, the study of Gotsang, Mashalla, and Seloilwe (2017:152) in Gaborone, Botswana indicated that other effects include cannabis associated psychosis, contributing around 12% to 40% of all cases of psychosis in African mental hospitals. However, 'A-motivational Syndrome' has been described as an effect of cannabis abuse among adolescents, resulting in poor school performance, and eventually dropping out of school (Gotsang et al., 2017:152). The study of Fareo (2012:345) conducted in Nigeria further indicated that substance use disorder impedes the development of any society as it is a threat to the life, health, dignity, and prosperity of all individuals. Summing up, the study of Peltzer and Phaswana-Mafuya (2018:1) conducted in South Africa through a national survey revealed that previous investigations in South Africa found that specific socio-demographic factors were associated with substance use, including male gender, younger age, lower income or unemployed, and geo-locality such as urban areas.

Moreover, Manu et al. (2017:2) stated that alcohol, tobacco, and dagga (the local term for cannabis) were the most used substances within South African (Nyabadza et al., 2012:2). Plüddemann, Dada, Parry, Bhana, Bachoo, Perreira, Nel, Mncwabe, Gerber, and Freytag (2010:14) investigated the prevalence of methamphetamine use among high school students in Cape Town and it was found that alcohol, cannabis, heroin, and cocaine were the most common primary substances of abuse amongst patients presenting at treatment centres in South Africa, and methamphetamine (tik) being particularly high amongst adolescents in the Western Cape (Plüddemann et al., 2010:14).

1.1.4 Impact of substance abuse on the health and welfare systems

The Department of Social Development (DSD) (SA) (2013a:2) indicates that substance abuse has serious effects on healthcare and social welfare systems. Besides communicable diseases such as HIV and AIDS, substance abusers are exposed to non-communicable diseases including cancer and heart disease as well as psychological disorders (Somani & Meghani, 2016:2). Moreover, substance abusers are also exposed to violent crime either as perpetrators or victims and are also at risk of long-term unemployment due to school dropouts, FAS, being in conflict with the law, loss of employment, and risk of premature death due to ill health (Marinus,

2014:8). In addition, the DBE (SA) (2013a:12) states that the consequences of substance abuse on learners include risky behaviour, such as unprotected sex leading to unintended pregnancies, increased risk of injury, and involvement in traffic accidents, either as a driver or a pedestrian as well as the significant costs to the state for treatment and medical care of people who have substance use problems. Furthermore, Manu et al. (2017:2) describe the high rate of substance abuse among the youth in South Africa, both in and outside of school, to easy access of these chemical substances in their communities. These authors also highlighted the link between chemical substances and violence, noting an increase in criminal activities, bullying, gang activities, and vandalism; truancy on school premises was also increasingly reported in many South African schools (2017:2). In addition, these violent activities within school premises render the school environment unsafe for both leaners and teachers. Chetty (2017:83) also highlighted the link between chemical substances and violence, noting an increase in criminal activities such as gangsterism. Moreover, the effects of substance abuse are distressing to the individual as well as society at large (South African Police Service [SAPS], 2014/2015:22). Substance abuse affects entire family systems as well as individual members including children, leading to family break-up, emotional and financial difficulties, and conflict amongst family members (Daley & Feit, 2013:159-160). The impact of substance abuse extends beyond the family system, placing a heavy burden on society (The National Drug Master Plan, 2013-2017:5). The UNODC (2019b:21) reveals that the economic cost of the world-wide youth substance abuse amounts to millions of dollars for medical and social services, loss of income, cost of treatment, and any other incurred costs related to substance use.

1.1.5 Substance abuse in the Western Cape

Swaartbooi (2013:1) indicates that the rate of methamphetamine use in the Cape Flats has escalated over the years, particularly among young people in the so-called "coloured" communities. The problem is prevalent in communities that have historically been plagued by social issues such as gangsterism and poverty. Moreover, Tshitangano and Tosin (2016:2) state that in South Africa substance abuse is extremely serious, with substance usage reported as being twice the world norm. In addition, over 15% of the population suffers from substance use problem and figures

published by the SAPS show that substance use accounts for 60% of all crime in the country. Jacobs (2019:2) reported that about 80% of offending youth who come in conflict with the law are either using substances or their delinquent behaviours have led them to violate the law. The report of the Western Cape Provincial Department of Community Safety (DOCS) (2013/2014:14) recognises that in the Western Cape, substance abuse is the bedrock upon which crime hinges. In addition, the Western Cape has consistently contributed more than 40% per year to the national substance use related crime over the past few years. Of concern to Chetty (2017:83) is the high level of violence that accompanies substance abuse and gangsterism, with the latter contributing to about 70% of violence on the Cape Flats (Khan, 2013:4). Regarding the legal consequences of substance use related offences, the booklet by the DSD (SA) (2017:21) indicates that if one is found guilty of any substance or alcohol related offences, he/she will have a criminal record in South Africa and everywhere else in the world, regardless of how minor the offence. Having a life-long criminal record impedes all areas of one's life, i.e., limiting future travel and employment options, to mention a few. Importantly, the legal consequence of being arrested for a -substance related offence will haunt individuals for the rest of their lives (Western Cape Government [general substance abuse booklet], 2016:18).

1.1.6 South African legislation and substance abuse prevention

There are predominantly two documents in South Africa that describe (prescribe) the role of prevention of substance abuse, namely the (Republic of South Africa, 2008) and in accordance with this Act, the National Drug Master Plan (NDMP) 2013-2017.

The purpose of the Act is to, by various means (including prevention), provide an allinclusive action on a national level to address substance abuse and related problems. Chapters 2-5 of the Act reflect on different aspects combatting and preventing substance abuse as well as community-based actions.

The National Drug Master Plan reflects the South African responses to the substance abuse problem as set out by the United Nations Conventions and other international bodies. The oversight of the NDMP is situated in the Central Drug Authority and is in the Department of Social Development (DSD).

The CDA (Central Drug Authority 2019/2020:6) highlights the increasing prevalence of substance abuse amongst the youth, and calls for the consistent use of available policies that guide interventions to combat this scourge. To address this, the NDMP (The National Drug Master Plan 2019-2024:25), a single national governmental framework, guides both government and civil society towards collaborative efforts in fighting substance abuse and its outlined interventions that are implemented on three levels namely primary, secondary, and tertiary levels. Firstly, the primary level is directed at reducing the initial individual and environmental risks of substance related harm. Secondly, the secondary level involves early detection of risks of substance related harm. Thirdly, the tertiary level (usually called "treatment"), where the focus is on arresting the intensification and perpetuation of substance related harm.

On a Provincial level, the Western Cape Government (2017:22) outlined a policy that aims to provide individuals and communities, irrespective of their circumstances, with opportunities to develop their own capabilities as well as to access opportunities to address the scourge of substance abuse. The WCG (2017:35) further explained proposed policy interventions, for instance, dealing with unlicensed liquor outlets and the illicit liquor trade; change legislation to enable some unlicensed liquor outlets to be licenced; provide interventions at antenatal clinics to reduce the possibility of substance related / exposed pregnancies; strengthen the development of early screening and referral services at schools and other institutions of learning, targeting the high risk areas in the province; and place liquor licensing restrictions in areas with a high prevalence of substance abuse related trauma.

On a local level, the DSD (SA) City of Johannesburg Substance Abuse Policy Second Draft (2020:18) encourages the establishment of existing facilities and infrastructure, including primary healthcare centres to be utilised to provide integrated community-based treatment programmes. This document (2020:18) explains a three-pronged approach which focuses firstly, on demand reduction which aims at discouraging substance abuse through intervention and awareness. Secondly, harm and reduction which aim at the provision of holistic treatment and mitigation the social, psychological, and health impact of substance abuse. It can be achieved by treatment, aftercare, and

re-integration of substance abusers within society. Thirdly, supply reduction looks at the efforts and stopping the production and distribution of liquor and illicit substances and associated crimes through law enforcement strategies and ensuring that law enforcement regulations are enforced. This can be done by the establishment of specific forums where the police can engage with Metro Police, business, and communities working together to assist in reducing substance availability.

Similarly, the City of Cape Town Draft (2014-2017:8) highlights the activities that are tailored towards the prevention of substance abuse, and activities ranging from substance use awareness talks to intensive family strengthening interventions or activities aimed at improving economic opportunities which would directly impact and discourage individuals from using substances.

1.1.7 Prevention programmes to combat substance abuse

Despite the intention to create a substance use free society, youth chemical substance abuse remains a major social and public health concern worldwide (Masiye & Ndhlovu, 2016:42). These authors stated that different chemical substance use prevention programmes have been implemented mainly by three different public agencies, namely government, non-governmental organisations (NGOs), and faith-based organisations (FBOs) (2016:42). In addition, the UNODC (2013:1) indicated that government and NGOs in many countries have invested in a wide range of prevention strategies and programmes such as school-based programmes, which include information programmes that focus on equipping young people with information about the abuse of chemical substances, life skills programmes to enable them to deal with difficult situations without turning to the abuse of chemical substances, the ability to resist pressure to use chemical substances, and understanding the effects of the abuse of chemical substances. In addition, community-based programmes, including FBOs focusing on outreach programmes, law enforcement, and NGOs are all involved in providing important prevention education about substance abuse to the youth (DSD [SA] & CDA, 2013:6). Lastly, family-based prevention programmes strengthen protective factors amongst young children by teaching their parents better family communication skills, appropriate discipline styles, and consistent rule enforcement (DBE [SA], 2013a:9). However, despite considerable efforts directed towards

prevention, the problem of chemical substance use amongst the youth continues to rise. In the same report (2013:8), the school-based prevention education programmes are among the most widespread prevention programmes in the world. In addition, in their study conducted in America, Walsh and Baldwin (2015:41) found no improvement from chemical abuse prevention programmes in American Indian and Alaska Native communities. Moreover, Naidoo et al. (2016:3) reported on different intervention strategies implemented to address substance abuse amongst young people, namely, developmental strategies, harm reduction approaches, therapeutic communities, and brief interventions. However, despite the intended outcomes of these approaches, their effectiveness is questionable, and the evidence to support the effectiveness is scarce (Naidoo et al., 2016:3). In South Africa, various organisations, including both private and public institutions, are continually developing strategies to curb substance abuse amongst the youth. These strategies range from policies prohibiting the sale and use of substances by the youth.

Puljevic and Learmonth (2014:185) state that although South Africa has the most developed substance abuse treatment system in Africa, demand for treatment far exceeds supply. The South African government has been working with various sectors such as the health sector, educational sector, and NGOs across the country to prevent substance abuse. Similarly, Thsitangano and Tosin (2016:2) explained that the Department of Education (DBE) implemented a revised Curriculum 2005 Initiative that includes a Life Orientation Area of learning consisting of components that address youth behaviours, such as the abuse of chemical substances and teenage sexuality, as part of a holistic initiative bent on promoting the healthy development of young people (Lancaster, Ritter & Mathew-Simmons, 2013:2). The holistic approach focuses on all aspects of the person as a whole including emotional, physical, social, and spiritual well-being, by encouraging growth through self-exploration and expression.

1.1.8 Response to substance abuse by social workers

To mention but a few, South African studies have explored the relevance of social work support (Slabbert, 2015; Mahlangu & Geyer, 2018; Sekgobela, 2021; Khosa & Ndou, 2022; Madisha & Skhosana, 2022); and challenges encountered by social workers when rendering services to substance dependent youth (Kheswa &

Makhalemele, 2020; Khanyi & Malesa, 2022). The findings of these studies acknowledge the important role played by social workers in supporting youths affected by substance use. Hence, social workers are positioned to offer services and psychosocial support to youth with substance abuse problems and their families (O'Sullivan, 2010:366). They work regularly with the complexities of people's lives, assessing and identifying their areas of concern, and developing a treatment plan. In addition, they assist with awareness campaign programmes on the challenges associated with the abuse of chemical substances and link them to resources. In addition, O'Sullivan (2010:366) indicates that the role and function of social workers is primarily to assist in improving people's well-being when required. The author further states that social work services have the potential to significantly impact the future of vulnerable people and their families. Galvani (2015:6) states that a holistic approach is considered when offering services to the affected client and his or her significant others to assess familial aspects that might be contributing to the service user's challenges, and to provide support as the service user attempts to change. Furthermore, social workers motivate people to consider changing their problematic substance using behaviour. This study aimed to gather information based on the perceptions of young people on the ground. Thus, the findings informed suggestions for social work practice in the field of substance abuse.

1.2 PROBLEM FORMULATION AND PROBLEM STATEMENT

A research problem refers to a phenomenon which a researcher experiences in the context of either a practical or theoretical situation, searching for a solution to the problem (Akhtar, 2014:1211). Pardede (2018:7) defined a research problem as an issue being addressed in a study; the issue can be a strain or dispute to be eliminated or a situation to be improved. In addition, it can be a troubling question, a theoretical or practical controversy that exists in scholarly literature (Pardede, 2018:7). Creswell (2012:60) defines a research problem as "a general educational issue, concern, or controversy addressed in research that narrows the topic." The research problem is based on a review of current and relevant research and literature, which leads to the identification of a research gap (Dissanayake, 2013:3). This gap highlights the need to investigate, study, and address a specific topic through a scientific process (Boudah, 2011:22) and serves as "an intellectual stimulus calling for an answer in the

form of a scientific inquiry." The introduction above provided the researcher with a specific focus for this proposed study, based on the specific research gap that was identified.

As indicated in section 1.1, substance abuse remains a global problem with immense economic, health, and social consequences. The study by DSD (SA) (2013a:21) reported that substance abuse is worsened by complex socio-economic challenges such as unemployment, poverty, peer pressure, and crime. These social problems have demoralising effects on families and communities. Amongst others, the harmful substance of crystal meth, a harmful substance commonly known as 'tik' in the Western Cape, is an ongoing and growing problem. The mushrooming of supply chains due to the increased demand for and the rise in numbers of 'tik' users have further exacerbated the problem (Nyabadza et al., 2012:1).

Naidoo et al. (2016:6) in their study conducted in Roodepan, Northern Cape; Wentworth, Kwazulu-Natal, and Eldorado Park, Gauteng on substance abuse prevention programmes, opine that many intervention programmes have been used to stop or reduce the use of chemical substances among the youth, with limited positive results. This may be because the youth were not consulted in the development of these programmes. The voices of the youth are critical to share or express possible and effective intervention programmes that can be developed and strengthened to ameliorate substance abuse. Having read many studies conducted in various countries, the researcher discovered that little is known about the perceptions of the youth on prevention of substance use, as reflected in Table 1 below.

Table 1. Related studies conducted in various countries

Authors' names	Title of paper, aim of the study, participants, and	Type of
and year of	country in which the study was conducted	research
publication		
Copello,	The impact of addiction on the family: estimates of	Qualitative
Templeton &	prevalence and costs, drugs: education and policy	research
Powell (2010)	(UK)	
Khan (2013)	Exploring adolescents' perception of the influence of	Qualitative
	substance abuse on community violence within a Cape	research
	Flats community (South Africa)	
Lancaster, Ritter,	Young people's opinions on alcohol and other drug	Qualitative
& Mathew-	issues. National Drug and Alcohol Research Centre,	research
Simmons (2013)	University of New South Wales	
	(South Wales)	
Mudavanhu &	Substance abuse amongst the youth in Grabouw,	Qualitative
Schenk (2014)	Western Cape: Voices from the community.	research
	Social Work/Maatskaplike Werk	
	(South Africa)	
Gotsang,	Perception of school going adolescents about	Quantitative
Mashalla &	substance in Ramotswa, Botswana	research
Seloliwe (2017)	(Botswana)	
	Journal of Public Health and Epidemiology.	
Sen, Victor &	Family burden in alcohol dependence: A study in north-	Quantitative
Saxena (2016)	eastern India	research
	(India)	
Mensah (2016)	Substance use among students of a second cycle	Qualitative &
	institution in Accra. Master's thesis. Department of	quantitative
	Social and Behavioural Science, University of Ghana	research
	(Ghana)	
Masiye &	Drug and alcohol abuse prevention education in	Quantitative
Ndhlovu (2016)	selected secondary schools in Zambia: Policy	research
	guidelines used	
	(Zambia)	

Authors' names	Title of paper, aim of the study, participants, and	Type of
and year of	country in which the study was conducted	research
publication		
Olawole-Isaac,	Substance use among adolescents in sub-Saharan	Quantitative
Ogundipe, Amoo	Africa: a systematic review and meta-analysis	research
& Adeloye (2018)	(Sub-Saharan Africa)	
Diraditsile &	Substance abuse and mental health effects among the	Qualitative
Rasesigo (2018)	youth in Botswana	research
	(Botswana)	

The general findings based on the aforementioned studies revealed that substance abuse is of concern in Africa and internationally. Therefore, the problem statement of this study is formulated as follows: *There is limited information about the perceptions of youth on the prevention of substance use disorder, especially in the Cape Flats.*

Insights from this study are invaluable to social workers at the forefront offering direct services to the substance dependent youth.

1.3 RATIONALE OF THE STUDY

As a social worker employed at an intermediate care facility working with older persons, persons with compromised health status, and those with co-morbid disorders, the researcher identified that most of the patients with complicated health issues have a history of substance abuse dating back to their youth. Additionally, the researcher experienced that substance abuse in the youth is associated with a wide range of health and social problems. She further noticed that substance abuse in young people has an impact on public health and increases the risk of long-term medical challenges.

During the fourth year of her studies, the researcher facilitated a substance abuse project during which she identified an array of social problems associated with youth substance abuse, such as family dysfunction; school dropout rate; substance use/abuse and misuse of illicit substances; vulnerability to gangs; and child rape, including cases that go unreported as perpetrators and victims are often related. She

also witnessed instances of child neglect, where young parents are unable to care for their children and the younger children end up caring for one another, or the burden shifts to elderly grandparents who are already struggling with their own health issues. She also identified those children of young adults with substance abuse problems who end up as street kids due to the lack of care at home. From her experiences articulated above the researcher became cognisant of the devastating consequences and repercussions of having a family member with substance abuse problems. In addition, she observed that these individuals are often left feeling emotionally distressed, which leads to anger, helplessness, frustration, agitation, and feelings of loss and rejection by the community. The problems described above gave rise to a growing concern about the deepening problem of socially unacceptable and violent crimes committed by young people (DSD [SA], 2013a:18).

The study of Khan (2013:4) conducted in the Cape Flats area revealed that many Cape Flats communities are characterised by high levels of substance abuse contributing to violence, crime, and gangsterism. Chetty (2017:80) investigated substance abuse and gangsterism in Mitchell's Plain, Cape Town, and revealed that most crimes and violent behaviours are linked to substance abuse. Ramson and Chetty (2016:67), in their study conducted in the Western Cape Province of South Africa on substance use in the Cape Flats, noted that substance abuse continues to cause physical, emotional, and psychological effects, increasing the numbers of dysfunctional families and community lives in the Cape Flats. In addition, the researcher has been employed as a social worker at the Mitchell's Plain Intermediate Care Facility for the past three years. During that period, the researcher observed and experienced a number of dynamics around substance abuse service provision which raised a number of questions and inspired her to conduct a study on: The perception of youth on the prevention on the prevention of substance use disorder in the Cape Flats: Suggestions for social work practice. The researcher also had an opportunity to have informal discussions with medical practitioners and other healthcare professionals at her workplace that provided insight into identifying the above topic.

To address these concerns, different treatment programmes and centres have been established to provide assistance to individuals in need of support. These include

government agencies, NGOs, and FBOs. However, not all these programmes have been successful and society, especially communities of the Cape Flats, continuously struggle with youth substance abuse, while attempting to discover what will eventually be a positive, successful approach to this ever-growing challenge. Innocent people are dying every day due to gang violence, which is correlated with substance abuse. As a result, these communities are left feeling helpless, and in constant search of a workable solution to this ever-growing challenge. Due to the identified problem, the researcher's study aim was to explore the perceptions of youths on the prevention of substance abuse in the case of the Cape Flats, with the goal of establishing recommendations for social workers to utilise during practice.

Given the fact that prevention programmes are generally developed by professional persons, 'top-down,' the researcher is of the view that there is a dearth of knowledge and literature on youth voices reflecting how to prevent youth substance use in South Africa. As a result, she has developed a personal interest in the perceptions of the youth on the prevention of substance abuse in the case of the Cape Flats. Young people are usually much more effective than adults in communicating prevention messages to other young people (Laenen, 2011:491), as they share similar experiences, use similar language, and their interactions are often more authentic than those of adults (Lancaster et al., 2013:1). Lancaster et al. (2013:1) further assert that understanding young people's views about SUD issues is important for channelling youth information and experiences in constructing an effective education approach, and for establishing whether interventions are acceptable and applicable to young people. Therefore, social workers will gain an in-depth understanding of the perceptions of youths on the prevention of substance abuse, especially in the Cape Flats. In addition, this research will serve as a baseline for future in-depth studies for researchers with a passion in a similar field. The study will also inform and contribute to the body of knowledge in social work.

1.4 THEORETICAL FRAMEWORK

A theoretical framework explains the path of a research study and grounds it firmly in theoretical constructs (Kumar, 2011:38). It also helps the research findings within the theoretical framework to become more meaningful, and thus acceptable theoretical

constructs in the research field (Kumar, 2011:39). Theoretical frameworks assist in stimulating research while ensuring the extension of knowledge by providing both direction and impetus to the research inquiry.

The community development theory and the triangle of youth participation theory was utilised as the theoretical framework in the context of this research study. The researcher is of the opinion that community development theory and the triangle of youth participation theory are relevant to benefit the youth residing in the Cape Flats communities to express their views on possible substance abuse prevention strategies. In addition, youths will have an opportunity to work together and shape their own destiny by helping each other address the challenges and consequences that come with substance use.

Carlon (2016:9) states that community development is the most practical framework for researchers seeking lasting change for individuals, communities, and societies. The same document (2016:9) highlights that community development focuses on the centrality of oppressed people in the process of overcoming an externally imposed social problem. In this research study, the lasting change will be combating substance abuse. Furthermore, the study of Collinson and Best (2019:3) recognised Assets Based Community Development (ABCD), a form of community development, to identify community resources, and emphasise that communities should not be built on their insufficiencies, but rather on their capacities. In addition, ABCD offers techniques for identifying and promoting community development by linking with local groups and activities; the emphasis is placed on communities driving their own agenda, with citizens having the knowledge and passion to mobilise assets within the local sphere. Latopa (2015:02) defines community development as a process where community members come together to take collective action and generate solutions to common problems. The author further stated that community development is a global concept that is used by all professions and professionals when it comes to systematic improvement in the lives of people. In this study, different stakeholders were recommended to come together in the implementation of youth substance abuse prevention programmes. Green (2016:607) adds that community development processes and interactions require effort to combine and build resources to improve

the quality and well-being of people. Meirinawati, Prabawati, and Pradana (2017:1) opine that community development programmes are all-inclusive; it does not only resolve surface issues but also problems that are latent or hidden, and so communities need to work together in trying to identify these hidden problems.

Furthermore, the study of Jans and De Backer (2012:13) note that the triangle of youth participation theory allows young people to actively participate in their society when there is a dynamic balance between the three dimensions of their triangular model, namely challenge, capacity, and connection.

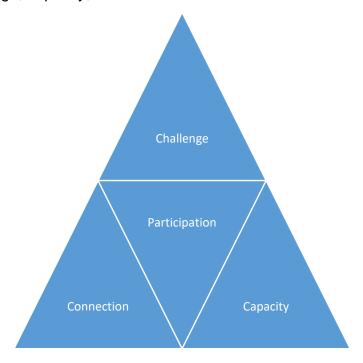


Figure 1: Triangle of participation (adopted from Jans and De Backer, 2002)

Young people are in a position to participate when the three dimensions of active participation which are connection, capacity, and participation are made explicit and clear (De Backer & Jans, 2002). These three dimensions form the path that will lead the way to a fair participation of young people. It is important for young people to be aware of the stumbling blocks, and only then can they change their circumstances (Jans & De Backer, 2012:13).

The findings of the study will motivate the community and youths to collaborate with the aim of identifying challenges and risk factors, such as ascertaining the most common substances affecting the youth. Doing so will assist the youth to feel capable, capacitated, and involved and to come up with preventative strategies.

1.5 RESEARCH QUESTION(S)

Research questions are important in the process of conducting a research study. The research questions, goal, and objectives are discussed as follows:

1.5.1 Research questions

The researcher's understanding of a research question is that it extends and often narrows the purpose statement into a question that guides the researcher during the course of the study. Kivunja (2016:167) explains that the research question is an unambiguous statement that clearly articulates the phenomenon a researcher plans to investigate. Blaikie and Priest (2019:74); and Christensen, Johnson, and Turner (2011:87) state that a research question should be answerable, and it should specify exactly what the problem is. As such, the research question assists the researcher in remaining focused during the entire project. A research question enables the researcher to gain insight into the perceptions, opinions, beliefs, and feelings of the participants (Hennink, Hutter & Bailey, 2011:33-35).

The research questions for this study are derived from the title of the thesis: *The perceptions of youth on the prevention of substance use disorder in the Cape Flats:* Suggestions for social work practice, and are founded upon the research problem discussed in section 1.2. By formulating a research question the researcher was able to specify what intrigues and gives the researcher a study focus. It has also directed the researcher to the appropriate literature resources. This, then, guided the researcher to formulate the following two research questions:

- What are the perceptions of youths on the prevention of substance abuse?
- What are the suggestions for social workers rendering intervention services to youths abusing substances?

1.6 GOAL(S) OF THE STUDY

The terms 'goal,' 'purpose,' 'aim,' and 'objective' are often interchangeable (De Vos, Strydom, Fouché & Delport, 2011:94). Thomas and Hodges (2010:38), however,

distinguish between the research goal and objectives in that the research goal can be seen as the preferred end result of the proposed research study, while the objectives provide clear steps as to how to reach the goal. Holness (2015:136) states that the goal emphasises what is to be accomplished in the long term rather than how it will be accomplished, and objectives refer to results achieved within a specific timeframe and are accomplished with available resources. Camp (2017:61) defined a goal as the lifelong aim which an individual or entity endeavours to achieve, and objectives are the specific milestones which a person plans to achieve within a limited timeframe. The researcher is of the opinion that a goal states the general outcome of a project, while objectives clarify the conditions required for one to accomplish a task. In order to answer the identified research questions, the following research goals are formulated:

- To develop an in-depth understanding of the perceptions of youths on the prevention of substance abuse.
- To proffer suggestions for social workers rendering intervention services to youths abusing substances.

1.7 RESEARCH OBJECTIVES

The objectives for this study follow on the formulation of the research goal. The research objectives are more concrete, have a broader focus, and include abstract and complex concepts (Braun & Clarke, 2013:53). It provides a detailed description of the steps to be followed to attain the goal of the study, and forms the foundation for the choice of research methodology (Thomas & Hodges, 2010:38). According to Denscombe (2012:20), objectives are the basic tools that underlie all the planning and strategic activities. They also serve as the basics for policy development and for evaluating performance. The researcher can define the term 'objective' as a specific outcome that a person aims to accomplish within a specific timeframe. The following research objectives are formulated for this study:

- To obtain a sample of participants from the Cape Flats to explore and describe the perceptions of the youth on the prevention of substance use disorder amongst the youth.
- To identify suggestions as highlighted by the participants for social work practice on the prevention of substance abuse in the Cape Flats.

- To establish youth opinions on what the constructive prevention programmes should entail.
- To draw conclusions and make recommendations based on the findings of the study.

1.8 RESEARCH METHODOLOGY

Research methodology refers to the way in which the research study will be conducted (Bailey, 2018:70). It is a collective term that includes the specific methods, approaches, procedures, and techniques that guide the research process (Kumar, 2011:25).

To obtain data to explore and describe the perceptions of the youth on the prevention of substance abuse this section, which is broadly described in Chapter 2, provides a description of the research approach, designs, methods, and techniques chosen for this study in terms of how it links with the research goal and theoretical descriptions.

In a nutshell,

A qualitative research approach was utilised as a multi-perspective approach relevant to the understanding and experiences of participants in their natural setting (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014:173) The characteristics of a qualitative research approach as described by Creswell (2014:45-46) has enabled the researcher to answer the research question of the study.

Exploratory, descriptive, and contextual designs were used to serve as a plan of action detailing logistical arrangements, sampling methods, data-collection methods, and analysis best suited to accomplish the goal and objectives of the study.

1.8.1 Study population

Research methods are the building blocks of scientific research. The various methods the researcher has employed in this study are explained below.

1.8.1.1 Population

A 'population' is defined as a collection of all individuals, families, groups, organisations, communities, and events one is most interested in investigating (Bless, Higson-Smith & Sithole, 2013:162). The population for a study is usually a group of people that the researcher wants to draw a conclusion about (Babbie, 2013:115). Williamson and Johanson (2018:583) define a population as a complete set of elements with at least one common characteristic which a researcher wishes to study. In the context of this study, the population is a group of people that the researcher intends to know more about, study, and understand. Figure 2 below depicts the map of the areas around the Cape Flats where the researcher has recruited participants.



¹ South African Community Epidemiology Network on Drug Use (SACENDU) (2019:7), statistics reported the most common primary substance of abuse in the Western Cape is methamphetamine 28% that decreased slightly from 30%. Cannabis/Mandrax recorded 21% as their primary or secondary substance use. Cocaine was reported fairly low and stable across all sites with Western Cape recording 4%. Provincial variation is evident that the Western Cape has a higher proportion of persons suffering from mental health problems amounting to 54%. Males continue to dominate patient intake 72%, and the greater proportion of patients were of coloured descent 68%,

Figure 2: Geographical area where the research population is situated

(Accessed from): http://capeflats.org.za/modules/home/overview.php

The population consisted of youths between the ages of 18 to 35 from the Cape Flats (Mitchell's Plain, Delft, and Khayelitsha located in the Cape Flats).

The reasons for choosing this area are twofold:

- The area is easily accessible.
- It has a high rate of substance abuse among the youth.

1.9 **SAMPLING**

A sample is a selection of elements from a total population to be studied (Williamson & Johanson, 2018:583). The concept sample can also be defined as a sub-group of the population that the researcher is interested in (Blaikie & Priest, 2019:167; Kumar, 2011:193). Due to time and financial constraints, the researcher has drawn a sample from the population. The sample was derived from the Cape Flats (more specifically, Mitchell's Plain, Delft, and Khayelitsha) in Western Cape Province.

Sample size can be defined as the number of participants from whom the required information is obtained (Kumar, 2011:184). For the purpose of this research study, the sample size was determined by data saturation. This means that data was collected until it became repetitive and no newer information was provided by the participants (Sutton & Austin, 2015:16; Kumar, 2011:21). The researcher interviewed an additional two participants to ensure that no new information would come to the fore.

1.9.1 Sampling methods

Sampling is a process used in statistical analysis in which groups of observations are extracted from a larger population (Silverman, 2013:448). It can be defined as 'iterative,' depending on how the qualitative research study unfolds (Moriarty, 2011:7). The researcher's understanding of the concept of 'sampling' is that it is the process of

followed by black Africans 17%. 36% of the patients in treatment were younger than 25 years old and 49% of patients reported using more than one substance, and this proportion increased slightly compared to the last period.

selecting a few participants from a larger group to use as a basis for predicting the prevalence of an unknown piece of information with regards to a bigger group.

Thus, non-probability purposive sampling was employed in this study. Non-probability sampling pertains to samples that do not meet the standard of probability and where the likelihood of the inclusion of elements of the population can be specified (Williamson & Johanson, 2018:581). This sampling method was deemed appropriate for this study as it ensures that all persons (participants) in one identified population (youth) will have an equal chance (probability) of participating in the study (Bless & Achola, 2013:103-105).

Participants were selected based on the following inclusion criteria:

- Youth (i.e., persons between the ages of 18 and 35).
- Residing in the Cape Flats (Mitchells Plain, Delft, and Khayelitsha).
- Must have been living in the Cape Flats for at least five years.
- Are not necessarily dependent on chemical substances.

The study took into consideration the following exclusion criteria:

• Participants below age 18 and above age 35 were not included.

The researcher obtained ethical approval from the University of South Africa's Department of Social Work Research and Ethics Committee; and then contacted the ward councillors in the Cape Flats, Western Cape (Addendum A) in order to obtain permission or gain access to the Cape Flats communities to carry out the research. The researcher explained the purpose of the study, its contribution to the community and service providers, information on the goal of this study, the population, sampling criteria, ethical considerations, and the format in which the data would be collected.

1.9.2 Data-collection methods and procedures

Data collection involves collecting relevant, rich, and adequate data that will provide answers to the research question(s). Data collection involves gaining permission, conducting a good sampling strategy, developing means for recording information, data storage, and anticipating ethical issues that may arise (Creswell, 2014:145).

These methods include the way in which the researcher prepares for the process in terms of collecting and recording the data (Sutton & Austin, 2015:229). Data-collection processes were described in terms of the preparation for data collection, chosen methods of data collection, interview guide, and pilot test.

1.9.2.1 Preparation for data collection

Accessing research participants within some social institutions for research purposes may involve a simple, single administrative event. However, accessing some institutions to conduct research on their data, personnel, and clients can be quite complex (Singh & Wassenaar, 2016:42). Therefore, well-informed negotiations with the gatekeepers are required to honour the ethical obligations to conduct appropriate stakeholder engagement before and during research (2016:42). Provision must be made to identify explicit and implicit gatekeepers to initiate and build collaborative networks that could best support the research process. A gatekeeper is described as someone who controls access to an institution or an organisation such as a school principal, managing director, or administrator (Clark, 2011:485). It was easy for the researcher to prepare for the data-collection process as she is familiar with the area of study.

Provision was made for COVID-19 requirements as applicable in the UNISA COVID-19 research guidelines. The ward councillors served as gatekeepers for this research project. Through their support and approval, the researcher was able to access prospective participants. The researcher prepared participants sharing with suitable participants the necessary information (Addendum B) and invite them to participate in the study. Potential participants were provided an opportunity to ask questions to clarify any points of confusion. They were requested to sign an informed consent form (Addendum C) to confirm their willingness to voluntarily participate in the study. The researcher then arranged to conduct the interviews at mutually convenient times and venues.

1.9.2.2 Method of data collection

Methods of data collection that are commonly used in data gathering are interviewing and focus group interviews (Creswell, 2014:211). These methods include the way in

which the researcher prepares for the process in terms of collecting and recording the data (Sutton & Austin, 2015:229). Maree (2012:89) proposes that qualitative researchers make use of interviews as the method of data collection when attempting to develop an understanding of the perspective and experiences of people who are closely associated with the research topic. In line with this viewpoint, the exploratory, contextual, and descriptive research designs point to a need to collect the data by means of interviews with the youth.

Interviews can be structured, semi-structured, or unstructured (Remler & Van Ryzin, 2011:63). On the one hand, structured interviews provide little scope for added information to be collected as the participants are requested to answer direct, often closed-ended, questions. On the other hand, unstructured interviews provide participants with ample opportunity to provide any information that they deem relevant or necessary. While the former poses the danger of limiting the depth of the data, the latter poses the danger of losing the focus of the research study. Semi-structured interviews offer a middle way, where questions are open-ended but focused on the research topic. Participants can answer questions freely, while the researcher can use specific interviewing techniques to encourage participants to explore the questions fully (Kumar, 2011:116). The researcher, therefore, opted for semi-structured interviews as the method for data collection.

The researcher conducted semi-structured interviews with individual participants as well as focus groups. Semi-structured interviews were deemed appropriate since they were less structured, allowing participants the opportunity to answer, in their own words, in a meaningful, rich, and enlightening manner without being coached by the researcher (Remler & Van Ryzin, 2011:64). Individual interviews provide participants with a safe environment and are especially useful when the researcher does not want the participants to feel threatened or judged. Bulpitt and Martin (2010:7-8) propose that the qualitative researcher collect data during semi-structured interviews through a reflexive approach, utilising the following interview techniques: Reflecting, asking open-ended questions, being non-directive, and giving participants sufficient time to answer. These interviewing techniques assisted the researcher to gather rich and detailed data from participants.

1.10 ETHICAL CONSIDERATIONS

Ethics refers to standards of conduct to ensure moral behaviour (Silverman, 2013:160). In this study, the term 'ethics' refers to good values developed by people to govern the conduct of the researcher because it is his/her responsibility to protect the participants from harm, and "provide them with adequate information to enable them to withdraw from the study if necessary" (Mwinga, 2012:11). The use of ethical practice is aimed at ensuring that standardised procedures of conduct are employed in order to protect all participants from harm. The ethical issues which were considered relevant to this study are discussed below:

1.10.1 Informed consent

Informed consent denotes that "the person involved should have legal capacity to give consent, should be situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching or any other ulterior form of constraint or coercion" (Makhitha, 2013:24). Similarly, Houston (2016:4) emphasises the importance of the ability of participants to understand what their consent entails. Additionally, consent is the prospective participant's agreement to participate in a research study after the dissemination of important information (Makhitha, 2013:24). In this study, voluntary participation was obtained by inviting potential participants to participate in and providing them with the relevant information to enable them to make an informed decision (Addendums A [Request for Permission by Ward Councillors], and B [Informed Consent Form]).

The researcher contacted gatekeepers and participants telephonically, and the letter of consent and informed consent form containing all of the described information were sent to them via email; some were handed to others in person where possible prior to conducting the research. The information shared regarding the research study included the goal of the study as well as the nature of the interviews and questions that would follow prior to the semi-structured interviews. In addition, the researcher emphasised the voluntary nature of participation and the right to withdraw from the study at any time during the study (Addendum B), data recording procedure, anonymity and confidentiality, possible benefits and risks of the research to the

participants (Addendum B), and the availability of debriefing if required (Addendum C). The informed consent forms were signed once the participants understood the information provided to them and they agreed to participate in the study (Addendum B).

1.10.2 Confidentiality and Anonymity

According to De Vos et al. (2011:120), confidentiality can be viewed as a continuation of privacy; it refers to agreements between persons that limit others' access to private information. Confidentiality entails hiding the identifying particulars of the participants and any information that might cause potential harm to them (Ogletree & Kawulich, 2012:64). Researchers should take steps to ensure that research data and its sources remain confidential, unless participants have consented to their disclosure. Additionally, plans should be made for the storage and access of data (Silverman, 2013:162). Confidentiality is closely related to anonymity and the privacy of the participants must be always maintained.

The researcher assured the participants of the right to privacy and confidentiality of data. A clause was drafted by the researcher as part of the consent form, explaining the aspects of confidentiality and the duration of the interviews. Additionally, the researcher notified the participants that their personal details would be kept in a private, lockable cabinet at the researcher's home, and would not under any circumstances be revealed to anyone; only the researcher, supervisors, independent coder², and translator (if needed) had access to the transcripts of the interviews. The researcher kept the participants' records anonymous in her reports by assigning letters of the alphabetical (codes) to these records.

² In this study, an independent coder is an external researcher who identifies themes (without analysing and interpreting data) by bringing a variety of perspectives to the data, through the lens of her own knowledge and experience (Keene, 2023).

According to Bailey (2018:25), anonymity means that no one, including the researcher, should be able to identify any subject afterwards. Blaikie and Priest (2019:55) define anonymity as keeping the identity of the research participants' unknown. The participants were guaranteed that their identities would be protected by means of anonymity in the research report. Data, in this study, are in qualitative form, and alphabetical letters were used to hide the identities of the participants (Dudley, 2011:43). Anonymity is the ability to ensure that the participants cannot be linked to the research report. The real names of the participants were not used when writing up the research findings, thus ensuring anonymity.

1.10.3 Management of information

During the process of collecting, storing, and presenting data the researcher should manage the information to ensure that the ethical principles of confidentiality and anonymity are maintained (Flick, 2011:220). Management of information in social research refers to the process of controlling the information during a research project and is an integral part of the research process (Creswell, 2014:139). It refers to how data is stored and protected, and is also related to the issue or dissemination of research results.

The audio recordings and transcripts were stored in a locked location accessible only to the researcher working on the study. The researcher kept all transcripts without any identifying information; these were made available to the independent coder and research supervisors for seeking assistance and guidance. The researcher ensured anonymity by assigning codes to conceal any identifying information, and these were stored in a locked and secure cabinet at the researcher's home; only the researcher had access to the information. The data was later destroyed after the completion and approval of the study.

1.10.4 Compensation

Babbie (2013:2009) argues that it is common practice to pay experimental and focus group subjects for their participation in some research. The reimbursement can be in the form of gift certificates or contributions to charities. Creswell (2014:2010) asserts

that the researcher must try to avoid the exploitation of participants. There should be reciprocation and participants should be complimented on their participation in the study.

The researcher drafted a letter of appreciation (Addendum D) and copies were sent to all participants in the study showing appreciation for their contributions and willingness to participate in this study. The researcher's position was that of a researcher and not a social worker in the research process. The researcher confirms that there was no payment or any incentive for participation in the research.

1.10.5 Debriefing

When discussing sensitive issues in qualitative research studies participants may become emotionally burdened and/or influenced by the discussions (Creswell, 2014:139). Kumar (2011:221) is of the view that debriefing is the process that ensures that the involvement of participants does not cause harm and if it does, the researcher must ensure that the risk is minimal and where necessary addressed through intervention or counselling. Therefore, debriefing sessions were made available so that participants can reflect on their experience (Strydom, 2011:122). The researcher therefore arranged with a social worker to be available for support and debriefing, should the participants show a need for such support. To ensure that any form of harm is dealt with in an ethical manner an agreement with a social worker, registered with the South African Council for Social Service Professions in accordance with Act 110 of 1978, is concluded to ensure that participants have access to debriefing services.

Participants were informed of this option during the interviews. A social worker was made available at the time of each interview in case the need arose. The researcher made provision for debriefing to be conducted immediately after each interview if the need arose and, when necessary, the researcher would refer participants to an identified social worker for further debriefing. There is always a possibility that research questions and the process of disclosing information during data collection might leave some participants with negative feelings. In this study, the researcher had follow-up communications with participants, some telephonically and others in person a few days after each interview to determine whether the interviews had left any of

them with any negative feelings. However, despite this having been made clear to the participants, none of them needed debriefing or counselling.

1.11 CLARIFICATION OF KEY CONCEPTS

This section clarifies the key concepts used in this study.

1.11.1 Youth

Arora, Shah, Chaturvedi, and Gupta (2015:2) define 'youth' as the period between childhood and adulthood. The researcher is of the opinion that the word youth can be defined as the period of one's life when one is young or the state of being young. It can also be defined as an early stage in the development of a person. The UNODC (2015b:12), for statistical purposes, defines 'youth' as those persons between the ages of 15 and 24 years. For this study, the term 'youth' refers to all young people between the ages of 18 and 35.

1.11.2 Prevention and prevention programmes

In this study, 'prevention' means "... preventing development needs from developing into social challenges or risks" (DSD [SA], 2013b:29). The DSD (SA) (2013b:27) describes prevention services as those that acknowledge development needs, and that are focused on preventing needs developing into risks. In other words, needs are being addressed before the person/group becomes at risk of using and abusing substances.

1.11.3 Substance use disorder (SUD)

SUD, internationally known as substance use disorder, refers to the frequent use of a substance(s) over an extended period. According to the DSM-5, substance use disorders (SUD) can be defined as patterns of symptoms resulting from the use of a substance(s) that one continues to take, despite experiencing problems as a result of taking it (American Psychiatric Association DSM-5, 2020:5). In the same document (2020:5), SUD is characterised by the use of substance/s in larger amounts for longer periods than intended, a persistent desire or unsuccessful attempt to quit substance use, and failing to fulfil or giving up important social and recreational activities. In this

study, the focus is on the abuse of (mind altering) substances. SUDs are specifically characterised by the fact that the abuse continues despite its harmful consequences (Sue, Sue, and Sue, 2010:234). Substance use disorder may lead to a physical or emotional dependency, which refers to the "repeated use of a psychoactive substance/s, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance(s), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means" (United Nation Office on Drugs and Crime [UNODC], 2016:62). This, then, leads to a SUD, which involves an increased tolerance to the substance of choice and the development of psychological or physical withdrawal symptoms after abrupt cessation or reduced intake of a substance (Rehm, Marmet, Anderson, Gual, Kraus, Nutt, Room, Samokhvalov, Scafato, Trapencieris, Wiers & Gmel, 2013:634). For the purpose of this study, SUD means that the functioning of users has been impaired and that they have difficulty in ceasing the abuse of substances due to increased tolerance.

Substance abuse can be defined as a pattern of harmful use of any substance for mood altering purposes (American Psychiatric Association DSM-5, 2013:5). The Western Cape Government Substance Abuse Booklet (2016:2) describes substance abuse as any chemical, natural, or man-made substance which, when ingested, brings about change in the way a person feels and behaves. Substance abuse is characterised by the continual use of a substance/s or a maladaptive pattern of recurrent use of a substance/s that extends for a duration of one month, or more than a period of 12 months, with continual use of the substance despite social, occupational, psychological, and physical or safety problems caused or worsened by the substances (American Psychiatric Association DSM-5, 2013:5). It can include alcohol as well as other chemicals that are not specifically classified as 'substances.'

Substance dependence may be defined as a maladaptive pattern of substance use over at least a 12-month period (American Psychiatric Association DSM-5, 2013:7). In addition, the Western Cape Government, General Substance Abuse Booklet (2016:5) describes substance dependence as compulsive substance taking behaviour that results in tolerance and withdrawal symptoms (physiological response/symptoms are

relieved by taking the substance) and there is continual use despite knowledge of adverse consequences such as failure to fulfil role obligations and health risks.

For the purposes of this study, substance abuse and substance dependence are deemed interchangeable.

1.11.4 Perception

Perception can be defined as a personal manifestation of how one views the world which is coloured by many sociocultural elements (Partos, Cropper & Rawlings, 2016:2). McDonald (2012:8) refers to perception as a process by which individuals organise and interpret their sensory impressions to give meaning to their environment. In the same document (2012:8), it is stated that perception is a subjective process; therefore, different people may perceive the same environment differently based on what particular aspects of the situation they choose to selectively absorb, how they organise this information, and the manner in which they interpret it to obtain a grasp of a situation. Perception is very important in understanding human behaviour as every person perceives the world and approaches life problems differently.

1.11.5 Social work intervention

Social work intervention can be described as a scientifically established process and patterns that social workers apply to individuals, groups, and communities (Ebue, Uche & Agha, 2017:85). Similarly, Razgale, Kokarevica, and Bolsteina (2014:2) refer to social work intervention as the practice of working in a variety of ways with individuals and families in need to help them become more independent. Social work is a profession that seeks to assess, support, and care for people who require a helping hand (Galvani, 2015:5). Social work is about building trusting relationships, offering respect and compassion in the most difficult of circumstances through skilled communication, by means of an empowering approach. Social workers regularly support people who are negatively affected by their own or someone else's substance use (Galvani, 2015:5). A substance abuse social worker helps individuals overcome their addiction by counselling them, and helping them find additional services and resources. From the researcher's perspective, social work is a practice-based

profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.

1.11.6 Suggestions

Suggestions refer to the calling to mind of thoughts that occur as a result of an association of ideas. On the other hand, suggestions can be defined as that which can be considered, proposed, or acted upon. Social workers have historically been, and will continue to be, among the primary service providers to individuals who experience substance abuse problems (Wells, Kristman-Valente & Jackson, 2013:279). In this study, a suggestion refers to an idea or plan proposed for social workers to consider when offering services to the youth who abuse substances.

1.12 STRUCTURE/ FORMAT – PRELIMENARY OUTLINE OF CHAPTERS

Chapter 1: Introduction and background to the study

Chapter 1 introduces and orientates the reader to the study. It has included a detailed formulation of the research problem, and provides the rationale for the study as well as the theoretical framework that guided and informed the study. The research questions, goal, and objectives are identified with a summary of the chosen methodology utilised to address the identified problem to answer the research questions.

Chapter 2: Application of the research methodology

Chapter 2 discusses a detailed description of the research methodology, instead of providing a separate literature review. This chapter includes the application and implementation of the chosen qualitative research approach. The research approach and designs as well as ethical considerations are also discussed in this chapter.

Chapter 3: Presentation and discussion of the findings

Chapter 3 presents the research findings contrasted with and compared to existing literature related to the topic. In this chapter, secondary literature is included in support of each thematic paragraph to help interpret and understand the primary sources obtained through data analysis and coding of the obtained data.

Chapter 4: Summary, conclusions, and recommendations

This final chapter unpacks a summation of the chapters and outlines the conclusions. This is followed by recommendations for social work practice and future research.

1.13 DISSEMINATION OF RESEARCH RESULTS

The researcher ensured that the findings of this proposed research project were made available to social workers in practice, social work managers who plan to develop programmes, and conduct training sessions for persons affected by a substance abuse. For this reason, the results were converted to the format of a journal article, which the researcher aims to send to an accredited peer reviewed journal for possible publication.

CHAPTER 2

APPLICATION OF THE RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter focuses on the research methods that were employed in this study, how the research was conducted, and provides an overview of the qualitative research approach that was utilised to obtain an understanding of the perceptions of the youth on the prevention of substance abuse in the Cape Flats. The chapter highlights the research approach and design, population and sampling, preparation for data collection, data collection, pilot test, data analysis, and data verification.

2.2 RESEARCH METHODOLOGY

Research methodology as applied in this study refers to the way in which the research is conducted (Bailey, 2018:70). It is a collective term that includes the specific methods, approaches, procedures, and techniques that guide the research process (Punch, 2016:65; Kumar, 2011:25, 30). The researcher adopted a qualitative research approach as described by Dudley (2011:20), which explains how and when collecting data should be achieved in an attempt to discover the quality and the peculiar and essential character of an issue, or, as pointed out by Creswell (2013:45), this approach seeks to understand the behaviours and lifestyles as experienced by the individuals involved.

The qualitative research methodology as applied in this study was considered appropriate to explore the perceptions of the youth on the prevention of substance abuse in the Cape Flats as it reflects on the lived experiences of the target population.

2.3 RESEARCH APPROACH

In research there are several research approaches that can be used (Fawcett & Pocket, 2015:52). In this instance, a qualitative research approach was chosen and applied in this study. A qualitative approach is a multi-perspective approach that seeks to understand participants in their natural settings by interpreting a social phenomenon in terms of the meaning participants attach to it (Du Plooy-Cilliers et al., 2014:173;

Denzin & Lincoln, 2011:4, 24). Furthermore, Bailey (2018:3) explains that a qualitative research approach helps researchers to gather data by focusing on the real-life experiences of people. It makes use of language, illustrates what insiders of a situation experience, as well as how they perceive the situation under investigation (Creswell, 2014:44; Leedy & Ormrod, 2013:94-97). The choice to make use of the qualitative research approach was based on the following relevant characteristics of the said approach, as described by Creswell (2014:45-46):

 The researcher collected the data and was therefore the key instrument in the process of data collection.

The researcher conducted individual face-to-face, in-depth interviews in the natural settings of participants, mostly in their homes or workplace (Table 2.5). These locations were deemed convenient to and chosen by participants; and the researcher respected these requests to ensure that participants were comfortable.

- Furthermore, the researcher gathered data from one source (the youth of the Cape Flats) using multiple methods of data collection (individual interviews and focus groups).
- During the process of collecting data, the researcher recruited 25 participants for individual interviews, and 16 participants for two focus groups in this study, to share their unique stories on the perceptions of the youth on the prevention of substance abuse in the Cape Flats. Of the individuals recruited, three participants were used for the pilot study and were not included in the findings. Additionally, out of the remaining number, five participants were excluded from the study (reason for exclusion are discussed under Table 2.2).

The detailed accounts of the perceptions of 15 individual young participants and two focus groups living in the Cape Flats on the prevention of substance abuse are detailed under the chapters on the research findings (Chapters 3 and 4) in this study. The multiple views gathered were analysed by comparing different themes during literature control, and then reported on to provide an

extensive outline of the phenomenon of the perceptions of the youth on the prevention of substance abuse in the Cape Flats.

 Qualitative research involves field work where participants experience the issue or problems under study. In this research study, the researcher collected data from the youth who reside in the Cape Flats.

During the data collection, the researcher gave platform to the participants to share their stories without being influenced by the researcher's own knowledge as she is familiar with the selected communities. Therefore, a constant process of self-reflection was engaged throughout the study so as to acknowledge and set aside the researcher's own assumptions. This was to ensure that the meanings attached by participants to their perceptions on the prevention of substance abuse in the Cape Flats were presented without researcher bias. This gave participants an opportunity to share their perceptions on the most important concepts relating to the prevention of substance abuse in the Cape Flats.

 The data was analysed through an inductive process as this approach allows the researcher to recognise many factors involved in the problem under study.

The data was collected from participants, and interviews were digitally recorded with the permission of these participants. The researcher further transcribed verbatim all the interview recordings. She then sent the 11 individuals' and two focus group individuals' transcribed interviews to her supervisors for further guidance, and was advised to interview four more individuals to ensure data saturation. After conducting interviews with 15 individuals and two focus group participants the researcher was advised to send the transcripts of the recorded interviews to an independent coder to assist with the identification of themes. The researcher examined the independent coder's report on themes, compared her own themes with the independent coder's, and came up with ten themes that the study supervisors examined and accepted.

- Qualitative research is interpretive. The researcher thus interpreted the
 meanings that the Cape Flats youth attach to their experiences and perceptions
 regarding the prevention of substance abuse, and suggestions were recorded
 to assist social workers working in the substance abuse field.
- Qualitative research is holistic in nature. In this research study multiple
 perspectives were explored in an effort to develop an understanding of the
 research problem.

The researcher recruited and interviewed mostly females and only a few males from different cultural groups, of various ages although some of the participants had never used substances; others were ex-substance users; and a few were dependent on substances at the time, to provide the researcher with data that was holistic and inclusive. The research findings were presented using participants' descriptions of their perceptions on the prevention of substance use in the Cape Flats.

 Qualitative research allows for an emergent design. The main aim of qualitative research is to gather data from the participants about how they understand and interpret the phenomenon being studied, keeping in mind that the research design may change and adapt along the way to facilitate the research process as conditions change and as new information, or the lack thereof, is identified.

On recruitment, the researcher made use of three gatekeepers, which were the councillors from the three selected communities, Mitchell's Plain, Delft, and Khayelitsha; the researcher also considered snowball sampling until data saturation was reached. The researcher obtained the first five of the 25 participants recruited through the identified gatekeepers. The researcher also used another method of recruitment, namely snowball sampling. She also recruited participants for focus groups through her professional (formal) and personal (informal) networks.

Three participants were recruited through the researchers' formal professional social work network. Furthermore, four participants were recruited through the researchers' informal networks. These four participants were recruited with the assistance of family members residing in these communities, and were all included in the study. Of the 11 participants who were recruited through snowball sampling, one was used for the pilot study, while three were excluded from the study.

The process of data collection revealed a method of interviewing where a non-restrictive environment was created, which allowed the participants to share their stories freely and in a steady fashion. The rich data was provided of the meaning participants attached to their perceptions on the prevention of substance use in the Cape Flats.

This research approach enabled the researcher to recognise many factors involved in the problem under study, to develop a complex picture of the problem, and to report on multiple perspectives.

2.4 RESEARCH DESIGN

As described in Chapter 1, the research design is the plan that has to be followed logically to enable the inquirer to navigate all points of the study (Blaikie & Priest, 2019:33). It is further defined by Marshall and Rossman (2011:89) who state that the "research design presents a clear, feasible and flexible plan with concrete and specific details to conduct the study." Similar sentiments are echoed by Du Plooy-Cilliers et al. (2014:93) and Kumar (2011:41) who explain that the research design focuses on how the study will be conducted, as well as the logistical arrangements, sampling methods and techniques, and the methods and techniques of data collection and analysis best suited to answering the research questions. Creswell (2014:155) defines the research design as the plan for conducting the study and the research method as the essential steps in designing the study.

In this research study, an exploratory descriptive and contextual design was used. These research designs enabled the researcher to gain insight into the perceptions of youth on the prevention of substance abuse. The research designs undertaken are discussed below.

2.4.1 Exploratory research design

The purpose of an exploratory research design is to support qualitative research when the researcher aims to develop a better understanding of the research topic, to contribute to the knowledge base of a field or discipline (in this case, the social work discipline) (Babbie & Mouton, 2010:271). In an exploratory research design data is collected from research participants at only one point in time (Dudley, 2011:126). Furthermore, exploratory research is carried out to explore areas in which little is known or new, and can be done to develop or refine procedures or to develop initial ideas about the phenomenon (De Vaus, 2013:8; Kumar, 2011:110). This study's goal was to explore the perceptions of the youth on the prevention of substance abuse.

An exploratory research design was utilised in this research study to gain an in-depth understanding of participants' perceptions on the prevention of substance abuse. The researcher collected different stories from participants using face-to-face interviews, and used open-ended, flexible, and an inductive approach in an endeavour to develop new insights into the phenomenon. This exploratory approach produced information rich data that enabled the researcher to gain an understanding of participants' perceptions on the prevention of substance abuse.

2.4.2 Descriptive research design

A descriptive design is needed when the researcher needs to develop a thorough overview of the participants' viewpoints of the research topic (Du Plooy-Cilliers et al., 2014:75). Descriptive designs are "intended for collecting information about people or a larger social unit but they are not interested in causal relationships related to the information that is collected" (Punch, 2016:67; Dudley, 2011:126). A descriptive research design attempts to systematically describe a situation, phenomenon, or problem, and provides information regarding attitudes towards an issue (Kumar, 2011:10).

In this study, the descriptive research design was utilised to compliment the explorative research design. The data obtained from the exploration of the research questions were described in order to provide information that would contribute to the social work knowledge base. The use of this design informed the researcher's choices regarding the methods of data collection, data analysis, and data verification in terms of literature control and the use of a theoretical framework to interpret the findings. A coding system was chosen that assisted the researcher to identify themes, subthemes, and categories that would form a collective storyline to answer the research question.

2.4.3 Contextual research design

In using a contextual design, "field interviews are conducted with participants in their workplaces exploring a new area of study or complex issues that embrace the perspective of the study population and the context in which they live" (Hennink et al., 2011:10). Moreover, Maree (2016:82) is of the view that contextual studies emphasise specific events in their 'natural settings.' In this research, field interviews were conducted with participants in their workplaces and homes exploring a new area of study or complex issues that embrace the perspectives of the study population and the context in which they live. Roller (2015:27) explains that this research design supports researchers to develop an understanding of humanity and the way people experience, feel, think, and act within a specific context. In this research study, the researcher specifically focuses on the context of prevention services, particularly related to substance abuse of the youth living on the Cape Flats.

2.5 DATA COLLECTION

Research methods are the building blocks of scientific research. The sampling strategy used to identify participants and obtain information on the selected participants was then provided. This was followed by a discussion of the research instruments used to gather data and the research process that was followed. The data analysis techniques that were used to analyse data are outlined. The chapter concludes with a discussion on the ethics procedures followed in this study.

2.5.1 Population

A population is defined as a collection of all individuals, families, groups, organisations, communities, and events one is most interested in exploring (Bless et al., 2013:162). The population for a study is usually a group of people that the researcher wants to draw a conclusion on (Babbie, 2013:115). Williamson and Johanson (2018:583) define a population as a complete set of elements with at least one common characteristic which a researcher wishes to study. In the context of this study, the population was a group of people, namely the residents of the Cape Flats in the Western Cape, that the researcher identified for her study.

2.5.2 Sample

A sample is a selection of elements from a total population to be studied (Williamson & Johanson, 2018:583). The concept 'sample' can also be defined as a selection of members from a targeted population that the researcher is interested in (Blaikie & Priest, 2019:167; Kumar, 2011:193). More so, Creswell (2013:155) explained that selecting participants for a qualitative study requires careful consideration of the information they have with the purpose of acquiring rich data. The researcher drew a sample from the population that she was interested in describing or explaining. This sample was derived from the youth living in the Cape Flats (more specifically, Mitchell's Plain, Delft, and Khayelitsha) in the Western Cape Province.

Sample size can be defined as the number of participants from whom the required information is obtained (Kumar, 2011:184). For the purpose of this research study, the sample size was determined by data saturation. This means that data are collected until it becomes repetitive and no new information is provided by participants (Sutton & Austin, 2015:16; Kumar, 2011:213). Data saturation was observed after 11 individual interviews with participants and after two focus groups with participants. In consultation with her supervisors, four more individual interviews were conducted to ensure that no new information would come to the fore.

2.5.3 Sampling methods

Sampling is a process used in statistical analysis in which a group of observations are extracted from a larger population (Silverman, 2013:448). Similar sentiments were echoed by Blaikie and Priest (2019:167), who explain a sample as a selection of element members of units from a target population and conclusions drawn about the population. Bhardwaj (2019:157) pointed that sampling is one of the most important factors which determines the accuracy of a study. The researcher's understanding of the concept 'sampling' is that it is the process of selecting a few participants from a larger group to use as a basis for predicting the prevalence of an unknown piece of information with regards to a bigger group.

A non-probability sampling method was used, which means that participants were selected purposefully to inform the matter being studied. Non-probability sampling refers to samples which do not meet the standard of probability samples where the likelihood of the inclusion of elements of the population can be specified (Williamson & Johanson, 2018:581). This sampling method is deemed appropriate for this study, as it ensures that all persons (participants) in one identified population (youth) will have an equal chance (probability) of participating in the study (Bless et al., 2013:103-105).

Participants were selected based on the following inclusion criteria:

- Youth (persons between ages 18 and 35).
- Residing in the Cape Flats (Mitchell's Plain, Delft, and Khayelitsha).
- Have been living in the Cape Flats for at least five years.
- Need not necessarily be dependent on chemical substances.

The study will take into consideration the following exclusion criterion:

Participants should not be younger than 18 or older than 35.

The participants who met the criteria were identified and included in the study.

The researcher first obtained permission to continue with this research study from the University of South Africa's Department of Social Work's Research and Ethics Committee (Addendum I). After the researcher's proposal was approved, she made contact with the gatekeepers, namely ward councillors in the Cape Flats, Western

Cape (Addendum A) in order to obtain permission to carry out the research in the Cape Flats. The ward councillors were provided with information on the goal of this study, the population, and sampling criteria as well as ethical considerations and the format in which the data would be collected. They were requested to identify young people who would be able to answer the research questions. The researcher made use of the purposive sampling plan utilising the recruitment methods of gatekeepers in the selected communities, namely Mitchell's Plain, Delft, and Khayelitsha; also, snowball sampling was used as this was in line with the contextual and exploratory nature of the research design. The researcher also recruited participants identified through her professional (formal) and personal/informal networks.

In Chapter 1, the researcher made reference to data collection. In order to find suitable participants who could make a valuable contribution to obtaining the data, certain steps were put in place. A detailed step-by-step account of the methods used in the recruitment process is outlined below.

Recruitment through gatekeepers

A gatekeeper is described as someone who controls access to an institution or an organisation such as a school principal, managing director, or administrator (Singh & Wasenaar, 2016:43). Furthermore, Creswell (2014:188) described gatekeepers as the persons at the study site who provide access to the site or give permission for the researcher to conduct a study. Creswell (2014:94) further pointed to gatekeepers as individuals who are mandated to allow researchers' entry into the organisation. For this study, six participants were recruited through gatekeepers, two of them were recruited but not interviewed, the other two were recruited and interviewed but not included in the study, and one of the participants was used for the pilot study while the another was used for the study.

• Direct recruitment by the researcher through the researcher's formal network

According to Hennink, Hutter, and Bailey (2020:102), formal networks may consist of religious groups and cultural networks, professional associations, ethnic group associations, recreation, and support networks to which the researcher or potential

participants belong. In this study, formal network refers to religious groups and colleagues that the researcher has contact with within her profession as a social worker. Four participants were recruited through the researcher's (professional social work) network; all of whom were known to the researcher as colleagues.

Direct recruitment through researcher's informal network

The researcher also made use of informal networks, which included acquaintances, colleagues, friends, and relatives (Hennink et al., 2020:104). In this study, six participants were recruited through friends and relatives. Three of the participants were through relatives; the participants were neighbours of the researchers' relatives. One of the participants was recruited through a church in Mitchell's Plain that provides in-patient rehabilitation for individuals with substance abuse problems; unfortunately, the interview was not used for the study.

In order to obtain multiple perspectives on the phenomenon of youth perception on the prevention programmes of substance abuse in the Cape Flats, the researcher contacted a friend who resides in Mitchell's plain to assist her in the recruitment process of focus group members, and was successful in this endeavour. The researcher felt that she had not yet reached data saturation at that point and decided to conduct a second focus group. She contacted her niece and the focus group was conducted at her niece's home, which was also successful.

Recruitment through snowball sampling

The snowballing technique makes use of referrals to increase the sample size (Babbie, 2016:188). This sample technique uses one participant to recruit others by using byword-of-mouth referrals who then recruit one or more individuals; each person interviewed was asked to suggest additional people for interviewing (Babbie 2016:188). Blaikie & Priest (2019:173) are similarly of the view that snowball sampling can be described as collecting samples through networks, chains, and referrals. The analogy is of a snowball growing as it rolls in the snow. It is mostly used when it is difficult to identify a sample. It may be possible to contact one or two users who then can be asked for contact details of other users. Eight participants were recruited through snowball sampling, two of whom were interviewed but not used in the study;

one of the participants formed part of the pilot study, while five others were used for the study.

The researcher consulted with her supervisors after 11 individuals and two focus group interviews, and was encouraged to conduct four more individual interviews to ensure data saturation. The researcher asked one of her participants about any additional people to interview, and an additional four participants were recruited through snowball sampling. The researcher felt she had reached data saturation and made these her last interviews.

Table 2: Overview of the recruitment methods and participants recruited

Recruitment method	Participants recruited
Recruitment through gatekeepers	Helen*
	Kelly#
	(Lee)
	Ursula
	(Ivy)
	Skye*
Direct recruitment through researcher's" formal,	Theresa
professional network	Brenda
Aquarius Health Care (NPO)	Callie
Klipfontein Mitchell's Plain	Natalie#
Direct recruitment through researcher's	Kudzayi
informal networks	Evans
Families and friends	Abigail
	Daisy
	Leah
	Queen
	(Collin)
	Focus group 1
	Alice
	Belinda
	Catherine

Recruitment method	Participants recruited
	Dorrine
	Emily
	Fundiswa
	Gugu
	Hilda
	Gift*
	Blessing*
	Azee*
	Focus group 2
	Paul
	Nandi
	Feziwe
	Nolu
	Natasha*
	Miriam*
	Lungile*
	Thando
	Luyolo
	Zak
	Romeo
	Princess*
	Diva*
Recruitment through snowball sampling	Mia
	Grace
	(Rolyn)
	Yaya
	Xaria
	Sarah
	Sandra#
	(Yonela)

() Participants recruited and interviewed but not included in the research study

* Participant recruited but not interviewed # Participants were used for the pilot test

Table 2 above indicates that six participants were recruited through gatekeepers (councillors); four participants were identified through the researcher's formal network; seven through her informal network; and eight through snowball sampling. Twenty-four participants were recruited for focus groups; eight of the participants, namely Gift, Blessing, Azee, Princess, Diva, Natasha, Miriam, and Lungile were recruited but were excluded from the study. For focus group 1, Gift was not comfortable with the recording of the session, whereas Blessing and Azee did not meet the inclusion criteria. For focus group 2, Princess and Diva did not meet the inclusion criteria, and Natasha, Miriam, and Lungile had other commitments on the day of the interviews. For individual sessions, six participants were recruited and interviewed but were excluded from the research due to insufficient data being obtained.

2.6 DATA COLLECTION METHODS AND PROCEDURE

As indicated in Chapter 1, data collection involves collecting relevant, rich, and adequate data that will provide answers to the research question(s) (Creswell, 2013:147). Data collection involves gaining permission, conducting a good sampling strategy, developing means for recording information and data storage, and anticipating ethical issues that may arise (Creswell, 2014:145). These methods include the way in which the researcher prepares for the process in terms of collecting and recording the data (Sutton & Austin, 2015:229). Data collection in this study will be described in terms of the preparation for data collection, the chosen methods of data collection, the interview guide, and the pilot test.

2.6.1 Preparation for data collection

Accessing research participants within some social institutions for research purposes may involve a simple, single administrative event. However, accessing some institutions to conduct research on their data, personnel, and clients can be quite complex (Singh & Wassenaar, 2016:42). Therefore, well-informed negotiations with the gatekeepers are required to honour the ethical obligations to conduct appropriate stakeholder engagement before and during research (Creswell, 2014:188). A

gatekeeper is described as someone who controls access to an institution or an organisation such as a school principal, managing director or administrator (Creswell, 2013:94; Clark, 2011:485). The researcher, being familiar with the area, also formed part of the preparation process for this study. Provisions were made to identify explicit and implicit gatekeepers to initiate and build collaborative networks that could best support the research process.

In preparations for data collection, the researcher contacted the ward councillors telephonically. She then wrote follow-up letters to the councillors responsible for the respective communities of interest; these were sent electronically, informing them of the study and its purpose. In addition, the researcher also requested their permission to conduct interviews with identified individuals in their community (Addendum A). The ward councillors were utilised as gatekeepers for this research and once they indicated that they would support the research study, the researcher accessed the prospective participants.

The researcher made contact with prospective individual participants telephonically, informing them of the purpose of the study and how they could participate in the study. During the process of recruitment, the researcher introduced herself to the potential participants and gave them the opportunity to ask questions regarding the research study. In addition, the inclusion and purpose of the study was also explained to the participants. The issues regarding ethics were also clarified and participants were assured confidentiality. She explained what would happen when the research was completed and requested participants to volunteer their participation in the study (Addendum B). The researcher then visited the participants informing them about the study; and they were requested to complete the consent form once they had agreed to participate in the study. The researcher also drafted a consent form for the participants who would wish to be provided with debriefing (Addendum C). The researcher then arranged to conduct the interviews at mutually convenient times and venues. At the venues where the interviewees felt comfortable and where the interviews would not be disturbed, recording equipment was checked at the beginning of each session, and the researcher ensured that her notebook was at hand to make notes on observations of the context, as well as familiarising herself with the questions and probes in the interview guide. Provision was made for COVID-19 requirements as applicable in UNISA's COVID-19 research guidelines. The researcher ensured that Covid-19 protocols were observed throughout the sessions, namely the wearing of face masks, use of sanitisers, and maintaining prescribed social distances. This process was carried out so that the participants would be more informed, comfortable, and participative.

The purpose and value of the research study was explained to the potential participants on initial contact as well as the data-collection method, which was compared to collecting stories on the perception of the youth on the prevention of substance abuse in the Cape Flats. The interviews were conducted in English and each interview lasted approximately 45 minutes; 60 minutes for individual sessions; and 120 minutes for focus groups as they were required to complete the informed consent forms, including biographical details. Thereafter, the researcher obtained participants' email addresses (where possible) and forwarded copies of the letter of invitation to participate in the research study, accompanied by the consent form (Addendum B) so that participants could read through this in their own time. Twentythree of the 24 participants agreed to make appointments during the first contact; only one of the participants was not ready for the interview during the first contact. The researcher ensured that the informed consent letters were signed prior to conducting the interviews. Fifteen of the participants required the researcher to bring a printed copy of the consent form and this was discussed and completed prior to conducting the interview; nine participants requested that forms be emailed to them before the interviews commenced.

The participants decided on a suitable location to be interviewed where they would feel comfortable and would be within their own surroundings. To protect the integrity of the participants, the researcher ensured that participants' names were changed to pseudonyms.

Table 3: Settings where participants were interviewed

Setting	Participants
Place of work	Theresa and Rolyn

Participant's or another's home	Kelly, Natalie, Brenda, Callie, Kudzayi, Evans,
	Abigail, Queen, Daisy, Leah, Sandra, Mia, Grace,
	Yaya, Xaria, and Sarah
In a public place	Ivy, Yonela and Ursula
Rehabilitation centre	Collin

2.6.2 Method of data collection

As indicated previously in Chapter 1, the methods of data collection that are commonly used in data gathering are interviewing, focus group interviews, and participant observation (Creswell, 2014:211). These methods include the way in which the researcher prepares for the process in terms of collecting and recording the data (Sutton & Austin, 2015:229). Interviews can be structured, semi-structured, or unstructured (Remler & Van Ryzin, 2011:63). According to Bailey (2018:245), semi-structured interviews are interviews that combine questions that are pre-planned with those that are not; the questions are contained in an interview guide with the focus on the issues or topic areas to be covered, and the lines of inquiry to be followed.

The researcher conducted individual and focus group interviews to obtain her data. Thus, semi-structured interviews were used for the purpose of this study and the application of the semi-structured interviews helped to keep the discussion focused on the goal of the study. This type of interview is regarded as less structured, allowing participants the opportunity to answer in their own words, in a meaningful, rich, and enlightening manner without being coached by the researcher (Hofisi, Hofisi & Mago, 2014:62; Remler & Van Ryzin, 2011:64). Individual interviews provide participants with a safe environment and are especially useful when the researcher does not want the participants to feel threatened or judged. Bulpitt and Martin (2010:7-8) propose that the qualitative researcher collects data during semi-structured interviews through a reflexive approach, utilising the following interview techniques: reflecting, asking openended questions, being non-directive, and giving participants sufficient time to answer. Additional techniques such as clarification, probing, and active listening were used to gather information from the participants (Louw, Todd & Jimakorn, 2018:71). These techniques were used during the semi-structured interviews with the research participants.

In an attempt to remain objective throughout the research process, the researcher's interaction with her supervisors assisted her to constantly examine how her own biases, beliefs, values, assumptions, and experiences could impact the research process. This is referred to as "bracketing" (Amankwaa, 2016:122; Probst, 2015:38).

The researcher used an interview guide, which contained a list of open-ended questions, allowing for further probing if necessary. The interview guide (Addendum E) was attached to the letter that was sent to the participants inviting them to participate in the study. The biographical details and questions to be asked are as follows: age, gender, highest level of education, employment status, and religion. How long have you been residing in your community? Are you using substances?

The questions related to the topic are as follows:

- Please explain your understanding of substance abuse.
- Why do you think the youth in your community abuse substances?
- In your opinion, how can substance abuse be prevented in your community?
- What are the measures that are put in place in your community to prevent substance abuse?
- How effective are these measures?
- Which programmes or services do you recommend in preventing substance abuse?
- Who should get involved in programmes to prevent substance abuse?
- What steps should be taken to implement these programmes?
- In your opinion, what should social workers do to prevent substance abuse in your community?
- What other aspects do you think should be considered to assist social workers in preventing substance abuse?

As discussed in Chapter 1, the researcher has, during the interviews, implemented the following approach:

Empathy

Abrahams (2017:255) states that empathy can be outwardly expressed by facial expressions, tone of voice, and gestures but also by the use of vocabulary appropriate to the situation and the person being interviewed. In the same vein, Prior (2017:492) claims that empathy involves sharing the perceived emotions of the other, 'feeling with' another, and is an imaginative way of sharing someone else's experiences.

The researcher encouraged participants to share their experiences from a personal frame of reference, with assurances that they would not be judged in any way. Further, the researcher allowed the participants to communicate the forces that interrupt, suppress, or oppress them, and gave them the opportunity to share their perceptions without fear or judgment (Creswell, 2013:173). This helped the researcher understand what participants felt and how they saw things from their own point of view.

Building rapport

McGrath, Palmgren, and Lijedahl (2019:1003) maintain that rapport is the "relationship of trust" between the researcher and the participants. Building rapport can be defined as the sense of acquiring a pleasant attitude on the part of the researcher, above all creating closeness between interviewees and researcher (Prior, 2017:3). In the same document (2017:3), it is stated that rapport with the participants establishes open and free communication, which is the hallmark of effective interviews (Hepworth, Rooney, Strom-Gottfried & Larsen, 2010:44). Similarly, Zakaria and Musta'amal (2014:3) claim that rapport aims to engender a good relationship with participants, which assist in obtaining rich data whilst establishing respect.

A good working relationship was established where a positive atmosphere, conducive to trust and cooperation, was created. The researcher was always open and genuine. This assisted in removing any pre-established conceptions that participants may have had about research and lessening any anxiety they may have felt, but instead providing a comfortable setting which would encourage participants to share their stories openly and freely.

Active listening

Seidman (2013:359) explains that listening is described as paying attention with a purpose. It aims to deepen the interviewer's understanding of the interviewee's interests by creating empathy and allowing the interviewee to feel listened to. Additionally, Abrahams (2017:254) points out that active listening requires the "conscious discipline of setting aside one's own preoccupations to engage fully on what the other person is expressing." It is also important for the researcher to be sensitive to a participant's energy level and non-verbal cues, for instance, reduced eye contact by a participant may show a drop in concentration (Wegner Jr, Bell, Minei & Robinson, 2014:16).

The researcher allowed participants to share their stories openly and rich data emerged. The researcher digitally recorded the interviews to ensure that she facilitated active and accurate listening. The researcher further took notes to keep track of information so that she could revisit these subjects when necessary. Active listening helped the researcher to grasp the rich descriptions in relation to the perceptions of the participants.

Asking relevant questions

Asking relevant questions serves as a road map in research, to avoid being swayed, rechannelled, and becoming confused. De Souza, De Souza, and Costa (2016:7) point out that when relevant questions are asked it guides the researcher and directs the type of search for the information needed as to how the information should be selected and collected. Further, McGrath, Palmgren, and Lijedahi (2019:1003) state that by asking relevant questions allows the researcher to draw out responses that would allow the researcher to explore matters brought forward by the interviewee. Asking relevant questions serves as a road map in research, to avoid losing direction from the topic under discussion, and losing perspective.

The interview guide assisted the researcher when asking questions. She also revisited and deleted some of the questions that were repeated in the interview guide as well as from the feedback obtained from the pilot study conducted. The researcher asked brief open-ended questions that were easy to understand. The interview started with personal information so that the participants could relax and be comfortable in the

interviews. When ending every session, the researcher would ask the participants questions such as, 'is there anything else you would like share?' to maintain the comfortable environment created at the begging of the interview session.

Minimum non-verbal responses

The technique of non-verbal responses was used, for example, nodding, which showed the participants that the researcher was listening and that she was interested to the information being shared.

Probing

This technique was used to intensify the responses of the participants to the questions to increase the richness of data being obtained, and to seek elaboration on a given question.

Ending the interview

The researcher thanked each participant for their time and valuable contributions made throughout the research project, and for their willingness to participate.

2.7 PILOT TESTING

Pilot testing assists the researcher in improving her interview skills as well as in determining the feasibility of the research methods and techniques planned for the larger study by means of conducting interviews prior to the formal collection of data (Kumar, 2011:11). It also tests the relevance and effectiveness of the interviewing techniques, and enables the researcher to check whether the research goal can be attained through the chosen methodology (Fouché & Delport, 2011:73). Bailey (2018:245) states that pilot testing is the process aimed at receiving feedback from an interview conducted with someone who is part of the study, and its purpose is to improve the interview process.

The researcher made use of pilot testing to ensure that the questions described under the heading "Method of data collection" would assist her to describe the perceptions of youth on the prevention of substance abuse. The pilot testing in this study entailed three individual interviews with research participants, and each of them was individually interviewed in order to determine the application of the tool for relevance and understanding. Face-to-face interviews were conducted in English, the data were recorded and analysed, and the findings were discussed with the researcher's supervisors who advised whether a third interview was necessary.

The researcher was guided and was further equipped with interviewing techniques by her supervisors. She revisited her interviewing techniques and also made use of nonverbal cues, i.e., nodding and making eye contact; also, motivational probes or verbal utterances, for example, uh huh, hmmm, to encourage interviewees to continue sharing and reassure them that the interviewer is listening, and to motivate the interviewee to continue talking. The third interview was conducted and discussed with the supervisors. Few adjustments were suggested by the third participant, she felt that there was repetition on some of the questions. Suggestions were made on the question that says, who should get involved in these programmes? And who should implement these measures? These suggestions were discussed with her supervisors who advised that the second question be omitted. Thereafter, it was decided that the data-collection method, and the questions, would indeed assist the researcher to answer the research question and to obtain the research goal. The data obtained during the pilot testing was not included in the research report.

2.8 RECORDING THE DATA

The researcher made use of audio recordings to record the interviews. In addition, data were obtained by means of field notes, focusing on aspects such as communication patterns and non-verbal communication to add to the transcripts in order to complete the data collected (Creswell, 2014:181). The audio recordings and field notes were transcribed as soon as possible following the interviews.

In consultation with her supervisors, the researcher sent the transcripts to the independent coder as soon as they were completed. The independent coder assisted the researcher to verify if data saturation had taken place. Once the data had been collected, the researcher proceeded with the analysis process.

2.9 METHOD OF DATA ANALYSIS

Data analysis in a research study is very important. Creswell (2014:258) explains that qualitative data is a process. This process starts when the data that will be obtained is transcribed, followed by a scientific method to identify themes, sub-themes, and categories that portray the main ideas shared by the participants. This is followed by the interpretation of the data. Through such a process, the qualitative researcher works from a framework to bring a form of "order, structure and meaning to the quantity of the collected data" (Schurink, Fouche & De Vos 2011:397). The researcher involved an independent coder (Addendum H) who assisted her in dependently in identifying possible themes (Maree, 2016:123). These steps provided her with a framework to analyse the data in a structured and systematic manner. The researcher analysed data based on the themes identified. The themes, sub-themes, and categories that emanated from the data analysis process were compared with the literature (Creswell, 2014:218). The steps of data analysis that were followed, are as follows:

- All transcripts were read and re-read after data saturation had been detected.
 Notes were jotted down. Concepts and aspects that stood out from the
 interviews were identified. The researcher also systematically worked through
 all the transcripts to understand the messages that participants were trying to
 convey.
- The transcripts were thoroughly read to drive the underlying meaning of the responses and jotted down key words that stood out in the text related to the research problem.
- All identified main words were documented once all the transcripts were examined. The words were grouped into clusters, which resulted in the main themes. Words under each topic/theme were carefully selected and identified the sub-themes that emerged from the topics. The researcher also systematically worked through all the transcripts to ensure no themes were left out.
- Code names were allocated to the themes and sub-themes, and these codes
 were added alongside the words in the margins of the transcripts. All the main
 words were allocated to a theme or sub-theme while also identifying new
 themes or sub-themes. Additionally, codes were assigned to new themes and
 sub-themes and indicated these in the text.

- A final decision was made regarding which themes, sub-themes, and categories were to be included. A discussion with the supervisors and independent coder identified which themes and sub-themes were to be included in the final analyses. The decision was based on the goal of the study to ensure that the research questions would be answered.
- The themes and sub-themes were classified to serve as the storylines that outline the perceptions of the participants. Verbatim responses that linked to the themes/sub-themes were added under each theme/sub-theme.
- The themes, sub-themes, and categories were discussed and described as well
 as compared to existing literature. The content of each theme/sub-theme was
 discussed, depending on the response of the participants, and verified against
 the literature review.

To ensure the scientific value of the findings of this study, the researcher verified the data.

2.10 DATA VERIFICATION

Data verification in qualitative research focuses on the trustworthiness of the findings or results of a research study (Kumar, 2011:149). It is also based on the consistency of the research methods used and provides an accurate representation of the population being studied (Thomas & Magivy, 2011:151). Further, data verification is a process when different types of data are checked for accuracy and consistency after data migration had taken place, and the goal was to determine whether data were accurately translated when transferred from one source to another, and whether the data were complete (Lietz & Zayas, 2010:191). Trochim and Donnelly (2007:149) explain the differences between data validity and reliability in quantitative research and data verification in qualitative research in terms of the following four criteria:

- Internal validity in quantitative research relates to credibility in qualitative research.
- External validity in quantitative research relates to transferability in qualitative research.
- Reliability in quantitative research relates to dependability in qualitative research.

Objectivity in quantitative research relates to confirmability in qualitative research. To determine whether the qualitative data in this study had been verified to ensure its scientific value, the adaptation by Schurink et al. (2011:429) of Lincoln and Guba's model was utilised as follows:

2.10.1 Credibility

According to Cope (2014:89), credibility focuses on ensuring that the research findings "are credible or believable from the perspective of the participants." To improve credibility, the researcher should "offer feasible alternative interpretations and argue equally for or against them" (Julie, 2013:47). Moreover, Anney (2014:276) states that "credibility establishes whether or not the research findings represent believable information collected from the participants' original data and its correct interpretation of the participants' original views." The researcher used an audio recorder to record the interviews during the data collection; she also observed the participants' reactions during interviews and made notes based on their responses. The researcher then proceeded to transcribe the recorded information gathered from the individual as well as the group participants and made comparisons of the transcripts with her notes to determine and verify data credibility.

2.10.2 Transferability

Transferability of findings refers to the "degree to which the findings of qualitative research can be transferred to other contexts with other respondents or groups" (Anney, 2014:277). This criterion focuses on whether the research study's findings can be transferred to other applicable studies. Schurink et al. (2011:420) as well as Kumar (2011:150) explain that this is a "problematic" aspect in qualitative research studies, and that the qualitative researcher should take special note of this aspect. The researcher provided a thick description of the methodology utilized to enhance this study's transformability. It should also be noted that the contextual research design and the criteria for inclusion into the sample should guide how the findings of this proposed study are to be interpreted and compared to other contexts.

The researcher was able to assess the usefulness of the collected data, which could contribute to the development of knowledge about the perceptions of youth on the

prevention of substance use disorders in Cape Flats. Semi-structured interviews were conducted, and rich data was obtained on the research topic. Clear descriptions of the demographics of the participants and their experiences resulted in themes, subthemes, and categories.

2.10.3 Dependability

The dependability of a qualitative research study is based on a logical and well-documented research process. Gerrish and Lacey (2010:139) stated that dependability relates to the transparency of the research process and decision trail. This can be achieved when another researcher agrees with the decision trail at each stage of the research process (Cope, 2014:89). It means that the research process and applied methodology must be clearly and expansively documented so that it could be replicated with an expectation to obtain the same or similar findings (Elo et al., 2015:5). The researcher ensured that the methodological process was well described and did a literature control once the data had been analysed.

The researcher explained to the participants that they were the experts with regard to the subject and requested that they should be open and honest in their discussions. The research methodology provided in this chapter contributed to the consistency and dependability of the findings. Thereafter, an agreement was reached on the themes, sub-themes, and categories.

2.10.4 Confirmability

Confirmability refers to the degree to which the findings of an investigation could be confirmed or corroborated by others (Anney, 2014:279). This criterion refers to the neutrality of the findings. Maree (2012:141) states that when research findings are found to be neutral, fair, and free from bias and are separated from researchers' perceptions, their fair background, position, conditioning, and circumstances then neutrality has been achieved. Confirmability requires evidence of how the findings were reached and how findings were interpreted. In this proposed study, the researcher made use of audio recordings and field notes to ensure that data did not get lost, and findings were appropriately documented. A scientific process (steps) for data analysis was followed and the findings were complemented with a literature

control to ensure confirmability. Cope (2014:89-90) affirms that the researcher can demonstrate confirmability by describing how conclusions and interpretations were established as well as exemplifying that the findings were based unequivocally on the data collected.

In this study, the researcher focused on ensuring the neutrality of the qualitative data. It was based on the interviewing techniques the researcher used to ensure that participants' responses were not guided and influenced by the researcher (Ncube, 2015:50). Additionally, the researcher made use of audio recordings and field notes to ensure that data did not get lost and was appropriately documented. Furthermore, the researcher made use of an independent coder to independently identify the themes (Elo et al., 2015:5).

To augment the application of the above principles, the following aspects were considered to ensure reliability and validity of data.

Prolonged engagement

Prolonged engagement is described as the investment of enough time in data gathering (Elo et al., 2015:1-6). Prolonged engagement requires the researcher to become immersed in the participant's world. The researcher visited the participants at each of the three selected communities and held information meetings with some of the participants during preparation time in order to build trust. The participants were given the opportunity to ask questions regarding the research project, and all questions asked were clarified. The researcher was welcomed in the community and participants were willing to participate. A good relationship and trust with participants in the communities were established.

Triangulation

Triangulation is the use of various data-collection methods to address a research problem, such as observation and structured interviews (Loh, 2013:9). In this study, semi-structured interviews were conducted to gather rich data.

Reflexivity

Reflexivity is the examination of one's beliefs and practices that may influence the research. Researchers bring to the research context their value systems, philosophical orientation, background, and previous experience on the phenomenon which can influence the research process (Barrett, Kujamaa & Johnston, 2020:10; Amankwaa, 2016:122). In this study, the researcher practised reflexivity throughout the research process in consultation with her supervisors to ensure that the background, perceptions, and interests did not influence the reliability of the data. She used a field journal to record her observations and thoughts, and she remained self-critical throughout (Merriam & Tisdell, 2016:249; Thomas & Magilvy, 2011:154).

Peer debriefing

Peer debriefing can be defined as "a discussion with peers not involved in the research study" (Botma, Greef, Mulaudzi & Wright, 2010:232). "A qualitative researcher is required to seek support from other professionals willing to give scholarly guidance, during the research process" (Morake, 2013:30). The feedback from peers assists the researcher to improve the quality of the inquiry findings (Anney, 2014: 276). In this study, the researcher discussed the research process and findings with her supervisors and two researchers, one from another institution and one from the same institution experienced in qualitative research methods.

Member checks

The researcher made telephonic member checks with some of the participants to verify data collected throughout the research process. This was done with participants during the transcribing process to ensure that the researcher had heard correctly and was not misrepresenting what had been said during the interviews. The researcher also conducted telephonic member checks during data analysis to verify that the researcher had understood the meaning behind what participants were trying to convey. Three of the participants (Theresa, Brenda, and Mia) were willing to check their transcripts and these were emailed to them. Theresa had minor corrections on her employment status; Brenda provided her feedback through email; and Mia provided her feedback telephonically. Both were happy that the transcripts were a true reflection of what they had said during their interviews.

2.11 LIMITATIONS TO THE STUDY

The researcher worked hard to recruit participants from diverse cultural and social backgrounds, ages, gender, and races. For this study, more females than males were interviewed. Only one male was interviewed for the individual study and four out of 16 were interviewed during the focus groups. All efforts to include male participants were unsuccessful. Only two participants from the Muslim religion were interviewed. More coloured than black participants were interviewed as two communities, Mitchell's Plain and Delft are coloured dominant. In addition, accessing participants in their homes was challenging as communities are volatile. Furthermore, more effort was put into focus group recruitments as members were not available at the same time, and some withdrew from participating at the last minute. However, the study was successful with the support from family and friends.

2.12 CONCLUSION

In this chapter, the practical implementation of the research is reflected. The researcher's framework for implementing this study was provided to ensure that procedures for a qualitative research approach were adhered to. The researcher's personal and professional reflections were provided. Challenges encountered in the data-collection process were identified and strategies used to resolve them. Ethical considerations were adhered to throughout all phases of this study. Data were analysed and the advantage and disadvantages acknowledged. Lastly, techniques were adapted from various scholars to establish this study's trustworthiness. The following chapter will discuss the findings of this study.

CHAPTER 3

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

3.1 INTRODUCTION

This chapter presents the research findings based on qualitative data collected from 15 individual youths and two focus groups on their perceptions on the prevention of substance use disorder in the Cape Flats and suggestions for social work practice. These research findings emerged from the process of data collection and analysis with the participants, and are presented, discussed, and compared with the existing literature and scholarly articles related to the topic of the study. Throughout the study, references to literature were woven into the study without having a separate chapter on literature review (Creswell, 2016:58).

This study followed a qualitative research approach with the aim to develop an indepth understanding of the perceptions of the youth on the prevention of substance abuse, and to additionally proffer suggestions for social workers rendering intervention services to the youth abusing substances. Emanating from these goals, the objectives for the research study were to explore and describe the perceptions of the youth on the prevention of substance abuse, and to offer suggestions for social work practice on the prevention of SUD as well as to draw conclusions and make recommendations on the prevention of substance use disorder and, in so doing, inform social work practice.

Qualitative researchers use a variety of techniques to ensure data trustworthiness. One of the techniques is the utilisation and involvement of an independent coder (Berends & Johnston, 2005; Church, Dunn & Prokopy, 2019). Hence, in this study the services of an independent coder were outsourced to independently and objectively identify and confirm possible themes, sub-themes, and categories to increase the credibility of the study.

As no separate literature review chapter is provided, the secondary literature is included in the discussion of the various themes and subthemes reflected in this

chapter (Creswell, 2016:58). This is done to provide context in support of the data discussed.

3.2 PROFILE OF THE PARTICIPANTS

The specific characteristics of the participants were extrapolated during the study and are outlined in Table 4 below. The profiling of participants is essential to unpack the data collected within the proper context.

For this study, the researcher conducted 15 face-to-face semi-structured interviews with individual participants and two focus group discussions. All participants were youths between 18 and 35 years living in the Cape Flats, specifically Mitchell's Plain, Khayelitsha, and Delft. All participants have lived in the area between six and 32 years.

The demographic particulars of the research participants are described in Tables 4–6 below.

Table 4: Biographical information of the participants interviewed individually

Pseudonym ³	Age	Gender	Education	Employment	Religion	Period	Use of
of participant				status		living in the	substances
						community	
						in years	
Evans	22	Male	Higher	Employed	Christian	6	No
			Certificate in				
			Marketing				
Mia	23	Female	BSC Speech	Employed	Christian	23	No
			Language				
			Pathology				
Sarah	24	Female	Matric and	Unemployed	Christian	24	Occasional
			student at UWC				drinking
Grace	25	Female	Social Auxiliary	Unemployed	Christian	25	No
			Work Certificate				

³ To protect the integrity of the participants, the researcher ensured that participants' names were changed to pseudonyms.

Pseudonym ³	Age	Gender	Education	Employment	Religion	Period	Use of
of participant				status		living in the	substances
						community	
						in years	
Brenda	26	Female	BSc Speech	Employed	Christian	26	No
			Language				
			Pathology				
Yaya	27	Female	BSc	Unemployed	Muslim	27	No
			Occupational				
			Therapy				
Kudzayi	28	Female	Bachelor of	Employed	Christian	28	No
			Social Work				
Theresa	29	Feale	BSc	Employed	Christian	29	No
			Occupational				
			Therapy				
Ursula	30	Female	Matric	Unemployed	Christian	15	Yes
Queen	30	Female	Matric	unemployed	Christian	6	No
Daisy	31	Female	Matric	Employed	Christian	31	No
Xaria	31	Female	BSc Dietetics	Employed	Christian	31	Occasional
							drinking
Callie	32	Female	Degree in	Employed	Christian	32	No
			Physiotherapy				
Abigail	34	Female	Matric	Unemployed	Christian	12	Occasional
							drinking
Leah	34	Female	Diploma in	Employed	Christian	10	Occasional
			Human				drinking
			Resources				

Table 5: Focus group 1

Pseudonym of participant	Age	Gender	Education	Employment status	Religion	Period living in the community in years	Use of substances
Alice	20	Female	Matric	unemployed	Christian	7	No
Fundiswa	21	Female	Matric	Employed	Muslim	21	Yes
Gugu	23	Female	Grade 11	Unemployed	Christian	15	Occasional drinking
Dorrine	25	Female	Matric	Unemployed	Christian	25	No
Hilda	27	Female	Matric	Employed	Christian	19	Occasional drinking
Emily	33	Female	Degree	Employed	Christian	33	Ex-substance abuser

Pseudonym	Age	Gender	Education	Employment	Religion	Period	Use of
of participant				status		living in the	substances
						community	
						in years	
Belinda	34	Female	Grade 11	Unemployed	Christian	12	Yes
Catherine	34	Female	Matric	Employed	Muslim	18	Occasional
							drinking

Table 6: Focus group 2

Pseudonym	Age	Gender	Education	Employment	Religion	Period	Use of
of participant				status		living in the	substances
						community	
						in years	
Thando	18	Female	Matric	Unemployed	Christian	18	No
Nolu	19	Female	Matric	Unemployed	Christian	8	No
Zak	20	Male	Matric	Unemployed	Christian	20	Yes
Luyolo	22	Male	Matric	Unemployed	Christian	11	No
Romeo	22	Male	Matric	Employed	Christian	20	Yes
Nandi	24	Female	Matric	Unemployed	Christian	24	No
Feziwe	25	Female	Matric	Employed	Christian	11	No
Romeo	32	Male	Matric	Employed	Christian	5	Yes

The following section discusses the biographical information of the participants. The headings reflect information for both individual interviews and focus group discussions.

3.2.1 Age of participants

The participants were between ages 18 and 34. The mean age of the participants was 18 years with the oldest of 34. Fifteen participants' age range fell between 18 and 25 years old, while 16 were between the ages of 26 and 34 years old. According to the classical work of Erik Erikson's model of life development, Knight (2017:1052) states that 18 to 34 years of age falls under the stage of intimacy versus isolation. During this stage, major conflict can arise as they attempt to form longer term commitments outside the family, with varying degrees of success. Furthermore, Erickson's theory describes the impact of social experience across the whole lifespan, and believes that it is vital to develop close, committed relationships with others as people enter adulthood. Furthermore, Erickson adds that these emotional, intimate relationships

play a critical role in a person's emotional well-being (Knight, 2017:1052), and have a bearing on the perception of others and their life circumstances.

3.2.2 Gender of the participants

In this study, 26 participants were females, while five were males. The majority of participants were recruited through snowball sampling. More female participants were referred to the researcher than males. Gender differences did not indicate a difference of perceptions about substance abuse and prevention, as will be noted in the storylines.

3.2.3 Highest level of education of the participants

Eight participants hold a university degree; one participant had a diploma; while two participants had obtained higher certificates. One of the participants was a university student, 17 of the participants completed matric, and two had passed grade 11. The participants' level of education was beneficial for this study to generate rich and detailed data, since the participants had good insight into research questions and were able to provide a reasonable account of their insight.

3.2.4 Employment status of the participants

Sixteen participants were employed and 15 unemployed. Almost half of the participants were unemployed due to job scarcity in South Africa. This is supported by Bernstein (2017:4), who asserts that millions of young people are unemployed, resulting in some young people engaged in undesirable activities including criminality and substance abuse as well as to become a disruptive presence in their communities. De Lannoy, Graham, Patel, and Leibbrandt (2018:2) concur with the above who reported high rates of unemployment for youths between 15 and 34 years of age, and recommended a multi-pronged approach that would create jobs for a range of skills in different sectors.

3.2.5 Religion of the participants

A survey by Farrar, Falake, Mebaley, Moya, and Rudolph (2019:1) conducted in five shopping centres in the Cape Flats, South Africa, points out that 69,4% of South

Africans describe their religious affiliation as Christian, while 16.4% of individuals belonged to African traditional religions; 11.7% identified themselves as Muslims, while 1,6% were not affiliated to any religion. The participants who participated in this study belonged to two different religious groups, namely Christian (28) and Muslim (three), which closely reflect the national average. Religious differences have not significantly influenced participants' perceptions.

3.2.6 Period living in the community

The least mean years lived in the community was five years with the greatest mean of 33 years. Sixteen participants were born and grew up in the communities under investigation, while 15 participants have lived in these communities between five and 20 years. This period enabled them to provide a reasonably fair reflection of the circumstances in the identified communities.

3.2.7 The participants' use of substances

Sixteen participants did not use any substances, while seven participants took alcohol occasionally. Additionally, seven participants were taking substances by the time of the interview, while one participant was an ex-substance user. This enabled them to provide a reasonable account of their insight, and rich data was therefore obtained.

3.3 DISCUSSION OF THEMES, SUBTHEMES AND CATEGORIES

This section presents the findings of the study. This overview summarises the themes and sub-themes that emerged from the interviews on youths' perceptions on the prevention of substance abuse in the Cape Flats. The findings were divided into 10 themes and different sub-themes as outlined in Table 7 below.

Table 7: Overview of the themes, sub-themes, and categories

This overview encapsulates the themes, sub-themes, and categories that emerged from the interviews with the youths and the focus groups.

THEM	IES	SUB-	THEMES
1.	Youths' understanding		
	of substance abuse		
2.	Youths' thoughts on	2.1	Peer pressure, boredom, and experimentation
	contributory factors	2.2	Home environment and family circumstances
	influencing the youths	2.3	Poverty/unemployment and a way of coping/
	to abuse substances		escaping reality
		2.4	Easy access to substances
		2.5	Work for substance dealers
3.	Youths' ideas on	3.1	Empowerment through educational
	possible prevention		programmes
	strategies of substance	3.2	Role models
	abuse in their	3.3	Recreational resources and programmes
	community	3.4	Involvement of parents
		3.5	Skills development programmes and
		0.0	employment opportunities
		3.6	' '
		3.7	,
			deal with corrupt police
4.	Youths' descriptions on	4.1	Recreational, skills training programmes
	existing services,	4.2	Neighbourhood Watch and street committees
	activities, and	4.3	Law enforcement
	programmes in their	4.4	Faith-based initiatives
	community to prevent	4.5	Social services
	substance abuse		
5.	Youths' explanations of	5.1	Effective programmes
	the effectiveness of	5.2	Non-effective programmes
	existing programmes		
6.	Youths' opinions on	6.1	Government must invest in communities
	possible responsive	6.2	Programmes must be appropriate and
	programmes that		attractive
	should be offered to	6.3	Awareness, educational, and life skills
	prevent substance		programmes
	abuse and/or improve	6.4	Mobilise person who previously used
	existing programmes		substances/role models
		6.5	Social workers in schools
		6.6	Parenting programmes
		6.7	Family support
		6.8	Easier access to treatment

THEMES	SUB-1	THEMES
	6.9	Aftercare following treatment
	6.10	Reduce number of taverns, and enforce laws
7. Youths' suggestions on	7.1	Need buy-in and involvement of community,
who should be involved		youth, and government
on substance abuse	7.2	Intersectoral collaboration
prevention programmes	7.3	The involvement of every community member
	7.4	Gang leaders
	7.5	Community resources/community leaders
8. Youths'	8.1	Needs assessment and analysis in order to
recommendations on		decide on best possible solutions
steps that should be	8.2	Decide on funding
taken to implement the		
suggested programmes		
9. Youths' opinions on	9.1	Social workers' leading role, and visibility of
what social workers		services
should do to prevent	9.2	Focus on families
substance abuse	9.3	Raise awareness and knowledge
	9.4	Provide psychosocial counselling and support
	9.5	Partner/train others
10.Youths'	10.1	Adequate social workers' appointments, and
recommendations on		provision and strengthening of security and
possible assistance for		transport
social workers to	10.2	Specialised training
prevent substance	10.3	Multi-disciplinary approach
abuse		

In the next section of this discussion, each theme and accompanying sub-themes will be presented and confirmed or endorsed by direct quotes from the transcripts of the interviews. From these transcripts, the identified themes and sub-themes, with their supporting storylines, will be compared and contrasted with the body of knowledge based on a literature control.

3.3.1 Theme 1: Youths' understanding of substance abuse

SUD and substance abuse are described as the chronic or habitual use of any chemical substance which alters the state of the body and mind, not used for medical purposes, and thus hurt mental capacity, thinking perception, and behaviour

(Mohasoa, 2018:13). Unegbu (2020:16) states that substance abuse is a maladaptive pattern of alcohol and substance misuse leading to significant impairment and an inability to perform primary responsibilities at work, school, or home. Youths were asked to explain their personal understanding of substance abuse. The following selected story lines provide their understanding of substance abuse:

Daisy described substances abuse as "... someone who is using these things like tik, dagga or alcohol excessively. You know we all drink, but some people overuse it ... but when a person is drinking more than they should do, when the substances start to control you then I call that substance abuse." This view is supported by Abigail who indicated the condition as "... when people use illegal substances or misusing prescriptions ... alcohol because it's part of substance abuse, tobacco as well when people overuse it. I can say any substance that a person can be addicted to, that's what I call substance abuse," while Kudzayi emphasised reasons for this by agreeing that, "... any harmful use of any substance to alter your mood to feel good, or to feel calm, or to feel happy, or to replace sadness or anger."

The youths in Focus Groups Discussions One and Two perceived substance abuse in similar vein. **Emily** pointed out that, "... when it is used in amounts that are not therapeutic. For example, you take a headache tablet once a day but if you are taking five tablets a night without actual presence of the headache then I call it abuse" (FGD 1). On the same note, **Romeo** stated that: "substance abuse is when you're taking substances and alcohol too much to the point that you neglect yourself, your family, and your job at times. Then you are abusing substances" (FGD 2).

The findings corroborate the views of Jacobs (2019:7), who stated that substance abuse is seen when an individual persists in using alcohol or other substances despite problems related to the use of these substances. The data obtained in this study show that all participants had similar views that substance abuse is the excessive use of substances that can lead to physical, social, or emotional harm. Hilton, Betancourt, Morrell, Lee, and Doegey (2018:510) are of the opinion that the use of substances alters the state of body or mind, leading to effects that are detrimental to the individual's physical or mental health, or the welfare of others. The World Health

Organisation (WHO) (2016:5) defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit substances.

3.3.2 Theme 2: Youths' thoughts on factors contributing to substance abuse

After explaining their understanding of what substance abuse entails, the participants were asked to share contributory factors causing youths to abuse substances. The participants expressed various reasons, which are summarised in the following subthemes:

3.3.2.1 Sub-theme 2.1: Peer pressure, boredom, and experimentation

Many youngsters are forced by their peers to engage in the use of substances (Sedibe & Hendricks, 2020:25). Njeri and Ngesu (2014:2) state that peer pressure and curiosity (Dow & Kelly, 2013:6) amongst youths contribute significantly to substance use, while youths who report high levels of boredom also often result in substance abuse (More et al., 2017:4; Biolcati, Mancini & Trombini, 2018:304). Matlakala, Makhubele and Mafa (2019:74) assert that young people indulge in alcohol or any chemical substance because of learned maladaptive behaviour from their peers. This was supported by many participating youths who mentioned peer pressure as one of the reasons for abusing substances. This is clear from the selection of story lines below.

"I think if we look at peer pressure, we know the teenagers get to a point where they look at what the others are doing... So, if my friends are smoking or they're drinking at a party, or they are using cannabis then I would like to do that. If we look at gang-related activities and your substances as well; so, if I want to be part of the gang those are the type of things we are going to do together." Theresa this is supported by Yaya stating that, "... peer pressure is also one of the reasons. You know when your friends are doing something then you feel pressured to do it as well, youth hang around with wrong crowds and (get) hooked at the end of the day." Callie stated that, "One of the biggest things is like what happened with me - peer pressure, is when other people are telling you just try, just try, like don't be boring". Kudzayi expressed that, "In some instances, it's just wanting to experiment, especially teenagers who want to try these things that are hip and happening and end up trying the things that are hot in that time." Queen echoed that, "I would also say its curiosity... they want to experiment

with alcohol and marijuana or tik, they also want to have the feeling. I can say this is because of witnessing their role models drunk at all times; it can be the parents, caregivers, or neighbours in general..."

Similar perceptions were expressed by the youths in Focus Group Discussion One. Alice detailed this as follows: "The youngsters influence one another very easily. If maybe friends invite you to go out with them, you end up joining whatever they are doing because you don't want to sound boring. You find yourself following their route because you want to fit in with the group, you don't want to be rejected. You want to maintain the group, but it is sad that once you are in you cannot come out... it is an on-going thing and mostly ends up in tears." Sarah highlighted that, "The thing is, there isn't much to do, the youngsters are bored, you just wake up, step out of your yard and you find that all your peers and friends that are within my immediate environment are doing it." The same reason was put forward by the focus group members, as Belinda stated, "For me I think it is boredom, the youngsters don't have anything to do in the community; they're just hanging on the street where they end up introducing one another to these kinds of things" (FGD 1).

The storylines concur with the findings of the research by Lebese, Ramukuela, and Maputle (2014:331); Dhull and Beniwal (2017:257); and Van der Westhuizen and Gawulayo (2020:123) identified peer pressure as a factor contributing to substance abuse. This is further explored through ecosystem theory that focuses on analysing the natural contexts in which individuals live. The way in which these contexts are embedded and interact thus impact the development of an individual (Ashford, Brown, Ryding & Curtis, 2020:3). Mudavanhu and Schenck (2014:370) reported that substance abuse usually starts by experimenting with smoking cigarettes in the school toilets during breaks, and this later advances to the use of other substances such as cannabis, crystal meth, and alcohol. Njeri and Ngesu (2014:2) assert that peer pressure and experimentation are major factors contributing to substance abuse among youngsters, and they are drawn into consuming substances with the perception that they will feel high or would gain a sense of belonging. For this reason, they become curious to the extent that they risk experimenting with such substances, and this finally progresses into consuming substances more regularly. Potberg and Chetty

(2017:141) are of the view that the strongest and most consistent predictor of substance use among youths is the usage by their friends.

The excerpts above are supported by Willging, Quintero, and Lilliott (2014:5) who pointed out that a lack of positive engagements in the lives of youngsters can result in troublemaking behaviours and substance abuse (Vodanovich & Watt, 2016). Additionally, individuals who score high on boredom measures have higher rates of negative behaviours, including substance abuse (Hendricks, Savahl & Florence, 2015:100).

3.3.2.2 Sub-theme 2.2: Home environment and family circumstances

The family context is central in determining the development and persistence of youth substance abuse and plays an important role in shaping the success of treatments (Lander, Howsare & Byrne, 2013:197). Balamurugan (2018:15) is of the view that youth substance abuse may occur due to the environment that youngsters grow up in, and this can be through family which includes parental substance abuse as well as community influences (More et al., 2017:2). This coincides with participants' views who mentioned that the home environment, family circumstances, and living conditions in which the youths are brought up may serve as contributory factors to abuse substances.

Leah detailed this as follows: "Here in Delft, most of the youth grew up in violent families. It can be domestic violence then opt for substances as stress relievers... sometimes these youths are raised by single parents and they are working at times, no one to supervise them at home. It gives them time to do whatever they want to do without any supervision at home..." Abigail is of the view that, "The other thing is seeing families using. I can say it's like a generational thing where your father, mother, and all people around you are on substances then you also join... there is no need to go out: alcohol and tik is in the house... I can tell you the situation in this community is sad..." This is supported by Daisy stating that, "The major issue that I think contributes to youth substance abuse is the environment that we grow up in... I grew up seeing people drinking, my parents were also drinking, even if I go to my aunt's place, they're all drinking. So, I think youth just grow up into these things and just think that you can

also do what everybody is doing. It looks like that's the only way to go, that's the way of life". Similarly, **Catherine** pointed out that, "For me, I think the contributing factor is parents drinking in the presence of their little ones. They smoke and share cigarettes with their children. I tell you in my street you find parents having drinks with these youngsters, especially weekends. They take it as normal, it's like a generational thing, and they don't see anything wrong with taking substances." **Feziwe** further expressed her views as follows: "I also noticed that absent fathers contribute to youth substance abuse because single mothers struggle to raise especially boys' children alone. These youngsters lack a father figure or role models in their lives. They end up involved in substance abuse because there is nobody controlling or guiding them." (FGD2)

Linking the narratives, the data obtained demonstrate a strong indication that home environment and family circumstances contribute to youth substance abuse. Observing usage behaviour influences youths to indulge in the usage of substances. Additionally, single parent households also emerged as a reason for youth substance abuse as it has an impact that intensifies the vulnerabilities of the youth on the prevalence to be exposed to or become involved in substance abuse. Likewise, Somani and Meghani (2016:2) further highlighted that youths of single parents are at risk of substance abuse as compared to youths with dual parents, as single parents may have more financial crises and have less time to monitor their children as they shoulder the responsibility of providing for the family alone. The lack of a father figure in some of the youths' lives contribute to the abuse of substances as there is no guidance on what is expected of them during the next phase of their lives. This is supported by Netshiswinzhe, Makhado, Lebese, and Ramathubu (2021:3), who state that the common reason behind the prevalence of substance abuse relates to the parents' or guardians' use of substances. Thobejane and Raselekoane (2017:96) pointed out that some parents contribute significantly to alcohol abuse by not being good role models to their children, as they do not see anything wrong in drinking in the presence of these youngsters. Similarly, Somani, and Meghani (2016:2) state that the family structure also affects the use of substances amongst the youth. It is evident that the reason why youths engage in substance use is the absence of values that should educate them on a healthy sense of positives and negatives relating to substance abuse, and misguided values that condone the use of substances. It is

evident that **genetic history**, **the environment**, **and poor emotional regulation** play a role in the development of substance abuse. It is compelling to note that most participants mentioned that the influence of seeing parents and those around them abuse substances in their presence becomes a challenge for most youths as they might feel compelled to engage in substance abuse.

3.3.2.3 Sub-theme 2.3: Poverty and unemployment

The data obtained in this study indicated that poverty and unemployment play a significant role in the prevalence of substance abuse (Mahlangu & Geyer, 2018:336). Jacobs (2021:142) is of the view that poverty in disadvantaged communities create a thriving environment for using and selling substances as a means of survival. In addition, Mahlangu and Geyer (2018:332) state that some youngsters cannot deal with the stress of being poor and end up (Setlalentoa et al., 2015:81) engaging in substance abuse as a stress reliever (Oladeinde, Mabetha, Twine, Hove, Van Der Merwe, Byass, Witter, Kahn & D'Ambruoso, 2020:6). Likewise, Van Zyl (2013:585) states that poverty would directly or indirectly have a negative effect on the mental wellbeing of the youth, making (Setlalentoa et al., 2015:81) them more vulnerable to seek relief on the use of substances. Poverty and unemployment were also put forward by most of the youth participating in this research. The following storylines bear evidence of this.

Brenda detailed this as follows: "Based on the people standing outside, you can see that there is a lot of unemployment and poverty... young children like your Grade 7 and 8, even younger, are used as delivery boys or girls, all because of poverty... So young kids get paid with these... and then start using it at a very young age and obviously as they grow older, they are a lot more dependent... this whole cycle of unemployment and poverty continues" Yaya echoed what Brenda had said, "The youth see how their parents are struggling with unemployment, so they get involved with either selling substances or helping the dealers moving substances around for little income, so they get exposed and end up using it." This is further confirmed by Mia. "... in Delft you see a lot of substance abuse. It is like a culture, almost everyone abuses substances, and it is around every corner... the youth in Delft don't see any

other way out. It's almost like the community has no hope for them and they don't see a future for themselves.

The use and abuse of substances may for many people become a form of escape. According to **Ursula**, "... sometimes substances are portrayed in a way that we tend to think that they are an escape... we are going through so many things... Then when I got back the next day, I found out I am still (having) the same problems, but it felt lighter when I was drinking... whatever you are trying to escape or avoid you find you justify having to use substances or whatever to escape your reality." This statement is confirmed by **Xaria** as follows: "... you use (substances) just to escape from what's happening at home. And while using substances for that period you forget that there is no money and food at home. But during that time, you are using it you feel good about yourself, you forget about problems." **Callie** describes the circumstances many youths want to escape from: "... I want to feel like that all the time... because of poverty, people are hungry, so when you're taking tik, firstly you don't feel hungry and secondly when you do eventually eat something while you're high that dry piece of toast, dry piece of old bread tastes like amazing, like you're eating a piece of steak or like you're eating chocolate it's nice..."

The youths in Focus Group Discussions One and Two echoed what was said in these above story lines. **Dorinne** supported the above, stating that, "I would say the youth are using substances because of unemployment and poverty... because you are bored you end up trying anything to keep you busy because when you wake up you don't have a job and no food in the house. So, you find yourself hanging on the streets all day doing nothing so joining these things like gang teams and substances." (FGD 1) The same reason was echoed by **Nandi** who highlighted that, "... the most contributing to youth substance abuse is the issue of unemployment. When I look around me, I can see people are trying but when you see it doesn't work out then you just give up and look for the easy way out which is substances and gangsterism" (FDG 2). **Thando** narrated this, "I have witnessed... abuse or mom and daddy abuse substances at home; then one thing leads to another. In most cases the child is not going to stand in that kind of situation, because they cannot cope with such pain. They will go out and do something and, in most cases, it's engaging with substances" (FGD 2). Similar sentiments were confirmed by **Gugu** stating that, ... "I can say there is a lot

of abuse in this community, all sorts of abuse. So, you find that youngsters growing up in families with domestic violence where parents fight in front of the children when they are drunk. So, it is easy for the children to turn to substances for comfort because there is no peace at home" (FGD 1).

From these narratives, when compared with existing literature, it is evident that poverty, economic difficulties, and a bleak future vision are major reasons as to why youths engage in substance abuse (Somani & Meghani, 2016:2). Dada, Burnhams, Erasmus, Parry, Bhana, and Timol (2017:01) found that the reason many people in the informal areas and townships abuse substances is because of their economic conditions; the stress (Thobejane & Raselekoane, 2017:95) caused by economic situations amongst people living in the informal settlements resort to using alcohol and other substances as a way out. Mothibi (2014:183) reported that poverty and unemployment have driven many youths to not only use but also sell substances to gain income. This is important to understand how poverty and unemployment can be transferred from generation to generation (Jacobs, 2019:27). Likewise, Chetty (2017:82) asserts that high poverty contexts are fertile grounds for substance abuse in most poor socioeconomic communities (Setlalentoa et al., 2015:88; Van Zyl, 2013:585; Clark, 2012:80). Furthermore, in a study on Theorising drug use in the Cape Flats, Ramson and Chetty (2016:80) state that substance abuse is seen as lavish, associated with status and a good life one can live through the sale of substances. Somani and Meghani (2016:2) report that unemployment and poverty are rife and a lack of food and clothing is common, and mostly youths end up trapped in selling substances as a way of looking for income.

The participants' narratives are supported by Ramson and Chetty (2016:80) who pointed out that substance abuse is seen as lavish, associated with status and a good life one can live through the sale of substances. Furthermore, the abuse and selling of substances in these communities have become the norm, and part of the community culture where it has been passed down through the generations as a survival tactic and means to provide an income (Jacobs, 2019:27).

3.3.2.4 Sub-theme 2.4: Easy access to substances

One of the reasons that were reflected by the participants is that substances are so easily available in the community, on the streets, and in their own homes. The easy access of substances is a major concern as youngsters can acquire these from local shops, taverns, and butcheries (Mudavanhu & Schenck, 2014:386). Likewise, Ramson and Chetty (2016:79) assert that the problem of substances intensifies by its prevalence, and easy access to individuals in the environment who promote a substance abuse culture. Additionally, in their study, Mahlangu and Geyer (2018:337) noted that returning to the same environment after treatment is not conducive to assisting substance abuse users to recover, as substances are so easily accessible.

Gugu narrated this: "... here in Khayelitsha... substances are everywhere, especially taverns. Almost every house here is a shebeen and it's getting worse now with the high unemployment because of COVID-19. The people are selling alcohol because it is the fastest business, so people are having illegal shebeens selling both alcohol and other substances" (FGD 1). This is supported by Sarah, "I think firstly there is very easy access to substances in this community. It's so easy to get hold of dagga, cocaine or tik, to name a few. Latterly you can just go down the road, or even next door then you can get all types of substances you want."

Paul also confirmed this, "... these things are everywhere... with or without money. Our parents are also taking substances and when they are drunk, we finish leftovers, that's how it starts. So even if you join a certain gang, the gang leaders make sure that they avail substances for you so that you become strong and be able to partake in any order he instructs you to do" (FGD 2).

These narratives tie in with the research findings of Somani and Meghani (2016:2), who claim that the availability of and easy access to substances at home, and parents' (Thobejane & Raselekoane, 2017:96) drinking are risk factors for the commencement of substance use in youngsters. Additionally, Potberg and Chetty (2017:145) pointed out that youngsters engage in the use of illegal substances because of the availability, which is facilitated by those who benefit financially from substance sales (Wechsberg, Luseno, Kline, Browne & Zule, 2010:133). This links well with ecosystem theory,

explained by Adner (2017:40) as a discipline which provides insight into complex relationships between people and the environment. The environment significantly influences the risk for substance abuse; if the individual's environment is one in which substances are easily available and widely accepted, it can have a strong effect on a youngster's potential engagement in substances. It is important to note that, despite the financial challenges that most people in the Cape Flats communities face, substances are always available either with or without money to purchase.

These narratives demonstrate how the substance trade flourishes in most of these disadvantaged communities of the Cape Flats, and this is through the establishment of illegal substance houses and shebeens, mostly coupled with the influence of gangs (Fareo, 2012:344). The availability and easy accessibility remain significant risk factors and predisposing factors for youths' substance abuse in their communities.

3.3.2.5 Sub-theme 2.5: Work for substance dealers

Young people who are economically constrained in poor communities become profoundly alienated, and are more likely to seek status and respect in street gangs to become involved in selling substances in order to generate subsistence income (Ramson & Chetty, 2016:69). The narratives of the participants show that youths are easily influenced and attracted by the glamorous lifestyle depicted by substance dealers. The data obtained in this study highlighted that poverty also allows for the easy infiltration into and persuasion of the culture in selling substances, offering individuals an opportunity of gaining an income.

Theresa narrated that, "I think it's a vicious cycle... our parents were working, and they are spending their money on substances, and obviously they don't have money for food, and sometimes the... child now feels that they need to make a way to get additional money and that is how things like stealing from others or joining gangs to have a little bit more money." Kudzayi echoed that, "... when people don't have much, they can do anything, some are employed as substance runners and all in the process they try whatever they are selling and fall in the trap." Brenda detailed this as follows: "... my father is a police officer and the trends that they noticed are that young children like your Grade 7 and 8, even younger, are used as delivery boys or girl... instead of

paying them money they [the substance dealers] give them a little cut like there is a cigarette for you and as children it's a cool thing to have, or at times it's usually the product that they are delivering for example marijuana, tik, and weed."

Feziwe echoed what Brenda had said, "... if substance dealer approaches you to sell substances for him, you will be easily influenced because end of the day he will buy you all nice stuff that you can't get at home, and by selling you end up using the substances and it will become an addiction" (FGD 2).

In a study carried out in the Cape Flats, Chetty (2017:83), found that social and individual restitutions may be a way forward for many communities where children remain hungry for long hours every day, and where conditions make them easy prey for the substance dealers who pay them as runners for the sale of substances. Similarly, Hoy, Barker, Regan, Dong, Richardson, Kerr, and DeBeck (2016:1) revealed that youths living on the streets are known to be an economically vulnerable population that commonly resorts to risky activities or prohibited income generating activities in order to meet their basic needs. Furthermore, children or youths who are presumed innocent are being targeted by substance traffickers in expanding their markets because they are not usually suspected by the police [World Drug Report (UNODC), 2018b:7]. Moreover, these children mainly come from disadvantaged households with high levels of stress generated by poverty, divorce, and substance abuse.

3.3.3 Theme 3: Youths' ideas on possible prevention strategies of substance abuse in their community

After sharing their thoughts as to why youths abuse substances, the participants shared their ideas on how they thought substance abuse could be prevented. They expressed many ideas from which seven sub-themes emerged based on their responses, namely empowerment through educational programmes, role models, recreational resources and programmes, parenting programmes skills development programmes and employment opportunities, support services, and police services which should be more visible and enforce the law.

3.3.3.1 Sub-theme 3.1: Empowerment through educational programmes

Based on a study carried out in the Western Cape, South Africa, Rich (2020:7) recommended the strengthening of life skills training for school learners, namely to teach coping, negotiation, and personal problem-solving skills that could build a sense of competence to change substance use into favourable attitudes, and delaying the age of the onset of substance use. Puljevic and Learmonth (2014:183) encouraged education and persuasion strategies, such as substance abuse education in schools and public information campaigns.

The following storylines explain this idea:

Sarah recommended that, "... awareness can also help our community to make them aware of the effects of substance abuse and how it is linked to everything... if you use substances, you are more likely to engage in crimes; how it affects your health; a lot of our people are illiterate... substance-abuse education and awareness should be done from young already because we are exposed to substances from a very young age. Mia suggested that, "... get maybe ex-substance addicts to come into the schools and speak about substances and speak about it as raw and... as ugly as it is, not try to sugar coat and make it sound nice because it is not nice... if you are protecting them from what is actually going on in their community you are actually doing them a disservice." Daisy echoed what was said by Sarah, "... the only thing they can do to prevent substance abuse is just to educate these people first... nobody knows what is good and wrong. So, education will be the first step to go about it... when I was still in school, different organisations would come and educate on what substances do and how it affects your life. The community, parents, the youth, we all need to be educated on this."

The above is supported by **Yaya** stating that, "The awareness programmes are also of importance, especially in schools. If social workers can have programmes that they run within the schools, equip these youngsters with skills to resist the use of substances, how to fight peer pressure, bullying, those kinds of things."

Kudzayi emphasised that, "... kids need to be told the dangers of abusing substances, so these can be done by schools, community groups... It can be media advocacy,

community radios... community action groups... But education is the most important for me because some youth get into these things without even knowledge of what will happen to them like the dangers to their physical health..."

The youths who participated in Focus Group Discussions One and Two agreed with the idea of awareness and educational programmes as a prevention measure. **Paul** expressed this as follows: "I think schools should also come to the fore, have awareness programmes for these kids... I think it is very important that schools have compulsory programmes for substance abuse" (FGD 2). **Emily** emphasised that, "We have to have more awareness campaigns. The thing is rehabs are great and rehabs work but it looks also that rehabs need motivation of a client. A person needs to be motivated for rehab to be effective. So, what is needed is awareness, early intervention, so preventing youth from starting substances, then you don't have to sit with a problem" (FGD 1).

The storylines above are supported by Setlalentoa et al. (2015:93), who encourage the public education of the youth on the negative consequences of long-term substance abuse and related harm in the community. The authors further recommend that education be extended to the community in general, schools, mass media, social-marketing campaigns, and passive measures such as warning labels. Similarly, Malick (2018:560) emphasised the importance of school-based awareness programmes for youths to impart the message at an early age and help them make informed choices in life. Secim (2017:2486) reported that the initial use of substances often began at a young age, and it is made recommendations that the development of effective policy and school-based prevention programmes be implemented for younger students as the youth population appears to be at significantly higher risk.

These storylines highlighted the lack of awareness levels, and the fact that starting with substance abuse may lead to many problems and diseases. Peltzer and Phaswana-Mafuya (2018:1) encouraged that prevention and intervention activities targeting substance abuse be strengthened in South Africa.

3.3.3.2 Sub-theme 3.2: Role models

Role models are often seen as a way of motivating individuals to exhibit certain behaviours and inspire them to set ambitious goals (Morgenroth, Rayan & Peters, 2015:1). This aligns with many of the views of participating youths who mentioned the idea of using role models in educational and awareness programmes for youths. This is also linked to many of their comments about how there are no appropriate role models in the lives of the young people living on the Cape Flats.

Evan detailed this as follows: "There should be a role model in someone's life that is the road that I think will be very effective, that person that would guide us in the right way. That person we can look to, it will give us some sort of motivation because sometimes it's not about others, it's about us ourselves and how we see ourselves. If I see myself as my father and brother who abuse substances, then it means I will follow their road". This is further confirmed by Abigail saying, "... the youngsters look up to these gangsters and they think it is the way to go. Let them see some role models of people, sportsmen... Let's maybe have stars talk to them about how they rose from these circumstances and became somebody." Xaria echoed what Abigail and Evan had said: "... if we can also have the ex-substance addicts come to the fore... have awareness programmes in schools. If we can also try and use role models... it can be footballers or rugby players, we can target those with humble backgrounds; use them to encourage youth, let them know there is a life out there."

Similar ideas were expressed in Focus Group Discussions One and Two. **Emily** said, "... having good role models for children. People who are from the community that did well for themselves maybe. So that they can see what opportunities are out of the community, because... generally people in the community do not know what is offered outside of the community" (FGD 1). This statement is confirmed by **Romeo** saying, "Substance abuse is really a big problem in this community, we don't have role models, and people that we look at are either alcoholics or abuse other substances" (FGD 2).

In a study carried out in Northwest Province in South Africa, Setlalentoa et al. (2015:91) found that the use of role models such as musicians who play the kind of music youngsters like, could assist in changing behaviours on the abuse of

substances. Likewise, Van der Westhuizen and Gawulayo (2020:127) report that the lack of on-going social support and positive role models to encourage the integration of life skills into everyday living, undermine any successful outcomes of substance prevention programmes. Likewise, Chetty (2017:83) states that youths who interact very early on and intimately engage with gangs look up to gang leaders in their neighbourhood in a favourable manner, and are exposed to the substances subculture. Geyer, Le Roux, and Hall (2015:338) recommend that celebrities serve as positive role models who oppose substance abuse.

3.3.3.3 Sub-theme 3.3: Recreational resources and programmes

In terms of the influence of the physical and social environment, Ramson and Chetty (2016:69) as well as Hendricks, Savahl, and Florence (2015:101) and Wegner (2011:19) state that communities characterised by disorganisation and a lack of activities for children after school, risk falling prey to substance abuse. Further, the National Drug Master Plan (NDMP) (2013-2017:45) highlighted a need for facilities and opportunities for especially the youth to occupy their time and access resources (Mogajane, 2011:2014) that might prevent them from following the path of substance abuse. This aligns with the views of a few individual youths who participated in the study as they suggested that in order to prevent substance abuse in their community, recreational resources and programmes need to be made available in the community.

Abigail detailed this as follows: "I think children should be engaged in activities... The sports are limited, most of the kids belong to outside clubs because some of the parents want them to enjoy sporting activities, so if we can have sporting activities in our community... it keeps the kids actively involved in positivity to avoid them getting involved in substances and gangsterism." Similarly, Yaya emphasises that, "... sports as well, if we can have a soccer coach come out here and equip these youngsters with skills that they can be proud of and work on, have a goal to work towards."

In Focus Group Discussions One and Two, recreational programmes were also discussed, but there were differing views as expressed by Zak and Belinda. **Zak** supported the idea of recreational programmes, "... recreational programmes, but maybe if we can make it like a social media hike so that it can be more interesting for

the youth to join. So, they need to make a hike of it in every community. It can be rugby team, netball but also not necessarily sports it can be a music bend it can be anything just to keep youngsters off the streets" (FGD 2). On the other hand, **Belinda** pointed out that, "... (I) disagree a bit because for me personally sports will not work for me. I need something that will give me income at the end of the day because I have a child to feed" (FGD 1).

From these narratives it is clear that physical activities and sports are highlighted as an important factor in the prevention of youth substance abuse. This ties in well with the study of Thompson, Taylor, Wanner, Husk, Wei, Creanor, Kandiyali, Neale Sinclair, Nasser, and Wallace (2018:1) who state that physical activities may offer an alternative or adjunct approach to reducing rates of substance use (Van Zyl, 2013:587). Similarly, Naidoo et al. (2016:4) reported that physical activity, including sports, has a direct bearing on the physical well-being of individuals who abuse substances in rehabilitation programmes. Naidoo et al. (2016:4) added that sports can generate self-esteem amongst those known to be abusing substances; this may not be possible through educational achievements or other forms of social support. Similarly, DBE (SA) (2013b:12) recommended that the Department of Sports and Recreation create recreational activities (Mahlangu & Geyer, 2018:341) that could keep youths occupied during the day. Puljevic and Learmonth (2014:191) pointed out the lack of a safe recreational space for the township-based youths who are mostly left with few options other than to visit shebeens, where they can play games and table tennis or pool, but end up exposed to substances.

3.3.3.4 Sub-theme 3.4: Parenting programmes and involvement of parents

In a study on: An exploration of the understandings of drug use from young drug users' perspectives in Western Cape South Africa, Rich (2020:7) argued that substance abuse prevention strategies, relevant programmes, and policies should not only include knowledge and skills training within the school domain, but should also focus (Setlalentoa et al., 2015:86) on strengthening family and community systems of young people at risk of substance abuse. Likewise, Van Zyl (2013:586) encouraged parent involvement in combating substance abuse as parents and peers are the most important influences on youths who can then convey the same anti-substance

message to others. The idea of programmes for parents in terms of both education and parenting skills were proposed as these could assist in preventing substance abuse in the community.

Daisy emphasised that, "We need parental programmes so that our parents can come to know their weaknesses and be able to notice when their children are involved with substance abuse so that they can quickly seek help." Callie confirmed the above statement saying, "... some parents use substances in front of the children and what do you expect next? Some of the children are exposed to these substances by their own parents because the parents are always high, and they don't see the dangers of exposing children to these things." This is further confirmed by Grace, ... "I think our parents also need education because most of them abuse substances as well, and some of them argue and fight in front of the children and the children end up turning to substances for relief."

Focus group discussion Two also spoke of how programmes should include parents and how parents should be involved: Alice said, "Parents must stand up and stop covering their children when they are involved with substances" Feziwe added that, "The churches will lead to community leaders and very much with parents because I think it does start with parents" (FGD 2). This view is supported by Belinda who highlighted that, "The parents also must work together with the government, they must try and put their foot down and teach the youngsters morals. Because some of the youngsters get pregnant when they are young and they never have time to sit down with their children to guide them, they lack the foundation" (FGD 2).

These narratives are supported by Ramson and Chetty (2017:69), who noted that family and interpersonal involvement are important predictors of substance abuse risk and deviance as substance using parents are poor role models who increase the likelihood that their children would become substance abusers. Additionally, DBE (SA) (2013a:9) pointed out that family factors can place youths at an increased risk of substance abuse, including parents (Potberg & Chetty, 2017:140) who use and are involved in frequent family fighting in the presence of youths. However, authors More et al. (2017:3) highlighted that the family context is central in determining the

development and persistence of substance abuse, as this plays an important role in shaping the success of treatment efforts.

The participants' narratives highlighted a need for parenting programmes to empower parents to deal with parental difficulties, maintaining a home, and developing support networks. Thus, parents who abuse substances are not good role models, as young people exposed to families who abuse substances are more likely to model this behaviour or to consider it as acceptable.

3.3.3.5 Sub-theme 3.5: Skills development programmes and employment opportunities

Youth unemployment is a serious issue that leaves youths vulnerable to being attracted to the questionable benefits of gang affiliation and substance abuse (Bayat, Louw & Rena 2014:185). Silverman, Holtyn, and Morrison (2016:206) stress this crucial aspect pertaining to substance abuse by youths as it concerns the difficulties experienced by the government to create sufficient jobs to uplift financially challenged communities (Van Zyl, 2013:585). Mahlangu and Geyer (2018:340) assert that employment opportunities accessible to the substance abuse youth after treatment could be of great value to keep them busy, and would be a constructive solution. Social and life skills were mentioned, but most skills development programmes referred to skills that would assist in obtaining employment. This was highlighted by most of the participants.

It can be mentioned that one youth emphasised in her response that the root causes of substance abuse must be addressed. **Sarah** expressed her views as follows: "I think we are treating the symptoms of the substances but not treating the cause of it... poverty needs to be alleviated; unemployment must be alleviated; the easy access of substances needs to be alleviated..." **Daisy** describes skills development programmes as follows: "... we need to have programmes that address the root cause of substance abuse, like I mentioned earlier, unemployment and poverty. Let's try and investigate this matter closely; let's try and address this matter by creating job opportunities for the youth. I feel it's pointless to have rehab facilities and when people are out, they return to these same poor environments, same bad friends..." This view

is supported by **Abigail** as follows: "If they can maybe have programmes where they try to develop the skills for the youth, especially those who drop out of school... a lot of people in my community have skills but do not have a certificate to prove their skills... They can also feel their dignity, because now I am working... I am doing something for my family, so if we can give them resources and support." Similarly, **Sarah** echoed what Abigail had said... "If there can be job skills, things they can do with their hands like gardening because it's something productive, something that will assist them financially. It can be something like welding, or woodwork where they can make furniture for sale and get little income at the end of the day."

Theresa highlighted, "So, I think we need to look at social skills that we can teach our people... coping mechanisms, stress relief, all those things can come into play with these kinds of things. "This view is supported by Leah saying, "If they can be emancipated to have skills... maybe short courses or something like carpentry, or electrician, plumbing courses, something to get busy with so that they get off the streets. I wish we could get more NGOs who come in the community so that they can empower our youth." Callie echoed that, "... the government needs to uplift us by developing some skills, man, not only for the youth but for our parents as well because they have a big influence on how we behave. I think a child who comes from a warm home is less likely to get involved in substances than us poor people. So... focus on the adults as well." On the same note, **Evan** pointed out that... "The other thing is creating employment opportunities because if we don't address the root cause of the problem we will not succeed. Ursula was of the view that, "... maybe job-readiness training so that we can be marketable because the issue of experience is really a challenge... I have been struggling to get a job for the past five years and here you come with an opportunity, but I don't qualify because I don't have that experience..." Xaria emphasises that, "... employment should be created, because once the young people have employment, we are one step forward... So, look at other programmes, skills development where they can work with their hands, they can help setting community gardens. You can use that programme to actually teach other young generation."

Similar ideas were expressed by Focus Groups Discussions One and Two. **Belinda** said, "I think if the government can come forward and open job opportunities for the youth so that we can have better things to engage our energy on" (FGD 1). This view is further confirmed by **Nandi**: "So, if the government can have skills programmes and try to equip youngsters so that we can put an end to poverty. We need job readiness skills for the youth because most of us just finished matric and we are thrown into the industry to look for jobs, we don't even know how to prepare a CV, we don't know how to present ourselves in an interview" (FGD 2).

These sentiments are in line with the view of Buchert (2014:167), who highlighted a need for young people to be equipped with the skills required to access the world of work, including skills for self-employment. Similarly, the study of Jacobs (2021:142) recommended that education, employment opportunities, and basic life skills training be created and rendered in disadvantaged and impoverished communities to empower the youth, break the poverty cycle, and afford (Singh, Singh & Misra, 2020:921) opportunities other than engaging and trading in illicit substances. This has been confirmed by Groener (2014:733), who states that skills development can be seen as an avenue to reduce the level of unemployment as it may provide gainful employment or render a person capable of self-employment. Likewise, Oh, DiNitto and Powers (2020:901) highlight that skills development can be an important service component for reducing substance misuse, while Mokwena and Morojele (2014:380) are of the opinion that creating employment opportunities for the youth who have successfully completed their treatment in substance abuse is considered among the possible solutions.

The discussions articulated above highlight the need for long-term programmes as well as short-term projects to meet the immediate needs of the youth to protect them from engaging in substance abuse. These extracts point to a gap in employment and skills development opportunities, which are required to increase self-esteem and empower young people (Mahlangu & Geyer, 2018:340).

3.3.3.6 Sub-theme 3.6: Support services

When social workers are placed to assist people with substance use problems, excellent results are possible, such as reducing or giving up on substance use (Diradtsile & Mabote, 2017:92). Further, the National Drug Master Plan 2013-2017 (DSD [SA], 2013a:12) emphasises that mutual support groups should be established to enhance individuals' self-reliance and optimal social functioning. The need to provide support services for youths, adults, parents, and others experiencing physical and psychosocial needs was proffered as an idea to prevent substance abuse in the community.

Callie is of the view that, "... if social workers can facilitate food parcels to our poor people... those who are really struggling. I feel that will help a lot because most of our people turn to substances as a way of escaping poverty." On the same note Brenda echoed this, "... the discussion around mental health is not held in my community. If people were more educated and if there were more awareness and people understood mental health, there would be less abuse of prescription medication. So, people would have other ways of coping with stress, they wouldn't be drinking as much. They wouldn't be abusing substances, if they had a better way to deal with whatever it is..."

Yaya emphasises, "... if we can also have more support groups in the community, not just for parents but also for the youth as well. Those who have abusive households, they need to have a platform to speak about these things, they need to speak to someone they can trust instead of just going in the direction of substances."

Focus Group Discussions One and Two also confirmed the above. **Emily** said in this regard, "... there are families with the people using substances who go through a lot of emotional abuse and trauma. The people using substances can be violent and abusive at times. So, I think these families need to talk to someone who can listen to their feelings and give them support that they may need" (FGD 1). **Fundiswa** spoke of support groups, "I would recommend support groups for those who completed their substance rehab so that they can share coping skills and motivate one another without judging each other... I have seen people stigmatising people with substance problems because of previous experiences. End of the day these people fall back easily because of stress and lack of support" (FGD 1). **Nandi** recommended soup kitchens, "We would

like more soup kitchen programmes in our community... this can make a huge contribution to our community because poverty smells in this community. Most of the children are going to school hungry and depend on the plate of food they get at school but what happens to them on weekends and holidays?" (FGD 2).

The participants expressed a need for supportive services within communities, not only for the youth abusing substances, but for the whole family. The social support would take the form of practical or emotional support. Thus, providing food parcels can be viewed as practical support, while attending support groups and aftercare can be noted as emotional support. The practical support may assist to prevent the problem, whereas the emotional support may help to sustain sobriety. This is important as it enhances an individual's coping mechanism. The abuse of substances affects relationships and causes distorted attitudes among the substance abusers and nonusing family members (Asante & Lentoor, 2017:7). This is confirmed by the study of Schultz and Alpaslan (2016:91) who noted on family dysfunction as a result of living with a family member abusing substances and this includes distorted patterns of communication and lack of understanding amongst family members. As a result, family becomes physically and emotionally detached and families become socially distant from each other. The study of Tracy and Wallace (2016:143) also reflects the above narratives where support groups emerged as a highly effective and empowering method to manage the social context of substance abuse. Based on the narratives as discussed above, support services were pointed out as an important component in the prevention of substance abuse.

The available literature echoes the views of the participants by highlighting the importance of having good, readily available social supportive services.

3.3.3.7 Sub-theme 3.7: Police visibility to address corruption enforcing the law

The participating youth voiced that the police must enforce law and policing must be honest and effective. This is well supported with literature by the study of Geyer, Le Roux and Hall (2015:338) who are of the view that police visibility and effective law enforcement (Pelter, Ramlagan, Johnson, & Phaswana-Mafuya, 2010:2223) could create safe social environments, without exposure to the dangers associated with

substance abuse. Several participants mentioned that it would make a difference if the police were more visible in the community and enforced the laws.

Abigail detailed this as follows: "The police must also be more visible because when these youngsters are targeted by the gangsters, we don't see them. The gangsters see the schools as the centres to recruit more members. There are times when kids are not able to go to school because gangsters are fighting over substances; they feel the other members are taking their clients, jealous of one another." On the same note, Brenda highlighted that, "In some cases, police are part of the problem because they take bribes from the substance dealers and at times a substance dealer can be arrested today, then tomorrow they are back in the community again. So, there is no way for us to even know if laws or procedures are being followed as they should be..."

Yaya pointed out that, "... with regards to our law enforcement as well there needs to be more repercussions that we can see for our corrupt police officers. If we can see that these police are corrupt, and something was done about it then we can see that we are in good hands. So, I think the police force needs to take corruption more seriously for the benefit of the community". Queen emphasizes this: "... if our police and law enforcement could practise with integrity and honesty and work with us the community not the substance dealers..." Daisy echoed what Yaya had said: "I think they first need to clean up the police, and also add more police officers on the ground; police officers that are not corrupt." Mia describes the police as follows: "... the South African Police Service, they are the people who are in the community. There are police stations in this community but sometimes they turn mothers away with a son with a substance abuse problem, who has stolen almost everything in the house, who has beaten her up and left her to die. She comes and makes a case, and they say there is nothing that they can do... they need to be strong role players." This is further supported by Callie saying: "... the police are the problem, firstly, they do nothing. ...They are just standing at the side of the road and in the next street people are busy with substances, they don't even arrest and they are there for today and gone for the rest of the month... when they do a raid in the community, and by the time the police get there then all of a sudden, all the substances and weapons are gone." She added later, "They (the community) don't feel a need to report the matter to the police because they won't do anything about it..."

The same ideas were expressed in Focus Group Discussion Two. **Feziwe** said, "The law must be stricter; you sell substances then you go to jail" (FGD 2). This was further confirmed by **Zak** saying. "... the law needs to be stricter when we come to the sale of alcohol because in this community you can see a 13-year-old child buying alcohol at a tavern. The tavern owner doesn't care what you are going to do with the alcohol, they are more concerned with making money. So, if the law can impose a heavy fine to anyone selling alcohol or cigarettes to children under age, I think that can help" (FGD 2).

As the narratives above reveal, it is concerning to note that one of the participants, Thando, explains the involvement of police in supporting gangsterism as the communities become more vulnerable with limited support and reliable safety. This is supported by the study of Visser (2017:121) who raised concerns on the SAPS justice system that is unfortunately not contributing to the creation of an environment that is conducive to combating substance-related crime. On the same note, Potberg and Chetty (2017:146) added that the inability to effectively prosecute offenders (especially substance manufacturers and dealers), widespread corruption and police ineffectively represents serious challenges in effectively addressing the Western Cape's substance problem. Thus, a good relationship between Police service and the community should be established to increase reporting of substance trading and crimes in the community (Van Zyl, 2013:586). Gasa (2018:20) highlighted the need to improve the police's response time to distress calls from community members, the need to follow up cases, and the need to increase police visibility in their communities. Furthermore, Vilakazi (2015:42) also highlighted reports of policemen being actively complicit with substance dealers or simply being paid off by substance dealers in exchange for looking the other way. In support of this viewpoint, the Western Cape Department of Community Safety (DOCS) (2018:19) acknowledged major challenges faced by Cape Flats police and how they are being controlled by gangs and corrupt politicians.

As discussed on the above narratives, it is important to note that most of the participants perceived the police services in a negative light and recommended that police strengthen the law in their communities, especially in the case of substance dealers (Machethe, 2015:26). Most of the participants encouraged stricter law enforcement and harsh punishment for those trading in substances.

3.3.4 Theme 4: Youths' descriptions on existing services, activities, facilities, and programmes in their community to prevent substance abuse

After describing their ideas on how substance abuse could be prevented in their communities, the youths were asked to share existing programmes or services in their community to prevent substance abuse. From their responses, six sub-themes emerged, namely recreation, awareness, and skills programmes/facilities; Neighbourhood Watch and street committees; law enforcement; faith-based initiatives; social services; and treatment programmes.

3.3.4.1 Sub-theme 4.1: Recreational, skills training programmes

Physical activity programmes may play a preventative role in reducing the likelihood of substance abuse onset, and limit the severity of substance abuse in instance when they begin to develop (More et al., 2017:9). The youth mentioned a variety of recreational, awareness and skills programmes that are offered in their communities and also referred to some facilities that are available for the youth.

Kudzayi cited numerous recreational programmes and facilities in Khayelitsha: "The city council has also helped with a new gym that was installed recently so youth can go and use their idle time to exercise... There is also a swimming pool that was constructed here so youth have a lot of facilities to use their time. There are also soccer clubs that are organised by different groups." Evan, also from Khayelitsha, explained, "There are also some recreational activities, just that the places are not well maintained. For example, we have a computer centre put for the community but if you can go there today it's a different story. There are soccer clubs that we can join, but also not everyone is interested in playing soccer, especially with an empty stomach." Grace said that in Khayelitsha, "... there are also ladies here doing African attire sewing projects... are also involved in beading and have managed to employ a few

youths interested in sewing and beading. Some are trying vegetable gardens but it's just something small, but at least it's something." Grace pointed that in Khayelitsha, "... there are also ladies here doing African attire sewing projects... are also involved in beading and have managed to employ a few youths interested in sewing and beading. Some are trying vegetable gardens but it's just something small but at least it's something." Similarly, Sarah spoke of the situation in Delft, "We also have Love Life so they do awareness about substance abuse, violence in schools, prevention of teenage pregnancy... I have also heard about Jazz Art, ... where they can perform and interested youth can also join, which I feel it's a good measure in terms of skills and using the talent within the community."

Mia from Delft said, "I also know of a few sporting fields, for the boys to play soccer on. They try to do almost like recreational parks where the kids can play instead of seeing the violence and substances that are going on the streets." Leah pointed out that, "There is also a place where they do life skills especially for the youth, for the digital skills there at Delft Mall. I am not so sure of the name of the NGO, but they work with young people, and they also do mentor for almost twelve months, help them with CV writing and things like that." Similar views were echoed by Theresa who lives in Mitchell's Plain saying, "So, in my community specifically... I know we only have one kind of like a centre where kids can go whether to do their homework in the area, they are coming there to play games ... I know they have little like groups as well... healthcare talks, different healthcare professionals are out to the centre and actually do talks." Abigail also added that, "There is a workshop where, they sit and chat with the youngsters, whatever the topic can be. But honestly, there isn't much happening in my community; the parents are not really that much involved with the children. Mainly it's the soup kitchens that try to keep the children busy."

This was also confirmed by participants in Focus Group Discussions One and Two. **Fundiswe** said the following: "... there is nothing visible in the community where people live. I have seen once there was a karate club, and it was so good. The kids couldn't wait until it was Saturday to go out and fight against other clubs, but the club couldn't afford the rent and they closed down" (FGD 1).

Hilda articulated this, "I have seen some small programmes at our library like skills programmes. Also, some awareness programmes at my brother's school; they use random speakers to come and do talks at the school and I don't think it's enough for a community like Mitchell's Plain. For me it is like after those kinds of programmes children want to go experiment, they want to taste how it feels to be in that situation" (FGD 1). Feziwe said that, "There is also a library, but it doesn't work so well because people always steal computers... so it's really difficult to maintain whatever small things that the government is trying to put in place in our community" (FGD 2).

Based on these storylines, communities are characterised by disorganisation and a lack of activities for children after school and during holidays, and the risk of engaging in substance abuse is high (Naidoo et al., 2016:27; Griffin & Botvin, 2010:506). The majority of the participants mentioned few activities established in their communities; however, these are not sustainable due to the lack of support, vandalism, and theft at times. Green (2016: 605) states that community development and interventions can be based on what the community has to work with, and include strengthening current assets and developing new ones as well as addressing existing problems. Likewise, the study of Harmon (2018:516) highlights sport as one meaningful activity that holds the potential to facilitate substance recovery capital due to the identity transformative and positive social impact that sport participation provides. Physical activity is advocated as offering benefit in the prevention, reduction, and treatment of substance use across the lifespan (Thompson et al., 2018:1). Cupido (2017:191) confirms resistance skills training programmes conducted in schools that teach youngsters ways to recognise situations where they are likely to experience peer pressure to engage in substance abuse.

3.3.4.2 Sub-theme 4.2: Neighbourhood Watch and street committees

According to Kappeler and Gaines (2011:345), Neighbourhood Watch is involved in community anti-substance campaigns where people band together to fight substance abuse in their neighbourhood, and focus exclusively on substance trafficking and crime associated with the substance trade. The majority of the youths spoke of Neighbourhood Watch in their communities as well as street committees, and the way in which they try to prevent substance abuse and make the streets safer.

Kudzayi narrated this, "... we've also got Neighbourhood Watch which patrols the streets at night to try and keep the youth out of the streets especially at night when there is nobody watching. So, the communities are trying to keep the youth indoors at night." This is further confirmed by **Mia**, ... "Some parts of Delft have like Neighbourhood Watch where people, maybe in a small circle, a few men got together and said look, we want to protect our area, we want to protect our boys, girls, and wives, so we are going to patrol in this area now." **Evan** echoed what Kudzayi, and Mia had said, "I can say the street committee's doing their best to keep youngsters off the streets, especially at night. These days they introduced a new thing that when you are caught on the street at night, they keep you and make you part of those patrolling at night."

The youths in Focus Group Discussion Two also spoke of Neighbourhood Watch and street committees. **Zak** detailed this as follows: "The community also came together and formed groups of people to work as neighbourhood watch trying to fight against crime linked to substance abuse. The street committees are also trying on the other hand, but what I noticed is that people are afraid to report these youngsters because if the information leaks and they get to know that you spy on them they will kill you" (FGD 2).

The participants in this study highly perceived Neighbourhood Watch and street committees as doing their best in addressing substance issues and related crimes in their communities. Through this, the community is relying on their own strengths and can define how it wishes to solve its problems in a manner that suits them within their geographical area. This can be linked to community development theory, which gives individuals an opportunity to come together and help each other to address the challenges that come with the abuse of chemical substances (Green, 2016:608). It can also be linked to the strength-based approach that emphasises people's self-determination and strength (Cross & Cheyne, 2018:428). This approach views people as resourceful and resilient in the face of adversity to a problem or crisis they are experiencing. For example, the participating youths pointed out that the community had come together and formed groups of people to work as a neighbourhood watch

trying to fight crime linked to substance abuse. This was an agreement amongst the community to ensure that substance abuse related crimes are addressed.

The Western Cape Safety Plan (WCSP) (2019:5) highlights the importance of neighbourhood watches in the community as they act as the 'eyes and ears' of the police. Neighbourhood Watch patrols have been reported in many communities, where groups of neighbours walk different streets in the neighbourhood hoping their presence would prevent crime (Meyer & Van Graan, 2011:138). These walks foster relationships amongst neighbours and are also used to recruit new members and identify crime risks or gaps in security that are not easily spotted when patrolling by car. Likewise, Machethe (2015:46) states that community anti-substance campaigns employ a variety of measures, for instance the anti-substance rallies, surveillance programmes, citizens' patrols, group meetings, and substance house embattlement. Thus, Neighbourhood Watch groups are of greater importance in fighting substance abuse related crimes.

3.3.4.3 Sub-theme 4.3: Law enforcement

According to Mohasoa (2018:54), law enforcement officials play an essential role in the prevention of illegal substance use in all the substance abuse strategies. The role of law enforcement was also described as playing a role in the community.

Callie commented on this topic as follows: "Oh yes, the army at times, especially now with substance and gang-related crimes, the police are up and down patrolling in our streets and working hand-in-hand with the law enforcement raiding substance houses and stuff." This view is supported by Grace saying, "In our community we do have police patrolling up and down; as you can see now, they have been up and down for the time we are sitting here. They are busy checking people's movements, the vibe in the community, because this area is known for different crimes. The law enforcement is always raiding substance dens when there are tipoffs." Ursula also confirmed law enforcement engagement as follows: "...Then the police patrol up and down streets and mostly target the youth, especially the dirty looking ones. The law enforcement doing raids, the army at times when there is too much gang violence."

Dorinne spoke in a similar vein, "... the police vans and law enforcement are everywhere here in the community patrolling, but you don't really see what they are doing because substances are in every corner of our streets. You can try and give tipoffs, but it really doesn't help" (FGD 1).

Law enforcement plays an important role in addressing substance abuse issues: firstly, it plays a central role in intervening in substance supply issues; and secondly, it reduces substance use in the communities (UNODC, 2017:32). Additionally, Machethe and Obioha (2017:51) assert that the control of substance abuse and crime associated with substance use is the goal of law enforcement agencies, and to disrupt organisations that infiltrate neighbourhoods and communities. On the other hand, Machethe (2015:29) argues that law enforcement is not doing enough to counter the growing substance problem. Moreover, Dempsey and Forst (2010:238) raise concerns on corrupt officers who sell information about upcoming police raids, agents, and police information which impacts the efforts put in place to curb youth substance abuse.

Although there were positive responses and views about law enforcement, most of the participants voiced that law enforcement which addresses the effects of substance abuse is not effectively addressing the needs of affected communities.

3.3.4.4 Sub-theme 4.4: Faith-based initiatives

Youths who are spiritually active, participate in a faith community, and invest in a prayerful relationship with their God are less likely to use or abuse substances or engage in related criminal activities (Lee, Johnson, Pagano, Post & Ldibowitz, 2017:168; Post, Lee, Johnson & Pagano, 2016:268). Similar views are shared by Ford and Hill (2012:788) who assert that higher degrees of religiosity, including religious attendance, involvement, and reliance on religious beliefs are associated with several benefits such as lower instances of depression and negative attitudes toward substance abuse (Walton-Moss, Ray & Woodruff, 2013:219). Some of the youths mentioned that various faith-based initiatives are undertaken by churches, mosques, and organisations in the community.

Kudzayi detailed this as follows: "The religious groups have also been very active in the community with crusade door-to-door preaching; they are even in the trains trying to share the idea of the gospel to the youth so that they can turn to God and leave this other way of life." Brenda echoed this, ... "I know the church I attend. They do things like holiday clubs during holidays and try to keep kids off the streets. But obviously these things are not done every day due to lack of resources. It might happen in June and December holidays, it's quite limited." This view is supported by Daisy indicating faith-based initiatives, "I can say churches are also doing their best, both Christians and Muslims, encouraging people to leave substances and turn to God and it does help a bit."

Focus Group Discussion One also mentioned initiatives by some faith-based organisations. **Emily** confirmed this as follows: "I know of Mount Hope Kingdom Life Church; they assist with in-patient substance rehab where people can receive counselling but am not sure of the background of the people providing counselling in faith-based organisations" (FGD 1).

The aforementioned narratives correlate with literature by Grim and Grim (2019:1713), who state that religion and spirituality are exceptionally powerful, integral, and indispensable resources in substance abuse prevention and recovery. Edries (2017:77) states that the most common forms of social support in aftercare service remains church-based initiatives; church-based groups provide a safe, non-judgmental environment for recovering individuals and are often easily established amongst community networks. In a study carried out in America, Emajulu (2013:160) states that engagement with resources that are pro-social can afford access to meaningful activities, and this does not only provide a platform for personal development, but can also trigger a social contagion of positive behaviour and improve connectedness within communities. This is in line with the findings of Morris, Johnson, Losiera, Pierce, and Sridhar (2013:79) that significant others/partners regarded spiritual support as beneficial in maintaining the abstinence of substance abuse, and spiritual activities are a valuable factor contributing to the successful completion of therapy (Beraldo, Ventriglio, Andrade, Silva, Torales, Goncalves, Bhugra &

Castaldelli-Maia, 2019:28). Carrington (2017:9) and Hodge (2017:6) confirm that spirituality is an important component of human well-being and social functioning.

These narratives describe the importance of faith-based initiatives in the prevention of substance abuse amongst the youth. The participating youth described faith-based services as critical in terms of support in youth prevention programmes. It is important to note that spiritual activities, or attendance of church-based groups, have been highlighted as strengths in finding purpose in life and acting as prevention measures against substance abuse. These narratives demonstrate the importance of church-based support in the recovering person's aftercare regime.

3.3.4.5 Sub-theme 4.5: Social services

The Social Assistance Programme of the DSD is an important lever in government's strategy to confront poverty and inequality, which provides a safety net for millions of poor South Africans and benefiting millions of others (DSD [SA], 2015:62). This aligns with the views of the youths who mentioned that social services are also available in the community.

Brenda detailed this as follows: "... we do have community social workers and they assist where they can. It's probably very difficult especially when things become a bit tense with violence, and they can't access people they want to access in the community. I also know of a few organisations, so there is the Plain Community Advice Developmental project, and they offer social services and support to the youth." Yaya describes the lack of opportunities for the youth in their community, "... the lack of opportunities is a big gap, so if we can have more job opportunities for the youth, leisure opportunities, skills development within the community to help the youth gain skills, build on their skills so that they can actually do something, something productive, so that they can find work and then make an honest income."

The aforementioned narratives highlighted the limitations of the services provided, and recommended more support on skills development to help the youth become financially independent. The report by DSD (SA) (2015:109) confirmed the implementation of the household food and nutritional strategy programmes with

specific focus on meeting the immediate nutritional needs of the most vulnerable and food insecure. On the other hand, the study of Mogajane (2011:33) noted poor support from social workers in the community. In support of this viewpoint, Patel (2016:16) noted that although social development is being applied in emerging economic development and in newly industrialising societies faced with rising poverty and chronic unemployment, its applicability in developed societies and mature welfare state is questioned. The data obtained in this study shows that only few participants mentioned social services intervention in their community, while most of the participants commented on the lack of social services interventions in their communities. They further recommended skills development projects so that youths become productive.

3.3.5 Theme 5: Youths' explanations on the effectiveness of existing programmes

After describing what programmes/services exist in their communities to prevent substance abuse, the youths were asked to explain how effective these were in preventing substance abuse. Their responses are given in two sub-themes, namely effective programmes, and programmes that are not effective.

3.3.5.1 Sub-theme 5.1: Effective programmes

The studies of Carney and Myers (2012:15) demonstrated the value of early interventions to address youth substance abuse as such interventions can reduce substance abuse and positively impact on other behavioural outcomes. Further, Strom, Adolfsen, Fossum, Kaiser, and Martinussen (2014:2) argue that school-based interventions are most effective for preventing and reducing substance use among youngsters when delivered as primary prevention programmes to the youth who have not yet begun to experiment with substances. There were two youths who stated that they considered specific programmes to be effective. They highlighted the following:

Theresa narrated this as follows: "... with regards to the centre that's there for kids and adults to do their groups and things, it is effective, it's long-term, it's nice, it's not just there for a short time. So that's nice because it's something that is in the community for the community and the community members are making use of it..."

Kudzayi spoke of the programmes run at the school where she works, "I think they are effective because we try and make the programmes as comprehensive as possible; we make sure enough information is there, the right role players are involved, and the programmes are more youth centred. They are interesting to the kids, they love it, they want to do it, and they participate fully."

These storylines are supported by literature via the study of Broning, Kumpfer, Kruse, Sack, Schaunig-Busch, Ruths, Moesgen, Pflug, Klein, and Thomasius (2012:1), who confirm the effectiveness of selective substances prevention programmes, especially when the duration is longer than 10 weeks and when they involve youngsters, parents, and family skills training components. Broning et al. (2012:1) stated that skills-based programmes are found to be more effective than programmes on knowledge, attitudes, and intentions. Thus, programmes that are longer in duration and facilitated by individuals other than teachers in an interactive manner, yield stronger effects and are more effective (Das, Salam, Arshad, Finkelstein & Bhutta, 2016:73). Likewise, Onrust, Otten, Lammers, and Smit (2016:57) are of the view that universal programmes appear more effective than programmes targeting high risk students in elementary school. Marshall, Ruth, Sisco, Bethke, Piper, Cohen, and Bachman (2011:203) describe universal prevention programmes as those that address common protection and risk of whole communities or population groups in a specific setting. Based on the narratives, it is clear that only two out of 31 participants, both individuals and groups, considered specific programmes to be effective.

3.3.5.2 Sub-theme 5.2: None effective programmes

Despite prevention services attempting to relieve substance abuse and avoid SUDs internationally in countries such as the United States as well as locally in South Africa, substance abuse remains high with no indication of slowing down (Horn, Crandall, Forcehimes, French & Bogenschutz, 2017:8). Similarly, DSD (SA) (2013a:16) highlighted an increase in substance abuse in communities despite (Setlalentoa et al., 2015:81) the support that communities and different stakeholders are giving to eradicate this social problem. Despite the above, 29 (90%) of the participants, both individual participants and those participating in the focus groups, articulated that the

existing programmes are not effective, while only two (10%) individual participants were of the view that the existing programmes are indeed effective.

According to Brenda, "... there are not enough professionals or places within the community to actually help everybody in need in the community. So, if everybody is going to want help it is going to be a criterion based on a first come first serve basis because physically there are not enough resources, it is a reality in the community." Mia describes the circumstances of substance abuse prevention programmes as follows: I have seen friends going to substance rehab, either in-patient or out-patient rehabilitation. It can be six months or less stay, but once you leave there, you are leaving to nothing; you are leaving to the same street, the same house, next to the same substance den, with the same friends... There is nothing for these substance users to come out to, no jobs, no skills development programmes or anything like that. This is further confirmed by **Daisy** as follows: "I don't think it is helping because you find that people are still using substances and getting worse day by day... The police also, they are involved in these substances, you can't trust them. At times you give them a tip-off and you find yourself a target to the gangsters because they share the information with the gangsters. I can also say our law is very weak because you find that a person is caught today, tomorrow he is back on the streets and still selling substances." Callie expressed her views regarding the effectiveness of the programmes as follows:

"... Also, parents are forcing the kids to go to substance rehab, you know, but it's not going to work if I do not want to change, because I know that when I come out of a substance rehab once again, I am in poverty, so I am hungry and cold, I am unemployed, I don't have work. I am back in the same community with friends who influenced me to take substances in the first place. Xaria detailed challenges their community experiences: "The other thing is also other community members trying to protect these substance dealers because they benefit from them... the substance dealers assist community members with food and clothing. On the other hand, people are scared to report substance activities in the community because if you are going to pimp them, then you are a target by these people, and there is no guarantee that police will protect you."

Those participating in Focus Groups Discussions One and Two agreed that the programmes are not effective. **Hilda** expressed her views why prevention programmes are not effective, "I don't see the effectiveness because... these once-off things, you enrol today but you're not back tomorrow, where are your follow ups? The programmes offered are not constant, every day when people are walking from the bus, we find these youngsters standing in the corners. What are they doing there? They are busy with substances and robbing people" (FGD 1). **Paul** describes challenges faced in their community "... people vandalise whatever the government tries to put in place for the community. For example, they break in and steal in the gym, they break in and steal computers in the library, and they throw waste in the pool meant to benefit the community. Honestly, the effectiveness cannot be seen because nobody looks after the staff, and at the end of the day we keep on demanding from the government" (FGD 2).

As mentioned by most of the participants, economic constraints and community lifestyles have been observed as playing a role in youth substance abuse. Ashford et al. (2020:5) note that, understanding the recovery process of an individual can be aided by exploring the various intersections and interplay of the contexts or ecosystems an individual engages in during the recovery process. The participating youths stressed that the individual is rehabilitated but the community is not rehabilitated; therefore, the influence in the community is substantial. Peer relationships play a role in substance abuse recovery, and it is of great importance to take into equal consideration that the social aspects of the youth during the recovery process matters and should not be ignored. This is supported by the study of Mzolo (2015:40) that when substance abuse individuals return to the same environment with the same peer networks, they are bound to experience triggers and cravings for substances. These findings are in line with those of Setlalentoa et al. (2015:95), who highlighted that the prevention programmes need to be on-going and not once-off, and that the treatment should be more intensive. The effectiveness of aftercare programmes is jeopardised (Visser, 2017:123) because of irregular or non-existent monitoring and evaluating practices (Mahlangu & Geyer, 2018:340).

3.3.6 Theme 6: Youths' opinions on possible responsive programmes that should be offered to prevent substance abuse and/or improve existing programmes

The youths made many suggestions and recommendations when they were asked two questions related to how existing programmes to prevent substance abuse can be improved; and what programmes should be offered to prevent substance abuse. The responses to these two questions are given under one theme and 13 sub-themes.

3.3.6.1 Sub-theme 6.1: Government must invest in communities

Van Zyl (2013:587) encouraged the government to ensure that anti-substance initiatives in the communities are given its dedicated support. This aligns with many of the participating youths who strongly recommended that the government should invest in communities. This is articulated in the storylines below.

Brenda describes this as follows: "I also think that at a provincial level the government needs more time, money, and physical resources to develop the communities... Its people in the community are starting initiatives but in terms of the provincial government there is nothing... the Neighbourhood Watch don't have any resources... if we can give these people who are trying to help us some sort of training and protection..." Callie describes the government as follows: "... my community feels like the government doesn't care about them... I think a lot of the community members have tried their best because if you walk around in Mitchell's Plain there are a lot of people that are against substances and gangsterism. They have tried, but there is no support from the government..." Callie further pointed out that, "... the communities are drained; they are tired because they are not supported by the government. You may go stand in a line at DSD and ask for a social worker but there is going to be one and then what? The social worker will only come back to you maybe in six months, and by that time I am already back on the substances." Abigail emphasises that, ... "I think the government must be in a position to help those willing to help the community with resources. For instance, there are quite a lot of NGOs closing down because of lack of funds, they operate for months or few years then they can't continue because they have no funds." In the same vein, Grace echoed as follows: "We need the councillors that we vote for, they must not only stay there in the suburbs, and we need them to come and see all the problems that we have here, not to wait for us to first protest. This is further confirmed by **Queen** as follows: "... this needs to come from the government. If they can also consider us and invest more in our poor communities, for example if they can maintain the little things they put in place for the community, for example, the gym, swimming pool, and the libraries so that we don't have to travel to other communities."

The youths in Focus Group Discussion One made the same recommendations: **Alice** echoed what the individual participants had said, "... with soccer I think it will be best if the government can provide structured playgrounds and make it interesting for the kids because mostly its small things kids start on their own and fail because there is nobody supporting them." Luyolo emphasises that, "... police must be visible so that there is no vandalism for the things that the government is trying to put in place for the community. I think the Neighbourhood Watch must also be given training so that they are able to respond to armed people" (FGD 1).

The aforementioned narratives are supported by Geyer et al., (2015:338), who state that youngsters revert to substance abuse to cope with life challenges; these place the onus on local and provincial governments to provide opportunities and facilities to address adverse social circumstances. The participants feel that there is a lack of resources and that they receive too little support from the government to confront social issues such as substance abuse. These viewpoints are evident in studies conducted by McKenzie, Moody, Carlson, Lopez, and Elder (2013:9), who advocate that young people who live in low socioeconomic communities should have (Cohen, Lapham, Evenson, Williamson, Golinelli, Golinelli, Ward, Hillier & McKenzie, 2013:325) convenient and safe access to a variety of inexpensive opportunities for physical activities. Potberg and Chetty (2017:13) highlight the need for government and local government to increase the allocation of resources, and fund amenities in marginalised communities that could (Cohen, Han, Derose, Williamson, Marsh, Rudick & McKenzie, 2012:2317) serve the purpose of learning and recreation.

3.3.6.2 Sub-theme 6.2: Programmes must be appropriate and attractive

The use of various strategies to raise awareness about substance abuse corroborate the findings of Chie, Tam, Bonn, Wong, Dang, and Khairuddin (2015:9), who state that substance abuse prevention programmes should be presented to the youth in a creative manner using theatre and music performances. In a similar vein, Tahlil and Aiyub (2021:5) conclude that substance abuse prevention programme material should be designed taking into account the cultural values, developmental needs, and the attitudes of a target group so that the material (Onrust et al., 2016:45) will be more effective and relevant. Programmes should be suitable for the target group's ages and interests. Youths stressed that programmes offered to young people to prevent substance abuse must be attractive and fun if they are to have any positive impact.

Kudzayi who works in a school and offers programmes first explained how programmes must be tailored for the specific community, "... home-grown solutions are the best... If you want something to work in Khayelitsha it must be tailored to meet the characteristics of the Khayelitsha community... we are very culturally diverse... all those things need to be taken into consideration... The community must be in the driving seat when we talk of solutions or any practical ways ending substance abuse." **Kudzayi** further spoke about how programmes shouldattractive to the youth, "... youths and young people are more drawn to fun. Fun things, exciting things because they are human beings that thrive on stimulation. It is very important to focus on that; that must be the draw card. If you want young people to be involved in any programme it must speak to the fun... the exciting, it must speak to it being cool in their language... and then we educate..."

Evan echoed this opinion, "The programmes that we currently have are okay, but we want it to be innovative because we are dealing with young people. It must be attractive so that when they hear of any programme they will run, not being sent by the parents... all technology stuff, free food, we will go there. So, they must put programmes that will appeal to most of the youth that are in this community." **Sarah** had a similar idea when she emphasised that programmes should be meaningful to the youth: "Firstly, I think people need to participate in meaningful activities, something that is meaningful to them specifically... If there can be job skills, things they can do with their hands like

gardening because it's something productive, something that will assist them financially. So, by doing this we are spending our time in a productive way..."

It is clear from the participants' extracts that they concur with the findings of the research by Setlalentoa et al. (2015:88), who state that "off the shelf solutions" in confronting substance abuse issues are not effective, and suggested that programmes be relevant, feasible, and appropriate for everyone. Therefore, interventions should be designed for the communities they are meant to reach. Similarly, DBE (SA) (2013a:20) assert that due to the heterogeneity amongst young people, programmes should be tailored to the defined target group and should (Charkravarthy et al., 2013:1022) take cognisance of age, gender, developmental level, and cultural sensitivity including the relevant language.

3.3.6.3 Sub-theme 6.3: Awareness, educational and life skills programmes

The study of Van Zyl (2013:587) emphasises the importance of exploiting and making use of mass media in making the dangers of substance abuse known, such as television programmes aimed at the youth. Similarly, Rich (2020:7) encouraged that schools as well as communities and other key role players find ways to involve learners in pro-social activities and programmes that will develop and enhance their feelings of self-worth and sense of belonging, to reinforce substance abuse prevention messages to the youth (DSD [SA], 2013b:37). The responses by participating youths also included many references to awareness as well as educational and life skills programmes that should be offered and/or improved to prevent substance abuse.

Brenda detailed this as follows: "If we can have enough staff to educate people, mostly in public places... you can target places like Home Affairs or South African Social Security Agency (SASSA) where there are huge numbers of people gathered all the time, so if we can have enough staff from primary health care perspectives and start initiatives... to target those places to do an awareness on substance abuse." This is further confirmed by Abigail, "... more awareness programmes are very important in our community, like I said earlier most people lack knowledge on the effects of substance if there can be more life skills programmes, I know in... white schools... they constantly have programmes regarding bullying, they try to curb bullying as much

as possible... maybe talks around bullying where they teach them these kinds of things". Kudzayi emphasises that, "There is a need to educate parents because someone will live with the child who is abusing substances with no clue at all, but if you have education about what certain substances make children do then you can pick up that something is wrong with my child." This statement is further confirmed by **Ursula** as follows: "... community development programmes should be made available to the community... we have got a sports field and in there we can have various activities... I mean programmes that are going to uplift you in the future. Those are programmes that we need." Queen echoed what Kudzayi had said, "... programmes for the young parents and teach them how to deal with teenagers because most of the parents in this community are young and they do not know how to deal with these children. Even for some of elderly parents, the way they conduct themselves in front of their children doesn't help the situation, instead it's escalating it. Theresa pointed out that, "I think we need to equip our youth as well with skills development in terms of conflict management stress management, all those kinds of things. I think if we build on their skills, it will also assist them, a lot of the time if we look at self-esteem and those kinds of issues."

Similar recommendations were made by Focus Groups Discussions One and Two. Alice expressed that, "I feel that we need educational programmes for the whole community, not just youth. Parents must stand up and stop covering their children when they are involved with substances, and the community also covers for substance lords because they benefit from them... So, our people must be educated, we need to come together and work together as one" (FGD 1). Paul described the circumstances many youths face: "We need job readiness skills for the youth because most of us we've just finished matric, and we are thrown in the industry to look for jobs, ... you just find yourself involved with substance abuse thinking it can give you confidence to approach the society in a different way not knowing that you are trapping yourself in a ditch full of mud that is difficult to come out or might never be able to come out" (FGD 2).

A study carried out in North West Province by Setlalentoa et al. (2015:93) found that learning life skills as a preventive measure could help children to become aware of the

dangers of substance abuse from an early age (Manhlangu & Geyer, 2018:339), make the right choices and take responsibility for their lives. The narrative demonstrated that the prevention programmes should not only include knowledge and skills training within the school domain, but should also focus on strengthening the family and the community system of young people at risk of substance abuse. Diradtsile and Rasesigo (2018:6) also encouraged that the government initiates rehabilitation centres and, that programmes be initiated at primary school level to sensitise children to the impact of substance abuse.

It is evident from the storylines that most of the communities in the Cape Flats do not have information on the severity of substance abuse. Moreover, the findings are a clear indication that despite all the efforts made by different organisations on substance abuse awareness and its consequences, most youths as well as adults still have insufficient information about the dangers of substance abuse.

3.3.6.4 Sub-theme 6.4: Mobilise person who previously used substances.

According to DiReda (2014:99), the use of recovering substance users is key in substance prevention programmes. This aligns with several participants who recommended that positive persons who previously used substances be used, to share their stories of how they overcame their substance abuse disorder.

According to **Mia**, "... we can use person who previously used substances ... people are embarrassed from where they come from in terms of substances... I feel like it needs to come from someone who was down that road because, if I am just telling you don't get involved in substances you might die, you might not take it as serious as someone who turned around at death's door to be here today to speak to you, to tell you that don't use substances." **Ursula** recommended this on the prevention of substance abuse, "... a good thief knows the ins and outs of stealing. So, if you are going to run a security company, have at least one thief, that thief will tell you where to put your cameras, will tell you where to put a man, where to guard because they know exactly... So, if you're going to work with substance abusers you need to find someone who has rehabilitated, who has been in there to give your insight." **Emily** supported this view as follows: "... going into the high schools, having good role

models for children, people who are from the community that did well for themselves maybe. So that they can see what opportunities are out of the community... generally people in the community do not know what is offered outside of the community" (FGD 1). Romeo echoed what Mia had said, "... if we can use person who previously used substances to do talks in schools and clinics. I think it can give hope to those already affected knowing that there are other people who also had the same problem as they are facing, and they managed to get through it. They are likely to take whatever skills that they will be given because these skills worked for them" (FGD 2).

A study on *Perceptions of substance abuse prevention programmes implemented in the Ramotshere Moiloa Local Municipality*, by Mahasoa (2018:59), states that exsubstance abusers can serve as role models to those who are in the beginning or middle stages of the recovery process. This is supported by Green (2016:605), who emphasises the identifications of community assets which include talented and experienced citizens whose skills are valuable but underutilised. Setlalentoa et al. (2015:91) assert that the involvement of persons who previously used substances who have recovered from substance use could positively motivate youths to participate in relevant programmes, while DiReda, (2014:99) viewed persons who previously used substances as a significant factor for encouragement and support that youths in trouble would need to overcome obstacles and to begin changing their lives. By knowing a community's strengths, makes it easier to identify what programmes or initiatives might be possible to address the community's needs.

The strongest influence participants recommended was the use of ex-substance abusers acting as role models to engage with youths in a safe, non-judging manner to stop the use of substances.

3.3.6.5 Sub-theme 6.5: Social workers in schools

The importance of social workers in schools has been internationally acknowledged for many years (Van Sittert & Wilson, 2018:1). Further, Rich (2020:7) encouraged that schools ensure social workers' availability when 'at-risk' youths are identified so that appropriate individual therapies can be provided to help youngsters reduce risk and improve their psychosocial functioning. Many participating youths recommended that

one of the ways to prevent substance abuse would be to have social workers in the schools. This was recommended in both the individual interviews and the focus groups.

Abigail narrated this as follows: "The problem is our schools don't have social workers; we can't afford it, but if we can maybe have a social worker at a school to help and curb bullying amongst the kids... most of the time they bully because they were bullied. So, if a social worker can sit with those individuals that can help reduce school dropouts and if we can teach kids from a young age, in primary school, it might not escalate to high school." Sarah describes many challenges faced by schools, "... there is a lot of bullying in schools; there is substance use in schools already, and I think the teachers are also tired of it or maybe they don't have the right training or skills to deal with that kind of thing... their job is to teach not to provide support for social ills. So, I think if there can be more social workers in schools. I think it can be very beneficial because they can provide that support." On the same note, Queen suggested this as follows: "... if we can maybe have social workers involved in schools to help with skills on how to deal with bullying, how to deal with stress, how to deal with peer pressure, if they can have someone to talk to and be able to express themselves with whatever issue going on in their lives, I think it can help them than running to substance abuse." Callie spoke of youths starting to show problem behaviour, "There is nobody sitting (saying) I have noticed that you are behaving this way. What is your concern, why is this happening? When you actually look at why these kids start using substances it's because there are problems in their homes, and nobody reports this to the social workers. It's because there are no social workers really available in the schools." Gugu emphasises this, "... social workers in the community. Let people know what they do because not a lot of people know what social workers do. Most of us think social workers help us with grants and stuff like that. They don't know that social workers can contribute more to our community" (FGD 1).

The aforementioned narratives are supported by literature of the study of Kemp (2014:1), who reported the increase of social problems experienced by the youth including teenage pregnancy, bullying, substance abuse, and violence; these

impacted adversely on optimal development including learning, retention, and throughput within the school context. This is supported by Setlalentoa et al. (2015:89) in their article entitled, *Intervention strategies used to address alcohol abuse in the Northwest Province, South Africa* which reported that teachers are at times faced with psychosocial challenges they are unable to address as they are not trained to do so. The authors encouraged the employment of social workers in schools to assess the risk environment and take appropriate action. Masilo and Dintwe (2019:13075) are concerned about the lack of social workers at South African schools given the high rate of criminal behaviour, especially in communities mired in poverty.

3.3.6.6 Sub-theme 6.6: Parenting programmes

The study of Morojele, Parry, Brook, and Kekwaletswe (2012:205) found the strengthening of family programmes an effective model that provides parents with knowledge and skills regarding the nurturing and supervision of youths. Further, Rich (2020:7) recommends that substance abuse prevention strategies, programmes, and policies should not only include knowledge and skills training within the school domain, but should also focus on strengthening the family and community systems of young people at risk of substance abuse. Programmes for parents were also recommended by the individual participating youths as well as the focus groups.

Leah highly recommended this as follows: "... I also think our parents, it will be really nice to have people who come to our community and give them parental skills because some of these parents will tell you my child is not using substances. So, we need to have responsible parents, parents who will do whatever it takes to get a child rehabilitated, even if it means going to a police cell for two days." Abigail also pointed out that, "Parental programmes are needed in my community... substance abuse is a culture in this community so if we are going to teach children and leave parents, I think we are going nowhere because substance abuse is bad in adults as it is with youth." This is further supported by Paul who stated that, "These programmes must target everyone because our parents are also affected by these things. They use substances in front of children and also it will not work to educate one person in a family. It needs to be everyone in a home so that they will be able to support each other. Also, for the

parents to be able to notice when their children are using substances so that they are able to seek help before it gets worse" (FGD 2).

Geyer et al. (2015:338) recommended that parenting programmes should be offered at schools, community centres, or churches to educate parents/caregivers on the risks related to substance abuse, and to equip them with skills to guide youngsters on how to deal with exposure to substances. Stadtherr (2011:15) stated that parents of younger teens are three times more likely to believe that their child's friends engage in substance use behaviours than they are to believe their own child is engaging in these behaviours. Likewise, Appollis (2016:113) asserts the importance of involving parents for them to gain insight and knowledge to handle or support the youth effectively. Furthermore, the NDMP (The National Drug Master Plan 2013-2017:45) encouraged the development and application of parenting skills and competencies that will enable community members to deal with substance abuse.

3.3.6.7 Sub-theme 6.7: Family support

According to Orford, Velleman, Natera, Templeton, and Copello (2013:72) affected family members require good social support networks to help them cope with the stresses associated with substance abuse. Some of the participating youths recommended that various forms of support should be made available to prevent substance abuse.

Kudzayi recommended that people must be able to contact someone for help, "Another thing people must learn to seek help if they are having any challenges in life. So, places like teenage counselling centres, open counselling sessions, telecentres where you can just dial a number and get help should be common in our communities as impoverished as Khayelitsha is. I think it's possible to have a drop-in centre where you can get a counsellor, anonymously share your problem, and get help." Brenda recommended support groups, "I also think normalising the use of support groups and increasing the frequency of how it's held would also maybe assist positive ways of maybe dealing with stressors. I can't even tell you on top of my head if there are any support groups in the community."

Nandi recommended soup kitchens, "We would like more soup kitchen programmes in our community... Most of the children are going to school hungry and depend on the plate of food they get at school, but what happens to them on weekends and holidays? So, this can help prevent substances because most of the youngsters are involved in substances as a way of escaping life's challenges" (FGD 2).

As reiterated throughout the narratives above, DSD (SA) (2012:7) accepts that there is a lack of emotional support for vulnerable youths, increased exposure to trauma and no access to services to support youths with skills to manage trauma in a positive way. Additionally, Myers, Louw, and Pasche (2010:9) pointed out that awareness of substance abuse support programmes as treatment/assistance is very limited amongst people who have never accessed such services. On the other hand, Chaote (2011:1363) asserts that formal support services are available but not easily accessible to those in need of help. Based on the narratives above, it can be deduced that the lack of these services opens up the prospect for involvement in substance abuse, gangsterism, and crime.

3.3.6.8 Sub-theme 6.8: Easier access to treatment

Problematic access to treatment prolongs substance abuse for both the individual and the community, and is disruptive in its prevention. In South Africa, geographical location remains a structural barrier amongst recovering substance users as most services are rendered near the city centre, making it difficult for communities to access these services (Jacobs, 2021:123). Furthermore, the World Drug Report (UNDOC, 2020:15) highlighted that the availability of and access to treatment treatment service remain limited at global level. Likewise, Appollis (2016:115) asserts that these limitations result in long waiting lists and delays in admission (Lutchman, 2015:66) processes; clients are therefore required to meet certain criteria to gain entry to treatment programmes. This is supported by many of the participating youths who recommended easier access to treatment programmes.

Kudzayi emphasises that, "... access to treatment should be easily available... if someone needs treatment they should voluntarily just walk in and say I think I have just had it, I need treatment. It shouldn't be something that is covered in bottlenecks

and paperwork and all that, it should be easy and just easy to access." This view is supported by **Grace** stating that, ... If also we can have in-patient substance rehabs in our community because people have to go out of our community for help... if they can make the substance rehab admission process a bit easier for people in need of help because for me being a social auxiliary worker living in this community, it's really challenging at times. Most of (the) people come to me asking for help because they don't know how to go about it to get help." Yaya is of the view that, "... the government needs to look at re-writing certain laws in order to have our family members or caregivers bring in their loved ones' sooner to the respective rehab facilities instead of letting them wait for months and months." Dorinne echoed what Yaya had said, "... I think the substance rehab programmes must be free and the admission process must be easy for everyone in need of help." Daisy made the point that people who go for treatment should not be judged or labelled, "... we need more of those programmes where people can go and seek help without being judged. The problem in our community is once a person is using substances people start judging and labelling you, they see you as nothing and useless."

The aforementioned extracts correlate with the study of Setlalentoa at al. (2015:97) that highlighted the need to develop and increase the number of treatment centres and access to affordable and effective treatment and rehabilitation centres. The need for substance abuse treatment still plays a role in informing the likelihood of service use, and only persons with the most severe problems utilise existing services (Pullen & Oser, 2014:893). Furthermore, affordable state sponsored treatment facilities have long waiting lists and private centres with high standards of care are unaffordable to most of the South African population (Pasche & Meyers, 2012:339). Judging by the narratives above, it is evident that resources are lacking, and in turn this affects the services provided and the services available for the youth.

3.3.6.9 Sub-theme 6.9: Aftercare following treatment

According to Jacobs (2021:59) emotional support is very important to recovering individuals as well as their social workers or recovery support groups who show empathy, compassion, and genuine interest in the well-being and sobriety of the recovering individual. This aligns with the thoughts of many of the participating youths

who recommended that there should be more effective aftercare or post-treatment support programmes.

Callie detailed this as follows: "The substance rehab programmes are not a problem but what happens after they leave the programme, that is the problem. I might feel like I feel better. I don't need to take substances but after a month of living in poverty it will be the same thing. So, we really need to improve it from the ground up.... You don't need to stress about food and if you're not stressed about that you won't feel the need to escape your life by doing substances." Leah recommended this as follows: "... If they can create support groups within a certain area in the community and link those that have completed their programmes together so that they can have that kind of support... because now when somebody is out of rehab then they are alone with family members who are alcoholics, so without any support system... they are bound to go back to their old ways." Xaria highlighted that, "... when a patient is maybe admitted to a facility or just being involved in a rehab programme, they have to involve the family as well because obviously the patient needs family support when they return back to the home environment." Xaria added that, "... these programmes need to be made more accessible for the community... Even if it can be that community can have a small addiction mobile centre that they make use of, and once it's actually severe that they can be referred to other facilities... Also, maybe if we can have outreach programmes... where you can also reach those areas that don't necessarily have access to your clinic..." Catherine emphasised that, "... follow up is needed especially for those who complete substance rehab programmes. Because when they come back, they are back on the streets doing same things again" (FGD 1).

These narratives illustrate the importance of family members as the primary source of support when returning to the home environment after completing inpatient rehabilitation programmes. This was well supported with literature by Collinson and Best (2019:9) through the Ice Cream Cone model which states that for individuals in recovery, developing personal capital alone is not achieved only through their efforts, attention must be paid to the accumulation of social (and community) capital, as a mechanism through which personal capital can be accrued. Orbon, Mercado and Balila (2015:13) pointed out that regular attendance of aftercare services following

inpatient or outpatient treatment has shown a direct link to improved, long-lasting recovery and higher rates of abstinence from illicit substances (McCarty, Braude, Lyman, Dougherty, Daniels, Ghose & Delphin-Rittmon, 2014:720). Orbon et al. (2015:15) stated that those in recovery, who regularly attend aftercare services in the form of support groups, increase their sobriety rate in comparison to those who do not attend aftercare services as the social support increases their motivation and adherence to their recovery goals. Similarly, Van de Westhuizen, Alpaslan, and De Jager (2013:4) assert that aftercare service is beneficial as it empowers recovering youths to increase their recovery potential and avoid re-entry into treatment. Likewise, Mahlangu and Geyer (2018:340) concur with the statement shared by Xaria that the limited involvement of the whole family negatively affects the outcome of the recovery programme.

3.3.6.10 Sub-theme 6.10: Reduce number of taverns and enforce laws

Multi-pronged interventions may require amendments to current policy as well as stricter enforcement of alcohol policy laws (Harker, Londani, Morojele, Williams & Parry, 2020:13). Additionally, the survey contacted by the NDMP (The National Drug Master Plan, 2013-2017:45) encouraged that tavern closure related to the availability of alcohol and other substances be removed to combat substance abuse issues. This is in line with the final sub-theme which relates to reducing the number of taverns and enforcing the laws in the community as a way of preventing substance abuse.

According to **Leah** the, "... first thing our law needs to look at (is) the problem of too many taverns in the community... it's taverns everywhere. If the Council can maybe start regulating the issuing of licences haphazardly... some of these taverns are not even registered... the law also needs to be very strict and ensure that no underage children are allowed to buy cigarettes and beer anywhere." **Brenda** expressed her views as follows: "I don't think it (substance abuse) can be completely prevented because of how these things are easily accessible in this community... if we can eradicate the gangsters, remove substances and illegal taverns then you would take away that accessibility factor and that will eliminate half of the problem. But obviously that will be a long-term goal; it's not going to happen anytime soon. This view is supported by **Queen** indicating, "... and also, if our judicial law could be stricter like

giving harsh sentences to the substance dealers... instead that a person can be arrested today and get bail the following day to do the same practice. Also, if the municipality and police can revisit the issuing of taverns' trading licences and try to shut down all illegal taverns."

Based on the participants' extracts, it seemed as if there is a decrease in local control of the operations of taverns in their area. Oladeinde et al. (2020:6) reported the large increase in the number of taverns and shebeens, with many reported to operate for long hours, some 24-hours, with noise pollution, safety concerns, unsafe sex, and the sale of substances to children. This is supported by Jacobs (2021:143) who recommended that the Central Drug Authority (CDA) increase efforts to ensure that relevant stakeholders, such as the South African Police Service, make active efforts to discourage the supply and demand of the illicit substance trade through substance houses and unregistered shebeens in communities in the Western Cape. The findings of Setlalentoa et al. (2015:89) are in line with the above statements, and advocated for the enforcement of stricter criteria for successful licencing, reducing the number of available liquor outlets by prohibiting shebeens from operating in residential areas, and controlling trading hours. The report by DSD (SA) (2015:27) highlighted a need to remove liquor outlets from residential areas and from the proximity of places of worship and schools as well as restricting operating times.

3.3.7 Theme 7: Youths' suggestions on who should be involved in programmes to prevent substance abuse

After giving their recommendations on what programmes should be offered to prevent substance abuse, the youths were asked who should be involved in these programmes. From their responses seven sub-themes emerged, namely buy-in and involvement of the community, government and community, SAPS, intersectoral collaboration parents, the youth, gang leaders, community resources, and leaders.

3.3.7.1 Sub-theme 7.1: Need buy-in and involvement of community, youth, and government

The Department of Basic Education (DBE) (SA) (2013a:20) states that programmes that work for adults may not necessarily work for adolescents. This is view is supported

by the study of Iwasaki (2016:268), who is of the view that the use of a youth guided approach to working with communities has important implications for the improvement of support systems and environments for marginalised the youth to inspire the pursuit of a meaningful and healthy lifestyle. Youth engagement is a key concept, not only for optimal youth development, but also as a catalyst for system change to improve support for high risk, marginalised youth and their families (Alicea, Pardo, Conover, Gopalan & McKay, 2012:176). The involvement of community youths (including all youths and not only those who struggle with substances) was stressed by participants in this research. When asked who should be involved in programmes, the youths stressed that the community and youths must be involved, and they must buy into the programmes.

Theresa detailed this as follows: "... it's easy for us as outsiders to have a perception of what we want and then we go in and get them started according to the plan, but as soon as the programme has started you are leaving the community then it falls flat because they might not be interested. So, it needs to be what the community wants to do, and they need to be passionate about (it). I think that is what we need to do..." This view is supported by Brenda suggesting that, "Everybody should get involved. It's our community and we must do better for our community. I do think everybody should get involved." Nolu concurs with what Brenda had said, "... I will say everyone, all different sectors, should get involved no matter who you are. Let's all unite towards one goal of fighting against substance abuse."

These narratives demonstrated the extent to which community participation contributes to the success and sustainability of community projects. This view corresponds with the findings of Willetts, Asker, Carrard, and Winterford (2014:357), who advocate a strength-based approach as an emerging approach in development practice to operationalise participatory development principles. This approach supports and empowers individuals and communities to take personal and social responsibility, and to respond appropriately to their own pressing issues and livelihood needs in their own culture. The strength-based approach emphasises that it is important that communities or beneficiaries take responsibility, initiative, and the lead

where they become owners and directors of the change process. If this happens, then the resulting change will be sustained by more self-reliance.

Community participation is of absolute importance, especially when it comes to community development. Hence, community development theory seeks to promote change and community participation to improve the social functioning of individuals, groups, and communities. This is supported by the literature of Kinyata and Abiodun (2020:4), who state that government officials establish projects in communities without consultation and as a result, many of these projects fail and are abandoned. The authors further argue that participants' views, choices, needs, and feelings must be considered if we are to have sustainable development. Additionally, Olukotun (2017:22) contends that those projects that have community participation have succeeded and were rated as satisfactory. Therefore, to get the youth to participate in the programmes, it is suggested that these programmes be run by the youths themselves, especially those recovering from substance abuse (Setlalentoa et al., 2015:91).

The involvement of community youth (including all youths and not only those who struggle with substances) was stressed by participants in this research.

Mia narrated that, "Essentially this is about why is youth so dependent on substances, what is making them fall into substances? So, if we can hear their opinion, it might be better than parents' opinion or that policeman's opinion or whoever else... So that's why I am saying if you ask for more studies like this where the opinion is coming directly from the youth, it will really assist in making decisions and in corroborating opinions that (are) valid". Queen pointed out that, "We have seen a lot of people coming and going out of the community and nothing has worked because they are running programmes that they think might work for us." Paul echoed this as follows: "... there are so many recreational programmes in the community but it's not really what we want. As young adults, we expect something that gives us income at the end of the day, because playing soccer can keep me busy but will not put food on the table for me, so they need to work closely with the youth so that the programmes are in line with our needs. I agree... they must first know what our needs are" (FGD 2).

These sentiments are in line with the findings of Ndou (2012:30) who highlighted that community involvement is important as community members who contribute to the revitalisation planning process will better understand the process, and will be more likely to support a project they have input in, and thus create sustainability. This view aligns with that of Juma (2016:2) viewpoint, who noted that in the struggle to liberate oppressed communities, the people themselves should decide on the content of their own development. Therefore, it is better to mobilise society rather than leading it, because once self-confidence in the people germinates, it will not take long for the "flowers of development to blossom" (Matsela, 2015:13). Overall, meaningful youth engagement facilitated by youth leadership was highlighted as a key mechanism for positive youth development. As one of the participating youth, Queen commented that they have seen many people coming in and going out of their community, and nothing has worked because they are running programmes that they think might work for them. The contributions of youth leaders to youth engagement were voiced to be vital to promoting change. This type of approach builds individuals' strengths, specifically seeing them as resourceful and resilient when they are in adverse conditions. Furthermore, Ross (2011:685) stressed the importance of youth inspired community change rather than adults continuing to push for change on behalf of the youth.

Kheswa and Makhalemele (2020:400) emphasise that a holistic approach including the professionals, community, and governmental structures could be vital in curbing substance abuse amongst youngsters. The participating youths stressed that the government and the community should be involved in programmes to prevent substance abuse. According to **Abigail**, "The government should get involved to help with resources because funds are required in any programmes that we can start. I can say Department of Social Development, community leaders, the law enforcement, police, religious people, clinics, correctional services, and businesspeople." **Grace** emphasises a holistic approach in addressing the problem of youth substance abuse. "We need to work together... the government will be the first one to help us with funding and resources, the community, families, educators, police, law enforcement, religious people, and the youth themselves. The Department of Health also has a crucial role to play in hospitals and clinics. The Department of Social Services has so

much to do, especially in these poor communities." **Emily** agreed with what Grace had said, ... "It must be the entire community, it has to be all the government officials, all the sports codes, it can't just be one-sided" (FGD 1).

The narratives highlighted are supported with literature by Setlalentoa et al. (2015:89), who state that community involvement ensures that the community takes control of their lives and becomes self-reliant. Likewise, Meirinawati et al. (2017:1) state that responsibility in the development of society is not exercised by the local government only, but also implemented by communities and government along with stakeholders. Therefore, it requires strategic interventions in all spheres of government, community, family, and individual levels. On the other hand, Mahlangu and Geyer (2018:340) are of the opinion that vocational training and job opportunities ought to be prioritised by the government as this will help recovering substance abuse individuals to remain substance free. Mokwena and Morojele (2014:381) emphasised strong collaboration between community structures and government departments to address the challenges posed by the negative social environment, which would include addressing unemployment.

3.3.7.2 Sub-theme 7.2: Intersectoral collaboration

Due to the immense challenge of addressing the substance abuse problem in South Africa, multi-sectoral and inter-institutional collaboration are essential for the effective development and implementation of strategies (DBE [SA], 2013a:19). Furthermore, Mohasoa (2018:66) stated that multi-sectoral collaborations which include the youth, the use of various platforms such as mass media campaigns, school-based prevention programmes, and family-based intensive intervention (Tahlil & Aiyub, 2021:1) will be useful when addressing challenges relating to substance abuse. The allocation of recourses is also an important aspect in delivering an acceptable outcome. The participants recommended the importance of collaboration between the various sectors in government as well as between professionals and the public and private sectors.

Theresa detailed this as follows: "... (there) needs to be collaboration between your departments... We can't just look at one specific sector or area because if we do that,

we are going to be excluding so many people and you are not going to be giving your community members what they need. So, everybody literally puts their ideas, and everybody comes together to decide on a plan, then you are going to give the best to the community basically." This view is supported by **Leah**, "... it needs to be a good fusion between our stakeholders, the community leaders, the street committee, and the police. They need to work together towards a common goal. So that they eliminate these substance barons and substance lords in our community, if they don't work together nothing is going to happen..." **Leah** further highlighted this: "...they may be trying but... they work in solo, you understand, but if they try to build relationships with people within the community, if they have someone at least who is going to be their ears and eyes and liaise with them, you know, it's going to flow easier than working in solo. So, I think they should try to work together towards one goal."

These narratives emphasise that intersectoral collaboration will be the best approach to address the complexity of substance abuse problems. Likewise, Carelse (2018:2) reported that collaboration is urgently required between governmental policymakers, non-profit organisations, and private organisations to address the scourge of substance abuse (Carelse, 2018:2). Visser (2017:31) highlighted that social problems are often connected to other problems and are part of a larger set of problems; therefore, solving them (Emerson, Nabachi & Balogh, 2011:1) requires the cooperation of all stakeholders. Mokwena and Morojele (2014:381) are of the view that strong collaboration between community structures and government departments is needed to address the challenges posed by a negative social environment, which would include addressing the unemployment rate in poor communities. De Wet (2016:5) is also of the view that stakeholders should partner to address gangsterism and violence on the Cape Flats associated with substance abuse.

3.3.7.3 Sub-theme 7.3: The involvement of every community member

The National Drug Master Plan (The National Drug Master Plan, 2013-2017:7) encourages the ability of all people in South Africa to deal with the problems related to substance abuse within communities, and further highlights that intervention requires a greater number of service providers and the involvement of community in general. All the participating youths and the Focus Groups indicated that everyone

should be involved in programmes to prevent substance abuse. At the same time, many of the participants emphasised that parents and youths should also play a greater part.

According to **Mia**, parents should be involved in youth substance abuse prevention programmes... "I can also say parents... because sometimes parents are also enablers. They don't know enough about substances... parents need to be educated on this by someone who is trained and then they can also know that to a certain extent I am enabling you... now it's time for tough love. I can't give and give and allow you to break my house apart and allow you to kick me in the stomach and continue giving." This is further supported by **Kudzayi** as follows: "I think we need to target the youth, young people, involve schools, the community at large, parents, teachers, the police, law enforcement agencies, religious groups, the media, local businesses because they are affected by this, local politicians... the councillors, the MPs, the health service providers, the clinics, the hospitals who get to treat these people when they have issues so I think those people". Daisy expressed her views as follows: "... everybody must get involved because this is not one person's problem at the end of the day. One can think it's my neighbours' problem to let him/her sort out the problem, but I don't think like that because this issue is affecting all of us in different ways." Xaria also supported the above participants as follows: "... all sectors must collaborate. I think we should move back to where we said my child is your child, we shouldn't look the other way if someone's child is going through something, we must try and assist where we can." Furthermore, **Feziwe** expressed, "I will say everyone has a role to play. Firstly, the police need to work hand in hand with the community because we are the people who know what is happening in our community more than anybody else. The government should be involved and assist with finances so that the programmes will be sustainable; the law enforcement, teachers, social services, all health professionals, must all come together towards one goal" (FGD 2). Romeo was of the view that, "The religious people need to be involved as well because they play a huge role in fighting against substance abuse... The business people must also be involved because substance abuse and gangsterism is affecting their businesses on a daily basis" (FGD 2). Thando agrees with what the above participants had said... "As they always say, you can't raise a child on your own. The child is raised by the community

so the whole community needs to be involved. The parents also have a very big role to play; they need to be involved and should stop covering for their children when they are doing wrong" (FGD 2).

These narratives emphasise that the beneficiaries must be key participants whose views, choices, needs, and feelings must be considered if we are to have sustainable development. The UNODC (2013:43) states that the purpose of addressing substance abuse should enable the inclusion of policy makers at national level, and policy makers and other agencies at local level, and NGOs as well as community members and leaders. Green is (2016:606) of the view that, when efforts are planned on the strengths of the community, people are likely to feel more positive about them, and to believe that they can succeed. It is also much easier to gain community support for an effort that emphasises change. Lund and Hewana (2012:368) advocated for the integration of all efforts in tackling substance abuse issues including teachers, police, healthcare workers, counsellors, and correctional service staff. Hoeck and Van Hal (2012:5) pointed out that parents have little knowledge of youth substance abuse as most think that substance abuse would not affect their families; they therefore fail to educate their children about the dangers of substance use.

3.3.7.4 Sub-theme 7.4: Gang leaders

Substance abuse is said to be entrenched within gang activities in the Western Cape and aside from dealing in substances, gang members themselves are the primary consumers of substances (Appollis, 2016:80). Additionally, Khan (2013:5) revealed the battle for the control of the substance trade, fuelling gang wars across the Cape Flats with devastating consequences, not only for gang members but also for the innocent who regularly get caught up in crossfire battles (Visser, 2017:123). Therefore, special mention was made by some of the individual participants that gang leaders should also be involved in programmes to prevent substance abuse.

Leah detailed this as follows: "The other people I will think of if possible are the gang leaders. I know that at times it might cause chaos or even shooting but I think we need to get to the root cause of the substance abuse problem. We need these people who are instigating this never-ending problem, you know, gangs and substances work

to involve gangsters also because gangsters have leaders and leaders are the people who can engage the causes of the issues you also need there. So, you don't just call the community and the police and shout at people and tell them the problem. The problem needs to be there also and acknowledge that what you are doing is causing this." **Thando** echoed what Leah and Ursula had said, "The gang boss needs to be involved because we need to work together as a community. not to work against each other" (FGD 2).

Through the views and expressions of the participants, it is evident that there is an apparent sense of negative influence portrayed by gangsterism. Bowers Du Toit (2014:1) explained that the extent to which gangsterism holds power and control over these communities and how gangsterism is linked to youth substance abuse is of great concern. The participating youth highlighted the need that gang leaders participate in the prevention of substance abuse. This is linked to Latopa (2015:02) who explains community development as a process where community members come together to take collective action, and generate solutions to common problems. The participants felt that the problems of youth substance abuse would not be solved without the support of gang leaders. Petrus and Kinnes (2019:179) contend that gangs pose concerns about the social contexts of the communities in which they are found. Likewise, Chetty (2017:91) highlighted that gangsterism impacts people negatively, especially young people and children as well as the community as a whole, and causes severe trauma and loss of lives; it robs (Potberg & Chetty, 2017:142) many young people of an opportunity to develop their lives. The participants' narratives encapsulate the severity of gangsterism across the Cape Flats communities as families are held hostage by the violence, crimes, and the control from gangs.

3.3.7.5 Sub-theme 7.5: Community resources and community leaders

The fight against substance abuse cannot be effective without the involvement of a range of community stakeholders and proper allocation of required resources (Somani & Meghani, 2016:3). Community resources and community leaders were also cited as needing to be involved in substance abuse prevention programmes in the community.

Theresa recommended the use of community resources as follows: "... also look at the organisations or the resources that are used in the community, so whether it is your policing forum... in our area we have the Bambanani Neighbourhood Watch. So, get those people involved... Then the outsiders are needed for support because everybody in the community doesn't have the background with regards to finances, and this is how we implement the project." Catherine is of the view that, "... the first people that come to my mind are educators, the university level as well because... it's not just our community, it's all communities in the Cape Flats. So, I think our police, pastors, and not to forget social workers... The social workers should definitely play a role because of the circumstances in most homes. I can say everybody because substance abuse is affecting every corner of our lives." Romeo recommended the religious people be involved, "The religious people need to be involved as well because they play a huge role in fighting against substance abuse... I believe that churches can also help us in this matter. The business people must also be involved because substance abuse and gangsterism is affecting their businesses daily."

According to Willetts et al. (2014:355), the strength-based approach encourages a building platform from inside out; for instance, it utilises inner strength before accessing external sources. This is particularly true in terms of adherence to beliefs about innate community capacity, the need to draw on community resources to create change, and the delicate balance between strength focus and repression of problems that might surface. The logical consequence of focusing on assets, capacities, and capabilities is to encourage a proactive role by replacing the passive, dependent role of the individual in the welfare service delivery model of community development practice. It is important to note that assets that do exist within the local community can both support individual social reintegration and successful community cohesion. When an individual's recovery is linked to positive community resources, it is anticipated that personal, social, and community capital will grow as a result. The above-mentioned sentiments are supported by Collinson and Best (2019:466), who assert that engagement with community resources can aid the process of recovery from substance misuse. Likewise, Merinawati et al. (2018:2) point out that the process of developing local resources-based communities is very important as it is the

improvement of human resources capabilities in harnessing the potential of local resources optimally.

3.3.8 Theme 8: Youths' recommendations on steps that should be taken to implement the suggested programmes

After suggesting who should be involved in the programmes to prevent substance abuse, the participating youths were asked to recommend what steps should be taken to implement the suggested programmes. The responses to this question led to four sub-themes, namely needs assessment and analysis in order to decide what to do; involve the community and the youth; decide on funding/what is needed; and social workers must take a leading role.

3.3.8.1 Sub-theme 8.1: Needs assessment and analysis in order to decide on best possible solutions

The implementation of all interventions should follow a thorough evidence-led policy cycle that starts with a detailed analysis of the problem, and identifying the different options for addressing the problem (WCSP, 2019:17). Similarly, Pade-Khene (2012:59) contends that needs assessment is an essential precursor to the process of formulating a national substance prevention strategy. This aligns with participants' recommendations that a needs analysis should be undertaken in order for relevant stakeholders and role players to decide on responsive solutions to address substance abuse amongst the youth.

Theresa detailed this as follows: "So obviously everybody first needs to come together so that we can decide what is going to happen in terms of the need in the community. So what resources are available? If there are already existing programmes, what can we build on with regards to those programmes? ... are there individuals that we need to get on board for this?" Yaya encouraged that a need analysis be conducted, "So, in terms of action that can be taken I think the government and all sectors need to look at like doing like a sort of a need analysis in the community, finding out what is the need, even if there can be researchers or people coming in, having focus groups with people, finding out what is the problem. First find out what is lacking, what can we do to help them, only then can it be beneficial to start something." This view is supported

by **Abigail**, "... the best thing that can be done is having people come into the community... find out what's the problem, what is it that we really need, where does the youth mostly gather? Have a background of the community. I think this can make a difference because I think most of the programmes are done randomly without consulting with the people living in the community." **Emily** expressed this view, "I don't think any programme can just be done without actually assessing what is in the community. And also creating links in the community, you can't just come as an outsider to a community and start a programme, you need to familiarise yourself with the community, you need to know what the culture is.

According to **Romeo**, "It can start in a sense where the community and other sectors that we just mentioned can come together and identify what the problem is in the community and agree on the action to be taken. Because you cannot just come with a programme without actually brainstorming if it will suit the problem that people are facing" (FGD 2).

These findings support the views of Olabode (2013:468) who pointed out that need analysis helps stakeholders understand community structures and processes in their everyday operations, interactions, and complexities. In addition, the United Nations Office on Drugs and Crime (UNODC, 2017:26) highlighted that the planning process should be based on the results of a comprehensive needs assessment or established information collection system. Moreover, Jumaniyozova, Shamsiddinova, Ametova, and Fayzulloeva (2019: 205) state that a needs analysis is the key to collect insiders' views at an essential and primary stage, which would help to identify the needs and desires of the people.

These narratives demonstrated the importance of a need assessment as it identifies the strengths and resources available in the community. Moreover, it helps to uncover not only needs and resources, but the underlying culture and social structure that will help understand how to address the community's needs and utilise its resources. It is important to note that a prevention programme should be tailored to strengthen and improve community capacity. Additionally, it would determine the kind of intervention that is appropriate to the community. Needs assessment is one of the main

investigative tools used for the identification of actual needs and gaps (Nugraha, Suwandi, Nurkamto & Saddhono, 2018:254).

3.3.8.2 Sub-theme 8.2: Decide on funding

Ndou (2012:26) highlighted that community-based projects fail due to a lack of funds to finance the operations and to purchase resources required for the project. Another step that was identified by participating youths was the issue of deciding on the funding for the prevention programmes and what is needed.

Theresa detailed this as follows: "We obviously must have a process that we are following - budgeting - obviously we need to look at funding because it's not just going to happen just like that. Are we going to go to NGOs or are we going to ask the government to provide assistance? Are they going to have bake sales, or I know sometimes the church organisations also have projects where they sell used clothes like a goods shop. "Kudzayi is of the view that, "So, I think social workers can work closely with the youth and community at large, identify interested youth and let them direct you on what programmes they want to do. Then you will need to reach out to your community leaders and government for resources and finances." Similarly, Queen echoed what Theresa had said, "Also, to put in place is funding. How you are going to get funding for your project. You must also come with a plan already on how you're going to access funding. Is it going to be fully funded by the government? Are you going to get local businesspeople to fund you or are you going to do fundraising? So that must also be in place by the time you come and speak to the community." **Emily** emphasises that the followings steps be followed, "It has to come from the top and the reason why because most of our people are uneducated enough to not know what to implement and how to go about it, so the government has to develop programmes and help with resources to help implement the stuff because our communities can't do it for themselves" (FGD 10).

These sentiments are supported by the WCSP (2019:17) who highlighted the importance of planning, design, and budgeting of any proposed programme or intervention. In addition, Ravhura (2010:88) further indicated that the financial plan would assist in eliminating the random usage of project money, which might contribute

to the mismanagement of funds. Tshitangoni, Okorie, and Francis (2011:1007) pointed out that despite the financial constraints within local, provincial, and national governments, capital and technical needs should be included in other strategies in order to promote sustainable projects. Most of the participants recommended financial planning to promote sustainable projects. Different ideas on project funding were put forward by the participants, namely by approaching government, NGOs, bake sales, goods shops, and solicit help from business people.

3.3.9 Theme 9: Youths' opinions on what social workers should do to prevent substance abuse

Given that the youths stated that social workers should take a leading role in the prevention of substance abuse, the participating youths were asked what social workers should do to prevent substance abuse.

3.3.9.1 Sub-theme 9.1: Social workers' leading role and visibility of services

The study of Skhosana (2020:119) entitled: *The dilemma faced by None-Profit Organisations (NPOs) in retaining social workers* confirms that organisations are facing significant difficulties regarding the drastic shortage of social workers, and recommended that the nature of work allocation should be re-considered. Social work education and professional practice should have a greater responsibility in the process of community development, and may play different roles in different contexts (Dhavaleshwar, 2016:63). Several of the youths in this research recommended that social workers take a leading role in the various steps to implement prevention programmes.

Additionally, there was a striking agreement amongst the youth in their responses that social workers should be more visible and available.

According to **Evans**, "... the substance lords are taking over the social work jobs in the community; they are doing all the charity work for the poor. That is how they are easily controlling us because they are the ones who provide for us. They are known for their charity work more than the social workers. **Evans** further pointed out that, "So, if our social workers can be more visible in the community and government, give them

the resources to help us because people are hungry. Also, they need to see what is happening, they need to be on the ground here like police and see the challenges that we are facing here. So, if the social workers can be visible, fill all these gaps that will also make a great change". Daisy detailed this as follows: "They (the social workers) must be our advocates because if I can go visit the councillor's office today... nobody can listen to me as an individual but if it can come from another profession like a social worker... For example, if we want to make football grounds, we can't do it on our own, there is a process to be followed with the municipal council office, so if social worker can lead us there."

Kudzayi expressed her views as follows: "So, I think social workers can work closely with the youth and community at large, identify interested youth and let them direct you on what programmes they want to do. Then you will need to reach out to your community leaders and government for resources and finances. The other thing is, even if it's doing awareness, let the youth communicate these messages to other youth like road shows." Grace echoed what Evans had said, "I think if the social workers can be visible in the community so that they assist with information because most of the people don't even know where to get social workers, and you find that some of them don't seek help or they only try to get help when the problem is already out of hand." This is further confirmed by Ursula that, "... social workers need to find a way of availing themselves. For example, I don't know the number you dial to get hold of a social worker. I mean social workers directly... I don't want to call the police and have the police make me hold the line. No, no, I need to have direct communication with a social worker." Ursula added that, "Social workers are working hand in hand with the clinic. Social workers should avail themselves in shebeens as well, because in shebeens you find vulnerable people, you gather information. So, the shebeen owner will know that one is being abused, so and so is being abused." The above statements are supported by **Dorinne** as follows: "The social workers must be visible in the community because most of the people really don't know where to get social workers. We need to see social workers especially in schools because that's where most of the substance problems start" (FGD 1).

Callie highlighted that, "I think a lot of the community members have tried their best because if you walk around in Mitchells Plain there are a lot of people that are against substances and gangsterism. They have tried but there is no support from the government. "Grace describes social workers' roles as follows: "I think the first step is for social workers to work hand in hand with the community, and the ward councillors and get to know our concerns. The social workers are the people who are able to reach these high offices that we are unable to get to. I can say they are the people who can take our voices and advocate for us because we have been trying to raise the concerns on our own, but we don't get any feedback." Nandi emphasises easy access to see social workers, "...there should be less paperwork to be able to see a social worker. There should be no referrals and appointments in order to see a social worker. For example, a child had a bad day, parents are drinking and fighting at home. The situation is unbearable. You try to get to the social worker's offices then you are told to make an appointment, it makes you feel despondent" (FGD 2). Nandi further suggested that, "I think the social workers working in our community must be at the forefront. They need to identify interested youth within the community to be part of the programmes so that if the outsiders leave the programmes will continue... we had so many programmes done in schools, and they don't last long because it's done by people from outside the community. They don't include us" (FGD 2).

These narratives illustrate how many participants cry out for help about the scarcity of social work professionals in their communities. This sentiment is supported by Skhosana (2020:119), who pointed out that the lack of and poor funding of the programmes disadvantage NPOs to the extent that they fail to deliver the social welfare services as expected. The DSD (SA) (2011:18), reported that the shortage of social workers contributes to a lack of capacity to implement policies and programmes to deal with social issues such as substance abuse. Furthermore, De Sas Kropiwnicki (2010:7) reported that financial constraints in the social services department lead to organisations operating on a smaller scale, and these budget cuts mean that these organisations are only able to offer a few services or a reduced level of service. The study of Marinus (2014:98) entitled, *Adolescents' experiences and coping strategies with parental substance addiction within a rural farming community*, highlighted specific characteristics that social workers should portray to ensure a trustworthy

relationship, i.e., try to know the community, spend time with them, try to understand and motivate them. Bhagwan (2017:316) states that social workers serve as primary professional leaders of a highly effective community centred movement. Setlalentoa et al. (2015:93) encourage social workers and other professional such as teachers, nurses, priests as well as schools to take the lead and share their knowledge in the prevention of substance abuse. Dhavaleshwar and Umesh (2012:103) pointed out that the services of community organisations are an important part of social work as these advance consistency in the process of understanding community needs and finding the resources to fulfil the needs of the community.

3.3.9.2 Sub-theme 9.2: Focus on families

According to Lander et al. (2013:195), treating the individual without family involvement may limit the effectiveness of treatment. Many of the participating youths highlighted that social workers should focus on families, rather than solely deal with individuals.

Theresa pointed out that, "... with regards to social work, it needs to be closer to home... I know the burden on social work is huge in the community because there are so many households that need the input. I think we need to continue to hit home with regards to home visits and those kinds of things." This view is supported by Mia, "... If the social circumstances are sorted out then we can move on from there. I also feel that perhaps education and counselling, and making sure that they mediate between family and substance abusers, finding out the problems in the family environment. Finding out what is the problem, the reason for abusing substances and if there are any social circumstances, they act on that as a social worker." Daisy echoed what Mia had said that, "If the social workers can also provide support to kids living with family members abusing substances, just by listening to them and understanding how they are living. Some of them come to school without food so if social workers can facilitate food programmes in schools, provide counselling to them, I think this can help reduce school dropouts and joining substance abuse and gangsterism at a young age. This is further confirmed by Evan, "We would like to see them (social workers) in the community, see them helping these kids that are living with parents using substances because their chances of going through the same route are high. So, the social workers in that case can help that child and change his future. That is what we want to see, but most of the time social workers just wait for reported cases; they are isolated there in their offices." Abigail recommended that, "The families must also not protect a family member engaged with substances, we need to work together, report anything that you find not right in your household, it doesn't matter who it is because some problems are getting worse because families protect their loved ones at the cost of a child's life."

These narratives correspond with the findings of Copello and Walsh (2016:9), who state that it has been reported that family members experience social and economic stressors, leading to physical and mental ill health due to a loved one's substance abuse problem. These family members experience poor health, which they attribute to the stress in dealing with relatives who abuse substances (Gabriel, 2017:10). Schultz and Alpaslan (2016:108), in their study entitled *Siblings abusing chemical substances living with non-using siblings,* recommended substance abuse community education as well as intensified treatment at grassroots level in all communities, and to not only focus on the person affected by substances, but on the family as a whole. A number of the participants suggested psychosocial support and counselling to help them deal with the trauma and stress of living with an individual abusing substance.

3.3.9.3 Sub-theme 9.3: Raise awareness and knowledge among youth

There is still a general lack of information about the harmful use of substances amongst young people in South Africa (Harker et al., 2020:2). This is in line with the comments of the participants, who encourage social workers to raise awareness of the dangers of substance use and abuse, and to increase the youths' knowledge of illicit substances.

According to **Abigail**, "... social workers should educate the people, they should have a lot more talks in schools especially start with the young ones, have talks on consequences of using substances... They need to try and educate children from the young age in preparation of when they become teenagers and young adults that they have the necessary education, skills, and the necessary information to help them stay away from substances." Similarly, **Callie** pointed out that, "I think we need to have

better youth programmes and start them early. At high school we had stupid programmes not even about substances, it was about smoking. It wasn't effective, even learners were bored during the session. So, I think social workers can help change some of those programmes." Brenda detailed this as follows: "... there is a misconception in our community where they think social workers only work with children... They play a large role in psycho-social support and because we don't have mental health services, I think that's a great way for social workers to actually assist... starting support groups, speak to people and find out what's the problem, and grouping people accordingly and providing that kind of intervention." Gugu said that, ... "first create awareness of what a social worker does because if I think the social worker is only going to help me for grant then I am not going to come to you for counselling... So, awareness of what a social worker can do, and again making social support groups where people can interact" (FGD 1).

The narratives above are supported by literature, in particular that of Setlalentoa at al. (2015:93), who encourage public education on the consequences of substance abuse in all spheres such as families, schools, social clubs, and churches. Similar concerns were articulated by Chie et al. (2015:8), who noted the importance of awareness of substance abuse treatment services within disadvantaged communities by educating the youth about when, where, and how to access substance abuse treatment. Malick (2018:559) states that awareness that youths often start with alcohol and other substance use, which then lead to dependency, is very low. Malick (2018:559) further stated that the stigma attached to seeking help is common and widespread, and because of this the harmful effects to the youth as well as the family are not faced squarely and dealt with.

3.3.9.4 Sub-theme 9.4: Provide psychosocial counselling and support

According to Galvani (2015:14), the social worker's role is vital in supporting the change process, and ensuring that a care plan or appropriate support is in place to commence from the moment substance use intervention concludes. Linked to what was said under the previous sub-theme, the youths recommended that social workers should provide counselling and support as part of prevention programmes.

Kudzayi highlighted this as follows: "... it's important to have social workers on the ground who can attend to the social ills... in the community before they become big problems, especially when it comes to substance abuse. So, I think the visibility of counsellors, it might not even be qualified social workers, it can be lay people who are trained to help with certain issues, but there is a need for counselling and helping people deal with social ills". This view is supported by **Evan** that, "... people are living with their rapists in the same house; they are abused by these substance users. The social workers must be available to provide counselling to people living with substance users in the house... There are grannies here In Khayelitsha living with sons or grandchildren on substance abuse. One can imagine the stress they are going through, yet nobody comes to their rescue."

Through the views and expressions of the participants, it is evident that an individual's substance abuse affects the family functioning, and influences every aspect of family life. This view supports the findings of the study by Willetts et al. (2014:356), who pointed out that a strength-based approach allows people to see themselves at their best in order to see their own value. It then allows persons to move that value forward and capitalise on their strengths rather than focus on their negative characteristics. Daley and Feit (2013:160) stated that substance abuse does not only affect the recovering person but creates serious challenges, stressors, and concerns for the family and individuals involved in the recovering persons' life. Additionally, Groenewald (2016:6) pointed out that these stressors are mostly represented through the emotional burden that the family experiences such as anxiety, depression, embarrassment, and guilt. This statement is in line with the National Drug Master Plan (The National Drug Master Plan, 2013-2017:2), namely that the emotional and psychological impact on families have left many communities under siege by the scale of substance abuse.

3.3.9.5 Sub-theme 9.5: Partner with/train others

Savic, Best, Manning, and Lubman (2017:8) contend that if relationships with other agencies do not exist, case managers can find themselves increasingly in the position of providing direct interventions to clients who may not have the capacity to do so. Savic et al. (2017:8) argue that moving to a strength-based model of case

management and expanding resources (Skhosana, 2013:55) to include informal helpnetworks may overcome some of these challenges. The participating youths also recommended that social workers should partner with or train others to assist them in the substance abuse prevention programmes.

Alice encouraged this, "I also think it would be best if social workers can train other people in the community so that they can help them fight substance abuse issues," Emily's response to the question was, "I think it is a good idea because where there is a gap where the social worker can't be then the community members can stand up and assist because then at least they have training, and they know how to help. So, this can be little screening and refer to the social workers for intervention." Leah supported the idea of social workers partnering with others to assist, "So, social workers really can't work alone, so it means they need to find someone who they can work alongside with, it can be the clinics also, the teachers just partner, even NGOs working directly in the community. They need to partner with other stakeholders so that they can be able to tackle this issue of substance abuse in our community."

These narratives acknowledged the shortage of social workers in South African communities, and recommended additional training of laypersons to assist social workers (Goliath, 2018:3). Viljoen (2020:129) recommended that the government should employ more social auxiliary workers and community development workers in NGOs, to aid social workers with aspects such as preventative programmes and community awareness projects. This would allow social workers to focus more on other aspects that they do not manage to attend to due to time constraints. Likewise, in the study of Carelse (2018:190), it was recommended that the formulation of training of non-professionals, for example ex-addicts and laypersons, be included in the norms and standards of NPOs who provide substance abuse services. Based on the above narratives, it can be deduced that there is a need to train non-professionals such as ex-addicts, laypersons, and more social work auxiliary workers. This would help social workers function more effectively.

3.3.10 Theme 10: Youths' opinions on possible assistance for social workers to prevent substance abuse

The final question posed to the youths was, what they would recommend as to what would assist social workers to prevent substance abuse. Their responses to this question are given under three sub-themes, namely: Appoint more social workers and provide security and transport; specialised training; and a multi-disciplinary approach.

3.3.10.1 Sub-theme 10.1: Adequate social workers' appointments and provision and strengthening of security and transport

The most common response to this question was that more social workers should be appointed, and that they should be provided with security and transport as this would assist in preventing substance abuse. Lundgren and Krul (2014:416) acknowledged the shortage of trained social work professionals in established practice to address the opioids crisis and treating substance abuse problems. Similar sentiments were cited by Chibonore and Chikadzi (2017:12), who highlighted the crippling shortage of social workers owing to poor remuneration and inadequate government support. Chibonore and Chikadzi (2017:12) noted that social workers rely on public transport to do school, home, and court visits and these challenges result in low levels of commitment.

Xaria detailed this issue as follows: "... it doesn't help that the social workers have great plans to prevent substance abuse but they're lacking resources. So, the resources can be human resources... maybe social auxiliary workers to assist. Are there funds available to have an awareness campaign? It can be a vehicle for them to conduct home visits in the community... This is further confirmed by Daisy as follows: "... there are few social workers in our community. You find out one social worker covering the whole community. So, if the government can give more funds to social services and we have enough social workers the same as the number of policing in the community..." Sarah urged government and the Department of Social Development to partner their efforts, "... there needs to be more social workers and they do not work for free. So, our government and the Department of Social Services should come together and create more posts for social workers." **Ursula** emphasises the safety of social workers... "As much as they are needed in this community or I can say in any other poor community here in the Cape Flats, their safety comes first... our communities are dangerous, and we have witnessed incidents where social workers are robbed of their belongings, and to make matters worse, families with substance abuse problems are not easy-going." **Daisy** pointed out the need for more resources to support social workers in order to provide their services effectively, "... the government should also make sure that they provide social workers with enough transport, not waiting on one car to cover the whole Delft community... there are few social workers in our community. You find out one social worker covering the whole community. So, if the government can give more funds to social services and we have enough social workers, same as the number of police in the community."

The data obtained in this study clearly drew attention to the shortage of resources and challenges faced by South African social workers in rendering their services to those in need. This is supported by the literature of Calitz, Roux, and Strydom (2014:154), who reported that there is a dire shortage of social workers within the South African context, and that this shortage has affected the functioning of many social welfare organisations within South Africa, which contributes to the high caseloads experienced by social workers (Calitz, Roux & Strydom, 2014:154). Additionally, Skhosana (2020:109) reported that the shortage of social workers exposes South Africa's most vulnerable groups to a greater risk of harm. This contributes to the lack of capacity to implement policies and programmes that deal with social issues such as substance abuse, HIV and AIDs, chronic poverty, and other related social conditions. Skhosana, Schenck, and Botha (2014:230) assert that the lack of funding and human resources are also factors that hamper the effectiveness of social services. They further argue that the NGOs responsible for delivering social welfare services are poorly funded and the staff are underpaid.

3.3.10.2 Sub-theme 10.2: Specialised training

In their study conducted in the UK, Galvani and Forrester (2011:9) argue that social worker education has persistently failed to equip its social workers with the knowledge to work effectively with people with substance use problems. Similarly, Slabbert (2015:552) asserts that addressing substance abuse is a specialised field in social work, and points out that social workers require knowledge and insight into the complexity of substance abuse. The participants recommended that social workers should receive specialised training in the field of substance abuse as this would strengthen their abilities to prevent this scourge.

Kudzayi narrated this as follows: "... social workers, because of their training, which is very generic, they need some training in substance abuse... our training as social workers you hardly touch on substance abuse, the training is just general, and you cannot get into a specialised field like substance abuse with general information. You need education, you need to have your facts right, and you need to be equipped properly for you to help people." **Ursula** echoed what Kudzayi had said, "... training, specifically on substance abuse, because personally I feel the substance abuse problem cannot be generalised. It requires a broader understanding in order to be able to tackle different social ills in the community." This view is further supported by **Yaya** who indicated that substance abuse is a specialised field. "..., substance abuse area is a very specialised area... it is something that is very unique, and it is something that has to be dealt with precautions, so I think within the substance abuse field social workers should get on-going training because in general it is a biggest problem in South Africa, and Western Cape specifically, so any additional support that will help them handle the situation will be beneficial."

The data obtained in this study highlighted a need for additional support to social workers who render services in the substance abuse field. By providing support, their knowledge, attitudes, and skills in combatting substance abuse will be improved and will allow them to perform optimally. Likewise, Senreich and Straussner (2013:322) are of the view that despite that substance abuse is of continuous relevance and a growing clinical challenge, very few schools of social work require that students take courses with a specific focus on addressing substance abuse. Kheswa and Makhalemele (2020:408) reported that social workers do not receive intensive training to be fully equipped to render an effective service in the substance abuse field. Therefore, it would be advisable for social workers to pursue studies specifically on alcohol abuse to gain specialised knowledge and practice for effective intervention (Setlalentoa et al., 2015:89).

3.3.10.3 Sub-theme 10.3: Multi-disciplinary approach

The prevention of substance abuse problems in communities calls for a multi-pronged approach and must address the various stages of the life cycle of the population and

various segments of the community (Malick, 2018:560). Similarly, Kwesha and Makhalemele (2020:400) emphasise that a holistic approach, including professionals, the community, and governmental structures, could be vital in curbing substance abuse. The participants argued in favour of a multi-disciplinary approach on the prevention of substance abuse. In other words, the youth voiced that social workers should not work alone, but should work in partnership with other professionals.

According to **Theresa**, "... we need to work together like all disciplines basically need to work together. You can't think of substance abuse as a social worker problem or an occupational or nursing problem. It needs to be everyone, looking at the same thing at the same time trying to assist however they are trained." This is supported by **Leah** as follows: "I understand that substance abuse affects the social aspects of our people, but I feel that all these stakeholders in the community should work together to actually address this substance abuse issue in their respective areas... Let's look at the community as a whole, the community needs to work together not, against each other."

These sentiments coincide with those of Rich (2020:7), who states that to effectively address substance abuse problems amongst the youth, it is important to recognise that their life situations are complex and multi-faceted, and that this requires a holistic approach to substance use which should be incorporated into current substance related programmes and policies. The adverse consequences of substance abuse should not be underestimated, and social workers should collaborate with others in the field to render the most cost-effective and efficient service (Slabbert, 2015:560). Setlalentoa et al. (2015:96) highlighted that multi-sectoral responsibility and partnerships are essential to manage the problem of substance abuse, as different roles bring specific skills, knowledge, and experience that could yield good results. Stein, Ellis, Meintjes, and Thomas (2012:7) maintain that substance abuse be addressed by a multi-disciplinary approach that will allow actions to be taken from various perspectives.

3.4 SUMMARY OF THE CHAPTER

This chapter addressed the third objective of the research study, which is to investigate the perceptions of the youth on the prevention of substance use disorder in the Cape Flats. The chapter started with a clear analysis of the research methodology implemented in this study. Following the analysis, a detailed profile of the participants of this study was provided. The findings of this study represent 10 themes together with the accompanying sub-themes which emerged from interviews conducted with 15 individuals as well as two focus groups of youths residing in Mitchell's Plain, Khayelitsha, and Delft in the Cape Flats. These themes and sub-themes were identified, discussed, and thoroughly examined.

The **first theme** described youths' *understanding of the concept of substance abuse,* and they all expressed a similar understanding, which they explained as the over-harmful use of both licit and illicit substances.

The **second theme** discussed youths' thoughts on *why the youth abuse substances*. The participants gave many reasons, and from their responses five sub-themes emerged. It is worth noting that the participants were clear that many reasons contribute to substance abuse such as peer pressure, unemployment, poverty, and easy access to substances.

The **third theme** presented was youths' ideas on *how the abuse of substances could* be prevented in their community. The youths expressed many ideas in response to this question and seven sub-themes emerged from their responses; most of the participants expressed the need to enhance prevention and intervention activities targeting substance abuse in South Africa.

The **fourth theme** expounds youths' descriptions on existing prevention strategies *in their communities to prevent substance abuse*. From their responses, five sub-themes emerged. The majority of participants mentioned a few activities to combat substance abuse in their communities; however, these are not sustainable due to the lack of support as well as vandalism.

Theme five presented *youths'* explanations of the effectiveness of existing programmes. Two sub-themes emerged; the majority of the participating youths were

of the view that the existing prevention programmes are not effective, and only a minority of participants claimed that the programmes are actually effective.

The **sixth theme** expounds youths' recommendations on programmes that should be offered to prevent substance abuse, or to improve existing programmes. The youths expressed many suggestions and recommendations. The responses to these two questions were given under one theme and 10 sub-themes. The youths explained how existing programmes to prevent substance abuse can be improved, and what programmes should be offered to prevent substance abuse.

The **seventh theme** discussed *youths'* suggestions on who should be involved in programmes to prevent substance abuse. From their responses, five sub-themes emerged; most of the participants highlighted the benefits of community participation and the management of projects concerning their welfare. Collaboration was highly recommended as the best approach to address the complexity of substance abuse problems as it is linked to many social problems which are often connected to other problems, and solving them requires the cooperation of all stakeholders.

Theme eight presented *youths' opinions* on what steps should be taken to implement the suggested programmes; two sub-themes emerged; a needs analysis was stressed by many participants as a way to assess the environment of concern, as this would provide relevant information as a guide in developing a strategy that focuses on interventions that are likely to be effective.

Theme nine discussed youths' opinions on what social workers should do to prevent substance abuse; five sub-themes emerged. Most participants pointed to the scarcity of social workers in their communities. The data obtained in this study acknowledged the shortage of social workers in South African communities, and recommended additional training to lay persons to assist social workers deal with social ills in their communities.

Finally, **Theme ten** presented *youths'* opinions on what could assist social workers to prevent substance abuse. Their responses to this question were given under three

sub-themes. Most of the participants pointed out that South African social workers face human resources challenges in the implementation of their services in the communities, stemming from staff shortage and high caseloads.

3.5 CONCLUSION

The findings from the literature review on the topic of youth perception on the prevention of substance abuse helped to increase the understanding of the research problem. This study aided social workers in the field of substance abuse gain a better insight, and allowed social workers assist youths with substance abuse problems more effectively. Chapter 4 presents a summation of the research report, and outlines the general conclusions and recommendations.

CHAPTER 4

SUMMARIES, CONCLUSIONS, AND RECOMMENDATIONS

4.1 INTRODUCTION

The aim of the study was to gain an in-depth understanding of the perceptions of the youth on the prevention of substance abuse in the Cape Flats. This chapter will discuss the findings of the qualitative research that emerged from the data-collection process and subsequent data analysis. This reflection is supported by participants' storylines, complemented by literature control. The summary and conclusions are presented entailing brief overview of chapters of the study. This chapter will encapsulate and draw conclusions of the study. Finally, the limitations of the study followed by the recommendations will also be presented to the benefit of social workers rendering services in the substance abuse field.

4.2 BRIEF OVERVIEW OF THE PREVIOUS CHAPTERS

The previous chapters are briefly outlined below.

4.2.1 Chapter 1: General introduction

This chapter highlights the general introduction and background of this study. In addition, the problem formulation, problem statement, and the rationale of the study are described. The researcher explores the descriptions and discussions in the literature regarding substance abuse, with the emphasis on the perceptions of the youth on the prevention of substance abuse in the Cape Flats. Substance abuse issues are discussed as manifested internationally and nationally, and then reflects on the situation of the Cape Flats where this study was conducted. This is followed by the methodology of the study including the research question, goals, and the objectives that guided the study, the way the researcher planned to undertake the study, defining concepts and ethics.

4.2.2 Chapter 2: Application of the research methodology

In this chapter, the researcher presents the research methodology employed during the study. Furthermore, it outlines the application of the research approach, research design, the recruitment process, sampling technique, and preparation of participants, the analysis of data as well as data verification.

4.2.3 Chapter 3: Presentation and discussion of the research findings

The research findings are presented in this chapter in the form of themes, sub-themes, and categories where they were compared and supported with literature control.

4.3 SUMMARY AND CONCLUSION BASED ON THE RESEARCH PROCESS

This section provides the summary, conclusions, and proposed recommendations for consideration on the prevention of substance abuse in the Cape Flats.

4.3.1 Summary and conclusion based on the research process

The goal of the study as discussed in Chapter 1, was to develop an in-depth understanding of the perceptions of the youth residing in the Cape Flats on the prevention of substance abuse as well as to proffer suggestions for social workers rendering intervention services to youths abusing substances.

Based on the processes described in Chapters 1 - 3, the researcher concluded that the study achieved the above-mentioned goal as it was able to gather the information that explores youth perceptions on the prevention of substance abuse in the Cape Flats. The findings presented in Chapter 3 of this report serves as confirmation that the research goal was accomplished.

Further, the objectives of the study are set out as follows:

 To explore and describe the perceptions of youths on the prevention of substance abuse, and this objective was accomplished. Theme 3 addresses possible prevention strategies of substance abuse in the community, which confirms the outcome of this objective.

- To identify suggestions for social work practice on the prevention of substance abuse in the Cape Flats: Theme 10 unpack the youths' recommendations on what could assist social workers to prevent substance abuse, which confirms the accomplishment of this objective.
- To draw a sample from youths residing in the communities under study (Mitchell's Plain, Khayelitsha, and Delft) in the Cape Flats. The non-probability, purposive sampling method utilised to select the sample proved to be suitable for the study as the identified and recruited participants were able to answer the research questions which allowed for rich data to be obtained.
- To carry out semi-structured interviews, aided by open-ended questions contained in an interview guide to explore youths' perceptions on the prevention of substance abuse in the Cape Flats. The semi-structured interviews ensured that the discussion remained focused on the research topic, while the open-ended questions relating to the research questions and the goal of the study ensured that the participants were able to describe their stories thoroughly. This was evident in the storylines; for instance, the description of Theme 3: youths' ideas on possible prevention strategies of substance abuse in their community. The data-collection method proved to be effective as it enabled the researcher to gain a deeper understanding of youth perceptions on the prevention of substance abuse in the Cape Flats.
- To carry out the data analysis process aided by Tesch (cited in Creswell, 2014:218). The method of data analysis guided the independent coder and the researcher to indendently identify possible themes and sub-themes. To draw conclusions and make recommendations on the prevention of substance use disorder and, in so doing, inform social work practice as unpacked in Theme 10 and sub-themes, which confirm that the objective has been accomplished as these recommendations will guide and assist social workers in the field of substance abuse.

Based on the research objectives, the researcher concludes that the objectives were useful as they assisted the researcher in achieving the research goal.

4.3.2 Summary and conclusions of the applied research methodology

The qualitative research methodology was considered suitable to explore the perceptions of youths on the prevention of substance abuse in the Cape Flats. Therefore, the qualitative research method and design used in this research study allowed for the participants to share their stories from their own perspectives without the researcher imposing her own ideas, beliefs, and assumptions, as this enabled a non-directive process (Creswell, 2014:235; Dudley, 2011:20). This research method allowed the participants flexibility in their interactions with the researcher (Bailey, 2018:3). A population was identified, and a sample drawn using non-probability, purposive, and snowball sampling. The data of this study were obtained from 15 individuals and two focus groups through semi-structured interviews with youths residing in Khayelitsha, Delft, and Mitchell's Plain in the Cape Flats. The semi-structured interviews permitted flexibility which allowed the researcher to probe and explore the problem under study (Bailey, 2018:3).

Relevant themes and sub-themes emerged from the findings. The findings were divided into 10 themes:

- 1. Youths' understanding of substance abuse.
- 2. Youths' thoughts on why youths abuse substances.
- 3. Youths' ideas on how substance abuse could be prevented in their community.
- 4. Youths' descriptions of what exists in their community to prevent substance abuse.
- 5. Youths' explanations of the effectiveness of existing programmes.
- 6. Youths' recommendations as to what programmes should be offered to prevent substance abuse, and/or improve existing programmes.
- 7. Youths' suggestions as to who should be involved in programmes to prevent substance abuse.
- 8. Youths' recommendations as to what steps should be taken to implement suggested programmes.
- Youths' opinions as to what social workers should do to prevent substance abuse.
- Youths' recommendations as to what could assist social workers to prevent substance abuse.

The responses from participants were very comprehensive, covering most prevention strategies and aspects related to substance abuse in their areas. This reflects the effectiveness of applying the semi-structured questionnaire in collecting data as well as the manner in which the researcher conducted herself as a tool in obtaining the data.

4.4 SUMMARY AND CONCLUSION ARISING FROM THE RESEARCH FINDINGS

A summary of 10 themes and 44 sub-themes that emerged from the data analysis as well as the researcher's conclusions (Chapter 3) are presented below.

4.4.1 Theme 1: Youths' understanding of substance abuse

Theme 1 is based on participating youths' understanding of substance abuse. They all basically had a similar understanding of this concept, and explained it as the over or harmful use of both legal and illegal substances (Jacobs, 2019:7). All participants had similar views that substance abuse is the excessive use of substances that can lead to physical, social, or emotional harm.

Based on the above storylines, the researcher concludes that all youths had a similar understanding of the concept 'substance abuse' and explained it as the over/harmful use of both legal and illegal substances.

4.4.2 Theme 2: Youths' thoughts on factors contributing to abusing substances

Youths' thoughts on factors contributing to substance abuse:

- Peers and social interactions with friends may provide opportunities to engage in substance abuse.
- Children who grow up in families or communities where substances are used or abused are more likely to follow suit.
- One of the biggest reasons why youths abuse substances is simple curiosity and to discover for themselves what some of their peers find so attractive.

- Youths might not want to be alone and have a need to keep themselves occupied.
- Poverty and/or unemployment and a way of coping with or escaping reality are directly linked to the increased youth engagement of substance abuse in these marginalised communities.
- The other contributing factor mentioned was easy access; these substances are readily available in communities through shebeens, gangs, and parents in other households.

Based on the narratives as discussed in Chapter 3, it is evident from the participants' perceptions that various reasons contribute to substance abuse. The researcher concludes that poverty and unemployment in disadvantaged communities create a thriving environment for using and selling illicit substances and alcohol as a means of financial survival. In addition, the issue of broken families where there is no responsible parent in the home also contributes to youth substance abuse. Furthermore, the issue of absent fathers was raised as a significant pressing factor in the development of substance abuse amongst the youth. Various sources, documented in Chapter 3, support that youths with an absent father have increased chances of engaging in substance abuse and all kinds of crime.

Moreover, the participants' narratives highlighted how some communities' circumstances in the Cape Flats created a climate for substance abuse and gangsterism. The youths are so easily tempted and get involved in substance abuse or criminal activities as a quick way of earning money. The selling, dealing, and keeping of illegal substances for substance dealers or gang members are seen as a way of making money easily.

4.4.3 Theme 3: Youths' ideas on how the abuse of substances could be prevented in their communities

The youths' ideas on how the abuse of substances can be prevented include:

 The facilitation of substance abuse awareness and empowerment education by various stakeholders such as social workers, clinics, religious people, and teachers to conscientize communities by targeting various age groups on the consequences of substance abuse.

- Information sharing programmes may be offered by social workers and clinics on the causes of substance abuse, effects, and possible treatments.
- Social workers to mobilise within communities encouraging recovering addicts to return to school, and speak to youths about the effects of substance abuse.
- The involvement of role models or celebrities to motivate the youth by sharing their experiences as to how they rose above these circumstances and became individuals who live meaningful lives. These can be footballers or rugby players, targeting those with troubled backgrounds, to motivate the youth to choose a constructive lifestyle.
- Social workers to equip youngsters with life skills to withstand peer pressure and bullying in schools and the community at large.
- Social workers to facilitate the negotiation process of developing compulsory programmes for substance abuse within the schools.
- The relevant stakeholders, i.e., in the fields of sports, arts, and culture to strengthen recreational resources and programmes that could boost youths' confidence and promote positive thinking. These can improve physical and mental well-being through establishing support networks, fostering feelings of inclusivity, and promoting a sober lifestyle that youngsters can be proud of.
- Various stakeholders, i.e., social workers, clinics, and religious leaders to facilitate educational campaigns directed at parents of young children, and aimed at improving parenting skills within the community.
- Job readiness training offered by government to ensure that youths are marketable as the issue of experience remain significant and challenging.
- The government to support youths with life skills programmes aimed at equipping those recovering from substances with skills that will assist them to be gainfully employed.
- Social workers to establish emotional support and support groups for the families of youths abusing substances. Improve the availability and accessibility of support services for individuals and families with substance abuse problems.
- The SAPS to increase police visibility in various communities affected by substance abuse in the Cape Flats.

Based on the above-mentioned suggestions, the researcher concluded that awareness programmes are of importance and should be conducted through schools, community groups, media advocacy, community radio, or community action groups. Many youths engage in the use of substances, legal or illegal, without any knowledge of the consequences. Therefore, early intervention and preventing the youth from starting using substances will help reduce long-term problems associated with substance abuse. There is a need that government should uplift the youth by providing skills development opportunities for both youths and parents as the latter have a big influence on how youngsters behave. Skills development and employment programmes/courses, for instance for aspiring carpenters, electricians, or plumbers, will help to address the root course of the problem. Thus, adequate employment opportunities would impact positively on eradicating, or at least alleviating, poverty and also decrease the improper role modelling of parents and significant others who use substances to escape from their own despair.

It is evident from the participants' storylines that providing youths with opportunities to engage in positive activities is a fundamental means of preventing and reducing substance abuse, while also encouraging growth and development. It is clear from the extracts that the lack of recreational activities and entertainment facilities contributes to the vulnerability of these youths who are then thrust into the habit of using and abusing substances. The data obtained in this study also outline that youths from low-income backgrounds are less likely to have economically successful role models in their own families and communities, and this could alter their life trajectory (Kearney & Levine, 2020:94). Lastly, the participants' extracts highlight the lack of support from the police service; individuals then end up trying to use their inner strengths to cope with the challenges associated with youth substance abuse.

4.4.4 Theme 4: Youths' descriptions on existing services, activities, and programmes in their community to prevent substance abuse

The youths' descriptions of existing prevention programmes are as follows:

 Recreational activities are meaningful and beneficial in the prevention of youth substance abuse.

- Neighbourhood Watch and street committees help in addressing substance issues and related crimes in their communities.
- Church-based initiatives remain the most common and accessible form of substance abuse prevention programmes in the Cape Flats.
- Law enforcement serves as an existing prevention programme in communities.
 However, its effectiveness was questioned by most of the participants as the problems of youth substance abuse continue to rise.
- Social services intervention such as social work services was also mentioned relating to the prevention of substance abuse. However, the limits of the services provided was emphasised by many participants.
- Several treatment programmes such as inpatient and outpatient programmes are available. However, there were concerns regarding accessing these services.

Based on the aforementioned descriptions, the researcher concluded that rehabilitation organisations generally offer programmes to individuals affected by substance abuse at their facilities as part of the prevention of substance abuse; however, it is not always accessible to individuals in need of service in terms of waiting period, geographical location, and finances associated with travel. In addition, there is a need for police and law enforcement efficiency to promote a healthy relationship between the police and community to establish partnerships and to strengthen their relationships.

Moreover, it is evident from the extracts that there are some recreational activities established in these communities. However, their sustainability is questionable due to a lack of support, vandalism, and theft within the community.

4.4.5 Theme 5: Youths' explanations of the effectiveness of existing programmes

Youths' explanations of the effectiveness of existing programmes are as follows:

• The majority of the participants pointed out that most programmes in their communities are not as effective as they should be, while two of the participants claimed that some of the programmes are indeed effective.

 Most of the youths who complete rehabilitation programmes suffer a relapse within a short period of time as they return to the same situations that led them to engage in substance abuse in the first place.

The researcher reached the conclusion that the explanations of the effectiveness of existing programmes given by the participants are realistic.

4.4.6 Theme 6: Youths' recommendations on possible responsive programmes that should be offered to prevent substance and/or improve existing programmes

Youth recommendations on what should be offered to prevent substance abuse are as follows:

- Government should invest more in disadvantaged communities and maintain and sustain available resources and programmes.
- Programmes must be appropriate and attractive to the youth, and be offered in the language they understand.
- The use of ex-substance abusers as a motivator was emphasised to help youngsters stop abusing substances.
- The government to address youth unemployment and lack of skills as these are the predominant reasons for substance abuse in their communities.
- More family/community support is needed in the Cape Flats communities to help individuals deal with stressors that could lead to substance abuse.
- The government to ensure easy accesses to treatment programmes and reduce the waiting period.
- Educational life skills programmes which could lead to empowerment, should be offered to prevent substance abuse.
- A need for government to establish recreational activities to address the issue of substance abuse.
- Social workers to facilitate parental programmes, as substance abuse is seen as a culture endemic within these communities.
- The social workers to establish more effective post-treatment support programmes, i.e., support groups to help affected youths maintain their recovery.

- The SAPS to address the issue of corrupt police as this would assist in preventing substance abuse.
- The Liquor Board authority to reduce the number of taverns, and enforce the laws in these communities as a way of preventing substance abuse.

Based on the aforementioned recommendations, the researcher concludes that there are insufficient low-cost or state rehabilitation centres available for the youth who need help associated with substance abuse, which results in long waiting periods, especially for inpatient rehabilitation services. Additionally, the researcher concludes that it is beneficial that educational programmes for substance abusers be provided through creative and innovative means to suit these young people's capabilities. Furthermore, schools should ensure that a social worker is available to offer necessary intervention when 'at risk' youths are identified to provide appropriate individual therapies to help youngsters reduce their risk of indulging in substance abuse. Moreover, effective law enforcement strategies would be beneficial in safeguarding, and aiding in creating a substance free community.

It is important to note that due to the lack of services rendered, the youth and teachers face an imbalance in the support available within the school environment. This was clearly demonstrated in the narratives and expressions of the participants who have had practical experiences. It can be deduced that substance abuse is seen as a culture in these communities. Therefore, the involvement and support of parents, guardians, and other caregivers are critical in the prevention of youth substance abuse, and this was highly recommended by the participating youths.

These narratives outlined the continued barriers that many of the recovering youths experience post-treatment, notably poverty. Additionally, the lack of available aftercare services remains a major issue in the Cape Flats. It is clearly outlined that aftercare services such as support groups remain largely inaccessible in these poor communities in the Cape Flats. Furthermore, a general lack of available and accessible rehabilitation centres was noted as a stumbling block in the Cape Flats, as revealed in the narratives. The data obtained from this study demonstrated the influence that the sale of substances from unregistered outlets has on the prevention

of youth substance abuse. Calls for the government to regulate the issuing of trading licences and reduce the number of available outlets in communities are crucial.

4.4.7 Theme 7: Youths' suggestions on who should be involved in substance abuse prevention programmes

The youths' suggestions as to who should be involved in programmes to prevent substance abuse, are as follows:

- The community should be involved in all programmes concerning them.
- Both government and the community should be involved in the programmes to prevent substance abuse.
- The South African Police Service, specifically, should be involved and be able to punish those smuggling illegal substances into the country.
- The involvement of parents as well as the targeted youth.
- The prevalence of substances, gangs, violence, and crime and their impact on the well-being and development of younger children in their community.
- The importance of utilising the available resources within the community to address substance abuse challenges.

Based on the aforementioned suggestions, the researcher concludes that the key for effectively addressing the Cape Flat's youth substance abuse problem does not lie in specific strategy or practice, but rather should be managed from a holistic and an allinclusive collaborative perspective, as incorporated in the National Drug Master Plan (2013-2017:8) which is unfortunately not practically implemented. This should be driven as a collaborative effort between the Provincial Departments of Social Development, Education, and the Department of Health as well as NGOs responsible for social development in each of the local authorities in the Cape Flats. A holistic approach is essential to achieve public value, which would provide an overview of the different strategies that could be employed to reduce substance abuse. Collaboration with various authorities is of importance to ensure that the targeted audience is reached. Furthermore, it is evident that the overwhelming control and influence of gangsterism across the Cape flats have led to the development of a gang culture in most of these disadvantaged communities. Substances are used as tools of power amongst gangs where vulnerable populations, in particular youths, are actively engage in; those recovering from substance abuse are exploited and recruited into

gangsterism associated with criminal activities. It can be deduced that the participants are of the view that the active participation of community members in substance abuse prevention programmes is essential as the community members have the greatest stake in keeping the community safe. Increasing community involvement can lead to a cleaner and smarter environment, which in turn will alert substance dealers that community members are less likely to tolerate the trade of substances in their community. Lastly, substance abuse is linked to many social problems which are often connected to other problems, and solving them requires the cooperation of all stakeholders. Therefore, it can be concluded that government, different stakeholders, community as well as the youth can participate, or even collaborate, in the implementation of youth substance abuse programmes.

4.4.8 Theme 8: Youths' recommendations on steps that should be taken to implement the suggested programmes

The youths' recommendations on steps that should be taken to implement the suggested programmes, are as follows:

- The use of a needs analysis as an investigative tool for the identification of actual needs, gaps as well as the resources available.
- The involvement of the community and the youth in programmes concerning them is essential.
- Decide on funding, for instance, how to acquire funds and other resources required for a project. The importance of financial planning to promote sustainable projects.

Based on the above-mentioned recommendations, the researcher concluded that a needs analysis is of importance in any project as it determines the kind of intervention that is appropriate in the community. Additionally, the contributions of youth leaders to youth engagement are vital for promoting change. Direct community involvement is an important requirement for effective programmes. A holistic approach and perspective are essential in achieving the additional public value, which provides an overview of the various strategies that can be employed to reduce substance abuse; and this also highlights the need for the problem to be managed. The researcher is of the view that needs assessment is of great importance when conducting a community project as it

serves as the starting point to address community needs and advocate for improvement.

4.4.9 Theme 9: Youths' opinions on what social workers should do to prevent substance abuse

Youth opinions on what social workers should do to prevent substance abuse, are as follows:

- A need for therapeutic interventions directed at children and family members living with an individual abusing substance; prevent social ills associated with substance abuse.
- Social workers to raise awareness about substance abuse and increase the community's knowledge of substances and abuse.
- Mobilise veteran social workers, unemployed social auxiliary workers and social workers to offer training; lay persons to assist social workers to deal with challenges associated with substances abuse.

Based on the above discussion, it can be deduced that the communities in the Cape Flats are not receiving the support they need from the government. The researcher concludes that there is a substantial shortage of social workers in South Africa, which impacts services that are to be rendered in communities. Therefore, there is a need for training non-professionals to assist social workers to deliver their services effectively. It is evident that despite the efforts made by different organisations, the youth as well as the community at large, still lack the knowledge and information about the dangers of substance abuse. It is important to note that treating the individual without family involvement may limit the effectiveness of treatment for two reasons; firstly, it ignores the devastating impact of substance abuse on the family system leaving family members untreated; secondly, it does not recognise the family as a potential system for change.

It is clear from the participants' extracts that there is a lack of support for existing social services, and individuals end up using the inner strengths within them to deal with the stress related to youth substance abuse. Therefore, social workers' intervention is of

great importance to mend damaged relationships affected by the recovering substance users.

4.4.10 Theme 10: Youths' recommendations on possible assistance required by social worker to prevent substance abuse

Youth recommendations on what could assist social workers to prevent substance abuse are as follows:

- Social workers should not work alone, but should work in partnership with other professionals such as the police, law enforcement, the Department of Health,
 Department of Education, and the community at large.
- Social work training should be broader and more intense in the field of substance abuse as this would strengthen their knowledge in the field.
- Substance abuse is a specialised field; therefore, more training via webinars, conferences, and workshops should be provided to enhance the knowledge and skills of service providers.
- Government should provide enough resources for social workers in order to render services effectively, for instance vehicles to conduct home visits, funding, and human resources.
- The DSD to ensure that there is enough security for social workers as most of Cape Flats communities are volatile.

Based on the above-mentioned, the researcher concluded that participants perceive their communities to be too violent and unsafe for social workers rendering services. Therefore, there are calls for the DSD to partner with SAPS to ensure that social workers are safe when conducting home visits. Further, there is a need to incorporate substance abuse in undergraduate social work training. It was evident from the participants' extracts that they feel there is not adequate preparation for social workers in the substance abuse field in their undergraduate studies. The researcher also noted a need for skills development for those social workers who render services in the field. Thus, training and skills development should be prioritised for those rendering services in the substance abuse field.

It is evident that despite the support provided to social workers in the substance abuse field, the formal training they receive is insufficient and not adequately intensive to fully equip them to render effective service. Additional training will enable social workers to gain the necessary techniques and skills to engage effectively with individuals with substance abuse problems. The narratives enunciated above clearly show that substance abuse amongst the youth is a complex phenomenon; and therefore, a flexible and multi-theoretical approach in order to facilitate prevention is called for.

4.5 RECOMMENDATIONS MADE BY THE PARTICIPANTS

Based on the data obtained and analysed in this study, the following recommendations reflect the voices of the participants living in the Cape Flats:

- Essentially, application of the various aspects compiled in the NDMP, under supervision of the CDA, must be put in place.
- Government should ensure that more resources are made available to improve
 the programmes initiated by communities. For instance, providing resources to
 neighbourhood watch groups, and facilitate training and protection to help
 people who are trying to protect the community from substance abuse related
 activities.
- A multi-disciplinary approach is of importance on the prevention of substance abuse as it involves different stakeholders to confront the challenges of substance abuse.
- The government to invest more in job creation and skills development to prevent substance abuse in their communities.
- That multi-sectoral and inter-institutional collaboration be followed if the youth substance abuse problem is to be managed effectively.
- The Department of Social Development to appoint more social workers in schools to help establish substance abuse prevention measures and deal with social ills within the school environment.

The participants highly recommended awareness programmes as preventive measures to help youngsters, from an early age, to be aware of the dangers of engaging in substance abuse, to make the right choices, and take responsibility for their lives. The researcher concluded that the recommendations made by the

participants reflect a comprehensive and holistic approach and are generally attainable. Therefore, a need for additional support to social workers rendering services in substance abuse field was recommended.

4.6 LIMITATIONS OF THE STUDY

This study was conducted in only three communities of the Cape Flats, meaning that a relatively small sample was taken; the findings can therefore not be generalised.

4.7 RECOMMENDATIONS BASED ON THE RESEARCH STUDY

Based on the research findings of this study, the researcher recommends the following recommendations for practice, policy, education, and further research in the substance abuse field.

4.7.1 Recommendations for the social work practice

- There is a need for more intensive and frequent dissemination of information.
 This can be achieved through, e.g., surveillance to increase substance abuse awareness to youths as well as the community. This would help to improve the perception of the community towards the abuse of substances in their community.
- More awareness is required from the social workers when educating youths and the community at large on the social work services they provide.
- There is a need for social workers to address the social ills associated with youth substance abuse such as unemployment, poverty, and crime, especially in these marginalised communities in the Cape Flats.
- Social workers are to advocate support for families living with youths who are involved in substance abuse.
- Social workers should be visible, and reach out to individuals and families
 affected by substance abuse. This is possible through the marketing of social
 work services using pamphlets, distributed at different community platforms,
 translated into the various languages understood by the youth.

- Motivate for the establishment of rehabilitation facilities to ensure that youths
 affected by substances receive all the support that they require, and that they
 are reached out to timeously.
- Social workers need to embrace the utilisation of technology. The outbreak
 of Covid-19 transformed the way we interact, work, and communicate. Thus,
 social workers are encouraged to include technology in their practice when
 appropriate and to use its potential for social good (Berzin, Singer and Chan,
 2015:12). For instance, social workers should utilise different meeting
 platforms such as Zoom, WhatsApp, or video conferencing to facilitate
 support groups.
- The referral system amongst different role players should be strengthened by collaboration of all stakeholders (Chapter 3). Collaboration is crucial for preventing individuals from falling through the cracks amongst agencies.
- Psychosocial support during the assessment process should use a holistic approach to youths or families who are affected by substance abuse.
- World Substance Abuse Day may serve as a relevant platform for social workers to conscientise communities on treatment options.
- Perhaps every second week or month, the media/radio stations could be approached to provide an opportunity for specialists to share their knowledge on the consequences of substance abuse.

4.7.2 Recommendations for the policies regulating the use of substances

- The government should involve the youth when developing, applying for, and/or revising existing policies on substance abuse treatments and rehabilitation.
- The government should strengthen easily accessible inpatient admission for individuals needing help.
- A need for government to re-evaluate the issuing of liquor licences, and to impose heavy fines on illegal taverns and shebeens to help curb the problem of youth substance abuse.
- There is a need for government to ensure restoration of existing facilities i.e.,
 Libraries and swimming pools as well as the development of youth friendly recreational facilities.

- Moreover, there is a need for collaboration between local authorities, i.e., the
 Department of Social Development, the Department of Sports and
 Recreation for the re-installation of vandalised parks and sports field in these
 underserved communities.
- Furthermore, innovative strategies are required to prevent young people from experimenting with and progressing on to abuse licit and illicit substances.

4.7.3 Recommendation for education

- It is recommended that NGOs that provide substance abuse programmes conduct additional training and workshops for social workers in the substance abuse field. This would improve social workers' skills and knowledge when dealing with the complexities of substance abuse.
- The issue of additional training for social workers in the substance abuse field was stressed by most of the participating youths. In other words, the participating youth suggested that substance abuse should receive more attention at the undergraduate level of social work training to strengthen the knowledge base of social work graduates.

4.7.4 Recommendation of the area for further research

- This study took place in only three communities of the Cape Flats. It is therefore recommended that further studies be conducted in other communities of the Cape Flats to gain a deeper understanding in order to render a more effective integrated and holistic service.
- Research on the accessibility and availability of aftercare services should be conducted on a larger scale throughout South Africa, in particular the less advantaged communities.
- There is a need for further research regarding the accessibility and availability of rehabilitation services for the youth in the Cape Flats.
- Research regarding the role of recreational activities as a potential for substance abuse prevention programmes should be explored.

 There is a need for further research regarding the severity of gangsterism and its role in the supply, demand, and harm of substances in communities across the Cape Flats.

4.8 CONCLUSION

The summaries of the qualitative research process are presented in this chapter, how the research goal, objectives, research findings according to the themes and subthemes, and categories were articulated as well as the limitations of the study and recommendations. The data obtained in this study were corroborated by literature control. Furthermore, the recommendations and conclusions based on the major research findings of eight themes were also presented. The discussion culminated in the presentation of suggestions for social work support, recommendations for social work practice, policy, education, and future research. The findings of this study will assist social workers rendering services in the substance abuse field.

The study highlighted gaps and recommendations were made on how current existing substance abuse prevention programmes amongst youth in the Cape Flats can be strengthened. Moreover, this study acknowledges crucial stakeholders to be considered for the development and implementation of substance abuse prevention programmes for the youth. This study further emphasised the importance of including youth and community members for the prevention programmes to be sustainable.

BIBLIOGRAPHY

Abrahams, M. 2017. Editorial. *African Evaluation Journal*, 4(1):1-2.

Adner, R. 2017. Ecosystem as structure: An actionable construct for strategy. *Journal of Management*, 43(1):39-58.

Akhtar, I. 2014. Problem formulation in social science research. *International Journal of Research*, 1(11):1210-1216.

Alicea, S., Prado, G., Conover, K., Gopalan, G. & McKay, M. 2012. Step-up: Promoting youth mental health and development in inner-city high schools. *Clinical Social Work Journal*, 40 (2):175-186.

Amankwaa, L. 2016. Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3):121-127.

American Psychiatric Association. 2020. *Diagnostic and statistical manual of mental disorders (DSM-5)*. *Substance-related and addictive disorder*. Available from https://www.verywellmind.com/dsm-5-criteria-for-substance-use-disorders-21926. (Accessed 02/11/2020).

American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders (DSM-5). Substance-related and addictive disorder.* Available from http://www.psychiatry.org/dsm5 (Accessed on 13/07/2019).

Anney, V.N. 2014. Ensuring the quality of the findings of qualitative research: looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, 59(2):272-281.

Appollis, E.K. 2016. Rehabilitation of drug addicted adolescents' boys: the contribution of social workers who are employed by the Department of Social Development. Masters' thesis. Department of Social Work. University of Stellenbosch, Cape Town.

Arora, SK., Shah, D., Chaturvedi, S. & Gupta, P. 2015. Defining and measuring vulnerability in young people. *Indian Journal of Community Medicine*, 40(3):193-197.

Asante, K.O. & Lentoor, A.G. 2017. Use of crystal methamphetamine among male adolescents in Cape Town, South Africa: Caregivers' experiences. *Substance Abuse Treatment, Prevention, and Policy,* 12(18):1-7.

Ashford, R.D., Brown, A.M., Rydling, R. & Curtis, B. 2020. Building recovery ready communities: the recovery ready ecosystem model and community framework. *Addiction, Research & Theory*, 28(1):1-11.

Babbie, E.R. & Mouton, J. 2010. *The practice of social research*. 10th ed. Cape Town: Oxford University Press Southern Africa.

Babbie, E.R 2013. *The practice of social research*. 13th ed. Wadsworth: Cengage Learning.

Babbie, E. 2016. The practice of social research. 14th ed. Boston. Cengage Learning.

Bailey, C.A. 2018. *A guide to qualitative field research.* 3rd ed. Los Angeles. Sage Publications.

Balamurugan, J. 2018. Drug abuse: Factors, types and prevention measures. *Journal of Advanced Research in Humanities and Social Science*, 5(4):14-20.

Barrett, A., Kujamaa, A. & Johnston, J. 2020. How to be reflexive when conducting qualitative research. *The Clinical Teacher*, 17(1):9-12.

Bayat, A., Louw, W. & Rena, R. 2014. Investigating the confluence of factors impacting on underperformance at selected secondary schools in the Western Cape, South Africa. *International Journal of Education Sciences*, 7(1):41-55.

Bhagwan, R. 2017. Towards a conceptual understanding of community engagement in higher education in South Africa. *Perspectives in Education*, 53(3):315-329.

Beraldo, L., Gil, F., Ventriglio, A., De Andrade, A.G., Da Silva, A.G., Torales, J., Goncalves, P.D., Bhugra. D. & Castaldelli-Maia. J.M. 2019. Spirituality, religiosity and addiction recovery: Current perspectives. *Journal for Current Drug Abuse Reviews*, 11(1):26-32.

Berends, L. & Johnston, J. 2005. Using multiple coders to enhance qualitative analysis: The case of interviews with consumers of drug treatment, *Addiction Research & Theory*, 13:4:373-381, DOI: 10.1080/16066350500102237.

Bernstein, A. 2017. No country for young people. The crisis of youth unemployment and what to do about it. Johannesburg: The Centre for Development and Enterprise. Available from www.cde.org.za (Accessed on 16/10/2021).

Berzin, S.C., Singer, J. and Chan, C. (2015) 'Practice Innovation through Technology in the Digital Age: A Grand Challenge for Social Work', *American Academy of Social Work & Social Welfare*, 12:3–12.

Bhardwaj, P. 2019. Types of sampling in research. *Department of Cardiology, New Delhi, India*, 5(3):157-163.

Biolcati, R., Mancini, G. & Trombini, E. 2018. Proneness to boredom and risk behaviours during adolescents' free time. *Psychological Reports*, 121(2):303-323.

Blaikie, N. & Priest, J. 2019. *Designing social research*. Cambridge. Polity Press.

Bless, C. & Achola, P. 2013. Fundamentals of social research methods: An African perspective. Cape Town: Juta and Company Ltd.

Bless, C., Higson-Smith, C. & Sithole, S.L. 2013. *Fundamentals of social research methods: An African perspective*. Cape Town: Juta.

Botma, Y., Greef, M., Mulaudzi, F.F. & Wright, C.D. 2010. *Research in health science*. Cape Town: Heinemann.

Boudah, D.J. 2011. Conducting educational research: Guide to completing a major project. East Carolina University: Sage.

Bowers Du Toit, N.F. 2014. Gangsterism on the Cape Flats: A challenge to "engage the powers". *Theological Studies*, 70(3):1-7.

Braun, V. & Clarke, V. 2013. Successful qualitative research: a practical guide for beginners. United States of America: Sage.

Broning, S., Kumpfer, K., Kruse, K., Sack, P.M., Schaunig-Busch, I., Ruths, S., Moesgen, D., Pflug, E., Klein, M. & Thomasius, R. 2012. Selective prevention programs for children from substance-affected families: a comprehensive systematic review. *Substance Abuse Treatment, Prevention and Policy*, 7(23):1-17.

Buchert, L. 2014. Learning needs and life skills for youth: An introduction. *International Review of Education*, 60(2):163-176.

Bulpitt, H. & Martin, P.J. 2010. Who am I and what am I doing? Becoming a qualitative research interviewer. *Nurse Researcher*, 17(3):7-16.

Calitz, T., Roux, A. & Strydom, H. 2014. Factors that affect social workers' job satisfaction, stress and burnout. *Social Work/Maatskaplike Werk*, 50(2):153-169.

Camp, H. 2017. Goal setting as teacher development practice. *International Journal of Teaching and Learning in Higher Education*, 29(1):61-72.

Carelse, S. 2018. Social work services provided by Non-Profit Organisations to adult methamphetamine users: An ecological perspective, Doctoral Thesis, Department of Social Work, University of Stellenbosch, Cape Town.

Carlon, C.M. 2016. Speaking back to theory: Community development practices in the south west region of Western Australia. Australia: Edith Cowan University.

Carney, T. & Myers, B. 2012. Effectiveness of early interventions for substance-using adolescents: findings from a systematic review and meta-analysis. *Substance Abuse Treatment, Prevention, and Policy*, 7(1):1-15.

Carrington, A. 2017. A spiritual approach to social work practice. In: Crisp, B.R. & Beth, R. (eds). 2017. *Routledge handbook of religion*, *spirituality and social work*. London, UK: Routledge.

Central Drug Authority (CDA), Annual report. (2019/2020). Building a caring society together. Available from www.dsd.gov.za (Accessed 23/03/2023).

Central Drug Authority (CDA). 2011. Substance use and abuse in South Africa: A presentation by the CDA to the Portfolio Committee on Women, Youth, Children and People with Disabilities, South Africa, September 8. Available from https://pmg.org.za/committee-meeting/13370/ (Accessed 06/09/2011).

Chan, Y.F, Sidhu, G.K., Lim, P.C. & Wee, E.H. 2016. Students' Perceptions of Substance Abuse Among Secondary School students in Malaysia. *Pertanika Journal of Social Sciences & Humanities*, 24(2):555-572.

Charkravarthy, B., Shah, S. & Lotfipour, S. 2013. Adolescent drug abuse: Awareness and prevention. *Indian Journal of Medical Research*, 137(6):1021-1023.

Chetty, R. 2017. Naming my reality: A youth narrative on drug abuse and gangsterism in the Cape Flats: *Acta Criminological: Journal of Criminology*, 30(1):80-85.

Chibonore, W. & Chikadzi, V. 2017. Enablers and barriers faced by social workers in undertaking advocacy in Johannesburg, South Africa. *Southern African Journal of Social Work and Social Development*, 29(2):1-19.

Chie, Q.T., Tam, C.L., Bonn, G., Wong, C.P., Dang, H.M. & Khairuddin, R. 2015. Drug abuse, relapse, and prevention education in Malaysia: perspective of university students through a mixed methods approach. *Substance Abuse and Prevention Education*, 6(65)1-13.

Chaote, P.W. 2011. Adolescents' addiction: What parents need? *Procedia-social and Behavioural Sciences*, 30:1359-1364.

Christensen, L. B, Johnson, R. B. & Turner, L.A. 2011. *Research methods, design and analysis*.11th ed. New York: Pearson.

Church, S., Dunn, M. & Prokopy. L. 2019. Benefits to Qualitative Data Quality with Multiple Coders: Two Case Studies in Multi-Coder Data Analysis. *Journal of Rural Social Sciences*, 34(1): Article 2. Available at:https://egrove.olemiss.edu/jrss/vol34/iss1/2.

City of Cape Town, Draft. 2014-2017. *Alcohol & other drug strategy*. Available at: https://resource.capetown.gov.za (Accessed 20/03/2023).

Clark, T. 2011. Gaining and maintaining access: Exploring the mechanisms that support and challenge the relationship between gatekeepers and researchers. *Qualitative Social Work*, 10(4):485-502.

Clark, D.A. 2012. Adaption, Poverty and Development: The dynamics of subjective well-being. New York: Plagrave Macmillan.

Cohen, D.A., Han, B., Derose, K.P., Williamson, S., Marsh, T., Rudick, J. & McKenzie, T.L. 2012. Neighbourhood poverty, park use, and park-based physical activity in a Southern California city. *Social Science & Medicine*, 75(12):2317-2325.

Cohen, D.A., Lapham, S., Everson, K.R., Williamson, S., Golinelli, D., Ward, P., Hiller, A. & McKenzie, T.L. 2013. Use of neighbourhood parks: Does socio-economic status matter? A four-city study. *Public Health*, 127(4):325-332.

Collinson, B & Best, D. 2019. Promoting recovery from substance misuse through engagement with community assets: Assets based community engagement. Substance Abuse Research and Treatment, 13:1-14.

Cope, D.G. 2014. Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1):89-91.

Copello, A., Templeton, L. & Powell, J. 2010. The impact of addiction on the family: Estimates of prevalence and costs. *Drugs: Education, Prevention and Policy*, 17(1):63-74.

Copello, A. & Walsh, K. 2016. Responding to families affected by alcohol and other drug problems. *Clinical Psychology Forum*, 278:13-17.

Creswell, J.W. 2016. 30 Essential skills for the qualitative researcher. London: Sage. Creswell, J.W. 2014. Research design: Qualitative, quantitative, and mixed methods approach. 4th ed. Los Angeles: Sage.

Creswell, J.W. 2013. Qualitative inquiry & research design: choosing among five approaches, 3rd ed. Thousand Oaks, California: Sage.

Creswell, J.W. 2012. Educational research: Planning, conducting, and evaluating quantitative and qualitative research. 4th ed. Boston, MA: Pearson.

Cross, B. & Cheyne, H. 2018. Strength-based approaches: a realist evaluation of implementation in maternity services in Scotland. *Journal of Public Health*, 26:425-436.

Cupido, X. 2017. An exploration of school-based substance abuse prevention programmes in the Cape Metropolitan Region. Doctoral dissertation, Faculty of Education, University of Western Cape, South Africa.

Cur, A., Szymona, K., Domanski, M., Opolska, A. & Jojlzuk, M. 2015. Parental Alcohol abuse and eating behaviours in adolescents. *Polish Journal Public Health*, 125(4):194-196.

Dada, S., Burnhams, N., Erasmus, J., Parry, C., Bhana, A. & Timol, F. 2017. South African community epidemiology network on drug use (SACENDU). *Monitoring alcohol, tobacco and other drugs abuse treatment admissions in South Africa. Human Science Research Council.*

Daley, D.C & Feit, M.D. 2013. The many roles of social workers in the prevention and treatment of alcohol and drug addiction: A major health and social problems affecting Individuals, families, and society. *Social Work in Public Health*, 28:159-164.

Das, J.K., Salam, R.A., Arshad, A., Finkelstein, Y. & Bhutta, Z.A. 2016. Intervention for adolescent substance abuse: An overview of systematic reviews. *Journal of Adolescent Health*, 59:61-75.

De Backer, K. & Jans, M. 2002. *Youth-work and social participation. Elements for a practical theory*. Available from https://360participation.com/models-of-participation/#:~:text=According%20to%20Marc%20Jans%20and,%3A%20Challenge%2C%20Ca pacity%20and%20Connection.

De Lannoy, A., Graham, L., Patel, L. & Leibbrandt, M. 2018. What drives youth unemployment and what interventions help? *A systematic overview of the evidence and a theory of change.* Available from www.redi3x3.org (Accessed 18/08/2021).

Dempsey, J.S. & Frost, L.S. 2010. *An introduction to policing*. 5th ed. Clifton Park, NY: Delmar Cengage Learning.

Denscombe, M. 2012. *Research proposals: A practical guide.* Open Skills. Berkshire England: Open University Press.

Denzin, N.K. & Lincoln, Y.S. 2011. Introduction: the discipline and practice of qualitative research. In: Denzin, N.K. & Lincoln, Y.S. (eds). *Collecting and interpreting qualitative materials*. 3rd ed. Los Angeles: Sage Publication:1-43.

Department of Basic Education (DBE) South Africa. 2013a. *National strategy for the prevention and management of alcohol and drug use amongst learners in schools.* Pretoria. Available from www.education.gov.za (Accessed on 07/08/2019).

Department of Basic Education (DBE) South Africa. 2013b. *Guide to drug testing in South African Schools.* Pretoria. Available from www.education.gov.za (Accessed 10/08/2019).

Department of Social Department (DSD) South Africa. 2011. *The state of NPO registration South Africa*. A report from the national NPO database. Pretoria: Government Printers.

Department of Social Development (DSD) South Africa. 2012. Country assessment on youth violence, policy and programmes in South Africa. Pretoria: Department of Social Development and the World Bank.

Department of Social Development (DSD) South Africa. 2013a. *Substance use, misuse, and abuse amongst the youth in Limpopo Province*. Limpopo: Government printers.

Department of Social Development (DSD) South Africa. 2013b. *Framework for social welfare services*. Pretoria: Department of Social Development.

Department of Social Development (DSD) South Africa. 2015. *Annual Report for the year ended* 31 March 2015. Available from www.dsd.gov.za (Accessed 02/10/2021).

Department of Social Development (DSD) South Africa. 2017. *General Substance abuse booklet*: Western Cape Government. Available from www.westerncape.gov.za (Accessed 10/08/2019).

Department of Social Development (DSD) South Africa and Central Drug Authority (CDA). 2013. *National Drug Master Plan*: 2013-2017. Department of Social Development, Republic of South Africa/Central Drug Authority. Pretoria: Government Printers. Department of Social Development (DSD) South Africa. 2020. *City of Johannesburg Substance Abuse Policy Second Draft*. Available from https://ww.joburg.org.za (Accessed 10/04/2023).

De Sas Kropiwnicki, Z. 2010. Identification and assessment of early intervention and prevention programmes in South Africa: Desk review. Draft. DoSD & UNICEF.

De Souza, F.N., De Souza, D.C & Costa, A.P. 2016. Asking Questions in the Qualitative Research Context. *The Qualitative Report*, 21(13):6-18.

De Vaus, D. 2013. Social Research Today: Surveys in Social Research. London: Routledge.

De Vos, A.S, Strydom, H., Fouche, C.B. & Delport, C.S.L. 2011. Research at grass roots: *For the social sciences and human services professions*. 4th ed. Pretoria: Van Schaik.

De Wet, C. 2016. The Cape Time's portrayal of school violence. *South African Journal of Education*, 36(2):1-12.

Dhavaleshwar, C.U & Umesh, T. 2012. Socio economic status of prostitutes and intervention of social work. *Thematics Journal of Social Sciences*, 1(4):102-105.

Dhavaleshwar, C.U. 2016. The role of social workers in community development. *International Research Journal of Social Sciences*, 5(10):61-63.

Dhull, P. & Beniwal, R.D. 2017. Dealing with peer pressure. *Online International Interdisciplinary Research Journal*, 7:256-263.

Diraditsile, K. & Mabote, O. 2017. Alcohol and substance abuse in secondary schools in Botswana: The need for social workers in the school system. *Journal of Sociology, Psychology and Anthropology in Practice*, 8(2):90-101.

Diraditsile, K. & Mabote, O. 2019. Children, Substance Abuse, and the Role of Social Work. *Southern African Journal of Social Work and Social Development*, 31(1):1-18.

Diraditsile, K. & Rasesigo, K. 2018. Substance abuse and mental health effects among the youth in Botswana: Implications for social research. *Journal of Education, Society and Behavioural Science*, 24(2):1-11.

DiReda, J.S. 2014. The impact of role models on out of treatment African-American addicts: An inside perspective. *European Scientific Journal*, 10(29):89-107.

Dissanayake, D.M.N.S.W. 2013. *Research, research gap and the research problem.* MPRA Paper. Faculty of Commerce and Management Studies. Sri Lanka: University of Kelaniya.

Dow, S.J. & Kelly, J.F. 2013. *Listening* to youth: Adolescents' reason for substance use as a unique predictor of treatment response and outcome. *Psychology of Addictive Behaviours*, 27(4):1122-1131.

Dudley, J.R. 2011. Research methods for social work: being producers and consumers of research. 2nd ed. United States of America: Pearson Education.

du Plooy-Cillers, F., Davis, C. & Bezuidenhout, M. 2014. Research matters. Cape Town: Juta.

Ebue, M., Uche, O. & Agha, A. 2017. Levels of intervention in social work practice. Available from https://www.researchgate.net/publication/331230592 (Accessed 02/11/2020).

Edries, C. 2017. A qualitative study of the experiences of outpatient substance abuse treatment in the city of Cape Town, 2010-2015: a service user's perspective. Masters' thesis, Administration in the Department of School of Government, University of the Western Cape, Cape Town.

Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utriainen, K. & Kyngas, H. 2015. *Qualitative content analysis: focus on trustworthiness*. Sage.

Emajulu, A. 2013. Searching for the state and the market in American community development: reflecting on editing community development in the steel city. *Community Development Journal*, 48(1):158-162.

Emerson, K., Nabachi, T. & Balogh, S. 2011. An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, 22(1):1-29.

Fareo, D.O. 2012. Drug abuse among Nigerian adolescents: strategies for counselling. *The Journal of International Social Research*, 5(20):345-347.

Farrar, T.J., Falake, K.A., Mebaley. A., Moya, M.D. & Rudolph, I.I. 2019. A mall intercept survey on religion and worldview in the Cape Flats of Cape Town, South Africa. *Journal for the Study of Religion*, 32(1):1-30.

Fawcett, B. & Pocket, R. 2015. *Turning ideas into research: Theory, Design and Practice*. United Kingdom: Sage.

Flick, U. 2011. *Introducing research methodology: A beginner's guide to doing a research project.* Los Angeles: Sage.

Ford, J.A. & Hill, T.D. 2012. Religiosity and adolescent substance abuse: Evidence from the national survey on drug use and health. *Substance Use and Misuse*, 47(7):787-798.

Fouché, C.B. & Delport, C.S.L. 2011. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (eds). *Research at grass roots, for the social science and human service profession.* 4th ed. Pretoria: Van Schaik: 73.

Gabriel, A. 2017. Substance misuse and the family: The exploration of relationships in the family system within sibling's narratives. Doctoral thesis, School of Psychology, University of East London, London.

Galvani, S. 2015. *Alcohol and other Drug Use: The roles and capabilities of social workers*. The University for World-Class Professionals: Manchester Metropolitan University.

Galvani, S. & Forrester, D. 2011. How well prepared are newly qualified social workers for working with substance use issues? A National Survey. *Social Work Education*, 30(4):422-439.

Gasa, H.P. 2018. Perceptions of the University students on substance abuse among the youth: A case study of Kwazulu-Natal. Master's thesis (Social Sciences), University of Kwazulu-Natal, Durban, South Africa.

Geyer, S., Le Roux, L. & Hall, H. 2015. Exposure to substance use in the social environment: The experiences of adolescents in the Tshwane metropole. *The Social Work Practitioner-Researcher*, 27(3):322-343.

Gerrish, K. & Lacey, A. 2010. *The research process in nursing*. 6th ed. Oxford: Wiley-Blackwell.

Goliath, J. 2018. Management functions of frontline social workers supervising social auxiliary workers. Masters' thesis (Arts), University of Stellenbosch, Cape Town.

Gotsang, G., Mashalla, Y. & Seloilwe, E. 2017. Perception of school going adolescents about substance in Ramotswa. Botswana. *Journal of Public Health and Epidemiology*, 9(6):151-160.

Green, J.J. 2016. Community Development and Social Development: Informing Concepts of Place and Intentional Social Change in a Globalizing World. *Research on Social Work Practice*, 26(6):605-608.

Griffin, K.W. & Botvin, G.J. 2010. Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 19(3):505-526.

Grim, B.J. & Grim, M.E. 2019. Belief, behaviour, and belonging: How faith in indispensable in preventing and recovering from substance abuse. *Journal of Religious and Health*, 58(5):1713-1750.

Groener, Z. 2014. Skills development and structural change: Possibilities for and limitations of redressing structural racial inequalities in South Africa. *International Review of Education*, 59(6):723-749.

Groenewald, C.R. 2016. Mothers' lived experiences and coping responses to adolescents with substance abuse problems: A phenomenology inquiry. Doctoral thesis, College of Humanities, University of Kwazulu-Natal, Durban.

Hamdulay, A. & Mash, R. 2011. The prevalence of substance use and its associations amongst students attending high school in Mitchells Plain, Cape Town. *South African Family Practice*, 53(1):83-90.

Harker, N., Londani, M., Morojele, N., Petersen Williams, P. & Parry, C.D.H. 2020. Characteristics and predictors of heavy episodic drinking (HED) among young people aged 16-25: The international alcohol control study (IAC), Tshwane, South Africa. *International Journal of Environment Research and Public Health*, 17(10):1-16.

Harmon, J. 2018. Leisure participation, substance abuse disorders, and recovery. *Annals of Leisure Research*, 21(4):507-521.

Hendricks, G., Savahl, S. & Florence, M. 2015. Adolescent peer pressure, Leisure boredom, and substance use in low-income Cape Town communities. *Social Behaviour and Personality*, 43(1):99-110.

Hennink, M., Hutter, I. & Bailey, A. 2020. Qualitative research methods. *Critical Public Health*, 22(1): 111-112.

Hennink, M., Hutter, I. & Bailey, A. 2011. *Qualitative research methods.* United States of America: Sage.

Hepworth, D.H., Rooney, G.D., Strom-Gottfried, K. & Larsen, J. 2010. *Direct social work practice: theory and skills*. 8th ed. USA: Brooks/Cole.

Hilton, B.T., Betancourt, H., Morrell, H.E., Lee, H. & Doegey, J.A. 2018. Substance abuse among American Indians and Alaska Natives: An integrative cultural framework for advancing research. *International Journal of Mental Health and Addiction*, 16(2):507-523.

Hodge, D.R. 2017. Spiritual competence. In: Crisp, B.R. (ed). *Routledge handbook of religion, spirituality and social work.* London: Routledge.

Hoeck, S. & Van Hal, G. 2012. Experiences of parents of substance-abusing young people attending support groups. *Archives of Public Health*, 70(1):1-11.

Hofisi, C., Hofisi, M. & Mago, S. 2014. Critiquing interviewing as a data collection method. *Mediterranean Journal of Social Sciences*, 5(16):1-6.

Holness, L. 2015. Growing the next generation of researchers, A handbook for emerging researchers and their mentors. Cape Town, South Africa: UCT Press, Lansdowne.

Horn, B.P., Crandall, C., Forcehimes, A., French, M.T. & Bogenschutz, M. 2017. Benefits-cost analysis of SBIRT interventions for substance using patients in emergency departments. *Journal of Substance Abuse Treatment*, 79:6-11.

Houston, M. 2016. *The ethics of research in the social sciences: An overview.* Glasgow: The University of Glasgow.

Hoy, C., Barker, B., Regan, J., Dong, H., Richardson., Kerr, T. & DeBeck, K. 2016. Elevated risk of incarceration among street-involved youth who initiate drug dealing. *Harm Reduction Journal*, 13(32):1-8.

Huang, Y.C., Ho, C.S., Lee, S.M, Gee, M.J., Lan, S.J & Hsieh & Y.P. 2015. Intent to abuse addictive substance in regions with serious drug abuse among early adolescents. *Journal of Substance Use*, 20(6):417-423.

Iwasaki, Y. 2016. The role of youth engagement in positive youth development and social justice youth development for high-risk, marginalised youth. *International Journal of Adolescence and Youth,* 21(3):267-278.

Jacobs, T. 2019. Views of social service providers on the effects of substance misuse on juvenile offenders. Masters' thesis, Department of Social Work, University of Stellenbosch, Cape Town.

Jacobs, D. 2021. The availability and accessibility of aftercare services for recovering adult addicts in the Western Cape. Masters' thesis, Faculty of Arts and Social Sciences, University of Stellenbosch, Cape Town.

Jans, M. & De Backer, K. 2012. Youth-work and social participation. Elements for a practical theory. Available from http://www.nonformality.org/participation-models Accessed 04/11/2020.

Julie, V.J. 2013. Young mothers' perceptions of teenage pregnancy in Vredendal: a social cognitive learning approach. Master of Social Work, University of South Africa, Pretoria.

Juma, E.M. 2016. Determination of community participation in development projects in Tana River County, Kenya. Masters' thesis. Department of Arts and Humanities. University of Nairobi.

Jumaniyozova, N.A., Shamsiddinova, M.G., Ametova, O.R. & Fayzulloeva, C.G.Q. 2019. The importance of needs analysis in teaching. *European Journal of Research and Reflection in Educational Sciences*, 7(11):205-209.

Kappeler, V.E. & Gaines, L.K. 2011. *Community policing: A contemporary perspective*. 6th ed. New York.

Keene, D. 2023. Spotlight on qualitative methods: Do i need multiple coders? Available at:https://iaphs.org/demystifying-the-second-

coder/#:~:text=First%2C%20multiple%20coders%20can%20contribute,of%20their% 20properties%20and%20relationships (Accessed: 07 Novemebr 2023).

Kearney, M.S. & Levine, P.B. 2020. Role models, mentors, and media influence. *The Future of Children*, 30(1):83-106.

Kemp, R. 2014. The development of management guidelines for school social work in the Western Cape. PHD thesis, University of Western Cape, South Africa.

Khan, G. 2013. Exploring adolescents' perceptions of the influence of substance abuse on community violence within a Cape Flats community. Masters' thesis, Department of Psychology, University of the Western Cape, Cape Town.

Khanyi, V. & Johannes Malesa, K. 2022. Challenges faced by social workers in rendering services to nyaope substance users. *Social Work/Maatskaplike Werk*, 58(1):30-45.

Kheswa, J.G. & Makhalemele, T.J. 2020. Substance abuse among adolescent males: Social work and abusers' perspectives. *International Journal of Social Sciences and Humanity Studies*, 12(2):400-415.

Khosa, P. & Ndou, N. 2022. The nature of substance abuse treatment in South Africa: A Social Work Perspective. *Southern Africa Journal of Social Work and Social Development*, 34:17 pages. Available from https://doi.org/10.25159/2708-9355/10408 (Accessed 15/04/2023).

Kinyata, G.S. & Abiodun, N.L. 2020. The impact of community participation on projects' success in Africa: A bottom-up approach. *International Journal of Research in Sociology and Anthropology*, 6(3):1-8.

Kivunja, C. 2016. How to write an effective research proposal for higher degree research in higher education: Lesson from practice., *International Journal of Higher Education*, 5(2):163-172.

Knight, Z.G. 2017. A proposed model of psychodynamic psychotherapy linked to Eric Erikson's eight stages of psychosocial development. *Clinical Psychology & Psychotherapy*, 24(5):1047-1058.

Kumar, R. 2011. Research methodology: A step-by-step guide for beginners. 3rd ed. London: Sage.

Laenen, V.F. 2011. How drug policy should (not) be: institutionalised young people's perspectives. *International Journal of Drug Policy*, 22(6):491-497.

Lancaster, K., Ritter, A. & Mathew-Simmons, F.M. 2013. Young people's opinions on alcohol and other drugs issues: Australian National Council on Drugs. Australia: University of New South Wales.

Lander, L., Howsare, J. & Byrne, M. 2013. The Impact of Substance Use Disorders on Families and Children: From Theory to Practice. *Social Work Public Health*, 28(0):194-205.

Latopa, A.L.A. 2015. Analysis of values and principles of community development: A response to the challenges of building a new Nigeria. Paper presented at Annual National Conference of the college of Administrative Studies and Social Sciences (C.A.S.S.S). Kaduna, Nigeria. Available from http://www.researchgate.net/publication /284729432 (Accessed 07/10/2019).

Lebese, R.T., Ramakuela, N.J. & Maputle, M.S. 2014. Perceptions of teenagers about substance abuse at Muyexe Village, Mopani District of Limpopo Province, South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, 1(2):329-347.

Leedy, P.D. & Ormrod, J.E. 2013. *Practical Research: Planning and Designing.* 10th ed. New Jersey: Pearson Education Limited.

Lee, M.T., Johnson, B.R., Pagano, M.E., Post, S.G. & Leibowitz, G.S. 2017. From defiance to reliance: Spiritual virtue as a pathway towards desistence, humility, and recovery among juvenile offenders. *Spirituality in Clinical Practice*, 4(3):161-175.

Letamo, G., Bowelo, M. & Majelantle, G. 2016. Prevalence of Substance use and correlates of multiple substance use among school-going adolescents in Botswana. *African Journal of Drug and Alcohol Studies*, 15(2):75-89.

Lietz, C.A. & Zayas, L.E. 2010. Evaluating qualitative research for social practitioners. *Advances in Social Work*, 11(2):88-202.

Loh, J. 2013. Inquiry into issues of trustworthiness and quality in narrative studies: a perspective. *The qualitative Report*, 18(65):1-15.

Louw, S., Todd, R.A. & Jimarkon, P. 2018. Active listening in qualitative research. *International Conference: Doing Research in Applied Linguistics*, King Mongkut's University of Technology Thonburi. Bangkok. Thailand. Available from https://www.researchgate.net/publication/326982626 (Accessed 13/04/2020).

Lund, C. & Hewana, N. 2012. Substance abuse policy in South Africa. In: Ellis, G.F.R., Stein, D.J., Thomas, K.G.F. & Meintjes, E.M. (eds). *Substance use and abuse in South Africa: Insights from brain and behavioural sciences.* Cape town: UCT Press, 367-380.

Lundgren, L. & Krull, I. 2014. The affordable care act: New opportunities for social work to take leadership in behavioural health and addiction treatment. *Journal of the Society for Social Work and Research*, 5(4):415-438.

Lutchman, S. 2015. Insufficient access to substance abuse treatment centres for illicit drug users and its potential effect on a foetus: a breach of the right to access health care service. *Law, Democracy & Development*, 19(1):65-78.

Machethe, P. 2015. South African Police Service and community partnership in combating and preventing of drug abuse in Ga-Rankuwa Township, Gauteng. Dissertation, Faculty of Humanities, Tshwane University of Technology, Gauteng.

Machethe, P. & Obioha, E.E. 2017. Functional strategies of the South African Police Service in prevention and combating of substance abuse in a South African township. *International Journal of Social Sciences and Humanity Studies*, 9(2):49-64.

Madisha, R.M. & Skhosana, R.M. 2022. Are we ready yet? Social workers' preparedness to render social support to persons with substance abuse challenges. *Social Work/Maatskaplike Werk*, 58(4):442-458.

Mahlangu, S. & Geyer, S. 2018. The aftercare needs of nyaope users and their significant others: Implications for aftercare and reintegration services. *Social Work/Maatskaplike Werk*, 54(3):325-345.

Maina, G., Ogenchuk, M., Phaneuf, T. & Kwame, A. 2021. "I Can't live like that." The experience of caregiver stress of caring for a relative with substance use disorder. Substance Abuse Treatment, Prevention and Policy, 16(11):1-9.

Makhitha, T.S. 2013. Sexual activities at school: teenagers' experiences and social work support. Master's thesis, Social Work, University of South Africa, Pretoria.

Malick, R. 2018. Prevention of substance use disorder in the community and workplace. *Indian Journal of Psychiatry*, 60(4):559-563.

Manu, E., Maluleke, X.T & Douglas, M. 2017. Knowledge of high school learners regarding use within high school premises in the buffalo flats of East London, Eastern Cape Province, South Africa. *Journal of Child & Adolescents Substance Abuse*, 26(1):1-10.

Maree, J.G. 2016. First steps in Research 2. Hatfield. Pretoria. Van Schaik Publishers.

Maree, K. 2012. First steps in research. Pretoria: Van Schaik Publishers.

Marinus, D.R. 2014. Adolescents' experiences and coping strategies with parental substance addiction within a rural farming community: A social work perspective. Masters' thesis (Arts), University of South Africa, Pretoria.

Marshall, C. & Rossman, G.B. 2011. *Designing qualitative research*. 5th ed. Los Angeles: Sage.

Marshall, J.W., Ruth, B.J., Sisco, S., Bethke, C., Piper, T.M., Cohen, M. & Bachman, S. 2011. Social work interest in prevention: A content analysis of the profession literature. *Social Work*, 56(3):201-211.

Masilo, D.T. & Dintwe, T. 2019. A conceptual social work awareness programme on child sexual abuse for school learners in South African context: Implications for child protection services. *Gender & Behaviour*, 17(2):13075-13083.

Masiye, I. & Ndhlovu, D. 2016. Drug and alcohol abuse prevention education in selected secondary schools in Zambia. *Policy Guidelines used*, 3(11):42-48.

Mathibela, F. & Skhosana, R. 2019. Challenges faced by parents raising adolescents abusing substances: parents voices. *Social Work*, 55(1):87-107.

Matlakala, F.K., Makhubele, J.C. & Mafa, P. 2019. Psychosocial and demographic factors that compound alcohol abuse amongst youth: A case study of Musina High School. *Global Journal of Health Science*, 11(7):69-79.

Matsela, T. 2015. Exploring youth participation in community development organisations in the Western Cape. Masters' thesis, Department of social development, University of Cape Town.

Mazloomy-Mahmoodabad, S.S., Khoshab, S., Vafa, F.S., Fallahzadeh, H. & Ardekani, S.M.Y 2017. The effect of health education based on Health Belief Model on preventive actions of synthetic drugs dependence in male students of Kerman, Iran. *Social Behaviour Research & Health*, 1(2):100-107.

McCarty, D., Braude, L., Lyman, D.R., Dougherty, R.H., Daniels, A.S., Ghose, S.S. & Delphin-Rittmon, M.E. 2014. Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services*, 65(6):718-726.

McDonald, S.M. 2012. Perception: A concept analysis. *International Journal of Nursing Knowledge*, 23(1):2-9.

McGrath, C., Palmgren, P.J & Lijedahl, M. 2019. Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9):1002-1006.

McKenzie, T.L., Moody, J.S., Carison, J.A., Loopez, N.V. & Elder, J.P. 2013. Neighborhood income matters: Disparities in community recreation facilities, amenities and programs. *Journal of Park Recreation Administration*, 31(4):12-22.

Meirinawati, M., Parabawati, I. & Pradana, G.W. 2017. Strategy community development based on local resources. *Journal of Physics:* (Conference series), 953(1):1-5.

Mensah, E.A. 2016. Substance use among students of a second cycle institution in Accra. Master thesis. Department of Social and Behavioural Science, University of Ghana.

Merriam, S.B. & Tisdel, E.J. 2016. *Qualitative research: A guide to design and implementation*. 4th ed. San Francisco. CA: Jossey Bass.

Meyer, M. & Van Graan, J.G. 2011. Effective community policing in practice: The Roodekrans neighbourhood watch case study, West Rand. *African Journal of Criminology & Victimology*, 24(2):130-143.

Mogajane, V.S. 2011. Recreation service delivery by local Government in the North West Province. Doctoral thesis (Recreation Science), North-west University, North West.

Mohasoa, I.P. 2018. Perceptions of substance abuse prevention programmes implemented in the Ramotshere Moiloa Local Municipality. Doctor of Philosophy (Psychology), University of South Africa, Pretoria.

Mokwena, K. & Morojele, N. 2014. Unemployment and unfavourable social environment as contributory factor to nyaope use in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and dance*, 1(2):374-384.

Morake, V.V.V. 2013. *Nursing learners*` experience with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng Province. MA (ANE). University of Pretoria, Pretoria

More, A., Jackson, B., Dimmock, J.A, Thornton, A.L, Colthart, A & Furzer, B.J. 2017. Exercise in the treatment of youth substance use disorders. *Review and Recommendations*, 8(1839):1-12.

Morgenroth, T., Rayn, M.K. & Peters, K. 2015. The motivational theory of role modelling: How role models influence role aspirants' goals. *Review of General Psychology*, 19(4):465-483.

Moriarty, J. 2011. Qualitative methods overview: Improving the evidence base for adult social care practice. London: School for Social Care Research.

Morojele, N.K., Parry, C., Brook, J. & Kekwaletswe, C. 2012. Alcohol and drugs use. In Van Niekerk, A., Suffla, S. & Seedat, F. (eds). *Crime, Violence and Injury in South Africa: 21st century solutions for child safety.* Tygerberg: MCR-University of South Africa, Safety and Peace Promotion Unit: 195-213.

Morojele, N.K., Ramsoomar, L. 2016. Addressing adolescent alcohol use in South Africa. *South African Medical Journal*, 106(6):551-553.

Morris, D.N., Johnson, A., Losiera, A., Pierce, M. & Sridhar, V. 2013. Spirituality and substance abuse recovery. *Occupational Therapy in Mental Health*, 29(1):78-84.

Mothibi, K. 2014. Substance abuse amongst high school learners in rural communities. *Universal Journal of Psychology*, 2(6):181-191.

Mpanza, D.M. 2014. Substance abuse and rural realities: experience and perception of service providers in Northern KwaZulu-Natal. South Africa: Masters' thesis, University of KwaZulu-Natal.

Mpanza, D.M & Govender, P. 2017. Rural realities in service provision for substance abuse: a qualitative study in uMkhanyakude district, Kwazulu-Natal, South Africa. South African Family Practice, 1(1):1-6.

Mudavanhu, N. & Schenck, R. 2014. Substance abuse amongst the youth in Grabouw, Western Cape: Voices from the community. *Social Work/Maatskaplike Werk*, 50(3):370-391.

Mwinga, A.M. 2012. Factors contributing to unsafe sex among teenagers in the secondary school of Botswana. Masters' thesis (Public Health), University of South Africa, Pretoria.

Myers, B.J., Louw, J. & Pasche, S.J. 2010. Inequitable access to substance abuse treatment services in Cape Town, South Africa. *Substance Abuse Treatment, Prevention and Policy*, 5(28):1-11.

Mzolo, M.P. 2015. Exploring family support for adolescents after rehabilitation for drug abuse. Masters' thesis (Arts), University of South Africa, Pretoria.

Naidoo, P., Mangana-Chaurura, J., Khan, G., Canham, B. & Malope-Rwodzi, N. 2016. Using sport as an intervention for substance abuse reduction among adolescents and young adults in three selected communities in South Africa: An exploratory study. Human Sciences Research Council and Lovelife: Cape Town.

Ncube, S. 2015. Factors that drive children from their homes to the streets: Bulawayo suburban experience. Master's thesis, Public Health, University of South Africa, Pretoria.

Ndou, D.N. 2012. An investigation into the reasons for failure of community-based projects at followhodwe, Limpopo. Master's thesis, Department of Business Management, University of South Africa, Limpopo.

Netshiswinzhe, D.M., Makhado, L., Lebese, R. & Ramathuba, D. 2021. The impact of specialization factors on the prevalence of substance use/abuse by student nurses in Limpopo College of Nurses (LCN), South Africa. *Journal of Drugs and Alcohol Research*, 10(2):1-7.

Njeri, N. & Ngesu, L. 2014. Causes and effects of drug and substance abuse among secondary school students in Kenya. *Global Journal of Interdisciplinary Social Sciences*, 3(3):2-7.

Nugraha, T.S., Suwandi, S., Nurkamto, J. & Saddhono, K. 2018. The importance of needs assessment for the implementation of E-Learning in a language program. *The 1st International Seminar on Language, Literature and Education,* 3(9): 254-260.

Nyabadza, F., Njagarah, J.B.H & Smith, R.J. 2012. Modelling the Dynamic of Crystal Meth ('Tik') Abuse in the Presence of Drug-Supply Chains in South Africa. *Journal for Mathematics Biology*, 75(1):24-48.

Ogletree, T. & Kawulich, B.B. 2012. Ethical considerations in conducting research. In: Wagner, C. Kawulich, B.B. & Garner, M. (eds). *Doing social research: a global context*. London: McGraw-Hill. 62-72.

Oh, S., DiNitto, D.M. & Powers, D.A. 2020. Spillover effects of job skills training on substance misuse among low-income youths with employment barriers: A longitudinal cohort study. *American Journal of Public Health*, 110(6): 900-906.

Olabode, D.S. 2013. Utilization of community resources for effective sustainability of social studies education. *International Journal of Science and Research*, 2(6):466-469.

Oladeinde, O., Mabetha, D., Twine, R., Hove, J., Van der Merwe, M., Byass, P., Witter, S., Kahn, K. & D'Ambruoso, L. 2020. Building cooperative learning to address alcohol and other drug abuse in Mpumalanga, South Africa: a participatory action research process. *Global Health Action*, 13(1):1-17.

Olawole-Isaac, A., Ongundipe, O., Amoo, E.O. & Adeloye, D. 2018. Substance use among adolescents in sub-Saharan Africa. *A Systematic Review and Meta-Analysis*, 12(2):79-84.

Olivier, L., Curfs, L.M.G & Viljoen, D.L. 2016. Fetal alcohol spectrum disorders: Prevalence rates in South Africa. *South African Medical Journal*, 106(6):103-106.

Olukotun, G.A. 2017. Achieving project sustainability through community participation. *Journal of Social Sciences*, 17(1):21-29.

Orbon, M., Mercado, J. & Balila, J. 2015. Effects of forgiveness therapy on recovery among residents of drug rehabilitation centres. *Procedia Social Behavioural Sciences*, 165:12-20.

Orford, J., Velleman, R., Natera, G., Templeton, L. & Copello, A. 2013. Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science & Medicine*, 78(1):70-77.

Onrust, S.A., Otten, R., Lammers, J. & Smit, F. 2016. School-based programmes to reduce and prevent substance use in different age groups: what works for whom? Systematic review and meta-regression analysis. *Clinical Psychology Review*, 44:45-59.

O'Sullivan, T. 2010. *Child and family social work: decision making in social work.* 2nd ed. New York: Blackwell Publishing Ltd.

Pade-Khene, C. 2012. A needs assessment to identify the reality of two rural school cases in South Africa: Potential for ICT4D or not? International *Journal of Education* and *Development using Information and Communication Technology*, 8(2):44-61.

Pardede, P. 2018. *Identifying and formulating the research problem*. Available from https://www.researchgate.net/publication/329179630 (Accessed on 03/11/2020).

Partos, T.R., Cropper, S.J. & Rawlings, D. 2016. You don't see: Individual differences in the perception of meaning from visual stimuli. *Research Journal*, 11(3):1-26.

Pasche, S. & Meyers, B. 2012. Substance abuse trends in South Africa. *Human psychopharmacology: clinical and experimental*, 27:338-341.

Patel, L. 2016. Social Welfare and Social Development. 2nd ed. *Social Work/ Maatskaplike werk*, 52(2):1-276.

Pelter, K., Ramlagan, S., Johnson, B.D.M. & Phaswana-Mafuya, N. 2010. Illicit drug use and treatment in South Africa: a review. *Substance Use & Misuse*, 45(13):2221-2243.

Peltzer, K. & Phaswana-Mafuya, N. 2018. Drug use among youth and adults in a population-based survey in South Africa. *South African Journal Psychiatry*, 24(0):1-6.

Petrus, T. & Kinnes, I. 2019. New social habits? A comparative analysis of gangsterism in the Western and Eastern Cape provinces of South Africa. *Criminology* & *Criminal Justice*, 19(2):179-196.

Plüddemann, A., Dada, S., Parry, C., Bhana, A., Bachoo, S., Perreira, T., Nel, E., Mncwabe, T., Gerber, W. & Freytag, K. 2010. Monitoring Alcohol and Drug Abuse Trends in South Africa. *SACENDU Research Brief*, 13(2):1-9.

Post, S.G., Lee, M.T., Johnson, B.R. & Pagano, M.E. 2016. Humility and 12-step recovery: A prolegomenon for the empirical investigation of a cardinal virtue. *Alcohol Treatment Quarterly*, 34(2):262-273.

Potberg, C. & Chetty, R. 2017. Voices of school drop outs about the use of illicit drugs on the Cape Flats, Western Cape. *Southern African Journal of Criminology*, 30(3):135-148.

Prior, M.T. 2017. Accomplishing rapport in qualitative research interviews: Ephathic moments in interaction. *Applied Linguistics Review*, 9(4):487-511.

Probst, B. 2015. The eye regards itself: benefits and challenges of reflexivity in qualitative social work research. *Social Work Research*, 39 (1):37-48.

Puljevic, C. & Learmonth, D. 2014. Substance abuse prevention in Cape Town's periurban settlements: Local health trainer's perspectives. *Health Psychology and Behavioural Medicine*, 2(1):183-197.

Pullen, E. & Oser, C. 2014. Barriers to substance abuse treatment in rural and urban communities: Counsellor Perspectives. *Substance Use & Misuse*, 49(7):891-901.

Punch, K.F. 2016. Developing effective research proposals. London: Sage.

Ramson, S.M. & Chetty, R. 2016. Taking strain: Theorising drug use in the Cape Flats. *Southern African Journal of Criminology*, 29(3):67-84.

Ravhura, T.L. 2010. The impact of management on the sustainability of community development projects in Mutale Local Municipality, Limpopo Province.

Razgale, I., Kokarevica, A. & Bolsteina, G. 2014. Importance of social work intervention: Social and economic benefits. Available from http://www.shs-conferences.org (Accessed 02/11/2020).

Rehm, J., Marmet, S., Anderson, P., Gual, A., Kraus, L., Nutt, D.J., Room, R., Samokhvalov, A.V., Scafato, E., Trapencieris, M., Wiers, R.W. & Gmel, G. 2013. Defining substance use disorders: Do we really need more than heavy use? *Alcohol and Alcoholism*, 48(6):633-640.

Remler, D.K. & Van Ryzin, G.G. 2011. Research methods in practice: Strategies for description and causation. United States of America: Sage.

Republic of South Africa. 2008. Prevention of and treatment for substance abuse act, 2008: (Government Gazette No.70 of 200

Rich, E.G. 2020. An exploration of the understandings of drug use from young drug users' perspectives in the Western Cape: implications for primary prevention. *Vulnerable Children and Youth Studies*, 15(1):68-67.

Roller, M.R. 2015. *Qualitative research design: Selected articles from Research Design Review published in 2014.* Available from www.rollerresearch.com (Accessed 07/03/ 2018).

Ross, L. 2011. Sustaining youth participation in a long-term tobacco control initiative: consideration of a social justice perspective. *Youth and Society*, 43(2):681-704.

Savic, M., Best, D., Manning, V. & Lubman, D.I. 2017. Strategies to facilitate integrated care for people with alcohol and other drug problems: a systemic review. *Substance Abuse Treatment, Prevention, and Policy*, 12(1):1-12.

Schultz, P. & Alpaslan, A.H.N. 2016. Our brothers' keepers' siblings abusing chemical substances: living with non-using siblings. *Social work/Maatskaplike Werk*, 52(1):90-112.

Schurink, C.B., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (eds). *Research at grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik: 397-430.

Secim, G. 2017. A study on substance abuse prevention. *Eurasia Journal of Mathematics, Science and Technology Education*, 13(6):2485-2504.

Sedibe, M. & Hendricks, N.G.P. 2020. Drug abuse amongst adolescent leaners in townships. *Interchange*, 52(4):17-39.

Seidman, I. 2013. *Interviewing as qualitative research*: a guide for researcher in education and social sciences. 4th ed. New York: Teachers College Press.

Sekgobela, T. 2021. The resilience of social workers rendering services to nyaope substance dependent youth within Waterberg district, Limpopo Province. Master's dissertation: Pretoria University of South Africa.

Sen, S.K., Victor, R. & Saxena, K. 2016. Family burden in alcohol dependence: A study in north-eastern India. *International Journal of Medical Science and Public Health*, 5(11):2402-2409.

Senreich, E. & Straussner, S.A. 2013. The effect of MSW education on students' knowledge and attitudes regarding substance abusing clients. *Journal of Social Work Education*, 49(2):321-336.

Setlalentoa, M., Ryke, E. & Strydom, H. 2014. The influence of binge drinking on social support networks. *Social Work/Maatskaplike Werk*, 50(3):349-367.

Setlalentoa, M., Ryke, E. & Strydom, H. 2015. Intervention strategies used to address alcohol abuse in the North West Province, South Africa. *Social Work/Maatskaplike Werk*, 50(1):79-100.

Silverman, D. 2013. *Doing qualitative research*. 4th ed. London: Sage.

Silverman, K., Holtyn, A.F. & Morrison, R. 2016. The therapeutic utility of employment in treating drug addiction: Science to application. *Translational Issues in Psychological Science*, 2(2):203-212.

Singh, S. & Wassenaar, D.R. 2016. Contextualising the role of the gatekeeper in social science research. *South African Journal of Bioethics and Law*, 9(1):42-46.

Singh, A.K., Singh, P.K. & Misra, A.K. 2020. Combating unemployment through skill development. *Nonlinear Analysis: Modelling and Control*, 25(6):919-937.

Skhosana, R.M. 2013. Social welfare services rendered to street children in Pretoria: Perspectives of service providers. Master's thesis (Arts), University of South Africa. Pretoria.

Skhosana, R., Schenck, R. & Botha, P. 2014. Factors enabling and hampering social welfare service rendered to street children in Pretoria: Perspectives of service providers. *Social Work/Maatskaplike Werk*, 50(2):213-236.

Skhosana, R.M. 2020. The dilemma faced by NPOS in retaining social workers: A call to revisit the retention strategy. *Social Work/Maatskaplike Werk*, 56(2):108-124.

Slabbert, I. 2015. Reflective learning in social work education in the field of substance abuse. *Social Work/Maatskaplike Werk*, 51(1):548-598.

Somani, S. & Meghani, S. 2016. Substance abuse among youth: A Harsh Reality. *Emergency Medicine*, 6(4):2-4.

South African Police Service (SAPS). 2015. *Annual Report* 2014/2015. *Strategy, Research, Monitoring and Evaluation*. Available from www.saps.gov.za (Accessed 10/08/2019).

South Africa. 2013. Department of Social Department 2013. National Drug Master Plan 2013-2017. Available from www.dsd.gov.za/cda/dmdocuments/nationaldrug masterplan PDF (Accessed 3/09/2015).

South African Community Epidemiology Network on Drug Use (SACENDU) Monitoring Alcohol and Drug Abuse Treatment admission in South Africa 2019 October update, Alcohol & Drug Abuse Research Group Medical Research Council, Cape Town, South Africa.

Stadtherr, A. 2011. Adolescent substance use: Perceptions of parents and teenagers. Masters' thesis, Health Science, Minnesota state University, Mankato.

Stein, D.J., Ellis, G.R.F., Meintjies, E.M. & Thomas, K.G.F. 2012. Introduction: Substance use and abuse in South Africa. In: Ellis, G.F.R., Stein, D.J., Thomas, K.G.F. & Meintjies, E.M. (eds) *Substance use and abuse in South Africa: Insights from brain and behavioural sciences*. Cape Town: UCT Press, 1-13.

Strom, H.K., Adolfsen, F., Fossum, S., Kaiser, S. & Martinussen, M. 2014. Effectiveness of school-based preventive interventions on adolescent alcohol use: a meta-analysis of randomized controlled trails. *Substance Abuse Treatment, Prevention, and Policy*, 9(48):1-12.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. In: De Vos, A.S., Strydom, H., Fouchè, C.B. & Delport, C.S.L. (eds). *Research at grass roots for the social sciences and human service professions.* 4th ed. Pretoria: Van Schaik Publishers: 113-129.

Sue, D., Sue, D. & Sue, S. 2010. *Understanding Abnormal Behaviour*. Boston: Wadsworth, Cengage Learning.

Sutton, J. & Austin, Z. 2015. Qualitative Research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3):226-231.

Swaartbooi, C.M. 2013. *A phenomenological study on parents' experiences of their adolescents' substance abuse.* Master's thesis. Department of Psychology, (Psychology), University of the Western Cape, Cape Town.

Tahlil, T. & Aiyub, A. 2021. Ex-drug users' and health professionals' perspectives about school-based drug use prevention programs: A qualitative research. *Journal Frontiers in Public Health*, 9(631212):1-15.

The National Centre on Addiction and Substance Abuse at Columbia University (CASA). 2011. *Adolescents Substance Use: America's #1 Public Health Problem*. New York: Columbia University.

The National Drug Master Plan: 2013-2017. Department of Social Development. Pretoria: Government Printers.

Third Biennial Conference. 2016. *Southern African HIV Clinicians Society* (SAHCS). Sandton Convention Centre, Johannesburg. Available from www.sahivsoc2016.co.za (Accessed 09/08/2019).

Thobejane, T. & Raselekoane, R. 2017. Probing alcohol abuse amongst the youth of Musina community in Limpopo Province of South Africa. *Studies Tribes Tribals*, 15(2):94-102.

Thomas, D.R. & Hodges, I. 2010. *Designing and planning your research project: Core skills for Social and Health Professionals*. Los Angeles: Sage.

Thomas, E. & Magivy, J.K. 2011. Scientific inquiry: Qualitative Rigor or Research Validity in Qualitative Research. *Journal for Specialists in Paediatric Nursing*, 16:151-155.

Thompson, T.P., Taylor, A.H., Wanner, A., Husk, K., Wei, Y., Creanor, S., Kandiyali, R., Neale, J., Sinclair, J., Nasser, M. & Wallace, G. 2018. Physical activity and the prevention, reduction, and treatment of alcohol and/or substance use across the lifespan (The Phase review): protocol for a systematic review. *Systematic Reviews*, 7(9):1-15.

Tracy, K. & Wallace, S.P. 2016. Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7(1):143-154.

Trochim, W.M.K. & Donnelly, J. 2007. *The research methods knowledge base*. 3rd ed. Mason, OH: Thomson Custom Publishing.

Tshitangano T.G. & Tosin, O.H. 2016. Substance use amongst secondary school students in rural settings in South Africa: Prevalence and possible contributing factors. *African Journal of Primary Health Care and Family Medicine*, 8(2):1-6.

Tshitangoni, M., Okorie, A. & Francis, J. 2011. Performance of poverty alleviation projects in South Africa: The case of Vhembe District in Limpopo Province. *Scientific Research and Essays*, 6(5):1005-1012.

Unegbu, R. 2020. Exploring the role of social workers in substance abuse treatment. Doctoral dissertation, Social and Behavioural Studies, Walden University, United States.

United Nations Office on Drugs and Crime (UNODC). 2011. *World Drug Report 2011*. United Nations Office of Drugs and crime. Vienna. Available from www.undoc.org (Accessed 10/08/2019).

United Nations Office on Drugs and Crime (UNODC). 2013. *World Drug Report 2013*. United Nations Office on Drugs and Crime. Vienna. Available form www.undoc.org (Accessed 15/08/2019).

United Nations Office on Drugs and Crime (UNODC). 2014. Conducting effective Substance abuse prevention work among the youth in South Africa. Guidelines. Pretoria: UNODC.

United Nations Office on Drugs and Crime (UNODC). 2015a. *World Drug Report 2015.* United Nations Office on Drugs and Crime. Vienna. Available from www.unodc.org (Accessed 13/08/2019).

United Nations Office on Drugs and Crime (UNODC). 2015b. International classification of crime for statistical purposes (ICCS): Implementation guidelines. Available from http://www.undoc.org/unodc/en/data-and-analysis/statistics/iccs.html (Assessed 03/11/2020).

United Nations Office on Drugs and Crime (UNODC). 2016. *World Drug Report 2016*. United Nations Office on Drugs and Crime. Vienna. Available from www.unodc.org. (Accessed 13/08/2019).

United Nations Office on Drugs and Crime (UNODC). 2017. *World Drug Report – Booklet 2*. Global Overview of Drug Demand and Supply. Latest Trends, Cross-Cutting Issues. Vienna. UNODC. Available from www.undoc.org/wdr2017 (Accessed 15/08/2019).

United Nations Office on Drugs and Crime (UNODC). 2018a. *World Drug Report-Booklet 1*. Executive Summary: Conclusions and Policy Implications. Available from https://www.unodc.org/wdr2018 (Accessed 20/05/2019).

United Nations Office on Drugs and Crime (UNODC). 2018b. *World Drug Report-Booklet 4.* Drugs and Age. Drugs and associated issues among young people and older people. Vienna: UNODC. Available from https://www.unodc.org/wdr2018 (Accessed 29/07/2019).

United Nations Office on Drugs and Crime (UNODC). 2019. *World Drug Report-Booklet 2. 2019.* Global Overview of Drug demand and supply. Available from www.undoc.org/wdr2019 (Accessed 15/08/2019).

United Nations Office on Drugs and Crime (UNODC), 2020. World Drug Report-Booklet 1, 2020. Executive summary, impact of covid-19 policy implications. Available from www.unodc.org/wdr2020 (Accessed 04/09/2021).

Valkov, P. 2018. School dropout and substance use. Consequence or predictor? *Trakia Journal of Sciences*, 16(2):95-101.

Van Sittert, H. & Wilson, L. 2018. School social workers' perceptions of their role within the framework of inclusive education. *Southern African Journal of Social Work and Social Development*, 30(2):1-23.

Van der Westhuizen, M., Alpaslan, A.H. & De Jager, M. 2013. Aftercare to chemically addicted adolescents: An exploration of their needs. *Health South Africa Gesondheid*, 18(1):1-11.

Van der Westhuizen, M. & Gawulayo, S. 2020. Youth in gangs on the Cape Flats: If not in gangs, then what? *Social Work/Maatskaplike Werk*, 57(1):118-132.

Van Zyl, A.E. 2013. Drug use amongst South African youths: Reasons and solutions. *Mediterranean Journal of Social Sciences*, 4(14):581-589.

Vilakazi, M.C. 2015. The impact of police corruption on service delivery in Pretoria Central. Unpublished Master's thesis. Pretoria: University of South Africa.

Viljoen, C. 2020. Challenges faced by social workers rendering services to adult homeless individuals. Master's thesis (Arts), University of Stellenbosch, Cape Town.

Visser, A.J. 2017. Collaborative Governance: A holistic approach to managing the methamphetamine problem in the Western Cape. Doctor's thesis (Public Management), University of Stellenbosch, Cape Town.

Vodanovich, S.J. & Watt, J.D. 2016. Self-report measures of boredom: An updated review of the literature. *The Journal of Psychology*, 150(2):196-228.

Walsh, M.L & Baldwin, J.A. 2015. American-Indian substance prevention efforts: A Review of programs, 2003-2013. *American Indian Alaska Native Mental Health Research*, 22(2):41-68.

Walton-Moss, B., Ray, E.M. & Woodruff, K. 2013. Relationship of spirituality or religion to recovery from substance abuse. *Journal of Addictions Nursing*, 24(4):217-226.

Wechsberg, W.M., Luseno, W.K., Kline, T.L., Browne, F.A. & Zule, W.A. 2010. Preliminary findings of an adapted evidence-based woman-focused HIV intervention

on condom use and negotiation among at-risk women in Pretoria, South Africa. *Journal of Prevention & Intervention in the Community*, 38(2):132-146.

Wegner, L. 2011. Through the lens of peers: Understanding leisure boredom and risk behaviour in adolescence. *South African Journal of Occupational Therapy*, 4(1):18-24.

Wegner Jr, H., Bell, G.C., Minei, E.M. & Robinson, M.C. 2014. The relative effectiveness of active listening in initial interactions. *International Journal of Listening*, 28(1):13-31.

Wells, E.A., Kristman-Valente, A.N. & Jackson, T.R. 2013. Social workers and delivery of evidence-based psychosocial treatments for substance use disorders. *Social Work in Public Health*, 28(0):279-301.

Western Cape Provincial Department of community safety (DOCS). 2013/2014. Report on the Western Cape policing needs and priorities, 2014/2014 PNP Report. Western Cape Government. Available from www.westerncape.gov.za (Accessed 15/08/2019).

Western Cape Government, social development. 2016. *General substance abuse booklet*. Available from www.westerncape.gov.za (Assessed 02/11/2020).

Western Cape Government. 2017. Western Cape alcohol-related harms reduction policy, White Paper.

Western Cape Department of Community Safety. 2018. *Provincial policing needs and priorities (PNP) Report for the Western Cape 2018/19 on policing of drugs.* Cape Town: Directorate: Policy and Research; Western Cape Department of Community Safety.

Western Cape Safety Plan, 2019. *Working document*. Available from www.westerncape.gov.za (Accessed 27/09/2021).

Willetts, J., Asker, S., Carrard, N. & Winterford, K. 2014. The practice of s strengths-based approach to community development in Solomon Islands. *Developmental Studies Research*, 1(1):354-367.

Williamson, K. & Johanson, G. 2018. Research methods: *Information, Systems, and Contexts*. 2nd ed. United Kingdom: Elsevier Ltd.

Willging, C.E., Quintero, G.A. & Lilliott, E.A. 2014. Hitting the wall: Youth perspective on boredom, trouble, and drug use dynamics in rural New Mexico. *Youth & Society*, 46(1):3-29.

World Health Organisation (WHO). 2016. *Drug use and road safety. A policy brief.* Gevena, Swatzerland. Available from www.who.int (Accessed 01/08/2021).

Yusuph, K. & Negret, I. 2016. Adolescents and drug abuse in Tanzania: History and evolution. *Journal of Advances in Research*, 7(2):1-10.

Zakaria, R. & Musta'amal, A.H. 2014. *Rapport building in qualitative research*. In: 1st International education postgraduate seminar proceedings 1, Johor Bahru, Malaysia.

Zinyama, H. 2019. *Drug abuse amongst youth. Department of Communication Science. University of South Africa*. Available from https://www.researchgate.net/publication/331327370 (Accessed 27/08/2019).



LIST OF ADDENDUMS

Addendum A: A letter requesting the individual's participation in the research study.

Dear Participant

I, Patience Mudzikitiri, the undersigned, am part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of requirements for master's degree. I have to undertake a research project and have consequently decided to focus on the following research topic:

THE PERCEPTIONS OF YOUTH ON THE PREVENTION OF SUBSTANCE USE DISORDER IN THE CAPE FLATS: SUGGESTIONS FOR SOCIAL WORK PRACTICE

Since you are well-informed about the subject under study, 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 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).

The ultimate goal of this study is to develop an in-depth understanding of the perceptions of youth on the prevention of substance use disorder in Cape Flats: Suggestions for Social Work Practice. Should you agree to participate, you would be requested to participate face-to-face interview(s) that will be conducted at your office or home at a mutually agreed time for one hour per interview. The following will be directed to you:

With your permission, the interviews will be audio taped. The recorded interviews will be transcribed word-for-word. Your response to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audio taped(s) videotape(s) will be coded to disguise any identifying information. The tapes will be stored in my locked office at my home in Cape Town 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 coder with the sole purpose of independently identify possible themes and sub-themes. My research supervisor(s)/ promoter(s), the translator and the independent coder will each sign and 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.

Please note that participation in the research is voluntary. You are not obliged to take part in the research. Your decision to participate, or to not 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, please sign the information and informed consent documents contained 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 in the study without any loss of benefits. However, should you withdraw from the study; you would 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 a 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 divulge is emotionally sensitive and upsetting 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 jeopardizes your safety in any way, you will be dismissed from the study. 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 if 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, you can contact me on 0721289844 (any time of the day). My supervisor Dr Schultz is also available at 0833245575 should you need clarity.

Please note that this study has been approved by the Research and Ethics Committee 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 that have not been 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: 0124296739, 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 and their answers have not satisfied you, you may direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

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

Thanking you for your cooperation.

Kind regards

Researcher

Patience Mudzikitiri

Contact details: 0721289844

patiencemudzikitiri@gmail.com





Addendum B: Information and Informed Consent Document

THE PERCEPTIONS OF YOUTH ON THE PREVENTION OF SUBSTANCE USE DISORDER IN THE CAPE FLATS: SUGGESTIONS FOR SOCIAL WORK PRACTICE.

REFERENCE NUMBER: 45063346

PRINCIPAL INVESTIGATOR/RESEACHER: PATIENCE MUDZIKITIRI

ADDRESS: 25 KREMETART STREET ST DUMAS, KUILSRIVER, 7580

CONTACT CELLPHONE NUMBER: 0721289844

DECLARATION OR ON BEHALF OF THE PARTICIPANT			
I, THE UNDERSIGNED,(name), ID No] of the participant of			
<u> </u>			
(address)			
A.HEREBY CONFIRM AS FOLLOWS:			
1. I/the participant was invited to participate in the above research			
project which is being undertaken by (name) Patience Mudzikitiri of the			
Department of Social Work in the School of Social Science and			
Humanities at the University of South Africa, Pretoria. South Africa.			

2. The following aspects have been explained to me/ the participant:	
	Initials
2.1 Aim: The investigator / researcher is studying the perceptions of	
youth on the prevention of substance use disorder in the Cape Flats:	
suggestions for social work practice.	





The information will be used to proffer suggestions for social workers	
rendering intervention services to youth abusing substances.	
2.3 I understand that the interview will be face-to-face and will be taking	Initial
place at work or at home for the duration of an hour.	
Interviews will be audio-taped and the recorded interviews will be	
transcribed word-for-word.	
The responses to the interview (both the taped and transcribed versions)	
will be kept strictly confidential.	
The audiotape(s)/videotape(s) will be coded to disguise any identifying	
information.	
I understand that the translator (if necessary), independent coder and	
supervisor of the researcher will be the only ones to have access to the	
information.	
Participation is voluntary and I have the right to discontinue from the	
study at any point.	

2.4 Risks:	Initial
I am obliged to refer you to a counsellor for debriefing or counselling	
should the information i divulge leave me feeling emotionally upset, or	
perturbed.	
Possible benefits: As a result of my participation in this study, there will	Initial
be in-depth understanding of the perceptions of youth on the prevention	
of substance abuse.	
Confidentiality: my identity will not be revealed in any discussion,	Initial
description or scientific publications by the researchers.	
Access to findings: any new information/ benefit that develop during the	Initial
course of the study will be shared with me.	





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

STATEMENT BY OR ON TBEHALF OF THE INVERSTIGATORS(S)	
I, Patience Mudzikitiri, declare that	
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 question; 	
This conversation was conducted in English and no translator was	
used.	
useu.	





Signed at _	(place)	on	(date)	_2021	
	(10.000)		(44.0)		
Signature o	of investigator/representa	<u>.</u> ative	signature of w	<u>.</u> vitness	

IMPORTANT MESSAGE TO PARTICIPANT Dear Participant Thank you for your participation in this study. Should at any time during the study • An emergency arise as a result of the research, or • You require any further information with regard to the study, or • Kindly contact Patience Mudzikitiri at 0721289844





Addendum C: Consent form for debriefing

IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT

Dear Participant/Representative of participant

Thank you for your/ the participant's participation in this study. Should at any time during the study

 An emergency arises as a result of the research, or you require any further information with regard to the study, kindly contact 012 429 6739 at the Department of Social Work at the University of South Africa.





Addendum D: Thank you letter to participants.

Enquiries: Miss Patience Mudzikitiri

Cell No: 0721289844

Date: 02 June 2021

Dear Participant

Re: Letter of appreciation for your voluntary participation in the research study

I would like to express my gratitude for availing yourself to participate in this study. Your cooperation is greatly appreciated. I will send you a copy of the report once the study report has been approved.

Yours sincerely

Miss Patience Mudzikitiri

deimini.

Cell No: 0721289844





Addendum E: Interview Guide

- 1. Please explain your understanding of substance abuse.
- 2. Why do you think youth in your community abuse substances?
- 3. In your opinion, how can substance abuse be prevented in your community?
- 4. What are the measures that are put in place in your community to prevent substance abuse?
- 5. How effective are these measures?
- 6. Which programmes or services do you recommend preventing substance abuse?
- 7. Who should get involved in programmes to prevent substance abuse?
- 8. What steps should be taken to implement these programmes?
- 9. In your opinion, what should social workers do to prevent substance abuse in your community?
- 10. What other aspects do you think should be considered to assist social workers in preventing substance abuse?



Addendum F: Permission to Conduct the Study



Councillor Solomon Philander

Ward 79

T: 021 444 5814 M: 083 690 7772
E: Solomon, Philander@capetown.gov.za
C: First Floor, Admin Block A, New Taxi Terminus, Mitchells Plain Town Centre,
Mitchells Plain 7785

23 February 2021

TO WHOM IT MAY CONCERN

RE: CONSENT TO CONDUCT RESEARCH STUDY

Dear Patience Mudzikitiri

I Solomon Philander, Councillor for Ward 79 hereby confirm my support towards carrying out your research study on "The perceptions of youth on the prevention of substance use disorder in the Cape Flats: Suggestions for Social Work practice" in Ward 79.

We hope that your research will benefit Social Workers who plays a vital role in offering services in the substance abuse field.

Yours sincerely,

Cllr Solomon Philander

Ward 79

Subcoucil 12 Chairperson

CIVIC CENTRE IZIKO LOLUNTU BURGERSENTRUM

12 HERTZOG BOULEVARD CAPE TOWN 8001 P O BOX 298 CAPE TOWN 8000
www.capetown.gov.za

Making progress possible. Together.

Addendum G: Permission to Conduct the Study



Municipal Offices, Cnr Sulani Drive & Bonga Avenue, Site B, Khayelitsha

Dear Patience Mudzikitiri

12 March 2021

- This serves as a confirmation that permission has been granted to carry out your research study on "perceptions of youth on the prevention of substance use disorder in the Cape Flats: Suggestions for social work practice in the Khayelitsha Community
- 2. We hope that your research will benefit social workers who play a vital role in offering service in the substance abuse field

Jongihlanga France

Jongihlan Digitally signed by Jongihlanga France Date: 2021.03.16 13:10:00 +02'00'

Subcouncil Manager

Regards

Directorate: Urban Management | Department : Area East - Subcouncil 9

Location: Municipal Offices, Cnr Sulani Drive & Bonga Avenue, Site B, Khayelitsha

Tel: 021 4005537 | Fax: 021 4005927 | Cell: 079 4239717 | Email:

Jongihlanga.France@capetown.gov.za |

Web: www.capetown.gov.za

CCT Contacts | CCT Media and News | Report a fault | Account Queries | Water

Restrictions

Addendum H: Coding Letter

Margaret Grobbelaar 11 Die Opstal 589 Opstal Street The Willows Pretoria 0041 Tel: (012) 807 1249 E Mail: mwmrg@iafrica.com

24 July 2021

CONFIRMATION OF INDEPENDENT CODING

This is to confirm that I, Margaret Grobbelaar, acted as the independent coder in respect of Patience Mudzikitiri's MSW research project entitled: The perceptions of youth on the prevention of substance use disorder in the Cape Flats: suggestions for social work practice.

My independent coding included formatting and coding the transcripts of 15 individual interviews and 2 focus groups; analysing the transcripts; compiling a table of the themes, sub-themes and categories that emerged; holding a consensus discussion with Ms Mudzikitiri and consulting with her Supervisor; and compiling a report on the themes with the appropriate story lines taken from the transcripts.

The final report was then sent to Ms Mudzikitiri for her to add the interpretation and literature control as she sees fit.

Yours sincerely

In Croppelaar



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

14 December 2020

NHREC Registration # :

Rec-240816-052

Dear Patience Mudzikitiri

CREC Reference #: 2020-CHS -45063346

Decision:

Ethics Approval from 14 December 2020 to 31 November 2023

Researcher(s): Patience Mudzikitiri (45063346@mylife.unisa.ac.za)

Supervisor: Dr Dr P Schultz (0833245575)

: Prof ML Shirindi (0124296060)

Title: The perceptions of youth on the prevention of substance use disorder in the Cape Flats: Suggestions for social work practice

Degree Purpose: MSW

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *medium risk application* was *reviewed* by College of Human Sciences Research Ethics Committee, on **14 December 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

- The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
- Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.



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- 3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
- 4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
- 5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
- 6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
- No fieldwork activities may continue after the expiry date (31 November 2023). Submission
 of a completed research ethics progress report will constitute an application for renewal of
 Ethics Research Committee approval.

Note:

The reference number 2020-CHS-45063346 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signature :

Dr. K.J. Malesa CHS Ethics Chairperson Email: maleskj@unisa.ac.za

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Signature : PP A HM wofusi

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Addendum J: Language Editor

EDITOR'S CERTIFICATE

Submitted in accordance with the requirements for the degree of

MASTER OF SOCIAL WORK

THE PERCEPTIONS OF YOUTH ON THE PREVENTION OF SUBSTANCE USE DISORDER IN THE CAPE FLATS: SUGGESTIONS FOR SOCIAL WORK PRACTICE

by

PATIENCE MUDZIKITIRI 45063346

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Addendum K: Turnitin

